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INTRODUCTION

The South Florida Consortium Internship Program (SFCIP) was developed by the College of Psychology (COP) of Nova Southeastern University (NSU) in 1997. It is a collaborative effort of Nova Southeastern University and cooperating agencies whose mission is to offer a 2000-hour doctoral internship for qualified psychology doctoral students at NSU. The SFCIP is exclusively affiliated with the NSU College of Psychology (COP) doctoral programs, meaning it only accepts applications from student enrolled in the NSU COP doctoral psychology programs.

Nova Southeastern University's South Florida Consortium Internship Program (SFCIP) is 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/ E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

ORGANIZATION AND STRUCTURE

The College of Psychology (COP) is committed to providing the highest quality educational experience to current and future psychologists and mental health and counseling professionals. This training experience provides students with a sophisticated understanding of psychological research and the delivery of superior mental health care. COP is located on the main campus of Nova Southeastern University. The COP has 42 full-time faculty and offers two APA-accredited doctoral programs in clinical psychology (Ph.D. and Psy. D.), as well as an APA-accredited doctoral program in school psychology. Master’s programs in counseling (online), general psychology, mental health counseling, and school counseling, and a specialist program in school psychology are also offered. COP offers a Continuing Education program series approved by APA, the National Association of School Psychologists, and the Florida Boards of Licensed Clinical Social Workers, Marriage and Family Therapy, and Mental Health Counseling. COP is also approved to offer continuing education by the State of Florida Board of Medical Therapies/Psychology, Office of School Psychology and is an NBCC-Approved Continuing Education Provider (ACEP™).

The SFCIP is governed through an Executive Board (EB) which is chaired by the Director of Internship Training and its members include the Dean of the College of Psychology (COP), the SFCIP Chief Psychologist, the Coordinator of Internship Training and Liaison Services, and a member-at-large (a supervisor from one of the partner sites). The EB has the authority and responsibility for maintaining SFCIP compliance with the standards of accreditation of the American Psychological Association (APA) and the membership guidelines of the Association of Psychology Postdoctoral and Internship Centers (APPIC). The Executive Board maintains SFCIP resources, evaluates prospective
partner sites for new or continued participation in the SFCIP, and ensures the quality of
the clinical supervision within the internship. The Executive Board also has supervision,
control and direction over the property, business and affairs of the SFCIP and determines
its standards, policies, and procedures, and any changes to these. An Operations Board
also chaired by the Director of Internship Training and comprised of at least one
representative from each member site (usually a primary supervisor), the SFCIP Chief
Psychologist and the Coordinator of Internship Training and Liaison Services, as well as
an intern representative serves as the management arm of the Executive Board. This
committee has the authority and responsibility for insuring the quality of the SFCIP
training program. The Operations Board meets at least quarterly to assist the Director of
Internship Training with intern selection, intern training and evaluation, and program
monitoring, evaluation, and improvement.

PROGRAM AIM AND COMPETENCIES

The SFCIP follows the Practitioner Informed by Science Model of training, which
adheres to a philosophy of training geared toward preparing interns to enter careers as
health service psychologists concerned primarily with direct service delivery informed by
the research base. The SFCIP encourages the acquisition of “generalist” skills rather than
narrowly defined specialties with an understanding that health service psychology
competencies may be attained in specialized settings. The program is designed to provide
experiential training and supervision focused on attainment of profession-wide
competencies. These are balanced with formal instruction and mentoring in a broad base
of clinical knowledge and skills during supervision and weekly training activities
throughout the internship year. The SFCIP seeks to develop strong mentoring
relationships between supervisors and interns. These relationships enhance the intern’s
personal and professional growth by fostering the development of profession-wide
competencies.

The SFCIP is a post-practicum, post-coursework, intensive clinical training program
designed as the capstone experience for doctoral psychology students as they move
toward greater autonomy in practicing health service psychology. The aim of the SFCIP
is to prepare interns for entry level independent practice and licensure as Health Service
Psychologists. To this end, all SFCIP interns will develop proficiency in all areas of
profession-wide competency including:

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.

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

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.

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.

**PROGRAM DESCRIPTION**

The South Florida Consortium Internship Program (SFCIP) is a collaborative effort of Nova Southeastern University and cooperating agencies whose mission is to offer a 2000-hour doctoral internship for qualified doctoral students in clinical psychology. The goal
of the SFCIP is to train and educate interns to competently practice health service psychology. Interns are prepared to be lifelong consumers of research who provide direct services with an understanding that science informs sound practice. Upon completion of the internship, the intern will have acquired the knowledge, skills and professionalism to move to the postdoctoral resident level and work as health service psychologists at the entry level.

SFCIP members are committed to providing interns with the opportunity to acquire “generalist” skills through the provision of instruction, supervision, and experience in a wide spectrum of functions engaged in by a health service psychologist. Therefore, at all training sites, each intern are provided with supervised training experiences in the direct provision of assessment/evaluation and intervention services to clinical populations, as well as with consultation and supervision activities. Training in a breadth of clinical issues and ethical and legal professional standards is incorporated into supervision and seminars (Appendix A) to further prepare interns for generalist practice and the highest standards of professional conduct.

The SFCIP’s primary training method is experiential. Interns spend 40 hours per week in training of which a minimum of 25% (ten hours) to a maximum of 24 hours of the intern's time is dedicated to direct clinical services. At times, because of special circumstances, the maximum number of hours may be increased with the written approval of the Director of Training. Interns are responsible for documenting their direct and indirect services monthly by completing the Intern Activity Log (Appendix B), obtaining supervisor’s signature, and submitting the log to the Director of Internship Training monthly.

The community-based training sites that form the SFCIP provide an array of clinically and culturally diverse populations that offer our interns supervised clinical training and experience during a one-year placement at one of the consortium partner sites, supplemented by weekly training activities at NSU. Nevertheless, all SFCIP interns are expected to develop proficiency in the execution of a broad range of intervention, assessment, consultation, program evaluation, and supervision skills within community settings (i.e., Consortium partner sites). While some sites serve special populations (e.g., clients with primary diagnoses of eating disorders or medical conditions) allowing the interns exposure to specialist skills, the SFCIP program as a whole is organized to provide generalist training through (a) experiential training, (b) supervision, and (c) training seminars; therefore, all SFCIP interns are required to gain experience in the following areas:

1. **Assessment:** Interns generally complete clinical interviews and or screening regularly to provide a means of refining diagnostic and treatment planning skills. All interns complete a minimum of 6 psychological evaluations during the year under the supervision of a licensed psychologist. Interns will document each completed evaluation by entering the date of the evaluation and obtaining their supervisor’s signature of the Documentation of Completed Reports form (Appendix C). While the evaluation type, instruments, and report length may vary
across sites, all SFCIP interns’ evaluations must include, at minimum, the following: history, direct observation, formal assessment instruments and integration of all individual components to yield diagnostic impressions and recommendations. Also, 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.

2. **Intervention:** All SFCIP 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.

3. **Consultation:** Interns participate in supervised consultation activities with other professionals. This may include staff in-service training and/or consultation within interprofessional teams and/or settings.

4. **Supervision:** Interns have the opportunity to provide individual and group supervision to practicum students, who are in turn, supervised by the psychology training staff. At sites where there are no practicum students, interns provide supervision/mentoring and/or training to other staff at their sites.

5. **Research:** Consortium-wide, interns participate in program evaluation didactics and a Logic Model group project to enhance their knowledge and skills in this area (see Appendix D). Interns must include a critical review of the research literature in their intern presentations (see Appendix G). 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).

A. **Consortium Partner Sites:**

**Broward Health Medical Center (BHMC) – Maria Fimiani, Psy.D.**

A respected leader in healthcare since its founding in 1938, Broward Health Medical Center’s mission has remained constant over the decades: to provide quality healthcare to the people we serve and support the needs of all physicians and employees. BHMC continues to deliver on that promise through its commitment to physician excellence, technological advancement and academic affiliation. Caring for our community goes far beyond the walls of the medical center. Each year, BHMC admits approximately 24,000 patients, delivers 4,000 babies and handles more than 75,000 emergencies. BHMC is a Level I Trauma Center and is an accredited hospital by the Joint Commission.

This internship offers training in the areas of Clinical and Health Psychology and prepares interns for careers as practitioners in medical or applied practice settings. Interns will gain
knowledge regarding organ systems, disease processes, laboratory results, medications, and the interplay between physical and mental health. Interns will also have a variety of clinical experiences in trauma services, pediatrics, behavioral health, emergency medicine, family medicine, oncology, organ transplantation, palliative care, and cardiac & pulmonary rehabilitation programs. Additionally, Interns will complete a minimum of 6 psychological batteries as a part of the pre-transplant evaluation process. Interns are required to be on-call 24/7 at least 1 week/weekend a month via pager coverage. Interns will be trained in and will provide services to patients who are medically compromised, experiencing end of life issues, and undergoing invasive medical procedures. Depending on availability, interns may be able to view a liver transplant or other surgeries.

Interns will also have opportunities to participate in community related mental health support activities, research, grant writing, programmatic development, and the training of medical students and residents. Interns will be trained in the supervision of practicum students and utilize a variety of supervision strategies including direct shadowing of psychology consults, review of audio recordings of psychotherapy sessions, providing ongoing feedback, conducting in-service trainings, and participating in their formal evaluation process.

The patient population is richly diverse with respect to age, race, ethnicity, cultural background, sexual orientation, socioeconomic status, medical conditions, and psychopathology. Interns will work with a variety of multidisciplinary teams throughout the medical center and across programs, and will rotate with their intern peers in attending weekly medical team rounds.

