

**NOVA SOUTHEASTERN UNIVERSITY  
PSYCHOLOGY SERVICES CENTER  
INTERNSHIP PROGRAM**

**2016-17 HANDBOOK**

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## **INTRODUCTION**

The Nova Southeastern University Psychology Services Center (PSC) is a University-based, outpatient mental health facility that provides affordable services to the community and excellent clinical training to future psychologists, while contributing to the knowledge base through applied research in multiple facets of evidence based assessment and intervention. The PSC exemplifies the tripartite mission of the College of Psychology (COP); where education, training, and research come together in the form of services offered to the community. Since 1984, the doctoral psychology internship program has been an integral component of the PSC. Interns provide psychological services to clients from the richly diverse South Florida area, under the supervision of expert faculty and psychologists, many of whom are nationally recognized for their groundbreaking research and development of state-of-the-art treatment programs.

## **ORGANIZATION AND STRUCTURE**

The Internship program is sponsored by Nova Southeastern University, an independent, not-for-profit, fully accredited, institution of higher education. The university is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia 30033-4097, Telephone number: 404-679-4501) to award associate's, bachelor's, master's, specialist, and doctoral degrees. NSU was first accredited by the Southern Association of Colleges and Schools as Nova University in 1971.

The Psychology Services Center (PSC) Internship program is housed within the College of Psychology (COP), a graduate center with programs in clinical psychology, school psychology, general psychology, mental health counseling, and school counseling. The Ph.D. and Psy.D. Programs in Clinical Psychology are accredited by the Commission on Accreditation of the American Psychological Association. Questions related to the programs' accredited status should be directed to the: Commission on Accreditation: Office of Program Consultation and Accreditation American Psychological Association, 750 1st Street, NE, Washington, D.C. 20002, Phone: (202) 336-5979, Email [apaaccred@apa.org](mailto:apaaccred@apa.org), Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation).

The COP maintains a tripartite mission of education and training in psychology, service to the community, and clinical research. The PSC carries out the COP mission by allowing for learning rooted in real problems and research activities that attempt to find answers to current issues and concerns. The center seeks to offer programs of excellence in educating future mental health practitioners, in advancing knowledge about psychological problems and their treatment, and in providing high-quality services that address society's mental health needs.

## **PSYCHOLOGY SERVICES CENTER (PSC)**

Nova Southeastern University (NSU) Psychology Services Center (PSC) provides psychological services to over 1,500 clients per year. The PSC provides a broad array of outpatient services, including screening, referrals, an extensive biopsychosocial evaluation, and various modalities of psychotherapy in general and specialized programs. The PSC also offers psychological evaluations, as well as psychoeducational evaluations for school related issues. The resulting confluence of training opportunities is unique in its offering:

1. NSU PSC treatment programs that are directed by licensed psychologists, most of whom are COP faculty members.
2. An outpatient clinical service facility that serves a large, diverse, and clinically rich population of child, adult, and older adult clients.

Interns, postdoctoral residents, and practicum students complement the professional staff and become fully integrated into the staff of the center. Such integration enhances training through exposure to an array of professional viewpoints and provides opportunities for ongoing collaboration with Faculty psychologists. Interns become part of the treatment team in their program rotations and they regularly interact with other interns during the time they spend together attending seminars and group supervision. Interns have the opportunity to supervise practicum students under the supervision of licensed psychologists, and receive supervision from a post-doctoral resident under the supervision of the directors of the postdoctoral residency and internship programs both licensed psychologists.

## **INTERNSHIP PROGRAM DESCRIPTION**

The PSC internship training program is full-time for 12 months (2,000 hours). It has three major components: (1) supervised clinical experience in general adult and child service programs, (2) supervised clinical experience in faculty directed specialty clinics, and (3) training seminars, case staffing, and other structured training activities.

Interns will receive experience in these areas based on a practitioner informed by science model, a principle component of which is using the psychology research knowledge base as a guide to inform direct service delivery. Interns will work within a training clinic in an academic center where opportunities to become involved in on-going research or to collaborate on original research is available to interested interns. A list of COP faculty and their areas of interest are available on the COP website: <http://psychology.nova.edu/index.html>

The PSC internship program was awarded full APA accreditation in 1987. The PSC Internship Program is currently accredited by the Commission on Accreditation of the American Psychological Association. Questions related to the program's accredited status should be directed to the Commission on Accreditation:

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

## **INTERNSHIP AIM AND COMPETENCIES**

The aim of the Psychology Services Center (PSC) internship training program is to provide broad and general preparation for entry level independent practice and licensure as Health Service Psychologists. To this end, interns are provided with training based on a practitioner informed by science model, which adheres to the philosophy that good health service practice is based on an empirical foundation coupled with an understanding of the individual and his/her broader context (i.e., biological, psychological, social, cultural, , etc.). The PSC internship training program exposes interns to an array of clinically and culturally diverse clients of all ages and a variety of intervention approaches, all scientifically-informed and tailored to meet the individual and cultural needs of clients. Each intern simultaneously provides services to clients within three separate programs throughout the year. Interns have the opportunity to work with clients across the lifespan including children, adolescents, adults, and older adults. Additionally, the members of the training faculty represent a broad spectrum of theoretical orientations including cognitive-behavioral, psychodynamic, and systems approaches.

The program's faculty believe that health service psychology practice should be informed by science, and thus require interns to use the psychology research knowledge base as a guide to assessment and treatment. Internship training includes supervised practice experience, supervision in evidence-based assessment and intervention methods, and opportunity for involvement in applied clinical research when available.

Given the College of Psychology's mission combining education and training in psychology, service to the community, and clinical research, the administrators, supervisors and staff are highly invested in training future psychologists. Thus, the internship program emphasizes training and supervision above all other activities.

To meet the aim of preparing interns for entry level independent practice and licensure as Health Service Psychologists, interns are expected to develop profession-wide competencies as follows:

### **I. Research**

Demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

### **II. Ethical and Legal Standards**

Knowledgeable of and acts in accordance with: APA Ethical Principles of Psychologists and Code of Conduct; Relevant laws, regulations, rules, and policies governing health service psychology, as well as relevant professional standards and guidelines (including agency policies and procedures);

Recognizes ethical dilemmas and applies ethical decision-making processes; Conducts self in an ethical manner in all professional activities.

### **III. Individual and Cultural Diversity**

Demonstrate an understanding of how own personal/cultural history may affect how one interacts with people different from themselves; evidence knowledge of the current theoretical and empirical knowledge base as it relates to diversity; Ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles; Independently apply knowledge in working effectively with the range of diverse individuals and groups.

### **IV. Professional Values, Attitudes and Behaviors**

Behaves in ways that reflect the values and attitudes of psychology. Engages in self-reflection. Demonstrates openness and responsiveness to feedback and supervision. Responds professionally in increasingly complex situations with a greater degree of independence.

### **V. Communication and Interpersonal Skills**

Develop and maintain effective relationships with a wide range of individuals; Produce and comprehend oral, nonverbal, and written communications; Demonstrate effective interpersonal skills.

### **VI. Assessment**

Select and apply assessment methods that draw from empirical literature; collect relevant data using multiple sources and methods; Interpret assessment results to inform case conceptualization, classification, and recommendations; communicate findings in an accurate and effective manner.

### **VII. Intervention**

Establish and maintain effective relationships with the recipients of psychological services; Develop evidence-based intervention plans; Implement interventions informed by the current scientific literature; Apply the relevant research literature to clinical decision making; Modify and adapt evidence-based approaches; Evaluate intervention effectiveness.

### **VIII. Supervision**

Demonstrate knowledge of supervision models and practices; Apply this knowledge in direct or simulated practice with psychology trainees, or other health professionals.

### **IX. Consultation and Interprofessional/ Interdisciplinary Skills**

Demonstrate knowledge and respect for the roles and perspectives of other professions.

## **SUPERVISED CLINICAL EXPERIENCE**

Interns devote at least 40 percent of their time to direct clinical service. Fourteen (14) hours per week of direct service are required for the first half of the year. This requirement increases to sixteen (16) hours per week of direct service for the second half. Interns are responsible for documenting their direct and indirect services monthly by completing the Intern Activity Log (Appendix A), obtaining their primary supervisor's signature, and submitting the log to the Director of Internship Training monthly. Provision of supervision to practicum students can be counted as

direct service up to three hours per week, with no more than one and a half hours from any one clinic program.

In order to provide exposure to a broad range of clinical experiences and modalities, all interns are required to gain experience in the following areas:

1. **Intervention:** Interns are assigned a diverse client case load and work in a variety of modalities (e.g., individual, marital, family, and group therapy, etc.). Cases are representative of diverse socioeconomic backgrounds, ethnic/racial and gender identities, sexual orientations, religions, disabilities, and presenting problems. During individual and group supervision and weekly seminars, interns are exposed to a broad base of knowledge and skills including a variety of intervention models and techniques, service delivery approaches, and culturally competent interventions.
2. **Assessment:** Interns generally complete at least one biopsychosocial (BPS) evaluation per week to provide a means of refining diagnostic and treatment planning skills. Interns complete a minimum of six (6) psychological evaluations during the year under the supervision of a licensed psychologist. Interns completing the SPACI rotation are required a minimum of ten (10) evaluations per year because this specialty program is focused primarily on assessment. Interns will document each completed evaluation by entering the date of the evaluation and obtaining their supervisor's signature of the Internship Testing Summary form (Appendix J). There are opportunities for consultation with multiple supervisors regarding assessment and report writing and exposure to a broad range of assessment instruments and report writing skills from weekly seminars.
3. **Consultation/Education:** Interns participate in supervised consultation activities with other professionals. Interns are required to provide consultation and/or in-service presentations on a minimum of 4 diversity topics during the training year, and keep track of these using the Diversity Projects Log (Appendix K). Interns also serve as instructors for a doctoral pre-practicum/interviewing lab course during the Winter semester (January – April).
4. **Supervision:** Interns provide group supervision to ASP practicum students, under the supervision of a licensed psychologist. Additional opportunities for providing doctoral students with individual supervision and/or mentoring for Clinical Competency Examinations (CCE) may also be available.
5. **Research:** Interns participate in program evaluation didactics and a Logic Model group project to enhance their knowledge and skills in this area (see Appendix B). Interns must include a critical review of the research literature in their intern presentations (see Appendix F). Supervision includes discussions about the empirical support for an array of assessment and intervention approaches used with clients and interns will be exposed to a broad array of clinical/scientific knowledge during weekly training activities (e.g., PD, Grand Rounds and intern presentations).

Each intern receives three hours of individual supervision per week from their licensed psychologist supervisors; one hour from each general program supervisor and one hour from the specialty program supervisor. Supervision may include the use of direct, live observation, video recordings, case notes, and other supporting materials. Supervisors provide formative feedback based on their observations of interns' provision of direct services (e.g. intervention, assessment, or consultation) no less than quarterly. Additionally, interns receive one hour per week of group supervision with the Director of Internship Training, who is a licensed psychologist, and one hour of biweekly group supervision with a postdoctoral resident under the supervision of a licensed psychologist. The interns also participate in weekly case conferences within the various service programs. Interns are responsible for completing the Monthly Supervision Attendance Record (Appendix C), obtaining their primary supervisor's signature on this form, and submitting it to the Director of Internship Training each month, no later than the first Friday of the following month. Supervisors are responsible for providing interns with written feedback quarterly regarding their performance and progress toward meeting competency requirements (see Appendices D & E). Informal verbal feedback is provided on an ongoing basis.

## **Rotations**

Interns match to one of four specialty service programs, and simultaneously complete both the specialty service program rotation and two general program rotations throughout the course of the year. Approximately 50% of an intern's case load will come from the specialty service program and the remaining 50% will come from the general services programs (approximately 25% from CAFS and 25% from ASP).

### **General Programs (required; 25% of case assignments from *each* of the following):**

1. **Child, Adolescent and Family Services (CAFS) Program** providers are committed to working together with children, adolescents, and their families toward the goal of improving their quality of life. Services include individual, group, and play therapy, as well as psychological assessment and parenting skills training. A comprehensive diagnostic and treatment approach is used to assist families with children ages 4 through 17 with varying emotional, cognitive, and/or behavioral difficulties such as attention deficit/hyperactivity disorder, school and behavioral problems, childhood bedwetting and incontinence, and other mental health issues facing children and adolescents

Coordinator and Supervisor:  
Yukari Tomozawa, Psy.D.

