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 2000
Telephone: (202) 336-5979 / E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation
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Talbert House History

Talbert House was founded as an experiment to integrate ex-offenders back into the community. In August 1965, with a budget of $30,000 from private donations, the first halfway house program opened.

Today, Talbert House operates multiple service areas in conjunction with its affiliate Gateways, A Recovery Center throughout Greater Cincinnati. The services are offered to a broad-based population with the agency's mission in mind: to improve social behavior and enhance personal recovery and growth. Talbert House helps thousands of men, women, and children across Greater Cincinnati and Northern Kentucky overcome adversity to become healthy and productive citizens.
Talbert House Mission Statement

MISSION

Talbert House is a community-wide, nonprofit network of services focusing on prevention, assessment, treatment and reintegration. Its mission has two basic purposes: to improve social behavior and enhance personal recovery and growth.

With this mission in mind, Talbert House operates the following service lines:

1. Adult Behavioral Health
2. Community Care
3. Court and Corrections
4. Housing
5. Youth Behavioral Health

The five service lines ensure that clients and their families can access services and seamlessly take advantage of all the agency has to offer across the organization.

CULTURE and VALUES

The organization has a culture of innovation that thrives on the creation of new services that meet the community's needs while maintaining effectiveness, excellence and professionalism.

Talbert House values an integrated system of high quality care focused on best practices, easy access to services, and providing a full range of services in a cost effective and efficient manner.

Last year, Talbert House served almost 37,500 clients face-to-face with an additional 28,000 receiving prevention and hotline services.
Psychology Internship Program Philosophy and Training Goals

The APA-Accredited Doctoral Psychology Internship Program at Talbert House reflects the practitioner-scholar model. By serving the unique needs of a largely diverse and clinically-underserved population, interns are exposed to a wide array of service delivery. As a result, the range of sites from which interns may select ensures opportunities to experience a wide variety of clinical presentations and community-based programs. The program also provides a strong emphasis on exposure to psychologists in a multitude of roles (e.g., clinician, supervisor, and administrator). Furthermore, interns are fully immersed in the unique needs of public behavioral health clients, as they are often concurrently involved in multiple programs including mental health, community corrections, and substance use.

Interns play an important role at Talbert House through providing services to clients, coordinating treatment, and acting as members of a larger interdisciplinary treatment team. Interns interact with a variety of other providers, supervisors, doctors, and other employees throughout their training. Additionally, interns have the opportunity to gain insight into many areas of public behavioral health beyond service delivery such as compliance, budgeting, supervision, program development, and community outreach through didactics, trainings, and specific site placements. Such opportunities and learning experiences are continually improved via research-informed practices and changes in the profession's knowledge base. This is consistent with the program’s primary goal of training highly competent generalists capable of providing a range of evidence-based psychological services which promote wellness, prevent illness, and improve access to services to a clinically challenging and diverse patient population. As such, the program works to provide a training climate which affirms individual and cultural differences for clients and staff.

Therefore, the general philosophy of the internship program involves:

- Broad and general preparation for effective and competent entry-level practitioner or post-doctoral fellow.
- Focused and in-depth preparation for specialty practice in an integrative public behavioral health setting.
- Special emphasis on psychology, health services, and administration
- Integration of science and practice.
- Outcome measurement of training goals and practice.

Consistent with the training philosophy, each intern is expected to develop competencies in clinical skills and professional behavior. The program has established five major areas of competency:

- **Assessment and Diagnosis**: The intern will demonstrate competence in conducting structured clinical interviews and diagnostic assessments. They will demonstrate a thorough knowledge of the DSM-5 to diagnose clients. They will also demonstrate a thorough understanding and knowledge of the impact of clients’ biological, social and psychological factors on their diagnoses and
presenting problems.

- **Treatment and Intervention:** The intern will demonstrate competence in conducting psychotherapy (individual, family, and/or group) in multiple settings with a variety of populations based on individualized, measured, and goal-directed service plans designed to maximize client impact. They will demonstrate an understanding and knowledge of evidence-based interventions for DSM-5 diagnoses and how biological, social, medical and psychological factors impact the therapeutic process and clients’ abilities to achieve wellness and recovery.

- **Ethics:** The intern will demonstrate competence in ethical and legal standards as they relate to the application of assessment, intervention, and conduct. They will demonstrate an understanding of professional and legal standards in professional psychology, including local, state, and federal laws, as well as APA ethical standards.

- **Professional Development:** The intern will gain competence in collaborating and communicating the perspective of a clinical psychologist to other professionals. They will develop and utilize collaborative relationships common in the practice of health service psychology, including case managers, doctors, nurses, and other staff. They will understand when and how to make referrals to supplement client care across health domains. They will demonstrate competence by providing training to faculty and other interns and staff in their area(s) of interest and emerging expertise. They will become aware of the organizational and funding issues inherent in operating a large, comprehensive behavioral health system and learn to navigate as a seasoned employee. They will learn to collaborate and work effectively as a member of an interdisciplinary treatment team across a large organization.

- **Cultural and Individual Diversity:** The intern will demonstrate competence in having an understanding of and sensitivity to the impact of human diversity on the practice of psychology. They will become familiar with empirical findings pertaining to diversity issues in assessment, intervention, and recovery. They will demonstrate the ability to discuss diversity issues with clients, interdisciplinary treatment teams, and other professionals as it pertains to clients’ treatment across domains.

*Additionally, the Internship emphasizes the importance of research in the training and practice of Psychology to reinforce the practitioner-scholar model. It is expected that the intern will demonstrate competence in understanding scientific/professional articles and be able to communicate research findings to others. Further, it is expected the intern integrate science into their clinical work and be able to understand and synthesize information from the literature to develop expertise, and/or apply or conduct research to enhance practice or resolve an organizational need. The research competence is practiced during didactics, trainings and supervision, and competence is demonstrated via ratings included in the 5 major competencies during evaluation.*
Intern Selection Criteria

The Doctoral Psychology Internship Program at Talbert House is available to students currently enrolled in APA-Accredited doctoral programs in clinical or counseling psychology. Intern candidates must have completed all doctoral program requirements except their dissertation, although the dissertation proposal must be complete. Talbert House participates in the internship match program coordinated by the Association of Psychology Postdoctoral and Internship Centers (APPIC).

Interns will be selected based on their amount of experience in public behavioral health (PBH) and their desire to continue to work in PBH, their understanding of and prior experience providing evidence-based treatments, their case conceptualization skills, writing skills, ability to relate to peers in a professional manner, desire to continue working with the agency for their post-doctoral hours and beyond, and their letters of recommendation.

Practica and Academic Requirements

The most prepared and qualified interns have basic graduate coursework in abnormal psychology, assessment/diagnosis, and diversity/cultural issues. This coursework should enable interns to apply their knowledge in these areas competently during the clinical portions of their training year. The internship year is prominently an experiential training opportunity, and interns will deepen their understanding of these areas upon completion of their training. Practicum experiences should not be limited to a certain population or setting, as the most successful interns are able to work comfortably with a variety of clinical populations. As our program trains generalists in psychological practice, each intern will likely work with and/or be exposed to an array of client populations, clinical settings, and diagnostic presentations. It is also important for interns to have practicum experience(s) during which they worked collaboratively and consulted with other professionals using evidence-based and research-informed practices.

Statement of Nondiscrimination

The Doctoral Psychology Internship Program makes a firm commitment to provide services to and employ, promote, and contract without regard to race, color, national origin, ethnicity, disability, veteran status, sexual orientation, age, sex, religion, or genetic information. Staff, board members, and clients are encouraged to create an inclusive environment that respects the diversity of individuals and groups. The program’s commitment to and respect for diversity includes an understanding of groups or people whom have shared experiences, values, and beliefs. These standards also align with the Talbert House policy 03.02.00 and the Talbert House Corporate Compliance Code of Conduct.
Selection Process

Applications are reviewed by the Psychology Practice Administrator (PPA), Training Director and the selection committee. Intern candidates are notified whether they have been selected for an interview during Phase I of the Match. Talbert House abides by the APPIC policy that no person at this program or agency will solicit, accept, or use any ranking-related information from any intern applicant. Talbert House welcomes and encourages candidates from diverse backgrounds and provides a training climate which affirms individual and cultural differences.