During the 2016-2017 training year, all interns will rotate through a three-month pediatric psychology placement as part of the internship program. This placement is supervised by Jessica M. Valenzuela, PhD and will include participation in multidisciplinary outpatient clinics in endocrinology and gastroenterology with a focus on youth with diabetes as well as youth with obesity and related complications. Interns will work alongside physician specialists and allied health professionals to provide integrated services. They will conduct brief assessment, consultation, intervention, and make necessary referrals during clinic. Interns may also conduct short-term outpatient psychotherapy for issues related to the patient’s medical diagnosis (e.g., adherence, coping, lifestyle change) and have opportunities for youth and/or parent group therapy. Live supervision will be provided and opportunities for interns to supervise practicum students in the clinic setting may be available.

BHMC offers weekly lectures, presentations, and Grand Rounds, which Interns are encouraged to attend. Interns will also attend a weekly one-hour group supervision meeting, attend two-hours of weekly individual supervision by a licensed psychologist, and provide leadership in the coordination and smooth operation of the psychology service delivered by the NSU Psychology Team at BHMC.

Accommodations include an assigned desk, storage space, computer with internet access, and a telephone. The interns’ supervisor is on-site, part-time and in an adjacent office so
that access and support can occur seamlessly. When not on-site, the supervisor is readily available via phone to assist with more challenging situations. Prior to beginning the internship, Intern’s will be sent information about suggestions (e.g., various readings related to health psychology and an invitation to shadow outgoing Interns related to administrative duties) and requirements (e.g., vita, background check, drug screening, proof of immunization, and proof of health insurance coverage).

**Intern Applicant Requirements:**

Previous health related experience is a necessity; this experience can be practicum, work, shadowing, or volunteer in nature. These experiences should be clearly noted in your application cover letter/vita. Preference will be given to those in the health concentration or that have health/medical related coursework.

Those seeking primarily psychiatric in-patient experiences or who are not highly motivated to work in a medical setting should not apply.

All interns will be required to complete a 10 Panel Drug Test and Level II Background Check prior to starting. All interns will also be required to have a Flu Vaccination prior to starting, unless intern has a religious or medical exemption. In the event of an exemption, the intern will be required to wear a mask during Flu Season while at the hospital. Given that flu vaccinations are given only during a limited time frame, applicants interested in BHMC should obtain their immunization during the internship application process and maintain documentation showing proof of immunization, which will be required at the start of internship.

**Broward Sheriff’s Office (BSO) - Timothy Ludwig, Ph.D.**

**About Broward Sheriff’s Office:**

The Broward Sheriff’s Office Department of Detention operates the twelfth largest local jail system in the nation, with four facilities fully accredited by the American Correctional Association and the National Commission on Correctional Health Care. The average daily population exceeds 4500 inmates, of which approximately 32% are receiving some form of mental health services. One facility, the North Broward Detention Center, operates a 340-bed Mental Health Unit for inmates experiencing acute symptoms of their mental illness and who may require specialized housing and treatment services. The In-Custody Behavioral Services Division (ICBSD) is responsible for providing psychological services to the inmates housed on the Mental Health Unit.

**About the In-Custody Behavioral Services Division:**

*Philosophy/Mission*

The Broward Sheriff’s Office In-Custody Behavioral Service Division believes that all inmates should be treated as individuals and with dignity, respect, and understanding. As such, the ICBSD’s mental health services focus on assessing the needs of the individual
based on their current level of functioning while seeking to maximize opportunities for success in the completion of their identified treatment goals.

It is the mission of the In-Custody Behavioral Service Division to provide a safe and secure environment that will enable special needs inmates, who have emotional and behavioral difficulties and/or co-occurring disorders, an opportunity to successfully adjust within the correctional setting. In addition, these special needs inmates are afforded the supports and services necessary for recovery and successful community integration.

Psychology Internship with BSO’s ICBSD:

Objectives and Philosophy
The primary objective of BSO’s Psychology Internship program is to provide an integrated, flexible, and diverse learning experience necessary for the emergence of a competent professional psychologist. The ICBSD provides a comprehensive learning experience in a multidisciplinary institutional setting emphasizing correctional and forensic work. Interns will have an opportunity to practice and enhance previously acquired skills, develop new skills, and develop competence in psychological assessment, intervention, and consultation.

In addition, interns will have an opportunity to conduct individual and group therapy, psycho-educational programs, and crisis-intervention. The interns will work with a broad range of disorders and challenging behavior management issues. Outside of their clinical work, interns will have the opportunity to engage in curriculum development and program evaluation activities. Additionally, interns will have the opportunity to provide mental health education and training for Department of Detention and Community Program staff.

Internship Training Environment
Interns are expected to work a 40-hour work week, Monday through Thursday from 8:00am to 4:30pm. There are no expectations for after-hours or on-call. Each intern is provided their own work station and computer at the North Broward Detention Center. The interns become a valued member of the treatment team which is comprised of two psychologists, three master’s level clinicians, and one or two practicum students. On Friday’s the interns will be at NSU for weekly Professional Development (PD) seminars, Group Supervision, and/ or Supervision with a Post-Doctoral Student.

Supervision and Training
Each week the interns will receive two hours of individual supervision by a licensed psychologist, two hours of group supervision and training, and 15 to 20 hours of direct clinical service. Interns are also afforded the opportunity to supervise practicum students throughout their internship year. This opportunity provides them with the experience of supervising students with curriculum development, behavior management and treatment planning, and involves co-facilitation of mental health programming.
Assessment
Each intern will complete a minimum of 6 psychological assessments. These psychological assessments involve the administration of a full battery of tests, and typically include assessments of intelligence, personality, and malingering in order to help clarify diagnostic questions or to help guide treatment recommendations. Additional instruments may be incorporated into the battery based on the referral question.

Treatment
Each intern will maintain a minimum individual therapy caseload of 5-10 clients. Given the transitory nature of the jail population, individual therapy may be provided on a brief or long-term basis. The internship provides exposure to a full spectrum of diagnoses, symptom presentations and severity, cultural backgrounds, and presenting problems. Interns will conduct approximately two groups per day and have the opportunity to co-facilitate groups with other treatment team members.

Program Development
Interns will participate in on-going curriculum development for daily group programs offered to the inmates housed on the mental health units. Typical curriculum topics include understanding mental illness, substance abuse, relapse prevention, criminal and addictive thinking, trauma, domestic violence, stress management, anger management, and additional topics of interest to the inmate population.

Additionally, the interns are responsible for the operation of the Mental Health Unit’s Transitional Program Unit. The mission of this special treatment milieu is to provide supportive and rehabilitative experiences that assist inmates in developing the behaviors and skills needed for transition from segregated housing to less restrictive housing alternatives. Individuals who voluntarily participate in this program receive more intensive individual and group counseling focused on effective Coping skills in the areas of socialization, communication, conflict resolution, anger management, stress management, as well as any mental health or substance abuse issues they may have.

Training
During the course of the year, the interns will have the opportunity to assist in the development of continuing education training curriculums on various topics related to mental health and in presenting these trainings to Department of Detention and Community Program’s staff.

Professional Development
In accordance with South Florida Consortium Internship Program requirements, each intern will attend weekly professional development seminars offered by Nova Southeastern University. Additionally, interns will further their knowledge on issues related to forensic and correctional psychology by reading books and articles provided by the training site supervisor. Seminars and monthly meetings focusing on clinical, ethical, and forensic issues will also be provided to afford the intern an opportunity for networking and development of professional contacts.
Research
The value of research is recognized as an important professional developmental tool. Participation in research is encouraged at BSO and numerous opportunities and resources are available for interns interested in pursuing these interests.

Leave Policy
While interns are considered employees of Nova Southeastern University and follow the specified guidelines allotted to the university’s employees, there is a pre-hiring clearance process that each prospective intern must successfully complete with the Broward Sheriff’s Office. This clearance/background process typically will be initiated in April or May to ensure the prospective intern may begin internship on September 1st. In accordance with Nova Southeastern University policies interns receive three weeks of vacation and a total of eleven days sick time. Holiday leave follows the holiday schedule of the training site.

Child Provider Specialists - Tara DiBattisto, Psy.D.

Child Provider Specialists (CPS) offers comprehensive psychological and related services to children and adolescents in Miami-Dade, Broward, and Palm Beach Counties. While CPS’s main offices are in Weston, including an office at Miami Children’s Hospital’s Dan Marino Center (DMC), they have satellite offices across the three counties, allowing them to provide conveniently-located services to as many families as possible.

Although in its inception CPS was primarily a provider of psychological services, including testing and therapy, their belief has always been that an integrated approach is the best way to treat a child and his/her family. Consequently, CPS has developed close relationships over the years with specialists in related fields, such as neurology, developmental and behavioral pediatrics, behavior modification, speech-language therapy, occupational and physical therapies, and educational interventions. Over time, CPS has joined forces with many of these specialists and now offer many of their services through CPS.

Interns at CPS will enjoy a rich experience, working hand-in-hand with highly experienced psychologists to develop their skills base in neuropsychological assessment, consultation, parent and professional education, and psychotherapeutic techniques (e.g., social skills groups, and individual psychotherapy). CPS’s strength lies in helping children with developmental delays and/or social and emotional challenges. Common diagnoses include everything from Attention-Deficit/Hyperactivity Disorder (ADHD) and learning disabilities to more severe challenges, such as Autism, Intellectual Disability, Selective Mutism, and language delays. Beyond traditional assessment and therapy, interns will have an opportunity to participate in the following programs at CPS:

- Working in a home school program directly with children diagnosed with ADHD, Learning Disabilities, and High Functioning Autism. Interns will provide individual and small group therapy, behavioral treatment planning and motivational coaching.
- Mentorship/Shadowing: Interns will be able to offer motivational coaching in schools to children who need academic encouragement and/or behavioral shadowing.
- Cognitive Remediation: Interns will be trained on Cogmed Working Memory Training and Fast Forward to better understand why these programs are recommended. They will also be trained to use these programs to track client progress and understand and interpret the results of these programs.
- Additionally, because CPS offers integrated services, interns will be exposed to and work in conjunction with prescriptive reading interventionists, occupational therapists, speech-language pathologists, and other remedial/rehabilitative specialists.