Typically, a systemic approach to conceptualization is most common for the issues seen in CAFS; therefore, multiple services are offered for families (e.g. individual and family therapy) with a team approach to treatment. Interns will typically have a caseload of 5-6 clients for this rotation. Each intern will be assigned two testing batteries that can involve psychoeducational and/or social-emotional testing. Biweekly case conferences are held, for two hours, for the purpose of didactic presentation or case discussion. Interns provide clinical or conceptualization feedback for the practicum students as part of the case conference. Weekly one hour supervision is held with the CAFS coordinator.



2. **Adult Services Program (ASP)** works with individuals motivated to improve their level of functioning and mental health well-being. Services available include individual and group psychotherapy as well as psychological assessments as they relate to treatment recommendations. A comprehensive biopsychosocial diagnostic and treatment approach is used to help adults 18 and older with a wide variety of psychological problems/difficulties including: anxiety, social skills problems, depression, stress, severe and persistent mental illness, and other mental health issues.

Coordinator and Supervisor:  
Leonard Schnur, Psy. D., ABPP

Additional training opportunities with ASP include participation in a Group Psychotherapy Training Module where each intern may observe and potentially co-lead a 90 minute group which is process oriented. The group meets each Monday evening from 7-8:30pm with discussion prior to and following group. The group is observed weekly by the ASP training supervisor along with several ASP practicum trainees. The group is also videotaped for ongoing supervision and instructional purposes.

Interns, as part of their ASP rotation, also facilitate a small group supervision comprised of 3-4 ASP practicum trainees. The supervision group is required to meet weekly for a 90-minute period where both intern and trainees discuss ongoing psychotherapy cases and are invited to schedule clients for observation. Throughout the year, interns become more familiar with their developing role as a supervisor and become more comfortable with the guidance offered to their trainees. The small group supervision process also assists trainees in professional development and serves as a mentoring program for our ASP trainees.

**Specialty Program Options (50% of case assignments from *one* of the following):**

1. **Child and Adolescent Traumatic Stress Program (CATSP) & Psychological Services for the Emotionally Distressed (PSED)** CATSP serves children to age 17 years with somatic and/or psychological problems in reaction to trauma. PSED provides assessment and psychodynamic psychotherapy to children, adolescents and adults with psychotic disorders.

Director and Supervisor:  
Jan Faust, Ph.D.

Interns provide individual therapy, family therapy, parent-training, parent-coordination, and reunification therapy. A variety of theoretical orientations are utilized. Interns will also have the opportunity to conduct forensic psychological evaluations as well as other evaluations. The intern may have opportunity to provide testimony in court. Interns and other trainees will work with a number of professionals on his or her cases including attorneys, physicians, guardian ad litem, and child protective services case workers as examples. There is also the opportunity to provide group supervision to the current CATSP or PSED doctoral practicum. Finally, interns are encouraged to work on a myriad of research projects within the CATSP

and PSED programs and other research projects conducted under the supervision of Jan Faust, Ph.D.

2. **Trauma Resolution Integration Program (TRIP)** is dedicated to helping adults (18 or older) who have experienced trauma—such as childhood abuse (physical, emotional, or sexual), criminal assault, rape, life threatening accidents, or natural disasters (hurricanes, floods), or political torture—to overcome the variety of difficulties that often occur as the result of the trauma.

Director and Supervisor:  
Steven Gold, Ph.D.

The Trauma Resolution & Integration Program (TRIP) trains interns in the assessment and treatment of trauma-related psychological difficulties. TRIP treats clients age 18 and up with all forms of traumatic exposure (e.g. child abuse, domestic violence, criminal assaults, life-threatening accidents, combat/military trauma) and with dissociative difficulties. Interns carry an individual therapy caseload of 8 to 10 clients a week and co-lead a dialectical behavior therapy group. TRIP provides interns with 3 hours per week of group supervision and 1 hour per week individual supervision. Group supervision includes staffing of cases, didactic coverage of the knowledge and skills needed to effectively treat survivors of psychological trauma and to conduct dialectical behavior therapy groups, and case presentations. Individual supervision consists primarily of coverage of the intern's individual therapy caseload. Interns also provide weekly group supervision to 5 TRIP practicum students.

3. **NSU Counseling Center for Older Adults (NCCOA)** serves adults ages 55 years and older who are interested in developing more effective ways of managing the difficult situations and challenges that can occur in life. The overarching goal of the NCCOA program is to help the clients age as well as possible, which includes maximizing their quality of life and level of functioning.

Director and Supervisors:  
Michelle Gagnon Blodgett, Psy.D. and Ashley Stripling, Ph.D.

The overarching goal of NCCOA rotation is to prepare the intern to work as a competent member of the health care team. The Director holds joint clinical faculty appointments in the NSU College of Osteopathic Medicine's Geriatric Medicine Department and NSU Psychology Services Center/College of Psychology, and has developed many enriching clinical activities for an intern to build proficiency in geropsychology. In July 2012, the NSU Doctoral Clinical Psychology Program in the College of Psychology (COP) was granted membership in the Council of Professional Geropsychology Training Programs (CoPGTP). This membership is formal recognition that the NSU Program meets the gold standard Pikes Peak training model in geropsychology (see the CoPGTP website for more detail: <http://www.copgtp.org/>). Interns will have opportunities to work with older adults in individual and group therapy, to conduct psychological and targeted cognitive assessment, to consult with geriatricians in the geriatric medicine clinic, and to work as a member of

several interdisciplinary healthcare teams (e.g., Fall Prevention Team Clinic, Aphasia Caregiver Support Group, Parkinsons Support Group). Also, interns will be given opportunities to develop supervision skills by leading a monthly case conference and peer-supervising the clinical work of doctoral practicum students. NSU also has a Geriatric Education Center (GREAT GEC; <http://nova.edu/gec/>), of which the NCCOA Director is a member. The GEC has ongoing educational and intraprofessional collaborative activities throughout the year in which the intern may participate, including the annual GEC Symposium and weekly Intraprofessional Geriatric Journal Club.

4. **School-related Psychological Assessments and Clinical Interventions (SPACI)** clinic offers comprehensive psychological/psychoeducational evaluations and evidence-based as well as innovative interventions for school-related academic, developmental, behavioral, emotional, and learning problems. These evaluations and interventions include, but are not limited to, adult, parent, and child interviews; behavioral observations; formal test administration; psychological/psychoeducational reports; personal feedback to clients and parents of minors; school consultation as appropriate; and counseling/psychotherapy as well as academic assistance as needed.

Director and Supervisor: Ralph E. Cash, Ph.D.

Supervisors:

Kristen Jones, Psy.D.

Timothy Scala, Psy.D.

Interns completing the SPACI rotation will receive training in both school-related and clinical service delivery. Interns will be required to demonstrate their assessment, problem-solving, and intervention skills by conducting thorough developmental and psychosocial histories with parents or adult clients; accessing available school and community records to determine appropriate assessment measures and strategies to be used with a particular case; conducting observations in schools or other locations as appropriate; administering, scoring, and interpreting traditional assessment measures; utilizing functional and curriculum-based assessment techniques as appropriate; and designing innovative data collection methods as needed to address both referral questions and difficulties discovered during the evaluation process. Interns are also required to integrate assessment data by collaborating with and receiving assistance from the carefully selected supervisory aides and to generate comprehensive written reports. Interns will provide targeted, intervention services guided by assessment results and ongoing data-based decision making. In addition to school-based referrals, interns will also provide individual, family, and group psychotherapy. SPACI also offers interns participation in supervision, using the Collaborative Hierarchical Intensive Programmatic Supervision (CHIPS) model, wherein specialist students, doctoral students, interns, and post-doctoral psychology residents provide direct supervision to trainees commensurate with their levels of training and experience. Additionally, SPACI interns will attend the regularly-scheduled, program-specific didactics, Enhancement of Intensive Evaluation, Interviewing, and Observation Skills (EIEIOS), offered to all trainees in the program.

## **PROGRAM-WIDE TRAINING AND SEMINARS**

In addition to weekly individual supervision, interns are given the opportunity to continue to develop a theoretical framework to support their direct clinical experience through the following additional training activities:

- ◆ **Group Supervision (1 hour weekly with Director of Internship Training; 1 hour biweekly with postdoctoral resident)**

Interns meet with the Director of Internship Training, a licensed psychologist, weekly for group supervision focused on case discussions and supervision of supervision provided to practicum students, enhancing self-reflection and self-care, negotiating conflict, and professional development, including postdoctoral training and licensure. The interns also utilize this time to discuss their experience of the program and their individual progress, and evaluate how successfully the program is addressing their needs. In addition, it provides interns access to the Director of Internship Training.

Interns are also assigned to an NSU postdoctoral resident at the outset of the training year and meet with their assigned resident biweekly or more frequently if schedules permit. While postdoctoral residents are not licensed, they provide the interns with additional mentoring and exposure to alternative supervisory styles. Interns are required to document all supervision activities on the Monthly Supervision Attendance Record (Appendix C), and return these to the Director of Internship Training monthly.

- ◆ **Program Meetings (3-5 hours/week)**

Interns attend program meetings in each of their rotations. Activities include case conference/staffing, clinical discussion, specialized didactics, and group supervision.

Training in a breadth of clinical issues and ethical and legal professional standards is incorporated into supervision and seminars to further prepare interns for generalist practice and the highest standards of professional conduct. Interns spend 2-3 hours per week in one of three types of weekly seminar training activities that all interns are required to participate in (see Appendix E for schedule):

- ◆ **Professional Development Seminars/Continuing Education Workshops (3 hours)**

Interns attend a series of formal didactic seminars at Nova Southeastern University (NSU) conducted by NSU faculty, community clinical psychologists, psychiatrists, or other guest presenters. The Professional Development series covers broad areas including: ethics and professional behavior, assessment approaches, psychopathology and treatment interventions for adults and youth, cultural & individual differences, psychopharmacology, and professional development. A number of these seminars include workshops sponsored by NSU COP's Continuing Education program, exposing interns to a broad base of psychology knowledge and skills from nationally and internationally renowned presenters.

◆ **Grand Rounds (2 hours)**

Interns attend presentations and case discussions at local hospitals, agencies, and other community organizations affiliated with NSU approximately once a month.

◆ **Intern Presentations (2 - 3 hours)**

Interns facilitate didactic presentations on a variety of topics of clinical interest developed from reviews of the research literature. Interns are provided with feedback about their presentation skills and ability to critically discuss the literature supporting their presentation using the Intern Presentation Ratings form (see Appendix F) and a summary of their fellow intern's ratings of their presentation using the Professional Development Evaluation Survey (see Appendix G). These ratings are also shared with the intern's supervisors.

Attendance at all weekly training activities is mandatory. Each intern is responsible for signing the attendance sheet for these trainings as records of attendance/absence are kept on file. Interns may be excused from two seminars per quarter for illness or with advanced approval from the Director of Internship Training. If more than 2 training activities are missed in any quarter, the intern must make up the absence by one of the following means: (a) presenting an additional didactic to fellow interns or (b) providing proper documentation of attendance at an outside workshop relevant to professional psychology during the same quarter. If four (4) or more training activities within the same quarter are missed, the intern must present an additional didactic to make up for the excessive absence and the intern's poor attendance will be reflected on that quarter's performance evaluation. No more than eight (8) missed training activities per year will be acceptable unless under very serious circumstances. Please note that making up missed didactics by attending outside presentations is considered to make up for missed learning, but does not excuse interns from the maximum absences listed above.

Intern feedback is crucial to ensuring the quality of training activities. Interns are asked to complete Professional Development Evaluation Survey (see Appendix G) forms after each Professional and intern didactic presentation. This information is used to make improvements to training activities yearly. It is also used to provide formative feedback to fellow interns regarding their professional presentation skills as detailed in the section above. At mid-year and again at the end of the training year, interns are asked to provide feedback about the training program (see Appendix H) and supervisor performance (see Appendix I). The Director of Internship Training summarizes this information as group data and presents it to the supervisors during training committee meetings. Care is taken to protect the anonymity of the interns providing the feedback. The aim of sharing this information with supervisors is twofold: first, to increase awareness of program strengths and areas in need of improvement and second, to inform the development of plans to improve the quality of the training program.

## **RESOURCES**

Interns share offices equipped with a desk, computer, and phone for each intern. Clients are seen in the PSC clinic rooms, which are scheduled following the PSC room scheduling procedures. Interns receive administrative support from the PSC front office staff and the internship program Graduate Assistant, as well as technical support from the center and university Help Desk (954) 262-HELP (4357) 1-800-541-6682, ext. 24357 [help@nova.edu](mailto:help@nova.edu). Interns also have access to all of the COP and

University resources which include a fully stocked psychological testing library on the second floor of the Maltz Psychology Building, internship program test holdings, and additional specialized psychological tests within various PSC clinic programs. Moreover, interns may access campus-wide computer labs, and state-of-the art University libraries:

<http://www.nova.edu/community/libraries.html>, including the extensive full-text electronic journal holdings at the Alvin Sherman Library <http://www.nova.edu/library/main/>.