Pre-Employment Screenings

Interns who match to Talbert House must complete and pass additional pre-employment screenings such as a BCII/FBI background check, drug screen, and TB and physical exam prior to starting. Failure to pass pre-employment screenings such as the drug screen may result in ineligibility to participate in the internship program. Specifically, a positive pre-employment drug screen for marijuana, illicit drug, and/or other non-prescribed substances in Ohio would result in ineligibility to participate in the internship program. It is important to note that Talbert House operates as a drug-free workplace and agency. For additional information or concerns, please contact the PPA or Training Director.

In the unlikely event of ineligibility, the Training Director will follow APPIC Policies and contact the APPIC Board of Directors to seek a release from the match. The intern will then be informed of their failure to pass the pre-employment screenings and be advised to contact Talbert House’s Human Resources. Per Talbert House’s Human Resources Policy, the intern is the only person privileged to receive his/her pre-employment screening results. Finally, the intern will receive a formal letter stating their ineligibility for employment (and thus match), and the Director of Training of the intern’s graduate school will receive a copy of the ineligibility letter.
Primary and Specialty Sites

Talbert House is a large, comprehensive public behavioral health agency providing services in urban and rural communities. Interns will have the opportunity to serve clients in primary and specialty sites. Licensed psychologists provide weekly individual clinical supervision to monitor interns’ caseloads, client progress, clinical interventions, professional developmental, and overall performance at both their primary and specialty sites.

The primary site is a 12-month, 24-hours per week placement at an outpatient behavioral health center which provides opportunities for the intern to develop skills delivering individual, family, and group therapy services to clients with a variety of presenting concerns ranging from adjustment issues to serious and persistent mental illnesses and substance use disorders. Additionally, the intern develops skills in delivering services to clients whom identify from diverse backgrounds such as African American, Appalachian, African Origin, Bi-racial, and Caucasian as well as clients who identify as LBGTQ, and/or have physical and developmental disabilities. Currently Youth and Adult Behavioral Health out-patient sites are located in the Cincinnati neighborhoods of Roselawn, Oakley, College Hill, Walnut Hills and Western Hills (See Appendix A). The specialty site is a 6- or 12-month, 8-hours per week placement that provides the intern with exposure to a more specialized client population and/or professional experience that are of interest to the intern.

These rotations are determined by the intern and PPA and approved by the Training Director based upon experience, training needs, professional interests, and site availability. Although the internship focuses on clinical practice, a research and/or administrative experience may be available for interns whom request it.

The range of rotations ensures that interns will experience a wide variety of client clinical presentations such as adult, adolescent, and child mental health and/or substance use disorder programs. The internship also offers a choice of community-based settings including outpatient and residential programs, school-based experiences, an integrated health clinic, and community correctional facilities. Most sites are located within eight miles of the Executive Office in East Walnut Hills, but some specialty sites are located in Brown, Butler, and Warren Counties.
The specialty sites may include any of the Talbert House Locations. 
*Additional information upon request for those sites not listed in Appendix A.*

**Mental Health and/or Alcohol and Drug**
- The Psychological Assessment Center (youth clients only)
- Passages for Young Women
- School-Based Services
- Hamilton County Drug Court
- Warren County Drug Court
- Brown County Services

**Community Corrections**
- Community Corrections Center
- Cornerstone
- Men's ADAPT
- Pathways for Women
- Rewards Jail Intervention
- Spring Grove
- Turning Point
- Women's ADAPT

Specialty sites interns have been placed at in the past year (2016-2017) include the Psychological Assessment Center, Quality and Clinical Services Department-Administration, Passages for Young Women, and the Community Corrections Center.

**A Note about the Psychological Assessment Center**

At the Psychological Assessment Center, interns provide objective and projective psychodiagnostic assessments to children between the ages of 6 and 17. Clients are referred by parents, other providers, or teachers and school therapists for diagnostic clarity and treatment recommendations. Interns select, administer, score and analyze test data compiling intelligence, achievement, social-emotional, behavioral, and interview results. The intern is in charge of completing integrative reports and providing feedback and recommendations to the referral agent, including therapist, parents, teachers and/or child when appropriate. Typical measures utilized include: WISC-V, WRAT-4, ABAS-4, BASC-3, Beck Youth Inventory, BSI, CARS, CDI-2, PAI-A, Resiliency Scales, Rorschach, Roberts 2, the Hand Test, Sentence completion inventories, and a variety of drawing tests.
### Sample Weekly Schedule by Semester

(Based on a 26-week semester)

<table>
<thead>
<tr>
<th>First Semester</th>
<th>Second Semester</th>
<th>Yearly Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity</td>
<td>Hours</td>
<td>Activity</td>
</tr>
<tr>
<td>Primary site</td>
<td>22</td>
<td>Primary site</td>
</tr>
<tr>
<td>Specialty site</td>
<td>8</td>
<td>Specialty site</td>
</tr>
<tr>
<td>Ind. Supervision</td>
<td>2</td>
<td>Ind. Supervision</td>
</tr>
<tr>
<td>Group/ Admin Supervision</td>
<td>2</td>
<td>Group/Admin Supervision</td>
</tr>
<tr>
<td>Training/Journal Club</td>
<td>2</td>
<td>Training/Journal Club</td>
</tr>
<tr>
<td>Peer Supervision</td>
<td>1</td>
<td>Peer Supervision</td>
</tr>
<tr>
<td>Project</td>
<td>4</td>
<td>Project</td>
</tr>
</tbody>
</table>

**Descriptions:**

**Primary Site** - Outpatient behavioral health center. Interns provide direct clinical care in one or more of the adult behavioral health outpatient centers, adult and youth behavioral health outpatient centers. (See Appendix A).

**Specialty Site** - Interns have the option of being placed at one of Talbert House's mental health, corrections, or substance use disorder programs, the youth residential facility, or an administration rotation. Additionally, interns have the option to provide youth assessments at area schools through the Psychological Assessment Center.

**Individual Supervision** - Clinical supervisors review interns' clinical cases, professional development experiences, and training goals during two hours of regularly-scheduled weekly supervision. Interns may participate in Umbrella supervision with a Post-Doctoral Psychology supervisor 1 week per month if desired.

**Group/Peer Supervision** - Group/Peer supervision occurs on average two hours per week and may consist of supervisor-led meetings as well as peer supervision and clinical team meetings. Peer supervision allows for intern socialization and learning as well as obtaining peer consultation.

**Training** - Trainings may include case conferences, didactics, and advanced clinical trainings. Interns receive a minimum of 8 hours of didactics and trainings per month. Additionally, many advanced clinical trainings are offered through Talbert House’s Institute for Training and Development (ITD), a social enterprise within the Agency that offers trainings to Talbert House employees and the clinical community at large. During the final quarter of the year, the intern is asked to provide a three hour clinical training via the ITD in an area of their identified expertise.
Legacy Project - Interns work as a team on a clinical, educational, research, or administrative project designed to enhance the intern’s public behavioral health experience. They provide a valuable product or service as a means to give back to the Talbert House training or clinical service provider community.

**Supervision**

Interns are provided support from a host of personnel across Talbert House to ensure they are afforded every opportunity to receive the appropriate clinical training and supervisory experiences. Each intern is assigned a licensed psychologist as their Clinical Supervisor. It is important to note that individual clinical supervisors maintain their own supervision records. The interns are also assigned an Administrative Supervisor, who is a Masters level independent practitioner and in charge of the clinical procedures and staffing at the Primary and Secondary sites. Appendix B delineates the responsibilities of each supervisor to assure collaboration and provides clarity for reporting authority.

In accordance with APA policy, interns receive a minimum of four hours of regularly-scheduled weekly supervision (individual, group, administrative and/or clinical team meetings). Interns also engage in peer supervision on a weekly or biweekly basis to foster intern socialization, learning, and consultation. It is important to note that peer supervision is in addition to the four hours of regularly-scheduled weekly supervision.

All required clinical supervision (individual, group) is provided by a licensed psychologist in the state of Ohio. Individual clinical supervision consists of a minimum of two hours of regularly-scheduled weekly one-on-one supervision. Group supervision consists of one to two hours of regularly-scheduled weekly group supervision.

