

Independence Health System Psychology Internship Handbook



Table of Contents

<u>Content</u>	<u>Page Number</u>
Welcome!	3
APA Accreditation Status and APPIC Membership	4
Organization and Structure of the Internship, Physical Facilities	5-6
Diversity and Non-Discrimination Policy	7
Health Information	8
Internship Overview; Model of Training, Mission, Aims	9-10
Description and Sequence of Training	11
Orientation	12-13
Supervision	14-15
Direct Service	15-16
Didactics and Research	17-18
Weekly Training and Supervision Schedule	19
Example Weekly Clinical Schedule	20
Expectations of Interns	21
Intern Rights	22
Intern Responsibilities	23-24
Evaluation	25-27
Exit Criteria	28
Due Process Policy	29-32
Grievance Policy	33-34
Due Process/Grievance Policy Acknowledgment Page	35
Tele-Supervision Policy	36-37
Disclosure Statement	38
Policy on Multiple Roles and Employee Assistance	39
Intern Application and Selection Process	40-42
Intern Records	43
Communication with the DCT	43
Benefits and Stipend	44
Attendance Policy	45
Appendix A: Verification of Training Manual Review	46
Appendix B: Intern Evaluation Form	47-53
Appendix C: Intern's Evaluation of Supervisor	54-58
Appendix D: Case Presentation Format	59-60
Appendix E: Case Presentation Rubric	61-62

Welcome!

Welcome to the Independence Health System Psychology Internship Program!

We are pleased to have you join us for the upcoming training year. This stage in your professional development is a critical one, as it serves to solidify your clinical skills, enhance your confidence, and further shape your professional identity as you prepare for a career as a health service psychologist. We recognize the growing need for high-quality mental health services who are competent in assessment, intervention, and cultural humility. We are excited to welcome you as a valued member of our team.

As psychologists in training, you will engage in clinical responsibilities with a strong emphasis on education, supervision, and consultation. We are committed to joining you in your developmental journey and strive to provide a collaborative learning environment. Together, we will assess your current competencies and work toward your professional goals. Our interdisciplinary team includes psychologists, psychiatrists, physicians, residents, psychology practicum students, and nursing staff who will help support you in expanding your clinical skills as an independent practitioner.

This handbook has been developed to promote transparency and clarity. It outlines key aspects of the internship program, including its structure, expectations, evaluation procedures, policies and procedures. We encourage you to review the contents thoroughly and to ask questions as they arise. We are dedicated to supporting your vision of becoming a competent and compassionate health service psychologist.

Michele Mattis, Psy.D., MSCP
Internship Training Director & Director of Behavioral Sciences
Independence Health System

Kristen Slapinski, Psy.D.
Internship Supervisor & Residency Faculty Member
Independence Health System

APA Accreditation Status and APPIC Membership

APA Accreditation Status

The Independence Health System Psychology Internship is not accredited by APA at this time.

Questions specifically related to the program's accreditation 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

APPIC Membership

The Independence Health System Psychology Internship is a member of APPIC. Our APPIC Match Number is 2655.

Organization and Structure of the Internship

Administrative Structure

The mission of Independence Health System is to improve the health and well-being of every life we touch.

The Psychology Internship Program mission is to provide a developmental, sequenced and experiential training for health service psychologists in training to provide competent, ethical, and culturally informed services to support the well-being of the clients and communities they serve.

Our vision is to strive to exceed national quality standards and measure our progress by the community members' willingness to recommend us for their healthcare needs. Independence values include caring about our patients and putting them first, always. Our staff works as a cohesive team that acts with the highest levels of integrity and honesty. Independence has three locations (see description below in Physical Facilities).

Our faculty aim to train future health service psychologists to meet the individual and collective mental health needs of all persons, with attention to diversity of gender, gender identity, race, ethnicity, nationality, social class, veteran status, marital status, sexual orientation, religion/spirituality, age, and abilities using comprehensive, evidence-based interventions. We work in collaboration with primary care physicians, psychiatrists, and other health professionals to provide person-centered, interdisciplinary, health care services. We seek to train culturally informed health service psychologists to be leaders, advocates, clinicians, educators, and supervisors, as part of this internship experience. Interns will share a commitment to scholarship and the application of research methodologies in order to develop their assessment, intervention, teaching, and supervision philosophies and approaches.

The internship is housed in the Latrobe Family Medicine Residency Program, which began over 50 years ago to meet the health care needs of its community members. In addition to the program director, the residency currently has two full time licensed psychologists, one psychiatrist, one pharmacist, over 20 family medicine physicians, three administrative staff members, and 24 family medicine residents. In addition, there is a team of social workers, nurses, physicians' assistants, psychology practicum students, and medical students who are part of the comprehensive health care team. Each member has a unique specialty so that comprehensive, integrated care is provided to a diverse patient population.

The Internship Training Director at Independence maintains responsibility for the quality of the program and ensuring the program meets both APA and APPIC training standards as well as the needs of its doctoral interns. The Internship Training Director maintains high standards of excellence and compliance with the *APA Ethical Principles of Psychologists and Code of Conduct*. In addition, the Internship Training Director provides training and presentations and identifies professional speakers related to the profession wide competencies. The Internship Training Director reviews intern evaluations, oversees program self-assessment, chairs the

Training Committee Meeting, and communicates regularly with interns, supervisors, and the interns' academic program Director of Clinical Training.

The Training Committee is a collaborative group including the Internship Training Director, psychology clinical supervisors, the Family Medicine Residency Program Director, psychiatrists, family medicine physicians and behavioral health consultants. This group's purpose is to collaboratively make decisions about the program, engage in self-assessment and quality improvement through feedback, discuss intern progress, and examine and integrate self-assessment and internship feedback.

The psychology internship has ongoing administrative support by the Latrobe Family Medicine Program Director, the residency administrative assistant, student coordinator, and three office practice managers. The IT department, human resources personnel and education department are also primary support team members for the internship. Interns having ongoing technical support to help learn and navigate the electronic medical system. The office managers assist with scheduling and managing appointments. Interns have front desk support staff to help with patient calls and questions. Nurses and medical staff are also available to help with the daily operations associated with primary care office procedures.

Program Structure

Our internship program hosts two interns who begin their one year, full-time doctoral internships beginning July 1 (or the first appropriate business day thereafter). The internship ends on June 30. The internship provides a broad range of clinical experiences and training to facilitate the development of skills required to practice as a health service psychologist. Interns are expected to complete a total of 2000 hours during their internship year, (a minimum of 500 hours of those hours must be in direct service). Activities are structured to support interns as they meet the Internship Program Aim and profession wide competencies. We also abide by the APA Code of Ethics and expect all trainees and staff to abide by these ethical principles.

Patient-centered activities occur in the Family Medicine outpatient office. These include individual therapy, physician consultation, collaboration with the psychiatrist, warm-hand offs, assessments, crisis interventions, and outreach. Educational activities include teaching family medicine residents about a variety of topics including ways to engage in empathic patient communication, community medicine, diversity, and the importance of self-care and wellness.

Physical Facilities

The Independence Health System Psychology Internship has three potential learning locations. Didactics and faculty meetings are held each morning at Latrobe Hospital. In addition, the doctoral intern will be assigned to either Frick Family Medicine, located in Mt. Pleasant, PA, or to Latrobe Family Medicine, located in Latrobe PA. At each site, the intern has a personal office, which is furnished similarly to the offices of the professional staff. Offices contain a desk, office chair, computer, telephone, side chairs, and other typical office accessories. Administrative support services and office supplies are available as needed. Each training site has observational capability and interns have access to laptops/iPads and the internet. All sites are ADA compliant. All gender restrooms are available at all locations. Latrobe Hospital has a library and locations

for physical activities (gym, walking path). All locations have cafeterias and accessible parking options.

Housing

Both interns will have the opportunity to live in a house independently adjacent to Latrobe Hospital at a significantly low rate. (Interns will receive a housing stipend if they choose not to live in the houses provided to help offset the cost of relocating). The house is pet-friendly and has multiple bedrooms and a yard so that interns can relocate with family members if desired. More information can be found on the website.

Diversity and Non-Discrimination Policy

The Independence Health System Psychology Internship values diversity and strives for an inclusive, equitable environment for its members. We believe that diversity enriches our experiences and lives, promotes professional growth, and is a necessary and valuable part of providing high quality mental health care. We work toward creating a welcoming environment in which all staff, interns, and practicum trainees feel valued and respected.

Independence has a non-discrimination policy and does not tolerate identity-based discrimination. Furthermore, IHS embraces the value and importance of diversity in their training and service provision.

The internship must provide and maintain an internship experience that is free from unlawful harassment, discrimination, intimidation, violence, and retaliation. Further, the internship program will not engage in or tolerate unlawful harassment, discrimination, intimidation, violence, and retaliation.

Independence Health System Family Medical Residency Non-Discrimination Policy

Independence Health System is an equal opportunity employer. It is the policy of Independence Health System to prohibit discrimination of any type and to afford equal employment opportunities to employees and applicants, without regard to race, color, religion, sex, national origin, age, marital status, non-job related disability, veteran status, or genetic information, or any other protected class. Independence Health System Psychology Internship will conform to the spirit as well as the letter of all applicable laws and regulations.

[Careers | Healthcare Services in Western PA](#)

Intern applicants are welcome to request copies of these policies from Michele Mattis, Internship Training Director and Director of Behavioral Health Sciences, at michele.mattis@independence.health.