## **INTERNSHIP EXPECTATIONS**

Throughout the internship year, interns are expected to:

- ◆ Demonstrate knowledge and application of ethical principles
- ◆ Seek and utilize appropriate consultation and supervision
- ◆ Interact professionally with peers, staff, team members, and supervisors
- ◆ Provide 14-16 hours per week of direct service and complete required documentation
- ◆ Utilize research literature to guide their clinical practice
- ◆ Choose, administer, interpret and write a minimum total of six (a minimum total of 10 for interns completing the SPACI rotation) psychological assessment reports ( see Appendix J)
- ◆ Establish and maintain rapport with clients
- ◆ Maintain sensitivity to diversity issues and complete at minimum 4 diversity projects per year (see Appendix K)
- ◆ Complete Program Evaluation Training (see Appendix B)
- ◆ Conduct biopsychosocial (BPS) interviews, evaluate safety issues, and complete all clinical documentation in accordance with PSC policies, including providing verification of completed clinical paperwork and charting requirements the last week of internship (see Appendix N)
- ◆ Formulate case conceptualization
- ◆ Generate appropriate treatment plans and implement interventions
- ◆ Provide supervision and consultation to other mental health professionals
- ◆ Teach a pre-practicum course during the Winter semester
- ◆ Complete 2000 hours

Upon completion of the training year, interns are expected to be capable of maintaining a degree of independence and demonstrating good judgment in the performance of the duties of a psychology postdoctoral resident. All interns who display competency in all areas of the final Intern Competency Evaluation (Appendix D) and completed the required 2000 hours will be deemed as attaining the program's aim of readiness for entry level independent practice and licensure as a Health Service Psychologist.

## **INTERN EVALUATION**

Interns are evaluated three times per year by their primary supervisor within each rotation. Interns are evaluated using the Intern Competency Evaluation form (see Appendix D) at 3 months, 8 months, and 12 months.



Following a developmental model, all ratings are made relative to the level of performance expected given the point of the year at which the evaluation is conducted. At the three month evaluation, interns are expected to demonstrate minimal to basic knowledge, skills, and abilities (corresponding to ratings within the range of “0-25 - minimal knowledge, skills, and abilities” or “26-50 - basic knowledge, skills, and abilities”). The standards are raised as the intern progresses toward completion of the internship year.

Specifically, at the eighth month evaluation, each intern must receive a minimum ratings in the range of “26-50 - basic knowledge, skills, and abilities” or higher (e.g., “51-75 - intermediate knowledge, skills, and abilities” or “76-100 - advanced knowledge, skills, and abilities”) in all competency areas. Any rating of “0-25- minimal knowledge, skills, and abilities” will require the generation of a performance improvement plan (see Appendix L) to assist the intern in improving the particular area of competency. The standards are raised further as the intern progresses toward completion of the internship year. At 12 months, during the final comprehensive evaluation, interns are expected to demonstrate intermediate to advanced levels of performance, corresponding with minimum ratings within the range of “51-75 - intermediate knowledge, skills and abilities” or higher (i.e., “76-100- advanced knowledge, skills, and abilities”) in all areas assessed in order to successfully complete the internship.

## **Due Process and Grievance**

It is the policy of the PSC Internship that interns are assured due process regarding concerns which might arise over their performance and functioning. The policy is guided by principles to ensure that interns receive ongoing constructive feedback about their performance, opportunities and support for remediation if needed, as well as advisement of intern rights and responsibilities and processes to address concerns or grievances. This policy is enacted with respect for intern diversity in areas of professional functioning; therefore, PSC supervisors are expected to adapt the supervisory style, focus, and expectations for each intern based on the intern’s professional developmental level, theoretical orientation, personality and cultural background. The PSC Intern Performance Agreement (see Appendix M) is developed with the interns at the outset of training, establishing the expectations for the intern, as well as the methods by which the internship goals and objectives will be met. The agreement forms the basis for evaluation of the intern’s performance throughout the year.

## **Intern Performance**

Interns are evaluated and provided with both formative and summative feedback on an ongoing basis through weekly individual supervision and formal quarterly performance evaluations.

If at any time there are deficiencies in an intern’s performance or professionalism, the intern’s supervisor will provide constructive verbal feedback to the intern and document in writing any discussions related to the problem area(s). While it is difficult to operationally define all characteristics associated with quality professionalism, broad areas include: (a) adherence to the APA Ethical Code of Conduct for Psychologists, institution policies and procedures, and applicable state of Florida laws, clinical competence (as defined above under performance evaluations); (b)

professional comportment, including: dependability; accepting responsibility for own work; professional grooming, attire, and demeanor; and demonstrating maturity, discretion, sound professional judgment and a respectful/non-hostile attitude, developing self-assessment skills; and (c) a positive attitude toward others, including: cooperating and respecting others, giving, accepting, and utilizing constructive feedback, and developing and maintaining positive working relationships with peers, supervisors, and others.

**Step 1:** If the intern continues to struggle with the problem areas and or the intern's performance competencies are rated below satisfactory levels during quarterly evaluations, a performance improvement plan will be developed to remediate any deficient areas. The performance improvement plan must be signed by the intern and primary supervisor, and a copy forwarded to the Director of Internship Training. The performance improvement plan will focus on improving minimum competencies and or professionalism within a clearly defined timeframe. Remediation strategies may include increased supervision, additional readings, increased opportunities to practice, additional coursework, etc.

**Step 2:** If the supervisor and intern cannot reach an agreement about the performance improvement plan, the Director of Internship Training would mediate the situation.

**Step 3:** If the Director of Internship Training was unable to resolve the situation, consultation would be requested from the intern's graduate program Director of Clinical Training to aid with the resolution of the problem, and development of performance improvement plan. Decisions regarding problem resolution are individual and specific to the facts related to each intern.

**Step 4:** If minimum competencies are not attained within the established timeframe of the performance improvement plan, disciplinary action (including dismissal from the internship program) in keeping with rules and regulations covering disciplinary actions outlined by NSU's Office of Human Resources may be warranted. NSU's Office of Human Resources will be contacted for approval prior to administering disciplinary action beyond a verbal warning.

The Director of Internship Training investigates any behaviors that may warrant disciplinary action and is consulted prior to the recommendation of any disciplinary action. The intern would meet with the Director of Internship Training, including a representative from the university community of his/her choosing if desired. The Director of Internship Training would present the results of the investigation and make a recommendation to the Dean of the COP, with whom the intern could also meet, and a decision would be made regarding any further action. The Director of Clinical Training for the intern's doctoral program would be kept apprised of the progress. The PSC supervisor(s) would be informed about any decisions or actions taken by the university. The intern could appeal any disciplinary action affecting employment to the NSU Office of Human Resources. If the intern is also an NSU doctoral student, the intern could appeal to the Dean of COP regarding disciplinary actions affecting academic standing.

### **Appeals**

Interns wishing to contest disciplinary decisions with the NSU Office of Human Resources must follow NSU's Formal Grievance Hearing Policy:



<http://www.nova.edu/cwis/hrd/emphanbk/hearing.html>.

If the intern is also an NSU doctoral student and wishes to contest disciplinary decisions affecting academic standing, he/she must submit a written appeal with the Dean of COP within 30 working days of the decision. Additional steps to be taken by the Dean are outlined in the respective COP Ph.D or Psy.D. Policy and Procedure Handbooks.

### **Intern Grievances**

The COP and PSC internship program faculty and supervisors value professionalism, honesty, and ethical conduct in the handling of intern concerns. At all times, matters are handled in the spirit of education and development. The purpose of the intern grievance and appeals process is to allow for the orderly resolution of intern grievances. At all times, the respect and protection of interns is of utmost concern. In keeping with the policy of NSU's Office of Human Resources, interns who file a grievance will not be retaliated against through any adverse action by their supervisor or any NSU representative. If an intern has a grievance about his/her training, the following steps should be taken:

**Step 1:** The intern should work with his/her supervisor to resolve the issue.

**Step 2:** If a resolution is not achieved, the intern should advise the Director of Internship Training, who would attempt to mediate or resolve the concern. Should the issue involve the Director of Internship Training, the intern would advise the PSC Chief Psychologist who would attempt to mediate or resolve the situation.

**Step 3:** If the intern believes that the informal process above is unsuccessful in resolving the issue, the intern may file a written grievance with the Director of Internship Training (or Chief Psychologist, if grievance involves the Director of Internship Training), including a concise statement of the particular manner of harm, along with all relevant facts and compelling supporting evidence.

- a) The Director of Internship Training (or Chief Psychologist, if grievance involves the Director of Internship Training) will review the written document to determine if the complaint warrants further review. If the no further review is warranted, the formal grievance will be terminated and the intern will be provided with a brief written explanation. If further review is warranted, the grievance will be forwarded to the PSC Internship training committee, comprised of all internship supervisors except the person or persons involved in the grievance.
- b) The training committee will conduct a substantive review of all facts it deems pertinent to the grievance and, at its discretion, may interview the intern or any other pertinent person that it judges has the information relevant to the review.
- c) The training committee will file a written recommendation, with justification, to the Dean of the COP, who will render a final decision.

It is the responsibility of the Director of Internship Training (or Chief Psychologist if the Director of Internship Training is involved) to follow-up on the response to these recommendations by ensuring that supervisors or others implicated in the intern grievance submit responses to the training committee and that all decisions are implemented by the program.

## APPLICATION PROCESS

Applicants considered for an internship at Nova Southeastern University Psychology Services Center must be enrolled in APA accredited, doctoral program in clinical, counseling or school psychology. In addition, they must have completed a minimum of three years of doctoral-level training, including at least 1000 hours of supervised clinical practicum experience. These hours should include both direct and support hours (not supervision hours). Additionally, to ensure applicants are prepared to work with clients of all ages, at least 100 direct hours with children/adolescents and 100 direct contact hours with adults are required in either supervised practicum or other clinical experience. Approval of a dissertation proposal or final research paper by the time of acceptance of an internship is preferred.

The quality of each applicant is assessed on the basis of review of the completed application materials and a personal interview. A number of applicants will be selected for an interview after the application deadline date. Interviews are typically scheduled for the second or third Thursday and Friday in January. The application materials required of each applicant consist of:

1. The APPIC Application for Psychology Internship (AAPI).
2. A curriculum vitae.
3. Official transcripts of all graduate work.
4. Three letters of recommendation from faculty and supervisors.
5. For the matching program, applicants can either rank order as many or as few of the specialty service program rotations as they like. **Within the cover letter, Applicants must indicate the specialty program(s) for which they would like to be considered.**
6. *Applicants interested in the SPACI rotation must submit a (de-identified) sample Psychological/Psychoeducational evaluation report*

Any questions about the internship program should be directed to the Director of Internship Training, Barbara Garcia-Lavin, Ph.D. by email at [garciala@nova.edu](mailto:garciala@nova.edu) or telephone 954-262-7917. Alternatively, the Chief Psychologist, Ana Martinez, Psy.D. may also be contacted by email at [anamarti@nova.edu](mailto:anamarti@nova.edu) or telephone 954-262-5831.

The deadline for receipt of all application materials is **November 1. All application materials including transcripts and letters of recommendation should be submitted electronically via the AAPI Online which can be accessed at [www.appic.org](http://www.appic.org), click on "APPI Online."** Internship offers are made in compliance with APPIC guidelines.

This internship site agrees to abide by the APPIC Policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

Following the Match, interns will be required to complete a background screening prior to beginning internship. Prior to starting, interns will also be required to attend a two-day PSC Orientation, usually scheduled for a Tuesday and Friday within the same week in mid-August.

## **STIPEND/BENEFITS**

The stipend is \$19,000 for a 12-month period. Three weeks (15 days) paid vacation, 11 sick days, 3 personal days, and paid university holidays. It is important to keep in mind that 2000 hours must be earned for successful program completion; therefore, interns must balance leave time with the 2000-hour requirement.

During the internship year, the trainee is offered health insurance coverage, liability insurance and other fringe benefits as determined by University policy. Interns have access to all university facilities, including the libraries and recreational facilities.

## **THE REGION**

Nova Southeastern University and the Psychology Services Center are located in Fort Lauderdale, Florida. The area is noted for its year-round mild climate, beaches, resorts, and outdoor recreational activities. With easy accessibility to downtown Fort Lauderdale and Miami, there are many cultural resources including libraries, and philharmonics, ballet and theatrical companies. There are several universities and colleges in the Dade, Broward, and Palm Beach County area. Lectures and workshops by visiting scholars occur frequently at NSU and within the surrounding tri-county area.

