

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

2026-2027 HANDBOOK

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Table of Contents

Introduction	3
Organization and Structure.....	3
Psychology Services Center	4
Internship Program Description	4
Internship Aim and Competencies	5
Supervised Clinical Experience.....	7
Rotations.....	8
Program-Wide Training and Seminars.....	12
Resources.....	14
Internship Expectations	14
Intern Records.....	15
Intern Evaluation	16
Due Process and Grievance Procedures.....	16
Intern Performance	16
Appeals	19
Intern Grievances	19
Application Process.....	21
Stipend/Benefits.....	22
The Region.....	22
Ethical Principles of Psychologists and Code of Conduct.....	22
NSU Campuswide Policies	22
Appendix A: Intern Activity Log	24
Appendix B: Program Evaluation Curriculum.....	26
Appendix C: Intern Competency Evaluation Form	29
Appendix D: Schedule of Training Seminars & Activities	46
Appendix E: Intern Presentation Ratings	47
Appendix F: Professional Development Evaluation Survey	49
Appendix G: Internship Program Evaluations at Mid-year and End of Year	51
Appendix H: Supervisor Evaluations at Mid-year and End of Year	53
Appendix I: Internship Testing Summary.....	55
Appendix J: Diversity Project log.....	56
Appendix K: Performance Planning Worksheet.....	57
Appendix L: Intern Performance Agreement.....	58
Appendix M: Verification of Completed Clinic Paperwork and Charting Requirements ...	62
Appendix N: CoA Implementing Regulations C-15 I. Telesupervision.....	63

INTRODUCTION

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

The PSC interns are expected to familiarize themselves with all university and college policies outlined in the publications listed below, as these policies establish the standards, expectations, and procedures that apply throughout their training experience:

[copadcal-2025-2026.pdf](#)

[25-26-student-handbook.pdf](#)

Organization And Structure

The Internship program is sponsored by Nova Southeastern University, an independent, not-for-profit, fully accredited, institution of higher education. Nova Southeastern University (NSU) is located in Fort Lauderdale, Florida. NSU is a private, not-for-profit research institution accredited by the Southern Association of Colleges and Schools Commission on Colleges. NSU has reached a level of standing few of the nearly 4,000 higher education institutions across the United States have achieved: designation as an R1 research university by the Carnegie Classification of Institutions of Higher Education. NSU is also the largest private, not-for-profit institution in the United States that meets the U.S. Department of Education's criteria as a Hispanic-Serving Institution. For more than 50 years, NSU has been fostering groundbreaking research and a commitment to community. The university awards associate's, bachelor's, master's, specialist, doctoral, and first-professional degrees in a wide range of fields, including the humanities, biological and environmental science, business, counseling, computing and engineering sciences, conflict resolution, education, family therapy, medicine, dentistry, various health professions, law, marine sciences, performing and visual arts, psychology, and other social sciences. NSU has campuses in Fort Lauderdale, Fort Myers, Jacksonville, Miami, Miramar, Orlando, Palm Beach, and Tampa, Florida, as well as San Juan, Puerto Rico, while also maintaining a global presence online. The institution also has an excellent reputation for its programs for families offered through the Marilyn Segal Early Childhood Studies Center and the NSU University School. These include innovative parenting, preschool, primary, and secondary education programs, as well as an internationally recognized, model program for children with autism spectrum disorder.

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

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

Psychology Services Center (PSC)

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

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

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

Internship Program Description

The PSC internship training program is full-time for 12 months (2,000 hours). It has three major components: (1) supervised clinical experience in general adult and child service programs, (2)

supervised clinical experience in faculty directed specialty clinics, and (3) training seminars, case staffing, and other structured training activities.

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

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

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

Internship Aim And Competencies

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

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

Given the College of Psychology's mission combining education and training in psychology, service to the community, and clinical research, the administrators, supervisors and staff are highly invested

in training future psychologists. Thus, the internship program emphasizes training and supervision above all other activities.

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

I. Research

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

II. Ethical and Legal Standards

Demonstrate knowledge of, and act in accordance with, APA Ethical Principles of Psychologists and Code of Conduct, relevant laws, regulations, rules, and policies governing health service psychology, and relevant professional standards and guidelines (including agency policies and procedures); recognize ethical dilemmas and apply ethical decision-making processes; conduct self in an ethical manner in all professional activities.

III. Individual and Cultural Diversity

Demonstrate an understanding of how own personal/cultural history may affect how one interacts with people different from themselves; evidence knowledge of the current theoretical and empirical knowledge base as it relates to diversity; demonstrate the 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

Behave in ways that reflect the values and attitudes of psychology; engage in self-reflection; demonstrate openness and responsiveness to feedback and supervision; respond professionally in increasingly complex situations with a greater degree of independence.

V. Communication and Interpersonal Skills

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

VI. Assessment

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

VII. Intervention

Establish and maintain effective relationships with the recipients of psychological services; develop evidence-based intervention plans; implement interventions informed by the current scientific literature; apply the relevant research literature to clinical decision making; modify and adapt evidence-based approaches; evaluate intervention effectiveness.

VIII. Supervision

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

IX. Consultation and Interprofessional/ Interdisciplinary Skills

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

SUPERVISED CLINICAL EXPERIENCE

Interns devote at least 25% of their time (i.e., 10 hours a week) to direct clinical service. Interns are responsible for documenting their direct and indirect services monthly by completing the Intern Activity Log (Appendix A), obtaining their supervisors' signature, and submitting the log to the Director of Internship Training monthly. Provision of supervision to practicum students can be counted as direct service up to three hours per week*, with no more than one and a half hours from any one clinic program. (*More than three hours per week may be permitted pending approval from Director of Internship Training.)

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

1. **Intervention:** Interns are assigned an expansive client case load and work in a variety of modalities (e.g., individual, couple, family, and group therapy). Cases are representative of many individual differences 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 and service delivery approaches.
2. **Assessment:** Interns generally complete at least one biopsychosocial (BPS) evaluation per month to provide a means of refining diagnostic and treatment planning skills. Interns complete a minimum of six (6) psychological evaluations during the year under the supervision of a licensed psychologist. Interns completing the SPACI rotation are required to complete a minimum of ten (10) evaluations per year because this specialty program is focused primarily on assessment. Interns will document each completed evaluation by entering the date of the evaluation and obtaining their supervisor's signature of the Internship Testing Summary form (Appendix I). There are opportunities for consultation with multiple supervisors regarding assessment and report writing and exposure to a broad range of assessment instruments and report writing skills from weekly seminars.
3. **Consultation/Education:** Interns participate in supervised consultation activities with other professionals. Interns are required to provide consultation and/or in-service presentations on a minimum of 4 diversity topics during the training year and keep track of these using the Diversity Projects Log (Appendix K). Interns also serve as instructors for a doctoral pre-practicum/interviewing lab course during the Winter semester (January – April).
4. **Supervision:** Interns provide group supervision to ASP practicum students, under the supervision of a licensed psychologist. Additional opportunities for providing doctoral

students with individual supervision and/or mentoring for Clinical Competency Examinations (CCE) may also be available.

5. **Research:** Interns participate in program evaluation didactics and a Logic Model group project to enhance their knowledge and skills in this area (see Appendix B). Interns must include a critical review of the research literature in their intern presentations (see Appendix F). Supervision includes discussions about the empirical support for an array of assessment and intervention approaches used with clients and interns will be exposed to a broad array of clinical/scientific knowledge during weekly training activities (e.g., PD, Grand Rounds and intern presentations).