The remaining hour of supervision per week is satisfied either through administrative supervision and/or clinical team meetings. Administrative supervisors who are not necessarily licensed psychologists provide administrative supervision, direction, and clinical input on a regular basis to interns as they are responsible for the clinical operations and integrity of the service delivery for all providers at their service site location. Clinical team meetings occur at primary or specialty sites and cover such topics as evidence-based practice, agency initiatives, documentation, and client engagement.

Above and beyond the four hours of regularly-scheduled weekly supervision, interns are encouraged to consult with their individual clinical supervisor, administrative supervisor, and clinical team members on an as-needed basis.
<table>
<thead>
<tr>
<th>Weekly total:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity</td>
<td>Hours</td>
</tr>
<tr>
<td>Ind. Supervision</td>
<td>2</td>
</tr>
<tr>
<td>Group Supervision</td>
<td>1-2</td>
</tr>
<tr>
<td>Administrative Supervision/Clinical Team Meetings</td>
<td>1</td>
</tr>
</tbody>
</table>

Interns will complete an *Internship Training and Development Goals* form, which will be shared and discussed during clinical supervision (individual, group). See Appendix C for a copy of the form.
Training

The training at Talbert House’s Doctoral Internship Program follows a developmental approach with the training year divided into four quarters (each quarter is 3 months in duration). The first quarter of the internship program is an introduction phase with trainings and didactics focused on acclimating interns to the organization, clinical practice expectations, and the Internship program. The focus of the second quarter is to meet interns’ unique training needs and address identified or typical clinical growth areas. For example, second quarter trainings cover basic treatment modalities endorsed by Talbert House (e.g. CBT, DBT, and MI) to assist interns in working with clients and developing collaborative relationships with other professionals at their primary and specialty sites. If a specific training need is identified by an individual intern or individual clinical supervisor, developmentally-focused training curricula are available to the intern. These curricula include topics such as serious and persistent mental illness (SPMI), substance use disorders, trauma, and youth interventions. As interns progress through these trainings, they develop a more in-depth understanding of populations served at Talbert House and public behavioral agencies in general.

During the latter six months (Quarters 3 and 4), trainings and didactics increase in complexity and cover more advanced clinical training topics and specific interventions. Interns are also expected to assess training needs and seek trainings based on their current caseload with minimal input from their individual clinical supervisor. During the third quarter, interns work on professional development and developing long term career plans. Training culminates in Quarter 4 or the Autonomous Phase in which each intern is responsible for creating and presenting a training open to agency staff and the community. Intern trainings are expected to meet the needs of the agency and in some cases, review the interns’ newly developed area of expertise or specialization, such as their dissertation. Intern trainings are presented through the Institute for Training and Development (ITD), which is an agency department focused on providing quality continuing education and training to agency clinical and non-clinical staff and offered to the community at large.

Prior to the start of each month, the PPA provides the training schedule and informs the interns of which specific trainings they need to sign up for through the ITD. Some months will have more scheduled trainings and didactics versus others months. In accordance with APPIC requirements, each intern will receive a minimum of 8 hours of trainings and didactics per month. For those months in which the scheduled trainings and didactics do not meet the 8 hour requirement, interns are provided supplemental trainings and didactics while at their primary and specialty sites, and/or are asked to complete pre-approved on-line technical trainings. Interns and individual clinical supervisors will develop and implement a plan to identify the supplemental trainings that will aid in their development. As interns progress and develop their skills in identifying areas of interests and growth, they will have more freedom in choosing their supplemental trainings. Examples of supplemental training and didactics include:
Online trainings through the ITD’s RELIAS portal—various training tracks have been created and include SPMI, substance use disorders, trauma, and youth interventions and are catalogued via the Developmental Curricula appendix.

Online technical assistance trainings: CBT, TF-CBT, DBT, and CPT

Professional development trainings such as preparation for interviews, understanding post-doc options and process, EPPP, and licensure

Reviewing and practicing a treatment manual or book

Reviewing and practicing an assessment tool

Prescription drug educational sessions at primary sites

Site specific trainings relevant to the specialty population and/or specific regulatory requirements of the site’s certifying body

**Example Trainings and Didactics from Each Training Quarter:**

*Note that trainings may vary slightly every quarter depending on interns’ needs and goals*

**Quarter 1: Introduction and Orientation- (July to September)**

Emphasis/focus: New employee orientation, onboarding, and site orientation

- Mission, Philosophy, Services, and Clients Rights
- HIPAA, Confidentiality, and Corporate Compliance Training
- Ethics and Boundaries
- Crisis De-Escalation
- Collaborative Documentation
- Internship Orientation with PPA and Training Director
- Quality Documentation Review
- Emergency Resources (Reporting abuse and neglect and procedures for suicidal/homicidal clients)

**Quarter 2: Assessing and Fulfilling Training Needs- (October to December)**

Emphasis/focus: Basic treatment modalities endorsed by Talbert House

- Cognitive Behavioral Interventions with:
  - SPMI Individuals
  - Substance Abusing Clients
  - Correctional Clients
- Motivational Interviewing
- Trauma Informed Care
- Cognitive Processing Techniques
  - Basic DBT Skill Development
  - Mindfulness Interventions
- Integration of Health Science and Psychology

**Quarter 3: Professional Development, Consultation, and Advancement- (January to March)**

Emphasis/focus: Advanced professional development, trainings, and didactics

- Planning and working on Group Project
- Planning and working on Individual Training Projects
- Assisting in APPI Interview Days
- Preparing for Post-Doctoral Opportunities (at Talbert House)

**Quarter 4: Autonomy Phase: Taking on the Role of Expert, Supervisor, and Autonomous Practitioner (April to June/July)**

Emphasis/focus: Advanced professional development, trainings, and didactics
- Delivery and implementation of Group Project to the Agency
- Delivery of Individual Trainings via the ITD
- Providing clinical expertise in site based clinical staffing meetings
- EPPP preparations and licensure planning
Intern Resources

Administrative

Interns will have access to an office, a computer, and administrative specialists whom provide support with activities such as scanning, scheduling, copying, and completing registration documentation with clients. The interns will have both an individual clinical supervisor and a site-based administrative supervisor. The administrative supervisor will be available to help the intern acclimate as an employee to site-based procedures and become part of the interdisciplinary treatment team. The administrative supervisor will also be available to help with technical assistance related to the electronic documentation system, scheduling, and any onsite issues. Finally, the administrative supervisor will be available to provide administrative direction, advise on program operations, and avail themselves for appropriate clinical input on a regular basis.

Financial

The interns’ annualized stipend is $21,000, paid across 26 pay periods. The interns also receive a benefit package that includes malpractice liability insurance, plus individual or family health insurance (vision and dental optional), disability insurance, life insurance, a 403B plan, sick leave, and PTO hours. Interns have the option of declining health benefits if they can demonstrate current coverage by another carrier.

A note about Employment Resources

The employment experience is an important component of the Internship training experience, as we recognize many traditional student-interns may not have yet held a professional position of employment. The Doctoral Psychology Internship Program makes a firm commitment to invest the attention, training and resources to developing clinically competent psychology practitioners. However, this internship also provides the opportunity for the individual to learn to operate as a reliable and seasoned employee embedded within a treatment team and part of a large fiscally responsible organization. Thus, the intern’s practical experience is integrated with many other clinical and administrative staff. While the intern is provided a unique internship status for advanced clinical training, professional coaching and rich supervision opportunities with their intern cohort, they are also learning work related skill sets to meet expectations and obligations per their role as an agency Client Service Provider.
**Evaluation**

In order to ensure that, by the end of the training year, interns are fully prepared to assume the responsibilities of postdoctoral fellows or entry-level psychologists, they receive formal evaluation ratings from their individual clinical supervisor at two intervals (midpoint and completion) during the year. The midpoint evaluation is designed to provide the intern with a progress report to increase self-awareness and identify areas that require further development during the second half of the training year. The evaluation at the completion of the internship is designed to ensure that the intern has successfully demonstrated competency in each area of the training program's goals and objectives, as well as to provide guidance on areas of further development during the postdoctoral years. Copies of the midpoint and completion evaluations will be sent to the Director of Training at the intern's graduate program, if requested.