## **NOTICE OF NON-DISCRIMINATION**

Nova Southeastern University accepts applicants of any race, color, sex, age, non-disqualifying disability, religion or creed, sexual orientation, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school, and does not discriminate in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Appendix A  
Psychology Services Center Internship  
INTERN ACTIVITY LOG

NAME: \_\_\_\_\_  
SUPERVISOR SIG. \_\_\_\_\_ MONTH/YEAR: \_\_\_\_\_

**Direct Services**

<i>Activity</i>	<i>Hours</i>	<i>Activity</i>	<i>Hours</i>
Individual Therapy		Family Therapy	
Group Therapy		Marital Therapy	
Assessments		Intakes	
Case Consultation (face to face)		Supervision of others (3 hrs./week max)	
Other (e.g., shadowing, work in therapeutic milieu, etc.)			
<b>Total Direct Service Hours:</b>			

**Indirect Services**

<i>Activity</i>	<i>Hours</i>	<i>Activity</i>	<i>Hours</i>
Charting (clinical documenting; chart reviews, etc.)		Case Consultation (non-face to face)	
Assessment Scoring		Report Writing	
Treatment Planning		Other	
<b>Total Indirect Service Hours:</b>			

**Training Activities**

<i>Activity</i>	<i>Hours</i>	<i>Activity</i>	<i>Hours</i>
Professional Development Seminars		Grand Rounds	
Supervision Received		Supervision of others (total time)	
Multidisciplinary Teams		In-service Trainings (non-NSU)	
Literature Review/Research		Other	
<b>Total Training Activity Hours:</b>			
<b>Total Monthly Hours:</b>			

**Number of Clients**

African American:		Infant:		Heterosexual:	
Hispanic:		Child:		Homosexual:	
White:		Adolescent:		Bisexual:	
Asian:		Adult:		Transsexual:	
Caribbean:		Older Adult:		Unknown:	
Biracial:		Other:		Other:	
Other:					
<b>Total # of Clients</b>				<b>Male:</b>	
				<b>Female:</b>	

## Appendix B PROGRAM EVALUATION Curriculum

### **Description:**

This three-part training activity involves: 1) assessment of Intern knowledge of Program Evaluation both prior to (pre-test) and following (post-test) didactic instruction, 2) Two didactic training sessions focused on theories and methods of Program Evaluation, and 3) a Logic Model group activity carried by the interns. Interns will gain knowledge of theories and methods of Program Evaluation during two didactic sessions. After the first didactic, they will collaborate with their site supervisors on carrying out a program evaluation, applying the Logic Model method. During the second didactic, interns' group project will be reviewed and they will be trained on delivering program evaluation feedback to stakeholders. Over the summer, interns will present results and supervisor overseeing project will complete the Interns' Program Evaluation Project Observation Form.

### **Rationale:**

It is important that Psychology interns understand and are able to apply Program Evaluation theories and methods in their future work as Psychologists. Given that psychologists should demonstrate clear evidence of effectiveness in achieving desired goals, conducting formal program evaluations is one way to be rigorous in this endeavor. This three-part training activity will expose interns to various theories and methods of program evaluation and gauge learning with pre-and post-tests. In addition, interns will have the opportunity to apply these new skills through a small-group program evaluation project using a Logic Model.

### **Learning Objectives and Outcomes:**

Interns will demonstrate intermediate to advanced levels of competency in program evaluation knowledge and skills.

#### **Interns who successfully complete this training will be able to:**

- 1) Demonstrate knowledge of the theories and methods of Program Evaluation.
- 2) Demonstrate the ability to develop a logic model that is relevant to their current work.
- 3) List 1-2 ways in which a logic model may be helpful.

### **Activities:**

- Interns will complete the Program Evaluation Pre-test
- Interns will attend two Program Evaluation didactic presentations
- Interns will complete the Program Evaluation Post-test.
- Interns will plan and execute a small-group program evaluation, using a Logic Model.
- Interns will provide feedback to stakeholders about the outcome of their program evaluation group project.
- Interns' performance will be evaluated by supervisor using the Interns' Program Evaluation Project Observation Form.

### **Outcome Measures:**

- Pre and Post tests
- Evaluation of Intern competencies in program evaluation using the Program Evaluation Knowledge and Skills Rating Form
- Evaluation by the Intern's supervisors of Intern competencies in program evaluation using the Intern Quarterly Evaluation based on feedback from the Program Evaluation Knowledge and Skills Rating Form as well as any other available evidence from site-based program evaluation activities (e.g., Interns' Program Evaluation Project Observation Form).

### **Resources:**

Webinar on LOGIC model at: [http://www.uwex.edu/ces/lmcourse/interface/coop\\_M1\\_Overview.htm](http://www.uwex.edu/ces/lmcourse/interface/coop_M1_Overview.htm)

Helpful Worksheets: <http://www.uwex.edu/ces/pdande/evaluation/evallogicmodelworksheets.html>

Templates and Examples: <http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html>

**Interns' Program Evaluation Project  
Observation Form**

**Intern:** \_\_\_\_\_

**Observer:** \_\_\_\_\_

**Site/Rotation:** \_\_\_\_\_

**Date(s) of Observation:** \_\_\_\_\_

*Based on your observations, please use the scale below to rate the intern's program evaluation knowledge and skill.*

- 1- Deficient
- 2- Below Average
- 3- Average
- 4- Above Average
- 5- Excellent
- N/A- Not observed

\_\_\_\_\_ 1. During discussions about site-specific Program Evaluation Project, the intern was knowledgeable about Program Evaluation method proposed; that is, able to clearly describe the components of the Logic Model the intern co-developed, including Inputs, Outputs (activities and participation) and outcomes (short-term, mid-, and long-term impact).

Comments: \_\_\_\_\_

\_\_\_\_\_ 2. Intern was actively engaged in carrying out the Program Evaluation Project collaboratively with fellow interns.

Comments: \_\_\_\_\_

\_\_\_\_\_ 3. Intern provided stakeholders feedback (e.g., workshops, meetings, reports, etc.) and assessment on the effectiveness of the project.

Comments: \_\_\_\_\_

\*\*\*\*\*

\_\_\_\_\_ Please provide a rating for the **overall helpfulness** of the Program Evaluation project with respect to informing the site about the targeted programming (e.g., effectiveness, recommendations for further evaluation/improvement, etc.), and offer suggestions for improvement below:

Comments: \_\_\_\_\_

**Thank you! Please return your rating/feedback to Dr. Garcia-Lavin**

Appendix C  
**PSC Internship Program**  
**Monthly Supervision Attendance Record**

Supervisee Name \_\_\_\_\_  
 Month \_\_\_\_\_  
 Primary Supervisor Name \_\_\_\_\_  
 Primary Supervisor Signature \_\_\_\_\_

**Instructions:** You may submit a copy of the PSC Weekly Activity Sheet(s) instead of completing the table below. However, you must submit this form with a tally of the total hours of individual and group supervision you **received** (from your supervisors) **and provided** (to students or others) listed within the table at the bottom. This form must also be signed by your Primary (specialty program) supervisor each month.

Supervisor's Name	Date of Supervision	Format	Duration

**Monthly totals:**

**TOTAL hours INDIVIDUAL SUPERVISION (licensed psychologist only) = \_\_\_\_\_**

**TOTAL hours of GROUP SUPERVISION (licensed psychologist only) = \_\_\_\_\_**

**TOTAL hours of SUPERVISION PROVIDED\* to students/others = \_\_\_\_\_**

\* Remember you may count up to three hours per week of the amount of supervision provided to others as Direct service on your Intern Activity Log (no more than 1.5 hours from any one program)

Appendix D  
**PSYCHOLOGY SERVICES CENTER  
Intern Competency Evaluation Form**

**Intern Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Rotation:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Clinical Supervisor:** \_\_\_\_\_

**Select one:    Mid-year    End of year**

This evaluation is based on the following sources of information: (check all that apply)

☐ Direct observation      ☐ Discussions in supervision      ☐ Audio/video rec  
☐ Feedback from others      ☐ Participation in meetings      ☐ Other: \_\_\_\_\_  
☐ Review of clinical records

For each of the 9 profession-wide competency areas below, please write in a number (0-100 see descriptions below) that best describes the intern's level of competency at this point in the training year. Space is provided for narrative description of the trainee's level of functioning.

**76-100 ADVANCED KNOWLEDGE, SKILLS, AND ABILITIES**

**51-75 INTERMEDIATE KNOWLEDGE, SKILLS, AND ABILITIES**

**26-50 BASIC KNOWLEDGE, SKILLS, AND ABILITIES**

**0-25 MINIMAL KNOWLEDGE, SKILLS, AND ABILITIES**

*Please remember that all ratings should be made relative to the level of performance expected given the point of the year at which the evaluation is conducted. Specifically, it is expected that at the beginning of the training year (3-month evaluation), most interns demonstrate minimal to basic knowledge, skills, and abilities (corresponding to ratings in the range of 0-50). As the year progresses, interns' knowledge, skills, and abilities are expected to increase, so that by the end of the training year (12-month evaluation), they are expected to demonstrate intermediate to advanced levels of performance (corresponding to ratings in the range of 51-100).*

**II. Research**

Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

**ADVANCED KNOWLEDGE, SKILLS, AND ABILITIES**

**Independently applies knowledge and understanding of scientific foundations independently applied to practice**

Examples: Reviews scholarly literature related to clinical work and applies knowledge to case conceptualization; Independently applies EBP concepts in practice; Independently compares and contrasts EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment planning

**Generates knowledge**



Examples: Engages in systematic efforts to increase the knowledge base of psychology through reviewing and/or implementing research; Uses methods appropriate to the research question, setting and/or community; Consults and partners with community stakeholders when conducting research in diverse communities.

**Applies scientific methods of evaluating practices, interventions, and programs**

Examples: Evaluates practice activities using accepted techniques; Compiles and analyzes data on own clients (outcome measurement); Uses findings from outcome evaluation to alter intervention strategies as indicated; Participates in program evaluation

**INTERMEDIATE KNOWLEDGE, SKILLS, AND ABILITIES**

**Demonstrates knowledge, understanding, and application of the concept of evidence-based practice**

Examples: Applies EBP concepts in case conceptualization, treatment planning, and interventions in consultation with supervisor; Works with supervisor to compare and contrast EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment

**Demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology**

Examples: Demonstrates understanding of research methods and techniques of data analysis; Demonstrates research and scholarly activity, which may include presentations at conferences; participation in research teams; submission of manuscripts for publication; Demonstrates being a critical consumer of research.

**Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs**

Examples: Describes how outcomes are measured in each practice activity; Demonstrates knowledge of program evaluation

**BASIC KNOWLEDGE, SKILLS, AND ABILITIES**

**Understands the scientific foundation of professional practice**

Examples: Understands the development of evidence based practice in psychology (EBP) as defined by APA; Displays understanding of the scientific foundations of the competencies; Cites scientific literature to support an argument when appropriate; Evaluates scholarly literature on a practice-related topic as needed.

**Participates effectively in scientific endeavors when available**

Examples: Demonstrates understanding that psychologists evaluate the effectiveness of their professional activities; Open to scrutiny of one's work by peers and faculty; Writes literature review; Assists faculty/supervisors with research projects

**MINIMAL KNOWLEDGE, SKILLS, AND ABILITIES**

**Comments (include dates of direct observation):**

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**III. Ethical and Legal Standards**

Knowledgeable of and acts in accordance with: APA Ethical Principles of Psychologists and Code of Conduct; Relevant laws, regulations, rules, and policies governing health service psychology, as well as relevant professional standards and guidelines (including agency policies and procedures); Recognizes ethical dilemmas and applies ethical decision-making processes; Conducts self in an ethical manner in all professional activities.

**ADVANCED KNOWLEDGE, SKILLS, AND ABILITIES**

**Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines**

Examples: Addresses complex ethical and legal issues; Articulates potential conflicts in complex ethical and legal issues; Seeks to prevent problems and unprofessional conduct; Demonstrates advanced knowledge of typical legal issues, including child and elder abuse reporting, HIPAA, confidentiality, and informed consent.