Each intern receives three hours of individual supervision per week from their licensed psychologist supervisors: one hour from each general program supervisor and one hour from the specialty program supervisor. Supervision may include the use of direct, live observation, video recordings, case notes, and other supporting materials. Supervisors provide formative feedback based on their observations of interns' provision of direct services (e.g., intervention, assessment, or consultation) no less frequently than three times a year. Additionally, interns receive one hour per week of group supervision with the Director of Internship Training, who is a licensed psychologist, and one hour of monthly group supervision with a postdoctoral resident under the supervision of a licensed psychologist. The interns also participate in weekly case conferences or group supervisions within the various service programs. Supervisors are responsible for providing interns with written feedback three times a year (3-month evaluation, 8-month evaluation, and end-of-year evaluation) regarding their performance and progress toward meeting competency requirements (see Appendices D & E). Informal verbal feedback is provided on an ongoing basis.

Rotations

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

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

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

Typically, a systemic approach to conceptualization is most common for the issues seen in CAFS; therefore, multiple services are offered for families (e.g., individual and family therapy) with a team approach to treatment. Interns will typically have a caseload of 3-4 clients for this rotation. Each intern will be assigned two testing batteries that can involve psychoeducational and/or social-emotional testing. Biweekly case conferences are held, for two hours, for the purpose of didactic presentation or case discussion. Interns provide clinical or conceptualization feedback for the practicum students as part of the case conference. Weekly one hour supervision is held with the CAFS coordinator/supervisor.

Coordinator and Supervisor: Yukari Tomozawa, PsyD

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

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

Each intern, as part of their ASP rotation, also facilitates a small group supervision comprised of 2-3 ASP practicum trainees. The supervision group is required to meet weekly for a 90-minute period where both intern and trainees discuss ongoing psychotherapy cases and are invited to schedule clients for observation. Throughout the year, interns become more familiar with their developing role as a supervisor and become more comfortable with the guidance offered to their trainees. The small group supervision process also assists trainees in professional development and serves as a mentoring program for our ASP trainees.

Coordinator and Supervisor: Leonard Schnur, PsyD, ABPP

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

1. **Child and Adolescent Traumatic Stress Program (CATSP)** is a specialty training clinic serving children to age 17 years who are experiencing psychological, somatic, and behavioral problems in reaction to trauma, bereavement, and/or traumatic bereavement.

In CATSP, interns will have opportunities to: (a) provide individual therapy, family therapy, and parent training; (b) be trained in a variety of theoretical orientations including cognitive behavioral theory, developmental psychopathology, and multidimensional grief theory; (c) be

trained in manualized interventions focusing on traumatic stress and bereavement; (d) build professional skills in the areas of trauma-informed/bereavement-informed (as cases necessitate) evidence-based assessment using a variety of tools including measures of trauma exposure/PTSD and bereavement/Prolonged Grief Disorder; (e) build professional skills in the areas of trauma-informed/bereavement-informed (as cases necessitate) evidence-based practice including reviewing the literature, case conceptualization, treatment planning, professional judgment/critical reasoning (including tools from the NCTSN Core Curriculum on Childhood Trauma), assessment report-writing; (f) engage in community-based outreach, professional networking, and collaboration with professionals from other agencies; (g) participate in a variety of applied clinical research projects within the CATSP program (and Dr. Layne's Traumatic Stress and Bereavement Research Lab); and (f) provide consultation, supervision, and group training to current CATSP doctoral practicum students on selected topics under the supervision of Drs. Layne and Loeb.

Director and Supervisor: Christopher M. Layne, PhD

Supervisor: Andrea Loeb, PsyD, PA

2. **Trauma Resolution Integration Program (TRIP)** is dedicated to helping adults (18 or older) who have experienced trauma—such as childhood abuse (physical, emotional, or sexual); criminal assault; rape; life threatening accidents and natural disasters; combat trauma and military sexual trauma; minority stress, stigmatization, and oppression; and intimate partner violence—to overcome the variety of difficulties that often occur as the result of the trauma. TRIP also offers a specialty LGBTQIA+ Track where student-clinicians gain additional training and supervision in working with members of the LGBTQIA+ community who also have histories of traumatic exposure. Interns carry an individual therapy caseload of 8-10 clients a week and have an opportunity to co-lead a dialectical behavior therapy group. Clients present with complex clinical presentations and interns should expect to see a diverse caseload in terms of intersecting identities as well as symptoms (i.e., depression, anxiety, substance use, eating disorders, dissociative disorders including dissociative identity disorder, personality disorders). Interns gain extensive experience in using routine outcome monitoring (ROM). The vast majority of clients consent to using ROM and complete assessments at intake and every other month thereafter. Interns receive training on how to interpret assessment results to inform conceptualization and treatment planning. Interns are also responsible for completing at least two integrated reports across the internship year; these are typically psychodiagnostic reports that seek to clarify or confirm diagnoses of trauma, executive functioning difficulties, and dissociative disorders. TRIP provides interns with 3 hours per week of group supervision and 1 hour per week individual supervision. Group supervision includes staffing of cases, didactic coverage of the knowledge and skills needed to effectively treat survivors of psychological trauma and to conduct dialectical behavior therapy groups, and case presentations. Individual supervision consists primarily of coverage of the intern's individual therapy caseload. When their schedules allow for it, interns are invited to attend bi-monthly didactics on the first and third Fridays of the month and are invited to audit any classes taught by the director. Interns also have the opportunity to provide weekly group supervision to TRIP practicum students if this is of interest to them; develop special interest groups (some past examples of this include a women's trauma group, a men's

trauma group, etc.); and/or provide individual/group supervision to select trainees for added support.

Director and Supervisor: Amy Ellis, PhD

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

The Director who holds a geropsychology specialization, with twenty years of experience conducting aging focused clinical research and providing psychological services, has developed many enriching clinical activities for an intern to build proficiency in geropsychology. Interns will have opportunities to work with older adults in individual and group therapy, to conduct psychological and targeted cognitive assessment, and the option to work with aging community organizations. Also, interns will be given opportunities to develop supervision skills by leading a monthly case conference and peer-supervising the clinical work of doctoral practicum students.

Director and Supervisor: Ashley Stripling, PhD

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

Interns completing the SPACI rotation will receive training in both school-related and clinical service delivery. Interns will be required to demonstrate their assessment, problem-solving, and intervention skills by conducting thorough developmental and psychosocial histories with parents or adult clients; accessing available school and community records to determine appropriate assessment measures and strategies to be used with a particular case; conducting observations in schools or other locations as appropriate; administering, scoring, and interpreting assessment measures; and formulating individualized data collection methods to address both the presenting referral questions and emergent concerns identified throughout the evaluation process. Interns are also required to integrate assessment data to generate comprehensive written reports. Interns may provide targeted, intervention services guided by assessment results and ongoing data-based decision making. SPACI also offers interns participation in supervision, using a developmental supervision model, wherein specialist students, doctoral students, interns, and post-doctoral psychology residents provide direct supervision to trainees commensurate with their levels of training and experience. Additionally, SPACI interns will attend the regularly-scheduled, program-specific didactics and group supervision offered to all trainees in the program.

