

***Coatesville VA Medical Center***  
APA-ACCREDITED  
INTERNSHIP PROGRAM  
IN PROFESSIONAL PSYCHOLOGY



***2016-2017***

***Psychology Services, 116B***

***Department of Veterans Affairs Medical Center***

***1400 Black Horse Hill Road***

***Coatesville, PA 19320-2096***

VA Stars and Stripes Healthcare Network

"Serving Those Who Served"

**INTERNSHIP TRAINING  
IN  
HEALTH SERVICES PSYCHOLOGY**

**VA MEDICAL CENTER  
COATESVILLE, PA 19320**

This brochure was prepared to provide you with information about internship training at the Coatesville VA Medical Center. We are proud of the quality and the breadth of our training program and constantly strive for improvement. Thus, while this brochure is the most current description of our program, changes may have occurred since its publication. We encourage you to contact us if you have specific questions about any aspect of our training program.

**DONALD DOW, PHD  
Co-Director of Training**

**DANIELLE SCHADE, PSYD  
Co-Director of Training**

**LEANNE VALENTINE, PHD  
Acting Chief Psychologist**

**SHIELA CHELLAPPA, MD, FACP  
Chief of Staff**

**CARLA SIVEK  
Interim Medical Center Director**

**APA-ACCREDITED PRE-DOCTORAL INTERNSHIP PROGRAM  
PSYCHOLOGY SERVICE**

**DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER**

**COATESVILLE, PA 19320**

THE SETTING

The Department of Veterans Affairs Medical Center is located one mile south of the U.S. Route 30 Bypass, near the town of Coatesville in Chester County, PA, some 40 miles west of Philadelphia.

The Medical Center, which first opened in November 1930, is one of the network of 152 hospitals operated by the Department of Veterans Affairs to provide health care to the veteran population, on both an inpatient and outpatient basis. The Medical Center has inpatient and residential treatment programs covering Medicine, Mental Health, and Geriatrics and Extended Care. Services are provided in the following settings: Acute Psychiatry, Substance Abuse, PTSD, Homeless Domiciliary, Community Living Center, Primary Care, Outpatient Psychology, Neuropsychology, and Biofeedback.

The Psychology Service of the Medical Center offers APA\* Accredited Pre-Doctoral Internships for counseling and clinical psychology students from doctoral training programs accredited by the American Psychological Association.

We currently offer two training tracks:

- General Psychology (3 positions), providing the greatest flexibility in training; and
- Neuropsychology (2 positions), offering specialized training focused in Neuropsychology, balanced with a broader background.

**See page 16 for APPIC Program Codes. Specify the track for which you are applying in your cover letter.**

In addition, the Psychology Service provides summer traineeship positions and sponsors practicum training for graduate students in psychology during the academic year as funds and resources permit. Besides the training conducted by the Psychology Service, the Medical Center offers training programs for Psychiatry and Podiatry residents, social workers, nurses, and a variety of other mental health-related professions.

The patient population at the Medical Center is predominantly male, although female veterans are also served. Both service-connected and non-service-connected veterans are eligible for services at the Medical Center and its community-based outpatient clinics.

The patient population is diverse, encompassing veterans recently discharged from the service as well as those who served as early as World War II. Presenting problems and diagnoses vary greatly among the patients, and the duration of their care ranges from a single visit to a lifetime of care.

Additional information on our facility is available at: <http://www.coatesville.med.va.gov/>

*\*American Psychological Association, 750 First Street NE, Washington DC 20002-4242;  
(202-336-5979)*

## THE PSYCHOLOGY SECTION

The Psychology Section currently consists of 28 doctoral level psychologists. Psychology Services integrates clinical and counseling functions to permit psychologists to work with patients through all phases of therapy and counseling. Many psychologists work as members of Mental Health interdisciplinary teams, and some additional leadership responsibilities.

## THE PSYCHOLOGY INTERNSHIP PROGRAM

The Psychology Internship Program is an APA-Accredited program funded by the Office of Academic Affairs of the DVA Central Office as an annual training program. Currently, more than 300 stipends are awarded across the VA to students working toward their doctorate in either clinical or counseling psychology in doctoral programs accredited by the American Psychological Association. The stipend as of September 1, 2010, is \$25,576 for a 2080-hour (full-time) internship appointment. Beginning in October 2016, the stipend will be \$25,666. Our current allocation is for five (5) interns, three (3) in the General track, and two (2) in the Neuropsychology track.

The Coatesville VA Medical Center internship program's most recent completed site visit by the APA took place in July 2016.

## TRAINING PHILOSOPHY & GOALS

The internship program uses the **Practitioner–Scholar Model**, emphasizing the mutuality of science and practice and the practical application of scholarly knowledge. The model promotes clinical practice guided by theory and research. Students are trained to be psychologists who think critically and engage in disciplined inquiry. The primary goal of training a practitioner-scholar is the delivery of human services that takes into account individual, cultural, and societal considerations, consistent with the principles of evidence-based psychological practices.<sup>1</sup>

The staff psychologists typically involved in intern training represent various theoretical orientations, assuring exposure to diverse training experiences. Integral to the internship is the application of clinical research to patient care, while under close supervision. Skill-building seminars, role-modeling, observation, professional education, and consultative guidance are used as supplementary learning methods. Diversity issues are considered in all settings throughout the internship.

The program takes a developmental view of training, transitioning interns from their graduate student status to that of independently functioning entry-level psychologists. Upon completion of the internship interns will have demonstrated technical competencies derived from supervised experience in: application of human diversity and ethical concepts to practice; diagnostic interviewing; individual and group psychotherapy; psychological assessment; and specialized techniques such as biofeedback, or neuropsychological or geropsychological assessment, depending on the interests of the intern. The interns will have extensive exposure to the operation

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<sup>1</sup> Adapted from: Rodolfa, E., Kaslow, N., Stewart, A., Keilin, W., & Baker, J. (2005). Internship training: Do models really matter? *Professional Psychology: Research and Practice*, 36, 25-31.

of a large inpatient psychiatric setting and to the psychologists' many roles as administrators, clinicians, teachers, researchers, and consultants. Interns will also have direct experience with the multidisciplinary team approach to the treatment of mental health problems, common to many treatment facilities.

Under the Practitioner-Scholar Model of developing professional skills through supervised practice informed by clinically-relevant science, the internship's goals and objectives for interns during the training year are:

### **INTERNSHIP GOALS AND COMPETENCIES**

#### **Goal 1. Prepare competent professional psychologists using a Practitioner-Scholar Model.**

- a. Demonstrate Assessment and Diagnostic Competency
- b. Demonstrate Intervention Competency
- c. Demonstrate Professional Conduct and Ethical Behavior Competency
- d. Demonstrate Competency in Diversity Issues
- e. Demonstrate Competency in Consultation and Evaluation
- f. Demonstrate Competency as Consumers of Practice-Oriented Research
- g. Demonstrate Competency as Treatment Team Participants
- h. Demonstrate Competency in Professional Documentation

#### **Goal 2. Prepare interns for Licensure and Entry-Level Practice in Professional Psychology.**

- a. Complete requirements for licensure and practice
  - Successfully complete 2080 hours of APA-Accredited internship training
  - Successfully complete at least 520 hours (25%) of direct patient contact
  - Successfully complete at least 200 hours of supervision (100 individual/100 group)
  - Successfully complete at least 100 hours of didactic training

The underlying philosophy, goals, and objectives profoundly affect the interaction between staff and interns. Interns are trained and encouraged to move toward autonomous functioning as professional psychologists in a Practitioner-Scholar model. The training program emphasizes the active involvement of the intern in choosing training assignments, participating in training seminars and workshops, and in providing input into the internship program. Interns are provided ongoing evaluation and feedback to assist them with self-monitoring their progress toward autonomy.

### **COMPETENCY-BASED MODEL**

The training program is a sequential competency-based model leading to the development of Practitioner-Scholar psychologists. Competency evaluation begins with orientation and ends with year-end evaluations, with further evaluations at the beginning, midpoint, and end of each rotation.

Specific criteria for demonstrating competencies are provided in the training manual that each intern receives during orientation week, and supplementary training materials on each of the

rotations. Criteria include demonstration of competencies in assessment and diagnosis, intervention, consultation and evaluation, professional and ethical behavior, diversity issues, and use of practice-oriented research. Demonstrated competency in these areas is required for successful completion of the internship.

Competency evaluation begins with orientation on each rotation, during which each intern must demonstrate criteria-based competency in administration and scoring of selected psychological instruments as well as psychological report writing. Additionally, interns are provided the opportunity to demonstrate basic therapy knowledge and skills of therapeutic interventions. Seminars, supervision, and skills training are provided to work on and correct any entry-level deficits.

### COMPETENCY DEVELOPMENT

Specific competencies developed during the internship include the following, related to Goal 1 (above):

a. Assessment and Diagnostics: The internship expects interns to have basic competency in testing *prior* to their start date. During the internship year, interns must demonstrate competency in the several types of psychological assessments pertaining to given rotations. Though varying from one rotation to another, these include behavioral assessments, mental status examinations, intelligence testing, neuropsychological testing, personality testing using objective instruments, and geropsychological assessment. Interns must also become proficient in clinical interviewing, test administration and scoring, interpretation of testing data, report writing, providing feedback to both patients and multi-disciplinary treatment team members, reading and integrating professional research findings into the assessment process, and responding appropriately to referral questions.

At a minimum, interns complete 6 (six) integrated batteries distributed as follows:

- Three personality battery reports that demonstrate competency in integrating objective personality measures, including reports that meet the 4.0 evaluation criterion (reports *may* also include projective measures). The standard for completing a test report is 30 calendar days after the test administration has been finished. Ordinarily, this portion of the assessment goal is met during the Intern's required half-time Psychology Assessment rotation.
- Three integrated battery reports specific to the rotation (Neuropsychology, Biofeedback, etc.) drawn from multiple testing or other sources.

Note that interns who do not meet the required level of proficiency within the six-battery minimum, including completion within the 30-day window, will be asked to complete additional reports in order to reach criterion. *Failing exceptional circumstances, all required reports must be completed and signed by the supervisor no later than two weeks prior to the end of the rotation.*

b. Interventions: Interns must demonstrate competency in the types of psychological interventions required for a given rotation. Examples of these may include: individual psychotherapy, group psychotherapy, psychoeducational classes, and specialized and empirically-supported techniques. Use of these interventions involves a number of related processes, and in each rotation the intern is expected to become competent in the following: conceptualizing the presenting problem, reviewing and applying research findings related to various interventions or approaches pertinent to the client or rotation, articulating and implementing a theoretical approach, creating and/or contributing to individualized treatment planning, ongoing assessment of patient progress, termination, and referral.

c. Ethical and Professional Issues: Interns are expected to develop competency in ethical and professional issues, appropriately applied as an aspect of clinical service delivery. This area of competency includes knowledge and observance of the *APA Ethical Principles of Psychologists and Code of Conduct*, demonstration of professional conduct consistent with the practice of psychology, recognition of the need to seek supervision and/or consultation, knowledge of one's own personal and professional strengths and limitations, utilization of supervision in a productive manner, appreciation and appropriate use of power inherent in one's position relative to others, and time management. Although interns from APA-accredited programs have had a course in the ethics of psychology, the internship presents an opportunity to learn in greater depth how this knowledge is applied in the clinical setting. Ethics issues are discussed in clinical supervision with respect to each of the rotations and are the subject of the third rotation seminar. By that time, the intern has typically developed more sophisticated practical skill in interpreting and applying ethical principles.