Health Information

Vaccinations and Mitigation Policies

Independence Health System values all members of their community and cares deeply about the health and well-being of all community members. To that end, we require all employees to be current with CDC recommendations on influenza vaccinations. Please note that if the CDC changes its COVID vaccination recommendations, Independence may also modify their requirements. In certain situations, employees may request a waiver from the influenza vaccination requirement. Exempt employees are required to wear a mask during flu season.

Telehealth and Telework Policies

We value the health and safety of all students and members of our communities, as well as that of your friends, family, and other communities. Therefore telehealth counseling sessions are made available to patients to address social determinants of health that may prevent them from receiving services.

Currently, all internship experiences are in-person, with the option for remote work under certain temporary circumstances. If you find yourself in need of engaging in remote work at some point during the internship for a defined period of time, please make that request to the Internship Training Director. While we want you to take care of yourself and others in our community, we also want you to be a presence at our sites so you can share your perspectives, ask questions, and continue to gain rich internship experiences.

The internship prioritizes in person supervision to promote cohesiveness among the cohort and supervisors. Telesupervision is reserved for emergency situations when in person meetings are not possible. Please review the Telesupervision policy. We will provide the technical support and equipment should this occur.

The supervisory relationship is a critical one for all health service psychology trainees but especially during internship, as interns move toward competency to practice independently. We strive to offer conditions for interns and supervisors to build a strong supervisory relationship in which the intern feels enough comfort to step into their learning edge, feels supported by their supervisor, and feels challenged to continue to grow in their skills and competencies.

Internship Overview - Model of Training, Mission and Aims

All members endorse and adhere to the philosophy and model of training, the mission of our internship and the program aim and competencies.

Philosophy and Model of Training

At the core of the Independence Health System Psychology Internship training philosophy is a commitment to compassion, skill development, self-awareness, and understanding identities and their impact on the whole person. Experiential practice, coupled with theory, research, and openness to learning allow us to actualize this philosophy. Training occurs through a variety of modes of learning: didactics, supervision, time for self-reflection, and interactions with staff and trainees at all levels.

The internship is based on the scientist-practitioner model and focuses on providing a capstone training experience that prepares interns as ethical, multiculturally informed, and highly skilled health service psychologists. Internship is a developmentally sequenced, immersive and supervised training experience. We offer a rich array of training experiences based on the APA's profession-wide competencies, including intervention (such as individual, group, and crisis counseling, outreach), assessment, consultation, and supervision.

Training in ethical and legal standards, professional values and attitudes, research, individual and cultural diversity, communication and interpersonal skills, and consultation and interprofessional/interdisciplinary skills are integrated into the training, supervision and clinical work at the program site. Professional practice of health service psychology, and therefore our training, involves integration of current theory, practice, and research to guide assessment, treatment, and ongoing evaluation of clients in reaching their goals.

Development of a sense of professional identity is essential in our training program. We believe that essential to a professional identity is an integrated understanding of who we are as humans and clinicians, as well as who our clients are as people with interwoven social identities. Through supervision and seminars, we focus on the development of self and cultural awareness, development of culturally informed clinical practices, and a sense of cultural humility. In addition, we encourage lifelong learning for ever-evolving professional identities and cultural awareness.

Internship Aim and Profession-Wide Competencies

Our training aim is informed by the mission and is informed by our Philosophy of training. The profession wide competences are set forth by the APA Office of Program Consultation and Accreditation. Our Internship Aim is to train entry level health service psychologists who engage in ethical, culturally informed, evidence-based multidisciplinary practices. This aim addresses the American Psychological Association's nine profession wide competencies:

1. Research
2. Ethical and Legal Standards
3. Individual and Cultural Diversity
4. Professional Values and Attitudes

5. Communication and Interpersonal Skills
6. Assessment
7. Intervention
8. Supervision
9. Consultation and Interprofessional/Interdisciplinary Skills

Description and Sequence of Training

Intern Training Sequence

Interns complete a one year (12 month), full time internship from July 1 (or the first appropriate business day thereafter) through June 30. Interns will complete a total of 2000 hours, of which at least 500 hours must be direct service with clients (see description of Direct Service Activities below). Intern training is structured to be developmental, sequential, and cumulative, such that by the completion of internship, interns should be ready for independent practice as entry level health service psychologists. Interns build competencies through a variety of activities and experiences, including experiential activities, observation, co-facilitation, didactic training, supervision, feedback, and modeling. Training activities increase in complexity over the course of the year, as do the responsibilities and expectations for increasingly independent functioning. We envision interns building competencies to support their progression from using supervision to help decide on courses of action to, toward the end of the year, using supervision as consultation.

Interns engage in orientation at the start of the training year. At the conclusion of orientation, interns begin engaging in the daily internship experience at their respective sites. Direct service activities include individual counseling, warm hand offs, assessment, group counseling, medical supervision, consultation, and outreach. The internship provides 2 hours per week of individual supervision with a licensed psychologist, 4 hours of group supervision per week. Group supervision meetings include: diversity, assessment, individual therapy case presentations and supervision of supervision. In addition, the internship provides weekly didactic training, staff/team meetings, administrative activities, and research experiences and professional development seminars.

Orientation Overview

Orientation constitutes a critical component of our internship program, marking the commencement of the year-long mentoring and training process. Independence Health System is dedicated to delivering a comprehensive orientation to all interns within the first month of their training. This orientation encompasses a thorough review of the organization's policies and procedures, instruction on telehealth technologies, guidance on clinical documentation and associated systems (including the electronic health record), adherence to organizational professional standards, and specific information regarding the range of services provided at the site.

The objectives of orientation are to:

- Facilitate interpersonal introductions among interns
- Provide opportunities for interns to engage with the Internship Training Director and training staff
- Complete all onboarding requirements in collaboration with Human Resources
- Ensure interns become thoroughly acquainted with the internship policies and procedures, including a clear understanding of their rights and responsibilities
- Support interns in identifying their professional development needs, goals, and aspirations for the internship year
- Allocate time for interns to organize their workspaces and develop proficiency with the technology utilized for both on-site and telehealth services
- Deliver critical information and foster discussion on essential clinical topics, including but not limited to:
 - Diversity, Cultural Awareness, and Cultural Humility
 - Ethical and Legal Standards, with emphasis on Telehealth and Confidentiality
 - Management of Multiple Professional Roles
 - Collaboration with other staff, including Family Medicine Residency faculty
 - Clinical Record Keeping using Touchworks
 - Safety Protocols, encompassing Crisis Intervention and Suicide Assessment

- Procedures for Intakes and Concise Appointments
- DSM Diagnostic Criteria
- Treatment Planning

Supervision

Five types of supervision are provided to interns: individual supervision, group supervision of individual therapy, group supervision of diversity, group supervision of assessment, and group supervision of supervision. Each is described below.

Individual Supervision

Individual supervision with a licensed psychologist is provided weekly, in person, for a minimum of two hours per week. This supervision encompasses all aspects of direct clinical services delivered by the intern at their internship site and includes observation through live or recorded sessions. Interns are expected to actively incorporate supervisory feedback into their clinical practice. The individual supervisor holds responsibility for the intern's clinical caseload. Supervision assignments are made with consideration of potential dual roles as outlined by the APA Code of Ethics.

Role of the Supervisor

Supervisors are charged with overseeing the intern's clinical caseload and facilitating their professional development and growth. They provide both affirmative and constructive feedback. Supervisors are responsible for reviewing and co-signing interns' clinical documentation, evaluating recorded sessions, and may conduct live observations of clinical work. Additionally, supervisors serve as mentors supporting the intern's evolving professional identity as a health service psychologist. This includes guiding the articulation of a theoretical orientation grounded in evidence-based practice and fostering a reflective space for exploring biases, privilege, and intersecting identities as they pertain to psychological service delivery. Ethical considerations are a central focus of supervision.

Missed and Rescheduled Supervision

In the event a supervision session is missed, both intern and supervisor share responsibility for rescheduling within the same week whenever feasible. Under exceptional circumstances, such as exposure to COVID-19, approved absences for professional development activities, or family emergencies, supervision may be conducted virtually if rescheduling within the week is not possible. For absences exceeding one week, the supervisor, in consultation with the Internship Training Director, will arrange for an alternate licensed psychologist to provide supervision.

Supervision Preparation

Interns are expected to attend supervision sessions fully prepared to discuss their clinical work. Preparation may include reviewing therapy session recordings, selecting segments for discussion, formulating questions, reflecting on client interactions, and reviewing internship goals. Interns should be ready to report on client progress in greater detail than documented in clinical notes. Clinical documentation is to be completed within 24 hours following each patient session, though timelines may vary by site; interns should clarify documentation expectations with their supervisors. Supervisors may occasionally assign readings pertinent to the intern's clinical work, which should be completed in a timely manner to support supervision.

Supervision Assignments

During orientation, interns will be introduced to all staff eligible to serve as primary supervisors and will submit their supervisor preferences. The Internship Training Director, in consultation

with the Training Committee, will assign supervisors, taking into account theoretical orientation, clinical interests, availability, and interpersonal compatibility. Additionally, supplemental supervision of up to one hour per week may be arranged to support broader professional development, mentoring, theoretical exploration, and culturally informed practice, rather than direct clinical work.