Director and Supervisor: Nicole Jimenez, PsyD

Assistant Director and Supervisor: Youmeizi Peng, PsyD

Supervisor: Blanca Melero, PsyD

Program-Wide Training And Seminars

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

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

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

Interns are also assigned to an NSU postdoctoral resident at the outset of the training year and meet with their assigned resident monthly 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.

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

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

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

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

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

interns to a broad base of psychology knowledge and skills from nationally and internationally renowned presenters.

◆ **Grand Rounds (2 hours)**

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

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

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

Attendance at all weekly training activities is mandatory. Each intern is responsible for signing the attendance sheet for these trainings as records of attendance/absence are kept on file. Interns may be excused from two seminars per quarter for illness or with advanced approval from the Director of Internship Training. If more than 2 training activities are missed in any quarter, the intern must make up the absence by one of the following means: (a) presenting an additional didactic to fellow interns or (b) providing proper documentation of attendance at an outside workshop relevant to professional psychology during the same quarter. If four (4) or more training activities within the same quarter are missed, the intern must present an additional didactic to make up for the excessive absence and the intern's poor attendance will be reflected on the respective performance evaluation.

No more than eight (8) missed training activities per year will be acceptable unless under very serious circumstances. Please note that making up missed didactics by attending outside presentations is considered to make up for missed learning, but does not excuse interns from the maximum absences listed above.

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

RESOURCES

Interns share offices equipped with a desk, computer, and phone for each intern. Clients are seen in the PSC clinic rooms, which are scheduled following the PSC room scheduling procedures. Interns receive administrative support from the PSC front office staff and the internship program Graduate Assistant(s), as well as technical support from the center and university by submitting a service request through the NSU ServiceNow app. Interns also have access to all of the COP and University resources which include a fully stocked psychological testing library on the second floor of the Maltz Psychology Building, internship program test holdings, and additional specialized psychological tests within various PSC clinic programs. Moreover, interns may access campus-wide computer labs, and state-of-the art University libraries: <http://www.nova.edu/community/libraries.html>, including the extensive full-text electronic journal holdings at the Alvin Sherman Library <https://library.nova.edu/sherman>.

INTERNSHIP EXPECTATIONS

Throughout the internship year, interns are expected to:

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

Upon completion of the training year, interns are expected to be capable of maintaining a degree of independence and demonstrating good judgment in the performance of the duties of a psychology postdoctoral resident. All interns who display competency in all areas of the final Intern Competency Evaluation (Appendix C) and completed the required 2000 hours will be deemed as attaining the

program's aim of readiness for entry level independent practice and licensure as a Health Service Psychologist.

INTERN RECORDS

All Intern training records are stored in locked file cabinets. The records for the more recent training years are stored within the internship training director's office or the cubicle designated for use by the Internship Graduate Assistant(s). Older records are stored within locked file cabinets within locked COP file rooms. Any formal complaints would be maintained within the intern's file, and kept on record in the Office of the Dean of the College of Psychology.

INTERN EVALUATION

Interns are evaluated three times per year by their primary supervisor within each rotation. Interns are evaluated using the Intern Competency Evaluation form (see Appendix C) at 3 months, 8 months, and 12 months. Following a developmental model, all ratings are made relative to the level of performance expected given the point of the year at which the evaluation is conducted. Specifically, at the 3-month evaluation, interns are expected to demonstrate minimal to basic knowledge, skills, and abilities (corresponding to ratings within the range of “minimal knowledge, skills, and abilities” or “basic knowledge, skills, and abilities”). The standards are raised as the intern progresses toward completion of the internship year. At the 8-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 (See Appendix K) to assist the intern in improving the particular area of competency. 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 internship. At the end of the training year, all interns who display competency in all areas will be deemed as having attained the program’s aim of readiness for entry level independent practice and licensure as a Health Service Psychologist.

DUE PROCESS AND GRIEVANCE

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

INTERN PERFORMANCE

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

Informal Process

If at any time there are any concerns with an intern’s performance or professionalism, the intern’s supervisor will provide constructive verbal feedback to the intern and document in writing any discussions related to the problem area(s). An electronic copy of written documentation shall be

provided to the intern. The intern shall have the opportunity to submit a written response or clarification, which will be maintained with the documentation.

While it is difficult to operationally define every characteristic of professionalism, interns should familiarize themselves with the Intern Performance Evaluation (see Appendix C), which outline the nine profession-wide competencies and associated performance expectations. Moreover, interns have targeted observable categories that are considered integral to professional functioning including responsible behavior, ethical behavior, intrapersonal and interpersonal functioning. Examples of these behaviors are listed below:

Responsible Behavior

- Responds constructively to feedback from supervisors.
- Demonstrates dependability in commitment (punctuality, submits work and meets with clients on time, accepts responsibility for own work).
- Successfully completes remediation plan and activities.
- Resolves issues or problems that interfere with the capacity to acquire knowledge, skills, and attitudes necessary to enter the profession, professional development, or other functioning in a satisfactory manner. Seeks appropriate guidance.
- Demonstrates professional comportment.
- Abides by the internship's policies and procedures.
- Reports immediately any change in status, including arrests, convictions, or incidents in school or field experiences when enrolled as a student.

Ethical Behavior

- Adherence to the APA Ethical Code of Conduct for Psychologists, institution policies and procedures, and applicable state of Florida laws, and adhere to clinical competency requirements (as defined above under performance evaluations).

Intrapersonal Behavior

- Displays usual and customary judgment, flexibility, discretion, self-awareness, self-reflection, and self-evaluation.
- Demonstrates the ability to function independently.
- Understands the content and potential impact of one's own beliefs and values on clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories.
- Participates in activities pursuant to professional development.

Interpersonal Behavior

- Demonstrates mature behavior.
- Presents a generally respectful, non-hostile, and cooperative attitude.
- Demonstrate social skills that facilitate interaction and communication with others; listens well, demonstrates empathy.
- Relates well to clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories.
- Is open to the process of supervision, including the provision of feedback on personal or interpersonal functioning.

- Is able to explore issues that may interfere with the appropriate provision of care or impede professional development or functioning.

Formal Process

Step 1: If the intern does not resolve with the problem areas, and/or the intern's performance competencies are rated below satisfactory levels on intern competency evaluations, a performance improvement plan will be developed by the site supervisor and the Director of Internship Training (DIT) using the NSU Performance Planning Worksheet (Appendix K) to remediate any deficient areas. The performance improvement plan will be reviewed with the intern and consequently signed by the intern and primary supervisor, and a copy forwarded to the Director of Internship Training (DIT) and the Director of Clinical Training (DCT). The performance improvement plan will focus on improving minimum competencies and/or professionalism within a clearly defined timeframe. The performance improvement plan shall include measurable objectives, specific remediation activities, methods for evaluating progress, responsible parties, and a reasonable timeline for completion. Remediation strategies may include increased supervision, additional readings, increased opportunities to practice, additional coursework, etc.

Except in cases involving imminent risk to clients, ethical violations, or legal violations, remediation plans should generally provide a minimum of thirty (30) calendar days for improvement before additional action is considered, up to and involving disciplinary action.

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

Step 3: If the Director of Internship Training (DIT) was unable to resolve the situation, consultation would be requested from the intern's doctoral program Director of Clinical Training (DCT) to aid with the resolution of the problem, and development of a 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 College of Psychology (COP) representative for approval prior to administering disciplinary action beyond a verbal warning.