d. Diversity Issues: The intern must also demonstrate competency in providing clinical services to individuals of diverse backgrounds. Diversity is conceptualized along a number of dimensions, including age, gender, sexual orientation, culture, race, ethnicity, disability status, socioeconomic status, psychiatric diagnosis, educational level, and intellectual functioning. As a referral center for several specialty programs, this internship is uniquely positioned to provide supervised training with an elderly rural/exurban population; a homeless, urban population with a large proportion of Americans of African descent; and combat veteran populations from the Vietnam War and Global War on Terror. Competency in diversity is demonstrated through awareness of one's own culture, knowledge and integration of the scientific research on nuances of clinical presentation, assessment, and intervention for clients of diverse backgrounds. The intern is expected to demonstrate self-awareness, sensitivity to issues of status or power, use of language, and metacommunication, and to identify those situations in which ethics, consultation or supervision, and personal or professional limitations may play a part.

e. Consultation and Evaluation: The intern must demonstrate competency in consultation and program evaluation, through critical thinking about, and collaboration with supervisors in developing new programs or portions of existing treatment programs, with an assigned program development task as a part of the duties on the clinical rotation. Competency in program consultation may also be demonstrated through staff education (e.g., Grand Rounds, Lunch and Learn, or team in-service presentations) on topics related to mental health diagnoses and treatment. Interns must also demonstrate competency in consultation with respect to patient care, providing both written and oral information to other clinicians, to family members, and, on occasion, to treatment providers or service agencies outside the medical center. Finally, in the

Peer Consultation activities, interns work with supervisory psychologists to enhance the skills needed for clinical consultation using various models.

f. Use of Practice-Oriented Research: Interns must demonstrate competency in informing their clinical practice through use of practice-oriented scientific and scholarly research. Opportunities for demonstrating this competency exist not only in assessment and treatment settings, but also in clinical supervision and in supervisory seminars and program evaluation. Interns are expected to research clinically relevant issues, gain insight into possible uses for the research-derived data, and appropriately apply this information to their casework and seminar participation during the internship.

g. Treatment Team Participation: Interns must demonstrate competency in communicating and collaborating with staff of other disciplines in the Treatment Team setting. Opportunities for demonstrating these skills include treatment planning, problem solving, demonstrating respectful behavior, eliciting opinions from others, resolving differences, and developing professional working relationships.

h. Professional Documentation: Interns must demonstrate competency in their documentation of clinical interactions, treatment plans, and test reports. Documentation must be clear, concise, complete, professional, and timely, as well as responsive to supervisory input. Test reports must demonstrate organization and the ability to integrate results of several instruments, while responding to the referral question and making appropriate recommendations.

### STRUCTURE OF THE INTERNSHIP TRAINING EXPERIENCE

The Internship program consists of three, four-month trimesters or rotations, at least one of which will provide core training experiences in the Intern's area of concentration. Note, however, that no intern may spend more than 1.5 rotations in a single specialty area. A number of the optional rotations are half time, allowing the intern to gain experience in two or more optional areas.

Interns matched to the Neuropsychology track receive concentrated training in that area. They are required to complete one full rotation in neuropsychological testing, one half-time rotation in cognitive rehabilitation and one half-time rotation in psychological assessment. However, the remaining training experiences may be selected from a wide variety of mental health, geriatric, domiciliary, and primary care settings.

Interns matched to the General Psychology track have considerable flexibility in tailoring the training to their interests. All are required to complete one half-time rotation in psychological assessment, and one residential or inpatient rotation or half-time rotation. However, the remaining training experiences may be selected from a wide variety of mental health, geriatric, domiciliary, neuropsychology, and primary care settings.

All Interns are required to carry an average of two mental health clinic outpatients throughout the year, regardless of their primary rotation(s).

The tables below include training experiences available at this time. As in any complex organization, however, changes may occur due to resource allocation or agency needs.

***NEUROPSYCHOLOGY TRACK ROTATIONS:***

<b><u>Required Rotations</u></b>	<b><u>Full-Time Electives</u></b>	<b><u>Half-Time Electives</u></b>
Neuropsychology I	Geropsychology CLC	Acute Inpatient Psychiatry
Outpatient Psychology (two clients)	Homeless Domiciliary Care	Biofeedback Clinic
Psychological Assessment (half-time)	Posttraumatic Stress Disorder Unit	Outpatient BHIP Clinic
Neuropsychology II (half-time)	Primary Care Mental Health Integration	Primary Care Mental Health Integration
	Substance Use Disorders Clinic	Psychosocial Rehabilitation and Recovery Center
	Substance Abuse Treatment Unit	Severe Mental Illness CLC

***GENERAL TRACK ROTATIONS:***

<b><u>Required Rotations</u></b>	<b><u>Full-Time Electives</u></b>	<b><u>Half-Time Electives</u></b>
One Residential or Inpatient Rotation: -Acute Inpatient Psychiatry; -Geropsychology CLC; -Severe Mental Illness CLC; -Substance Abuse Treatment Unit; -Homeless Domiciliary; <b><i>or</i></b> -PTSD Unit;	Geropsychology CLC	Acute Inpatient Psychiatry
Outpatient Psychology (two clients)	Homeless Domiciliary Care	Biofeedback Clinic
Psychological Assessment (half-time)	Neuropsychology I	Outpatient BHIP Clinic
	Posttraumatic Stress Disorder Unit	Primary Care Mental Health Integration
	Primary Care Mental Health Integration	Psychosocial Rehabilitation and Recovery Center
	Substance Use Disorders Clinic	Severe Mental Illness CLC
	Substance Abuse Treatment Unit	

## DESCRIPTION OF ROTATIONS

### Outpatient Psychology – Required for All Interns

All interns will be assigned a small caseload of outpatients (usually two clients) for longer-term psychotherapy in the Behavioral Health Interdisciplinary Program (BHIP). These clients may be followed for the duration of the internship. These outpatients are in addition to the casework on focal-area rotations.

### Psychological Assessment – Required for All Interns

The Psychological Assessment rotation is a required half-time rotation that can be combined with any of the other available half-time rotations, as scheduling permits (e.g., Neuropsychology, Biofeedback, or Outpatient). This rotation is designed to increase and deepen Interns' skills in assessing personality functioning and developing mental health diagnoses through psychological evaluation. Interns must complete a minimum of three psychological batteries and integrated reports to demonstrate the required psychological assessment proficiencies for the Internship year.

### ELECTIVES

#### Acute Inpatient Psychiatry Unit

This 28-bed unit provides medical detoxification and brief inpatient care for veterans with acute psychiatric needs on a locked unit. Common presenting diagnoses include substance use disorders, Schizophrenia spectrum disorders, and mood disorders. The half-time rotation provides opportunities for interns to engage in multidisciplinary treatment teams, psychoeducational groups, brief individual therapy, and psychological assessment. Interns will also become familiar with principles and practices of psychosocial rehabilitation.

#### Biofeedback Clinic

The Biofeedback Clinic is under the direction of a psychologist. In this half-time rotation the intern learns how to: a) conduct biofeedback intakes, assessments, and biofeedback training/therapy; b) run several stress management groups demonstrating different stress management techniques to patients; c) do hypnotic assessments and self-hypnosis training with selected patients; and d) integrate the above into one's own style of doing therapy. The biofeedback training experience consists of learning how to operate electromyographic (EMG), skin temperature, skin conductance, and heart rate variability (HRV) biofeedback instrumentation. Observation and then actual experience in doing initial assessment interviews, psychophysiological assessments, and individual biofeedback training/therapy is taught, along with the theory underlying the use of biofeedback instrumentation and how to integrate biofeedback into one's own therapeutic style. For the stress management groups, the intern first observes the stress management group approaches, and then learns to run the group on his or her own. For the hypnosis training, time permitting, the intern learns how to do the group hypnotic assessments, observes clinic staff doing hypnosis training, and then works with patients on their own, teaching the patient how to use self-hypnosis to reduce and control their symptoms. A

model for understanding hypnosis, hypnotic assessment, and integrating self-hypnosis training into psychotherapy is also taught.

### Geropsychology – Community Living Center (CLC)

The Geropsychology rotation is a full-time rotation. Interns are assigned to the Community Living Center (CLC), which comprises long-term residents as well as individuals receiving rehabilitation services with the goal of returning to the community. Interns will gain an understanding of the psychological issues common to this group and learn assessment and treatment strategies that specifically address the needs of the geriatric population. A biopsychosocial approach to treatment is emphasized, wherein the interrelationships between physical and emotional problems are acknowledged and an interdisciplinary team is utilized to provide a more holistic and individualized plan of care. Interns will perform assessments, provide individual psychotherapy, develop behavior management plans, and participate in interdisciplinary treatment team meetings for individuals with a wide range of medical and psychological problems. There is also the opportunity to provide services on the inpatient hospice unit.

### Homeless Domiciliary Unit

The Homeless Domiciliary Program is dedicated to helping homeless veterans develop healthy lifestyles through prevention, stabilization and aftercare. Through our clinical work, each veteran addresses specific causes of his/her homelessness and give the tools needed to re-integrate into the community. The intern's experience on this unit involves assessment and diagnosis, individual therapy, group therapy, psychoeducational workshops, program development, and participation in creating individualized comprehensive treatment plans. Opportunities for completing psychological assessment batteries are also available. The diagnostic range includes stabilized patients with psychotic disorders, affective and anxiety disorders, PTSD, organic dysfunction, and personality disorders. Offered on a full-time basis only, this rotation involves an opportunity to work closely with an experienced, multidisciplinary team. *(This rotation is not available at all times.)*

### Neuropsychology I – Required for All Neuropsychology Track Interns

The Neuropsychology I rotation is a full-time clinical experience designed to familiarize the intern with the administration, scoring, and interpretation of neuropsychological test batteries. The intern will have an opportunity to assess patients with a wide range of cognitive deficits that include traumatic brain injury, attention disorders, progressive neurological disease, and substance-induced cognitive disorders.

During the rotation, the intern is expected to develop proficiency in the following areas: the administering and scoring of a diverse set of neuropsychological tests; clinical interviewing within the context of a neuropsychological evaluation; neuropsychological test interpretation; neuropsychological report writing; the provision of feedback of neuropsychological results; and time management. Furthermore, interns are expected to participate in a weekly Neuropsychology Seminar that addresses contemporary issues in Neuropsychology. Interns will also be expected to

participate in periodic trainings and activities within the Golden Brain Bank at Coatesville VAMC.

While not inclusive, a representative sample of tests frequently administered:

- Boston Naming Test
- California Verbal Learning Test - II
- Conners Continuous Performance Test – II
- Controlled Oral Word Association Test
- Nonverbal Medical Symptom Validity Test
- Personality Assessment Inventory
- Repeatable Battery for the Assessment of Neuropsychological Status
- Rey Auditory Verbal Learning Test
- Rey-Osterrieth Complex Figure Test
- Test of Memory Malinger
- Trail Making Test A & B
- Wechsler Abbreviated Scale of Intelligence-II
- Wechsler Adult Intelligence Scale – IV
- Wechsler Memory Scale – IV
- Wide Range Achievement Test- 4
- Wisconsin Card Sorting Test
- Word Memory Test

#### Neuropsychology II (half-time) – Required for All Neuropsychology Track Interns

During this rotation, the intern will be expected to display a more proficient ability to complete the requirements of the Neuropsychology I rotation.

Additionally, interns will be expected to carry 2-3 individual neurocognitive-rehabilitation therapy (CogRehab) cases. Emphasis will be placed on the development of appropriate compensatory strategies to address areas of cognitive weakness. Interns who have been selected to CVAMC through the General track (152911) are not eligible for this rotation.

#### Behavioral Health Interdisciplinary Program (BHIP) Clinic and Outpatient PTSD Clinical Team (PCT) Clinic

In this half-time rotation, the intern has the option of treating veterans who present with a variety of mental health problems, or concentrating more specifically on those who have PTSD from combat or other trauma. The clients in both clinics experience a range of severity of distress, as well as variations in stressors, both chronic and acute. In addition to PTSD, diagnoses in these clinics include Major Depressive Disorder, Bipolar Disorder, Schizophrenia, and Anxiety Disorders. Treatment modalities include individual psychotherapy, group psychotherapy, and family therapy. Interns who choose to work with the PTSD Clinical Team (PCT) may also have the opportunity to work with veterans who experienced sexual trauma while performing military service (MST).