Group Supervision of Individual Therapy

Doctoral interns participate in weekly group supervision sessions led by the Internship Training Director for one hour. This seminar primarily functions as case consultation, and while formal case presentations are not mandatory, interns should be prepared to discuss clinical questions, challenges, and successes. Occasionally, group supervision may be facilitated by other licensed mental health professionals based on their expertise and the interns' interests. Group supervision offers additional clinical support and fosters peer engagement on professional and clinical topics. The sessions may also address developmental issues related to the transition from student to practicing professional.

Group Supervision of Diversity

In Diversity Supervision, interns collaboratively establish a respectful and courageous environment by setting norms and expectations that facilitate open exploration of how privilege, bias, and experiences of discrimination and oppression may impact their roles as health service psychologists. Case discussions form a central component of these sessions, encouraging interns to critically reflect on their own biases, privileges, and marginalized identities, and consider how these factors may influence their clinical work with clients.

Group Supervision of Assessment

Assessment Supervision encompasses the review and discussion of various psychological assessment tools employed by interns. These include, but are not limited to, the Mental Status Examination, Clinical Interview, WAIS-IV, DKEFS, MMPI, PAI, Trail Making Test, Connors Rating Scales, and the Wisconsin Card Sorting Test. Additionally, interns receive training and engage in the application of therapeutic assessment techniques, based on the work of Stephen E. Finn, to provide client feedback. Cases involving psychological assessment are overseen by the designated Assessment Supervision facilitator, unless a potential dual-role conflict exists, in which case an alternate qualified supervisor will be assigned.

Supervision of Supervision

During the spring semester, interns attend a weekly one-hour session dedicated to Supervision of Supervision. This forum allows interns to share their experiences in providing supervision, acquire new skills to effectively manage supervisory challenges, and review recordings of their interactions with supervisees or medical residents. Should an intern be unable to provide supervision to a practicum student, alternative opportunities for developing supervisory competencies will be made available, such as supervising medical residents or co-facilitating supervision alongside a licensed mental health professional. Regardless of the specific supervisory role undertaken, attendance at the Supervision of Supervision sessions in the spring semester remains mandatory.

Direct Service

Interns have the opportunity to provide a variety of clinical services.

Intakes: The intern averages 2 hours per week of initial consultations with patients in the primary care setting. Intakes at Independence Health System are approximately 50 minutes in length.

Warm Hand-Offs: Interns will average 2 hours per week as a result of a warm hand-off from a primary care physician. These appointments vary in length between 15 minutes to 50 minutes. These appointments require cognitive flexibility and may involve brief interventions, crisis assessment, psychoeducation, or community referrals. These skills will be introduced and practiced with simulated patients during orientation.

Individual Therapy: The intern provides mostly brief therapy (6-8 sessions) and has the option to keep several longer term clients.

Group Therapy: The intern co-facilitates a monthly family medicine residency wellness group. There are also opportunities to offer patient-centered, interpersonal groups if the intern is able to identify a group of patients who would benefit from this type of service.

Consultation: The intern has the opportunity to consult with a variety of professionals in the community and in the healthcare system. These include social workers, case managers, psychiatrists, school personnel, addiction specialists, and other social service professionals.

Patient-Physician Consultation: Interns consult regularly with their patients' family medicine physicians and nursing staff as part of patient treatment planning. Interns share an electronic medical record with the family physicians and work with patients utilizing a biopsychosocial cultural approach.

Assessment: Interns are trained in and provide assessments for the purpose of differential diagnosing. The intern completes at least five assessments during their intern year.

Psychopharmacology: Interns are trained in psychopharmacology by meeting with the psychiatrist for preplanning patient appointments, observing the psychiatrist-patient encounter, and precepting with the psychiatrist after the appointment. Interns may participate in the psychiatry appointments up to 6 hours per month.

Medical Resident Supervision

Interns have the ability to view family medicine residents as they interview patients in the outpatient office. This "live stream" format allows interns to provide feedback to residents about their interview skills, nonverbal communication, relationship skills, cultural considerations, and medical jargon. Interns will first observe supervisors and attending physicians provide feedback to help them learn the expectations for medical interviewing. When interns are comfortable and competent in this skill, they will then begin providing the feedback to residents directly with the help of their supervisor. This is a great opportunity for interns to become more confident in their communication skills and to strengthen their advocacy skills.

Didactic Seminars

Didactic seminars include supporting and enhancing the skills, knowledge, and self-awareness of the interns, and providing time for interaction and connection between interns and staff.

Interns attend regularly scheduled weekly, in-person didactic seminars for 2 hours each week. The seminars are facilitated by internship committee team members, psychologists and licensed mental health providers from the community, or other medical staff from Independence Health System. Most didactic seminars are two hours but during orientation, didactic seminars may be longer. Didactic seminars rotate throughout the training year and include the following topics:

- Ethics (4 seminars)
- Crisis Intervention (2 seminars)
- Group Therapy (2 seminars)
- Outreach (1 seminar)
- Vocational (2 seminars)
- Supervision (6 seminars)
- Psychopharmacology (5 seminars)
- Therapeutic Frame (10 seminars)
- Therapeutic Intervention (14 seminars)
- Other topics include: Family Therapy, Couples Therapy, Substance Use, Geriatric Psychology, Child Abuse and Human Trafficking, Intimate Partner Violence, Child and Adolescent Psychology, Neuropsychology, Forensic Psychology, and Research Methods.

Interns also engage in a one hour biweekly seminar for Professional Development. During this seminar, interns engage in conversations about their professional journeys and identity development as a health service psychologist.

The Research Seminar meets one hour biweekly to support and explore intern's progress on their research project, provide support for the research project, and discuss other issues related to evaluating and applying research to general practice.

Interns also attend Family Medicine didactics daily from 7:30-8:30am. These training sessions are biopsychosocial-cultural presentations that help interns understand the reciprocal relationship between physical and psychological health and the importance of consultation. Topics include the integration of biological and psychosocial factors needed for effective treatment planning. It is important to understand these topics so that interns can include the biological basis of behaviors in their case presentations.

Research

Interns collaborate with the family medicine residents on a quality improvement research project. In the first month of the internship year, the Director of Behavioral Sciences will share the QI projects the medical residents have selected and which, if any, are available for collaboration. Past examples of QI projects include enhancing services around depression, screening for relationship violence, coping with COVID, and accessing resources in the community. We are

excited to offer this opportunity to explore interdisciplinary research opportunities in integrated care. Interns present their research at a multidisciplinary Research Day held in May each year. Five other hospital systems also participate in Research Day. Judges from the University of Pittsburgh provide feedback on these projects and give awards for projects demonstrating creativity, systemic change, and significant advancements in the quality of patient care.

Example Training Schedule (may change based on holidays and presenter availability)**Mondays:**

07:30 - 08:30: Family Medicine Residency Didactic
08:30-10:30: Internship Didactic

Tuesdays:

07:30 - 08:30: Family Medicine Residency Didactic
08:30-09:30: Group Supervision of Individual Therapy

Wednesdays:

07:30 - 08:30: Family Medicine Residency Didactic
08:30 - 09:30: Group Supervision - Diversity

Thursdays:

07:30 - 08:30: Family Medicine Residency Didactic
08:30 - 09:30: Group Supervision - Assessment

Fridays:

07:30 - 08:30: Family Medicine Residency Didactic
08:30 - 09:30: Professional Development or Research Seminar (alternating weeks)

Direct Service	Average Hours Per Week
Intake Appointments/Warm hand-offs	2 hours per week
Individual Counseling	7 hours per week
Resident Support Group	1 hour per month (.25 per week)
Assessment	1
Outreach	1 hour per month (.25 per week)
Clinical Consultation	1
Psychiatric Consultation Observation	2.5
Co-supervision/supervision of prac student	1
Medical Resident Supervision	1
<i>TOTAL</i>	<i>16 hours per week</i>
Supervision	Average Hours Per week
Individual Supervision	2
Group Supervision of Assessment	1
Group Supervision of Individual Therapy	1
Group Supervision of Diversity	1
Supervision of Supervision	1
<i>TOTAL</i>	<i>6 hours per week</i>
Didactic Seminars	Average Hours Per Week
Intern Didactic Seminars	2
Professional Development Seminar	.5 (2 hours per month)
Research Seminar	. 5 (2 hours per month)
Morning Report Medical Lecture	5 hours per week
<i>TOTAL</i>	<i>8 hours per week</i>
Administrative Activities	Average Hours Per week
Paperwork/Admin time	7
Research (dissertation or project)	3
<i>Total</i>	<i>10</i>
GRAND TOTAL	About 40

**Most weeks are 40 hour weeks

Expectations of Interns

The internship year constitutes an intensive and professionally rigorous clinical training experience. Interns engage in full-time practice as health service psychologists-in-training, incorporating a significant educational component. As health service psychologists, we are entrusted with the privilege of promoting client and community well-being, alongside the responsibility to engage in self-care and ongoing professional development. This commitment ensures the continual enhancement of clinical competence and ethical practice.

The internship offers opportunities for interns to refine existing competencies, acquire new clinical skills, and advance culturally informed practices through a combination of formal training, self-reflection, supervision, and direct clinical service. Additionally, the program provides support and remediation in areas requiring further growth.