The Director of Internship Training (DIT) reviews any behaviors or conduct that may warrant disciplinary action. An intern may be terminated from their site due to violations of ethics, law, and/or agency policy, but they remain PSC interns until the matter is reviewed by the DIT and/or the PSC Internship training committee, comprised of all internship supervisors except the person or persons involved in the grievance. The intern would meet with the DIT and members of the training committee, and a representative from the university community of his/her choosing if desired. The DIT would present the results of the investigation and make a recommendation to the Dean of the COP and/or the Director of Clinical Training (DCT) of the doctoral program that the student is affiliated with. Additionally, the DIT would consult with APPIC's Informal Problem Consultation resource prior to termination from the internship program. Taken together the aforementioned steps,

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 intern's doctoral program would be kept apprised of the progress. The PSC supervisor(s) would be informed about any decisions or actions taken by the university. The intern could appeal any disciplinary action affecting employment to the NSU Office of Human Resources (OHR). A NSU-specific student 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 can contact NSU OHR to explore options of any disciplinary actions affecting their employment.

NSU-specific student 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 Doctoral Handbook of their program.

INTERN GRIEVANCES

The College of Psychology (COP) and PSC internship program faculty and supervisors value professionalism, honesty, and ethical conduct in the handling of intern concerns. At all times, matters are handled in the spirit of education and development. The purpose of the intern grievance and appeals process is to allow for the orderly resolution of intern grievances. A grievance procedure may be necessary if an intern has a complaint against the Internship training program. 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.

Informal Procedure

Step 1: Before initiating a formal appeal, the intern must first meet with the party or parties against whom the complaint is being made and present supporting information in an attempt to resolve the matter informally. The informal grievance should be presented to the appropriate party or parties within 30 working days of its occurrence, where informal resolution will continue. If these efforts successfully resolve the conflict, no further action is necessary. However, if all reasonable informal efforts fail, the intern may proceed to Step 2 of the process.

Step 2: If the complaint is not resolved, then the intern should advise the Director of Internship Training (DIT), who would attempt to facilitate the mediation or resolution of the concern. During this meeting between the intern and DIT, the intern should provide all relevant details and a proposed resolution. This continuation of the informal process may include holding a meeting or having discussions with all involved parties related to the relevant details of the complaint. Should the issue involve the DIT, the intern would advise the PSC Chief Psychologist who would attempt to mediate or resolve the situation.

Formal Procedure

Step 3: If the intern believes that the informal process above is unsuccessful in resolving the issue, the intern may file a formal written grievance with the Director of Internship Training (DIT) (or Chief Psychologist, if grievance involves the DIT) within an appropriate time frame of the initial concern. The grievance must minimally provide the following:

- A concise, clear description of the concern,
- All relevant facts and compelling supporting evidence,
- The specific remedy or remedies requested, and
- A description of all informal resolution attempted

The Director of Internship Training (DIT) (or Chief Psychologist, if grievance involves the DIT) will review the written document to determine if the complaint warrants further review. If no further review is warranted, the formal grievance will be terminated, and the intern will be provided with a brief written explanation.

Step 4: If further consideration is warranted, the Director of Internship Training (DIT) will schedule a meeting with the PSC Internship training committee, comprised of all internship supervisors. Any training committee member with a personal, supervisory, professional, or administrative conflict of interest related to the grievance shall recuse themselves from all deliberations and decisions regarding that grievance. During this meeting, the training committee will conduct a substantive review of all facts it deems pertinent to the grievance, and a copy of the grievance document will be provided to the party or parties involved at the DIT's discretion.

Following the meeting, and, at the committee's discretion, the PSC Internship training committee may interview the intern and/or any other pertinent person that it judges has the information relevant to the review. No person may have legal counsel accompany them or appear on their behalf.

The training committee will file a written summary, with justification, to the Dean of the COP, including whether sufficient evidence exists to uphold or overturn the action being grieved. Recommendations of the training committee will also be forwarded to the appropriate supervisor(s)/administrator(s) for review and response. The DIT will notify the intern of a determination within thirty (30) working days of receipt of the formal grievance whenever feasible. If additional time is required, the intern shall be informed in writing regarding the reason for the delay and the anticipated timeline, following the filing of the appeal. Following a review of the committee's report, the decision of the PSC Internship training committee is final.

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

APPLICATION PROCESS

Applicants considered for an internship at Nova Southeastern University Psychology Services Center must be enrolled in APA accredited, doctoral program in clinical, counseling or school psychology.

In addition, they must have completed a minimum of three years of doctoral-level training, including at least 1000 hours of supervised clinical practicum experience. These hours should include both direct and support hours (not supervision hours). Additionally, to ensure applicants are prepared to work with clients of all ages, at least 100 direct therapy hours with children/adolescents and 100 direct therapy hours with adults are required in either supervised practicum or other clinical experience. Approval of a dissertation proposal or final research paper by the time of acceptance of an internship is preferred.

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

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

Any questions about the internship program should be directed to the Director of Internship Training, Youmeizi Peng, PsyD, by email at yp281@nova.edu or telephone 954-262-5723. Alternatively, the Chief Psychologist, Leonard Schnur, PsyD, ABPP, may also be contacted by email at schnur@nova.edu or telephone 954-262-5731.

The deadline for receipt of all application materials is **November 1. All application materials including transcripts and letters of recommendation should be submitted electronically via the AAPI Online which can be accessed at www.appic.org.** Internship offers are made in compliance with APPIC guidelines.

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

Following the Match, interns will be required to complete background and drug screenings prior to beginning internship. Prior to starting, interns will also be required to attend a three-day PSC Orientation, usually scheduled in mid-August.

STIPEND/BENEFITS

The stipend is \$31,000 for a 12-month period. Leave time includes three weeks (15 days) paid vacation, 11 sick days, 3 personal days, and paid university holidays. It is important to keep in mind

that 2000 hours must be earned for successful program completion; therefore, interns must balance leave time with the 2000-hour requirement.

During the internship year, the trainee is offered health insurance coverage, liability insurance and other fringe benefits as determined by University policy. Interns have access to all university facilities, including the libraries and recreational facilities. It should be noted that health insurance benefits through NSU are not likely to become active until September, at the earliest; therefore, interns hoping to use employment benefits to cover their parent university's health insurance coverage requirement should make arrangements for alternative coverage for the time between the start of the intern's academic semester and the health insurance coverage start at the internship site.

THE REGION

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

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

Interns are expected to adhere scrupulously to the Ethical Principles of Psychologists and code of conduct, which can be accessed at <http://www.apa.org/ethics/code/>.

NSU CAMPUS-WIDE POLICIES

Nova Southeastern University (NSU) is committed to a work environment in which all individuals are treated with respect and dignity. Individuals have the right to work in a professional atmosphere that promotes equal employment opportunities and prohibits discriminatory practices, including harassment. All relationships among individuals in the workplace are to be business-like and free of bias, prejudice, and harassment.

These policies apply to all applicants and employees, and prohibit harassment, discrimination, and retaliation, whether engaged in by fellow employees, by supervisors, or by someone not directly connected to NSU (e.g., outside vendors, consultants, or customers).

Conduct prohibited by these policies is unacceptable regardless of venue.