### Posttraumatic Stress Disorder Program (PTSD)

This inpatient rotation offers training in intensive individual and group psychotherapy, as well as structured and psychoeducational groups for combat veterans in a residential setting. Interns provide individual psychotherapy, and participate in facilitation and co-facilitation of trauma-focused psychotherapy groups that include process-oriented and Cognitive Processing Therapy (CPT) group format. Trauma work includes issues such as guilt, loss, anger, and relationship concerns. Evidence-based PTSD treatment including CPT, Trauma-Focused Cognitive Behavioral Therapy, Prolonged Exposure, Eye Movement Desensitization and Reprocessing, Cognitive-Behavioral Therapy for Insomnia (CBT-I) and Seeking Safety for PTSD and Substance Use Disorders are included as part of veterans' treatment in the program. Information and experience with CPT, PE, Trauma Focused CBT, EMDR, CBT-I, and Seeking Safety is offered to interns as a part of this rotation and varies depending on supervisor. The program includes psychoeducational classes on many topics related to PTSD and war trauma. The veterans are men and women of all wars and eras, including Vietnam, Grenada, Lebanon, Panama, Persian Gulf, Somalia, Bosnia, Iraq, and Afghanistan. The therapeutic work environment is often intense, but rewarding.

### Primary Care Mental Health Integration (PCMHI)

The PCMHI rotation is a full-time rotation in an outpatient medical clinic. The intern's experience on this rotation will involve functional assessments, psychoeducation, individualized treatment, structured group interventions, triage, and treatment planning. The intern will gain an understanding of behavioral and self-management interventions for treating chronic medical problems (i.e., chronic pain and metabolic disorders). The intern will also receive the opportunity to develop skills in providing brief, focused interventions for individuals with mild psychiatric disorders. A key component of this rotation is working closely with and providing consultation to an interdisciplinary treatment team of Primary Care professionals. There may also be opportunities to participate in emerging areas of practice, such as Home-Based Primary Care.

### Psychosocial Rehabilitation and Recovery Center (PRRC)

The Psychosocial Rehabilitation and Recovery Center (PRRC) that offers intensive outpatient mental health services to veterans with serious mental illness. The PRRC is a transitional learning environment where veterans learn ways to manage his or her illness and live a fulfilling life in accordance with their self-defined goals. The PRRC utilizes an individualized, person-centered approach to assist veterans in improving their health and wellness and integrate veterans into meaningful community roles.

In this half-time rotation, trainees will partner with a multidisciplinary team (which includes peer support, social work, occupational therapy, and nursing) to provide a full range of psychological services to veterans with serious mental illness from a recovery-oriented framework. Individuals on this rotation will refine or further develop skills in clinical interviewing, individual, group and family therapy, as well as recovery planning and care coordination. Trainees will learn how to effectively engage, assess, and intervene with veterans (sometimes in non-traditional clinical settings, such as the veterans community) and provide outreach to veterans who are difficult to

engage in services. Trainees will have opportunities to participate and learn more evidence-based practices for severe mental illness, including Social Skills Training, Illness Management and Recovery, Wellness Recovery Action Planning, Behavioral Family Therapy, and others (depending on when the intern participates and what is being offering for programming at that time). Finally, this rotation offers ample opportunity to gain experience with designing and implementing skills and/or psychoeducational groups, participating in ongoing performance improvement and program evaluation projects and learning more about obtaining and maintaining program accreditation.

### Severe Mental Illness Community Living Center (CLC)

Patriots' Manor is a 40-bed Gero-Psych unit that provides long-term care for veterans with chronic psychiatric illnesses. These veterans have behavioral and medical needs that require support in a secure environment that allows them to achieve the highest level of function and independence possible. Emphasis is on maintaining optimal quality of life by creating a community and homelike atmosphere. Appropriate age-related treatment modalities such as medication management, restorative nursing and therapeutic activities are utilized. Because of the potential for wandering/elopement the unit is locked providing care for veterans who require a controlled area. On the half-time SMI CLC, the intern becomes involved in a wide variety of experiences with a diverse inpatient psychiatric population in the geropsychiatric community living center (CLC), Patriots' Manor. The rotation provides experience working with individuals with severe mental illness, cognitive impairments (e.g., dementia, stroke, etc.), and geriatric veterans with nursing home care needs. The rotation emphasizes a psychosocial rehabilitation model based on recovery-oriented principles and practices. The intern provides brief psychotherapy, group therapy (including evidence-based practices for SMI), and psychological assessment/screening. Interns are also participants in multidisciplinary treatment teams and clinical rounds. Finally, the intern will be expected to complete a rotation project of their own design for the purpose of program development on the unit.

### Substance Use Disorder (SUD) Outpatient Program

The Outpatient Substance Use Disorder program provides group and individual treatment in an outpatient clinic setting for veterans recovering from substance abuse and co-occurring psychiatric disorders. (There is also a minority of Substance Use Disorder-only veterans.) The intern's experience on this full-time rotation involves assessment and diagnosis, individual therapy, group therapy, psychoeducational seminars for patients, and aftercare planning, for both residential and outpatient SUD clients. The diagnostic range includes stabilized patients with psychotic disorders, affective and anxiety disorders, Posttraumatic Stress Disorder, organic dysfunction, and personality disorders. There is also the opportunity for the intern to get close supervision and training in the use of Motivational Interviewing.

## SUPERVISION

A minimum of two hours of individual supervision is provided each week on each full-time rotation (one hour each week for each half-time rotation). In addition, a minimum of two hours' group supervision is provided each week in the supervisory seminars, described more fully below. Interns receive biweekly individual supervision of their year-long outpatient cases, as

well as biweekly group supervision on these cases. Interns may also receive additional supervision on an as-needed basis. Supervision is provided by the supervisory psychologist on the rotation in question, with back-up provided by arrangement with another supervisory psychologist. The training staff is generally flexible with regard to the theoretical orientation of the intern.

### SEMINARS

Besides the clinical placements and individual supervision, further training is provided in core areas through a series of three ongoing supervisory seminars conducted throughout the internship year by members of the Psychology Training staff. The seminars integrate clinical data, research findings, supervisory input, and group discussion. Seminars meet two hours weekly for four months each.

September – December	Psychological Assessment
January – April	Psychotherapeutic Interventions
May – August	Ethics, Diversity, and Professional Issues
May – August	Peer Consultation (Supervision Skills)

### DESCRIPTION OF SEMINARS

#### Psychological Assessment

Interns will gain knowledge regarding the assessment and evaluation of patients using interviewing techniques as well as formal psychological tests. Tests that are emphasized include the Wechsler Adult Intelligence Scale – 4<sup>th</sup> Edition (WAIS-IV), Personality Assessment Inventory (PAI), and the Millon Clinical Multiaxial Inventory – 3<sup>rd</sup> Edition (MCMI-III). Seminar activities include: (1) discussions of relevant clinical topics (e.g., interviewing, specific assessment tools, report writing, data integration, diagnosis, provision of feedback); (2) mock clinical interviewing; (3) reading and discussing select professional articles; and (4) application of knowledge via clinical vignette exercises.

#### Psychotherapeutic Interventions

Interns will gain knowledge regarding various models of case conceptualization and associated clinical interventions, including evidence based practices. The seminar also addresses common challenges in therapy such as responding therapeutically to patient anger or patient sexual attraction. Seminar activities include: (1) discussions of relevant clinical topics; (2) modeling and role-playing of intervention techniques; (3) reading and discussing professional articles; and (4) application of knowledge via clinical vignette exercises.

#### Ethics, Diversity, and Professional Issues

This seminar is a synthesis of ethics, diversity, and professional issues. The seminar incorporates a review of the APA ethics code and includes discussion on common ethical dilemmas faced by psychologists. Additionally, there are opportunities for interns to identify and discuss professional issues and ethical problems they are currently facing or have already faced in the work setting. The seminar consists primarily of presentations by psychology staff on a variety of issues, with discussion by all present. Presentation topics are broad and include but are not

limited to implicit attitudes, spirituality and therapy, psychopharmacology, DSM-5 cultural formulation and interview, program evaluation, licensure and board certification, and private practice.

### Peer Consultation (Supervision Skills)

The internship program also includes the opportunity to gain experience in skills needed for doing clinical supervision, using a Peer Consultation model. Each intern experiences the roles of both the peer consultee and the peer consultant during the program. The interns' development as clinical consultants will be guided by staff psychologists, during peer consultation groups. Appropriate readings and group discussions on theoretical and process issues also aid in the interns' development as clinical consultants. Further opportunities to develop consultation skills occur in a group format during the Psychotherapeutic Interventions and the Ethics, Diversity, and Professional Issues seminars.

### INTERNS' EVALUATION OF TRAINING PROGRAM

During the internship, Interns evaluate aspects of the training program in various ways:

- It is hoped that interns will engage in ongoing informal dialogue with their training supervisors and with the Co-Directors of Training about their experiences, concerns, and suggestions.
- Each rotation represents an opportunity to evaluate both that portion of the internship and the supervisor on specific dimensions, and to write a critique of the rotation as training experience.
- In the final weeks of the internship, the interns are also given a group task of writing a free-text document incorporating their collective evaluation and recommendations for the internship program as a whole.
- In addition, the intern class may also participate in a Training Retreat with the training psychologists, reflecting on selected aspects of the program and its processes, and making suggestions for improvements.

### ADDITIONAL ACTIVITIES

Interns share in the activities of staff psychologists, including psychology-sponsored in-service training programs for nurses and other professional personnel throughout the Medical Center. These programs provide an opportunity for interns to interact with the personnel of the Medical Center. Interns may serve as moderators or resources to aid staff in understanding patients' individual and group behavior or in developing skills so that staff can function better in their assigned responsibilities.

Interns may attend any seminar, lecture, and training activity at the Medical Center, as long as these activities do not interfere with the core internship training activities. CVAMC Psychology Service is an APA-accredited sponsor of Continuing Education and conducts a number of training activities throughout the year, including the Annual Psychology Conference. In addition, psychology interns are permitted up to five days to attend approved educational conferences off-station.

The Psychology Service encourages both staff members and interns to conduct meaningful research projects. Interns are given the opportunity to spend up to four hours per week on research that is dissertation-related. These research hours must be taken at a time that does not interfere with their clinical duties and cannot be carried over or accumulated. While it is generally expected that research time will be spent using the medical library, computers and/or psychology research consultants on station, if this is not feasible, interns will be permitted off-station time with the concurrence of their supervisor and the Directors of Training. In addition, interns are allowed a full day to defend their dissertation if this is scheduled within the internship year.

The following are training benefits particularly stressed by the Psychology Service at this Medical Center:

1. An individual supervisory relationship between interns and designated psychologists, as well as the ongoing structured seminars to provide continuity of training;
2. A training staff of 20 doctoral-level supervisory psychologists of diverse theoretical orientations, research interests and professional experiences;
3. Core mental health programs and numerous specialized programs;
4. Opportunities to work with diverse populations;
5. A focus on providing training to interns rather than receiving services from them.

### OPTIONAL PROGRAM ACTIVITIES

#### Mentoring

Interns also have the opportunity to work with a staff psychologist Mentor during their internship at Coatesville. This is an optional, minimally structured professional relationship that offers the opportunity for sharing professional interests beyond the focus of a specific rotation or work unit. Mentoring may assist interns in focusing goals for future work, choosing career paths, or simply enrich the internship. Interns and mentors interested in this aspect of training will be provided a forum for discussion prior to assignment of mentors and mentees.