**Independently utilizes an ethical decision-making model in professional work**

Examples: Applies applicable ethical principles and standards in professional writings and presentations; Applies applicable ethics concepts in research design and subject treatment; Applies ethics and professional concepts in teaching and training activities; Develops strategies to seek consultation regarding complex ethical and legal dilemmas; Takes appropriate steps when others behave unprofessionally; Identifies potential conflicts between personal belief systems, APA Ethics Code and legal issues in practice

**Independently integrates ethical and legal standards with all competencies**

Examples: Demonstrates adherence to ethical and legal standards in professional activities; Takes responsibility for continuing professional development

**\_\_\_\_ INTERMEDIATE KNOWLEDGE, SKILLS, AND ABILITIES**

**Demonstrates intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations**

Examples: Identifies ethical dilemmas effectively; Actively consults with supervisor to act upon ethical and legal aspects of practice; Addresses ethical and legal aspects within the case conceptualization; Discusses ethical implications of professional work; Recognizes and discusses limits of own ethical and legal knowledge  
Demonstrates intermediate knowledge of typical legal issues, including child and elder abuse reporting, confidentiality, and informed consent.

**Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision making to a dilemma**

Examples: Uses an ethical decision-making model when discussing cases in supervision; Identifies ethical implications in cases and understands the ethical elements present in ethical dilemma or question; Discusses ethical dilemmas and decision making in supervision, staff meetings, presentations, practicum settings.

**Integrates own moral principles/ethical values in professional conduct**

Examples: Is able to articulate knowledge of own moral principles and ethical values in discussions with supervisors and peers about ethical issues; Is able to spontaneously discuss intersection of personal and professional ethical and moral issues

**\_\_\_\_ BASIC KNOWLEDGE, SKILLS, AND ABILITIES**

**Demonstrates basic knowledge of the principles of the APA Ethical Principles and Code of Conduct [ethical practice and basic skills in ethical decision making]; demonstrates beginning level knowledge of legal and regulatory issues in the practice of psychology that apply to practice.**

Examples: Demonstrates beginning knowledge of typical legal issues, including child and elder abuse reporting, confidentiality, and informed consent; Identifies key documents/policies that guide the practice of psychology (e.g., APA Ethical Principles and Code of Conduct).

**Demonstrates awareness of the importance of applying an ethical decision model to practice**

Examples: Recognizes the importance of basic ethical concepts applicable in initial practice (e.g. child abuse reporting, Informed consent, confidentiality, multiple relationships, and competence); Demonstrates awareness of an ethical decision making model applied to case vignettes.

**Displays ethical attitudes and values**

Examples: Evidences desire to help others; Shows honesty and integrity; values ethical behavior; Demonstrates personal courage consistent with ethical values of psychologists; Displays appropriate boundary management.

**\_\_\_\_ MINIMAL KNOWLEDGE, SKILLS, AND ABILITIES**

**Comments (include dates of direct observation):**

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**IV. Individual and Cultural Diversity**

Demonstrate an understanding of how own personal/cultural history may affect how one interacts with people different from themselves; evidence knowledge of the current theoretical and empirical knowledge base as it relates to diversity; Ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles; Independently apply knowledge in working effectively with the range of diverse individuals and groups.

### **ADVANCED KNOWLEDGE, SKILLS, AND ABILITIES**

#### **Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation**

Examples: Uses knowledge of self to monitor and improve effectiveness as a professional; Seeks consultation or supervision when uncertain about diversity issues

#### **Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation**

Examples: Uses knowledge of others to monitor and improve effectiveness as a professional; Seeks consultation or supervision when uncertain about diversity issues with others

### **INTERMEDIATE KNOWLEDGE, SKILLS, AND ABILITIES**

#### **Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation**

Examples: Uses knowledge of self to monitor effectiveness as a professional; Initiates supervision about diversity issues

#### **Applies knowledge of others as cultural beings in assessment, treatment, and consultation**

Examples: Demonstrates understanding that others may have multiple cultural identities; Initiates supervision about diversity issues with others

#### **Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others**

Examples: Understands the role that diversity may play in interactions with others; Initiates supervision about diversity issues in interactions with others

#### **Applies knowledge, sensitivity, and understanding regarding individual and cultural difference (ICD) issues to work effectively with diverse others in assessment, treatment, and consultation**

Examples: Demonstrates knowledge of ICD literature and APA policies, including guidelines for practice with diverse individuals, groups and communities; Works effectively with diverse others in professional activities  
Demonstrates awareness of effects of oppression and privilege on self and others

### **BASIC KNOWLEDGE, SKILLS, AND ABILITIES**

#### **Demonstrates knowledge, awareness, and understanding of one's own dimensions of diversity and attitudes towards diverse others**

Examples: Articulates how ethnic group values influence who one is and how one relates to other people; Articulates dimensions of diversity (e.g., race, gender, sexual orientation, age, disability, SES, etc. )

#### **Demonstrates knowledge, awareness, and understanding of other individuals as cultural beings**

Examples: Demonstrates knowledge, awareness and understanding of the way culture and context shape the behavior of other individuals; Articulates beginning understanding of the way culture and context are a consideration in working with clients

#### **Demonstrates knowledge, awareness, and understanding of interactions between self and diverse others**

Examples: Demonstrates knowledge, awareness and understanding of the way culture and context shape interactions between and among individuals; Articulates beginning understanding of the way culture and context are a consideration in the therapeutic relationship

#### **Demonstrates basic knowledge of and sensitivity to the scientific, theoretical, and contextual issues related to Individual and Cultural Differences (ICD) as they apply to professional**

**psychology. Understands the need to consider ICD issues in all aspects of professional psychology work (e.g., assessment, treatment, research, relationships with colleagues)**

Examples: Demonstrates basic knowledge of literatures on individual and cultural differences and engages in respectful interactions that reflect this knowledge; Seeks out literature on individual and cultural differences to inform interactions with diverse others

\_\_\_\_\_ **MINIMAL KNOWLEDGE, SKILLS, AND ABILITIES**

**Comments (include dates of direct observation):**

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**V. Professional Values, Attitudes and Behaviors**

Behaves in ways that reflect the values and attitudes of psychology. Engages in self-reflection.

Demonstrates openness and responsiveness to feedback and supervision.

Responds professionally in increasingly complex situations with a greater degree of independence.

\_\_\_\_\_ **ADVANCED KNOWLEDGE, SKILLS, AND ABILITIES**

**Monitors and independently resolves situations that challenge professional values and integrity; Conducts self in a professional manner across settings and situations; Independently accepts personal responsibility across settings and contexts**

**Displays consolidation of professional identity as a psychologist; demonstrates knowledge about issues central to the field; integrates science and practice**

**Demonstrates reflectivity (self-examination) in context of professional practice (reflection-in-action or "thinking on your feet" in-the-moment about personal feelings and professional theories in use); acts upon reflection; uses self as a therapeutic tool**

**Accurately self-assesses competence in all competency domains; integrates self-assessment in practice; recognizes limits of knowledge/skills and acts to address them; has extended plan to enhance knowledge/skills**

**Self-monitors issues related to self-care and promptly intervenes when disruptions occur**

**Evaluates, negotiates, and implements feedback from others**

Examples: engages supervisor in discussion of technique choice; raises questions and concerns about supervision and supervisor's approach as needed; acknowledges value of feedback even if incompatible with one's own views and discusses reasons for incompatibility non-defensively

\_\_\_\_\_ **INTERMEDIATE KNOWLEDGE, SKILLS, AND ABILITIES**

**Adherence to professional values infuses work as psychologist-in-training; recognizes situations that challenge adherence to professional values; Communication and physical conduct (including attire) is professionally appropriate, across different settings; Accepts responsibility for own actions**

**Displays emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development**

**Displays broadened self-awareness; utilizes self-monitoring; displays reflectivity (self-examination) regarding professional practice; uses resources to enhance reflectivity; demonstrates elements of reflection-in-action ("thinking on your feet" in-the-moment about personal feelings and professional theories in use)**

**Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills**

**Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice**

**Accepts and implements feedback from others in a non-defensive manner**

Examples: pursues understanding feedback and learning how to implement successfully rather than suggesting ways the feedback isn't compatible with one's stance or other reasons feedback won't work; listens to suggestions from supervisor and adapts professional behavior in accord with supervisory feedback; welcomes feedback graciously

**Provides feedback to others in an empathic, supportive, non-critical fashion**

Examples: provides feedback to supervisor regarding supervisory process; provides thoughtful, helpful feedback to colleagues in case disposition meetings regarding case conceptualization and clinical technique; provides effective feedback to clients regarding outcome of assessment

## **\_\_\_\_\_ BASIC KNOWLEDGE, SKILLS, AND ABILITIES**

**Understands professional values; Shows honesty and integrity; values ethical behavior; responsible; Understands how to conduct oneself in a professional manner; Accountable and reliable**

Examples: follows through on commitments; shows care in speaking about confidential client material; shows respect for whole client; does not label client pejoratively; is respectful and considerate in interactions with support staff

**Demonstrates beginning understanding of self as professional; "thinking like a psychologist"**

**Displays basic self-awareness and basic reflectivity (self-examination) regarding professional practice**

**Demonstrates knowledge of profession-wide competencies; engages in initial self-assessment re: competencies**

**Understands the importance of self-care in effective practice; demonstrates knowledge of self-care methods; attends to self-care**

**Listens to and acknowledges feedback from others**

Examples: acknowledges potential challenges and ways to overcome challenges; does not demonstrate non-verbal rejection such as changing subjects or giving a cursory acknowledgement; attentive to others' ideas and perspectives on own ideas and work; open to feedback

**Demonstrates willingness to admit errors**

Examples: pursues correction of errors rather than shifting focus to errors of others; acknowledges mistakes forthrightly

## **\_\_\_\_\_ MINIMAL KNOWLEDGE, SKILLS, AND ABILITIES**

**Comments (include dates of direct observation):**

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## **VI. Communication and Interpersonal Skills**

Develop and maintain effective relationships with a wide range of individuals; Produce and comprehend oral, nonverbal, and written communications; Demonstrate effective interpersonal skills.

## \_\_\_\_ **ADVANCED KNOWLEDGE, SKILLS, AND ABILITIES**

**Demonstrates accurate empathy for feelings that are covertly expressed by others or are outside the awareness of others, as well as in complex, challenging and/or novel situations; Demonstrates compassion for others who are dissimilar from oneself, who express negative affect (e.g., hostility), and/or who seek care for proscribed behavior, such as violence, predation, or dangerousness**

**Demonstrates appropriate and effective boundary management in complex, challenging, and or novel situations with others**

Examples: maintains professional demeanor with clients who test the limits; proactively understands multiple roles of self and others and the boundary implications

**Effectively negotiates conflictual, difficult, and complex professional relationships including those with individuals and groups that differ significantly from oneself**

Examples: actively seeks others' opinions; generates constructive solutions even when others are defensive; initiates resolution strategies across a variety of settings; modulates approach to context rather than using the same skills across situations; knows how to consult about the process of a problematic interaction as opposed to just the content of the interaction

**Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated, and demonstrate thorough grasp of professional language and concepts**

Examples: uses appropriate professional language when dialoguing with other healthcare providers; prepares sophisticated and compelling case reports; treatment summaries are concise, yet comprehensive

## \_\_\_\_ **INTERMEDIATE KNOWLEDGE, SKILLS, AND ABILITIES**

**Demonstrates accurate empathy for feelings that are overtly expressed by others, in a manner that furthers the goals of professional activities**

Examples: empathy promotes a positive therapeutic relationship; clients express feeling supported

**Establishes and maintains appropriate professional boundaries**

Examples: begins and ends treatment sessions on time; establishes expectations regarding fee payment and addresses nonpayment with clients; establishes clear role expectations for client; can identify and appropriately respond to questions from clients, including typical conversational questions and intrusive questions

**Actively addresses problematic interpersonal situations using verbal and nonverbal skills**

Examples: addresses and works with patients to resolve strains or ruptures in the therapeutic alliance; initiates discussion regarding disagreements with colleagues or supervisors and does so in a timely manner; efforts to resolve disagreements do not escalate negative affect among the parties involved; effectively articulates differences and possible options to resolve; seeks guidance from appropriate persons.