Please find the link below that provides direct access to the source for the most updated version of the following: Equal Employment and Nondiscrimination Policies; Equal Employment Opportunity

(EEO); Sexual and Other Unlawful Harassment Policies and Procedures; Drug-Free Schools and Campuses Policy; and Drug- And Alcohol-Free Workplace Policies.

[Employee Policy Manual | Nova Southeastern University](#)

Appendix A

Psychology Services Center Internship Program Intern Activity Log

Name: _____ Site: _____

Supervisor Signature: _____ Month/Year: _____

Direct Services

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

Indirect Services

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

Training Activities

Activity	Hours	Activity	Hours
Professional Development Seminars		Grand Rounds	
Supervision Received (IND)		Supervision of others (total time)	
Supervision Received (GRP)		In-service Training (non-NSU)	
Supervision Received (non-licensed)		Other	
Multidisciplinary Teams		Literature Review/Research	
Total Training Activity Hours:			
Total Monthly Hours:			

Number of Clients

African American/Black:		Infant:		Heterosexual:	
Hispanic:		Child:		Gay:	
White:		Adolescent:		Bisexual:	

Asian:		Adult:		Unknown:	
Caribbean:		Older Adult:		Other:	
Multiethnic/multiracial:					
Other:					
Male					
Female					
Transgender					
Other		Total Number of Clients:			

Appendix B

PROGRAM EVALUATION Curriculum

Description:

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

Rationale:

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

Learning Objectives and Outcomes:

Interns will demonstrate intermediate to advanced levels of competency in program evaluation knowledge and skills. **Interns who successfully complete this training will be able to:**

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

Activities:

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

Outcome Measures:

- Pre- and Post-tests
- Evaluation of Intern competencies in program evaluation using the Program Evaluation Knowledge and Skills Rating Form

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

Resources:

Introdyction/Overview on LOGIC model at: <https://logicmodel.extension.wisc.edu/>
<https://fyi.extension.wisc.edu/programdevelopment/designing-programs/>

Lopic Model for Program Planning: <https://www.youtube.com/watch?v=7mMhBh0bhQY>

How To Develop a Logic Model:

<https://fyi.extension.wisc.edu/programdevelopment/files/2016/03/lmguidecomplete.pdf>

**Interns' Program Evaluation Project
Observation Form**

Intern: _____

Observer: _____

Site/Rotation: _____

Date(s) of Observation: _____

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

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

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

Comments: _____

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

Comments: _____

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

Comments: _____

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

Comments: _____

Thank you! Please return your rating/feedback to Dr. Peng

Appendix C

Psychology Services Center Internship Program INTERN COMPETENCY EVALUATION FORM

Intern Name: _____

Date: _____

Rotation: _____

Year: _____

Clinical Supervisor: _____

Select one: 3 Months 8 Months End of year

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

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

For each of the 9 profession-wide competency areas below, please assign a rating (1-4) that best describes the intern's level of competency at this point in the training year. A behaviorally anchored rating scale is provided for each of the 9 profession-wide competency areas. Space is provided for narrative description of the trainee's level of functioning, as well as for noting direct observations of intern competency. 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 competency (corresponding to ratings of at least a 3) in each of the 9 profession-wide competencies.

I. Research

4 - ADVANCED KNOWLEDGE, SKILLS, AND ABILITIES

The intern demonstrates advanced skills that exceed entry-level practice.

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

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

Generates knowledge

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

Applies scientific methods of evaluating practices, interventions, and programs

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

3 - INTERMEDIATE KNOWLEDGE, SKILLS, AND ABILITIES

The intern demonstrates the ability to independently function, generalize to new situations, and self-assess when to seek support, as defined by readiness for entry-level practice.

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

Examples: Applies EBP concepts in case conceptualization, treatment planning, and interventions in ; Compares and contrasts 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

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

1- MINIMAL KNOWLEDGE, SKILLS, AND ABILITIES

Emerging level of competence, close supervision required

Competency Rating(s):

____ Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications).

____ Disseminates research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

Comments (include dates of direct observation):

II. Ethical and Legal Standards

4 - ADVANCED KNOWLEDGE, SKILLS, AND ABILITIES

The intern demonstrates advanced skills that exceed entry-level practice.

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

The intern demonstrates the ability to independently function, generalize to new situations, and self-assess when to seek support, as defined by readiness for entry-level practice.

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 when needed based on self-assessment; Addresses ethical and legal aspects within the case conceptualization; Discusses ethical implications of professional work; Recognizes and discusses limits of own ethical and legal knowledge; Demonstrates intermediate knowledge of typical legal issues, including child and elder abuse reporting, confidentiality, and informed consent

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

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

Integrates own moral principles/ethical values in professional conduct

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

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, multiple relationships, and competence); Demonstrates awareness of an ethical decision-making model applied to case vignettes

Displays ethical attitudes and values

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

1 - MINIMAL KNOWLEDGE, SKILLS, AND ABILITIES

Emerging level of competence, close supervision required

Competency Rating(s):

____ Knowledgeable of and acts in accordance with each of the following: the current version of the APA Ethical Principles of Psychologists and Code of Conduct; Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; Relevant professional standards and guidelines.

____ Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas.

____ Conducts self in an ethical manner in all professional activities.

Comments (include dates of direct observation):

III. Individual and Cultural Diversity

4 - ADVANCED KNOWLEDGE, SKILLS, AND ABILITIES

The intern demonstrates advanced skills that exceed entry-level practice.

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

The intern demonstrates the ability to independently function, generalize to new situations, and self-assess when to seek support, as defined by readiness for entry-level practice.

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; Uses supervision to discuss diversity issues

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

Examples: Demonstrates understanding that others may have multiple cultural identities; Uses supervision to discuss 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; Uses supervision to discuss 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

Emerging level of competence, close supervision required

Competency Rating(s):

____ Demonstrates an understanding of how own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.

____ Evidences knowledge of the current theoretical and empirical knowledge base as it relates to diversity in all professional activities including research, training, supervision/consultation, and service.

____ Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.

____ Demonstrates the ability to apply a framework for working effectively with areas of individual and cultural diversity.

____ Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

Comments (include dates of direct observation):

IV. Professional Values, Attitudes and Behaviors**4 - ADVANCED KNOWLEDGE, SKILLS, AND ABILITIES**

The intern demonstrates advanced skills that exceed entry-level practice.

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 skillfully 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

The intern demonstrates the ability to independently function, generalize to new situations, and self-assess when to seek support, as defined by readiness for entry-level practice.

Adheres to professional values and infuses those values into 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

Emerging level of competence, close supervision required

Competency Rating(s):

____ Behaves in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others

____ Engages in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness

____ Actively seeks and demonstrates openness and responsiveness to feedback and supervision

____ Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training

Comments (include dates of direct observation):

V. Communication and Interpersonal Skills

4 - ADVANCED KNOWLEDGE, SKILLS, AND ABILITIES

The intern demonstrates advanced skills that exceed entry-level practice.

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 themselves, 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 themselves

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

The intern demonstrates the ability to independently function, generalize to new situations, and self-assess when to seek support, as defined by readiness for entry-level practice.