Psychology interns work under the direct supervision of Tara DiBattisto, Psy.D. In addition, there will also be opportunities for supervision provided by senior psychologists within the practice, Michael Rizzo, Ph.D. and Sheri Silverman, Psy.D., for testing. Support will be available at all times in that CPS encourages a collegial team environment, with at least one licensed professional associated with the organization available to interns and overseeing their work at all times.

One day each week, cases will be presented for case review with a licensed psychologist in a group format. Interns will also be provided with 4 to 6 hours per week of direct supervision when engaged with patients. Additionally, individual supervision for a minimum of two hours each week will be provided. It is anticipated that as the skills of the interns increase, they will be provided more flexibility to handle more complex cases and work more closely with related professionals within CPS in an integrated team format.

Supervisors and Contact Information:

Tara DiBattisto, Psy.D. tdibattisto@childproviderspecialists.org
Michael Rizzo, Ph.D. mrizzo@childproviderspecialists.org
Sheri Silverman, Psy.D. ssilverman@childproviderspecialists.org

Main Office Number: 954-577-3396

Henderson Behavioral Health (HBH) – Ana Silva, Psy.D.

Henderson Behavioral Health is a private, not for profit, behavioral healthcare system providing comprehensive recovery-focused services to nearly 17,000 people annually, of which 5,000 are youth. The center provides a continuum of high quality, community-based prevention, education, treatment and rehabilitation services by utilizing best practice and evidence-based treatment models. With 15 facilities throughout Broward and Palm Beach counties, the organization offers over 30 different children and adult
programs which are fully accredited by the Commission on Accreditation of Rehabilitation Facilities (C.A.R.F).

The internship program at Henderson Behavioral Health is intended to provide doctoral interns with dynamic experiences in working with a diverse population of clients. Through the internship program, interns will have the opportunity to provide individual, group, family, and crisis counseling, as well as psychological testing, and evaluation. In addition, interns are trained in the evaluation of psychological disorders using clinical interviewing, behavioral assessments, and observation methods. Training is provided in a broad array of therapeutic and crisis intervention methods with emphasis on evidence-based treatment approaches. During the course of the internship year, interns are encouraged to enrich their own interpersonal and intrapersonal skills while providing services in a culturally sensitive manner with a broad range of disorders. Interns learn to develop and monitor measurable treatment goals and assess treatment outcomes. Interns gain experience in constructing testing batteries based on client need. There will be opportunities to sit in for Baker Act Court and gain exposure to Mental Health Court. Additionally, interns will have the opportunity to be a part of an interprofessional team as well as provide education and training to healthcare staff.

Interns are expected to work a 40-hour work week, Monday through Friday with no expectations for after-hours or on-call commitments. Each intern is provided their own laptop to be used between the two sites. Each week, the interns will receive two hours of individual supervision by a licensed psychologist, two hours of group supervision and training, and 15 to 20 hours of direct clinical service. Interns are also afforded the opportunity to supervise practicum students throughout their internship year. Each intern will complete a minimum of six psychological assessments. These psychological assessments involve the administration of a full battery of tests, and typically include assessments of intelligence, personality, and malingering in order to help clarify diagnostic questions or to help guide treatment recommendations. Additional instruments may be incorporated into the battery based on the referral question.

Crisis Stabilization Unit - Major Rotation/Adult Inpatient (12 months):
Supervisor: Ana Silva, Psy.D.

Population Served
Indigent persons in Broward County aged 18 and older who are in need of psychiatric hospitalization to achieve immediate stabilization. Hospitalization admission status including: involuntary (Baker Act), voluntary, confinement (on loan from jail), mental health court ordered, and awaiting housing placement. All persons admitted meet the criteria of being an immediate risk of harm to oneself or someone else at the time of admission and remain on the unit until deemed stable and no longer a threat.

Program Description
The Crisis Stabilization Unit (CSU) is a 23-bed licensed psychiatric inpatient stabilization unit that provides screening, assessment, treatment, and stabilization of those individuals in crisis. Persons served tend to be suffering from severe mental illness, co-
occurring disorders, and/or substance abuse and require a more restrictive setting. Individuals participate in treatment and medication management to help them return to pre-crisis level of functioning. We strive to provide trauma-informed integrated continuity of care in order to assist with successful functioning in the community post discharge. Crisis Services recognizes that psychiatric crises can occur in individuals of all populations and special accommodations are made to ensure individualized treatment. Given the varying length of stay and the individualized needs of the persons served, therapy may be provided on a brief or long-term basis. The internship provides exposure to a full spectrum of diagnoses, symptom presentations, severity, cultural backgrounds, and presenting problems. Interns will assist in screening admissions, provide individual therapy, conduct approximately two groups per day, and have the opportunity to co-facilitate groups with other treatment team members. Intern responsibilities include:

- Opportunity to shadow with the Mobile Crisis Unit and the Crisis Walk-in Center at the beginning of the internship.
- Provide individual, group, and family therapy to a culturally diverse adult population with acute severe and persistent mental illness including: psychotic disorders, affective disorders, personality disorders, and dual diagnoses individuals in a DCF licensed Baker Act Receiving Facility.
- Assist in screening/admissions and crisis intervention.
- Observe and assist in assessments for abrogation done by the Staff Psychologist.
- Be an integral part of the treatment team including attending and contributing to the treatment team meetings.
- Work with forensically involved individuals either from confinement status or Mental Health Court.
- Become familiar with administrative tasks.
- Participate in program development and coordinating activities.
- Utilize a large variety of therapeutic approaches in both individual and group modalities, including: process oriented, cognitive-behavioral, skills based, strength based, supportive, activities (i.e., art and music), psychoeducational, etc.
- Provide psychological testing, crisis counseling and risk assessment, including suicide and homicide assessments.
- Participate in grant-funded studies as a research clinician recruiting research participants from the person’s served on the unit who meet the research criteria.
- Opportunity to observe &/or participate in Baker Act Court Hearing(s)
- Be a member of an interdisciplinary team consisting of psychiatrists, psychologist, master’s level mental health clinicians, nurses, social worker, behavioral health technicians and support staff.

Outpatient Branch (South) - Minor Rotation / Adult Outpatient (12 months):
Supervisors: Timothy Scala, Psy.D. and Nina Nix, Ph.D., LCSW

Program Description
Outpatient therapy consists of time-limited, individual therapy sessions designed to assist the persons served in achieving the goals identified in their individual treatment plans. The intern will complete a minor rotation in the outpatient setting one day a week.
and will carry a case load of 5-6 individual therapy clients with the opportunity for couples or family therapy. Psychological testing can also be completed at this site. The Adult Outpatient Therapy Program provides clinical and educational individual and family therapy utilizing industry standard treatment interventions such as cognitive/behavioral, solutions-focused, etc. Individual psychotherapy is generally delivered on a short-term basis; however, the duration of treatment is individually determined with each person served to best meet their needs and is reviewed and revised on a regular basis.

Population served
The Adult Outpatient Therapy Program delivers services to persons served who are at least 18 years old and who reside in Broward County. All persons served must meet the Department of Children and Family Services definition of priority. This priority group includes all individuals with a major psychiatric disability (e.g., severe depression, anxiety, psychosis, affective disorders, personality disorders, complex trauma) who are at risk for more intensive services. Due to the multiple levels of care provided by the major and minor rotations it is possible for the intern to work with individuals in the CSU and then provide continuity of care by continuing services post discharge at the outpatient level.

Intern Responsibilities include:
- Provide individual psychotherapy and psychological testing / assessment to adults within an outpatient community mental health center setting.
- Utilize psychodynamic, humanistic, and cognitive-behavioral, and solution-focused therapeutic approaches for case conceptualization and intervention.
- Opportunities for couples and family therapy
- Treatment planning with clients including developing and maintaining up-to-date treatment plans and keeping accurate and timely chart documentation.
- Provide weekly supervision to Doctoral level practicum students which includes didactics, case presentations, case conceptualizations, and listening to therapy tapes.

Benefits:

The internship start date is uniform within the consortium; however, the required Henderson Behavioral Health orientation is held the second week of August. Please note that all pre-hire paperwork and obligations (i.e., application, background check, drug screen, etc.) must be cleared prior to the August orientation.

Interns are considered employees of Henderson and therefore are required to follow the specified guidelines allotted to the agency’s employees, including attending the four days orientation. In accordance to policy, during the first three months of employment, personnel do not earn leave time; however, upon completion of the three month waiting period, Paid Time Off (PTO) which would have been earned shall be credited. PTO may not be taken in advance of actual hours earned. Employees accrue PTO each payday.
based on years of employment. Employees with zero to two years of service will accrue 20 days annually, and will not be able to cash out their PTO hours at termination. This will be displayed on the employee’s bi-weekly pay advice. Nine paid holidays are observed and NOT charged as PTO. The only other time off not charged to PTO is jury duty. ALL requests should be turned in as early as possible to allow for proper planning and approval. As always, ALL “planned leave” requests must have prior supervisory approval. Approval (or denial) is based on departmental needs, and your individual circumstances and performance. Unpaid leave is not permitted for any employee. More than two consecutive unscheduled days off require a doctor’s note to return.