Health Service Psychology interns are expected to develop and apply clinical and ethical skills while actively engaging in self-reflection regarding intrapersonal and interpersonal dynamics relevant to their professional roles. The internship program is committed to providing ongoing feedback and formal written evaluations. These assessments primarily aim to facilitate the development of profession-wide competencies and to address any areas of concern. Furthermore, such evaluations serve to uphold the integrity of the health service psychology profession by ensuring that only those who demonstrate requisite competency progress within the field.

Our overarching goal is to support interns in their professional aspirations to become competent, culturally responsive, and ethical health service psychologists, capable of delivering high-quality care to diverse communities.

Professional Conduct

Interns are expected to engage in ethical and professional conduct throughout the internship. This includes adherence to:

- The APA Code of Ethics
<https://www.apa.org/ethics/code/ethics-code-2017.pdf>
- Practicing within the bounds of the laws and regulations of the state of Pennsylvania
- The Pennsylvania State Board of Psychology Laws (Chapter 41)
<http://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/049/chapter41/chap41toc.html&d=reduce>
- Practice in a manner than conforms to the professional standards of Independence Health System Family Medicine Residency Program:
All employees are expected to report to work in appropriate attire and to maintain an appearance that is professional while demonstrating respect for our customers and reflecting the dignity of the profession represented.

Intern Rights

1. Interns shall receive clear and comprehensive statements outlining the standards and expectations by which their performance will be formally evaluated at both mid-year and the conclusion of the training year.
2. Interns shall have opportunities to provide input and propose modifications or improvements to the training program. Regularly scheduled meetings between interns and the Training Director will facilitate direct communication with center administration, enabling the Training Director to monitor interns' progress, address challenges encountered, and discuss their developmental objectives and concerns.
3. Interns retain the right to initiate informal resolution processes for issues arising during training—such as those related to supervision, case assignments, or professional considerations—by making requests either directly to the individual involved and/or the Internship Training Director.
4. Interns have the right to initiate a formal review if they believe their rights have been violated. Upon completion of evaluations at mid-year or year-end, interns may contest any criticisms contained in the evaluation, express disagreement with the primary supervisor's summary evaluation, and/or request an appeal. Examples of rights violations include, but are not limited to, exploitation, sexual harassment, arbitrary or discriminatory treatment, unfair evaluation criteria, inadequate supervision or training, and breaches of due process.
5. Interns are entitled to expect appropriate levels of privacy and respect for their personal lives and sociocultural identities. Disclosure of personal information is voluntary except in cases where it is reasonably assessed that such issues significantly impair the intern's professional functioning. In these circumstances, disclosure shall be limited strictly to matters directly impacting professional performance.
6. Interns shall be treated with professional respect, acknowledging the knowledge, skills, and experiences they bring to the training environment.
7. Interns are entitled to ongoing informal feedback and formal constructive evaluations conducted at least twice annually, as outlined above, by supervisors and members of the Training Committee.
8. Interns shall be informed promptly of any significant concerns regarding their performance in any of the profession-wide competencies, as identified by any member of the Training Committee.

Intern Responsibilities

1. Interns are responsible for meeting training expectations by achieving acceptable levels of competency throughout the training year.
2. Interns are expected to remain open to professionally appropriate feedback from supervisors, professional staff, and center personnel.
3. Interns must conduct themselves in a manner that fosters professional interactions within the medical setting.
4. Interns are required to behave in a professionally appropriate manner if Due Process procedures are initiated.
5. Interns are expected to recognize areas requiring growth or improvement and to seek appropriate supervision when engaging in those areas.
6. Interns must familiarize themselves with the policies and procedures of the internship program and respective sites, including but not limited to:
 - Reviewing and discussing the Training Manual during orientation.
 - Reviewing and discussing the Independence Health System Policies and Procedures Manual during orientation and ongoing supervision.
 - Maintaining punctuality, appropriately accounting for absences, and fulfilling obligations to clients and staff.
7. Interns shall conduct themselves professionally by:
 - Being mindful of their impact on others and maintaining appropriate interactions with clients, peers, colleagues, staff, and internship members.
 - Making effective use of supervision.
 - Arriving on time, preparing in advance, and being receptive to feedback and learning.
 - Actively engaging in training seminars, group supervision, staff meetings, and other program activities.
 - Balancing the needs of the internship site with their own well-being.
 - Utilizing appropriate communication channels to address issues involving staff, clients, colleagues, or the Internship Program (see Grievance Procedures).

8. Interns bear the responsibility to provide constructive feedback, including suggestions for modifications or improvements, to their supervisors, the Internship Training Director, and the internship program.

Evaluation

During supervision, interns and their supervisors collaboratively establish the intern's training goals. Both interns and their primary supervisors are encouraged to review the Evaluation Form at the start of the internship year to clarify the intern's interests, identify specific training needs and objectives, and discuss current strengths as well as areas for development. Supervisors are expected to provide consistent, ongoing feedback during weekly supervision sessions regarding the intern's progress toward these goals, highlighting strengths and areas requiring further growth. This continuous assessment process allows supervisors to offer constructive feedback on developmental areas prior to the formal written evaluations, thereby affording the intern sufficient time to address and improve upon identified growth areas.

Formal Written Evaluations

Formal, written evaluations are conducted biannually, occurring in December and June. Consequently, the evaluation process is both ongoing and multifaceted, comprising informal and formal assessments throughout the internship period.

Intern performance is assessed based on the nine Profession-Wide Competencies as delineated by the APA Standards of Accreditation (SoA). The biannual formal evaluations include numeric ratings, using the scale provided below, accompanied by detailed written feedback highlighting the intern's strengths and areas requiring further development. In accordance with APA requirements, supervisors are mandated to observe interns' clinical work at least once per evaluation period. Interns are strongly encouraged to share recorded sessions with their supervisors on a regular basis. These evaluations are completed utilizing the Intern Evaluation Form (refer to Appendix A) and are conducted by the intern's primary supervisor based on the following sources:

- Direct/live and recorded clinical observations
- Review of clinical documentation
- Formal and informal case presentations
- Co-facilitation of therapy sessions
- Seminar discussions and supervision communications
- Consultations with the Training Committee and other relevant staff who have engaged with the intern in supervisory, training, co-facilitation, consultative, or seminar leadership capacities

The supervisor and intern collaboratively review the written evaluation at both the mid-year and year-end milestones. These evaluations are discussed in detail and signed by the intern, supervisor, and the Internship Training Director. All documentation related to the internship, including signed evaluations, is securely maintained in the intern's training file. Interns receive a

copy of each evaluation; should an intern disagree with any aspect of the evaluation, they may submit a formal addendum articulating their concerns, which will be appended to the evaluation in their file.

A summary of the evaluation feedback is communicated to the Director of Training at the intern's academic home institution at mid-year and upon completion of the internship. This communication may be provided in written and/or verbal form. Additionally, verbal or written evaluation feedback may be shared upon request from either the intern or their academic program's Director of Training. Should concerns arise outside the formal evaluation periods, the Internship Training Director reserves the right to notify the intern's academic program Director of Training accordingly.

At the start of the second term (January), the Internship Training Director meets individually with each intern to review their progress, strengths, areas for growth, and goals for the remainder of the internship year.

In the event of a change in primary supervisor, the mid-year evaluation will be shared with the incoming supervisor to ensure continuity in the intern's training experience.

Interns are formally rated on a Likert-type scale ranging from 1 to 5 for each learning element within the nine profession-wide competencies. The rating scale is defined as follows:

1. Performance significantly below the expected level for a doctoral intern in health service psychology; requires intensive supervision, close monitoring, and a remediation plan.
2. Performance below the expected level; requires additional supervision and monitoring with a remediation plan.
3. Performance approaching the level of independent practice; meets developmental expectations at mid-internship; continues to consult and demonstrates increasing autonomy.
4. Performance meets the expected level for entry-level independent practice and is developmentally appropriate for internship completion; this represents the minimum threshold for successful internship completion.
5. Performance exceeds expected level; demonstrates mastery of foundational and some advanced competencies.

Should an intern receive a rating of 1 or 2 on any competency or learning element at the mid-year evaluation, a remediation plan will be instituted. Following completion of the remediation plan, a subsequent formal evaluation will be conducted within ten days.

To successfully complete the internship, interns must achieve a minimum rating of 4 across all competencies and learning elements on the final evaluation. Scores below this threshold may prompt discussion of remediation, though remediation is not guaranteed. A final evaluation score

below 4 may result in internship failure, contingent upon factors such as prior performance, responsiveness to midterm feedback, outcomes of any remediation efforts, and mitigating life circumstances.

Ongoing Evaluation

While formal written evaluations occur twice annually, all supervisors and training personnel continuously monitor intern performance across the nine profession-wide competencies. Supervisors collaborate with interns to foster skill development, ensuring achievement of the minimum competency levels required for successful internship completion. Areas of concern are addressed promptly during weekly supervision sessions. Should informal corrective feedback fail to effect change, the issue may be classified as problematic behavior and managed in accordance with established due process policies.

Evaluation of Research Presentation

Interns are scheduled to present their research in May. Those who elect to undertake a quality improvement project may present their findings during Research Day. Alternatively, interns dedicating their research time to their dissertation will have their presentation arranged at a mutually agreed upon time. Following the research presentation, interns will receive verbal feedback. This feedback will be documented and incorporated into the formal written evaluation conducted during the spring semester. The individual supervisor holds primary responsibility for summarizing the feedback related to the research project. In instances where the individual supervisor is unable to attend the presentation, the Internship Training Director or a designated representative will assume responsibility for compiling the feedback.

