

INDEPENDENCE HEALTH SYSTEM PSYCHOLOGY INTERNSHIP



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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 and for providers 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 full-time clinical responsibilities with a strong emphasis on education and supervised training. We are committed to meeting you where you are in your developmental journey and to providing a collaborative learning environment. Together, we will assess your current competencies and work toward your professional growth. Our interdisciplinary team—including psychologists, a psychiatrist, physicians, and nursing staff—will support you in expanding your foundational skills as you progress toward independent practice.

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

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

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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 applying for APPIC membership.

Organization 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, in collaboration with staff at all internship sites, 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, site training directors, supervisors, and the interns' academic program Director of Clinical Training.

The **Training Committee** is a collaborative group including the Internship Training Director, the psychology clinical supervisor, Family Medicine Residency Program Director, psychiatrist, 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.

Program Structure

Our internship program hosts two interns who begin their one year, full-time doctoral internships on July 1, 2026 (or the first appropriate business day thereafter). The internship ends on June 30, 2027. 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. 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, both agencies embrace 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.

Tele-supervision may be provided for some of your internship experience. Please review the Tele-supervision policy. We will provide the technical support and equipment should this occur. Furthermore, an intern or supervisor may request tele-supervision for COVID related reasons such as exposure. We rely on CDC guidelines to inform our decisions about this.

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.

The internship as well as the American Psychological Association recognize the importance of connection between interns and we provide opportunities for this sense of community to develop. To facilitate community and connection, training days will occur in person unless the internship site moves to a virtual work environment due to increased COVID cases in the county. In addition, should an intern, trainer, or supervisor providing training need to quarantine due to exposure to COVID, the training will move to a virtual format. It is possible that someone involved in the Friday training day may learn of exposure the morning of the training. If this occurs, we have the flexibility to adjust to a virtual learning day.

Internship Overview

All consortium members endorse and adhere to the philosophy and model of training, the mission of our consortium, 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 each consortium 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 of our consortium and are 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, intakes, assessment, group counseling, consultation, and outreach. The internship provides 2 hours per week of individual supervision with a licensed psychologist, 1 hour of weekly group supervision (case conference and supervision of supervision), and 1 hour weekly of diversity/assessment supervision. In addition, the internship provides weekly didactic training, staff/team meetings, administrative activities, and research experiences and time. Intern training days occur both in person. Most of the internship training occurs on Fridays.

Orientation

Orientation Overview

Orientation constitutes a critical component of our internship program, marking the commencement of the year-long mentoring and training process. Independence Health 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 Touchworks 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 Allscripts
 - Safety Protocols, encompassing Crisis Intervention and Suicide Assessment
 - Procedures for Intakes and Concise Appointments
 - DSM Diagnostic Criteria
 - Treatment Planning

Supervision

Four types of supervision are provided to interns: individual supervision, group supervision, diversity/assessment supervision, and 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

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.

Diversity and Assessment Supervision

Interns participate in weekly one-hour supervision sessions during both the fall and spring semesters. These sessions alternate between Diversity Supervision and Assessment Supervision throughout the academic year.

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.

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 provides 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 provide 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.
- Provision of Supervision: The intern is engaged in supervision and training of medical residents to enhance the residents' patient interactions. In the spring semester, the intern may have the opportunity to supervise a practicum student from a local university doctoral program.

Didactic Seminars

Didactic seminars are offered weekly and include both interns. The goals of these 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, 2 hour didactic seminars each week. The seminars are facilitated by internship staff members, psychologists and licensed mental health providers from the community, or other medical staff at Independence. Most didactic seminars are two hours but during orientation, didactic seminars may vary.. Didactic seminars rotate throughout the training year and include the following topics:

- Ethics (4 seminars)
- Crisis Intervention (2 seminars)
- Consultation Models (2 seminars)
- Group Counseling (2 seminars)
- Outreach (2 seminars)
- Vocational (2 seminars)
- Therapist Self Care (3 seminars)
- Supervision (6 seminars)
- Psychopharmacology (8 seminars)
- Therapeutic Frame (14 seminars)

Includes intakes/warm hand-off appointments, disposition and treatment planning, evidence-based practice, and termination)

- **Therapeutic Intervention (7 seminars)**
Includes mindfulness, motivational interviewing, self-disclosure, and creativity in counseling

Interns also engage in a 1 hour weekly seminar for professional issues and professional development. During this seminar, interns discuss ethical practices and decision making and engage in conversation about their professional journeys and identity development as a health service psychologist.