The following are the observed holidays for HBH:
New Year
Martin Luther King
President’s Day
Memorial Day
Independence Day
Labor Day
Thanksgiving
Friday after Thanksgiving
Christmas Day

Additional benefits include:
403(B) Plan: An employee only contributed Retirement Plan - date of hire.
Employee directed pre-tax sheltered annuities (Mutual Fund families.)
Flexible Benefits Plan:
Pre-Tax payment of Group Health & Dental Insurance Premiums-3 months from date of hire.
Pre-Tax payment of Child Care Reimbursement – 3 months from date of hire.
Pre-Tax payment on Medical Reimbursement – 3 months from date of hire.

Memorial Regional Hospital – Marcy G. Smith, Psy.D.
Memorial Health Care system is the fifth largest public healthcare system in the nation. Its largest hospital, Memorial Regional Hospital is a 713 bed facility and is frequently recognized by national associations and local publications for its unsurpassed commitment for providing high-quality healthcare to the South Florida community. In addition, Joe DiMaggio’s Children’s Hospital provides a wide scope of comprehensive inpatient and outpatient pediatric services as well as community education and child safety programs. Both Memorial Regional and Joe DiMaggio’s Children’s hospitals practice the patient & family centered care in that both the needs of the patients as well of their families are addressed at each visit.

PLEASE NOTE: APPLICANTS WILL ONLY BE CONSIDERED FROM THE NSU CLINICAL PSYCHOLOGY PROGRAMS (PSY.D & PH.D).
Two internship positions are available at this site:

The Neuropsychology position at the Neuropsychology Service:

The focus of this service is to provide neuropsychology screenings, psychotherapy and psycho-education to patients seen & followed by Neurosurgery, Trauma or Cardiac Transplant and/or other medical departments. The patient’s family is also integrated in treatment using the Patient & Family Centered Care model. The intern will work with the Adult population as well as with their support system.

The following are the expectations of the intern:
1. Completion of neuropsychological screenings with patients in Trauma, Cardiac, Transplant & and medical floors.
2. Completion of bio-psychosocial & psychological evaluations to patients in ICU and medical floors.
3. Conducting support & education groups to patients with adult ICU & Transplant.
5. Assisting in the Coordination of the neuropsychology service.
6. Conducting seminars for staff education.
7. Psychological consultations on medical floors

The Psychology position at Inpatient Behavioral Health:

The intern in this position will work primarily with both adult and adolescents who have psychiatric or co-occurring disorders. Treatment involves evidenced-based modalities which includes: group, family and individual therapy. Each patient is provided with individualized aftercare planning to ensure quality and safe discharges back to the community.

The Inpatient Behavioral Health Department is comprised of the following:

1. The Mood Disorder Unit: 20 bed unit with adult patients who have primarily Mood Disorders but can also have co-occurring disorders.
2. The Thought Disorder Unit: 20 bed unit with adult patients who have primarily thought disorders but can also have co-occurring disorders.
3. Co-Occurring Disorder Unit: 11 bed unit with adult patients who have primarily co-occurring disorders.
4. Child & Adolescent Unit: 12 bed unit with children and adolescents who present with psychiatric, psychological, behavioral and/or substance abuse issues.

Expectations from Interns at the Inpatient Behavioral Health Department:

1. Completion of psychosocial evaluations
2. Participate in multi-disciplinary treatment team meetings that includes psychiatry, nursing, nutrition, and aftercare.
3. Individual, family and group therapy
4. Develop patient treatment plans with attainable goals, objectives, and interventions.
5. Approximately 6-8 therapy groups per week.
6. Complete a minimum of 6 psychological evaluations.
7. Work on a multi-disciplinary treatment team that includes psychiatry, nursing, nutrition, and aftercare.
8. Participate in team rounds
9. Develop patient treatment plans with attainable goals, objectives, and interventions.
10. Provide milieu management support; assure that patients are following structure/policy/procedure, and manage crises.
11. Requirements: 40 hour work week

Clinical Team:
Marcy G. Smith, Psy.D., Neuropsychologist & Director of Psychological Services
Gloria Chiang, Ph.D., Pediatric Psychologist
Lisa Wasserman, Psy.D., Clinical Therapist
Ime Ekong, PsyD., Clinical Therapist

Medical Staff:
Neil Edison, MD, Medical Director/Adults &
Marioam Lazar, MD., Medical Director/Children

Psychopharmacologists:
Dr. Alberto Augsten
Dr. Leonard Rappa
Dr. Maria Venti

The Renfrew Center – Deborah Radzwill, Psy.D. and Heather Maio, Psy.D.

The Renfrew Center is the first residential facility that specialized in the treatment of eating disorders for women. More than 50,000 patients have been treated in more than 10 locations throughout the United States. The Renfrew Center of Florida is a 40-bed facility that offers residential, partial hospitalization (PHP), intensive outpatient (IOP), and outpatient services. Treatment at The Renfrew Center is designed to be empowering, collaborative, interactive, and personal. Individual supervision is provided by Licensed Psychologists. At Renfrew, the Doctoral Internship offers a specialized and comprehensive year of learning and growth that incorporates the below-listed training opportunities:

- Work within all levels of care, including Residential, Partial Hospitalization, and Intensive Outpatient (IOP).
- Provide individual, couples, and family therapy to female patients of all ages who are diagnosed with eating disorders, as well as with other co-morbid pathologies.
- Facilitate approximately 6-8 therapy groups per week.
- Complete a minimum of 6 integrated reports.
- Work on a multi-disciplinary treatment team that includes psychiatry, nursing, nutrition, and aftercare.
- Participate in team rounds, which entails a weekly 3-hour meeting.
- Develop patient treatment plans with attainable goals, objectives, and interventions.
- Participate in group supervision of Practicum Students.
- Provide milieu management support; assure that patients are following structure/policy/procedure, and manage crises.
- Requirements: 40 hour work week; evening and/or weekend hours may be included. Work hours are subject to change.

School District of Palm Beach County – Maria Gallardo-Cooper, Ph.D. and Leonard Ferrante, Psy.D.

The SDPBC is a well-established public educational institution that serves over 183,000 children, adolescents, and young adults. As a large urban school district, the SDPBC provides a broad range of services for children from 3 to 22 years of age. SDPBC covers a large geographical county area, which facilitates a rich cultural exchange of diverse communities with different socio-economic, ethnic, linguistic, and racial backgrounds.

The School Psychological Services Program functions under the Exceptional Student Education Department but provides services to both regular and special education students and their families. The range of school psychological services includes: comprehensive psychological assessments, consultation, behavioral/academic assessments and interventions, multi-tiered systems of support (MTSS) frameworks, teacher and parent training, mental health interventions (individual, group), crisis interventions for individuals and school-wide, student advocacy, home-school collaboration, strategies to assist special populations, training, and parent/family interventions.

Interns will participate in the following training activities onsite:

1. Engage in many school-based multidisciplinary experiences such as school-based teams (MTSS Response to Intervention), eligibility determination meetings, 504 meetings, manifestation determination hearings, one on one consultation with teachers and parents, and student advocacy.
2. Conduct comprehensive psycho-educational evaluations for high and low incidence disabilities, multicultural evaluations, developmental assessments, autism spectrum evaluations, emotional/behavioral evaluations, MTSS driven assessments, dyslexia-specific testing requests, gifted testing, 504 assessments and data analysis, and school neuropsychological evaluations. Assessments rely on a comprehensive and holistic framework. Interns will engage in test selection decisions to best respond to the presenting problem or evaluation question, administration of tests, scoring, data integration from multiple sources, report writing and interpretation of results to parents and school teams.
3. Develop and implement individual and group interventions, parent consultation, groups for specialized populations (anxiety, social skills deficits, anger
management, EBD students, acting out students, ELL at risk populations), and other psycho-educational and therapeutic interventions.

4. Lead and monitor the MTSS process. These responsibilities require advanced problem solving facilitation, targeted-problem identification, generation of evidenced-based interventions, close progress monitoring of supplemental and intensive levels of intervention, and effective consultation skills. MTSS skills also include collection of RtI specific data collection, graphing data, rate of improvement applications, and data driven decision-making.

5. Conduct classroom observations, behavioral and academic monitoring, school advocacy, and consultation to ensure a positive school culture.

6. Participate with crisis team members. Training based on the “PREPaRE” model will be provided to interns as well as an expectation to participate on school crisis response teams.

7. Participate in professional decision-making committees such as Best Practices, Test Reviews, MTSS, and Crisis Intervention committees.

8. Conduct a presentation to school psychologists about a special clinical interest.

9. Pursue a special project that is clinically relevant to school psychology (e.g., program evaluation, N=1 outcome study, etc.). The project should be either quantitative or qualitative in nature.

10. Participate in professional training events.

11. Develop professional skills and confidence through a supervision style that provides a wide range of valuable experiences that allow for independent work and guided supervision.

Interns will receive two hours per week of individual supervision with a licensed psychologist once a week, one hour of group supervision with a licensed psychologist once a week, and up to two additional hours per week of supplemental supervision with other on-site supervisors as needed. Interns will also receive one hour/week of group supervision from the SFCIP’s Director.

Interns will review assessments (i.e., test selection, administration, scoring, integration of test data, recommendations, report writing, and communication with parents and teachers regarding test results), discuss consultation and professional dilemmas, and discuss intervention plans with his or her supervisor on a weekly basis. In addition, they will have opportunities to develop and implement academic, behavioral, and socio-emotional interventions, as well as evaluate programs and clinical outcomes. Furthermore, the vibrant and diverse student population will prepare interns with a rich foundation of multicultural school psychology competence.