Intern Case Presentations

Interns are required to present one clinical case in the fall semester and one in the spring semester. Verbal feedback will be provided by all attendees following each presentation. This feedback serves to inform the primary supervisor's mid-semester and final evaluations of the intern's performance.

Exit Criteria for Successful Completion of Internship

To complete the internship successfully, the intern must:

- Complete required hours (2000 minimum with at least 500 direct service hours)
- Adhere to the APA Code of Ethics, Pennsylvania state law and Code of Ethics, and site professional standards
- Receive at least a 4 on all profession wide competencies and associated learning elements in the final evaluation at the end of internship

- Complete two formal case presentations
- Complete at least 2 formal assessments, including feedback session with patient and written report
- Complete a research-based presentation
- Complete all clinical documentation (progress notes, intakes, assessment reports, termination reports, etc.)
- Complete all required evaluation forms of the internship program
- Abide by the organizational expectations and rules of the internship site
- Return keys, ID badges, computers, and other items loaned to interns for the duration of the internship year
- Complete all Human Resources tasks/forms
- Provide Internship Training Director with contact information so that we may:
 - Check in with you about your professional development, career plans, and licensure
 - Ask you for feedback on your experiences during internship so that we can continue to evolve our program
 - Meet accreditation requirements for internship follow up

Independence Health System Psychology Internship Program

Due Process Procedures

Due Process Procedures are implemented in situations in which a supervisor or other faculty or staff member raises a concern about the functioning of a doctoral intern. The Independence Health System Psychology Internship Program (IHSPIP) Due Process procedures occur in a step-wise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program. IHSPIP) may initiate contact with an intern's home doctoral program at any point in the Due Process procedures in order to best support the intern.

Rights and Responsibilities

These procedures are a protection of the rights of both the intern and the doctoral internship training program, and also carry responsibilities for both.

Interns: The intern has the right to be afforded with every reasonable opportunity to remediate problems. These procedures are not intended to be punitive; rather, they are meant as a structured opportunity for the intern to receive support and assistance in order to remediate concerns. The intern has the right to be treated in a manner that is respectful, professional, and ethical. The intern has the right to participate in the Due Process procedures by having their viewpoint heard at each step in the process. The intern has the right to appeal decisions with which they disagree, within the limits of this policy. The responsibilities of the intern include engaging with the training program and the institution in a manner that is respectful, professional, and ethical, making every reasonable attempt to remediate behavioral and competency concerns, and striving to meet the aims and objectives of the program.

IHSPIP has the right to implement these Due Process procedures when they are called for as described below. The program and its faculty/staff have the right to be treated in a manner that is respectful, professional, and ethical. The program has a right to make decisions related to remediation for an intern, including probation, suspension and termination, within the limits of this policy. The responsibilities of the program include engaging with the intern in a manner that is respectful, professional, and ethical, making every reasonable attempt to support interns in remediating behavioral and competency concerns, and supporting interns to the extent possible in successfully completing the training program.

Definition of a Problem

For purposes of this document, a problem is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.

It is a professional judgment as to when an issue becomes a problem that requires remediation. Issues typically become identified as problems that require remediation when they include one or more of the following characteristics:

- the intern does not acknowledge, understand, or address the problem when it is identified;
- the problem is not merely a reflection of a skill deficit which can be rectified by the scheduled sequence of clinical or didactic training;
- the quality of services delivered by the intern is sufficiently negatively affected;
- the problem is not restricted to one area of professional functioning;
- a disproportionate amount of attention by training personnel is required;
- the trainee's behavior does not change as a function of feedback, and/or time;
- the problematic behavior has potential for ethical or legal ramifications if not addressed;
- the intern's behavior negatively impacts the public view of the agency;

- the problematic behavior negatively impacts other trainees;
- the problematic behavior potentially causes harm to a patient; and/or,
- the problematic behavior violates appropriate interpersonal communication with agency staff.

Informal Review

When a supervisor or other faculty/staff member believes that an intern's behavior is becoming problematic or that an intern is having difficulty consistently demonstrating an expected level of competence, the first step in addressing the issue should be to raise the issue with the intern directly and as soon as feasible in an attempt to informally resolve the problem. This may include increased supervision, didactic training, and/or structured readings. Supervisors should clearly indicate that the intern has entered the Informal Review phase of the Due Process Procedures. The supervisor or faculty/staff member who raises the concern should monitor the outcome.

Formal Review

If an intern's problem behavior persists following an attempt to resolve the issue informally, or if an intern receives a rating below a "3" on any learning element on a supervisory evaluation, the following process is initiated:

- A. **Notice:** The intern will be notified in writing that the issue has been raised to a formal level of review, and that a Hearing will be held.
- B. **Hearing:** The supervisor or faculty/staff member will hold a Hearing with the Training Director (TD) and intern within 10 working days of issuing a Notice of Formal Review to discuss the problem and determine what action needs to be taken to address the issue. If the TD is the supervisor who is raising the issue, an additional faculty member who works directly with the intern will be included at the Hearing. The intern will have the opportunity to present their perspective at the Hearing and/or to provide a written statement related to their response to the problem.
- C. **Outcome and Next Steps:** The result of the Hearing will be any of the following options, to be determined by the Training Director and other faculty/staff member who was present at the Hearing. This outcome will be communicated to the intern in writing within 5 working days of the Hearing:
 - 1) Issue an "Acknowledgement Notice" which formally acknowledges:
 - a) that the faculty is aware of and concerned with the problem;
 - b) that the problem has been brought to the attention of the intern;
 - c) that the faculty will work with the intern to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating; and,
 - d) that the problem is not significant enough to warrant further remedial action at this time.

2) Place the intern on a "Remediation Plan" which defines a relationship such that the faculty, through the supervisors and TD, actively and systematically monitor, for a specific length of time, the degree to which the intern addresses, changes and/or otherwise improves the problematic behavior or skill deficit. The

implementation of a Remediation Plan will represent a probationary status for the intern. The length of the probation period will depend upon the nature of the problem and will be determined by the intern's supervisor and the TD. A written Remediation Plan will be shared with the intern and the intern's home doctoral program and will include:

- a) the actual behaviors or skills associated with the problem;
- b) the specific actions to be taken for rectifying the problem;
- c) the time frame during which the problem is expected to be ameliorated; and,
- d) the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this remediation period as specified in 'c' above, the TD will provide a written statement indicating whether or not the problem has been remediated. This statement will become part of the intern's permanent file and will be shared with the intern's doctoral program. If the problem has not been remediated, the Training Director may choose to move to Step D below or may choose to extend the Remediation Plan. The extended Remediation Plan will include all of the information mentioned above and the extended time frame will be specified clearly.

3) Place the intern on suspension, which would include removing the intern from all clinical service provision for a specified period of time, during which the program may support the intern in obtaining additional didactic training, close mentorship, or engage in some other method of remediation. The length of the suspension period will depend upon the nature of the problem and will be determined by the intern's supervisor and the TD. A written Suspension Plan will be shared with the intern and the intern's home doctoral program and will include:

- a) the actual behaviors or skills associated with the problem;
- b) the specific actions to be taken for rectifying the problem;
- c) the time frame during which the problem is expected to be ameliorated; and,
- d) the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this suspension period as specified in 'c' above, the TD will provide to the intern and the intern's home doctoral program a written statement indicating whether the problem has been remediated to a level that indicates that the suspension of clinical activities can be lifted. The statement may include a recommendation to place the intern on a probationary status with a Remediation Plan. In this case, the process in #2 above would be followed. This statement will become part of the intern's permanent file.

- If the problem is not rectified through the above processes, or if the problem represents gross misconduct or ethical violations that have the potential to cause harm, the intern's placement within the internship program may be terminated. The decision to terminate an intern's position would be made by the Training Committee and a representative of Human Resources and would represent a discontinuation of participation by the intern within every aspect of the training program. The Training Committee would make this determination during a meeting convened within 10 working days of the previous step completed in this

process, or during the regularly-scheduled monthly Training Committee meeting, whichever occurs first. The TD may decide to suspend an intern's clinical activities during this period prior to a final decision being made, if warranted. The internship program will notify APPIC and the intern's home doctoral program of the decision.

All time limits mentioned above may be extended by mutual consent within a reasonable limit.

APPEAL Process

If the intern wishes to challenge a decision made at any step in the Due Process procedures, the intern may request an Appeals Hearing before the Training Committee. This request must be made in writing to the TD within 5 working days of notification regarding the decision with which the intern is dissatisfied. If requested, the Appeals Hearing will be conducted by a review panel convened by the TD and consisting of the TD (or another supervisor, if appropriate) and at least two other members of the training faculty who work directly with the intern. The intern may request a specific member of the training faculty to serve on the review panel. The Appeals Hearing will be held within 10 working days of the intern's request. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel may uphold the decisions made previously or may modify them. Decisions made by the review panel will be shared with the intern and the intern's home doctoral program.

If the intern is dissatisfied with the decision of the review panel, they may appeal the decision, in writing, to the Family Medicine Residency Program Director/Designated Institutional Official within 5 working days of the decision being appealed. The Family Medicine Residency Program Director/Designated Institutional Official has final discretion regarding outcome. Decisions made during these appeal processes will be shared with the intern and the intern's home doctoral program.