Interns also participate in Research Seminar. This seminar is held for 1 hour a month. Integrated care is a growing and much needed focus in health service psychology; therefore we host speakers and discussions around the practice of engaging in integrated care.

The Research Seminar meets monthly to support and explore intern's progress on their research project, provide support for the research project, and discuss other issues related to research that may be helpful.

Interns also attend relevant training at Independence Health System daily from 7:30-8:30am. Grand Rounds is a biopsychosocial presentation offered monthly by a current medical resident. The audience includes all family medicine residents and family medicine physicians. Topics include the integration of biological and psychosocial factors to consider in medical decision making. It is important to understand these topics so that interns can include the biological basis of behaviors in their case presentations.

Research

Research is a profession wide competency set forth by APA and can be achieved in one of two ways. Interns may be able to collaborate with the family medicine residents at Independence on a quality improvement project. This option is available to both interns but depends on the projects selected by the residents. In the first several weeks of the internship year, the Director of Behavioral Sciences at Independence 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. A second option is for interns to spend their research time working to complete their dissertations. This may include tasks to complete their dissertation or turning their completed dissertation into a presentation or publication. Interns have the opportunity to present their research at a multidisciplinary Research Day held in May each year. Five other hospital systems also participate in Research Day.

Example Training Schedule (Fridays)

9:00 – 11:00 Doctoral Intern Didactic Seminars

11– 12 Group Supervision of Individual Therapy

- 12 – 1 Intern Lunch
- 1 – 2 Diversity/Assessment Supervision (rotates weekly)
- 2 – 3 Professional Issues/Development Seminar
- 3 – 5 Research Project Collaboration

Example Weekly Intern Schedule

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 (average .25 per week)
Assessment	1 hour per week
Outreach	Varies
Clinical Consultation	2 hours per week
Psychiatric Consultation Observation	2 hours per week
Co-supervision/supervision of prac student	1 hour per week
Medical Resident Supervision	1 hour per week
<i>TOTAL</i>	<i>16.25 hours per week</i>
Supervision	Average Hours Per week
Individual Supervision	2
Assessment/Diversity Supervision (rotates weekly)	1
Group Supervision of Individual Therapy	1
Supervision of Group	1 hour per month (.25 per week)
Supervision of Supervision	1
<i>TOTAL</i>	<i>5.25</i>
Didactic Seminars	Average Hours Per Week
Intern Didactic Seminars	2 hours per week
Professional Development Seminar	1 hour per week
Research Seminar	.25 (1 hour per month)
Training Director Check In	.25 (1 hour per month)
Morning Report Medical Lecture	2 hours per week
<i>TOTAL</i>	<i>5.5 hours per week</i>
Administrative Activities	Average Hours Per week
Paperwork/supervision prep	6
Research (dissertation or project)	2
Office meeting	3
<i>Total</i>	<i>11</i>
GRAND TOTAL	About 40

Most weeks are 40 hours per week.

Interns have the option, in the spring semester, to engage in either more assessment or additional supervision of a practicum student if either is a strong interest of theirs. These opportunities depend on availability of practicum students and demand for assessment. Assessment hours will be balanced out with the individual client caseload. These requests should be made to the Internship Training Director.

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 consortium 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 internship sites and across the consortium.
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 consortium 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 consortium 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 consortium 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.

N/A indicates insufficient information to evaluate the learning element at this time.

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 client 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

Due Process Policy

Overview

The Due Process and Grievance Procedures serve to ensure that decisions made by the Internship Program are fair, consistent, and free from personal bias. These procedures are aligned with the accreditation standards set forth by the American Psychological Association (APA). Internship is a period of substantial professional growth, during which interns receive ongoing feedback. Most challenges encountered during this time are expected developmental experiences and are typically addressed through regular supervision. Open dialogue about areas for growth is encouraged as a core component of professional development.

However, when concerns become more serious and reflect inadequate performance or unprofessional behavior, the Due Process Procedure is implemented. This procedure is designed to safeguard the intern's rights and to provide an opportunity for the intern to remediate identified concerns with appropriate support.