Interns will also be given an opportunity to evaluate the internship experience and their supervisors at the midpoint and conclusion of the internship year. See Appendices D and E for copies of the evaluations. The program uses these evaluations to continuously improve the program, selection process, training, and structure.

In addition to demonstrating proficiency in the stated areas of competency (e.g., assessment/diagnosis, treatment/intervention, ethics, professional development, and cultural diversity), interns are expected to meet the following requirements in order to successfully complete the internship:

- **2000 Hours:** The internship requires one year of full-time training to be completed in no less than 12 months, with 2000 hours of supervised experiences. Five hundred of those hours must be spent in providing direct client care.

- **Clinical Experiences:** Consistent with APA and APPIC standards, the internship requires that no less than 25% of the intern's time (per week) be spent in direct client care in order to provide the intern with diverse exposure to a severe and needy client population typical of a public behavioral health setting. Face-to-face contact with clients include individual, group, and family therapy, psychological assessment, psychoeducation, observation of services by other clinicians, and participation in the milieu. *Interns should strive for 12.25 to 20 hours of face-to-face contact with clients per week to meet the clinical training requirements.*

- **Didactics:** Interns are expected to attend, evaluate, and apply weekly didactics presented by the program's faculty, other Talbert House staff, and/or community clinicians.

- **Case Presentations and Trainings:** Throughout the training year, interns present cases to the faculty and other interns for discussion during group supervision. The intern's ability to conceptualize cases, accept critical feedback, and incorporate training is expected by the second semester and is measured by the Supervisor Evaluation of Intern Form. In addition, interns are responsible for
providing additional training on their emerging area(s) of interest/specialty (e.g., dissertation) to the training committee, fellow interns, interested Talbert House clinical and non-clinical staff and the community through the ITD. The intern’s teaching and presentation skills help prepare them for areas of specialty such as supervision and are measured by the Training Advisory Board Evaluation Form.

- **Project:** During the last six months of the training year, interns work as a team to complete a clinical, educational, research, or administrative project designed to enhance their public behavioral health experience and to provide a valuable product or service to give back to the training community. Details of this requirement will be further defined by the training committee and intern class.

- **Acclimation to Organization:** Interns are expected to conduct themselves in a professional manner consistent with Talbert House's policies, protocols, and procedures. Additionally, interns are expected to acclimate to the organizational culture associated with their primary and specialty sites and function as an effective team member and employee. Interns may have some exceptions to the disciplinary actions that regular full time employees may receive, as related to production rates. However, it is an important part of both the program and professional development to achieve at the expected service production rates and understand they are an integral part of the Agency’s fiscal and quality focus.

- **Agency Performance Review:** Because the intern is considered a full time employee of the Agency, in accordance with the agency’s standard evaluation procedures, each will be evaluated by administrative supervisors quarterly, and by peers, and/or colleagues at 12 months. A copy of the Performance Review will be placed in the intern’s Agency personnel file.

- **Submission of Documentation:** Interns are expected to provide de-identified documentation as examples of their competency, to be placed in their intern file. These must include, but are not limited to:
  - 2 completed DAFs (intake assessments)
  - 1 completed ISP (Individual Service Plan)
  - 3 mid-treatment Progress Notes (not from initial session)
  - 1 Termination Summary
  - Internship Training log (a list of all didactic and trainings attended, with dates and presenters)
  - Internship Supervision Hours log (a list including the date, duration, supervisor, and brief description of supervision meeting)
  - Copies of materials developed for use in agency/fellow intern training seminars, etc.
  - Agency Performance Reviews
See Appendix F for a list of documents previous interns have submitted for inclusion in their intern file. After all requirements have been met at the conclusion of the training year, the interns will receive a certificate of completion.
Employee Policies

Interns are expected to function within Talbert House as other agency staff. Interns are responsible for knowing and understanding agency policies, which can be found on the affiliation intranet at the following location: [http://spindx/homepage/default.aspx](http://spindx/homepage/default.aspx).

Special attention should be paid to policy chapters 3, 9, 10, 11, and 12. The Doctoral Psychology Internship Program policy can be found in Chapter 4.

Authority over the interns will be determined on a case-by-case basis through collaboration of the administrative supervisor, individual clinical supervisor, PPA and Training Director.

Interns are Non-Exempt employees, and thus are not eligible for overtime without pre-approval from their administrative supervisor. Interns may need to flex time at their sites in order to meet the clinical demands of their rotations. Interns must not stay late to complete paperwork or administrative tasks. If the intern finds the demands of the internship have made it especially difficult to complete all required tasks within the 40 hour work week, they are responsible for bringing it to the attention of their administrative supervisor and individual clinical supervisor to develop a plan of action to solve the problem. Of special note: it is acceptable, and even expected, that an intern may need to do some academic review outside of the work pay week, which would not be considered overtime work hours. Reviewing past journal articles or curricula on treatment interventions, diagnostic criteria, or tests and measures is a natural extension of the practice of psychology as a science based discipline. Continuous learning and relearning is essential to excellent and state of the art clinical care.

For the primary site placements, interns must be available 24 hours per week to provide therapy and may be expected to work at least one evening per week. Interns are expected to meet or exceed 51% CSUs (clinical service units), which means they are engaged in an average of 12.24 hours per week of direct face-to-face service delivery by year end. Interns shall be accustomed to working in a fee for service environment as a way to learn how to balance the agency's fiscal responsibility with its mission of service delivery to both uninsured and indigent clients.

- CSUs production is an outcome that will be reflected on Performance Reviews, as well as formal evaluations.
- Due to the expected “ramp up” and “ramp down” time at the beginning and end of their training year, interns shall not be subject to “discipline” if they are not approaching CSUs targets.
- Interns are NOT eligible for the agency’s CSUs incentive offered throughout the year.
- Staff recognition of meeting performance targets and/or action planning for time/schedule management shall be appropriate based on the specific needs of the interns.
- CSUs production at specialty sites is up to the sole discretion of the specialty site supervisor.
See Agency Policy 04.03.00 for information about paid leave:

- If interns want to flex schedules across the pay week (Friday-Thursday) to meet client demand and thus take less time off during paid leave, such arrangements must be discussed with their administrative supervisor and individual clinical supervisor beforehand.
- Paid Time Off (PTO) must be pre-approved by the administrative supervisor and individual clinical supervisor. Interns shall notify both their administrative supervisor and individual clinical supervisor prior to scheduling PTO.
- Due to the limited time allotted for specialty sites, interns should endeavor to accommodate those sites when taking time off. If specialty sites will be disproportionately affected by time off, interns might consider shifting their schedules to take time off from their outpatient primary site instead.
- Interns are expected to follow site procedures when calling in sick.
- Interns must also notify their individual clinical supervisor when calling in sick.

This internship abides by APPIC regulations, policies, and procedures, and will follow APPIC suggestions and/or guidelines if or when special circumstances arise.
**Due Process and Grievance Procedures**

The Doctoral Psychology Internship Program at Talbert House has a formalized due process and grievance procedure. Currently, the internship has identified five areas of clinical competency which must be demonstrated by all interns and from the basis of continuous supervisory evaluation throughout the year. Specifically, these areas are: assessment/diagnosis, treatment/intervention, ethics, professional development, and cultural/individual diversity. These areas of clinical competency are evaluated with formal, written evaluations conducted at the midpoint and at the end of the training year. Interns are also informally evaluated on the five areas of clinical competency during weekly supervision.

**Problematic Behavior** is defined as any action or behavior which the agency believes is contrary to its interests or the interests of its clients. Problematic behavior is that which interferes with interns’ professional functioning. The following list includes examples of problematic behavior, which may result in formalized remedial or disciplinary action:

- Significantly deficient skill level in assessment and/or intervention
  - An “inadequate rating” from the formal, written evaluations
  - Inadequate skills as reported by informal evaluations by others such as administrative supervisors and individual clinical supervisors
- Insubordination or unwillingness to accept supervisor input or direction of appropriate job duties for the site.
- Inability to manage personal stress, strong emotional reactions, and/or psychological distress
- Ethical or professional violations, including:
  - Falsifying documents
  - Unauthorized disclosure of confidential information
  - Practicing beyond authorized scope
  - Any other APA code violations
  - Unacceptable attendance
  - Disregarding safety procedures
  - Violating the agency's Corporate Compliance Code of Conduct
- Legal violations, including:
  - Violating the agency’s substance abuse/testing policy
  - Violating HIPAA Privacy and Security Rules

The due process procedure in which there are concerns about an intern’s performance consists of three steps: notice, hearing, and appeal.