**Communicates clearly using verbal, nonverbal, and written skills in a professional context**

Examples: communication is understandable, consistent across expressive modalities; prepares clearly written assessment reports; presents clinical process to supervisor in a succinct, organized, well-summarized way; provides verbal feedback to client regarding assessment and diagnosis using language the client can understand; presents clear, appropriately detailed clinical material

**Demonstrates clear understanding and use of professional language**

Examples: uses professional terms and concepts appropriately and clearly in discussions, case reports, etc.; understands terms and concepts used in professional texts and in others' case reports

## \_\_\_\_ **BASIC KNOWLEDGE, SKILLS, AND ABILITIES**

**Expresses desire to help others; Demonstrates compassion (awareness of suffering and the wish to relieve it) for others who are similar to oneself; Demonstrates empathic listening, behavior, and attitude**

Examples: accurately reflects others' feelings

**Demonstrates understanding of appropriate boundaries and displays general ability to manage**

**boundaries**

Examples: recognizes differences between personal and professional relationships; differentiates session content in the context of one's own interests and the client's therapeutic interests

**Addresses problematic interpersonal situations using verbal and nonverbal skills**

Examples: verbally acknowledges and engages in discussion of disagreements with colleagues and instructors; does not deny or minimize problematic situation when raised; tolerates discussion of problematic situation without overly hostile or defensive stance; generates possible resolution strategies or ways to handle problematic encounters

**Communicates ideas, feelings, and information clearly using verbal, nonverbal, and written skills**

Examples: written work is organized, easy to understand, and conveys the main points; shares opinions with others using language that others can understand; non-verbal behavior is consistent with verbal communications

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**MINIMAL KNOWLEDGE, SKILLS, AND ABILITIES**

**Comments (include dates of direct observation):**

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**VII. Assessment**

Select and apply assessment methods that draw from empirical literature; collect relevant data using multiple sources and methods; Interpret assessment results to inform case conceptualization, classification, and recommendations; Communicate findings in an accurate and effective manner.

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**ADVANCED KNOWLEDGE, SKILLS, AND ABILITIES**

**Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, groups and context**

**Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning**

**Independently selects and administers a variety of assessment tools and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice**

**Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity**

**Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment**

**Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner**

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**INTERMEDIATE KNOWLEDGE, SKILLS, AND ABILITIES**

**Selects assessment measures with attention to issues of reliability and validity**

**Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances**

**Selects appropriate assessment measures to answer diagnostic question**



**Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity**

**Utilizes systematic approaches of gathering data to inform clinical decision-making**

**Writes adequate assessment reports and progress notes and communicates assessment findings verbally to client**

**\_\_\_\_\_ BASIC KNOWLEDGE, SKILLS, AND ABILITIES**

**Demonstrates basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing**

**Demonstrates basic knowledge of administration and scoring of traditional assessment measures, models and techniques, including clinical interviewing and mental status exam**

**Demonstrates knowledge of measurement across domains of functioning and practice settings**

**Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity**

**Demonstrates basic knowledge of formulating diagnosis and case conceptualization**

**Demonstrates awareness of models of report writing and progress notes**

**\_\_\_\_\_ MINIMAL KNOWLEDGE, SKILLS, AND ABILITIES**

**Comments (include dates of direct observation):**

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**VIII. Intervention**

Establish and maintain effective relationships with the recipients of psychological services; Develop evidence-based intervention plans; Implement interventions informed by the current scientific literature; Apply the relevant research literature to clinical decision making; Modify and adapt evidence-based approaches; Evaluate intervention effectiveness.

**\_\_\_\_\_ ADVANCED KNOWLEDGE, SKILLS, AND ABILITIES**

**Independently plans interventions; case conceptualizations and intervention plans are specific to case and context**

**Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations**

**Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate; Independently applies knowledge of evidence-based practice, including intervention, and other psychological applications, clinical expertise, and client preferences**

**Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures**

**\_\_\_\_\_ INTERMEDIATE KNOWLEDGE, SKILLS, AND ABILITIES**



**Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation**

**Displays clinical skills**

**Implements evidence-based interventions; Applies knowledge of evidence-based practice, including intervention, and other psychological applications, clinical expertise, and client preferences**

**Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures**

**\_\_\_\_\_ BASIC KNOWLEDGE, SKILLS, AND ABILITIES**

**Displays basic understanding of the relationship between assessment and intervention**

**Displays basic helping skills**

**Demonstrates basic knowledge of intervention strategies**

**Demonstrates basic knowledge of scientific, theoretical, and contextual bases of intervention and other psychological applications; demonstrates basic knowledge of the value of evidence-based practice and its role in health service psychology**

**Demonstrates basic knowledge of the assessment of intervention progress and outcome**

**\_\_\_\_\_ MINIMAL KNOWLEDGE, SKILLS, AND ABILITIES**

**Comments (include dates of direct observation):**

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**IX. Supervision**

**Demonstrate knowledge of supervision models and practices; Apply this knowledge in direct or simulated practice with psychology trainees, or other health professionals.**

**\_\_\_\_\_ ADVANCED KNOWLEDGE, SKILLS, AND ABILITIES**

**Understands the ethical, legal, and contextual issues of the supervisor role**

**Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise**

**Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients**

**Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting**

**\_\_\_\_\_ INTERMEDIATE KNOWLEDGE, SKILLS, AND ABILITIES**

**Demonstrates knowledge of, purpose for, and roles in supervision**

**Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices**

**Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals**

**Provides helpful supervisory input in peer and group supervision**

**\_\_\_\_\_ BASIC KNOWLEDGE, SKILLS, AND ABILITIES**

**Demonstrates basic knowledge of expectations for supervision**

**Displays interpersonal skills of communication and openness to feedback**

**\_\_\_\_\_ MINIMAL KNOWLEDGE, SKILLS, AND ABILITIES**

**Comments (include dates of direct observation):**

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**X. Consultation and Interprofessional/ Interdisciplinary Skills**

**Demonstrate knowledge and respect for the roles and perspectives of other professions.**

**\_\_\_\_\_ ADVANCED KNOWLEDGE, SKILLS, AND ABILITIES**

**Demonstrates awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems; demonstrates advanced knowledge of common and distinctive roles of other professionals**

**Demonstrates advanced knowledge of and ability to display the skills that support effective interdisciplinary team functioning**

**Participates in and initiates interdisciplinary collaboration/consultation directed toward shared goals**

**Develops and maintains collaborative relationships over time despite differences**

**Determines situations that require different role functions and shifts roles accordingly to meet referral needs; Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question; Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations; Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases**

**\_\_\_\_\_ INTERMEDIATE KNOWLEDGE, SKILLS, AND ABILITIES**

**Demonstrates knowledge of the viewpoints and contributions of other professions/professionals**

**Demonstrates knowledge of strategies that promote interdisciplinary collaboration vs. multidisciplinary functioning**

**Demonstrates knowledge of how participating in interdisciplinary collaboration/consultation can be directed toward shared goals**

**Develops and maintains collaborative relationships and respect for other professionals**

**Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher); Identifies literature and knowledge about relevant consultation methods (assessment and intervention) within systems, clients, or settings and the process of informing consultee of assessment findings.**

\_\_\_\_\_ **BASIC KNOWLEDGE, SKILLS, AND ABILITIES**

**Cooperates with others**

**Demonstrates awareness of the benefits of forming collaborative relationships with other professionals**

\_\_\_\_\_ **MINIMAL KNOWLEDGE, SKILLS, AND ABILITIES**

**Comments (include dates of direct observation):**

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**SUMMARY OF STRENGTHS:**

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**AREAS FOR ADDITIONAL DEVELOPMENT (OR REMEDIATION), INCLUDING RECOMMENDATIONS:**

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**INTERN COMMENTS:**

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I have reviewed and discussed this evaluation with my supervisor.

\_\_\_\_\_  
Intern Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Appendix E  
**Nova Southeastern University**  
**Psychology Services Center**  
**Internship Program**  
**2016-2017**

**SCHEDULE OF TRAINING SEMINARS & ACTIVITIES**

<b>Date and Location</b>	<b>Title</b>	<b>Presenter(s)</b>
9/1/16 Room 2053 9:00am – 10:30am	PSC Orientation	Barbara Garcia-Lavin, Ph.D.
9/2/16 Room 2055/57/58 10:30am – 12:00pm	Intern Presentations: Critically Evaluating and Disseminating Research	Barbara Garcia-Lavin, Ph.D
9/2/16 Room 2055/57/58 12:00pm – 2:00pm	Welcome Luncheon – All Programs	Barbara Garcia-Lavin, Ph.D
9/9/16 Room 2057 9:00am – 12:00pm	CE: Fundamentals of Disaster Mental Health	Ron Ellis, Psy.D. & Marti S. Ellis, Psy.D.
9/16/16 Room 2055 9:00am – 12:00pm	After the Loss: Supporting Children and Families Following a Death	Peter Willig, LMFT, FT
9/23/16 DeSantis Bldg. Rm. 2082 9:00am – 12:00pm	Moving from Nonmaleficence to Beneficence: A Positive Approach to Ethics	Roseanne Lesack, Ph.D.
9/30/16 Room 2055 9:00am – 12:00pm	Lions and Tigers and Post-Docs, Oh My!	Maria Fimiani, Psy.D.
10/7/16 Room 2055 9:00am – 12:00pm	Suicide Prevention	CANCELLED DUE TO HURRICANE MATTHEW

10/14/16 Room 2055 9:00am – 12:00pm	Program Evaluation Part I	Angela Yehl, Psy.D.
10/21/16 Room 2055/57 9:00am – 12:00pm	Affect in the Therapeutic Process	Bady Quintar, Ph.D.
10/28/16 Room 2055 9:00am – 12:00pm	Professional Issues in Cross-Cultural Counseling	Stephen Campbell, Ph.D.
11/4/15 Room 2055 9:00am – 12:00pm	Theories and Methods of Supervision	Barbara Garcia-Lavin, Ph.D.
11/11/16 10:00am – 12:00pm	Broward Health Medical Center Grand Rounds	Maria Fimiani, Psy.D.
11/18/16 Room 2055 9:00am – 12:00pm	Solution Focused Brief Therapy	Arlene Gordon, Ph.D.
<b>11/25/16</b>	<b>Thanksgiving Break</b>	
12/2/16 Room 2057 9:00am – 12:00pm	CE: Assessment of Child and Adolescent Behavioral and Emotional Problems with the BASC-3	Daniella Maglione, Ed.S. & Maggie Kjer, Ph.D.
12/9/16 DeSantis Bldg. Room 2060 9:00am – 12:00pm	Identifying and Treating Dissociative Difficulties	Steve Gold, Ph.D.
12/16/16 Room 2055 9:00am – 12:00pm	Post-Doc Presentations:  1. Mental Health Risks in Lesbian, Gay, and Bisexual Youth: What Clinicians Need to Know When Working with Sexual Minority Youth	1. Hillary Becker 2. Matthew Shang 3. Nicole Milano

	<p>2. The Cultural Adjustment of First-Generation Chinese-American Male Immigrants to the American Paradigm</p> <p>3. Fostering Resiliency in the Neediest Children: An Evidence-Based Approach</p>	
<b>12/23/16</b>	<b>Winter Holiday</b>	
<b>12/30/16</b>	<b>New Years</b>	
<p>1/6/17 Room 9:00am – 12:00pm</p>	Palm Beach County Schools Grand Rounds	
<p><b>1/13/17</b> <b>9:00am – 5:00pm</b></p>	<b>SFCIP Interview Day</b>	
<b>1/19/17</b>	<b>PSC Internship Interview Day</b>	
<b>1/20/17</b>	<b>PSC Internship Interview Day</b>	
<p>1/27/17 Room 2057 1:30 – 4:30pm</p>	CE: The Practice of Tele-Mental Health and the Use of Social Media: Ethical, Legal, and Clinical Issues for Practitioners	Jeffrey Barnett, Psy.D.
<p>2/3/17 Room 9:00am – 12:00pm</p>	Research and Clinical Issues in Hypnosis	Frank DePiano, Ph.D.
<p>2/10/17 Room 9:00am – 12:00pm</p>	<p>Post-Doc &amp; Intern Presentations:</p> <p>1. Assessing the Social Functioning in Children with ASD</p> <p>2. Voluntary Hospitalization, Involuntary Hospitalization, and Baker Acts</p> <p>3. The Use of Projective Assessments in the School Systems</p>	<p>1. Sohani Barrientos</p> <p>2. Alyssa Greineisen</p> <p>3. Alyssa Catuogno</p>