#### LGBT Support Group and LGBT Special Emphasis Committee

Interns may elect to participate in the hospital-wide LGBT Special Emphasis Committee, established to promote culture change within the VA workforce toward acceptance and inclusion of employees who identify as sexual minorities. Activities of the Committee include workforce education on LGBT issues, workforce surveys, interface with the Continuing Education Committee on clinical education/training, and planning and developing activities for culture change. In addition, there is an LGBT Support Group, a weekly hospital-wide group to provide a safe space for sexual minorities and gender-non-conforming veterans. Interns may serve as a co-facilitator for the group. On an exceptional basis, there may be opportunities to assess transgender veterans for hormone therapy.

## INTERN EMPLOYMENT STATUS

Interns are Term Employees of the Federal government, and in most respects work under the same personnel regulations as any other Federal employee. Applicants for the internship must be citizens of the United States of America. As a Federal employee, an intern must be willing to submit to a pre-employment background clearance and can be asked to provide a drug screen. Processing as an employee requires fingerprinting and taking an oath to the United States Government.

Leave and paid time off consists of 10 Federal holidays, 13 days of annual (vacation) leave, and 13 days of sick leave. Authorized absence may be requested for reasonable educational purposes and is granted at the discretion of the Directors of Psychology Internship Training in consultation with the rotation supervisor.

Interns, as supervised personnel, must sign all documents with the title "Psychology Intern." All professional reports and medical chart entries require co-signature by a member of the psychology training staff. The intern will not use the title of "Dr." in reference to his/her position.

Like other Psychology staff, interns in most cases have their own offices, although these may be shared or time-shared with other interns. Training resources include video, audio and reproduction equipment, an excellent library with a wealth of mental health related books, computer literature searches, periodicals and audio/video holdings, and Educational Center facilities for meeting, seminars, and training.

Interns are strongly encouraged to complete their dissertations so they may be job-ready and begin documenting hours for licensure immediately following completion of the internship and graduation.

## APPLICATION REQUIREMENTS

Our internship currently offers tracks in General Psychology, and Neuropsychology. Our APPIC Program Code Numbers are:

General Internship (3 positions):                   **152911**  
Neuropsychology Internship (2 positions):   **152912**

The training program considers only U.S. citizens working toward their doctorate degree in Clinical or Counseling Psychology from an APA-accredited program. To apply, please submit the following by November 1:

- A cover letter indicating the track for which you are applying
- A detailed curriculum vitae or résumé
- Three letters of recommendation,
- Official transcripts of all graduate work, and
- A completed online APPIC Application for Psychology Internship (AAPI)

- <http://www.appic.org>
- *Scan into Applicant Portal:* A sample psychological test battery report (objective instruments required, projective instruments optional), with identifying information removed
- *Scan into Applicant Portal:* If you are applying for the Neuropsychology track, a sample neuropsychological test battery report, with identifying information removed. One sample report comprising both personality and neuropsychological measures will suffice, rather than two separate reports.
- *To be completed after acceptance:*
  - *Appointment Affidavit (Standard Form 61)*  
[http://www.opm.gov/forms/pdf\\_fill/SF61.pdf](http://www.opm.gov/forms/pdf_fill/SF61.pdf)
  - *Questionnaire for Non-Sensitive Positions (Standard Form 85)*  
[http://www.opm.gov/forms/pdf\\_fill/SF85.pdf](http://www.opm.gov/forms/pdf_fill/SF85.pdf)

The Standard Forms and Optional Forms listed above are available for review on the Office of Personnel Management website: [www.opm.gov/forms](http://www.opm.gov/forms)

Applicants selected for an interview will be notified in December. Criteria used to select intern applicants include experience as reflected in the résumé/CV and graduate transcripts, work sample, letters of recommendation, and later, the interview.

The Psychology Internship Training Program abides by APA, APPIC, and National Matching Service (NMS) guidelines in the selection of interns. In compliance with all APPIC (Association of Psychology postdoctoral and Internship Centers) guidelines, interns are notified about acceptance on the third Friday in February. No person at this facility will solicit, accept, or use any ranking-related information from any intern. APPIC provides copies of their policies and procedures and the National Matching Service policies on their website: [www.appic.org](http://www.appic.org). The website also provides information on filing grievances with the APPIC Standard and Review Committee should applicants perceive that policies have been violated.

Coatesville VA Medical Center is an Equal Opportunity Employer. This internship does not discriminate on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability, genetic information, age, membership in an employee organization, retaliation, parental status, military service, or other non-merit factor.

For further information call or write:

Donald Dow, PhD/ Danielle Schade, PsyD  
Co-Directors, Psychology Internship Training Program  
Psychology Services (116B)  
Coatesville VA Medical Center  
Coatesville, PA 19320

Telephone: (610) 383-0238  
Fax: (610) 380-4353

E-Mail: [donald.dow@va.gov](mailto:donald.dow@va.gov) / [danielle.schade@va.gov](mailto:danielle.schade@va.gov)

**DOCTORAL PSYCHOLOGY STAFF**

NAME & CREDENTIALS	CLINICAL ASSIGNMENTS	APPLIED INTEREST/RESEARCH
*Frank Angelini, PhD University of Pittsburgh, 1998	Substance Use Disorder Clinic	Substance abuse, motivational interviewing, constructivism
*Suzilienne Board, PhD	POWER Program	Women's issues
Katäri Brown, PhD ** Michigan State University School of Psychology, 2000	POWER Program; Military Sexual Trauma; Mary Walker House	Women's issues, trauma, substance abuse
*Jennifer Boye, PhD Univ. of North Carolina - Greensboro, 2013	Acute Inpatient Psychiatry Unit	Serious mental illness, psychosocial rehab/recovery, research on stress
*Boyd, Debra, PhD **Lehigh University, 2011	PTSD Unit	PTSD, health psychology
Steven Chambers, PsyD Biola University, Rosemead School of Psychology, 1987	Homeless Domiciliary; Substance Abuse Treatment Unit	Marital/family therapy, group therapy, substance abuse, ethics
*Justin Charles, PsyD **Wheaton College, 2012	Home Based Primary Care	Geropsychology, interdisciplinary teams, bereavement
*Donald Dow, PhD ** Temple University, 2001	Neuropsychology Clinic	Neuropsychology, cognitive rehabilitation
*Danielle Farabaugh, PsyD **LaSalle University, 2007	PTSD Unit	PTSD, cognitive-behavioral therapy
*Benjamin Gliko, PsyD, ABPP-CN **Nova Southeastern University, 2004	Neuropsychology Clinic	Adult neuropsychology, dementia, mild traumatic brain injury
Bernadette Hayburn, PsyD LaSalle University, 2005	Community Based Outpatient Clinic	Weight management, severe mental illness; psychological assessment
Walter Heizenroth, PhD ** Virginia Commonwealth University, 1984	Behavioral Health Interdisciplinary Program; Spring City & Springfield CBOCs	Cognitive-behavioral therapy
Laura Hertz, PhD **Temple University, 2007	PTSD Clinical Team; Outpatient Substance Abuse	PTSD, substance abuse, holocaust survivors vicarious traumatization

Ira Kedson, PsyD Widener University, 1994	Compensation and Pension Examinations	Substance abuse treatment, psychological assessment
*Andrew Kerr, PsyD Baylor University, 1995	Behavioral Health Interdisciplinary Program	Psychological theory, developmental psychology, psychotherapy, traumatic stress
*Angela McCarroll, PsyD Regent University, 2002	Assistant Chief, Domiciliary	Psychological assessment, homelessness
*Jenna Mercadante, PsyD **Wright State University, 2012	Local Recovery Coordinator; Psychosocial Rehabilitation and Recovery Center	Substance abuse, motivational interviewing, constructivism
*Frank Mirarchi, PsyD Phila. College of Osteopathic Medicine, 2014	Primary Care Mental Health Integration	Health psychology, CBT, motivational interviewing, improving treatment adherence
*Saundra Noce, PhD, ABPP Brigham Young University, 1968	Behavioral Health Interdisciplinary Program	Family/Marital Therapy, psychological assessment
*Ronald Pekala, PhD Michigan State University, 1981	Biofeedback Clinic	Biofeedback, hypnosis, phenomenology
*Holly Ruckdeschel, PhD ** University of Pennsylvania, 1993	Community Living Center; Hospice and Palliative Care	Geropsychology, interdisciplinary teams, end of life issues, culture change in LTC
*Joan Ryan	Substance Abuse Treatment Unit	
*Danielle Schade, PsyD, CPRP ** Georgia School of Professional Psychology/Argosy Univ., 2004	Behavioral Health Interdisciplinary Program; Geropsychology Community Living Center	Psychosocial rehabilitation, serious mental illness, psychological assessment, ethics, education/training
Kristine Sudol, PsyD **LaSalle University, 2006	PTSD Clinical Team; MST; Mary Walker House	PTSD, military sexual trauma, women veterans
*Julia Stone, PsyD ** Immaculata University, 2014	Behavioral Health Interdisciplinary Program	Psychological assessment, trauma, DBT
Alison Thirkield, PhD Georgia State University, 2001	PTSD Clinical Team	Trauma, PTSD, attachment, mind/body approach to wellness
*David Tsai, PhD, ABPP-CN Biola University, Rosemead School of Psychology, 1997	Neuropsychology Clinic	Neuropsychology, psychological assessment, ethnic minorities

Elizabeth Valentine, PhD **Georgia State University, 2008	Acting Chief of Psychology, PTSD Clinical Team/Substance Abuse	PTSD, substance abuse, gambling
*Kurrie Wells, PhD University of Miami, 2006	Behavioral Health Interdisciplinary Program	Clinical health psychology, psychoneuroimmunology, co-occurring medical/psychiatric diagnoses

\* Denotes staff currently involved in formal intern training.

\*\* Denotes staff who were formerly interns at Coatesville VAMC.

### Relevant Publications

- Carpenter, B., Ruckdeschel, H., Ruckdeschel, K., & Van Haitzma, K. (2004). R-E-M: Psychotherapy for treating depression in long-term residents with dementia. Philadelphia, PA.
- Dow, D., Hart, G., & Nance, D. (2009). Supervision Styles and Topics Discussed in Supervision. *The Clinical Supervisor*, (28)1, 36-46.
- Feldman, M., Kumar, V. K., Angelini, F. J., Pekala, R. J., & Porter, J. (2007). Individual differences in substance preference and substance use. *Journal of Addictions and Offender Counseling*, 27 (2), 82-101.
- Gliko, B. T. (In Press). Borderline Personality Disorder. In *The SAGE Encyclopedia of Criminal Psychology*. Thousand Oaks, CA: SAGE Publications.
- Gliko, B. T. (In Press). Major Depressive Disorder in Incarcerated Offenders, Treatment of. In *The SAGE Encyclopedia of Criminal Psychology*. Thousand Oaks, CA: SAGE Publications.
- Gliko, B. T. (2012). Review of the book *Learning by Accident*. *Brain Injury*, 26, (11), 1401-1402.
- Gliko, B.T. (2004). Postpsychotic PTSD reactions: A literature review. *Journal of Trauma Practice*, 3, (2), 73-95.
- Gliko, B. T. (2002). Review of the book *Clinical methods in transcultural psychiatry*. *Cultural Diversity and Ethnic Minority Psychology*, 8, (3), 298-299.
- Liszczy, A. M., & Yarhouse, M. A. (2005). A survey on views of how to assist with coming out as gay, changing same-sex behavior or orientation, and navigating sexual identity confusion. *Ethics & Behavior*, 15(2), 159-179.
- Liszczy, A. M., & Yarhouse, M. A. (2005). Same-sex attraction: A survey regarding client-directed treatment goals. *Psychotherapy: Theory, Research, Practice, Training*, 42 (1), 111-115.
- Pekala, R. J. (2015). Hypnosis as a “state of consciousness”: How quantifying the mind can help us better understand hypnosis. *American Journal of Clinical Hypnosis*, 57(4), 402-424.
- Pekala, R. J. & Maurer, R. M. (2015). Imagery vividness before and during the PCI-HAP: A partial replication.. *International Journal of Clinical and Experimental Hypnosis*, 1-24.
- Pekala, R. J. & Maurer, R. M. (2013). A cross-validation of two differing measures of hypnotic depth. *International Journal of Clinical and Experimental Hypnosis*, 61, 81-110.