**Notice**

When an intern’s performance and/or conduct is determined by an individual clinical supervisor or administrative supervisor to be unsatisfactory, the individual clinical supervisor will carefully and thoroughly investigate and document the facts of the matter to determine if remediation or discipline is warranted or if another, less serious remedy is
likely to alleviate the problem. The individual clinical supervisor will also consult the Psychology Practice Administrator on how to best address and alleviate the problem. The intern will first receive verbal notice regarding the performance issue and/or a problematic behavior during individual clinical supervision. The verbal notice will emphasize the need to discontinue the problematic behavior under discussion or improve performance in identified skill sets. The verbal notice will be documented in the individual clinical supervisor’s supervision log.

If the problematic behavior continues, the intern will be notified verbally and in writing that a hearing will take place to discuss the issue at hand more in depth. The verbal notice will be documented in the individual clinical supervisor’s supervision log. A copy of the written notice will be put in the intern's file and provided to the intern’s Director of Training at their graduate school.

**Hearing**
The hearing consists of the intern, individual clinical supervisor, Psychology Practice Administrator (PPA), and administrative supervisor in which they review all of the documented information completed by the individual clinical supervisor. The individual clinical supervisor and PPA will also present the intern with a proposed written plan for remediation and a timeframe in which the problematic behavior should be rectified. Hearing minutes and remediation plan will be approved by the Talbert House Doctoral Psychology Internship Training Director.

Remediation steps may include:
- Increasing the amount or frequency of clinical supervision.
- Changing the format, structure, or focus of supervision.
- Reducing/adjusting intern’s clinical caseload or workload.
- Change in job site or primary duties
- Requiring specific training/academic coursework.

This list of remediation steps is not all-inclusive and may not necessarily occur in this order.

During the hearing, the intern will be given the opportunity to provide feedback, ask questions, and express concerns with regards to the documented information presented and the proposed remediation plan. For example, the intern may suggest additional steps be taken or dispute the remediation plan. If the intern wishes to dispute the remediation plan, they must request an appeal. Once requested, the intern is provided a copy of the remediation plan as well as documented information completed by the individual clinical supervisor to assist them with their appeal.

If there are no major issues regarding the remediation plan, the intern, individual clinical supervisor, administrative supervisor, PPA, and Training Director will sign the plan and copies will be distributed to all parties. A copy of the plan will also be put in the intern's file and provided to the intern’s Director of Training at their graduate school.
Once the agreed-upon timeframe has been reached (typically three months), the intern, individual clinical supervisor, administrative supervisor, PPA, and Training Director will review the plan and determine if the problematic behavior has been rectified. If the problematic behavior has been rectified, the intern will be notified verbally and in writing by the individual clinical supervisor of the rectification of the problematic behavior and that no other actions are required. A copy of the rectification notice will be given to all parties. A copy of the rectification notice will also be put in the intern’s file and provided to the intern’s Director of Training at their graduate school. If the individual clinical supervisor and/or Training Director feel the problematic behavior has not been rectified within the agreed-upon timeframe, and/or client physical or psychological harm is a factor, and/or the intern is unable to complete the required training experiences due to physical, mental, or emotional illness, further action is required. This may include:

- Suspension of direct service activities for a period of time.
- Dismissal from the internship program.
- Formal recommendation to limit scope of practice.

**Appeal**

In the event that an intern does not agree with the notification of a problematic behavior, remediation plan, or handling of a grievance, the intern may submit a written appeal. The intern has seven working days from the date of their hearing to submit a written appeal. The intern is provided a copy of the remediation plan as well as documented information completed by the individual clinical supervisor to assist them with writing their appeal

First Appeal: The intern will submit the written appeal to the PPA. If the PPA is the intern’s individual clinical supervisor, the appeal will be submitted to the next administrative level: the Training Director. A copy of the appeal will be put in the intern's file and provided to the intern’s Director of Training at their graduate school.

The PPA will schedule a meeting with the intern within seven working days of receiving the appeal and document the discussion. Following the meeting, the PPA will consult with the Training Director, other staff as needed, notify Human Resources, and provide a written response to the intern with regards to whether or not the appeal was accepted or rejected. A copy of the written response will be put in the intern's file and provided to the intern’s Director of Training at their graduate school.

Further Review: If the appeal is not resolved, the intern must submit a request for further review, in writing, to the Training Director within seven working days of receiving the written response from the PPA. A copy of the request for further review will be placed in the intern’s file and provided to the intern’s Director of Training at their graduate school.

The Training Director will schedule a meeting with the intern within seven working days of receiving the request for further review and document the discussion. Following the meeting, the Training Director will consult with other staff as needed, notify Human Resources, and provide a written response to the intern with regards to whether or not the request for further review and appeal were accepted or rejected. Timing may be longer
depending on circumstances in order to properly investigate the appeal. A copy of the written response will be put in the intern's file and provided to the intern’s Director of Training at their graduate school.

It is important to note that an intern will lose the right to pursue an appeal if the proper steps are not followed within the allotted time.

**Dismissal**
The individual clinical supervisor and Psychology Practice Administrator (PPA), with input from the Training Director and administrative supervisor, will make the final decision about dismissal. When an intern is dismissed, the intern will be notified verbally and in writing by the PPA and Training Director that they have not successfully completed the training program. The PPA and Training Director will also notify verbally and in writing the intern's Director of Training at their graduate school that the intern has not successfully completed the training program. A copy of the dismissal notification will also be put in the intern's file.

**Grievance Procedures**
Informal Grievance: For intern grievances concerning the internship program such as evaluations, supervision, harassment, or a member of the internship program such as the individual clinical supervisor, PPA or Training Director, interns are encouraged to speak with the appropriate person to resolve the issue. This can include the PPA, individual clinical supervisor, administrative supervisor, or Training Director with regards to their dissatisfaction. The first step is to attempt to resolve the grievance informally via consultation or mediation. If this is successful, no further action is needed.

Formal Grievance: If the grievance cannot be resolved informally, the intern must submit a formal request outlining their concerns and request for formal mediation. The intern will submit the written notice to the PPA. If the PPA is the target of the grievance, it will be submitted to the next administrative level: the Training Director. If the request for formal mediation is well supported, mediation will be carried out by the PPA, the Training Director, or a designated third party, as needed. A copy of the formal request will be put in the intern's file and provided to the intern’s Director of Training at their graduate school.

Unresolved Grievance: If mediation fails and no resolution can be found, the Training Director, or a designated third party by the Chief Administrative Officer will investigate the matter further. The designated person will carefully and thoroughly review the written grievance from the intern and investigate and gather information from the individual whom the grievance is against and others, as needed. The designated person will schedule a meeting individually with the intern and person whom the grievance is against. Following the meetings, the designated person will consult with other staff as needed, notify Human Resources, and provide a written response with regards to their decision on how the grievance will be handled to the intern and person whom the grievance is against. A copy of the written response will be put in the intern's file and provided to the intern’s Director of Training at their graduate school. This written
response will also be provided to HR to be put in the person’s file whom the grievance is against. Both the intern and the person whom the grievance is against are expected to abide by the decision for at least 30 days, before submitting a request for further review of the grievance.

Further Review: If the grievance is not resolved, the intern must submit a request for further review, in writing, to the Training Director within seven working days (one week after the 30 days has passed) after receiving the written response from the designated person. A copy of the request for further review will be placed in the intern’s file and provided to the intern’s Director of Training at their graduate school. Following the request, a specific plan will be developed with the PPA, Training Director, Human Resources, intern, and the person whom the grievance is against. The intern and the person whom the grievance is against may bring in outside representation at this point as well.