B. Supervision:

The SFCIP seeks to develop strong mentoring relationships between SFCIP supervisors and interns, which will serve as one of the primary methods for achieving training goals and objectives. These relationships enhance the intern’s personal and professional growth by fostering the development of competencies in scientific thinking, ethical decision making, and professional practice. All SFCIP interns receive at least four hours of face-to-face supervision, and are exposure to at least two licensed psychologists during the
training year. Interns meet with at least one licensed psychologist at their sites for a total of three hours of supervision onsite, including two hours of individual supervision and an additional hour of either individual or group supervision, depending on the site. In addition, all SFCIP interns meet with the Director of Internship Training weekly for one hour of group supervision on Friday afternoons. All SFCIP interns also receive one hour of biweekly group supervision with a psychology postdoctoral resident at NSU. Interns are responsible for completing the Monthly Supervision Attendance Record (Appendix E), obtaining their primary supervisor’s signature on this form, and submitting it to the Director of Internship Training each month.

Individual supervision is provided to SFCIP interns by licensed psychologists who take responsibility for the psychological services rendered by interns. Hence, individual supervision is focused on reviews of case assessment, conceptualization, treatment planning and interventions, client progress, recommendations, collaborations with other professionals in serving clients, supervision of intern supervision provided to practicum students or other staff, and general professional development issues. Supervision may also include live supervision, reviews of audio or video recordings, documentation reviews, intensive electronic reviews of de-identified psychological evaluations, and assigned readings. Supervisors provide formative feedback based on their observations of interns’ provision of direct services (e.g. intervention, assessment, or consultation) no less than quarterly. Weekly group supervision with the SFCIP Director of Internship Training and focuses on case discussions, supervision of supervision provided to practicum students and others, 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 and additional time to interact with interns from other sites since groups are made up of interns from 3-4 different sites. All SFCIP 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 Supervision Attendance Record (Appendix E), and return these to the Director of Internship Training monthly.

All SFCIP supervisors follow a developmental approach to supervision and training. This approach is based on the philosophy that interns will require more guidance and direction in the beginning of the internship year while progressing towards more professional autonomy as the year progresses. At the outset of the training year, the intern meets with his/her supervisors and they collaboratively develop a personalized training plan, the SFCIP Intern Training Agreement (see Appendix F), based on the following: the intern’s present level of competence, theoretical orientation, personality and background, and the sites’ requirements/client populations. While the plan allows for individual customization of intern clinical experiences and supervision, it is structured around the SFCIP training aim and profession-wide competencies (see above) that all SFCIP intern will be expected to meet by the end of internship year, providing the intern
and supervisor with clear benchmarks for basing subsequent, quarterly intern performance evaluations. It also establishes the methods by which the SFCIP training goals and objectives will be met for the intern both at the consortium partner site and consortium wide, highlighting the importance of prioritizing attendance at all training activities and establishing clear expectations for interns and supervisors as partners in training.

C. Weekly Seminars:

All SFCIP interns are provided with at minimum two hours of formal instruction weekly to supplement their “on-the-job” experiential and supervision training experiences. In addition, these Consortium-wide seminars provide interns with an opportunity for weekly peer interaction.

Intern attendance is mandatory at all weekly seminars. 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.

Interns spend at minimum 2-3 hours per week in one of three types of weekly seminar training activities that all SFCIP interns are required to participate in (see Appendix A for schedule):

1. **Professional Development Seminars:** Interns attend a series of formal three-hour didactic seminars at Nova Southeastern University (NSU) conducted by College of Psychology (COP) faculty, SFCIP partner site supervisors, 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. The Professional Development seminar series is scheduled in collaboration with the NSU COP Continuing Education program, broadening the score of presenters to include nationally and internationally known professionals who will expose all SFCIP interns to a broad base of knowledge and skills.
2. **Grand Rounds:** Each consortium partner site and the NSU clinics host all the SFCIP interns once a year for a two-hour presentations including didactic and case discussions. Didactic material and cases presented are usually representative of the theoretical models, assessment and intervention approaches, and clients served at the host site. Thus, attending grand rounds exposes all SFCIP interns to a broad base of knowledge and skills.

3. **Intern Presentations:** Each SFCIP intern facilitates at least one didactic presentation per year on a topic of clinical interest developed from reviews of the research literature. Interns provide the presentation title, learning objectives, and at minimum 2 peer-reviewed journal articles referenced in the presentation to the Director of Internship Training prior to presenting. In keeping with the SFCIP’s “practitioner informed by science” model of training, interns are required to incorporate discussion of the empirical support for the clinical information presented. Interns typically cover a range of clinical topics including assessments, theoretical models/approaches, and child and adult psychopathology and interventions; thus, exposing fellow interns to a broad base of knowledge and skills. 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 G) and a summary of their fellow intern’s ratings of their presentation using the Professional Development Evaluation Survey (see Appendix H). These ratings are also shared with the intern’s site supervisors.

Intern feedback is crucial to ensuring the quality of SFCIP training activities. Interns are asked to complete Professional Development Evaluation Survey (see Appendix H) forms after each Professional and intern didactic presentation. This information is used to make improvements to training activities yearly. For instance, intern feedback about the quality of presentations is taken into account when considering which presenters to invite back for the next training years’ Professional Development seminars. 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 I) and supervisor performance (see Appendix J). The Director of Internship Training summarizes this information as group data and presents it to the site supervisors during quarterly meetings. Care is taken to protect the anonymity of the interns providing the feedback. The aim of sharing this information with site 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.

**PERFORMANCE EVALUATIONS**

Site supervisors are responsible for providing interns with quarterly written feedback (see Appendix K) regarding their progress toward achieving all competencies. 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. Specifically, it is
expected that at the three month evaluation, most interns demonstrate minimal to basic knowledge, skills, and abilities (corresponding to ratings of 1- minimal knowledge, skills, and abilities or 2 - basic knowledge, skills, and abilities). As the year progresses, interns’ knowledge, skills, and abilities are expected to increase, so that by the end of the training year, they are expected to demonstrate intermediate to advanced levels of performance (corresponding to ratings of 3 - intermediate knowledge, skills, and abilities or 4 - advanced knowledge, skills, and abilities).

At the six month evaluation, each intern must receive a rating of “2 - basic knowledge, skills, and abilities” or higher (e.g., 3 - intermediate knowledge, skills, and abilities or 4 - advanced knowledge, skills, and abilities) in all competency areas. Any rating of “1- minimal knowledge, skills, and abilities” will require the generation of a performance improvement plan to assist the intern in improving the particular issue. The standards are raised as the intern progresses toward completion of the internship year. At the nine month evaluation, each intern must receive a rating of “3 - intermediate knowledge, skills” and abilities” or “4 - advanced knowledge, skills, and abilities”. Any rating of “2 - basic knowledge, skills, and abilities” or “1 - minimal knowledge, skills, and abilities” will be addressed via a performance improvement plan. At 12 months, during the final evaluation, each intern is required to receive minimum ratings of “3 - intermediate knowledge, skills” and abilities” or higher (i.e., “4 - advanced knowledge, skills, and abilities”) in all areas assessed in order to successfully complete the training program. At the end of the training year, all interns who display competency in all areas will be deemed as attaining the program’s aim of readiness for entry level independent practice and licensure as a Health Service Psychologist.

DUE PROCESS AND GRIEVANCE PROCEDURES

It is the policy of the South Florida Consortium Internship Program (SFCIP) 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, and 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, SFCIP 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 SFCIP Intern Training Agreement (Appendix F), developed with the interns at the outset of training, should establish individually customized training plan for the intern, as well as training objectives and methods within the specified SFCIP training goal areas forming the basis for evaluation of the intern’s performance.

Since the SFCIP accepts only NSU COP doctoral students as interns, all student grievance and due process policies outlined in the relevant College of Psychology Doctoral Program Handbooks may also apply.
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 (see Appendix K).

If at any time there are deficiencies in an intern’s performance or professionalism, the intern’s site 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 one's own work; professional grooming, attire, and demeanor; and demonstrating maturity, discretion, sound professional judgment and a respectful/non-hostile attitude, and 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 using the NSU Performance Planning Worksheet (Appendix L) to remediate any deficient areas. The performance improvement plan must be signed by the intern and primary supervisor, and a copy forwarded to the Internship Director of 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 site 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 COP doctoral programs 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 consulted via the COP
representative 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. An intern may be terminated from their site due to violations of ethics, law, and/or agency policy, but they remain SFCIP interns until the matter is reviewed by the internship DOT and/or SFCIP Executive Board (EB). The intern would meet with the Director of Internship Training and/or members of the SFCIP Executive Board, and 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 and a decision would be made regarding any further action, which may include termination from the internship program.

The Director of Clinical Training for the COP doctoral programs would be kept apprised of the progress. The SFCIP site 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 or to the Dean of COP for 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](http://www.nova.edu/cwis/hrd/emphanbk/hearing.html).

Interns who wish to contest disciplinary decisions affecting academic standing 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 COP Doctoral Handbook.

**Intern Grievances**

The COP, SFCIP Executive Board, 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 SFCIP 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 SFCIP Executive Board (EB).

b) The EB 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 EB will file a written recommendation, with justification, to the Dean of the COP. Recommendations of the EB will also be forwarded to the appropriate site supervisor(s)/administrator(s) for review and response. The decision of the EB is final.

It is the responsibility of the Director of Internship Training to follow-up on the response to these recommendations by ensuring that site supervisors or others implicated in the intern grievance submit responses to the EB and that all EB decisions are implemented by the training sites or the program.

**APPLICATION PROCESS**

The South Florida Consortium Internship Program is fully affiliated with the NSU College of Psychology (COP) psychology doctoral programs. Applicants must be enrolled in one of the College of Psychology APA-accredited doctoral programs at Nova Southeastern University. In addition, they must have completed a minimum of three years of residential doctoral-level training, including at least 600 hours of supervised clinical practicum experience. Approval of a dissertation proposal or final research project by the time of acceptance of an internship is preferred.