Independence Health System Psychology Internship **Grievance Procedures**

Grievance Procedures are implemented in situations in which a psychology intern raises a concern about a supervisor or other faculty member, trainee, or any aspect of the internship training program. Interns who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which an intern raises a grievance about a supervisor, staff member, trainee, or the internship program:

Informal Review

First, the intern should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or the TD in an effort to resolve the problem informally.

Formal Review

If the matter cannot be satisfactorily resolved using informal means, the intern may submit a formal grievance in writing to the TD. If the TD is the object of the grievance, the grievance should be submitted to the Family Medicine Residency Program Director/Designated Institutional Official. The individual being grieved will be asked to submit a response in writing. The TD (or Family Medicine Program Director/Designated Institutional Official, if appropriate) will meet with the intern and the individual being grieved within 10 working days. In some cases, the TD (or Family Medicine Residency Program Director/Institutional Official) may wish to meet with the intern and the individual being grieved separately first. In cases where the intern is submitting a grievance related to some aspect of the training program rather than an individual (e.g. issues with policies, curriculum, etc.) the TD and Family Medicine Residency Program Director/Designated Institutional Official will meet with the intern jointly. The goal of the joint meeting is to develop a plan of action to resolve the matter. The plan of action will include:

- o the behavior/issue associated with the grievance;
- o the specific steps to rectify the problem; and,
- o procedures designed to ascertain whether the problem has been appropriately rectified.

The TD or Family Medicine Residency Program Director/Designated Institutional Official will document the process and outcome of the meeting. The intern and the individual being grieved, if applicable, will be asked to report back to the TD or other Family Medicine Residency Program Director/Designated Institutional Official in writing within 10 working days regarding whether the issue has been adequately resolved.

If the plan of action fails, the TD or Family Medicine Residency Program Director/Designated Institutional Official will convene a review panel consisting of the TD and at least two other members of the training faculty within 10 working days. The intern may request a specific member of the training faculty to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel has final discretion regarding the outcome.

If the review panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to the Human Resources in order to initiate the agency's due process procedures.

Please sign this acknowledgement page and return to the internship Training Director.

Acknowledgment

I acknowledge that I have received and reviewed the Due Process and Grievance procedures of the Independence Health System Psychology Internship. I agree to abide by the procedures outlined in this document. I have been provided with a copy of the document to keep in my files.

Print Name

Signature

Date

Independence Health System Doctoral Psychology Internship Program Telesupervision Policy

The Independence Health System (IHS) Doctoral Psychology Internship Program uses videoconferencing to provide weekly group or individual supervision to any intern who is unable to attend in person due to emergency or personal circumstances (illness, Covid restrictions, transportation issues, inclement weather). This format is utilized to promote seamless interactions among interns dispersed across separate training sites when face to face meetings are not possible. Interns and a faculty facilitator meet in a virtual conference room and interact via high-quality real-time transmission of simultaneous video and audio. Individual or group supervision may occur in this format at the regularly scheduled time. Independence Health places high value on cohesion and socialization of intern cohorts and works to ensure that virtual meetings occur when in person meetings are not possible. Virtual meetings via videoconferencing are an effective way to foster this ongoing connection.

The use of videoconference technology for supervisory experiences is consistent with IHS's training aim as our program places a strong training emphasis on access to behavioral healthcare in rural and underserved areas, which often includes the use of telehealth services. All interns participate in an introduction to telesupervision during the internship orientation and are provided with instruction regarding the use of the videoconferencing equipment at the outset of the training year. Additionally, all supervisors participate in an annual telesupervision training during the end-of-year supervisor retreat.

IHS recognizes the importance of supervisory relationships. Group supervision is led by members of the IHS Training Committee, on a rotating basis, in order to provide interns with the opportunity to experience a breadth of supervisory relationships and supervision modalities. It is expected that the foundation for these supervisory relationships is cultivated initially during orientation, such that interns have formed relationships with the entire Training Committee prior to engaging in videoconference group supervision. Interns are asked to give feedback on their experiences with telesupervision in the program and supervisor evaluations they complete at mid-year and end of year.

For all clinical cases discussed during group supervision, full professional responsibility remains with the intern's primary supervisor, and any crises or other time-sensitive issues are reported to that supervisor immediately. Interns are provided contact information for all IHS psychology supervisors including email and phone numbers, so crises and time-sensitive information can be reported as necessary.

All IHS videoconferencing occurs over a secure network using site-administered videoconferencing technology. Supervision sessions using this technology are never recorded, thus protecting the privacy and confidentiality of all trainees. It is important all interns have

access to telesupervision, and the training committee is committed to ensuring this is possible without burdening the intern. Interns who may not have access to the technology required to participate in telesupervision should meet with the Training Director or their primary supervisor to implement any support necessary to access telesupervision. Technical difficulties that arise during telesupervision and cannot be resolved on site are directed to the Information Technology (IT) Help Desk.

Disclosure Information

Disclosure of Intern Performance During Internship

Intern performance and progress throughout the internship, including areas of strength, opportunities for growth, and any concerns, are regularly reviewed by the Independence Health System Training Committee as well as all staff involved in training. Additionally, information regarding the intern's performance and developmental progress is communicated to the intern's home academic program, typically through the Director of Training.

Confidential consultations with APA may be initiated by the Internship Training Director as necessary. Furthermore, internship documentation may be disclosed to APA site visitors in the context of accreditation reviews.

Disclosure of Personal Information by Interns

The program adheres to the APA Code of Ethics, specifically Policy 7.04: Student Disclosure of Personal Information, which states:

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, orally or in writing, concerning sexual history, history of abuse or neglect, psychological treatment, or relationships with parents, peers, or significant others, except under the following circumstances: (1) when the program or training facility explicitly specifies this requirement in its admissions and program materials; or (2) when such information is necessary to evaluate or obtain assistance for students whose personal difficulties are reasonably judged to interfere with their competent performance of training- or professional-related activities or to pose a threat to themselves or others.

While detailed personal disclosures are not expected, supervisors may inquire about interns' experiences and reactions to clients during supervision sessions, case presentations, or other clinical discussions, given that such reflections can impact therapeutic processes.

Policy on Multiple Roles and Former Clients as Trainees

It is essential that Health Service Psychology Interns have access to comprehensive field training experiences as well as appropriate mental health care. The Independence Health System Internship Program addresses the potential for multiple and dual relationships as follows:

- Employees or students of Independence Health System are prohibited from receiving behavioral health services from interns.
- Interns are not permitted to supervise practicum students with whom they had a prior relationship before the internship.
- Interns may be excused from group supervision sessions when a conflict of interest is identified.

These guidelines are implemented through the following measures:

- Referrals to community mental health providers are offered to employees or students seeking services. Employees are encouraged to utilize the Employee Assistance Program (EAP) for confidential support.
- The internship program ensures that interns do not occupy supervisory roles over individuals to prevent dual relationships.

Additionally, interns may seek mental health services through their personal health insurance or the Employee Assistance Program. Resources such as [PsychologyToday.com](https://www.psychologytoday.com) can assist interns in identifying providers covered by their insurance. Interns may find providers on [PsychologyToday.com](https://www.psychologytoday.com) who offer sliding scale fees by selecting the “sliding scale” option under pricing.

Intern Application Procedures

As a member of APPIC, we participate in the APPIC online application and Match process. To register for the Match and complete the online application, please visit APPIC at www.appic.org. Instructions for completing the application are available on the APPIC website.

Eligibility. Interested applicants must have:

- A minimum of 350 intervention and a minimum of 20 assessment hours (candidates may continue to accumulate hours at the time of application)
 - At least 2 semesters of providing individual therapy experience
 - Comprehensive exams successfully completed and passed by the application deadline
 - All course work completed and a minimum of three years of graduate training at a doctoral program in counseling or clinical psychology, prior to the start of internship
 - Interest in diversity and evidence of self-awareness related to providing culturally informed counseling
 - Dissertation proposal passed by the application deadline
 - Good standing in their academic doctoral home program
 - APA Accredited doctoral program preferred but not required
 - Ability to pass the Criminal Background and Child Abuse clearance requirements of Pennsylvania (Acts 33 and 34) and FBI clearance
 - Ability to pass a drug screen.
 - Ability to provide vaccination records.
- o Please note that failure to pass background checks or provide required documentation may result in denial or later revocation of internship position.

Required Application Materials include:

- APPI Application form
- Curriculum vita
- All graduate transcripts
- Brief cover letter describing your interest in and fit with the internship and your career goals
- Four required essays
- Three letters of recommendation, at least 2 from previous clinical supervisors
- Director of Clinical Training Verification (from doctoral psychology program)

All required materials should be uploaded to the APPIC online application. No additional materials are required supplemental to the APPIC online application. **Completed applications are due on December 1.**

Selection Process

Internship selection is conducted through the APPIC Match system. Members of the Selection Committee start by reviewing your submitted application. This committee includes the internship Training Director, faculty psychologists, Residency Program Director, residency faculty, and current interns. We start by reviewing your educational and practicum experiences to confirm that all applications meet the minimum criteria for admission as outlined above. From there, the

committee will review your written materials, with particular attention to your clinical experiences and interests, and your letters of reference. We may choose to call some of your references for additional information at any point in the selection or interview process. Selection criteria include, but are not limited to:

- Fit with site, including desire to participate in an integrated care training model, expressed interest in the training opportunities offered, and previous experience related to the specific site
- Strong oral and written communication skills
- Openness to learning new approaches and to integrating feedback
- Willingness to consult
- Flexibility, organizational skills, and team player approach are highly valued

Completed internship applications are reviewed in the first two weeks of December. **The Internship Training Director contacts potential applicants to schedule an interview between January 5 – 15.**

Interview Process

Interviews will be conducted via Zoom. We will provide phone interviews for any applicant who does not have access to a reliable web-based video call service. The two hour interview consists of a one hour formal interview with the Internship Training Director and the psychology Clinical Supervisor and an additional interview with other members of the Selection Committee (e.g., faculty physicians or family medicine residents). When interviews occur during Phase II and Post-Vacancy Match period, the two hour interview will be with the Training Director and the Clinical Supervisor. Internship applicants will have the opportunity to ask questions about the internship and the region and to share their interests and hopes for their internship year.