For any and all problem resolution, disciplinary or grievance procedures, the PPA or Training Director may consult with the Human Resources department and with advisors from the Commission on Accreditation (CoA) to ensure parity across individual disciplinary measures.
Psychologists Participating in the Internship Program

Ron Arundell, Ed.D.
Graduate School: University of Cincinnati
Internship: St. Joseph’s Orphanage
Licensure: Ohio licensed psychologist
Primary Site: Youth Behavioral Health
Interests: Treatment of adolescent and adult sex offenders, child abuse, domestic violence, geropsychology

Doug Moll, Ph.D.
Graduate School: Xavier University
Internship: Hamilton Center, Child and Adolescent Services
Licensure: Ohio licensed psychologist
Primary Site: Youth Residential Behavioral Health
Interests: Treatment of youth, group and family therapy, depression, anxiety, psychodiagnostic testing, administration

William Moore, PhD
Graduate School: Union Institute
Internship: Haelen Psychological Group
Licensure: Ohio licensed psychologist
Primary Site: Oakley Adult and Youth Outpatient
Interests: Treatment of youth, group and couples therapy, depression, anxiety, psychodiagnostic testing

Marcia A. Rasch, Ph.D.
Graduate School: University of Akron
Internship: Child and Adolescent Service Center
Licensure: Ohio licensed psychologist
Primary Site: Quality and Clinical Services
Interests: Psychodiagnostic testing, children/adolescents, administration

Post-Doctoral Interns Participating in the Internship Program (provide Umbrella Supervision)

David Baum, Ph.D.
Graduate School: Xavier University
Internship: Dayton Veterans Administration
Licensure: TBD
Primary Site: Gateways Recovery Center
Interests: Substance Use Disorder, Medication Assisted Treatment
Caleb Wood, PsyD.
Graduate School: Azusa Pacific University
Internship: Talbert House
Licensure: TBD
Primary Site: School Based Services
Interests: Children/adolescents, Autism Spectrum Disorder, Youth Psychodiagnostic testing
Appendix A

Descriptions of Training Sites

Adult Behavioral Health - Primary Sites (Oakley, College Hill, Roselawn, Western Hills, East Walnut Hills, Brown County Services, Warren Out-Patient)

Service Description: Adult Behavioral Health settings are comprehensive treatment programs designed to serve men and women with mental illnesses and/or substance use disorders. Interns have clerical support to assist with scheduling and chart maintenance. They also communicate and coordinate client’s treatment with other agency providers and community professionals on a regular basis.

Services Offered: Assessment; individual counseling; group and family counseling; alcohol and drug testing; care coordination; continuing care; substance use education; relapse prevention and housing and vocational referrals via outpatient; intensive outpatient; crisis intervention; medical somatic services and case management; prevention

Assessment: Structured Biopsychosocial Diagnostic Assessment Interviews, Lethality assessments, mental status exams, and standardized outcome measures as part of intake and update interviews for substance use, mental health, or co-occurring disorders.

Supervision: Daily supervision is available onsite by a licensed clinical the administrative supervisor and weekly supervision is provided by the assigned individual psychologist clinical supervisor. Supervision is provided in a variety of ways, including use of case presentations, individual supervision and consultation, and via observation (live or recording).

Client Population: Mandated- and self-referred males and females

Service Area: Brown, Butler, Clermont, Hamilton, and Warren Counties
Adult and Youth Behavioral Health-- Primary Site (Roselawn-Safeguards Program)

Service Description: This is an Adult and Youth Behavioral Health comprehensive treatment program designed to serve children, adolescents, adults, and families with mental illnesses and/or substance use disorders. This program, located at the Roselawn Office offers specialized treatment services to victims and offenders of trauma through a specific program called Safeguards. Interns have clerical support to assist with scheduling and chart maintenance. They also communicate and coordinate client’s treatment with other providers and professionals on a regular basis.

Services Offered: Assessment; individual counseling; group and family counseling; alcohol and drug testing; care coordination; continuing care; substance use education; relapse prevention and housing and vocational referrals via outpatient; intensive outpatient; crisis intervention; medical somatic services and case management.

Assessment: Structured Biopsychosocial Diagnostic Assessment Interviews, Lethality assessments, mental status exams, and standardized outcome measures as part of intake and update interviews for substance use, mental health, or co-occurring disorders.

Supervision: Daily supervision is available onsite by an administrative supervisor and weekly supervision is provided by the assigned individual psychologist clinical supervisor. Supervision is provided in a variety of ways, including use of case presentations, individual supervision and consultation, and via observation (live or recording).

Client Population: All ages are served, including children, adolescents, and adults.

Service Area: Hamilton County
Passages for Young Women- Primary Site (Fairmount)

Service Description: Passages is a residential program designed to serve adolescent females. The site offers specialized treatment to address mental health, substance use, juvenile delinquency, trauma and victimization, grief, family dysfunction, physical abuse, and neglect. Interns have clerical support to assist with scheduling and chart maintenance. The program is a team based approach to care, requiring intensive treatment and communication and care coordination with other providers and professionals on a regular basis.

Services Offered: Residential services; assessment, mental health and substance use assessment; substance abuse education; individual, group, and family counseling; self-help recovery groups; vocational/employment counseling; alcohol and drug testing; parenting education; case management; care coordination; life skills development; relapse prevention, and medication/somatic.

Assessment: Structured Biopsychosocial Diagnostic Assessment Interviews, Lethality assessments, mental status exams, and standardized outcome measures as part of intake and update interviews for substance use, mental health, or co-occurring disorders.

Supervision: Daily supervision is available onsite by an administrative supervisor and weekly supervision is provided by the assigned individual psychologist clinical supervisor. Supervision is provided in a variety of ways, including use of case presentations, individual supervision and consultation, and via observation (live or recording).

Client Population: Females between the ages of 12 and 18 years old.

Service Area: Southwest Ohio.
**Appendix B**  
**Clarification of Clinical and Administrative Supervisors**

<table>
<thead>
<tr>
<th>Intern Name: Sites:</th>
<th>Clinical Supervisor</th>
<th>Administrative Site Supervisor</th>
<th>Training Director</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orients intern to site (site orientation checklist)</td>
<td>P</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>Signs off on Leave Requests</td>
<td>C</td>
<td>P</td>
<td>C</td>
</tr>
<tr>
<td>Manages Paycor, allocations</td>
<td>P</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>Approves time sheets</td>
<td>P</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>Approves ITD Training Requests</td>
<td>C</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>Ensures participation in clinical staffings, site based trainings and administrative/team meetings</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responsible for addressing “at site” behaviors</td>
<td>S</td>
<td>P</td>
<td>S</td>
</tr>
<tr>
<td>Conducts Performance Review (at 2 mos., 4 mos., and/or 6 mos.)</td>
<td>C</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>Monitors UR and assists intern in meeting expectations*</td>
<td>S</td>
<td>P</td>
<td>C*</td>
</tr>
<tr>
<td>Provides consultation to intern as needed (or scheduled) Including site practices for intake/emergency services/termination procedures</td>
<td>P</td>
<td>P</td>
<td>S</td>
</tr>
<tr>
<td>Provides feedback about internship and interns via Performance Review and information sessions</td>
<td>P</td>
<td>P</td>
<td>P</td>
</tr>
<tr>
<td>Can require add’l site-based activities (chart review, team meetings, etc.)</td>
<td>P</td>
<td>P</td>
<td>P</td>
</tr>
<tr>
<td>Conducts required 2 hours of regularly scheduled 1:1 clinical supervision</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides required add’tl supervision/training (group, case conferences, didactics)</td>
<td>P</td>
<td>S</td>
<td>P</td>
</tr>
<tr>
<td>Assumes clinical responsibility for interns’ clinical work</td>
<td>P</td>
<td>S</td>
<td>C</td>
</tr>
<tr>
<td>Maintains supervision log</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-signs clinical documents</td>
<td>P</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>Ensures Intern meets requirements of APA training requirements</td>
<td>P</td>
<td>C</td>
<td>P</td>
</tr>
<tr>
<td>Conducts Clinical Evaluation of Intern (at 6 and 12 mos.)</td>
<td>P</td>
<td>C</td>
<td>C</td>
</tr>
</tbody>
</table>

P= Primary responsibility; S= Secondary; C=Consultation
Appendix C

Internship Training and Development Goals

Name:
Site(s):
Supervisor:

Consider the clinical strengths, training needs, and development goals that you would like to achieve with the help of your supervisor during this year of intensive training.