- Pekala, R. J. (2011). Reply to Wagstaff: "Hypnosis and the relationship between trance, suggestion, expectancy, and depth: Some semantic and conceptual issues." *American Journal of Clinical Hypnosis*, 53, 207-227.
- Pekala, R.J., Maurer, R., Kumar, V. K., Elliott-Carter, N., & Mullen, K. (2010). Trance State Effects and Imagery Vividness Before and During a Hypnotic Assessment: A Preliminary Study. *International Journal of Clinical and Experimental Hypnosis*, 58, 1-34.
- Pekala, R. J. (2010). Reply to "Methodological and interpretative issues regarding the Phenomenology of Consciousness Inventory: Hypnotic Assessment Procedure: A comment on Pekala et al. (2010a, 2010b)." *American Journal of Clinical Hypnosis*, 53, 115-128.
- Pekala, R. J., Kumar, V. K., Maurer, R., Elliott-Carter N., Moon, E, & Mullen, K. (2010). Suggestibility, expectancy, trance state effects, and hypnotic depth: I. Implications for understanding hypnotism. *American Journal of Clinical Hypnosis*, 52, 271-286.
- Pekala, R. J., Kumar, V. K., Maurer, R., Elliott-Carter N., Moon, E, & Mullen, K. (2010). Suggestibility, expectancy, trance state effects, and hypnotic depth: II. Assessment via the PCI-HAP. *American Journal of Clinical Hypnosis*, 52, 287-314.
- Phillips, L. & Schade, D. (2012). Implementing empowerment psychoeducation in a psychosocial rehabilitation setting. *The International Journal of Psychosocial Rehabilitation*, 16, 112-119.

## RECENT GRADUATES

2015-2016

Lindsay Anmuth  
Briana Auman  
Danielle Bosenbark  
Alison Hoyt  
Yinchi Li

James Madison University  
Yeshiva University  
Drexel University  
Immaculata University  
Chestnut Hill College

2014-2015

Kayleigh Flanagan  
Kevin Giangrasso  
Tara McGuire  
Lydia Wardin  
Zacharias Yanis

Massachusetts School of Professional Psychology  
Philadelphia College of Osteopathic Medicine  
California School of Professional Psychology  
Adler School of Professional Psychology  
Georgia School of Professional Psychology

2013-2014

Cayleigh Benny-Harper  
Jason Kaplan  
Michelle Morrone-Kubes  
Jeffrey Przybysz  
Julia Stone

Carlos Albizu University  
Azusa Pacific University  
Adler School of Professional Psychology  
Immaculata University  
Immaculata University

2012-2013

Robert Hindman  
Ashley Curiel  
Jessica (Norman) Temple  
Stacey Polott  
Alison Flipse-Vargas

The Catholic University  
Pepperdine University  
LaSalle University  
Florida Institute of Technology  
Pepperdine University

2011-2012

Carmen Breen-López  
Jenna Mercadante  
Brian Mizuki  
Jason Schwenker  
Katherine Vojtko

Virginia Consortium  
Wright State University  
Argosy University (Chicago Campus)  
Spalding University  
Immaculata University

2010-2011

Deborah Boyd  
Justin Charles  
Ryan Grant Jones  
Kalika Kelkar  
Jamie Via

Lehigh University  
Wheaton College  
Regent University  
Virginia Consortium  
Philadelphia College of Osteopathic Medicine

2009-2010

Sara Anderson  
Aaron Brinen  
Anthony De Marco  
Karen Pollard  
Beth Rhoads

Virginia Consortium  
Philadelphia College of Osteopathic Medicine  
Yeshiva University  
University of LaVerne  
Chestnut Hill College

Appendix A  
Program Overview

## **PSYCHOLOGY INTERNSHIP PROGRAM OVERVIEW**

**1. PURPOSE:** To define the policies and procedures for the Predoctoral Psychology Internship Program at the Coatesville Veterans Affairs Medical Center.

**2. POLICY:** The Coatesville VA Medical Center Predoctoral Program in Health Services Psychology is designed for students from graduate programs in Clinical and Counseling Psychology that are accredited by the American Psychological Association (APA). The Co-Directors of Psychology Internship Training and the Psychology Training Committee provide oversight for all psychology Internship training, under the direction of the Chief Psychologist.

**3. RESPONSIBILITY:** The Co-Directors of Psychology Internship Training and the Psychology Training Committee provide management for the program under the broad supervisory control of the Chief Psychologist. The Internship program is accredited by the American Psychological Association (APA) and is affiliated with the Association of Psychology Postdoctoral and Internship Centers (APPIC).

**4. TRAINING COMMITTEE AND CO-DIRECTORS OF PSYCHOLOGY INTERNSHIP TRAINING:** The Co-Directors of Psychology Internship Training maintain liaison between the Internship Program and its affiliated universities, the MA, APPIC, the Department of Veterans Affairs Office of Academic Affiliations (DVA-OAA), and the CVAMC Education and Staff Development service.

A. Membership: The Training Committee comprises the following:

1. Directors of Psychology Internship Training;
2. Training Psychologists, one representative each from Neuropsychology, Mental Health Clinic/PTSD Clinical Team, SMI/PSR, PTSD, Primary Care-Mental Health Integration, and Geropsychology;
3. Assistant Chief, Psychology Service, as *ex officio*.
4. The Chief Psychologist will appoint the Co-Directors of the Psychology Internship Training for an indeterminate term to provide overall coordination of Internship training activities. Members of the Training Committee will be selected for two year rotating terms by the Co-Directors of Psychology Internship Training, with the approval of the Chief Psychologist. Training (supervising) Psychologists will be selected for indeterminate terms by the Co-Directors of Psychology Internship Training with the approval of the Chief Psychologist.

B. Meetings:

1. The Psychology Training Committee will meet at least six times per year. A portion of each meeting will be set aside for discussion of each Intern's progress in meeting training goals. Areas in which Interns are training but which do not have standing representation on the Committee will provide progress reports during those meetings as well. Additional Committee meetings will be scheduled on an as-needed basis.
2. At least twice annually, the entire body of Training (supervising) Psychologists will meet to identify and explore areas for potential improvement in training, and on an exceptional basis, as a step in determining actions regarding impaired Interns, in accordance with due process requirements below.

### C. Responsibilities:

1. The Chief Psychologist is responsible for appointing the Co-Directors of Psychology Internship Training, approving members of the Psychology Training Committee, approving the designation of Training Psychologists, providing broad management oversight of the Internship Program, and assuring that all rules and regulations concerning its management are consistent with those of the Medical Center, the VISN, and the Department of Veterans Affairs.
2. The Co-Directors of Psychology Internship Training are responsible for the overall administration of the Internship Program, as well as its day-to-day operations. They are further responsible for the development, implementation, and oversight of all policies regarding training and education, with the approval of the Chief Psychologist. Specific responsibilities include the following: Coordination of the Intern selection process, APA accreditation activities, Intern, rotation, and program evaluations, didactic seminars, and ongoing development activities for the Internship Program; serving as the program's representative to affiliated agencies, APA, APPIC, VAMC, CVAMC Resident and Trainee Review Committee, and DVA-OAA; liaison between Interns and the Psychology Training Committee; and developing Internship policies and procedures for approval by the Psychology Training Committee and the Chief Psychologist.
3. The Training Committee is responsible for Intern selection, evaluation, and, in consultation with the Chief Psychologist, all matters involving graduation and/or termination from the program. Through Intern application and interview data, as well as training track assignment, the Committee will develop and approve a training plan that considers each Intern's knowledge, experience, and stated preferences. Other Committee responsibilities also include conducting a continuing evaluation of the training program through recommendations, suggestions, and decisions for program improvement.

## 5. INTERNSHIP REQUIREMENTS:

A. *Intern Selection:* Intern applicants must be enrolled as students in good standing in an APA-accredited clinical or counseling psychology doctoral program of study; have completed at least their third year of pre-Internship graduate training; have achieved doctoral candidate status; and have an appropriate number and type of practicum training hours. All applicants must be U.S. citizens. Interns will be selected using the APPIC Match system only.

B. *Internship Structure:* The Internship program consists of three, four-month rotations. Interns matched to the Neuropsychology track are required to complete one full rotation in neuropsychological testing, one half-rotation in cognitive rehabilitation, and one half-rotation in psychological assessment. Interns matched to the General Psychology track are required to complete one half-rotation in psychological assessment, one residential or inpatient rotation or half-rotation, and the remaining rotations from opportunities in various mental health, geriatric, domiciliary, and primary care settings. All Interns are required to carry an average of two mental health clinic outpatients throughout the year, regardless of their primary rotation(s).

C. *Supervision of Interns:* All Interns will receive at least four hours of supervision per week, of which at least two will be individual, face-to-face supervision.

D. *Intern Seminars and Continuing Education*: All Interns are required to attend regularly scheduled weekly seminars on assessment, interventions, and ethics and professional issues. They must also attend continuing education seminars and workshops designed to enhance and expand their clinical knowledge and expertise through the training year.

E. *Intern Representation*: The Intern class will select a representative to meet with the Training Committee in the Committee's regularly scheduled meetings to discuss progress and any noted problem areas. All Interns may also meet individually with the Co-Directors of Psychology Internship Training to discuss problems, if any, and to provide ongoing feedback on their Internship experiences.

## 6. EVALUATION:

A. *Evaluation of Interns*: A mid-rotation and end-of-rotation evaluation will be completed for each assigned rotation or half-rotation using the Psychology Trainee Competency Assessment Form. Evaluations for mini- and micro-rotations may be integrated into full or half-rotation evaluations. The Intern's signature acknowledges receipt of the evaluation and does not necessarily represent agreement with its contents. The minimum threshold for satisfactory performance on at least 80% of all relevant clinical competencies is 4 (Occasional supervision needed) or higher, with no rating lower than 3 (Should remain a focus of supervision). Successful completion of all assigned rotations at the minimum threshold or higher is required for graduation from the Internship program. In the event an Intern receives a rating of 2 (Continued intensive supervision is needed) or 1 (Needs remedial work), the training supervisor and the Intern, with the input of the Co-Directors of Psychology Intern Training, will prepare a joint written remedial plan, with specific dates indicated for completion. Once completed, the Intern's performance in the rotation will be re-evaluated. Failure to achieve the minimum passing threshold by the specified date may result in a decision of the Training Committee to terminate training, following the *Psychology Intern's Right to Due Process Prior to Termination* policy described in Section 8 below.

B. *Evaluation of Rotations and Supervisors*: Interns will complete a formal written evaluation of each rotation supervisor using the *Rotation Evaluation* form at the end of each rotation or half-rotation and submit it to the Co-Directors of Training. This form will then be shared with the training supervisor as soon as practicable after the Intern's departure from the program. The Co-Directors of Psychology Internship Training will review all *Rotation Evaluation* forms when submitted, and address any immediate concerns so that remedial actions can be taken promptly. Repeated or serious deficiencies noted in this evaluation will be reviewed by the Chief Psychologist and, in consultation with the Co-Directors of Psychology Internship Training, a plan of corrective action will be developed, including the option of replacing the training supervisor. The Chief Psychologist is responsible for ensuring that the training supervisor implements the corrective action and for monitoring compliance with the plan and resolution of the identified problem(s).