The SFCIP participates in the APPIC Match. 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.
Application materials should be submitted to the APPIC online application system (Please, do not forward any materials directly to the program), and the following is required:

1. Cover letter – must identify SFCIP sites of interest
2. A completed APPI form.
3. A curriculum vitae.
4. Official transcripts of all graduate work.
5. Three (3) letters of recommendation from faculty and supervisors.

The deadline for receipt of all application materials is **November 1** of each year.

Any questions regarding applying to the SFCIP should be directed to:

Barbara Garcia-Lavin, Ph.D.
Director of Internship Training/Assistant Professor
Nova Southeastern University
College of Psychology
3301 College Avenue, Ft. Lauderdale, FL 33314
(954) 262-7917, Email: garciala@nova.edu

**Selection Priorities**

The SFCIP is fully affiliated with the NSU COP clinical and school psychology doctoral programs and will only accept applications from students at Nova Southeastern University.

**Site Assignment**

Applicant’s cover letters should identify those SFCIP site(s) for which they are most interested in being considered. The quality of each applicant’s candidacy is assessed on the basis of review of the completed application materials and a personal interview by three or more evaluators. All applicants invited for interviews must attend Interview Day (usually scheduled for all day on the second or third Friday in January) in order to be considered for an internship position.

Applicants invited for interviews should make every effort to attend interview day in January where they will be provided the opportunity to meet with the site representatives, current interns, the site supervising psychologists and the Director of Internship Training. Additional interviews at SFCIP partner sites may also be arranged and some are required.

Each SFCIP Member site has their own match number, giving the applicant the opportunity to match with their preferred site. There is no limit to the number of SFCIP sites applicants may rank. However, an applicant’s candidacy will be improved if their
experiences and interests match those of the sites to which they have applied.

Prior to beginning internship and depending on the internship site’s requirements, interns may be subject to criminal background check, drug screening, and/or health screening. The offer for intern placement is contingent upon passing one or all of these screenings. Should an intern match with SFCIP and not pass any of the required screenings, the guarantee of an internship position may no longer be binding.

STIPEND/BENEFITS

The stipend for all SFCIP interns is $17,000 for a 12-month period. The university libraries, computer labs, and fitness centers are available to all SFCIP interns.

Interns who match to Henderson Behavioral Health will be employees of their site, and will receive leave time and benefits, including health and dental insurance, provided by the site to its other employees (see site description above for details).

Interns who match to the Broward Health Medical Center, the Broward Sheriff’s Office, Child Provider Specialists, Memorial Regional Hospital, Renfrew Center, and the School District of Palm Beach County will be employees of NSU-COP. These interns will receive all benefits accorded to NSU-COP employees, including medical and dental insurance options, 15 days paid vacation, 11 sick days, 3 personal days, and all university holidays. Tuition reimbursement is also available after 6 months of employment.

RESOURCES

Interns receive administrative support from the internship program Graduate Assistants. 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, campus-wide computer labs, and state-of-the art University libraries: [http://www.nova.edu/community/libraries.html](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/](http://www.nova.edu/library/main/). Interns also have exclusive access to the internship program’s test holdings, which are available upon request from Dr. Garcia-Lavin.

THE REGION

The Nova Southeastern University's College of Psychology is located in Fort Lauderdale, Florida. The area is noted for its rich cultural diversity, 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 from a wide range of fields are frequent. Living expenses are relatively reasonable, and one can choose from living
situations ranging from rural to suburban to beachfront. All of this makes for an excellent environment within which to spend a year of training.

**NOTICE OF NONDISCRIMINATION**

NSU admits students of any race, color, religion or creed, sex, pregnancy status, national or ethnic origin, nondisqualifying disability, age, ancestry, marital status, sexual orientation, unfavorable discharge from the military, status as a disabled veteran, or political beliefs to all the rights, privileges, programs, and activities generally accorded or made available to students at NSU, and does not discriminate in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.

Nova Southeastern 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 bachelors, masters educational specialist, and doctoral degrees. The University is chartered by the State of Florida.
### SCHEDULE OF DIDACTIC TRAINING SEMINARS & ACTIVITIES

<table>
<thead>
<tr>
<th>Date and Location</th>
<th>Title</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/2/16 Room 9:00am – 10:30am</td>
<td>SFCIP Orientation</td>
<td>Barbara Garcia-Lavin, Ph.D.</td>
</tr>
<tr>
<td>9/2/16 Room 10:30am – 12:00pm</td>
<td>Intern Presentations: Critically Evaluating and Disseminating Research</td>
<td>Barbara Garcia-Lavin, Ph.D</td>
</tr>
<tr>
<td>9/2/16 Room 12:00pm – 2:00pm</td>
<td>Welcome Luncheon – All Programs</td>
<td>Barbara Garcia-Lavin, Ph.D</td>
</tr>
<tr>
<td>9/9/16 Room 9:00am – 12:00pm</td>
<td>CE: Fundamentals of Disaster Mental Health</td>
<td>Ron Ellis, Psy.D. &amp; Marti S. Ellis, Psy.D.</td>
</tr>
<tr>
<td>9/16/16 Room 9:00am – 12:00pm</td>
<td>After the Loss: Supporting Children and Families Following a Death</td>
<td>Peter Willig, LMFT, FT</td>
</tr>
<tr>
<td>9/23/16 Room 9:00am – 12:00pm</td>
<td>Moving from Nonmaleficence to Beneficence: A Positive Approach to Ethics</td>
<td>Roseanne Lesack, Ph.D.</td>
</tr>
<tr>
<td>9/30/16 Room 9:00am – 12:00pm</td>
<td>Applying to Post-Doctoral Training Programs</td>
<td>Maria Fimiani, Psy.D.</td>
</tr>
<tr>
<td>10/7/16 Room 9:00am – 12:00pm</td>
<td>Youth Suicide: Contemporary Issues in Prevention/Intervention and Postvention</td>
<td>Scott Poland, Ph.D.</td>
</tr>
<tr>
<td>Date</td>
<td>Time</td>
<td>Location</td>
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<tr>
<td>10/14/16</td>
<td>9:00am – 12:00pm</td>
<td>Room 9</td>
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<tr>
<td>10/21/16</td>
<td>9:00am – 12:00pm</td>
<td>Room 2055/2057</td>
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<td>10/28/16</td>
<td>9:00am – 12:00pm</td>
<td>Room 9</td>
</tr>
<tr>
<td>11/4/15</td>
<td>9:00am – 12:00pm</td>
<td>Room 9</td>
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<tr>
<td>11/11/16</td>
<td>9:00am – 12:00pm</td>
<td>Room 9</td>
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<tr>
<td>11/18/16</td>
<td>9:00am – 12:00pm</td>
<td>Room 9</td>
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<tr>
<td>11/25/16</td>
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<tr>
<td>12/2/16</td>
<td>9:00am – 12:00pm</td>
<td>Room 9</td>
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<td>12/9/16</td>
<td>9:00am – 12:00pm</td>
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<td>Room 10</td>
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<td>12/23/16</td>
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<tr>
<td>12/30/16</td>
<td>New Years</td>
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<tr>
<td>1/6/17</td>
<td>Grand Rounds</td>
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<tr>
<td>1/13/17</td>
<td>SFCIP Interview Day</td>
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<tr>
<td>9:00am – 5:00pm</td>
<td></td>
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</tr>
<tr>
<td>1/19/17</td>
<td>PSC Internship Interview Day</td>
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</tr>
<tr>
<td>1/20/17</td>
<td>PSC Internship Interview Day</td>
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<tr>
<td>1/27/17</td>
<td>CE: The Practice of Tele-Mental Health and the Use of Social Media: Ethical, Legal, and Clinical Issues for Practitioners</td>
<td></td>
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<tr>
<td>Room</td>
<td>Jeffrey Barnett, Psy.D.</td>
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<tr>
<td>1:30 – 4:30pm</td>
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<td></td>
</tr>
<tr>
<td>2/3/17</td>
<td>Research and Clinical Issues in Hypnosis</td>
<td></td>
</tr>
<tr>
<td>Room</td>
<td>Frank DePiano, Ph.D.</td>
<td></td>
</tr>
<tr>
<td>9:00am – 12:00pm</td>
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<td></td>
</tr>
<tr>
<td>2/10/17</td>
<td>Intern &amp; Post-Doc Presentations</td>
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</tr>
<tr>
<td>Room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:00am – 12:00pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/17/17</td>
<td>Insomnia</td>
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<tr>
<td>Room</td>
<td>Maria Fimiani, Psy.D.</td>
<td></td>
</tr>
<tr>
<td>9:00am – 12:00pm</td>
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</tr>
<tr>
<td>2/24/17</td>
<td>Grand Rounds</td>
<td></td>
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<tr>
<td>Room</td>
<td></td>
<td></td>
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<tr>
<td>9:00am – 12:00pm</td>
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<td></td>
</tr>
<tr>
<td>3/3/17</td>
<td>Evaluation and Intervention of Executive Functioning Difficulties in Youth</td>
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<tr>
<td>Room</td>
<td>Stacey McCaffrey, Ph.D.</td>
<td></td>
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<tr>
<td>9:00am – 12:00pm</td>
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</tr>
<tr>
<td>Date</td>
<td>Time</td>
<td>Event Description</td>
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</tr>
<tr>
<td>3/10/17</td>
<td>Room 9:00am – 12:00pm</td>
<td>Intern Presentations</td>
</tr>
<tr>
<td>3/17/17</td>
<td>Room 9:00 – 4:00pm</td>
<td>CE: A Five Dimensional Model of Executive Function: Cognition, Behavior, Social-Emotional, Academics, &amp; Impairment</td>
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<tr>
<td>3/24/17</td>
<td>Room 9:00am – 12:00pm</td>
<td>PSC Grand Rounds</td>
</tr>
<tr>
<td>3/31/17</td>
<td>Room 9:00am – 12:00pm</td>
<td>Encouraging Health for EveryBODY: Shifting from Weight to Well-Being</td>
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<tr>
<td>4/7/17</td>
<td>Room 9:00am – 12:00pm</td>
<td>Program Evaluation Part II</td>
</tr>
<tr>
<td>4/14/17</td>
<td>Room 9:00am – 12:00pm</td>
<td>Intern Presentations</td>
</tr>
<tr>
<td>4/21/17</td>
<td>Room 9:00am – 4:00pm</td>
<td>CE: Using Superheroes in Counseling and Play Therapy with Children and Teens</td>
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<tr>
<td>4/28/17</td>
<td>Room 9:00am – 12:00pm</td>
<td>CE: The Soul of the Psychopath</td>
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<td>5/5/17</td>
<td>Room 9:00am – 12:00pm</td>
<td>What to do when you are stuck as a clinician working with a child with anxiety disorders?: Review of clinical practices that work and others that show promise</td>
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<tr>
<td>5/12/17</td>
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<td></td>
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<tr>
<td>Date</td>
<td>Time</td>
<td>Event</td>
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<tr>
<td>5/19/17</td>
<td>9:00am - 12:00pm</td>
<td>CE: Reading Disorders: Diagnosis, Disorder Subtypes, and Intervention</td>
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<tr>
<td>5/26/17</td>
<td>9:00am - 12:00pm</td>
<td>CE: 2017 Update on Psychotropic Medications</td>
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<tr>
<td>6/2/17</td>
<td>9:00am - 12:00pm</td>
<td>(Memorial Day Weekend)</td>
</tr>
<tr>
<td>6/9/17</td>
<td>9:00am - 12:00pm</td>
<td>Intern Presentations</td>
</tr>
<tr>
<td>6/16/17</td>
<td>9:00am - 12:00pm</td>
<td>Graduation Weekend</td>
</tr>
<tr>
<td>6/23/17</td>
<td>9:00am - 12:00pm</td>
<td>Never Eat Shredded Wheat: Using a Wellness Compass Program to Prevent Burnout</td>
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<tr>
<td>6/30/17</td>
<td>9:00am - 12:00pm</td>
<td>Countertransference</td>
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<tr>
<td>7/7/17</td>
<td>9:00am - 12:00pm</td>
<td>Intern Presentations</td>
</tr>
<tr>
<td>7/14/17</td>
<td>9:00am - 12:00pm</td>
<td>Intern Presentations</td>
</tr>
<tr>
<td>7/21/17</td>
<td>9:00am - 12:00pm</td>
<td>Intern Presentations</td>
</tr>
<tr>
<td>Date</td>
<td>Time</td>
<td>Location</td>
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</tr>
<tr>
<td>7/28/17</td>
<td>9:00am – 12:00pm</td>
<td>Room</td>
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<tr>
<td>8/4/17</td>
<td>9:00am - 12:00pm</td>
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<tr>
<td>8/11/17</td>
<td>9:00am – 12:00pm</td>
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<tr>
<td>8/18/17</td>
<td>9:00am – 12:00pm</td>
<td>Room</td>
</tr>
<tr>
<td>8/25/17</td>
<td>9:00am – 12:00pm</td>
<td>Room</td>
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</tbody>
</table>
Appendix B
The South Florida Consortium Internship Program
INTERN ACTIVITY LOG