2/17/17 Room 9:00am – 12:00pm	Insomnia: What to Do When the Sheep Keep Hitting the Fence	Maria Fimiani, Psy.D.
2/24/17 10:00am – 12:00pm	BSO Grand Rounds	Drs. Tim Ludwig and Michele Sanchez
3/3/17 Room 9:00am – 12:00pm	Evaluation and Intervention of Executive Functioning Difficulties in Youth	Stacey McCaffrey, Ph.D.
3/10/17 Room 9:00am – 12:00pm	Intern Presentations:  1. Ethics in the Field of Psychology  2. The Time are a Changin': The APA's Struggle to Keep Up  3. Psychologists and Social Media: Ethical Considerations	  1. Josefine Loeser 2. Geoffrey Gordon 3. Keith Lit
3/17/17 Room 9:00 – 4:00pm	CE: A Five Dimensional Model of Executive Function: Cognition, Behavior, Social-Emotional, Academics, & Impairment	Jack Naglieri, Ph.D.
3/24/17 Room 10:00am – 12:00pm	PSC Grand Rounds	PSC Supervisors
3/31/17 Room 9:00am – 12:00pm	Encouraging Health for EveryBODY: Shifting from Weight to Well-Being	Paula Brochu, Ph.D.
4/7/17 Room 9:00am – 12:00pm	Program Evaluation Part II	Angela Yehl, Psy.D.
4/14/17 Room 9:00am – 12:00pm	Intern Presentations:  1. Neuropsychological Assessment of Older Adults	  1. Trevor Barker 2. Kevin Shacket 3. Mylissa Fraser

	<p>2. Assessment Approaches Across the Lifespan</p> <p>3. School Dropout Prevention: The Importance of Early Education and Literacy</p>	
<p>4/21/17 Room 2057 9:00am – 4:00pm</p>	CE: Using Superheroes in Counseling and Play Therapy with Children and Teens	Lawrence Rubin, Ph.D., LMHC, ABPP
<p>4/28/17 Room 2057 9:00am – 12:00pm</p>	CE: The Soul of the Psychopath	Tom Fagan, Ph.D.
<p>5/5/17 Room 9:00am – 12:00pm</p>	What to do when you feel stuck when working with child anxiety disorders: Review of clinical practices that work and others that show promise	Lourdes Suarez-Morales, Ph.D.
<p>5/12/17 Room 9:00am – 12:00pm</p>	CE: Reading Disorders: Diagnosis, Disorder Subtypes, and Intervention	Daniella Maglione, Ed.S. & Maggie Kjer, Ph.D.
<p>5/19/17 Room 9:00am – 12:00pm</p>	CE: 2017 Update on Psychotropic Medications	Jose Rey, Pharm.D.
<p>5/26/17 10:00am - 12:00pm</p>	Memorial Regional Hospital Grand Rounds	Dr. Marcy Smith
<p>6/2/17 10:00am - 12:00pm</p>	Child Provider Specialists Grand Rounds	Dr. Tara DiBattisto
<p>6/9/17 Room 9:00am – 12:00pm</p>	<p>Intern Presentations:</p> <p>1. Use of Apperception Tests in Light of Cultural Factors</p> <p>2. Assessments for Developmental Disorders</p>	<p>1. Dave Cox</p> <p>2. Nicole Cordero</p> <p>3. Brittany Musaffi</p>

	3. Assessment in Correctional Psychology	
<b>6/16/17</b>	<b>Graduation Weekend</b>	
6/23/17 Room 9:00am – 12:00pm	Never Eat Shredded Wheat: Using a Wellness Compass Program to Prevent Burnout	Maria Fimiani, Psy.D.
6/30/17 Room 9:00am – 12:00pm	Countertransference	Jennifer Davidtz, Ph.D.
7/7/17 Room 9:00am – 12:00pm	Intern Presentations: <ol style="list-style-type: none"> <li>1. An Overview of Parent-Child Interaction Therapy</li> <li>2. Psychopathology and Treatment Interventions for Adults and Youth for Eating Disorders</li> <li>3. Mindfulness-Based Practices in Child/Adolescent (Youth) Populations</li> </ol>	<ol style="list-style-type: none"> <li>1. Jamie Levine</li> <li>2. Rebecca Pollack</li> <li>3. Talia Barron</li> </ol>
7/14/17 Room 9:00am – 12:00pm	Clinical Therapy and Community-based Intervention with Youth & Families Dealing with Gender & Orientation	YES Institute; Joseph Zolobczuk and Dr. Jamie Joseph
7/21/17 Room 9:00am – 1:00pm	Intern Presentations: <ol style="list-style-type: none"> <li>1. How to be an LGBTQA-Affirmative Clinician</li> <li>2. Secondary Trauma on Third Generation Holocaust Survivors</li> <li>3. Overview of Animal-Assisted Therapy (AAT)</li> <li>4. Self-disclosure: A Tool to Strengthen the Therapeutic Bond and Facilitate Client Change</li> </ol>	<ol style="list-style-type: none"> <li>1. Katrina Macias</li> <li>2. Dovid Kirzner</li> <li>3. Daniela Stivelman</li> <li>4. Frances Sanchez-Duverge</li> </ol>
7/28/17 10:00am – 12:00pm	Henderson Grand Rounds	

8/4/17 Room 9:00am - 12:00pm	Managing Student Loan Debt	Susanna Luna
8/11/17 Room 9:00am – 12:00pm	<p>Intern Presentations:</p> <ol style="list-style-type: none"> <li>1. Understanding the Professional Needs of Psychologists: Developing a culture of learning beyond internship.</li> <li>2. Pedagogy on the Community College Level: Evidence Based Teaching to Increase Classroom Use</li> <li>3. Occupational Hazards of the Professional Psychology</li> </ol>	<ol style="list-style-type: none"> <li>1. Stephanie Romulton</li> <li>2. Arthur Chen</li> <li>3. Ivy Rouder</li> </ol>
8/18/17 10:00am – 12:00pm	Renfrew Grand Rounds	Renfrew Supervisors
8/25/17 Room 9:00am – 12:00pm	PD Make Ups	

## Appendix F

<b>Intern Presentation Ratings</b>				
<b>Element</b>	<b>Criterion for “target” rating</b>	<b>Not Met</b>	<b>Met</b>	<b>Exceeded</b>
Expressive Skills	Communicates clearly using verbal skills (goes well beyond merely reading directly from slides); holds the attention of the audience (actively engaging the audience would be exceeding expectation); integrates verbal skills with other teaching methods (e.g., PowerPoint presentation, videos, role-plays, etc.)			
Expressive Skills	Responds to the audience by accurately and completely responding to questions <i>and/or</i> modifying presentation style to meet the needs of the participants, <i>and/or</i> introduces innovation/creativity into application of teaching method.			
Scholarly Inquiry	Clearly articulates support for presentation point(s) from the literature (referencing at least 2 peer-reviewed journal articles during presentation).			
Scholarly Inquiry	Demonstrates being a critical consumer of the research (e.g., presents both strengths and shortcoming of the literature reviewed for the presentation; discusses study design; describes how outcomes were measured, etc.).			
Scholarly Inquiry	Provides a thorough enumeration of all relevant points regarding the research literature base for presentation.			
Individual and Cultural Diversity (ICD) - Awareness	Includes a discussion of the effects of diversity in whatever form			
Individual and Cultural Diversity (ICD) - Awareness	Integrates knowledge of APA guidelines regarding working with culturally and linguistically diverse individuals, including recognition of cultural bias, into presentation.			
Ethics	Evaluates the ethical dimensions of the topic(s) discussed, and exhibits a well-developed ability to reason about ethical issues.			
Handouts	Provides any relevant materials (including Power Point handouts) which will help the participants understand and benefit from the presentation.			

Appendix G  
**NOVA SOUTHEASTERN UNIVERSITY**  
**PROFESSIONAL DEVELOPMENT**  
**Evaluation Survey**

Topic Title: \_\_\_\_\_

Date: \_\_\_\_\_ Presenter(s): \_\_\_\_\_

We appreciate your help in evaluating this program. Please indicate your rating of the presentation in the categories below by circling the appropriate number, using a scale of 1 (low) through 5 (high).

**OBJECTIVES**

This program met the stated objectives described: 1 2 3 4 5

**SPEAKERS**

1. Knowledgeable in content areas	1	2	3	4	5
2. Content consistent with objectives	1	2	3	4	5
3. Clarified content in response to questions	1	2	3	4	5
4. Prepared to present on topic	1	2	3	4	5
5. Able to answer questions	1	2	3	4	5

**CONTENT**

1. Appropriate for intended audience	1	2	3	4	5
2. Consistent with stated objectives	1	2	3	4	5

**TEACHING METHODS**

1. Visual aids, handouts, and oral presentations clarified content	1	2	3	4	5
2. Teaching methods were appropriate for subject matter	1	2	3	4	5

**RELEVANCY**

1. Information could be applied to practice	1	2	3	4	5
2. Your interest in the topic being presented	1	2	3	4	5
3. Information contributed to competencies:					
Research	1	2	3	4	5
Ethical and legal standards	1	2	3	4	5
Individual and cultural diversity	1	2	3	4	5
Professional values, attitudes, and behaviors	1	2	3	4	5
Communication and interpersonal skills	1	2	3	4	5
Assessment	1	2	3	4	5
Intervention	1	2	3	4	5
Supervision	1	2	3	4	5
Consultation and interprofessional skills	1	2	3	4	5

→ What is your *overall* rating of the presentation? 1 2 3 4 5

COMMENTS/PROGRAM IMPROVEMENTS: \_\_\_\_\_

*Please return to Dr. Garcia-Lavin's Graduate Assistant (PSC Mailbox # 83). Thank you!*

Appendix H  
Nova Southeastern University Psychology Services Center  
Doctoral Internship Program  
Evaluation of Training Program

Training Year \_\_\_\_\_ Mid Year \_\_\_\_\_ End of Year

Use the five point scale below to rate the quality of each of the components of the training program listed, providing comments where relevant. Return the form to the Director of Training.

Rating:

1 – Deficient	2 – Weak	3 – Adequate	4 – Strong	5 - Outstanding
---------------	----------	--------------	------------	-----------------

1) Quality and variety of direct service experiences available:

1                      2                      3                      4                      5

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Quality and usefulness of special topics seminars (e.g., PD and Grand Rounds):

1                      2                      3                      4                      5

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Quality and usefulness of other training experiences (e.g., program meetings, continuing education workshops, etc.):

1                      2                      3                      4                      5

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Use the same 5-point scale to rate the following aspects of the internship program:

\_\_\_\_\_ Acceptance by PSC staff

\_\_\_\_\_ Expertise of Psychology Staff

\_\_\_\_\_ Expertise of Supervision



- \_\_\_\_\_ Program evaluation/research opportunities
- \_\_\_\_\_ Assessment Experience
- \_\_\_\_\_ Intervention Experience
- \_\_\_\_\_ Training Opportunities
- \_\_\_\_\_ Orientation to PSC
- \_\_\_\_\_ Orientation to Internship Program
- \_\_\_\_\_ Individual and Cultural Diversity
- \_\_\_\_\_ Experience in Supervision
- \_\_\_\_\_ Experience in Consultation
- \_\_\_\_\_ Overall quality of internship training program

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please use the section below to provide the training staff with feedback regarding the strengths and weaknesses of the training programs and describe any suggestions you have for modifying and/or improving the program.**

Strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Weaknesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggestions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Intern Signature

\_\_\_\_\_  
Date

Appendix I  
**Psychology Services Center (PSC) Internship Program  
Supervisor Evaluation Form**

**Circle one:**     **Mid-Year**     **End-of-Year**     **Other:**\_\_\_\_\_ **(date)**

Please rate your Supervisor on the following areas using the scale below:

- 6- Unsatisfactory
- 7- Below Average
- 8- Satisfactory
- 9- Above Average
- 10- Excellent
- N/A- Not a focus of supervision

\_\_\_\_\_ 1. Ability to create a supportive supervisory atmosphere promotive of self-care.

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 2. Ability to assist you with developing reflective practice skills.

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 3. Ability to enhance your assessment knowledge, abilities, and skills.

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 4. Level of sensitivity displayed in reference to diversity issues, and ability to enhance your individual and cultural diversity knowledge, abilities, and skills.

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 5. Ability to enhance your intervention knowledge, abilities, and skills.

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 6. Ability to increase your knowledge of legal and ethical issues.

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 7. Ability to enhance your supervision knowledge, abilities, and skills.

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 8. Ability to enhance your consultation knowledge, abilities, and skills.

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 9. My supervisor was available for scheduled supervision and provided feedback based on direct observation of my work.

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 10. The manner in which my supervisor gave me feedback was respectful and collegial.