C. *Internship Consultation Report*: At the end of the training year, the Interns will prepare, as a class, a hill-scale evaluation of the Internship, taking into consideration the training goals, training methods, training opportunities, and training content, as well as whether formal requirements for APA-accredited programs were consistently met. In

addition to its consultative value for the Training Committee, the report also serves as a training task in program evaluation. After the Interns have cleared station, this report will be reviewed by the Co-Directors of Psychology Internship Training as well as the Chief Psychologist, prior to review by all training supervisors. The information in this report may be used as a basis for making program adjustments and improvements, as determined by the Training Committee, the Co-Directors of Psychology Internship Training, and the Chief Psychologist.

## **7. FINANCIAL AND ADMINISTRATIVE SUPPORT:**

A. Interns receive an annual stipend of \$25,666, paid bi-weekly, have ten paid federal holidays, and earn both annual and sick leave in accordance with federal rules and regulations. Interns' stipends are fully funded through the Central Office of the Department of Veterans' Affairs. Staff members are salaried through central and local funds. While Interns do not receive financial support from the VAMC for training activities, they are able to participate in free multi-day trainings at other VAMC's, and with supervisory permission, may attend any related continuing education activities at this or nearby VA sites. Interns are given Authorized Absence (paid leave that does not count against their annual or sick leave) to attend appropriate off-station trainings.

B. Clerical and technical support is available to Interns. Clerical and other technical support staff are paid through Central Office and local funds.

## **8. MANAGEMENT OF PROBLEMATIC BEHAVIOR AND DUE PROCESS:**

### *A. Psychology Interns' Right to Due Process Prior to Termination*

1. Criteria for Termination: Concerns of sufficient magnitude to warrant consideration of termination of a Psychology Intern include, but are not limited to: a) incompetence to perform typical psychological services in this setting and an inability to attain competence during the course of the Internship; b) violation of the American Psychological Association *Ethical Principles of Psychologists and Code of Conduct (2002)* or of laws governing the practice of psychology established by the Commonwealth of Pennsylvania; or c) other behaviors which are judged as unsuitable and which hamper the Intern's professional performance. For reasons of patient safety, the Intern may be removed temporarily from direct clinical care during due process procedures.

2. Due Process: A recommendation to the Chief Psychologist to terminate an Intern's training requires a majority vote by the Psychology Training Committee at a regular or special meeting of that Committee. The Intern will be provided an opportunity to present arguments against termination at that meeting. Direct participation by the Co-Directors of Clinical Training or designee from the Intern's graduate program will be sought. If she or he is unable to attend personally, arrangements will be made for some means of online communication.

3. Appeal: Should the Psychology Training Committee recommend termination, the Intern may invoke his or her right of appeal by so notifying the Chief Psychologist in writing within ten (10) working days after the decision to terminate is communicated to the Intern. The Chief Psychologist shall convene an Appeal Panel composed of at least three members who may be drawn from the CVAMC Psychology Service staff and which shall include at least one member of

the Psychology staff of another APA-Accredited Psychology Internship Program. The specific composition is at the discretion of the Chief Psychologist, with the exception that no one involved in the original action may be on the Appeal Panel. A representative of the District Counsel Office shall be available to consult with the Appeal Panel concerning Due Process issues. The Co-Directors of Psychology Internship Training shall present the position of the Psychology Training Committee. The Intern, together with any counsel or representative he or she may choose, shall present the appeal. The recommendation of the Appeal Panel will be forwarded to the Chief Psychologist for final disposition.

4. Disposition: If the decision to terminate is made, the Chief Psychologist will direct the Human Resources Management Service to terminate the Intern's appointment. If the decision is for continuation, the Co-Directors of Psychology Internship Training, the Intern's primary supervisors, and the Intern are responsible for negotiating an acceptable training plan for the balance of the Internship year.

*B. Grievance Resolution Procedures for Psychology Interns:*

1. The Psychology Training Committee strives to maintain an environment in which Psychology Interns learn and grow professionally with a minimum of conflict and stress. Occasionally, however, situations may arise that call for informal or formal resolution using an established procedure. This policy provides resolution procedures that promote a positive training atmosphere and follow the *APA Ethical Principles of Psychologists and Code of Conduct*, while respecting the VA's organizational structure and processes. The guidelines, though not exhaustive, assist Psychology Interns in *resolving grievances or conflicts between Interns and supervisory psychologists*. Situations falling outside these guidelines should be discussed with the Co-Directors of Psychology Internship Training.

2. As in other organizations, we attempt to resolve grievances or conflicts at the employee-supervisor level. Thus, in most cases, the Psychology Intern begins by discussing the issue with the Supervisory Psychologist on the affected rotation. Conflicts of a relatively minor nature involving the Supervisory Psychologist and the Psychology Intern, such as workload, client selection, or performance evaluation, are often resolved quickly and collaboratively without involving the Co-Directors of Psychology Internship Training. If this process fails, however, or if the grievance involves an issue of a more significant nature, such as a Supervisory Psychologist's misconduct toward the Psychology Intern, the Intern should consult with the Director of Psychology Internship Training directly and without delay.

3. Some matters should be taken up with the Co-Directors of Psychology Internship Training immediately. These include:

- a. Grievances involving the Internship program itself, such as rotational assignments or the evaluation procedure; and
- b. A Medical Center staff member's misconduct toward an Intern, such as harassment or unethical conduct involving the Intern. For issues concerning the training program, prior consultation with the Psychology Intern's graduate program Director of Clinical Training and/or the Training Supervisor may also be in order.

4. Where the conduct of the Co-Director(s) of the Psychology Internship Training Program are at issue, the Psychology Intern consults directly with the Chief Psychologist. Prior consultation with, and assistance from, the Intern's rotational Training Supervisor and/or graduate program Director of Clinical Training may facilitate this consultation.

5. Some matters may require the Psychology Intern to make a formal written statement in order to achieve resolution. Some may, in addition, involve specialized processes through the Psychology Training Committee, Equal Employment Opportunity Office, VA Police, Chief of Staff/Patient Safety Office, or state licensing board.

6. Please note that other procedures exist to manage other types of problems within the Medical Center, such as alleged patient abuse.

If you have questions regarding any of these procedures, or need assistance in identifying the individual(s) with whom you should consult, please see a Supervisory Psychologist or the Co-Directors of Psychology Internship Training.

Review Date: May 2020

Appendix B  
Psychology Trainee Competency Assessment Form

## Psychology Trainee Competency Assessment Form

Intern: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Name of Rotation: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

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### Assessment Methods for Competencies:

- Direct Observation       Videotape       Review of Raw Test Data
- Audiotape       Case Presentation       Clinical Staff Feedback
- Discussion of Clinical Interaction

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### COMPETENCY RATINGS DESCRIPTIONS

1. Needs remedial work.
2. Entry level/Continued intensive supervision is needed. Most common rating for practica and entry-level interns. Routine, but intensive, supervision is needed. Requires remedial work if trainee is in internship or post-doc.
3. Intermediate/Should remain a focus of supervision. Common rating throughout internship and practica. Routine supervision of each activity.
4. High Intermediate/Occasional supervision needed. A frequent rating at completion of internship. Competency attained in all but non-routine cases; supervisor provides overall management of trainee's activities; depth of supervision varies as clinical needs warrant.
5. Advanced/Skills comparable to autonomous practice at the licensure level. Rating expected at completion of postdoctoral training. Competency attained at full psychology staff privilege level, however as an unlicensed trainee, supervision is required while in training status.

N/A = Not applicable / Not assessed during training experience.

## **Competency A: DEMONSTRATE ASSESSMENT AND DIAGNOSTIC COMPETENCY**

Objective A-1: DIAGNOSTIC SKILL - Demonstrates a thorough working knowledge of psychiatric diagnostic nomenclature and DSM multi-axial classification. Utilizes historical, interview and psychometric data to diagnose accurately.

1. Has significant deficits in understanding of the psychiatric classification system and/or ability to use DSM-IV criteria to develop a diagnostic conceptualization.
2. Has basic understanding of diagnostic nomenclature but requires supervisory input on most diagnostic decision-making.
3. Understands basic diagnostic nomenclature and is able to accurately diagnosis many psychiatric problems. May miss relevant patient data when making a diagnosis. Requires supervisory input on most complex diagnostic decision-making.
4. Has a good working knowledge of psychiatric diagnoses. Is thorough in consideration of relevant patient data, and diagnostic accuracy is typically good. Uses supervision well in more complicated cases involving multiple or more unusual diagnoses.
5. Demonstrates a thorough knowledge of psychiatric classification, including multiaxial diagnoses and relevant diagnostic criteria to develop an accurate diagnostic formulation autonomously.

N/A

Objective A-2: PSYCHOLOGICAL TEST SELECTION AND ADMINISTRATION - Promptly and proficiently administers commonly used tests in his/her area of practice. Appropriately chooses the tests to be administered. Demonstrates competence in administering psychological tests.

1. Has poor working knowledge of test-administration and makes frequent errors in test administration. Requires significant supervisory input at all levels of test selection and administration.
2. Test administration is irregular, slow. Or often needs to recall patient to further testing sessions due to poor choice of tests administered.
3. Needs continued supervision on frequently administered tests. Needs occasional consultation regarding appropriate tests to administer.
4. Occasional input needed regarding fine points of test administration. Occasionally needs reassurance that selected tests are appropriate.
5. Proficiently administers all tests. Completes all testing efficiently. Autonomously chooses appropriate tests to answer referral question.

N/A

Objective A-3: PSYCHOLOGICAL TEST INTERPRETATION - Interprets the results of psychological tests used in his/her area of practice. Demonstrates competence interpreting psychological tests.

1. Significant deficits in understanding of psychological testing, over-reliance on computer interpretation packages for interpretation. Repeatedly omits significant issues from assessments, reaches inaccurate or insupportable conclusions.
2. Understands basic use of tests, may occasionally reach inaccurate conclusions or take computer interpretation packages too literally. With supervisory input, is able to integrate findings from various tests.
3. Completes assessments on typical patients with some supervisory input, occasionally 4 – Demonstrates knowledge of scoring methods, reaches appropriate conclusions with some support from supervision.

4. uncertain how to handle difficult patients or unusual findings.
5. Skillfully and efficiently interprets tests autonomously. Makes accurate independent diagnostic formulations on a variety of syndromes. Accurately interprets and integrates results prior to supervision session.

N/A

Objective A-4: FEEDBACK REGARDING ASSESSMENT - Plans and carries out a feedback interview. Explains the test results in terms the patient and/or caregiver can understand, provides suitable recommendations and responds to issues raised by patient or caregiver.

1. Does not modify interpersonal style in response to feedback.
2. Supervisor frequently needs to assume leadership in feedback sessions to ensure correct feedback is given or to address emotional issues of patient or caregiver.
3. Develops plan for feedback session with the supervisor. Presents basic assessment results and supervisor addresses more complex issues. Continues to benefit from feedback on strengths and areas for improvement.
4. With input from supervisor, develops and implements a plan for the feedback session. May need some assistance to identify issues which may become problematic in the feedback session. May need intervention from supervisor to accommodate specific needs of patient or family.
5. Plans and implements the feedback session appropriately. Foresees areas of difficulty in the session and responds empathically to patient or caregiver concerns. Adjusts personal style and complexity of language and feedback details to accommodate patient or caregiver needs.

N/A

## **Competency B: DEMONSTRATE INTERVENTION COMPETENCY**

Objective B-1: DEVELOPING PATIENT RAPPORT - Consistently achieves a good rapport with patients.