Identification of Problematic Behavior

In rare instances, an intern may exhibit behaviors, attitudes, or characteristics that interfere with their professional functioning, the quality of clinical services provided, or their relationships with colleagues and staff. Problematic behavior may include, but is not limited to:

- Failure or unwillingness to incorporate ethical and professional standards, including adherence to the APA Code of Ethics, Pennsylvania State Board of Psychology regulations, and Internship and Consortium policies.
- Inability or unwillingness to develop and demonstrate essential professional competencies.
- Inability or unwillingness to manage personal stress, psychological concerns, or emotional responses that negatively impact professional performance.

Determinations regarding problematic behavior are made through professional judgment by the intern's supervisor(s) and the Training Committee and are distinguished from more routine developmental concerns typically addressed informally.

Problematic behavior is characterized by one or more of the following:

- Lack of insight, denial, or refusal to address concerns when raised.
- Deficits that extend beyond didactic or academic gaps.
- Negative impact on the quality of services.

- Concerns spanning multiple areas of functioning.
- Requiring disproportionate supervisory or staff resources.
- Insufficient response to feedback, supervision, or remediation.
- Potential for ethical violations or legal consequences.
- Risk of harm to clients.
- Disruptive or inappropriate communication with agency personnel.

Procedures for Addressing Problematic Behavior

Step 1: Informal Review

When problematic behavior is identified, the intern's primary supervisor will meet with the intern to discuss the concern and provide:

- Clear examples of the behavior(s) in question.
- Expectations for improvement.
- A defined timeframe for the necessary behavioral adjustments.

The Internship Training Director is notified within five (5) business days of the initial meeting. If the intern successfully meets expectations, this is documented in supervision notes (not part of the intern's permanent file) and reflected in the next formal evaluation. If concerns persist or new issues arise, a Formal Review is initiated.

Step 2: Formal Review

The Formal Review process is triggered when:

- Informal resolution fails.
- Additional or more severe issues emerge.
- A supervisor rates the intern a "1" or "2" on the mid-year evaluation.

Process:

1. The concern is reported to the Internship Training Director.
2. The intern is notified in writing of the identified issue and the initiation of the Formal Review process, including a scheduled Hearing.
3. A hearing is held within five (5) business days, involving the intern, supervisor, and Internship Training Director (or another supervisor if the Director raised the concern). The intern may present a written or verbal response.
4. Within five (5) business days of the hearing, the Training Committee convenes to determine appropriate next steps, which may include:

- a. No Further Action

A summary letter is provided to the intern indicating that no further action is necessary.

- b. Further Action Without Remediation Plan

A letter is issued acknowledging the concern and outlining expectations for improvement. This letter is shared with the intern's academic program.

- c. Further Action With Remediation Plan

A formal remediation plan is developed to address and monitor progress. This plan includes:

- Identification of the problematic behaviors or deficits.
- Specific recommendations for remediation.
- A defined timeframe.
- Evaluation methods to assess success.

The plan is shared with the intern and their academic program and placed in the intern's permanent file.

Remediation Strategies May Include:

- Increased or modified supervision.
- Reflective assignments.
- Reassignment of supervisors or modification of supervisory focus.
- Recommendation for personal therapy or assessment.

- Reduction in responsibilities.
- Additional training or coursework.

Outcome Evaluation:

At the conclusion of the remediation period, the Internship Training Director and supervisor evaluate the intern's progress. A determination is made whether:

1. The intern has sufficiently improved and exits remediation.
2. The intern requires an extension and a revised plan is implemented.
3. The concern persists, warranting consideration of suspension.

Step 3: Suspension

Suspension involves temporary removal from all clinical and direct service activities. During this time, the intern may engage in:

- Enhanced supervision.
- Didactic learning.
- Clinical skills practice.
- Mentorship or other interventions.

A written suspension plan outlines:

- The behavior(s) of concern.
- Required remedial actions.
- A timeframe for completion.
- Evaluation criteria.

At the end of the suspension, a written summary determines whether the intern may resume clinical activities. If reinstated, the intern may remain under probation with a remediation plan.

A change in supervisor may be considered if deemed to enhance the intern's success, pending Training Committee approval. The new supervisor assumes responsibility for the remediation process.