Comments: \_\_\_\_\_  
\_\_\_\_\_

Any additional comments regarding any other areas of supervision not covered above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Intern Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Supervisor Name: \_\_\_\_\_

Rotation: \_\_\_\_\_

*(Please, complete one form for each supervisor)*

Appendix J  
Psychology Services Center Internship Program  
INTERNSHIP TESTING SUMMARY

NAME: \_\_\_\_\_ TRAINING YEAR: \_\_\_\_\_

**Each intern is required to complete a minimum of six full battery evaluations (*a min. of 10 evaluations for interns completing the SPACI rotation*). One report must be completed in each rotation. It is recommended that 2 are completed in each of the required rotations and two (4-6 are required in SPACI) in the specialty rotation. However, interns may tailor the testing to their interests. Please, list the name of rotation wherein batteries were completed and obtain supervisor signature to indicate report completion.**

1. \_\_\_\_\_

Name of testing supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_

2. \_\_\_\_\_

Name of testing supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_

3. \_\_\_\_\_

Name of testing supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_

4. \_\_\_\_\_

Name of testing supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_

5. \_\_\_\_\_

Name of testing supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_

6. \_\_\_\_\_

Name of testing supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_

7. \_\_\_\_\_

Name of testing supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_

8. \_\_\_\_\_

Name of testing supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_

9. \_\_\_\_\_

Name of testing supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_

10. \_\_\_\_\_

Name of testing supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_

Appendix K  
**Psychological Services Center Internship Program**  
Diversity Project log

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

Rotation	Diversity Issue	Supervisor (name & signature)
----------	-----------------	-------------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Appendix L

### Performance Planning Worksheet



**Employee's Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

1. Review employee's job description. Identify any changes in duties and responsibilities. Update job description as necessary.
2. Discuss how the employee's position relates to university, center and department mission and goals. How can the employee's performance enhance these missions/goals? Make mission statements available to the employee.
5. Establish employee goals and objectives for the year and competencies to be developed. (Refer to the most recent performance evaluation form for stated goals)
6. Set a timeline for employee completion of major projects as appropriate. Discuss methods of measurement.

	GOAL 1	GOAL 2	GOAL 3
Work to be accomplished or competency to be developed			
Time-line			
Action Plan			
Resources needed			
Measures to be used			

**Signature of Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*PERF\***  
PERF-Perf Rev

Appendix M  
**Nova Southeastern University**  
**Psychology Services Center**  
**Intern Performance Agreement**

Name \_\_\_\_\_

Graduate Program \_\_\_\_\_

Specialty Program: \_\_\_\_\_

General Rotation(s) Child, Adolescent, and Family Services (CAFS) and Adult Services Program (ASP)

Primary Clinical Supervisor \_\_\_\_\_

Date Performance Agreement Established \_\_\_\_\_

**AGREEMENT**

At the beginning of the internship experience, discuss and establish with the intern the major activities in which s/he is expected to engage and list them below. These constitute contract and should be considered to form part of the basis for evaluation of internship performance.

**MAJOR ACTIVITIES**

**1. Direct Clinical Contact (Specify # hours, types of contact, etc.)**

6 hours (50%) of direct service in the specialty program for the first six months.

4 hours (25%) of direct service in ASP

4 hours (25%) of direct services in CAFS

14 total direct service hours for first six months; 16 total direct service hours for second six months (extra 2 hours may be chosen from any of the programs)

Six (6) psychological evaluations for the year (ideally, 2 from each program)

Supervision of others may count as direct contact for a maximum of 3 hours/week; no more than 1.5 per program

**2. Supervision (Specify # hours and with whom, type of supervision, i.e., group, individual, case conference, etc.)**

1 hour of individual supervision per week with specialty (Primary) supervisor

1 hour of individual supervision per week with CAFS supervisor

1 hour of individual supervision per week with ASP supervisor

1 hour of individual supervision per week with DOT



1 hour of group supervision every-other-week with postdoctoral resident supervisor  
1.5 hours of group supervision/case conference in ASP biweekly  
2 hours of group supervision/case conference in CAFS biweekly

Additional supervision: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Training, lecture seminar, education activities, etc.**

3 hours of Professional Development seminars bimonthly on Fridays 9am-12pm; there will also be optional full day trainings offered throughout the year.  
2 hours of Grand Rounds at local agencies and NSU clinics once a month  
2 hours of Intern Presentations monthly  
1 hour of Orientation with DOT once per year  
2 days of PSC Orientation per year  
Additional training activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Other required activities (Specify # hours, nature)**

Present an hour long didactic to fellow interns once a year including empirical support for the information provided.

Complete four (4) diversity projects; one from each rotation and the fourth from a rotation of intern's choosing.

Teach the Pre-Practicum/Interviewing Lab course to Doctoral Psychology student during the Winter term.

Complete all required documentation

Complete 2000 hours

Additional required activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPETENCY TRAINING**

Within each competency area, indicate specific training methods that will be used within the clinic programs (e.g., experiential learning, observation, supervision of others, in-service trainings, etc.)

and the general internship training activities (e.g., attendance/presenting at PD, Grand Rounds and other didactics on campus, group supervision, library research, etc.) for achieving competency.

- I. **Research:** Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

**Methods:** Individual and group supervision will regularly include discussions about the empirical support for an array of assessment and intervention approaches used with clients, as well as the current scientific knowledge about specific psychiatric diagnoses encountered. Interns will attend internship training activities (e.g., PD, Grand Rounds and intern presentations) exposing them to a broad array of clinical/scientific knowledge from NSU faculty and other experts. During the training year, interns will present one 1-hour workshop, on a topic of interest, to fellow interns based on a review of the relevant empirical literature in the chosen area. Interns will receive didactic training in program evaluation and complete a program evaluation project. Additional methods include:

---

II. **Ethical and Legal Standards**

Knowledgeable of and acts in accordance with: APA Ethical Principles of Psychologists and Code of Conduct; Relevant laws, regulations, rules, and policies governing health service psychology, as well as relevant professional standards and guidelines (including agency policies and procedures); Recognizes ethical dilemmas and applies ethical decision-making processes; Conducts self in an ethical manner in all professional activities.

**Methods:** Interns will receive orientations to the PSC clinic and internship program to acquaint them to all required documentation and other policies and procedures, including review of relevant ethical codes and laws (e.g., HIPPA, FERPA, etc.). Ethical issues will be discussed regularly during individual and group supervision with an emphasis on developing greater autonomy in appropriate management of ethical/legal matters as the year progresses. Interns will attend didactics focused on ethical and legal issues. Intern presentations will include coverage of relevant ethical/legal considerations, and interns will be provided with feedback about their coverage of this area. Additional methods include:

---

III. **Individual and Cultural Diversity**

Demonstrates understanding of how own personal/cultural history may affect how one interacts with people different from themselves; evidence knowledge of the current theoretical and empirical knowledge base as it relates to diversity; Ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles; Independently apply knowledge in working effectively with the range of diverse individuals and groups.

**Methods:** Interns will be assigned a diverse assessment and intervention case load. Individual and group supervision will regularly include discussions about cultural and individual factors relevant to assessment and about important cultural and individual considerations for establishing/maintaining rapport, conceptualizing cases, and treatment/intervention planning. In addition, interns will attend didactic trainings focused on cultural and individual differences. Intern presentations will include coverage of relevant individual and cultural diversity considerations, and interns will be provided with feedback about their coverage of this area. Moreover, interns will complete 4 diversity projects during the training year. Additional methods include:

---

---

#### **IV. Professional Values, Attitudes and Behaviors**

Behaves in ways that reflect the values and attitudes of psychology. Engages in self-reflection. Demonstrates openness and responsiveness to feedback and supervision. Responds professionally in increasingly complex situations with a greater degree of independence.

**Methods:** Interns will be oriented to PSC clinic and internship policies and procedures, including professional conduct and dress, as well as expectations for professional development, socialization to the profession, reflective practice and self-care. These topics will continue to be discussed during individual and group supervision throughout the training year. Interns will be provided with regularly scheduled weekly individual and group supervision and will be encouraged to be active participants by arriving to supervision prepared to discuss cases, review work, and actively engage in the learning process, as well as consistently following through on supervisor suggestions in a timely manner. Additional methods include:

---

---

#### **V. Communication and Interpersonal Skills**

Develop and maintain effective relationships with a wide range of individuals; Produce and comprehend oral, nonverbal, and written communications; Demonstrate effective interpersonal skills.

**Methods:** Individual and group supervision will regularly include discussions about rapport and relationships with clients and others, including establishing and maintaining boundaries, examining transferences/counter-transferences when appropriate, appropriate use of self disclosures, and other relevant topics relevant to establishing a strong working alliance. Training regarding technical language and/or writing will also be provided in supervision, through onsite didactics, and using templates and/or feedback on report drafts. Interns will be provided with feedback about their communication skills based on their performance during their intern presentation. Interns practice communication skills while teaching a doctoral course during the Winter semester. Interns will be observed interacting with peers, clients, and co-workers and provided with feedback about their interpersonal skills. Additional methods include:

---

---

---

## VI. Assessment

Select and apply assessment methods that draw from empirical literature; collect relevant data using multiple sources and methods; Interpret assessment results to inform case conceptualization, classification, and recommendations; Communicate findings in an accurate and effective manner.

**Methods:** Interns will be regularly assigned assessments, including intakes, admissions, and other initial assessments, as well as at least six comprehensive evaluations (10 for SPACI interns) during the training year. Supervision will include direct observation of assessment, instrument selection, administration and interpretation, as well as reviews of written reports. Diagnostic issues, current scientific knowledge, and individual/cultural considerations relevant to assessment and cases will be discussed regularly during individual and group supervision. Interns will attend internship training activities (e.g., PD, Grand Rounds and intern presentations) exposing them to the current scientific knowledge and a variety of perspectives about specific psychiatric diagnoses. Interns will attend seminars focused on increasing assessment knowledge and competencies, and Grand Rounds at community agencies where they will learn about possible community referral resources to inform report recommendations. Opportunities to consult with NSU faculty regarding assessment/report writing issues will be made available throughout the year. Assessment instruments will be available from the COP academic program and internship program holdings as needed. Additional methods include:

---

---

## VII. Intervention

Establish and maintain effective relationships with the recipients of psychological services; Develop evidence-based intervention plans; Implement interventions informed by the current scientific literature; Apply the relevant research literature to clinical decision making; Modify and adapt evidence-based approaches; Evaluate intervention effectiveness.

**Methods:** Individual and group supervision will regularly include reviews of client/patient histories, case conceptualization, current scientific knowledge and individual/cultural considerations relevant to cases, treatment planning and client progress, and termination/transfer issues. Supervisors will observe interns providing interventions and offer performance feedback. Interns will attend didactic trainings focused on psychopathology and treatment interventions for adults and youth. Individual and group supervision will regularly include discussions about the empirical support for an array of intervention approaches used with clients. Interns will attend internship training activities (e.g., PD, Grand Rounds and intern presentations) exposing them to a broad array of clinical/scientific intervention knowledge from NSU faculty and other experts. Opportunities to consult with NSU faculty regarding specialized interventions

will be made available throughout the year. Additional site-specific methods include:

---

### **VIII. Supervision**

Demonstrate knowledge of supervision models and practices; Apply this knowledge in direct or simulated practice with psychology trainees, or other health professionals.

**Methods:** Interns will be provided with supervision of their supervision of practicum students and others, including reviews of supervision models and approaches, direct observations of supervision sessions (live and video recordings), relevant readings, etc.  
Additional methods include:

---

### **IX. Consultation and Interprofessional/ Interdisciplinary Skills**

Demonstrate knowledge and respect for the roles and perspectives of other professions.

**Methods:** Interns are considered staff and will regularly consult, in a professional manner, with other professionals. Consultation activities will be discussed during individual and group supervision with a focus on developing greater professional autonomy in this area as the year progresses. Supervisors will observe interns providing consultation services and will offer interns performance feedback. Additional methods include:

---

I have read and understood all of the above.

\_\_\_\_\_  
Psychology Intern

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary (specialty program) Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
CAFS Clinical Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
ASP Clinical Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Psychologist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Internship Training

\_\_\_\_\_  
Date

Appendix N  
**Psychology Services Center Internship Program**  
**Verification of Completed Clinic Paperwork and Charting Requirements**

Sign Off Sheet

Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_

**Charts reviewed for (please complete one form per program; circle one):**

CATSP/PSED TRIP   NCCOA

SPACC

ASP

CAFS

Have **all** assigned cases to the intern in the past year been accounted for through a transfer or discharge? (circle one): **Yes**   **No**; *Please explain below as needed:*

---

---

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**Transfer documentation for active clients** (make sure each active chart contains each of the following):

\_\_\_\_\_ Consultation/transfer request form

\_\_\_\_\_ Treatment summary **with signatures**

**Discharge documentation** (make sure each chart being closed contains each of the following):

\_\_\_\_\_ Termination form

\_\_\_\_\_ Discharge summary **with signatures**

Have all documents been signed? (circle one): **Yes**   **No**; *Please explain below as needed:*

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

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

Supervisor Signature: \_\_\_\_\_

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