1. Alienates patients or shows little ability to recognize problems.
2. Has difficulty establishing rapport.
3. Actively developing skills with new populations. Relates well when has prior experience with the population.
4. Generally comfortable and relaxed with patients, handles anxiety-provoking or awkward situations adequately so that they do not undermine therapeutic success.
5. Establishes quality relationships with almost all patients, reliably identifies potentially challenging patients and seeks supervision.

N/A

Objective B-2: PATIENT RISK MANAGEMENT AND CONFIDENTIALITY - Effectively evaluates, manages and documents patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues. Collaborates with patients in crisis to make appropriate short-term safety plans, and intensify treatment as needed. Discusses all applicable confidentiality issues openly with patients.

1. Makes inadequate assessment or plan, then lets patient leave site before consulting supervisor.
2. Delays or forgets to ask about important safety issues. Does not document risk appropriately. But does not let patient leave site without seeking "spot" supervision for the crisis. Does not remember to address confidentiality issues, needs frequent prompting. Fear may overwhelm abilities in patient crises.
3. Recognizes potentially problematic cases, but needs guidance regarding evaluation of patient risk. Supervision is needed to cope with safety issues; afterwards trainee handles them well. Can be trusted to seek consultation immediately if needed, while patient is still on site. Needs to refine crisis plans in collaboration with supervisor. Needs input regarding documentation of risk. Occasionally needs prompting to discuss confidentiality issues with patient.
4. Aware of how to cope with safety issues, continues to need occasional reassurance in supervision. Asks for input regarding documentation of risk as needed. Sometimes can initiate appropriate actions to manage patient risk, sometimes needs input of supervisor first. May occasionally forget to discuss confidentiality issues promptly.
5. Assesses and documents all risk situations fully prior to leaving the worksite for the day. Appropriate actions taken to manage patient risk situations (e.g. escorting patient to ER) are initiated immediately, then consultation and confirmation of supervisor is sought. Establishes appropriate short-term crisis plans with patients.

N/A

Objective B-3: CASE CONCEPTUALIZATION AND TREATMENT GOALS - Formulates a useful case conceptualization that draws on theoretical and research knowledge. Collaborates with patient to form appropriate treatment goals.

1. Responses to patients indicate significant inadequacies in theoretical understanding and case formulation. Misses or misperceives important emotional issues. Unable to set appropriate treatment goals with patient.
2. Beginning skills of applying a theoretical framework to cases. Requires ongoing supervision to set therapeutic goals aside from those presented by patient.
3. Requires occasional supervision to reach case conceptualization. Aware of emotional issues when they are clearly stated by the patient, needs supervision for development of awareness of underlying issues.
4. Reaches case conceptualization on own, recognizes improvements when pointed out by supervisor. Readily identifies emotional issues but sometimes needs supervision for clarification. Sets appropriate goals with occasional prompting from supervisor, distinguishes realistic and unrealistic goals.
5. Independently produces good case conceptualizations within own preferred theoretical orientation, can also draw some insights into case from other orientations. Consistently sets realistic goals with patients.

N/A

Objective B-4: THERAPEUTIC INTERVENTIONS - Interventions are well-timed, effective and consistent with empirically supported treatments, as applicable.

1. Most interventions and interpretations are rejected by patient. Has frequent difficulty targeting interventions to patients' level of understanding and motivation.
2. Adequately uses some interventions but requires intensive supervision regarding timing and interpretation.
3. Many interventions and interpretations are delivered and timed well. Needs supervision to plan interventions and clarify interpretations.
4. Most interventions and interpretations facilitate patient acceptance and change. Supervisory assistance needed for timing and delivery of more difficult interventions.
5. Interventions and interpretations facilitate patient acceptance and change. Demonstrates motivation to increase knowledge and expand range of interventions through reading and consultation as needed.

N/A

Objective B-5: EFFECTIVE USE OF THERAPIST'S EMOTIONAL REACTIONS IN THERAPY - Understands and uses own emotional reactions to the patient productively in the treatment.

1. Unable to identify, process, and utilize own emotional reactions, even with supervisory input.
2. When feeling anger, frustration or other intense emotional response to the patient, blames patient at times. Welcomes supervisory input and can reframe own emotional response to the session.
3. Understands basic concepts of countertransference. Can identify own emotional reactions and seeks supervisory input to process the information gained.
4. Uses emotional reactions to formulate hypotheses about the patient during supervision sessions. Can identify own issues that impact therapeutic process. Interventions generally presented in the following session.
5. During session, uses emotional reactions to formulate hypotheses about patient's current and historical social interactions, presents appropriate interpretations and interventions. Able to identify own issues that impact the therapeutic process and has ideas for coping with them. Seeks consultation as needed for complex cases.

N/A

Objective B-6: GROUP THERAPY SKILLS AND PREPARATION - Intervenes in group skillfully, attends to member participation, completion of therapeutic assignments, group communication, safety and confidentiality. If the group is psychoeducational, readies materials for group, and understands each session's goals and tasks.

1. Defensive or lacks insight when discussing strengths and weaknesses. Frequently unprepared for content or with materials.
2. Has significant inadequacies in understanding and implementation of group process. Unable to maintain control in group sufficient to cover content areas. Preparation is sometimes disorganized.
3. Needs ongoing supervision to identify key issues and initiate group interaction. Actively working on identifying own strengths and weaknesses as a group leader. Identifies problematic issues in group process but requires assistance to handle them. May require assistance organizing group materials.

4. Seeks input on group process issues as needed, then works to apply new knowledge and skills. Needs occasional feedback concerning strengths and weaknesses. Generally prepared for group sessions.
5. Elicits participation and cooperation from all members, confronts group problems appropriately and independently, and independently prepares for each session with little or no prompting. Can manage group alone in absence of co-therapist/supervisor with follow-up supervision later.

N/A

### **Competency C: DEMONSTRATE COMPETENCY IN PROVIDING CONSULTATION AND EVALUATION**

Objective C-1: CONSULTATION AND EVALUATION - Performs an assessment of the program or issue referred for consultation, incorporating structured interview or other data-collection techniques, as needed, to complete the evaluation.

1. Consultation reports are poorly written and/or organized. Fails to incorporate relevant information and/or use appropriate measures of evaluation necessary to complete the consult.
2. Exhibits very basic knowledge about appropriate techniques and requires intensive supervision to select assessments and integrate findings. Needs significant editorial input.
3. Needs continued supervision regarding appropriate techniques to complete consultations as well as input regarding integration of findings and recommendations.
4. Occasional input is needed regarding appropriate measures of evaluation and effective write-up of reports to best answer the consult questions.
5. Chooses appropriate means of evaluation to respond effectively to the consultation; reports are well organized and provide useful and relevant recommendations with minimal supervisory input.

N/A

Objective C-2: SUPERVISORY SKILLS - Demonstrates good knowledge of supervision techniques and employs these skills in a consistent and effective manner, seeking consultation as needed. Builds good rapport with supervisee.

1. Unable to provide helpful supervision.
2. Needs routine supervision to recognize relevant issues and apply supervision skills.
3. Generally recognizes relevant issues, needs guidance regarding supervision skills. Supervisee finds input helpful. Trainee is rated by supervisee at the satisfactory or higher level in all areas.
4. Consistently recognizes relevant issues, needs occasional guidance and supervisory input. Well thought of by supervisee. Supervisee recognizes at least one significant strength of trainee as a supervisor as documented on evaluation form.
5. Spontaneously and consistently applies supervision skills. Supervisee verbalizes appreciation of trainee's input.

N/A

**Competency D: DEMONSTRATE PROFESSIONAL CONDUCT AND ETHICAL BEHAVIOR  
COMPETENCY**

Objective D-1: SEEKS CONSULTATION/SUPERVISION - Seeks consultation or supervision as needed and uses it productively.

1. Frequently defensive and inflexible, resists important and necessary feedback.
2. Needs intensive supervision and guidance, difficulty assessing own strengths and limitations.
3. Generally accepts supervision well, but occasionally defensive. Needs supervisory input for determination of readiness to try new skills.
4. Open to feedback, shows awareness of strengths and weaknesses, uses supervision well when uncertain, occasionally over or under-estimates need for supervision.
5. Actively seeks consultation when treating complex cases and working with unfamiliar symptoms.

N/A

Objective D-2: EFFICIENCY AND TIME MANAGEMENT - Efficient and effective time management. Keeps scheduled appointments and meetings on time. Keeps supervisors aware of whereabouts as needed. Minimizes unplanned leave, whenever possible.

1. Frequently has difficulty with timeliness, or tardiness or unaccounted absences are a problem.
2. Highly dependent on reminders or deadlines.
3. Completes work effectively and promptly by using supervision time for guidance. Regularly needs deadlines or reminders.
4. Typically completes clinical work/patient care within scheduled hours. Generally on time. Accomplishes tasks in a timely manner, but needs occasional deadlines or reminders.
5. Efficient in accomplishing tasks without prompting, deadlines or reminders. Excellent time management skills regarding appointments, meetings and leave.

N/A

Objective D-3: KNOWLEDGE OF ETHICS AND LAW - Demonstrates good knowledge of ethical principles and state law. Consistently applies these appropriately, seeking consultation as needed.

1. Disregards important supervisory input regarding ethics or law.
2. Often unaware of important ethical and legal issues.
3. Generally recognizes situation where ethical and legal issues might be pertinent, is responsive to supervisory input.
4. Consistently recognizes ethical and legal issues, appropriately asks for supervisory input.
5. Spontaneously and consistently identifies ethical and legal issues and addresses them proactively. Judgment is reliable about when consultation is needed.

N/A

Objective D-4: PROJECT MANAGEMENT - Demonstrates a growing ability to accomplish project-oriented tasks. Prioritizes appropriately. Shows a growing autonomy in management of research or clinical projects.

1. Deadline passes without task being done. Not receptive to supervisory input about own difficulties in this process.
2. Trainee takes on responsibility, then has difficulty asking for guidance or accomplishing goals within timeframe.
3. Completes work effectively, using supervision time to identify priorities and develop plans to accomplish tasks. Receptive to supervisory input to develop own project management skills.
4. Identifies components of the larger task and works independently on them. Needs some supervisory guidance to successfully accomplish large tasks within the timeframe allotted. Identifies priorities but needs input to structure some aspects of task.
5. Independently assesses the larger task to be accomplished, breaks the task into smaller ones and develops a timetable. Prioritizes various tasks and deadlines efficiently and without need for supervisory input. Makes adjustments to priorities as demands evolve.

N/A

Objective D-5: INTERPERSONAL AND AFFECTIVE SKILLS - Forms and maintains productive, respectful relationships with clients, peers/colleagues, supervisors, and professionals from other disciplines. Demonstrates advanced interpersonal skills and the ability to manage difficult communications.

1. Demonstrates limited ability to maintain relationships or to tolerate others' point of view. Demonstrates limited awareness of inner emotional experience.
2. Tolerates and understands interpersonal conflict. Respects and shows interest in others' experience, values, and points of view. Possesses awareness of inner emotional experience.
3. Forms and maintains satisfactory working alliances with clients, supervisors, and peers. Listens to and acknowledges feedback from others. Demonstrates active problem-solving.
4. Acknowledges own role in difficult interactions. Maintains effective interpersonal relationships with clients, peers, supervisors, other professionals, and the public. Accepts and implements supervisory feedback non-defensively.
5. Negotiates conflictual, difficult, and complex relationships, including those with individuals and groups that differ significantly from oneself. Seeks clarification in interpersonal communications. Accepts and implements constructive feedback from others.

N/A

### **Competency E: DEMONSTRATE COMPETENCY IN DIVERSITY ISSUES**

Objective E-1: SENSITIVITY TO PATIENT DIVERSITY - Sensitive to the cultural and individual diversity of patients. Committed to providing culturally sensitive services.