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

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

Establishes and maintains appropriate professional boundaries

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

Actively addresses problematic interpersonal situations using verbal and nonverbal skills

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

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

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

Demonstrates clear understanding and use of professional language

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

2 - BASIC KNOWLEDGE, SKILLS, AND ABILITIES

Expresses desire to help others; Demonstrates compassion (awareness of suffering and the wish to relieve it) even for others who are dissimilar from themselves; 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 their 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 situations when raised; tolerates discussion of problematic situations 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

Emerging level of competence, close supervision required

Competency Rating(s):

____ Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

____ Demonstrates a thorough grasp of professional language and concepts; produces, comprehends, and engages in communications that are informative and well-integrated.

____ Demonstrates effective interpersonal skills and the ability to manage difficult communication well.

Comments (include dates of direct observation):

VI. Assessment

4 - ADVANCED KNOWLEDGE, SKILLS, AND ABILITIES

The intern demonstrates advanced skills that exceed entry-level practice.

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 referral questions 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

The intern demonstrates the ability to independently function, generalize to new situations, and self-assess when to seek support, as defined by readiness for entry-level practice.

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 questions

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

Emerging level of competence, close supervision required

Competency Rating(s):

___ Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.

___ Demonstrates understanding of human behavior within its context (e.g., family, social,

societal and cultural).

____ Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors, including context, to the assessment and/or diagnostic process.

____ Selects and applies assessment methods that draw from the best available empirical literature that reflect the science of measurement and psychometrics; collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

____ Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

____ Communicates the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Comments (include dates of direct observation):

VII. Intervention

4 - ADVANCED KNOWLEDGE, SKILLS, AND ABILITIES

The intern demonstrates advanced skills that exceed entry-level practice.

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

The intern demonstrates the ability to independently function, generalize to new situations, and self-assess when to seek support, as defined by readiness for entry-level practice.

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

2 - 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

1 - MINIMAL KNOWLEDGE, SKILLS, AND ABILITIES

Emerging level of competence, close supervision required

Competency Rating(s):

____ Establishes and maintains effective relationships with the recipients of psychological services.

____ Develops evidence-based intervention plans specific to the service delivery goals.

____ Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

____ Demonstrates the ability to apply the relevant research literature to clinical decision making.

____ Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.

____ Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation.

Comments (include dates of direct observation):

VIII. Supervision

4 - ADVANCED KNOWLEDGE, SKILLS, AND ABILITIES

The intern demonstrates advanced skills that exceed entry-level practice.

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 their 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

3 - INTERMEDIATE KNOWLEDGE, SKILLS, AND ABILITIES

The intern demonstrates the ability to independently function, generalize to new situations, and self-assess when to seek support, as defined by readiness for entry-level practice.

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

2 - BASIC KNOWLEDGE, SKILLS, AND ABILITIES

Demonstrates basic knowledge of expectations for supervision

Displays interpersonal skills of communication and openness to feedback

1 - MINIMAL KNOWLEDGE, SKILLS, AND ABILITIES

Emerging level of competence, close supervision required

Competency Rating(s):

____ Applies supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

____ Applies the supervisory skill of observing in direct or simulated practice.

____ Applies the supervisory skill of evaluating in direct or simulated practice.

____ Applies the supervisory skills of giving guidance and feedback in direct or simulated practice.

____ Demonstrates the ability to independently apply their knowledge and approach to issues related to individual and cultural differences as they apply to the supervision process and relationships.

Comments (include dates of direct observation):

IX. Consultation and Interprofessional/ Interdisciplinary Skills

4 - ADVANCED KNOWLEDGE, SKILLS, AND ABILITIES

The intern demonstrates advanced skills that exceed entry-level practice.

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 - INTERMEDIATE KNOWLEDGE, SKILLS, AND ABILITIES

The intern demonstrates the ability to independently function, generalize to new situations, and self-assess when to seek support, as defined by readiness for entry-level practice.

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

Emerging level of competence, close supervision required

Competency Rating(s):

____ Demonstrates knowledge and respect for the roles and perspectives of other professions.

____ Applies this knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior. Direct or simulated practice examples of consultation and interprofessional/interdisciplinary skills include but are not limited to role-played consultation with others, peer consultation, provision of consultation to other trainees.

Comments (include dates of direct observation):

SUMMARY OF STRENGTHS:

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

INTERN COMMENTS:

I have reviewed and discussed this evaluation with my supervisor.

Intern Signature

Date

Supervisor Signature

Date

Appendix D

**Nova Southeastern University
Psychology Services Center Internship Program**

SCHEDULE OF DIDACTIC TRAINING SEMINARS & ACTIVITIES

2026-2027 – TBD – will be distributed under separate cover

Appendix E

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

Handouts	Provides any relevant materials (including Power Point handouts) which will help the participants understand and benefit from the presentation.			
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Appendix F

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 Graduate Assistant. Thank you!

Appendix G

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

Training Year _____ Mid-Year _____ End of Year

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

Rating:

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

1) Quality and variety of direct service experiences available:

1 2 3 4 5

Comments: _____

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

1 2 3 4 5

Comments: _____

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

1 2 3 4 5

Comments: _____

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

_____ Acceptance by PSC staff

_____ Expertise of Psychology Staff

_____ Expertise of Supervision

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

Comments: _____

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

Strengths: _____

Weaknesses: _____

Suggestions: _____

 Intern Signature

 Date

Psychology Services Center (PSC) Internship Program Supervisor Evaluation Form

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

Comments: _____

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

Comments: _____

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

Comments: _____

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

Comments: _____

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

Comments: _____

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

Intern Name: _____ Date: _____

Intern Signature: _____

Supervisor Name: _____

Rotation: _____

(Please, complete one form for each supervisor)

Appendix I

Psychology Services Center Internship Program INTERNSHIP TESTING SUMMARY

NAME: _____

TRAINING YEAR: _____

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

	Name of Testing Supervisor	Signature
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Appendix J

Psychological Services Center Internship Program
Diversity Project log

Intern: _____

Rotation	Diversity Topic	Supervisor (name & signature)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Appendix K

Performance Planning Worksheet



Employee's Name: _____

Title: _____

Department: _____

Date: _____

Supervisor's Name: _____

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

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

Signature of Employee: _____ **Date:** _____

Signature of Supervisor: _____ **Date:** _____

PERF
PERF-Perf Rev

Appendix L

Nova Southeastern University Psychology Services Center Psychology Intern Performance Agreement

Name: _____ Graduate Program: _____
Specialty Program: _____ Primary Clinical Supervisor: _____
General Rotations: Child, Adolescent, and Family Services (CAFS) & Adult Services Program (ASP)
Internship Start Date: _____ Internship End Date: _____
Date Performance Agreement Established: _____

AGREEMENT

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

MAJOR ACTIVITIES

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

- Minimum 5 hours (50%) of direct service in the specialty program
- Minimum 2.5 hours (25%) of direct service in ASP
- Minimum 2.5 hours (25%) of direct services in CAFS
- Minimum 10 total direct service hours.
- Six (6)* psychological evaluations for the year (ideally, 2 from each program)

*Interns with a specialty rotation in SPACI must complete 10 psychological evaluations for the year.