NAME: __________________________ SITE: __________________________
SUPERVISOR SIG. __________________________ MONTH/YEAR: ____________

### Direct Services

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hours</th>
<th>Activity</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Therapy</td>
<td></td>
<td>Family Therapy</td>
<td></td>
</tr>
<tr>
<td>Group Therapy</td>
<td></td>
<td>Marital Therapy</td>
<td></td>
</tr>
<tr>
<td>Assessments</td>
<td></td>
<td>Intakes</td>
<td></td>
</tr>
<tr>
<td>Case Consultation (face to face)</td>
<td></td>
<td>Supervision of others (2 hrs./week max)</td>
<td></td>
</tr>
<tr>
<td>Other (e.g., shadowing, work in therapeutic milieu, etc.)</td>
<td></td>
<td></td>
<td></td>
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</table>

**Total Direct Service Hours:**

### Indirect Services

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hours</th>
<th>Activity</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charting (clinical documenting; chart reviews, etc.)</td>
<td></td>
<td>Case Consultation (non-face to face)</td>
<td></td>
</tr>
<tr>
<td>Assessment Scoring</td>
<td></td>
<td>Report Writing</td>
<td></td>
</tr>
<tr>
<td>Treatment Planning</td>
<td></td>
<td>Other</td>
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**Total Indirect Service Hours:**

### Training Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hours</th>
<th>Activity</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Development Seminars</td>
<td></td>
<td>Grand Rounds</td>
<td></td>
</tr>
<tr>
<td>Supervision Received</td>
<td></td>
<td>Supervision of others (total time)</td>
<td></td>
</tr>
<tr>
<td>Multidisciplinary Teams</td>
<td></td>
<td>In-service Trainings (non-NSU)</td>
<td></td>
</tr>
<tr>
<td>Literature Review/Research</td>
<td></td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**Total Training Activity Hours:**

**Total Monthly Hours:**

### Number of Clients

|------------------|---------|---------------|-----------|-------|-------------|--------|-------------|----------|-------|--------|--------------|-----------|--------------|----------|----------|------|-------------------|------|--------|

38
Appendix C

South Florida Consortium Internship Program

DOCUMENTATION OF COMPLETED REPORTS

NAME: ____________________________  TRAINING YEAR: _______________________

SITE: ________________________________

<table>
<thead>
<tr>
<th>Date of Report</th>
<th>Supervisor Signature</th>
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<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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<td>5.</td>
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<td>6.</td>
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</table>
Appendix D
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 suing 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
Helpful Worksheets: http://www.uwex.edu/ces/pdande/evaluation/evallogicmodelworksheets.html
Templates and Examples: http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html
<table>
<thead>
<tr>
<th>Interns’ Program Evaluation Project</th>
<th>Observation Form</th>
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<tbody>
<tr>
<td>Intern: ____________________________</td>
<td>Observer: __________</td>
</tr>
<tr>
<td>Site/Rotation: ______________________</td>
<td>Date(s) of Observation: __________</td>
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</table>

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 E
South Florida Consortium Internship Program
Monthly Supervision Attendance Record

Supervisee Name ________________________________
Supervisor Name ________________________________
Month_________________________
Supervisor Signature______________________________

Supervision Type
Individual = I  Group = G  Postdoc=P

<table>
<thead>
<tr>
<th>Date of Supervision</th>
<th>Time (hrs.)</th>
<th>Supervisor</th>
<th>Type of Supervision (Circle One)</th>
<th>√ If Postdoc Supervisor</th>
<th>√ If you provided supervision to someone</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Total hours INDIVIDUAL SUPERVISION (licensed psychologist only) = __________
Total hours of GROUP SUPERVISION (licensed psychologist only) = __________
Appendix F
Nova Southeastern University
College of Psychology
South Florida Consortium Internship Program

Intern Training Agreement

Name of Intern: ____________________________________________________

Site: _______________________________________________________________

Site Supervisor: ____________________________________________________

Internship Year: ___________ Date of Agreement: _________________

Instructions:
At the beginning of the internship discuss and establish with the intern the major
activities in which he/she is expected to engage and list them below. In addition, list and
identify training expectations and methods within specified competency areas. These
constitute a contract and should be considered to form part of the basis for evaluation of
the intern’s performance.

A. Major Activities
   1) Direct Clinical Contact (specify # of hours [a minimum of 25% or 10 hours
      per week is required] and type of contact, e.g., individual, group, family
      psychotherapy, other intervention, testing, consultation, supervision of others,
      etc.)
      • A minimum of 10 hours (25%) to a maximum of twenty-four (24) hours per week of direct, face-to-face, client/patient contact, to
        include the following approximate minimum hours/week for each type of intervention contact:
        _______hrs/wk Individual Therapy
        _______hrs/wk Group Therapy
        _______hrs/wk Family Therapy
        _______hrs/wk Other Therapy/Intervention, Please specify type: ____________
        _______hrs/wk Consultation with other professionals or others involved in client/patient care.
        _______hrs/wk Supervision of others.
• Minimum Six (6) psychological evaluations for the year; if require more than six/year, list minimum here ______.

2) Supervision (specify # of hours [at minimum four hours total required: at least two hours of individual supervision from licensed psychologist required and one additional hour may be individual or group supervision with a licensed psychologist onsite], with whom (name of supervisor, postdoc, etc.), and type-group, individual, case conference, etc.)
   a) Individual Supervision:
   •
   •

b) Group Supervision:
   • One hour per week of group supervision with Dr. Garcia-Lavin, SFCIP Director of Training
   • One hour biweekly of group supervision with NSU Postdoc under the supervision of Drs. Hillier and Garcia-Lavin.
   •

c) Additional supervision (if any):

3) Training, Lecture Seminars & Educational Activities
   • 3 hours of Professional Development seminars bimonthly on Fridays 9am-12pm required; there will also be a few full-day trainings offered throughout the year per training calendar.
   • 2 hours of Grand Rounds at local agencies and NSU clinics once a month
   • 2 hours of Intern Presentations monthly
   • 1.5 hours of Orientation with DOT once per year
   •
   •
B. Schedule of Time Spent (Monthly):

1) At Internship Site:

2) Grand Rounds: 2 hours of Grand Rounds at local agencies and NSU clinics once a month on specified Fridays 10am – 12pm. Interns will assist with coordinating and planning Grand Rounds when it is their site’s turn to host the event.

3) Professional Development: 3 hours of Professional Development seminars bimonthly on Fridays 9am-12pm required; there will also be some full day trainings offered throughout the year.