Immediate Suspension or Termination

Immediate termination or suspension may occur in cases of:

- Gross misconduct.
- Serious ethical violations.
- Noncompliance with workplace policies.
- Behavior endangering clients or compromising professional responsibilities.

This decision is made by the Training Committee in consultation with Human Resources and completed within 10 business days of the Formal Review hearing. APPIC and the intern's academic program are notified within five (5) days. Termination may impact the intern's ability to graduate.

Interns are informed during orientation about what constitutes grounds for dismissal, as outlined in site-specific handbooks and HR policies.

Appeals Process

Interns may appeal any decision related to notification, remediation, suspension, or dismissal by submitting a written appeal with supporting documentation to the Family Medicine Residency Program Director (Appeals Chair) within five (5) business days of notification.

Appeal Procedure:

- The Appeals Chair, in consultation with the Training Committee, determines whether to convene a Review Panel or respond directly.
- If convened, the panel includes the Appeals Chair, the Internship Training Director, and one licensed supervisor. (A substitute is designated if the Director is involved.)
- The panel may conduct interviews and review documentation.
- The intern is given the opportunity to present their perspective.
- The panel has 15 business days to complete its review.
- A written decision is issued to the intern within three (3) business days of the panel's conclusion.

Finality:

The decision of the Review Panel is final.

Grievance Policy

Occasionally, conflicts or concerns may arise in the workplace that require resolution. All staff, including interns, are encouraged to first address issues through informal means and to seek consultation as appropriate. However, we recognize that not all concerns can be resolved informally. Therefore, a formal grievance process is available.

A **grievance** is defined as a complaint, conflict, or dispute that may involve the training program or individuals associated with it. Interns may raise concerns regarding any component of the program, including training experiences, policies, procedures, evaluations, supervisors, staff, other trainees, or any related matter.

Our grievance process follows the guidelines outlined in the *APA Ethical Principles of Psychologists and Code of Conduct*.

Relevant Ethical Guidelines

- **Standard 1.04:** Psychologists should make efforts to resolve concerns informally and promptly, which constitutes the initial step of this grievance process—unless the intern feels unsafe or such a resolution would compromise confidentiality.
 - **Standard 1.07:** Grievances must be brought forth in good faith. Interns may rest assured that no negative consequences will result from submitting a grievance in good faith.
-

Steps in the Grievance Resolution Process

Step 1: Informal Resolution

Interns are encouraged to first discuss the concern directly with the individual(s) involved. They may also consult informally with their primary supervisor and/or the Internship Training Director.

Step 2: Formal Grievance Submission

If informal resolution is not feasible or the intern does not feel safe pursuing it, a formal grievance may be submitted in writing to the Internship Training Director. If the concern involves the Internship Training Director, the grievance should be submitted to the Family Medicine (FM) Residency Program Director.

The formal grievance letter should include:

- Date of grievance
- Intern's name
- Names of involved parties (e.g., supervisor, Training Director)

- Detailed description of the grievance (including dates, individuals involved, and specific concerns)
- Description of actions taken by the intern and others involved (if applicable)
- Any relevant supporting information
- Intern's signature and submission date

Step 3: Response and Initial Review

The individual named in the grievance will be asked to submit a written response within **five (5) business days**.

Within **five (5) business days** of receiving this response, the Internship Training Director (or FM Program Director) will convene a meeting with both the intern and the individual named in the grievance to develop a **Plan of Action**.

If deemed appropriate, the Director may choose to meet with the parties separately.

The **Plan of Action** will be documented and signed by all involved parties. It will include:

- The behavior or issue prompting the grievance
- Specific steps for resolution
- Timeline for resolution (if exceeding 10 business days)
- Mechanism to evaluate whether the grievance has been adequately addressed

Interns and involved parties must report back in writing within **10 business days** (or the agreed timeframe) to confirm whether the issue has been resolved.

Step 4: Resolution or Review Panel Request

If the grievance is resolved, a **Letter of Resolution** will be signed by the Internship Training Director, FM Program Director, the intern, and other relevant parties. All records will be filed appropriately.

If the intern remains unsatisfied with the outcome, they may request a **Review Panel** within **10 business days** (or the timeline noted in the Plan of Action).

- If the grievance involves the Training Director, the request should be submitted to the FM Program Director.
- If the grievance involves the FM Program Director, the Training Director will appoint the panel.