1. Has been unable or unwilling to surmount own belief system to deal effectively with diverse patients.
2. Is beginning to learn to recognize beliefs which limit effectiveness with patient populations.
3. Has significant lack of knowledge regarding some patient groups, but resolves such issues effectively through supervision. Open to feedback regarding limits of competence.
4. In supervision, recognizes and openly discusses limits to competence with diverse clients.

5. Discusses individual differences with patients when appropriate. Acknowledges and respects differences that exist between self and clients in terms of race, ethnicity, culture and other individual difference variables. Recognizes when more information is needed regarding patient differences and seeks out information autonomously. Aware of own limits to expertise.

N/A

**Objective E-2: AWARENESS OF OWN CULTURAL AND ETHNIC BACKGROUND** - Aware of own background and its impact on clients. Committed to continuing to explore own cultural identity issues and relationship to clinical work.

1. Has little insight into own cultural beliefs even after supervision.
2. Growing awareness of own cultural background and how this affects psychological work. Can make interpretations and conceptualizations from culturally-based assumptions. Responds well to supervision.
3. Uses supervision well to recognize own cultural background and how this impacts psychological work. Comfortable with some differences that exist between self and clients and working well on others. May occasionally deny discomfort with patients to avoid discussing relevant personal and patient identity issues.
4. Aware of own cultural background. Uses supervision well to examine this in psychological work. Readily acknowledges own culturally-based assumptions when these are identified in supervision.
5. Accurately self-monitors own responses to differences, and differentiates these from patient responses. Aware of personal impact on clients different from self. Thoughtful about own cultural identity. Reliably seeks supervision when uncertain.

N/A

## **Competency F: DEMONSTRATE COMPETENCY AS CONSUMERS OF PRACTICE-ORIENTED RESEARCH**

**Objective F-1: SEEKS CURRENT SCIENTIFIC KNOWLEDGE** - Displays necessary self-direction in gathering clinical and research information practice independently and competently. Seeks out current scientific knowledge as needed to enhance knowledge about clinical practice and other relevant areas.

1. Unwilling to acquire or incorporate new information into practice. Resists suggestions to expand clinical perspective. Procrastinates on readings assigned by supervisor.
2. Open to learning, but waits for supervisor to provide guidance. When provided with appropriate resources, willingly uses the information provided and uses supervisor's knowledge to enhance own understanding.
3. Shows initiative, eager to learn, beginning to take steps to enhance own learning. Identifies areas of needed knowledge with specific clients. Asks for and responsive to supervisor's suggestions of additional informational resources, and pursues those suggestions.
4. Actively and independently seeks information to enhance work with current clients. Needs minimal (if any) direction in identifying and utilizing research resources.
5. Fully dedicated to expanding knowledge and skills, independently seeks out information to enhance clinical practice utilizing available databases, professional literature, seminars and training sessions, and other resources.

N/A

Objective F-2: DEVELOPS AND IMPLEMENTS RESEARCH PLAN - Develops and implements plan for research or other professional writing or presentation.

1. Does not follow-through with responsibilities in development or implementation of plan.
2. Requires prompting and significant supervisory input to develop or to participate in elements of research plan.
3. Provides helpful suggestions regarding design and implementation of a colleague's plan. Provides significant assistance in the accomplishment of the project.
4. Provides substantive input into the plan. Demonstrates ability to execute at least one aspect of the project independently.
5. Develops research plan alone or in conjunction with a colleague. Is a full and equal participant in the project.

N/A

**Competency G: DEMONSTRATE COMPETENCY AS TREATMENT TEAM PARTICIPANTS**

Objective G-1: PROFESSIONAL INTERPERSONAL BEHAVIOR - Professional and appropriate interactions with treatment teams, peers and supervisors, seeks peer support as needed.

1. May be withdrawn, overly confrontational, insensitive or may have had hostile interactions with colleagues.
2. Ability to participate in team model is limited, relates well to peers and supervisors.
3. Progressing well on providing input in a team setting. Effectively seeks assistance to cope with interpersonal concerns with colleagues.
4. Actively participates in team meetings. Appropriately seeks input from supervisors to cope with rare interpersonal concerns.
5. Smooth working relationships, handles differences openly, tactfully and effectively.

N/A

Objective G-2: CONSULTATIVE GUIDANCE - Gives the appropriate level of guidance when providing consultation to other health care professionals, taking into account their level of knowledge about psychological theories, methods, and principles.

1. Unable to establish rapport.
2. Able to establish rapport initially but is inconsistent across interactions and has difficulty providing appropriate feedback.
3. Needs continued guidance. May need continued input regarding appropriate feedback and knowledge level of other professionals.
4. Requires occasional input regarding the manner of delivery or type of feedback given.
5. Relates well to those seeking input, is able to provide appropriate feedback.

N/A

## **Competency H: DEMONSTRATE COMPETENCY PROFESSIONAL DOCUMENTATION**

Objective H-1: PROFESSIONAL RESPONSIBILITY AND DOCUMENTATION - Responsible for key patient care tasks (e.g. phone calls, letters, case management), completes tasks promptly. All patient contacts, including scheduled and unscheduled appointments, and phone contacts are well documented. Records include crucial information.

1. May seem unconcerned about documentation. May neglect to document patient contacts. Documentation may be disorganized, unclear or excessively late.
2. Needs considerable direction from supervisor. May leave out crucial information.
3. Uses supervisory feedback well to improve documentation. Needs regular feedback about what to document. Rarely, may leave out necessary information, and occasionally may include excessive information. Most documentation is timely.
4. Maintains timely and appropriate records; may forget some minor details or brief contacts (e.g. phone calls from patient), but recognizes these oversights and retroactively documents appropriately. Records always include crucial information.
5. Maintains complete records of all patient contacts and pertinent information. Notes are clear, concise and timely. Takes initiative in ensuring that key tasks are accomplished. Records always include crucial information.

N/A

Objective H-2: ASSESSMENT WRITING SKILLS - Writes a well-organized psychological report. Answers the referral question clearly and provides the referral source with specific recommendations.

1. Inaccurate conclusions or grammar interfere with communication. Or reports are poorly organized and require major rewrites.
2. Has difficulty addressing the referral question clearly and needs significant supervisory input.
3. Uses supervision effectively for assistance in determining important points to highlight.
4. Report covers essential points without serious error, may need polish in cohesiveness and organization. Readily completes assessments with minimal supervisory input, makes useful and relevant recommendations.
5. Report is clear and thorough, follows a coherent outline, is an effective summary of major relevant issues. Relevant test results are woven into the report as supportive evidence. Recommendations are related to referral questions.

N/A

**DESCRIPTION OF ROTATION & ACTIVITIES PERFORMED:**

SUPERVISOR COMMENTS:

SUMMARY OF STRENGTHS:

Areas of Additional Development or Remediation:

Remedial Work Instructions - In the rare case when it is recognized that a trainee needs remedial work, a competency assessment form should be filled out immediately, prior to any deadline date for evaluation, and shared with the trainee and the director of training. In order to allow the trainee to gain competency and meet passing criteria for the rotation, these areas must be addressed proactively and a remedial plan needs to be devised and implemented promptly.

Goal for Trainee Evaluations Done at Prior to End-of-the-Year Evaluations:

All competency areas will be rated at a level of competence of 3 or higher.

Goal for Trainee End-of-the-Year Evaluations:

At least 80% of competency areas will be rated at level of competence of 4 or higher. No competency areas will be rated as 1 or 2. Note: exceptions would be specialty area rotations that would take a more intensive course of study to achieve this level of competency and the major supervisor, training director, and trainee agree that a level of 3 is appropriate for that particular rotation.

- The trainee HAS successfully completed the above goal and has reviewed the evaluation
- The trainee HAS NOT successfully completed the above goal. We have made a joint written remedial plan as attached, with specific dates indicated for completion. Once completed, the rotation will be re-evaluated using another evaluation form, or on this form, clearly marked with a different color ink.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Please attach the Intern's Individual Supervision record for this rotation.

TRAINEE COMMENTS (IF ANY):

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate agreement.

Trainee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Appendix C  
Intern Rotation Evaluation

**INTERN ROTATION EVALUATION**

Intern \_\_\_\_\_

Supervisor \_\_\_\_\_

Rotation \_\_\_\_\_

Date of Evaluation \_\_\_\_\_

Evaluation Period \_\_\_\_\_ to \_\_\_\_\_

Average Hours per Week \_\_\_\_\_

**I. ROTATION**

<b>Opportunities for New Learning:</b>	Poor	Needs Improvement	Satisfactory	Above Average	Superior	N/A
To increase knowledge base in designated area	0	1	2	3	4	5
To acquire new assessment skills	0	1	2	3	4	5
Integration of science/empirical studies	0	1	2	3	4	5
Other (e.g., Program Development, Research)	0	1	2	3	4	5

<b>Intern's Professional Growth:</b>	Poor	Needs Improvement	Satisfactory	Above Average	Superior	N/A
Increased awareness of prof. strengths/weaknesses	0	1	2	3	4	5
Enhanced sense of professional identity	0	1	2	3	4	5

<b>Treatment Team Experience:</b>	Poor	Needs Improvement	Satisfactory	Above Average	Superior	N/A
Modeled effective team interaction	0	1	2	3	4	5
Allowed student to have an active role	0	1	2	3	4	5
Staff Relationships with Intern	0	1	2	3	4	5
Interdisciplinary Involvement	0	1	2	3	4	5
Exposure to Diverse Populations	0	1	2	3	4	5

II. SUPERVISOR

<b>Quality of Supervision:</b>	Poor	Needs Improvement	Satisfactory	Above Average	Superior	N/A
Active in supervision process	0	1	2	3	4	5
Explained and followed a model of supervision	0	1	2	3	4	5
Stated clear expectations	0	1	2	3	4	5
Provided evaluative feedback throughout rotation	0	1	2	3	4	5
Availability of supervision	0	1	2	3	4	5
Prompt for supervision meetings	0	1	2	3	4	5
Flexibility of supervisor	0	1	2	3	4	5
Established predictable supervision times	0	1	2	3	4	5
Provided two hours individual supervision weekly	0	1	2	3	4	5
Modeled effective supervision	0	1	2	3	4	5
Openness to input from supervisee	0	1	2	3	4	5
Discussion of theory/case conceptualization	0	1	2	3	4	5
Knowledge of the Field	0	1	2	3	4	5
Respectful	0	1	2	3	4	5

<b>Ethics:</b>	Poor	Needs Improvement	Satisfactory	Above Average	Superior	N/A
Liability/risk management issues	0	1	2	3	4	5
Review of competency requirements	0	1	2	3	4	5
Record keeping	0	1	2	3	4	5

<b>Sensitivity to Diverse Populations:</b>	Poor	Needs Improvement	Satisfactory	Above Average	Superior	N/A
Diversity issues discussed during supervision	0	1	2	3	4	5
Review of competency requirements	0	1	2	3	4	5

	Poor	Needs Improvement	Satisfactory	Above Average	Superior	N/A
Overall Rating of the Rotation	0	1	2	3	4	5
Overall Rating of the Supervisor	0	1	2	3	4	5

Provide a narrative evaluation of your rotation and supervisory experience. A copy of this evaluation (rating and narrative) will be sent to your supervisor, as well as to your academic program. Use a separate piece of paper (if needed) to complete the narrative.

Appendix D  
Individual Supervision Record



Appendix E  
Mid-Rotation Competency Assessment Form

**Mid-Rotation Competency Assessment Form**

Intern: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Name of Rotation: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

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Assessment Methods for Competencies:

- Direct Observation
- Videotape
- Review of Raw Test Data
- Audiotape
- Discussion of Clinical Interaction
- Case Presentation
- Clinical Staff Feedback

---

STRENGTHS:

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AREAS FOR GROWTH:

---

OVERALL EVALUATION AT MID-ROTATION:

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SUPERVISOR'S SIGNATURE

---

INTERN'S SIGNATURE