4) Other (specify: NSU supervision with training director or Postdoc, conferences, agency/community meetings, etc.):
   - 2-3 hours of Intern Presentations monthly on specified Fridays 9am – 12pm
   - 1 hour/week of group supervision with Dr. Garcia-Lavin on Friday afternoons
   - 1 hour of group supervision with NSU postdoc bimonthly
   - 1 Program Evaluation group project at site
   - Complete 2000 hours by August 31st

C. Competency Training:

Within each competency area, indicate specific training methods that will be used onsite (e.g., experiential learning, observation, supervision, in-service trainings, etc.) and at NSU (e.g., presenting at PD, Grand Rounds and other didactics on campus, group supervision, library research, etc.) for achieving these goals/objectives.

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 site-specific 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 their site and to the SFCIP 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 site-specific 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. Additional site-specific 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 SFCIP 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 site-specific 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 will be observed interacting with peers, clients, and co-workers and provided with feedback about their interpersonal skills. Additional site-specific 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 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 site-specific 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:** Weekly group supervision with the DOT will include supervision of the interns’ supervision of practicum students and others, including reviews of supervision models and approaches, supervision session recordings, relevant readings, etc. Additional site-specific 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 understand the above statements and agree that they accurately represent the agreement between the site supervisor and myself. I understand that the site supervisor and my site are legally responsible for all clinical work.

School agrees to comply with the applicable provisions of the Federal Privacy Rule promulgated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as contained in 45 CFR Parts 160 and 164 (“the HIPAA Privacy Rule”). School agrees not to use or further disclose any protected health information (“PHI”), as defined in 45 CFR 164.504, other than as permitted by this Agreement and the requirements of the HIPAA Privacy Rule. School will implement appropriate safeguards to prevent the use or disclosure of PHI other than as provided for by this Agreement. School will promptly report to Facility any use or disclosure of PHI not provided for by this Agreement or in violation of the HIPAA Privacy Rule of which School becomes aware. If School contracts with any agents to whom School provides PHI, School will include provisions in such agreement whereby School and agent agree to the same restrictions and conditions that apply to School with respect to uses and disclosures of PHI. School will make its internal practices, books, and records relating to the use and disclosure of PHI available to the Secretary of the Department of Health and Human Services to the extent required for compliance with the HIPAA Privacy Rule. The parties acknowledge that the PHI, including but not limited to medical records, laboratory tests and radiology films, may be utilized by School for educational purposes upon redaction of patient identifying information, in accordance with the HIPAA de-identification standards. To the extent that information has not been de-identified, School will either return or destroy the information. To the extent that it is not feasible to
return or destroy the information, School will continue to safeguard the PHI beyond the termination of this contract and not use or disclose the PHI for purposes other than those which make the return to destruction infeasible. Notwithstanding the foregoing, no attorney-client, accountant-client, risk management, attorney work-product or other legal privilege shall be deemed waived by Faculty or NSU by virtue of this Section.

Signature of Intern: _________________________________________
Date: __________

Signature of Site Supervisor: _________________________________________
Date: __________

Signature of SFCIP Director of Training: ________________________________
Date: __________
### Intern Presentation Ratings

<table>
<thead>
<tr>
<th>Element</th>
<th>Criterion for “target” rating</th>
<th>Not Met</th>
<th>Met</th>
<th>Exceeded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expressive Skills</td>
<td>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.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expressive Skills</td>
<td>Responds to the audience by accurately and completely responding to questions and/or modifying presentation style to meet the needs of the participants, and/or introduces innovation/creativity into application of teaching method.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scholarly Inquiry</td>
<td>Clearly articulates support for presentation point(s) from the literature (referencing at least 2 peer-reviewed journal articles during presentation).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scholarly Inquiry</td>
<td>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.).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scholarly Inquiry</td>
<td>Provides a thorough enumeration of all relevant points regarding the research literature base for presentation.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual and Cultural Diversity (ICD) - Awareness</td>
<td>Includes a discussion of the effects of diversity in whatever form</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual and Cultural Diversity (ICD) - Awareness</td>
<td>Integrates knowledge of APA guidelines regarding working with culturally and linguistically diverse individuals, including recognition of cultural bias, into presentation.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethics</td>
<td>Evaluates the ethical dimensions of the topic(s) discussed, and exhibits a well-developed ability to reason about ethical issues.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handouts</td>
<td>Provides any relevant materials (including Power Point handouts) which will help the participants understand and benefit from the presentation.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix H
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!

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Appendix I
South Florida Consortium Internship Program

Evaluation of Training Program

Training Year _____________________       ____Mid Year _____End of Year

Site: _______________________________________________________________________

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., intern presentations, postdoc supervision, 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 site staff

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______  Expertise of Psychology Staff
______  Expertise of Supervision
______  Program evaluation/research opportunities
______  Assessment Experience
______  Intervention Experience
______  Training Opportunities
______  Orientation to SFCIP
______  Orientation to the Site
______  Individual and Cultural Diversity
______  Experience in Consultation
______  Experience in Supervision
______  Overall quality of internship training program

Comments:________________________________________________________
________________________________________________________________
__________________________________________________________________

5) What do you identify as strengths of this internship?

a) ________________________________________________________________

b) ________________________________________________________________

c) ________________________________________________________________

d) ________________________________________________________________

6) What do you identify as weaknesses of this internship?

a) ________________________________________________________________

b) ________________________________________________________________

c) ________________________________________________________________
7) Please give any suggestions that could be used to help next year’s interns and the internship program.

a) 

b) 

c) 

d) 

________________________

Intern Signature and Date
Appendix J
South Florida Consortium 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: __________________________________________
Site: ______________________________________________________
Appendix K
South Florida Consortium Internship Program
INTERN COMPETENCY EVALUATION FORM

Intern Name:_________________________________Date:__________________

Site:_______________________________________Year:__________________

Clinical Supervisor:_____________________________________________________

Quarter: (circle one)    First    Second    Third    Final

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 check (√) the rating (1-4) 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. 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 during the beginning of the training year, most interns demonstrate minimal to basic knowledge, skills, and abilities (corresponding to ratings of 1 or 2). As the year progresses, interns’ knowledge, skills, and abilities are expected to increase, so that by the end of the training year, they are expected to demonstrate intermediate to advanced levels of performance (corresponding to ratings of 3 or 4).

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.

☐ 4 - ADVANCED KNOWLEDGE, SKILLS, AND ABILITIES
Independenty 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

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BOX 3 - 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

BOX 2 - 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

BOX 1 - MINIMAL KNOWLEDGE, SKILLS, AND ABILITIES

BOX 0 - NO BASIS FOR JUDGMENT

Comments (include dates of direct observation):

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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.

BOX 4 - 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.

#### 3 - 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 discusses intersection of personal and professional ethical and moral issues.

#### 2 - 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, and informed consent); Identifies key documents/policies that guide the practice of psychology (e.g., APA Ethical Principles and Code of Conduct).

**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.

#### 1 - MINIMAL KNOWLEDGE, SKILLS, AND ABILITIES

#### 0 - NO BASIS FOR JUDGMENT

**Comments (include dates of direct observation):**
III. Individual and Cultural Diversity
Demonstrates understanding of how one’s 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.

☐ 4 - 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

☐ 3 - 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 with others

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

☐ 2 - 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

☐ 1 - MINIMAL KNOWLEDGE, SKILLS, AND ABILITIES

☐ 0 - NO BASIS FOR JUDGMENT

Comments (include dates of direct observation):
____________________________________________________________________________
____________________________________________________________________________

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.

☐ 4 - 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

☐ 3 - 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

☐ 2 - 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

- □ 1 - MINIMAL KNOWLEDGE, SKILLS, AND ABILITIES
- □ 0 - NO BASIS FOR JUDGMENT

Comments (include dates of direct observation):
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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.

- □ 4 - 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

- □ 3 - 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; presents 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

- [ ] 2 - **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

- [ ] 1 - **MINIMAL KNOWLEDGE, SKILLS, AND ABILITIES**

- [ ] 0 - **NO BASIS FOR JUDGMENT**

Comments (include dates of direct observation):

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**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.

☐ 4 - 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

☐ 3 - 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

☐ 2 - 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

- **1 - MINIMAL KNOWLEDGE, SKILLS, AND ABILITIES**

- **0 - NO BASIS FOR JUDGMENT**

Comments (include dates of direct observation):

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.

- **4 - 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

- **3 - 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

- NO BASIS FOR JUDGMENT

Comments (include dates of direct observation):
____________________________________________________________________________
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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

- **2 -** Demonstrates basic knowledge of expectations for supervision
- Displays interpersonal skills of communication and openness to feedback

### MINIMAL KNOWLEDGE, SKILLS, AND ABILITIES

- **1 -**

### NO BASIS FOR JUDGMENT

Comments (include dates of direct observation):

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### Consultation and Interprofessional/ Interdisciplinary Skills

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

- **4 -** 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

- **3 -** 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.

☐ 2 - BASIC KNOWLEDGE, SKILLS, AND ABILITIES

Cooperates with others

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

☐ 1 - MINIMAL KNOWLEDGE, SKILLS, AND ABILITIES

☐ 0 - NO BASIS FOR JUDGMENT

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:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

INTERNCOMMENTS:
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I have reviewed and discussed this evaluation with my supervisor.  

____________________________________  _____________
Intern Signature                      Date

____________________________________  _____________
Supervisor Signature                 Date
Appendix L

Performance Planning Worksheet

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<th>Employee’s Name:</th>
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<th>Supervisor’s Name:</th>
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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.

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<th>Work to be accomplished or competency to be developed</th>
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Signature of Employee: ________________________ Date: ____________

Signature of Supervisor: ________________________ Date: ____________