Step 5: Review Panel Proceedings

The Review Panel will be composed of the FM Program Director and two licensed staff members not involved in the grievance. A Chair will be appointed by the FM Program Director.

Within **five (5) business days**, the Review Panel will:

- Review all grievance-related materials
- Request additional information or interviews as needed
- Submit a written report with recommendations to the FM Program Director within **three (3) business days** of completing the review

Decisions will be made by majority vote if consensus cannot be reached. The Panel may consult with Human Resources or the Title IX Coordinator if applicable.

Within **three (3) business days** of receiving the report, the FM Program Director will review the recommendations and communicate any decisions or actions to the intern, involved parties, and, if appropriate, the intern's Academic Training Director.

Step 6: Escalation to Employer Agency

If the issue remains unresolved, the matter will be referred to the employer agency to proceed with the due process and grievance procedures outlined in the intern's employment contract.

All documentation related to the grievance will be securely maintained in accordance with APA requirements and stored in the Independence Health System Internship records.

Videoconferencing use

Videoconferencing will be utilized for situations that require the meetings of interns and training staff who are located in geographically different areas of Pennsylvania. When videoconferencing is used for supervision, the platform will be HIPAA compliant and interns and staff must find a space that is private, secure, and free from distractions.

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 across the consortium sites. 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 APPIC and APA may be initiated by the Internship Training Director as necessary. Furthermore, internship documentation may be disclosed to APPIC and 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 EAP. Resources such as Psychology Today can assist interns in identifying providers offering sliding scale fees by selecting the “sliding scale” option under pricing.

Intern Application Procedures

Eligibility. Interested applicants must have:

- A minimum of 350 intervention and assessment hours combined (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.
 - Please note that failure to pass background checks or provide required documentation may result in denial or later revocation of internship position.

Application Deadline is December 1, 2026.

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
- Three letters of recommendation, at least 2 from previous clinical supervisors
- Director of Clinical Training Verification (from doctoral psychology program)

Please note that we are in the process of applying for APPIC membership. If our membership is approved in time to participate in the Match process, we will do so. If not, we will still accept applications, including all of the materials above.

Please email the information as one PDF file to the Internship Training Director, Michele Mattis, at Michele.Mattis@independence.health . We will use the same interview dates and process and will notify applicants with decisions on Match Day according to APPIC.

Selection Process

Internship selection is conducted through the APPIC Match system. Selection criteria include, but are not limited to:

- The above stated minimum requirements

- 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 – 16, 2026. Intern candidates not selected for an interview will be notified by December 12, 2025.** 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 interview consists of a one hour interview with the Internship Training Director and the psychology clinical supervisor and a 30 minute interview with two faculty physicians or family medicine residents. 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. Although this is the first year for Independence Health System internship, there have been interns who have trained here as part of the Chatham University - Independence Health System Internship Consortium from 2024 to 2026. Prospective interns may also engage in an *optional meeting* with previous 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.

After interviews are completed, the Internship Training Director 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. If candidates are not ranked, they will be notified before the day rankings are due for candidates. We will announce this date after August 1, 2026, when APPIC announces match dates for the 2026 – 2027 training year.

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.

Benefits and Stipend

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

Both interns 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 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, and 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.
- The option to enroll in Health Insurance, Dental Insurance, Vision Insurance, and Disability/Life Insurance
- The option to enroll in flexible spending accounts (health care or childcare)
- Free parking
- Employee Wellness Program
- Access to library, apps and fitness facility
- iPad to use during internship

Attendance Policy

IHS 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 an intern's 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 of Training Manual

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: EVALUATION FORMS

Evaluation of Intern

Intern Evaluation of Primary Supervisor

Intern Evaluation of Site and Internship Experience

INDEPENDENCE HEALTH PSYCHOLOGY INTERNSHIP INTERN EVALUATION

Psychology Intern: _____

Primary Supervisor: _____

Date of Evaluation _____

Dates Evaluation Covers: From _____ to _____

EVALUATION METHODS USED:

___ Direct/live observation: Please indicate date(s) of observation _____

___ Video/Audio Recording

___ Case Presentation

___ Review of clinical documentation

___ Co-facilitation of therapy

___ Feedback from other staff

___ Seminar discussions

___ Other: - Please describe:

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.**

- N: Not enough information at this time to provide an evaluation of this learning element.
- 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.