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

- 1 hour of individual supervision per week with specialty (Primary) supervisor
- 1 hour of individual supervision per week with CAFS supervisor
- 1 hour of individual supervision per week with ASP supervisor
- 1 hour of group supervision per week with DIT
- 1 hour of group supervision once per month with postdoctoral resident supervisor
- 1 hour of group supervision in ASP per week
- 1 hour of group supervision in CAFS per week

Additional supervision in specialty rotation: _____

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

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

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

- Present an hour long didactic to fellow interns once a year including empirical support for the information provided.
- Complete four (4) diversity projects; one from each rotation and the fourth from a rotation of intern's choosing.
- Teach the Pre-Practicum course to Doctoral Psychology students during the Winter term.
- Complete all required documentation.
- Completion of 2000 hours

TRAINING GOALS

Within each PSC training goal/objective area, indicate specific training methods that will be used within the clinic programs (e.g., experiential learning, observation, supervision of others, in-service trainings, etc.) and the general internship training activities (e.g., attendance/presenting at PD, Grand Rounds and other didactics on campus, group supervision, library research, etc.) for achieving goals/objectives.

I. Goal: Achieve General Professional Competence

Objective 1: The intern demonstrates good knowledge of ethical principles and appropriately applies them.

Objective 2: The intern seeks consultation or supervision as needed and uses it productively.

Objective 3: The intern interacts professionally and appropriately with treatment teams, peers and supervisors at all times.

Objective 4: The intern meets his or her direct service goals and completes documentation as required.

Methods of Achieving goal: 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. Interns will be provided with an orientation to the PSC and internship program including review of expectations for professional comportment and attire, and clinical and internship documentation and service delivery goals.

II. Goal: Display Competence in Knowledge of Scholarly Research

Objective: The intern seeks out professional writings regarding treatment cases as needed to enhance knowledge about the patient's psychological status.

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. Program meetings will provide additional training in more specialized areas. 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.

III. Goal: Develop Competence in Psychological Assessment

Objective: The intern proficiently chooses, administers, and interprets commonly used tests in his/her area of practice and writes a well-organized psychological report, answering the referral question clearly and providing the referral source with specific recommendations for patient care.

Methods: Individual supervision will cover assessment instrument selection, administration and interpretation, as well as reviews of written integrated psychological reports. 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 recommendations. Opportunities to consult with other CPS faculty regarding assessment issues will be made available throughout the year. Assessment instruments will be available from the academic program and from other clinic programs as needed.

IV. Goal: Demonstrate Competence in Psychotherapeutic Interventions

Objective 1: The intern consistently achieves a good rapport with patients.

Objective 2: The intern maintains sensitivity to cultural and other individual differences.

Objective 3: The intern gathers relevant interview data, evaluates immediate safety issues and generates appropriate contingency plans. The intern discusses all confidentiality issues openly with patients.

Objective 4: The intern formulates a useful case conceptualization that draws on theoretical and research knowledge.

Objective 5: The intern establishes appropriate therapeutic goals and implements effective interventions.

Methods: Interns will be assigned a diverse case load including children, adolescents, and adults with a range of presenting problems. Individual and group supervision will regularly include discussions about rapport and relationships with clients and others, cultural and individual factors, reviews of biopsychosocial histories, case conceptualization, current scientific knowledge relevant to cases, treatment planning and client progress, and termination/transfer issues. In addition, interns will attend didactic trainings focused on cultural and individual differences, and psychopathology and treatment interventions for adults and youth.

V. Goal: Acquire Basic Competence in supervision, consultation, and program evaluation

Objective 1: The intern provides the appropriate level of guidance when supervising or providing consultation to other mental health professionals.

Objective 2: Intern will participate in program evaluation activities.

Methods: Interns will receive supervision of any supervision provided to practicum students or others by their licensed supervisors. Interns are considered PSC staff and will regularly consult with other PSC staff, coordinators, postdocs, and administrators, as well as with families, community agencies, and other professionals. Consultation activities will be

discussed during individual and group supervision with a focus on developing greater intern autonomy in this area as the year progresses. Interns will receive training on completing all required PSC and internship documentation and given opportunities to provide objective feedback about training program and/or serve as an intern representative to the training committee to assist with program evaluation efforts. Weekly SFCIP training activities include formal training in supervision, consultation, and program evaluation.

I have read and understood all the above outlined in the Psychology Intern Performance Agreement.

Signature of Intern

Date

Signature of Primary Clinical Supervisor

Date

Signature of CAFS Clinical Supervisor

Date

Signature of ASP Clinical Supervisor

Date

Signature of Chief Psychologist

Date

Signature of Director of Training

Date

Appendix M

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

Sign Off Sheet

Name: _____ Date Completed: _____

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

CATSP TRIP NCCOA SPACI ASP CAFS

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

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

_____ Consultation/transfer request form

_____ Treatment summary **with signatures**

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

_____ Termination form

_____ Discharge summary **with signatures**

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

Intern Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Appendix N

Commission on Accreditation Implementing Regulations C-15 I. Telesupervision

GUIDELINES FOR TELESUPERVISION

The Nova Southeastern University (NSU) Psychology Services Center (PSC) Internship Program must adhere to generally accepted best practices and ensure compliance with all Standards of Accreditation (**SoA**) of the American Psychological Association (APA) in the use of telesupervision. The following policy reflects the implementing regulations (IR's) and the current literature.

1. Supervision Time Breakdown

(Specify how many of the 4 hours of required supervision may be provided via telesupervision and via in-person supervision; Specify how many hours of individual and group supervision may be provided via telesupervision and via in-person supervision)

- Supervision will typically be delivered in person. Telesupervision will be utilized in the event of exceptional circumstances such as illness, scheduling conflicts, physical/financial barriers, and weather emergencies.

2. Rationale for Telesupervision Use

(An explicit rationale for using telesupervision)

- Telesupervision, shown to be as effective as in-person supervision, offers flexible, accessible, and collaborative oversight that integrates theory with practice while fostering competence, ethics, and professional growth.

3. Alignment with Program Aims and Outcomes

(How telesupervision is consistent with their overall aims and training outcomes)

- Telesupervision helps meet training outcomes by providing an alternative to in-person supervision to support the continuity of the supervisory relationship and ongoing clinical care. Consistent with in-person supervision, telesupervision provides an opportunity to discuss a wide range of issues, including but not limited to clinical cases, ethical concerns, professional development, and the intern's self-reflection and wellness.

4. Self-Assessment and Satisfaction

(How the program engages in self-assessment of trainee outcomes and satisfaction with use of telesupervision versus in-person supervision)

- Interns will regularly evaluate the effectiveness of supervision during weekly group supervision with the Director of Internship Training, including platform quality, supervision effectiveness, and any technological issues.
- Mid-year and end-of-year evaluations, along with informal check-ins with the Director of Internship Training, will assess trainee outcomes and satisfaction with supervision.

5. Evaluation of Telesupervision

(How the program engages in self-assessment of trainee outcomes and satisfaction with use of telesupervision versus in-person supervision)

- The intern and supervisor will evaluate the telesupervision process, including:
 - Supervision and feedback quality
 - Challenges and areas for improvement
- Feedback will guide adjustments to maintain effectiveness and align with professional development goals.

6. Clinical Training Integration

(How and when telesupervision is utilized in clinical training)

- Telesupervision should be integrated into clinical training similarly to in-person supervision, when continuity is required during exceptional circumstances.

7. Eligibility for Telesupervision

(How it is determined which trainees can participate in telesupervision)

- Telesupervision may begin once the supervisor-trainee relationship is established in person (i.e., at least the initial or one supervision occurs within the in-person format). All trainees are eligible once they demonstrate the minimum competencies, with discretion left to the supervisor's judgment.