Prospective interns may also engage in an optional meeting with previous interns who trained at Independence Health. These meetings are voluntary and applicants' decision to participate or not participate in one of these "getting to know you" meetings will not be factored into interview ranking decisions.

Ranking & Match Information

After interviews are completed, members of the Selection Committee create the ranked list based on applicants' application materials and interview performance. We specifically look for a match between applicants stated interests and goals for internship and the training experiences available through our program. The Internship Training Director then submits a ranked list to APPIC and abides by the Match rules. We will not solicit information from you about your rankings, preferences or first choices nor will we offer any ranking information.

Our APPIC Match Number is 2655.

Please note that applicants matched with our site must pass background checks and complete the required Human Resources paperwork prior to starting internship. These include:

1. Pennsylvania Child Abuse History Clearance

2. Pennsylvania State Police Criminal Record Check
 3. Federal Bureau of Investigation (FBI Criminal Background Check)
 4. In addition, certain vaccinations are required. Exceptions can be requested and these requests are carefully considered with regard to the needs of the intern and the broader community.
- Questions about vaccinations and exemptions should be emailed to Michele.Mattis@Independence.Health.

Interns who match but do not complete or pass the background checks will not be allowed to start, or, if applicable, continue in the internship program. Background checks that have employment, education, or date discrepancies will be subject to review by Human Resources on a case-by-case basis.

Intern Records

All intern records will be kept indefinitely by the Training Director in an electronic folder. This includes copies of general descriptions of training experiences, important correspondence with academic programs, intern evaluations, and certificates of completion.

Records of formal remediation plans, due process, or grievance procedures are also maintained indefinitely in an electronic folder separate from the above records. The Training Director, clinical supervisors, Family Medicine Program Director and Office Manager have access to the intern's records.

Communication with the Doctoral Program

The Internship Training Committee values open communication with the interns' doctoral program. The Training Director will send Match letters to all interns within one week of Match Day. This email will cc the DCT from the intern's doctoral program. Mid-year evaluations and final evaluation will be sent to the DCT. If there are any concerns requiring informal or formal due process, the DCT will also be notified. The Training Director will share the timeline of the due process steps and ensure all steps are communicated with the DCT. The Training Director will also encourage ongoing communication and welcome the DCT to call or email if any questions or concerns occur to request information about the intern's progress.

Benefits and Stipend

The annual stipend for all interns is \$32,000.

Interns receive a monthly housing stipend and a meal stipend.

Interns receive \$500.00 per year to use for continuing education.

Interns receive a cultural fund of \$300.00 per year.

Professional liability insurance is provided by the hospital.

Each intern will be eligible to live in the hospital-owned housing. Each intern has their own house, complete with a yard and on site maintenance (plus lawn care and snow removal). Family members and pets are welcome! The houses are within walking distance to the hospital's didactic seminars. More information is available on the website.

Independence Health will be closed on the following 6 holidays:

July 4, Labor Day, Thanksgiving, December 25, January 1, Memorial Day

Interns will have off during winter break (December 22, 2026 through January 4, 2027). These days will vary each year depending on specific dates/weekends).

Interns may also have off any day of the year consistent with cultural and religious identities.

Interns have 10 PTO days which may be used any time.

Interns are also entitled to 2 professional development days, which can be used for conferences, dissertation defense, job interviews, or other professional activities.

Interns have the option to enroll in Health Insurance, Dental Insurance, Vision Insurance, and Disability/Life Insurance

Interns have the option to enroll in the hospital's 403(b) tax sheltered annuity plan

Interns have the option to enroll in flexible spending accounts (health care or childcare)

Additional benefits:

Free parking

Employee Assistance Program

Access to library, apps and fitness facility

IPad to use during internship

Attendance Policy

The Internship Program provides interns with holidays and paid time off, as detailed in the *Benefits and Salary* section, and we encourage utilization of this time. However, consistent attendance throughout the internship year is essential to fulfilling the requirements of the program.

We place high value on the health and well-being of our interns and recognize that unforeseen circumstances may occasionally arise. Additionally, both APA and state licensure regulations establish minimum standards for achievement and required clinical hours.

While we are committed to supporting intern self-care, we also emphasize the importance of regular attendance. The nature of our work can be demanding, and attending to one's own well-being is an ethical obligation. We encourage open dialogue regarding the integration of self-care with internship responsibilities.

It is important to note that inadequate attendance may compromise interns' ability to meet the requirements of both the internship and their academic doctoral program. Attendance at scheduled didactic seminars and group supervision sessions, core elements of the training experience, is required. Except in cases of emergency, interns are expected to submit requests for time off to both their individual supervisor and the Internship Training Director no less than three weeks in advance.

Appendix A:

Verification of Review

**Independence Health System Internship
Training Manual**

By signing below, I acknowledge that I have read the Independence Health System Internship Training Manual. I agree to follow the policies and procedures within. I have had the opportunity to discuss questions and/or concerns with the Internship Training Director. I am aware that I can ask questions or seek clarification on any of the Training Manual contents at any point during the internship year.

Intern Name (Printed): _____

Intern Signature: _____

Date: _____

Internship Training
Director Signature: _____
Michele Mattis, Psy.D., MSCP

Date: _____

APPENDIX B:

Independence Health System Psychology Internship Program Intern Evaluation

Psychology Intern:
Primary Supervisor:
Date of Evaluation:
Dates Evaluation Covers:
Date of Observation:
Evaluation Methods Used: <ul style="list-style-type: none"> <input type="checkbox"/> Direct/live observation <input type="checkbox"/> Video/Audio Recording <input type="checkbox"/> Case Presentation <input type="checkbox"/> Review of clinical documentation <input type="checkbox"/> Co-facilitation of therapy <input type="checkbox"/> Feedback from other staff <input type="checkbox"/> Seminar discussions <input type="checkbox"/> Other: _____

Please complete the intern evaluation using the scale below. Please include comments for each of the nine required profession wide competencies. The evaluation includes feedback from all training staff. **Direct live or recorded observation must be completed at least once each evaluation period.**

1. Remedial: Performance significantly below expected level for doctoral intern in health service psychology. Intern requires close monitoring and significant training and supervision to meet basic tasks. Remediation plan needed.

2. Beginning/Developing Competence: Expected level of competence for interns pre-internship but below expected level for doctoral intern in health service psychology. Intern requires additional supervision and monitoring of basic tasks. Remediation plan needed.

3. Intermediate Competence: Performance approaching expected level of competence for independent practice and is at expected level for doctoral intern in health service psychology at mid year. Intern continues to consult and demonstrates appropriately increasing independence.

4. Proficient Competence: Performance at expected level for independent practice for entry level health service psychologist and is performing at the developmentally appropriate level for the end of the internship year. This is the minimum level of achievement for successful completion of internship at the end of the training year.

5. Advanced Competence: Performance at advanced level for entry level health service psychologist. Intern demonstrates mastery of basic and some advanced skills associated with this competency.

1. Research	Score
Demonstrate the substantially independent ability to conduct research or other scholarly activities that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.	
Critically evaluate and disseminate research or other scholarly activity via professional publication or presentation at the local (including the host institution), regional, or national level.	
Integrate culturally informed research into case presentations and clinical work.	
Effectively translate evidence-based research to clinical practice.	
Average Score for Research Profession Wide Competency	
Comments	

2. Ethical and Legal Standards	Score
Is knowledgeable of and acts in accordance with the current version of: <ul style="list-style-type: none"> - 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, and 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.	
Conduct self in an ethical manner in all professional activities.	
Consult with the supervisor and other staff members when working through an ethical dilemma.	
Average Score for Ethical and Legal Standards	
Comments	

3. Individual and Cultural Diversity	Score
Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.	
Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing 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.	
The ability to apply a framework for working effectively with areas of individual and cultural diversity.	
Demonstrates the ability to work with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.	
Average Score for Individual and Cultural Diversity	
Comments	

4. Professional Values and Attitudes	Score
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Behaves in ways that reflect the values and attitudes of psychology, including 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.	
Prepares adequately for supervision and actively seeks, engages in, and is receptive to feedback in supervision, integrating feedback into subsequent work.	
Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.	
Average Score for Professional Values and Attitudes	
Comments	

5. Communication and Interpersonal Skills	Score
Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.	
Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.	
Demonstrates effective interpersonal skills and the ability to manage difficult communication well.	
Responds to communication from clients and staff in a timely manner.	
Average Score for Communication and Interpersonal Skills	
Comments	