I. Research. The intern:	
A. Demonstrates substantially independent ability to evaluate critically and disseminate research or other scholarly activities (e.g., case conference, presentation, publication) at the local (including host institution), regional, or national level.	
B. Disseminate research or other scholarly activities (e.g., case conference, presentation, publications at the local (including host institutional), regional, or national level	
C. Integrate culturally informed research into case presentations and clinical work.	
D. Effectively translate evidence-based research to clinical practice.	
Average Score for Research Profession Wide Competency (reason – to give the reviewers their proximal data)	
Comments	

II. Ethical and Legal Standards. The intern:	
A. 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; and ● relevant professional standards and guidelines. 	
B. Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas.	
C. Conduct self in an ethical manner in all professional activities.	
D. Consult with supervisor and other staff members when working through an ethical dilemma.	
Average Score for Ethical and Legal Standards	
Comments	

III. Individual and Cultural Diversity. The intern:	
A. 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.	
B. 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.	
C. Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.	
D. Demonstrates the ability to apply a framework for working effectively with areas of individual and cultural diversity	
E. 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	

IV. Professional Values and Attitudes: The intern:	
A. 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.	
B. Engages in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.	
C. Actively seeks and demonstrates openness and responsiveness to feedback and supervision.	
D. Responds professionally in increasingly complex situations with a greater degree of Excela as they progress across levels of training.	
Average Score for Professional Values and Attitudes	
Comments	

V. Communication and Interpersonal Skills. The intern:	
A. Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.	

B. Demonstrates a thorough grasp of professional language and concepts; produce, comprehend, and engage in communications that are informative and well-integrated..	
C. Demonstrates effective interpersonal skills and the ability to manage difficult communication well.	
D. Responds to communication from clients and staff in a timely manner.	
Average Score for Communication and Interpersonal Skills	
Comments	

VI. Assessment. The intern:	
A. Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.	
B. Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural).	
C. Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.	
D. Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.	
E. Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.	
F. 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.	
G. Integrates socio-cultural context into the assessment process, including clinical interviews, interpretation, and oral and written clinical documents.	
Average Score for Assessment	
Comments	

VII. Intervention. The intern:	
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A. Establishes and maintains effective relationships with the recipients of psychological services.	
B. Develops evidence-based intervention plans specific to the service delivery goals.	
C. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.	
D. Demonstrates the ability to apply the relevant research literature to clinical decision making.	
E. Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.	
F. Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation.	
G. Demonstrates the ability to present effectively psychoeducational programming and/or teach effectively.	
H. Provides ethical and responsible service for clients (e.g., keeping timely appointments, disclosure of training status and supervisor).	
I. Maintains timely clinical documentation in accordance with agency, ethical, and legal requirements.	
Average Score for Intervention	
Comments	

VIII. Supervision: The intern:	
A. Applies knowledge of supervision models and practices 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.	
B. Apply the supervisory skill of observing in direct or simulated practice	
C. Apply the supervisory skill of evaluating in direct of simulated practice	
D. Apply the supervisory skills of giving guidance and feedback in direct or simulated practice	
E. Prepares adequately for supervision and actively seeks, engages in, and is receptive to feedback in supervision, integrating feedback into subsequent work.	
F. Provides effective feedback to peers.	
G. Provides strength based and constructive feedback to support supervisee's professional development.	
Average Score for Supervision	
Comments	

IX. Consultation and Interprofessional/Interdisciplinary Skills.		
The intern:		
A. Demonstrate knowledge and respect for the roles and perspectives of other professions.		
B. 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 (reason – to give the reviewers their proximal data)		
Comments		

Summary:
Areas of Strength:
Areas of Growth:

Signature of Doctoral Intern: _____

Date: _____

Signature of Supervisor: _____

Date: _____

The evaluative criteria are from the APA Commission on Accreditation Implementing Regulations (IR C-8 I), with the exceptions of: II.D; V.D; VI.G; VIIG, H, I; and VIIIB, C, D.