I believe my major clinical strengths are:
1.
2.
3.

I believe I need to develop, refine, or hone my proficiencies in the following areas:

Clinical and Health Psychology
1.
2.
3.

Administrative/Supervision in Public Behavioral Health:
1.
2.
3.

Professional Development
1.
2.
3.

During the course of my Internship, I would like the opportunity to achieve advanced skill levels in:
1.
2.
3.

Other areas to consider:

Intern ___________________________ Date

Supervisor ___________________________ Date
Appendix D

Sample Supervisor Evaluation of Intern Form
(Abbreviated)

Trainee’s name:____________________________________________________

Supervisor’s name:________________________________________________

Dates covered by this evaluation:____________________________________

Service Line/Rotation:_______________________________________________

Other sources contributing to evaluation:______________________________

This is consistent with the program’s primary goal of training highly competent
generalists capable of providing a range of evidence-based psychological services which
promote wellness, prevent illness, and improve access to services to a clinically
challenging and diverse patient population. As such, the program works to provide a
training climate which affirms individual and cultural differences for clients and staff.

At the mid-point of internship, interns are expected to achieve an average score of
“3 Intermediate / Should remain a focus of supervision” on each of the five
competencies (Assessment and Diagnosis, Treatment and Intervention, Ethics,
Professional Development, and Cultural Diversity). Each competency is associated with
specific targets.

At the completion of internship, interns are expected to achieve an average of
“4 High Intermediate / Occasional supervision needed” or higher on each of the five
competencies.

Evaluation Instructions:
Using the performance of a typical trainee at the level of experience as a base, evaluate
the relevant items using the following ratings:

5 Advanced / Skills comparable to autonomous practice at the licensure level.
Rating expected at completion of postdoctoral training. Competency attained at
full psychology staff privilege level. However, as an unlicensed trainee,
supervision is required while in training status.

4 High Intermediate / Occasional supervision needed.
A frequent rating at completion of internship. Competency attained in all but
non-routine cases; supervisor provides overall management of trainee’s activities;
depth of supervision varies as clinical needs warrant.

3 Intermediate / Should remain a focus of supervision
Common rating throughout internship and practica. Routine supervision of the activity/domain is needed.

2 Needs Improvement
   Trainee’s performance is below expectations.

1 Inadequate
   Trainee’s performance does not meet minimum expectations.

N/A  Not applicable for this training experience/Not assessed during training experience.

Overall Evaluation:
Please summarize the trainee’s particular strengths and achievements and areas of growth, being careful to mention those areas in which he or she should work to improve. You may include your summary below or attach a summary to this evaluation.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

This evaluation was discussed with the trainee: Date:__________________
Supervisor’s Signature____________________ Date:__________________
Trainee’s Signature_____________________ Date:__________________
### Competency in Assessment and Diagnosis

<table>
<thead>
<tr>
<th>1. Ability to apply diagnostic interviewing skills to effectively gather information to guide assessment planning, inform diagnostic impressions, and direct case conceptualization.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Fluency with psychiatric symptomatology, including the ability to use DSM-5 nomenclature to formulate a diagnosis, the ability to make a differential diagnosis, and utilize assessment data to write a treatment plan.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>33. Understanding of common medical issues to assess for and integrate into the case conceptualization.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>33. Ability to assess clients at high risk for violence or suicide.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>33. Ability to select, administer, score, and interpret a psychological testing battery based on a specific referral question and recent research</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>33. Ability to integrate multiple pieces of data into a comprehensive and coherent report, including evidence-based treatment recommendations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>33. Ability to effectively communicate assessment results, diagnoses, and recommendations to clients, referral sources, supervisors, fellow interns, and other members of an interdisciplinary treatment team (including case managers, doctors, nurses, etc.)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Average Score of Targets 1-7

**Competency Score: Assessment and Diagnosis**

### Competency in Treatment and Intervention

<table>
<thead>
<tr>
<th>8. Ability to use psychological theory, current literature, and evidence-based treatment to conceptualize a case and develop obtainable treatment goals.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>n/a</th>
</tr>
</thead>
</table>
9. Ability to form and maintain appropriate therapeutic relationships. | 1 | 2 | 3 | 4 | 5 | n/a

10. Ability to implement a variety of evidence-based therapeutic interventions with individuals with diverse diagnoses | 1 | 2 | 3 | 4 | 5 | n/a

11. Ability to implement a variety of evidence-based therapeutic interventions with groups. | 1 | 2 | 3 | 4 | 5 | n/a

12. Ability to treat clients at high risk for violence or suicide, including demonstrating knowledge and ability to apply legal standards and mandates | 1 | 2 | 3 | 4 | 5 | n/a

13. Ability to contribute effectively to an interdisciplinary treatment team, engage in collaborative care, and to consult effectively with others on the treatment team. | 1 | 2 | 3 | 4 | 5 | n/a

14. Ability to effectively incorporate evidence-based methods into care and treatment, based on the presenting problems. | 1 | 2 | 3 | 4 | 5 | n/a

15. Ability to understand and integrate termination issues into therapy. | 1 | 2 | 3 | 4 | 5 | n/a

16. Ability to appropriately evaluate treatment outcomes which include both structured and unstructured outcome measures | 1 | 2 | 3 | 4 | 5 | n/a

Average Score of Targets 8-16

**Competency Score: Treatment and Intervention**

Competency in Ethics

17. Demonstrate mastery of ethical principles (including APA “Ethical Principles of Psychologists and Code of Conduct”). | 1 | 2 | 3 | 4 | 5 | n/a

18. Apply ethical principles to all realms of professional practice and research informed care (including APA “Ethical Principles of Psychologists and Code of Conduct”). | 1 | 2 | 3 | 4 | 5 | n/a

Average Score of Targets 17-18

**Competency Score: Ethics**
## Competency in Professional Development

<table>
<thead>
<tr>
<th>Competency</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Demonstrate initiative in accessing scientific literature and other relevant sources of information in order to inform clinical practice.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>20. Work with supervisors in an open, non-defensive manner and integrate supervisory input into one’s existing knowledge base and clinical skills.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>21. Give constructive feedback to supervisors, PPA, Training Director, and other faculty about the training experience.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>22. Develop the ability to make professional decisions independently, with independence being gained over the course of the internship based on a development plan created by the intern and individual clinical supervisor.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>23. Develop confidence in one’s abilities and awareness of one’s own areas of growth, as evidenced by taking a more directive role in supervision as the internship progresses.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>24. Develop one’s identity as a psychologist and an early career focus, by showing an advance preparation for entrance into an entry level position or post-doctoral fellowship, such as identifying an area of focus or specialty desired for postdoc</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>25. Demonstrates the ability to communicate effectively, collaborate, and consult within an interdisciplinary team and to advocate for client care within the agency, with other agencies, and community social systems.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>26. Ability to understand the role of a psychologist in a large, public behavioral health setting and extend this knowledge to other types of settings and populations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>27. Demonstrates the ability to communicate effectively with others, in a variety of fields and positions, through case presentations, journal club, trainings (e.g., each intern will present clinical cases at group supervision and present an advanced clinical training through ITD).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>28. Adheres to agency policies and procedures.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
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<td></td>
</tr>
<tr>
<td><strong>29.</strong> Maintains workflow, prioritizes tasks appropriately, and uses time efficiently.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>30.</strong> Follows schedule, is on time for shifts and appointments, follows attendance policies and procedures and is timely in their documentation.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Average Score of Targets 19-30</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Competency Score: Professional Development</strong></td>
<td></td>
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</tr>
</tbody>
</table>

**Competency in Cultural Diversity**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>31.</strong> Ability to routinely consider the influence of culture and individual diversity factors (defined broadly to include, but not limited to age, sex, gender, race, national origin, religious identity, sexual identity, disability, and socioeconomic status) on the diagnostic evaluation process and its outcomes.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>32.</strong> Ability to routinely consider the influence of culture and individual diversity (defined broadly to include, but not limited to age, sex, gender, race, national origin, religious identity, sexual identity, disability, and socioeconomic status) when applying therapeutic interventions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>33.</strong> Ability to work effectively and apply research to the care of clients from diverse cultural backgrounds.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>34.</strong> Demonstrate commitment to understanding the experiences of individual persons from diverse cultural backgrounds.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>35.</strong> Demonstrate commitment to attaining competence and professionalism in working with individuals from diverse cultural backgrounds.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Average Score of Targets 31-35</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Competency Score: Cultural Diversity</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Interventions for Supervisee Remediation (*Abbreviated sample of Targets*)

Below are a list of interventions based on the five competencies of the Supervisor Evaluation of Intern Form. In parentheses are numbers indicating which target item(s) the intervention corresponds to on the Supervisor Evaluation of Intern Form. If an intern scores a 3 (*Intermediate / Should remain a focus of supervision*) or below on any target item at the mid-point of internship, the supervisor and intern will collaborate in determining what intervention(s) are necessary to improve the intern’s score to a 4 (*High Intermediate / Occasional supervision needed*) or above by the completion of internship.