8. Establishment of Supervisory Relationships

(How the program ensures that relationships between supervisors and trainees are established at the onset of the supervisory experience)

- Supervision must begin in person; telesupervision is permitted once the supervisor/internship relationship has been sufficiently established. Exceptions to this policy may be made in extraordinary circumstances.

9. Managing Supervision Ruptures

(How the supervision relationship is facilitated, maintained, and monitored for ruptures)

- If a rupture in the supervisory relationship is identified, the supervisor and trainee will meet in person to address the issue and establish a plan for resolution. Regular evaluations and informal check-ins throughout the year will monitor and maintain the relationship.

10. Professional Responsibility in Clinical Cases

(How an off-site supervisor maintains full professional responsibility for clinical cases)

- Supervisors retain full professional responsibility for clinical cases, whether supervision is in person or via telesupervision.

11. Crisis Coverage and Non-Scheduled Consultations

(How non-scheduled consultation and crisis coverage are managed)

- A licensed mental health professional must be available during any intern's clinical work to address crises.

- For non-scheduled consultation, interns may reach out to the designated licensed psychologist at their site or the Director of Internship Training for support.

12-13. Privacy and Confidentiality and Technology Requirements

(How privacy and confidentiality of the client and trainees are assured)

- All supervision will comply with the ethical guidelines set by Health Insurance Portability and Accountability Act (HIPAA) and American Psychological Association (APA) guidelines and relevant state laws. Supervisors and interns are responsible for maintaining confidentiality and professionalism during all telesupervision interactions. Supervisors and interns must take precautions to avoid breaches of confidentiality during virtual sessions.
- Supervisors and interns must ensure that telesupervision sessions take place in a private, secure environment. Interns and supervisors should ensure that no unauthorized persons are within hearing distance during telesupervision sessions. Both parties are responsible for ensuring that their devices are password-protected and free from unauthorized access.
- Telesupervision should occur on a HIPAA-compliant platform. If such a platform is unavailable, no protected health information (PHI) should be shared during the session.
- Supervisors and interns must demonstrate technical competency in using the platform, including setup, managing technical issues, and utilizing platform features.

14. Supervisor Competency

(How it ensures that supervisors are competent to provide telesupervision)

- All supervisors must maintain competency in the telesupervision utilization.
- Supervisors providing telesupervision must review the NSU Intern's Telesupervision Policies and sign an acknowledgment form. Through the mid- and end-of-year evaluations on telesupervision, it will be required that supervisors maintain the same level of supervision quality as in-person meetings.

15. Transition Between Telesupervision and In-Person Supervision

(What circumstances would lead to changing between telesupervision and in-person supervision)

- The change between telesupervision and supervision may occur due to illness, unexpected circumstances, scheduling conflicts, physical or financial barriers, or weather emergencies.
- A backup plan (e.g., phone call or rescheduling) must be in place in case of technical issues.

16. Diversity, Equity, Inclusion, and Accessibility

(How are diversity, equity, inclusion, and accessibility issues considered and addressed)

- Telesupervision can enhance training opportunities by allowing qualified supervisors to work with trainees who might otherwise be inaccessible due to geographic, physical, or financial barriers.
- The program must ensure that these opportunities are equitable and accessible.

Conclusion

Telesupervision is an essential tool in providing high-quality supervision within the psychology internship program, particularly during exceptional circumstances such as illness, scheduling

conflicts, physical/financial barriers, and weather emergencies. This policy is designed to ensure that telesupervision is conducted in a secure, effective, and ethical manner. The program director will review this policy periodically to ensure it continues to meet the needs of both interns and supervisors while adhering to APA accreditation standards.

APA COA Telesupervision Guidelines

(Formerly C-28; Commission on Accreditation, July 2010;
Revised November 2015, July 2017, July 2023)

The Commission on Accreditation (CoA) acknowledges that accredited programs may incorporate telesupervision into their curricula. However, the CoA recognizes that in-person supervision provides unique benefits that are essential for professional development, ensuring quality, and protecting the public. These benefits include:

- Opportunities for professional socialization and trainee competence assessment
- Recognition and processing of subtle nonverbal and emotional cues, vital for effective supervision

Thus, the CoA has established guidelines and limitations on the use of telesupervision. These guidelines complement but do not override other requirements in the **Standards of Accreditation for Health Service Psychology (SoA)**. This regulation specifically clarifies the application of telesupervision at the internship level.

DEFINITIONS

- **Supervision:** An interactive educational experience between a trainee and supervisor, intended to enhance the professional functioning of the intern, monitor service quality, and serve as a gatekeeper for entry into the profession.
- **Telesupervision:** Supervision conducted via synchronous audio and video communication where the supervisor is not physically present with the trainee. Telesupervision may take the form of individual sessions, group supervision, case consultations, and/or didactic training.
- **In-person Supervision:** Supervision where the supervisor and trainee are physically present in the same location.

SUPERVISION STRUCTURE AND PROCESS

- **Pre-Supervision:** Before the first telesupervision session, both supervisor and intern will review and confirm the technology setup, privacy protocols, and communication expectations. Supervisors should review the intern's progress, goals, and any special considerations for their training.
- **Session Expectations:** Telesupervision sessions should begin and end on time, maintaining professionalism in both the environment and attire.

1. Supervision Time Breakdown

(Specify how many of the 4 hours of required supervision may be provided via telesupervision and via in-person supervision; Specify how many hours of individual and group supervision may be provided via telesupervision and via in-person supervision)

2. Rationale for Telesupervision Use

(An explicit rationale for using telesupervision)

3. Alignment with Program Aims and Outcomes

(How telesupervision is consistent with their overall aims and training outcomes)

4. Self-Assessment and Satisfaction

(How the program engages in self-assessment of trainee outcomes and satisfaction with use of telesupervision versus in-person supervision)

5. Evaluation of Telesupervision

(How the program engages in self-assessment of trainee outcomes and satisfaction with use of telesupervision versus in-person supervision)

6. Clinical Training Integration

(How and when telesupervision is utilized in clinical training)

7. Eligibility for Telesupervision

(How it is determined which trainees can participate in telesupervision)

8. Establishment of Supervisory Relationships

(How the program ensures that relationships between supervisors and trainees are established at the onset of the supervisory experience)

9. Managing Supervision Ruptures

(How the supervision relationship is facilitated, maintained, and monitored for ruptures)

10. Professional Responsibility in Clinical Cases

(How an off-site supervisor maintains full professional responsibility for clinical cases)

11. Crisis Coverage and Non-Scheduled Consultations

(How non-scheduled consultation and crisis coverage are managed)

12. Privacy and Confidentiality

(How privacy and confidentiality of the client and trainees are assured)

13. Technology Requirements

(The technology and quality requirements and any education in the use of this technology that is required by either trainee or supervisor)

14. Supervisor Competency

(How it ensures that supervisors are competent to provide telesupervision)

15. Transition Between Telesupervision and In-Person Supervision

(What circumstances would lead to changing between telesupervision and in-person supervision)

16. Diversity, Equity, Inclusion, and Accessibility

(How are diversity, equity, inclusion, and accessibility issues considered and addressed)

References

Tarlow, K. R., McCord, C. E., Nelon, J. L., & Bernhard, P. A. (2020). Comparing in-person supervision and telesupervision: A multiple baseline single-case study. *Journal of Psychotherapy Integration*, 30(2), 383–393. <https://doi.org/10.1037/int0000210>