INDEPENDENCE HEALTH SYSTEM PSYCHOLOGY INTERNSHIP EVALUATION OF SUPERVISOR

Psychology Intern: _____

Primary Supervisor: _____

Date of Evaluation _____

Evaluation Period: Mid-Year Final

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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N/A: Not applicable or cannot say

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. Helps me feel strengthened in my work to become a psychologist.	
Is clear about my responsibilities in supervision	
COMMENTS:	
For any items rated 2 or lower, please include details.	

Supervision Content. My supervisor:	Rating
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1. Provides strength-based and growth-oriented feedback on working with clients.	
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 concise appointment 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 with regard to clients.	
8. Aids me in expanding my skills and competencies as an emerging health service psychologist.	
9. Provides support and feedback in my outreach work.	
10. Provides support and feedback in my consultation work.	
11. 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. Is responsive to my needs	
3. Helps me establish and monitor my training goals.	
4. Promotes my self-awareness and self-reflection regarding my clinical work.	
5. Attends to social identities and diversity within our supervisory relationship.	
6. Provides effective feedback on my strengths and growth edges.	
7. Challenges me effectively.	
8. Supports me in managing my internship responsibilities.	
9. Supports my progress toward timely and successful completion of internship	
Comments:	
For any items rated 2 or lower, please include details.	

Assistance in Professional Development. My supervisor	Rating
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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	
3. Overall I feel satisfied with my supervision	
Comments:	
For any items rated 2 or lower, please include details.	

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 C: Case Presentation Format

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
 - i. 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 D: Intern Self-Assessment and Goals

Intern:

Date:

In collaboration with your individual supervisor, please identify your strengths, areas for growth, and goals for your internship. These goals will serve to guide both your supervision and overall training experience. You may review and revise these goals at the mid-year point. See below for suggestions to consider.

1. What are your current career plans following the internship? Please consider the settings and populations you hope to work with.
2. What are your aspirations for your internship experience?
3. What concerns or challenges do you anticipate during your internship?
4. What do you consider to be your strengths in your development as a health service psychologist? (Refer to the list below and feel free to add any others.)
5. What areas do you identify as growth opportunities in your development as a health service psychologist? (Refer to the list below and feel free to add any others.)
6. Please specify 2–3 clinical or professional goals you wish to focus on during your internship. Consider your strengths, areas for growth, cultural humility, profession-wide competencies, specific skills, and related factors.
7. Please share your past supervisory experiences. Reflect on what has worked well for you, the types of support and challenges you hope to receive in supervision, potential difficulties you might face, and any previous negative supervisory experiences you feel comfortable discussing.

We acknowledge that it may take time to feel comfortable and safe in supervision before openly sharing these reflections.

Areas for Consideration as Strengths, Growth Areas, or Goals

Interns are encouraged to reflect on and identify their strengths, areas for growth, and goals across the following domains, consistent with the *Profession-Wide Competencies* as defined by the APA Standards of Accreditation:

Profession-Wide Competency Domains

- Research
- Ethical and Legal Standards
- Individual and Cultural Diversity
- Professional Values, Attitudes, and Behaviors
- Communication and Interpersonal Skills
- Assessment
- Intervention
- Supervision
- Consultation and Interprofessional/Interdisciplinary Skills

Clinical Skill Areas

- **Assessment**
 - Intake and diagnostic interviews
 - Ongoing assessment
 - Therapeutic assessment (e.g., Steven Finn model)
 - Objective and projective measures
 - Personality and cognitive assessments
 - Integrated report writing
- **Intervention**
 - Individual therapy
 - Group therapy

- Crisis intervention
- Outreach and psychoeducational programming
- **Core Clinical Skills (Microskills)**
 - Use of open-ended questions
 - Active listening
 - Reflection of content and feelings
 - Paraphrasing and communicating empathy
 - Immediacy and interpretation
 - Appropriate self-disclosure and use of challenges
 - Use of silence
 - Understanding and navigating transference and countertransference
- **Cultural Competence and Diversity Integration**
 - Broaching and addressing social identities in clinical work
 - Incorporating cultural and individual diversity into:
 - Therapeutic process
 - Conceptualization
 - Treatment planning
 - Diagnosis
 - Assessment and report writing
- **Additional Skills**
 - Case conceptualization

- Treatment planning
- Diagnostic formulation
- Report writing
- Consultation and interprofessional collaboration
- Outreach program design and delivery

Appendix E: INDEPENDENCE HEALTH SYSTEM PSYCHOLOGY INTERNSHIP TELESUPERVISION POLICY

The Independence Health System internship is operating on an in-person basis for the vast majority of services provided. However, there are occasional circumstances when telesupervision is permissible. This document describes the policy regarding telesupervision.

Rationale

Telesupervision is an effective form of supervision, which allows for the continuation of supervision when circumstances make in person supervision impractical or not safe. Use of telesupervision allows for interns to receive their required supervision and facilitates continued professional growth and progress toward timely and successful completion of internship.

Consistency with Philosophy and Model of Training

When in person supervision is not feasible, telesupervision allows supervisors to continue to be available and provide ethical, culturally informed supervision and support for doctoral interns. Use of telesupervision in these circumstances allows for interns to continue to progress toward their goals for internship and allows supervisors to continue to provide feedback to interns regarding their performance of the nine profession-wide competencies. For these reasons, use of telesupervision is consistent with our training model and philosophy. Examples of such circumstances include inclement weather that makes travel to the site unsafe, high COVID transmission rates in the county of the site, exposure to COVID, or approved absences such as a conference or job interview and time permits supervision. In person supervision provides important opportunities for interpersonal connection, both between supervisor and intern and between intern and others at the internship sites. As such limiting telesupervision to these

extenuating circumstances allows the internship to provide opportunities for engagement with professional role models and interaction with colleagues.

How and When Telesupervision is used in Clinical Training

Telesupervision is used when in person supervision meetings are not physically possible or are not safe. Reasons for use of telesupervision include physical health and well-being, inclement weather conditions, professional development related travel, public health crisis, etc.)

Telesupervision is not used as a matter of preference or convenience. Telesupervision occurs via the HIPAA compliant computer software. All staff and faculty are provided with a professional, HIPAA compliant account through Doximity. The importance of a confidential, secure, and safe location in which telesupervision occurs is reviewed with interns and internship training staff during internship orientation.

How Trainee Participation is Determined

All trainees are asked to request telesupervision in advance if possible, via their primary supervisor in cases where travel to the internship is unsafe or not possible due to extenuating circumstances. In cases of inclement weather that makes travel to the internship site unsafe, the Internship Training Director and primary supervisor will notify interns that clinical work is cancelled but supervision may occur via video. In the case of illness, we encourage supervision to be rescheduled, to promote wellness and safe care.

Establishment of Relationships between Supervisors and Trainees at the Onset

We believe that in-person interactions are a cornerstone in developing supportive and trusting relationships, including professional and supervisory relationships. Internship is a critical component in the development of skills and identity as a psychologist. Thus, in-person interactions are strongly encouraged. If telesupervision is necessary, we encourage supervisors to inquire about the intern's experience in telesupervision and to acknowledge and address potential challenges in telesupervision. Such challenges may include technology glitches or failures, distractions in the environment, the ease of multi-tasking, and potential for miscommunication.

How Offsite Supervisors Maintain Full Professional Responsibility for Clinical Cases

Teletherapy services may also be provided when patients are unable to attend in person. Teletherapy services help to address social determinants of health so that barriers to behavioral health services are reduced. Interns are on site with their supervisor when providing teletherapy services. Supervisors have full responsibility for all clinical cases discussed during supervision, whether the supervision occurs on site or virtually.

Non-Scheduled Consultation and Crisis Coverage

Independence Health System has a telehealth policy which interns will follow when conducting telehealth appointments. This policy addresses the use of HIPAA compliant software (Doximity) and detailed protocol for addressing crisis situations. Interns will consult their supervisor and the family medicine physician if there is a concern about safety. The team will contact the mobile crisis unit or 911 depending on the severity of the situation.

Privacy and Confidentiality of Clients and Trainees

Supervision is conducted on a HIPAA compliant, secure video platform, Doximity. Supervision involving the discussion of client information only occurs in situations in which privacy and confidentiality exist, such as the office or in home. Telesupervision is never recorded, which aids in protecting the privacy and confidentiality of interns.

Technology Requirements and Education Regarding Technology

During orientation and in Ethics didactic seminars, telehealth is reviewed, including use of Doximity, location selection, privacy and confidentiality considerations, management of technical difficulties, reasons for use of telesupervision, and limitations of telesupervision.