The intervention(s) will be implemented following the mid-point evaluation with the intention that the intern will have improved their score by the completion of internship.

The template below is used as an example. Complete the targets/create the metrics per individualized needs.

1. **Competency in Assessment and Diagnosis**

   The intern will improve clinical assessment and diagnostic interviewing skills by increasing the number of weekly intakes performed, engaging in peer and supervisor role plays, and shadowing of peer intakes. In addition, the intern will review diagnostic impressions and case conceptualizations during individual clinical supervision.

2. **Competency in Treatment and Intervention**

   The intern will improve ability to implement and measure evidence-based therapeutic interventions with clients through an increased use of outcome measures.

3. **Competency in Ethics**

   Intern will improve competency of ethics by reviewing ethical dilemmas (fictional or current cases) with peers and supervisors.

4. **Competency in Professional Development**

   The intern will improve ability to communicate effectively, collaborate, and consult within an interdisciplinary team and to advocate for client care within the agency, with other agencies, and community social systems.

5. **Competency in Cultural Diversity**

   The intern will improve awareness and integration of cultural factors in assessment and treatment planning.
Appendix E

Sample Intern Evaluation of Internship

(*Abbreviated*)

**Evaluation Instructions:**
Please complete the form and turn it in to the Psychology Practice Administrator, keeping a copy for your records. This form is required to be completed at the mid-point and completion of the internship, and more often if necessary.

This form is designed to allow the intern to evaluate the internship across a range of training domains. Using the expected internship experience as a base, evaluate the relevant items using the following ratings:

5 Outstanding Internship/supervisor consistently surpasses expectations.
4 Exceeds Internship/supervisor significantly exceeds expectations.
3 Meets Internship/supervisor meets expectations.
2 Needs Improvement Internship/supervisor is below expectations.
1 Inadequate Internship/supervisor does not meet minimum expectations.
N/A Not applicable to this trainee.

**Overall Evaluation:**
Please summarize your overall evaluation of the internship, including the physical environment, supervision, and the learning experience.

### Physical Site

<table>
<thead>
<tr>
<th>Item</th>
<th>Rating Table</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical environment was safe.</td>
<td>1 2 3 4 5 n/a</td>
</tr>
<tr>
<td>An orientation was provided to the internship.</td>
<td>1 2 3 4 5 n/a</td>
</tr>
<tr>
<td>Adequate resources were available to accomplish tasks and responsibilities.</td>
<td>1 2 3 4 5 n/a</td>
</tr>
<tr>
<td>Co-workers and members of the interdisciplinary team were accepting and helpful.</td>
<td>1 2 3 4 5 n/a</td>
</tr>
<tr>
<td>Overall evaluation of physical site, facilities, and atmosphere.</td>
<td>1 2 3 4 5 n/a</td>
</tr>
</tbody>
</table>
### Supervision

<table>
<thead>
<tr>
<th>Description</th>
<th>Rating</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual clinical supervisor provided a clear description of expectations and development plan.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Regular feedback was provided on my progress, and abilities, which informed my increasing level of independence during internship</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>An effort was made to make it a learning experience for me.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Individual clinical supervisor provided levels of responsibility consistent with my abilities.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Individual clinical supervisor was supportive of the agreed-upon work days and hours.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Overall evaluation of individual clinical supervisor.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
</tbody>
</table>

### Learning Experience

<table>
<thead>
<tr>
<th>Description</th>
<th>Rating</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work experience related to my academic discipline and/or career goal, which was aimed at developing competency to be an entry level psychologist or post-doctoral fellow with a specific area of focus.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Opportunities were provided to develop assessment skills, with a variety of psychodiagnostic instruments.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Opportunities were provided to develop therapy skills based on evidenced-based treatment.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Opportunities were provided to explore ethical issues and legal standards</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Opportunities were provided to enhance professional development, including preparation for next stage of practice, as a member of an interdisciplinary team, and across the broad role of a psychologist.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Opportunities were provided to develop my competency working with diverse clients and cultural issues.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
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<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
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<td>------------------------------------------------------------------</td>
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<td></td>
</tr>
<tr>
<td>This experience has helped prepare me for the workplace/postdoctoral work as a clinical psychologist and health service psychologist.</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Access was given to recent research and evidence based practices to integrate into your development and care</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Overall evaluation of the learning experience.</td>
<td></td>
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</table>

**Overall Evaluation**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall evaluation for internship.</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
# Appendix F
## List of Documents for Intern File

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Document</th>
<th>Person Responsible for Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Application Documents (Essay, CV, GWSI, APPI, LOR, etc.)</td>
<td>Psychology Practice Administrator (PPA)</td>
</tr>
<tr>
<td>2</td>
<td>Mid-Year Evaluation - From Supervisor</td>
<td>Clinical Supervisor</td>
</tr>
<tr>
<td>3</td>
<td>Mid-Year Evaluation of Internship - From Intern</td>
<td>Intern</td>
</tr>
<tr>
<td>4</td>
<td>Performance Review, 2, 4, or 6 months</td>
<td>Site</td>
</tr>
<tr>
<td>5</td>
<td>Final Evaluation of Intern - From Supervisor</td>
<td>Clinical Supervisor</td>
</tr>
<tr>
<td>6</td>
<td>Final Evaluation of Internship - From Intern</td>
<td>Intern</td>
</tr>
<tr>
<td>7</td>
<td>Training Log - List of Trainings Attended-Mid/End</td>
<td>Intern</td>
</tr>
<tr>
<td>8</td>
<td>Clinical Service Delivery Hours – CATT Mid/End</td>
<td>PPA</td>
</tr>
<tr>
<td>9</td>
<td>Clinical Hours - Not documented by CATT Mid/End</td>
<td>Intern</td>
</tr>
<tr>
<td>10</td>
<td>Sample Note x3- End</td>
<td>Intern</td>
</tr>
<tr>
<td>11</td>
<td>Sample DAF x2- End</td>
<td>Intern</td>
</tr>
<tr>
<td>12</td>
<td>Sample ISP x1- End</td>
<td>Intern</td>
</tr>
<tr>
<td>13</td>
<td>Sample Termination Summary x1-End</td>
<td>Intern</td>
</tr>
<tr>
<td>14</td>
<td>Supervision Hours Log- Mid/End</td>
<td>Intern, countersigned</td>
</tr>
<tr>
<td>15</td>
<td>Rotation Assignments</td>
<td>PPA and Training Director</td>
</tr>
<tr>
<td>16</td>
<td>Copy of Final Project (deliverable or project plan)- End</td>
<td>Intern</td>
</tr>
<tr>
<td>17</td>
<td>Copy of Training PowerPoint and ITD Evaluation Summary – End</td>
<td>Intern</td>
</tr>
<tr>
<td>18</td>
<td>Copy of a redacted Assessment Report if applicable- End</td>
<td>Intern</td>
</tr>
<tr>
<td>19</td>
<td>Diversity Breakdown Reports of Clients-Mid/End</td>
<td>Intern</td>
</tr>
</tbody>
</table>