6. Assessment	Score
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Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.	
Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).	
Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.	
Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity considerations and contextual influences (e.g., family, social, societal, and cultural) of the service recipient.	
Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decisionmaking biases, distinguishing the aspects of assessment that are subjective from those that are objective.	
Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.	
Integrates socio-cultural context into the assessment process, including clinical interviews, interpretation, and oral and written clinical documents.	
Average Score for Professional Values and Attitudes	
Comments	

7. Intervention	Score
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.	
Demonstrates the ability to present effectively psychoeducational programming and/or teach effectively.	
Maintains timely clinical documentation in accordance with agency, ethical, and legal requirements.	
Average Score for Intervention	
Comments	

8. Supervision	Score
Demonstrate knowledge of supervision models and practices.	
Apply 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.	
Apply the supervisory skill of observing in direct or simulated practice.	
Apply the supervisory skill of evaluating in direct or simulated practice.	
Apply the supervisory skills of giving guidance and feedback in direct or simulated practice.	
Provides strength-based and constructive feedback to support the supervisee's professional development.	
Average Score for Supervision	
Comments	

9. Consultation and Interprofessional/Interdisciplinary Skills	Score
Demonstrate knowledge and respect for the roles and perspectives of other professions.	
Applies 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.	
Average Score for Consultation and Interprofessional/Interdisciplinary Skills	
Comments	

Summary
Areas of Strength
Areas of Growth

Signature of Doctoral Intern: _____

Date: _____

Signature of Supervisor: _____

Date: _____

Appendix C:

**INDEPENDENCE HEALTH SYSTEM PSYCHOLOGY INTERNSHIP
EVALUATION OF SUPERVISOR**

Psychology Intern:

Primary Supervisor:

Date of Evaluation:

Please use the following scale to rate your supervisor on the following items. Your feedback is important to us and helps us continue to improve the internship and meet intern training needs. Please complete this evaluation and discuss it with your supervisor after you and your supervisor have reviewed your evaluation. Copies should be provided to your supervisor and to the Internship Training Director.

Rating Scale

1 Not at all	2 Below Expectations	3 Meets expectations	4 Above expectations	5 Significantly exceeds expectations
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Supervisor Responsibilities. My supervisor:	Rating
1. Attends supervision sessions on time and as planned.	
2. Is available for informal consultation as needed outside of our regularly scheduled supervision.	
3. Reviews and provides feedback on clinical documentation in a timely manner.	
4. Discusses internship site's policies and procedures.	
5. Is clear about my responsibilities in supervision.	

COMMENTS:

For any items rated 2 or lower, please include details.

Supervision Content. My supervisor:	Rating
1. Provides strength-based and growth-oriented feedback for interventions and assessments.	
2. Helps me evaluate, modify and refine my approach to therapy.	
3. Helps me integrate client identities and cultural context into my clinical work.	
4. Discusses ethical practice considerations regarding my clinical work	
5. Helps me improve my organization and time management skills.	
6. Promotes empathy and understanding of clients from a cultural perspective.	
7. Helps me understand and work with the therapist-client relationship, including discussion of my own reactions and feelings that occur during interventions.	
8. Provides support and feedback during consultations.	
9. Demonstrates and shares knowledge of evidence-based practice and research related to my clinical work and internship experience.	

Comments:

For any items rated 2 or lower, please include details.

Supervision Relationship/Process. My supervisor	Rating
1. Works to establish and maintain a safe and supportive supervisory relationship.	
2. Helps me establish and monitor my training goals.	
3. Promotes my self-awareness and self-reflection regarding my clinical work.	
4. Attends to social identities and diversity within our supervisory relationship.	
5. Provides effective feedback on my strengths and growth edges.	
6. Challenges me in a supportive and effective manner.	
7. Supports me in managing my internship responsibilities.	
8. Supports my progress toward timely and successful completion of internship	

Comments:

Assistance in Professional Development. My supervisor	Rating
1. Is a positive, professional role model.	
2. Supports my professional identity development.	
3. Exhibits flexibility in supervision as needed.	
4. Facilitates increasing autonomy in my role based on my development of competencies.	
Comments	
For any items rated 2 or lower, please include details.	

Please rate your supervisor on each of these dimensions:	
1. Supervision is helping me facilitate more effective therapeutic outcomes with my clients.	
2. As a result of supervision, I feel more confident and comfortable providing therapy and assessment services.	

3. Overall I feel satisfied with my supervision.	
<p>Comments:</p> <p>For any items rated 2 or lower, please include details.</p>	

Please provide answers to the following questions to help your supervisor meet your training needs.

1. Please provide an example of an experience in supervision that had a significant, positive impact on you.

2. Please describe an experience in supervision in which you wished your supervisor had helped differently or could have been more helpful.

Intern Signature Date _____

Supervisor Signature Date _____

Appendix D:

Case Presentation

Case presentations are scheduled for 40 – 50 minutes. Your presentation should follow the biopsychosocial-cultural model used throughout the year in supervision. Please consider the following topics below and choose the most salient when presenting your case. Following your presentation we will discuss your strengths and growth areas to consider for future patient encounters.

1. Patient background

- a. Demographics social identities - Disguise client's identity
- b. Mental status

2. Patient's presenting concern(s)

- a. Number of sessions to date
- b. Precipitating factor(s) for patient entering therapy
- c. Patient goal(s) for therapy
- d. Patient engagement in therapeutic process

3. Patient history (as related to the presenting concern or concerns)

- i. Family
- ii. Social
- iii. Relational
- iv. Education
- v. Work
- vi. Medical, including psychiatric medications and consultations
- vii. Major life events
- viii. Patient strengths
- ix. Previous psychological treatment
- x. Legal issues (be very careful to disguise or delete if they may be identifying, especially when considering social identities)
- xi. Substance use – historic and current

4. Patient's current functioning

- a. From areas noted in 3 (Client History), identify
 - i. Areas of strength
 - ii. Symptoms
 - iii. Areas affected by client concerns
 - iv. Areas that may be contributing to client concerns
 - v. Psychosocial stressors

5. Specific symptoms and diagnostic considerations

- a. Include start of symptoms/concerns and progression
- b. Integrate consideration of social identities and experiences related to marginalized or privileged social identities
- c. Include patient strengths and what they have done to cope with and address their concerns
- d. Assessments used/how assessment was conducted

- e. DSM-V diagnosis
- 6. Treatment plan**
- a. Link to patient goals
 - b. Integrate evidence-based practice
 - c. Indicate anticipated length of treatment
 - i. If longer than 10 sessions, patient goals should include long term and short term goals
- 7. Patient progress toward goal(s)/on treatment plan**
- 8. Therapeutic successes and challenges**
- 9. Theoretical conceptualization**
- a. What are the primary theories guiding your understanding of and work with the patient (it may be only one or more than one)?
 - i. Include at least two scholarly references that help us understand how you think about your patient's concerns and experiences from a theoretical/conceptual perspective
 - b. Include relevant cultural considerations, consider potential impact of marginalized identities, privilege, experiences with discrimination, racism, sexism, homophobia, etc.
 - c. In addition to theoretical orientation, what other issues may need to be considered (e.g., health concerns, substance misuse, relationship violence, etc.)?
 - d. Identify two interventions that have been successful with the patient.
 - e. Identify one intervention that was not as successful for the patient. What did you learn as a result of that/what would you do differently?
- 10. Questions/feedback you would like for your work**

Appendix E: Case Presentation Rubric

Please rate the intern's presentation according to the following level of development:

1. Remedial: Performance significantly below expected level for doctoral intern in health service psychology. Intern requires close monitoring and significant training and supervision in case conceptualization. Remediation plan needed.
2. Beginning/Developing Competence: Expected level of competence for interns pre-internship but below expected level for doctoral intern in health service psychology. Intern requires additional supervision and monitoring in case conceptualization. Remediation plan needed.
3. Intermediate Competence: Performance approaching expected level of competence for independent practice and is at expected level for doctoral intern in case conceptualization at mid year.
4. Proficient Competence: Performance at expected level for independent practice for entry level health service psychologist in the area of case conceptualization. Intern is performing at the developmentally appropriate level for the end of the internship year.
5. Advanced Competence: Performance at advanced level for entry level health service psychologist. Intern demonstrates mastery of basic and some advanced skills associated with case conceptualization.

Background Information Score: _____

1. **Patient background**
2. **Patient's presenting concern**
3. **Patient history (as related to the presenting concern or concerns)**

Assessment of Current Functioning, Symptoms and Diagnostic Considerations Score _____

4. **Patient's current functioning**
5. **Specific symptoms and diagnostic considerations**

Treatment Planning, Goals, Progress, Success and Challenges Score _____

6. **Treatment plan**
7. **Evidence-based interventions**
8. **Patient progress toward goal(s)/on treatment plan**
9. **Therapeutic successes and challenges**

Theoretical Conceptualization Score _____

10. Theoretical conceptualization

Clinical Questions and Openness to Feedback Score _____

11. Questions/feedback you would like for your work

Cultural Considerations Score _____

12. Identities

13. Diversity models

14. Self-Reflection

Evidence-Based/Research _____

15. Supporting evidence

16. Citations

Totals:

Background _____

Assessment _____

Treatment Planning _____

Theoretical Conceptualization _____

Clinical Questions and Openness to Feedback _____

Cultural Considerations _____

Evidence-Based/Research _____

Mean Score: _____

Strengths of Presentation:

Suggestions for Improvement: