



School of Medicine
Department of Psychiatry

Clinical Psychology Internship Training

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
SCHOOL OF MEDICINE

Department of Psychiatry, Section of Psychology

New Orleans, Louisiana

**Accredited by the American Psychological Association
Commission on Accreditation
750 First Street, NE,
Washington, DC 2002-4242
(202) 336-5979**

July 1, 2023 to June 30, 2024

https://www.medschool.lsuhschool.edu/psychiatry/clinical_psychology

The psychology internship affords you the opportunity to consolidate and refine your existing clinical skills, develop new ones, and get exposure to diverse population of individuals and their families. This brochure will highlight many aspects of the training experience here at LSUHSC. We take particular pride in teaching and training interns in clinical psychology. On behalf of the faculty and staff at LSUHSC, we look forward to the opportunity to train future psychologists.

Should you have any questions or need additional information, please do not hesitate to contact me or our Administrative Assistant, Ms. Susan Gould at (504) 903-9213. Additionally, should the applicant have complaints about the LSUHSC internship or internship process, they are welcome to call the Education Directorate of the American Psychological Association at 202-336-5979.

Best wishes,

Michelle B. Moore, Psy.D.
Training Director of Clinical Psychology Internship Program

LSUHSC SCHOOL OF MEDICINE IN NEW ORLEANS

Louisiana State University Health Sciences Center School of Medicine New Orleans (LSUHSC-NO) is located in a large medical complex covering ten square blocks of downtown New Orleans. It has six, individual professional schools: Medicine, Dentistry, Nursing, Allied Health Professions, Public Health, and Graduate Studies. The school was opened October 1, 1931, in a nine-story building adjacent to the 2200-bed Medical Center of Louisiana at New Orleans (MCLNO; formerly known as Charity Hospital of New Orleans). Historically, MCLNO has been, and continues to be, one of the major teaching hospitals in the south. LSUHSC-NO has statewide teaching, research, and health care functions, and is affiliated with more than 100 hospitals and various health care institutions regionally, nationally, and internationally. In July 1997, LSUHSC took over the responsibility of administrating the MCLNO Charity Hospital System.

Within the past three decades, LSUHSC has expanded its facilities substantially. In 1984, the School of Allied Health Professions was established. The 12-million-dollar Louisiana Lions' Eye Center was completed in 1986, which serves as a clinical and research center for the Department of Ophthalmology, and houses outpatient clinics for the School of Medicine. An eight-story Resource Center opened in July of 1988, which includes a modern computer center and a health sciences library.

In 2001, an 8-million-dollar Clinical Sciences Research Building (CSRB) was completed, which provides lab and research facilities for the medical staff including state-of-the art simulation labs and conference rooms. In 2003, the School of Public Health was added.

In addition to its outstanding clinical facilities, LSUHSC has emerged as a major center for research, receiving over 37 million dollars in research support funds in 2001. In its long history of education, research, and service to the public, Louisiana State University Health Sciences Center is one of the major academic facilities in the South.

After being heavily damaged by Hurricane Katrina on August 29, 2005, Charity Hospital closed. Hospital services were provided at the Interim Louisiana Hospital until August 2015 when the new state of the art University Medical Center was completed.

THE DEPARTMENT OF PSYCHIATRY

Rahn Bailey, M.D., is a psychiatrist who has served as Chair of the Department of Psychiatry at LSUHSC since June 2021. The Department is committed to the finest quality medical student education, post-medical school training for residents and fellows in all aspects of psychiatry: general psychiatry; infant, child and adolescent psychiatry; emergency and administrative psychiatry; psychosomatic medicine, and consultation liaison psychiatry. We also provide excellent graduate and post-graduate training in social work and psychology. The department provides major leadership in research spanning our field and makes important advances in the understanding of psychopharmacology and neuroscience, developmental disorders, psychodynamic psychiatry, and treatment of children and families exposed to community and family violence.

After hurricanes Katrina and Gustav, the Department played key roles in the State's Crisis Response Program in providing mental health services throughout metropolitan New Orleans including services for first responders and their families, in meeting the mental health needs of returning and displaced children and their families, and in rebuilding communities' mental health infrastructure. We take much pride in the department's contributions to our community, the region and the state. Departmental programs at all stages in the life cycle make important contributions to enriching our community and serve as models for other areas of the country. We welcome you to our department and hope that you may find it an exciting place for the next step in your career.

THE PSYCHOLOGY SECTION

Dr. Michelle Moore has served as Chief of the Section of Psychology since 2022. The Psychology Section is comprised of a core faculty consisting of 13 doctoral level psychologists licensed to practice psychology in the state of Louisiana. They are a diverse group with varying clinical orientations, including behavioral, cognitive, developmental, psychodynamic, psychoanalytic, and multicultural theories. The psychology faculty strives to integrate contemporary views of biological, psychological, and social bases of human behavior with their respective areas of expertise. Psychologists at LSUHSC-NO engage in some blend of administration, teaching, research, practice, and supervision. Psychologists typically teach and supervise some combination of psychology interns, medical students, psychiatry residents, child psychiatry fellows, and/or social work fellows.

The Psychology Section is further enriched by 10 psychologists from the greater New Orleans metropolitan area who are members of the Adjunct Clinical Faculty in the LSUHSC-NO Department of Psychiatry. The LSUHSC-NO Psychology Section enjoys a congenial and collaborative interaction with academic psychologists from other local institutions and with private practice psychologists.

CORE FACULTY OF THE CLINICAL PSYCHOLOGY INTERNSHIP

Shane Bierma, Ph.D. (2019, University of Tennessee, Doctor of Philosophy in Clinical Psychology; 2019, Post-Doctoral Fellow, LSUHSC). Dr. Bierma is an Assistant Professor of Clinical Psychiatry for LSUHSC and provides clinical and training services in the behavioral health psychiatric inpatient and HIV outpatient (HOP) departments at UMCNO. Her interests include neuropsychological assessment and research of cognitive decline and memory impairment in individuals living with HIV and impacts of health comorbidities within this population. Additionally, she does research on factors of identity on retention in STEM across three Southeastern Universities with the support of NSF funding. She teaches about intersectionality of identity and culturally competent healthcare, along with health equity and psychodynamic psychotherapy. She is involved in psychology intern and psychiatry resident training and clinical supervision including assessment, psychotherapy, and working with underserved populations. Dr. Bierma specializes in working with the GSM community, including gay men and trans individuals. She

provides evaluations and transition psychotherapy for HRT and gender affirming surgery, and training and clinical supervision in this specialty area.

Nathan H. Brown, Psy.D. (2020, Clinical Psychology, Roosevelt University; 2020 Post-Doctoral Clinical Psychology Fellow, Louisiana State University Health Sciences Center Department of Psychiatry). Dr. Brown is a Licensed Clinical Psychologist, Assistant Professor of Clinical Psychiatry for LSU Health Sciences Center (LSUHSC) and the dedicated Psychologist at the Burn Center at University Medical Center, New Orleans (UMCNO). He earned his doctorate in Clinical Psychology from Roosevelt University (dissertation title: Reliability and validity of a Spanish Translation of the Racial Microaggressions Scale). Dr. Brown provides clinical services in English and Spanish, and specializes in the psychological assessment and treatment of patients in both outpatient and integrated medical settings. Dr. Brown works in the UMCNO Behavioral Health Clinic, in general mental health and the Intensive Outpatient Program, and the UMCNO Burn Center, providing psychological care to inpatient and outpatient burn survivors. His professional interests include health psychology, psychotherapy with Latinx patients, clinical supervision, and multicultural competence in mental health treatment.

Kristin L. Callahan, Ph.D. (2010, Applied Developmental Psychology, University of New Orleans; 2010 Post-Doctoral Clinical Psychology Fellow, Louisiana State University Health Sciences Center Department of Psychiatry): Dr. Callahan is currently an Assistant Professor of Clinical Psychiatry with the Louisiana State University Health Sciences Center. Dr. Callahan is the Director of the LSU Department of Psychiatry Assessment Clinic where she trains psychology interns, practicum students, and post-doctoral fellows in the completion and utility of comprehensive psychological and developmental assessments and oversees assessment clinic group supervision. She specializes in the clinical and research utilization of the Autism Diagnostic Observation Schedule (ADOS-2) for differential diagnoses including Autism Spectrum Disorder. She is the Co-Director of the Harris Infant Mental Health Training Program where she routinely teaches and supervises trainees in the assessment and treatment of infants and young children. She also serves as the Director of Practicum Placement and Training, supervising the teaching and clinical practice of local practicum students from the Chicago School of Professional Psychology at Xavier University and the University of New Orleans. She currently serves as a child psychologist for Metropolitan Human Services District providing therapeutic interventions and psychological evaluations and local charter school organizations assisting in the evaluation process informing individualized education plans. In 2018, she established and advanced an innovative program to increase access to psychological and developmental assessment services via telemedicine. She is active in the larger LSU Medical School, teaching medical students in Clinical Skills Integration, is the Co-Director of Human Behavior and Development, and as a member of Faculty Assembly and work environment task forces. She has served as the psychologist for the Child Development Center at the Naval Air Station Joint Reserve Base, Orleans Parish Head Start, Children's Hospital of New Orleans, St. Bernard Community Health Center, and New Orleans East Community Health Center.

Danielle Cohn, Ph.D. (2019, American University, Doctor of Philosophy in Clinical Psychology; 2019, Post-Doctoral Fellow, Louisiana State University Health Sciences Center): Dr. Cohn is an Assistant Professor of Clinical Psychiatry at LSUHSC. She received her Ph.D. in Clinical Psychology from American University, and completed both her predoctoral internship and postdoctoral fellowship at LSUHSC. Dr.

Cohn has extensive clinical training and experience in providing Dialectical Behavior Therapy (DBT) across a variety of settings, including psychiatric residential, community mental health clinic, and outpatient settings. Dr. Cohn specializes in providing evidence-based treatment to adolescents and adults. Dr. Cohn is the lead psychologist in the UMCNO Cancer Center as well as one of the psychologists for Psychiatric Inpatient Services at UMCNO. Currently, Dr. Cohn also provides psychological services in the UMCNO Center for Weight Loss and Bariatric Surgery. Dr. Cohn's clinical and research interests include personality disorders, psychological trauma, and health psychology.

Richard Costa, Psy.D., M.P. (2002, Argosy University, Georgia School of Professional Psychology, Doctor of Psychology in Clinical Psychology; 2003, Post-Doctoral Fellow in Clinical Psychology and Infant Mental Health, Louisiana State University Health Sciences Center Department of Psychiatry; 2011, Alliant International University, California School of Professional Psychology, Postgraduate Master of Science in Clinical Psychopharmacology): Serves as Associate Director of Post-Doctoral Education. Interests: Trauma/rural trauma, HIV prevention, ADHD assessment and treatment, childhood trauma and resilience, parent/child psychotherapy, multicultural competence, Medical Psychology/Clinical Psychopharmacology, and Gay, Lesbian, Bisexual and Transgendered (GLBT) issues. Primary Clinical Settings: LSUHSC School of Medicine, Trauma and Disaster Coalition for Child and Family Resilience Project (TDC4 CFR)

Amy B. Dickson, Psy.D. (1998, Clinical Psychology, Nova Southeastern University; 1998-1999, Postdoctoral Fellow in Infant Mental Health and Trauma work, Louisiana State University Health Sciences Center): Dr. Dickson is an Assistant Professor of Clinical Psychology at LSUHSC and is the Psychology Section Deputy Chief and the Child Coordinator of the Psychology Internship Training Program. She co-directs the Harris Infant Mental Health training with Dr. Joy Osofsky, is a Child-Parent Psychotherapy trainer, and is the Director of the Orleans Parish Infant Team which treats children ages 0-5 years in the foster care system. She is part of a Safe Baby Court and trains around the country on infant mental health and court team work. Dr. Dickson consults to local child protection agencies, and sees clients at the Behavioral Sciences Center and at a federally qualified health clinic (NOELA). Dr. Dickson specializes in trauma.

Sandy Hyatt, Psy.D. (2020, The Chicago School of Professional Psychology, Doctor of Psychology in Clinical Psychology; 2020, Post-Doctoral Fellowship, Louisiana State University Health Sciences Center): Dr. Hyatt serves as an Assistant Professor of Clinical Psychiatry at LSUHSC. She currently provides clinical services at University Medical Center as a part of the Trauma Psychology team and at UMC's Behavioral Health Clinic. Dr. Hyatt has extensive training and experience treating patients struggling with psychological trauma as well as severe and persistent mental illness. Dr. Hyatt also engages in the training and education of psychology trainees and psychiatry residents. Her professional and clinical interests also include health psychology, programmatic development, increasing access to treatment for underserved populations, and trauma-informed care and multidisciplinary collaboration in holistic patient-centered treatment.

Philip T. Griffin, Ph.D. (1975, Clinical Psychology, University of South Carolina) : Dr. Griffin received his PhD in Clinical Psychology from the University of South Carolina in 1975 with internship from Indiana University Medical School, Department of Psychiatry. Dr. Griffin is a licensed psychologist (1978) and clinical neuropsychologist (1995). Currently, Dr. Griffin is Professor of Clinical Psychiatry and Chief of the Division of Psychology. Prior to joining the LSUHSC Department of Psychiatry in June of 2007 Dr. Griffin was full time faculty at Tulane University Medical Center where he was instrumental in developing that institution's first Predoctoral Internship in Clinical Psychology, APA accredited in 1983. Dr. Griffin was awarded the Diplomate in Clinical Psychology from the American Board of Professional Psychology (ABPP) in 1987 and became a Fellow of the Academy of Clinical Psychology in 1994. He was President of the Louisiana Psychological Association (LPA) in 1993 and received the Distinguished Career Award from the Louisiana Psychological Association in 1995. He was elected president of LPA again in 2009. Dr. Griffin was appointed by the governor of Louisiana to the Louisiana State Board of Examiners of Psychologists in 2013 and served through 2018. Dr. Griffin's clinical activity has revolved around serving the underprivileged and underserved primarily on adult inpatient psychiatry units. For over twenty years as Tulane faculty Dr. Griffin was a staff psychologist and director of psychological services at Charity Hospital of New Orleans, the primary teaching hospital for both Tulane and LSU prior to Hurricane Katrina. Currently Dr. Griffin serves as psychologist/neuropsychologist at the LSUHSC HIV Outpatient Program (HOP).

Michelle B. Moore, Psy.D. (2009, Clinical Psychology, Pace University; 2009 Post-Doctoral Clinical Psychology Fellow, Louisiana State University Health Sciences Center Department of Psychiatry): Dr. Moore is currently a Associate Professor of Clinical Psychiatry at LSUHSC and serves as Training Director of the Psychology Internship Program. In 2019, she was awarded the Anderson/Searle Professorship. She specializes in complex trauma with children, infant mental health and school-based populations. Dr. Moore received her master's degree in School Psychology and her doctoral degree in Clinical Psychology from Pace University in New York, NY. She provides outpatient services at the LSU Behavioral Sciences Center and provides consultation and evaluation services to charter schools in the New Orleans area. Her interests include the psychological effects of complex trauma on children, adults and families in both outpatient and school settings. In addition to her clinical role, Dr. Moore is currently the Vice Chair of the Louisiana State Board of Examiners of Psychologists as well as co-chair of the Faculty Development and Evaluation Committee and the Junior Faculty Guidance and Mentoring Committee for the School of Medicine at LSUHSC.

Joy D. Osofsky, Ph.D. (1969, Clinical Psychology, Syracuse University; 1976-1978, Postdoctoral Fellow in Clinical Psychology, The Menninger Foundation; 1976-1985, Psychoanalytic Training, The Topeka Institute for Psychoanalysis): Dr. Joy Osofsky is a psychologist and psychoanalyst and Professor of Pediatrics and Psychiatry at Louisiana State University Health Sciences Center in New Orleans. She is Head of the Division of Pediatric Mental Health. She is also an Adjunct Professor of Psychology at the University of New Orleans. Dr. Osofsky has been Co-Director of the Louisiana Rural Trauma Services Center, a center in the National Child Traumatic Stress Network, a member of the Early Trauma Treatment Network of NCTSN, and Director of the LSUHSC Harris Center for Infant Mental Health in New Orleans. She is editor of *Children in a Violent Society* (Guilford, 1997; paper, 1998), two editions of the

Handbook of Infant Development (Wiley, 1979; 1987), and co-editor of the four volume *WAIMH Handbook of Infant Mental Health*. Dr. Osofsky's 2004 (paperback 2007) edited book, *Young Children and Trauma: Intervention and Treatment*, includes contributions related to mental health, child welfare, the judiciary, and law enforcement. In 1995, she published an article, *The Effects of Violence Exposure in Young Children* (*American Psychologist*, 1995) that was chosen by the American Psychological Association as one of the top articles published in this journal in the past 50 years. Dr. Osofsky is also a previous editor of the *Infant Mental Health Journal*. Dr. Osofsky is Past-President of Zero to Three: National Center for Infants, Toddlers, and Families and Past-President of the World Association for Infant Mental Health. She served on the Pew Commission for Children in Foster Care. For several years, she consulted with Judge Cindy Lederman, Administrative Judge of the Juvenile Court in Miami/Dade County related to the development and evaluation of programs to benefit high-risk young children and families in court. In May 2006, Dr. Osofsky was honored by the Juvenile Court Judges of the 11th Judicial Circuit, Miami-Dade, Florida with the Child's Heart Award in recognition of contributions to enhancing the health and well-being of children.

Lindsey Poe, Psy.D. (2014, George Washington University, Doctor of Psychology in Clinical Psychology; 2014, Post-Doctoral Fellow, Louisiana State University Health Sciences Center): Dr. Poe is an Assistant Professor of Clinical Psychiatry at LSUHSC. She serves as Didactics Coordinator in the Psychology Internship Program and additionally is part of the Group Assessment Supervision team. Dr. Poe specializes in psychodynamic psychotherapy, group therapy, and psychological assessment. Currently, Dr. Poe is one of the lead psychologists for Psychiatric Inpatient Services at UMC-NO. She additionally is the bariatric psychologist at UMC-NO's Center for Weight Loss and Bariatric Surgery and provides psychotherapy at the LSU Behavioral Sciences Center. Her interests include severe and persistent mental illness, complex trauma, and the effects of physical health on mental wellness.

Erika Rajo, Psy.D. (2016, Clinical Psychology, Pepperdine University; 2017 Post-Doctoral Clinical Psychology Fellow, Louisiana State University Health Sciences Center Department of Psychiatry) Dr. Rajo is a Licensed Clinical Psychologist, Assistant Professor of Clinical Psychiatry for LSU Health Sciences Center (LSUHSC) and the Trauma Psychologist at University Medical Center, New Orleans (UMCNO). She earned her doctorate in Clinical Psychology from Pepperdine University and completed both her pre-doctoral internship and postdoctoral fellowship training at LSUHSC. Dr. Rajo specializes in the psychological assessment and treatment of patients in an integrated medical setting. She also has extensive training and clinical experience in the treatment of psychological trauma and has been working with patients experiencing trauma-related difficulties since 2011. As the UMCNO Trauma Psychologist, Dr. Rajo, along with her trainees, collaborate with patients' interdisciplinary treatment teams to assess for symptoms of PTSD, depression, and substance abuse. Dr. Rajo and the Trauma Psychology team utilize this assessment to inform their provision of brief therapeutic interventions, referrals at the time of discharge, and follow-up outpatient behavioral health services in the UMCNO Trauma Recovery Clinic for patients and their families. Dr. Rajo's professional and clinical interests also include multicultural issues in mental health treatment and increasing access to treatment for underserved populations.

William S. Walker, Ph.D. (2002, Long Island University, New York; 2007, Infant Mental Health Fellowship, Louisiana State University Health Sciences Center Department of Psychiatry): Dr. Walker is an Assistant Professor of Clinical Psychiatry in the Department of Psychiatry. His interests include psychodynamic psychotherapy, psychoanalysis, chronic mental illness, and training and supervision of psychology interns and psychiatry residents. Dr. Walker teaches psychology interns and psychiatric residents on topics such as supportive psychotherapy, group psychotherapy, and psychodynamic psychotherapy. Dr. Walker also provides clinical supervisor to psychiatry residents and psychology interns.

OTHER AGENCY/INSTITUTION SUPERVISORS ACTIVE ON CLINICAL FACULTY IN PSYCHOLOGY INTERNSHIP TRAINING

Stephen Anen, Ph.D. Adult Psychotherapy Supervisor (2012, Clinical Psychology, The Graduate Center - City University of New York, New York, NY). Currently in private practice in New Orleans, LA and an active member of the New Orleans-Birmingham Psychoanalytic Center.

Ronald Cambias, Psy.D., Child and Adolescent Outpatient Supervisor, Lecturer (1991, Clinical Psychology, Nova Southeastern University - Ft. Lauderdale, Florida). Currently in private practice in New Orleans, LA.

Melissa Dufrene, Psy.D. Child and Adolescent Outpatient Supervisor (2012, Clinical Psychology, The School of Professional Psychology at Forest Institute in Springfield, Missouri; 2013, Postdoctoral Fellowship at Rogers Memorial Hospital) Adjunct Professor at the Chicago School of Professional Psychology at Xavier University of Louisiana and currently in private practice in New Orleans, LA.

Diane Franz, Ph.D., Child and Adolescent Outpatient Supervisor, New Orleans Children's Hospital (1996, Clinical Psychology, University of Mississippi, Oxford, MS; 1996, Clinical/Pediatric Psychology Postdoctoral Fellowship, Georgetown University Medical Center, Washington, DC). Currently Director of Psychology Department at Children's Hospital in New Orleans. Special interests include: Diabetic compliance, adjustment to chronic disease, childhood cancer, early child development.

Shannae Harness, Ph.D., Child and Adolescent Outpatient Supervisor (2012, Clinical Psychology, Jackson State University in Jackson, MS; 2013, Postdoctoral Fellowship at Family Focus in Baton Rouge, LA). Currently in practice at Oschner Health – Main Campus in New Orleans, LA. She is credentialed through the National Register of Health Service Psychologists.

Jennifer Hughes, Ph.D., Child, Adolescent, and Adult Outpatient Supervisor (2014, Clinical Psychology, University of California at Santa Barbara; 2016, Postdoctoral Fellowship at Louisiana State University Health Sciences Center in New Orleans, LA). Assistant Professor of Clinical Psychiatry at Louisiana State University Health Sciences Center and Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Texas Health Science Center McGovern Medical School. Her research interests include the assessment and treatment of PTSD in adults, children and infants, trauma-focused interventions following traumatic injury, and vicarious trauma in healthcare providers.

Andrea LaPlante, Psy.D. (2012, Clinical Psychology, University of La Verne in La Verne, CA; 2016, Postdoctoral Fellowship at Louisiana State University Health Sciences Center in New Orleans, LA). Dr.

LaPlante's clinical interests include coping with chronic illnesses, particularly HIV, and behavioral treatments for insomnia. Her research interests are primarily related to the effects of neurocognitive impairment and alcohol use on adherence to care.

Amanda M. Raines, Ph.D. (2016, Clinical Psychology, Florida State University in Tallahassee, FL; 2017, Postdoctoral Fellowship at Southeast Louisiana Veterans Health Care System in New Orleans, LA). She is a Clinical Investigator at the Southeast Louisiana Veterans Health Care System (SLVHCS). She holds an academic appointment as an Assistant Professor in the School of Medicine's Department of Psychiatry at LSU. Dr. Raines' research focuses on identifying and empirically examining transdiagnostic risk and maintenance factors, as well as the development of novel interventions that can be used to treat and prevent anxiety and related pathology including suicide and substance use.

Leigh Anne Terrebonne, Ph.D., Adult Psychotherapy Supervisor (1999, Counseling Psychology, Auburn University, Auburn, Alabama). Currently in private practice in New Orleans, LA.

Arika Wadley, Psy.D. (2016, The Chicago School of Professional Psychology). She is currently an Assistant Professor/Psychologist with Louisiana State University Health Sciences Center (LSUHSC) in the Family Medicine Department. She has worked as the Director of Counseling Services at Xavier University of Louisiana and currently works as an adjunct faculty member of The Chicago School of Professional Psychology, housed on Xavier's campus. She has also worked with students in kindergarten through 8th grade at ReNEW Schools.

ADDITIONAL CONTRIBUTORS AND LECTURERS IN PSYCHOLOGY INTERNSHIP TRAINING

The psychology internship also partners with licensed psychologists, psychiatrists, social workers and other licensed professionals in the community and within the Department of Psychiatry who conduct lectures and didactics throughout the course of the year. We also welcome our alumni to join us and present as experts in their respective areas of practice following their training.

PHILOSOPHY AND AIMS OF THE PSYCHOLOGY INTERNSHIP PROGRAM

The overall aim of the psychology internship is to provide an opportunity for the psychology intern to learn and grow professionally and personally. Clinical psychology is an ever-changing and expanding field. We maintain an emphasis on empirically-supported and culturally sensitive assessment, consultation, intervention and supervision. We hope to train students who will contribute to the field of psychology and to society at large in meaningful ways. The psychology internship program is designed to be flexible enough to take into account the needs and professional goals of each trainee. At the same time, the psychology internship is committed to the goal of helping the psychology intern to develop entry level competencies in the traditional core skills of clinical psychology such as psychodiagnostic testing, clinical interviewing, treatment planning, consultation, and psychotherapy.

VALUES AND PRINCIPLES OF THE TRAINING PROGRAM

We believe that the provision of high quality psychology internship training in clinical psychology is an important contribution to the field of psychology, mental health, and to the society at large. We feel that there is a continuing need for psychology internship training within medical schools affiliated with academic health science centers. These settings provide wonderful opportunities for professional development because psychology interns have access to contemporary theories, research, techniques and equipment. Also, faculty and staff in these settings address mental health problems and treatments from multiple perspectives, and model the multidisciplinary collaboration so necessary in the treatment of complex disorders.

We view training in psychology as a developmental process. We plan to develop competencies in the traditional core skills of clinical psychology: psychodiagnostic testing, clinical interviewing, treatment planning, consultation, psychotherapy, cultural diversity, ethics, professionalism, research and supervision. Our goal is to take the trainee with beginning psychology intern competencies, through mid-level psychology intern skills, all the way through advanced psychology intern competencies. The training is graded in complexity. We initially expose psychology interns to prototypic cases and then gradually introduce them to more complex differential diagnostic tasks and interventions with more difficult patients. Supervision is initially highly structured (involving direct observation, videotaping, and specific instructions) and gradually becomes less structured as the psychology intern becomes more skilled and capable of functioning with relative independence. Didactic seminars are also graded in complexity, and progress from basic overviews to advanced conceptualization and integration. Meaningful integration of clinical experiences, supervision, didactics, and role modeling is expected for successful completion of the psychology internship. Upon graduation from our graded sequence of training experiences, the psychology intern should be prepared to enter a postdoctoral fellowship in clinical psychology or supervised practice leading to licensure. Some interns may participate in specialty rotations sufficient to meet criteria for “specialty” postdoctoral fellowships.

We accept applicants based on our assessment of their beginning competencies, growth potential, professionalism, integrity, and goodness-of-fit. We deeply value the scientific basis of psychology. It distinguishes psychologists from other mental health disciplines. Our core psychology faculty are involved in scholarly activities such as roles in professional organizations, publishing research articles and presenting at local and national conference. We believe that the scientific values involved in multivariate approaches to prediction, psychometric foundations of test construction, probabilistic reasoning, hierarchical analysis, and healthy skepticism must guide clinical practice. We build upon these domains that were taught in graduate school by teaching psychology interns how to apply them in day-to-day clinical work.

Since our psychology internship is primarily practice-oriented, it naturally shares many of the values contained within the scholar-professional (Vail) model. The emphases of our program on integration of practice and theory, clinical skill development, learning how to become a critical consumer of scientific literature, and learning how to supervise others are all consistent with the Vail model. Our entire psychology faculty delivers direct services to patients and thus serves as professional psychologist role models to psychology interns.

Because of the cultural diversity in New Orleans, we must be sensitive to cultural factors, which may necessitate modification of diagnostic and assessment approaches. We value the “differential therapeutics” conceptualization articulated by Clarkin and Perry (1984) which highlights the importance of tailoring interventions which best suit different age, cultural, socio-economic, and diagnostic groups. We also value a life-span developmental approach to the understanding of both normal and abnormal behavior, and make a concerted effort to expose psychology interns to clinical work with children, adolescents, adults, and older adults. Our program is committed to decreasing mental health inequity in our community by offering services to all individuals who are interested in treatment. We strive to maintain an inclusive, culturally sensitive and welcoming environment for all trainees.

In summary, we emphasize the acquisition of psychodiagnostic, psychotherapy, and consultation competencies, with diverse patient populations covering the entire life span, through the modeling of these competencies by supervisors and intensive supervised experience. We prepare our psychology interns for postdoctoral training or the job market by fostering their movement towards independence in the delivery of high quality clinical services by taking into account the most recent research and clinical findings as well as changes in the mental health care delivery system.

THE PROGRAM OVERVIEW

The clinical psychology internship is a one-year, full-time (12 months) program, conducted by the Section of Psychology in the Department of Psychiatry at Louisiana State University Health Sciences Center School of Medicine. Interns apply for and are accepted into one of three tracks they complete during the training year: Adult, Child/Adult, or Infant/Child. Each psychology intern has a half day a week available in which to gain additional training in a "subspecialty" area such as work with trauma, school based consultation, neuropsychology with HIV populations, bariatric evaluations and burn survivors.

Adult Track

Each Adult Track psychology intern will rotate through the adult inpatient psychiatric units (20 hours per week) located at University Medical Center for the entire training year. Inpatient rotations involve varying amounts of psychological assessment, group therapy, individual therapy, and consultation. Interns work within a multidisciplinary treatment team providing services in an acute inpatient hospital setting.

Adult interns will carry four to six adult outpatient psychotherapy cases at the Behavioral Sciences Center (8 hours/week). These cases may be follow-up treatments of patients previously seen in the inpatient setting, or may come from direct outpatient referrals, and may be year-long intensive treatments or serial brief therapy cases. When psychology interns want more than the required number of outpatient psychotherapy cases, the number and client mix will be based on the supervisor's approval, as well as the psychology intern's experience, interests, training needs, and available time.

In addition to inpatient psychological assessments of adults on the inpatient service, Adult Track psychology interns are required to maintain active assessment cases through the Behavioral Sciences Center-Assessment Clinic and complete outpatient batteries of psychological tests with adults (1-2 cases per month) during the entire psychology internship year. Assessments may include psychological, neuropsychological, and psychoeducation batteries.

Child/Adult Track

Child/Adult Interns, as part of their required placements, will work in an outpatient clinic setting located at the Algiers Child and Adolescent Behavioral Health Center (20 hours per week) for the entire training year. Each Child/Adult intern will carry a caseload of infant/child/adolescent outpatient psychotherapy cases and maintain ongoing assessment cases at the Algiers Clinic. A weekly multidisciplinary treatment team meeting at the clinic provides professional development opportunities as well. Child/Adult interns participate in the Harris Infant Mental Health Program alongside the Infant/Child track interns. By the end of the training year, interns may be able to be rostered nationally as a Child-Parent Psychotherapy provider.

The Child/Adult interns will also rotate through the adult inpatient units two mornings (8 hours per week) at University Medical Center for the entire training year. Inpatient rotations involve varying amounts of psychological assessment, group therapy, individual therapy, and consultation. Interns work within a multidisciplinary treatment team providing services in an acute psychiatric inpatient hospital setting.

Child/Adult psychology interns, like the other tracks, are required to maintain active assessment cases and complete outpatient batteries of psychological tests with children and adolescents (1-2 cases per month) during the entire psychology internship year. Outpatient assessments may include psychological, neuropsychological, and psychoeducation batteries. Additionally, Child/Adult interns may elect to supplement their training with an elective of their choice.

Infant/Child Track

Infant/Child Interns focus their training on young children (ages 0-5) as well as school aged children and adolescents. The primary placement for infant/child interns is providing psychological services and forensic reports to the Infant Team which is comprised of cases referred from Orleans Parish court system who are families currently under investigation for abuse or neglect charges (20 hours per week). Infant/Child interns will carry a caseload of infant/child/adolescent outpatient psychotherapy cases and maintain ongoing assessment cases at the Behavioral Sciences Center. Many of their referrals will come from the Harris Infant Mental Health Program, which focuses on relationship-based treatment for young children in the first five years of life. By the end of the training year, interns may be able to be rostered nationally as a Child-Parent Psychotherapy provider. Additionally, Infant/Child interns may elect to supplement their training with a specialty rotation of their choice.

As with the other intern tracks, the Infant/Child interns will maintain active assessment cases and complete outpatient batteries of psychological tests with children and adolescents (1-2 cases per

month) during the entire psychology internship year. Assessments may include psychological, neuropsychological, and psychoeducation batteries.

TRAINING SITES

University Medical Center – Adult Inpatient Psychiatry

The inpatient psychiatry service is housed in the newly built, state of the art University Medical Center which opened in August 2015. Currently, the inpatient behavioral health service consists of four adult units with the capacity for 60 patients. LSUHSC Department of Psychiatry provides psychiatric services on three of the four adult inpatient psychiatric units. Patients age 18 and older are admitted through University Medical Center's Emergency Services. The current inpatient units consist of patients with a variety of mental health issues including mood disorders, psychotic disorders, anxiety disorders, substance use, and personality disorders. Programing for the inpatient units includes group therapies provided by various disciplines including psychology, psychiatry, social work, recreational therapy, and nursing.

Adult and Child/Adult Track interns complete a twelve-month (20-hour per week for Adult Track interns and 8 hours/week for Child/Adult interns) rotation on the psychiatric inpatient units where they are supervised by Drs. Lindsey Poe, Shane Bierma, and Danielle Cohn, who are licensed clinical psychologists and fulltime clinical faculty members at LSUHSC-NO. The psychology interns, residents in psychiatry, medical students, and nursing students rotate through these units as part of their respective training programs. Adult and Child/Adult Track clinical psychology interns are integral members of the multidisciplinary treatment teams taking the role of consultant, diagnostician, and therapist as they provide group psychotherapy, individual psychotherapy, and psychological testing services for the units.

Algiers Behavioral Health Center

Located on the west bank of New Orleans, the Algiers Behavioral Health Center serves children, adolescents, and families from Orleans, St. Bernard, and Plaquemines Parishes. At this clinic, interns have the opportunity to work closely with children and their families at the clinic and in schools. The center serves infants and children through late adolescence, from 0 to 21 years. Individuals present to the clinic with a variety of presenting problems, including but not limited to, attention problems, behavioral issues, relational problems, trauma, and internalizing disorders. Trauma-Focused Cognitive Behavioral Therapy, Child-Parent Psychotherapy, Play Therapy, Mindfulness-based Stress Reduction, Cognitive Behavioral Therapy, Psychodynamic Psychotherapy and Family Therapy.

In addition to therapy cases, interns conduct psychological and psychoeducational evaluations which are generally referred from psychiatry residents working within the clinic. At this clinic, interns will become an integral member of a multidisciplinary team which includes psychiatrists, psychiatry residents, psychologists, psychology interns, social workers, and nurses. In addition to direct patient services,

interns have the opportunity to participate in school consultations. Cases are provided to interns based on need and training goals. Under the direction of Dr. Amy Rinner and Dr. Michelle Moore, interns receive direct supervision and attend weekly multidisciplinary treatment team meetings. Interns also present at least once per year on a topic of their choice to our multidisciplinary team.

Behavioral Sciences Center (BSC) Outpatient Psychotherapy and Assessment Clinic

The Behavioral Sciences Center is located on the 7th floor of the LSU Healthcare Network Gravier Multi-Specialty Clinic, 478 South Johnson Street, New Orleans, in close proximity to the other major training sites. Since 2008, the Behavioral Sciences Center has become the primary outpatient clinic for the entire department and its various trainees of all disciplines. This clinic is operated by the Department of Psychiatry to provide training experience in outpatient mental health services for psychology interns, psychiatry residents, and social work interns. Referrals to the clinic come from both the public and private sectors, including private practitioners in the community, pediatric clinics at local hospitals, community mental health centers, and local schools and universities. Psychology interns see patients from infancy through adulthood at the BSC where they perform intake evaluations, various types of assessment, individual psychotherapy, and couples and family therapy. Supervision is provided by the full-time faculty psychologists and by several part-time clinical faculty who are actively engaged in clinical practice in the community.

There are opportunities to provide a full range of psychotherapeutic interventions including psychodynamic psychotherapy, interpersonal therapy, play therapy, parent training, cognitive therapy, behavior therapy, and child-parent psychotherapy. Psychology Interns assigned to the BSC will carry cases for the entire year. The types of cases will be determined by the intern's supervisor and the Director of Internship Training based on the needs of the intern and the cases available.

The BSC Assessment Clinic was established in 2010 to help meet the urgent need for psychological evaluation services to the greater New Orleans area which was heavily impacted by Hurricane Katrina resulting in a decrease of available diagnostic centers and clinicians in the region. The BSC-AC provides interns with more specialized training and experience assessing patients of all ages referred for a variety of psychiatric, neurological, and behavioral issues. Psychological/cognitive issues including learning problems, ADHD, depression, anger, anxiety, and memory/cognitive disorders are routinely assessed with a customized battery which may include the WPPSI/WISC/WAIS, Woodcock-Johnson Tests of Achievement, Trail Making Test, Achenbach Scales, PAI/MMPI, and IVA+ to name a few.

A customized approach is used by the clinician, with the assistance of their clinical supervisor, based on the referral question. Services are available for individuals ages 3 to 89. Psychology interns receive supervision from a licensed clinical psychologist on the core faculty. In addition, all interns attend a weekly Assessment Group Supervision, under the direction of Dr. Kristin Callahan and Dr. Shane Bierma, to formally present and discuss cases. Interns are required to carry an active assessment case at all times throughout the training year with adjustments made to their caseload depending on complexity of cases assigned (average 1-2 per month). The majority of services completed through the BSC-AC are conducted in two sessions with additional sessions scheduled as needed. Results with appropriate

recommendations are provided in 60-minute feedback session appointments within a month of completion of all aspects of testing including collection of collateral reports from caregivers, teachers, etc.

Harris Infant Mental Health Program

The Harris Program is devoted to the study and treatment of infants and young children. The infant/child and child/adult interns participate in the Harris Program. The Program trains psychologists, psychiatrists, and social workers in evaluation, treatment, and intervention with infants and their families. The focus is on relationship-based assessments and treatment for infants and toddlers in the first five years of life. Trainees also learn traditional play therapy techniques, different modalities of child-parent psychotherapy, and relevant aspects of family and parenting methods needed to work with very young children and their caregivers. Infant/Child and Child/Adult interns participate in a weekly seminar where they are taught theoretical aspects of infant development, about the parent-caregiver relationship, and evaluation and therapeutic techniques when working with this population. The seminar also incorporates the presentation of clinical evaluations and treatment, much of which is videotaped for discussion by the group. Additional components to the Harris Infant Mental Health Program include: interns will conduct outpatient therapy with referred infants and toddlers and their caregivers; interns will conduct infant observations with a normally developing, low risk infant; and interns will participate in weekly multi-disciplinary group supervision. By the end of the training year, interns will have the opportunity to be eligible to be rostered nationally as a Child-Parent Psychotherapy provider if they have met the requirements.

SUPERVISION

The emphasis of the program is on the provision of quality clinical training under the supervision of LSUHSC-NO faculty. A major strength of our training program, based on feedback from graduates who are currently in practice, is the quantity and quality of supervision provided for each psychology intern. Each psychology intern receives an average of 4-6 hours of supervision per week. Two hours are dedicated to individual supervision while the other 2-4 hours are generally in group supervision format. Occasionally, interns receive an additional hour of individual supervision if needed. We encourage psychology interns to experience supervision with supervisors of different theoretical orientations. It is expected that psychology interns will require the most directive supervision during the first third of a given rotation, somewhat less during the middle, and that they will function more independently towards the end of a rotation. Thus, while supervision is provided throughout the year, the amount of structure is dependent on the psychology intern's capabilities and needs. If it is found that psychology interns require remedial training in a particular clinical area, they will have more supervised experience in that area until they can more competently perform that role. Videotaping and direct observation of interns providing services is used in all settings to facilitate supervision throughout the year. Equipment for taping is available for interns' use.

COMMUTING

Please note that psychology interns must commute by personal automobile from LSUHSC-NO to the Algiers Child and Adolescent Behavioral Health Center, as well as to mentoring sessions with members of the clinical faculty (located at various locations in the community), and for some selected elective experiences. It generally takes between fifteen and thirty minutes to travel and park one-way around New Orleans.

REQUIRED DIDACTIC SEMINARS AND GROUP SUPERVISION

Harris Infant Mental Health Seminar & Supervision

Tuesdays 12:30-3:30 (1542 Tulane Avenue, 2nd Floor)

Infant/Child and Child/Adult Interns Only

One of the primary teaching components in the Harris Infant Mental Health training program is the weekly didactic seminar. The didactic seminar is taught by core Harris faculty who speak on a variety of topics relevant to infant mental health. The fellowship year begins with seminars providing a comprehensive overview of Attachment Theory, infant observation, and assessment techniques. It then addresses various treatment modalities utilized when working with young children and then expands into specialized topics regarding this population, i.e. feeding disorders, infants exposed to violence, etc. Group supervision of infant cases and discussion of interns' and fellows' observations of their normally developing babies meets after the Harris seminars on Tuesdays from 2:00-3:30pm.

Psychology Seminar Series coordinated by Dr. Danielle Cohn

Wednesdays from 10:30 am – 11:30 am (Virtual via Zoom)

This weekly seminar/discussion session consists of various special topics in clinical psychology, ethical decision-making, and professional development as a psychologist. Multidisciplinary core faculty and outside lecturers from the community (e.g. psychologists, psychiatrists, neurologists, lawyers, law enforcement personnel, and social workers) discuss a variety of issues including juvenile violence, licensing issues, job negotiation, cultural diversity, financial issues following graduation, child/adult neuropsychology, and challenging treatment issues. If available, additional topics may be included at the request of the current intern class.

The early part of the year will focus on covering Louisiana laws related to the practice of psychology, suicide/homicide assessment, and child/elder abuse reporting. The series of lectures builds from basic introductory-level trainings to increasingly complex and specialized areas and issues related to practice in health service psychology. In addition, each clinical psychology intern is required to make a formal presentation/job talk on a topic or issue of his/her choice prior to the end of the training year.

Assessment Group Supervision with Dr. Kristin Callahan and Dr. Shane Bierma

Wednesdays from 12:30 - 2:15pm (1542 Tulane Ave., 2nd Floor)

This weekly group supervision allows all interns to formally present assessment cases of infants, children, adolescents, and adults evaluated through the outpatient clinics. Fundamentals of psychological assessment including test administration, selection of testing instruments, collection of collateral reports, integration of testing data, report writing, recommendations for feedback sessions, etc. will be discussed throughout the year.

Internship Meeting with Training Director Dr. Michelle Moore and Associate Training Director Dr. Danielle Cohn

Wednesdays from 2:15 – 2:45 (1542 Tulane Ave., 2nd Floor)

This meeting provides an opportunity for the psychology interns to discuss programmatic issues, problems, or general concerns about the psychology internship experience. Professional development issues also will be discussed.

Psychotherapy Group Supervision with Dr. Sebastian Del Corral Winder and Dr. Danielle Cohn

Wednesdays from 2:45pm – 3:45 pm (1542 Tulane Ave., 2nd Floor)

Fundamentals of psychotherapy are reviewed in an effort to develop a common language among all the psychology interns, who presumably have been taught how to conceptualize clinical cases from differing theoretical orientations and emphases. This unique, year-long supervision involves presentations of therapy cases seen at the various training settings. Psychology interns formally present cases which are then discussed from varying clinical orientations/schools of thought (i.e., Cognitive-behavioral, Psychodynamic/Psychoanalytic, Family Systems, Multicultural, Narrative perspectives).

Integration of test data, history, and DSM 5 diagnostic criteria will be emphasized with particular attention placed on differential diagnosis. More advanced levels of diagnostic and treatment issues with various populations are also presented (e.g., the borderline conditions, the spectrum of narcissistic disorders, and the spectrum of depressive disorders). Particular attention is paid to the technical and process issues involved in therapeutic alliance building, alliance maintenance, development of a focus, collaborative efforts to translate understanding into behavioral change, and the sensitive handling of termination. Videotapes/audiotapes of actual therapy sessions are viewed/discussed. Occasionally, participants present special topics including current literature, empirically-supported treatment approaches, resources for patients/clients, and other topics related to clinical practice.

Group Supervision of Supervision with Dr. Nathan Brown and Dr. Sandy Hyatt

Tuesdays from 4:15-5:15 (1542 Tulane Ave., 2nd Floor)

This group supervision is intended to focus on interns' development of their own supervision skills as a necessary part of their professional development as psychologists. Interns are encouraged to bring issues that arise during supervision sessions as well as successes from their experiences in the role as supervisor to process with the group.

Child and Adolescent Treatment Team (ChATT)

Third Thursday a Month from 12:00 – 12:45pm (BSC Conference Room, 7th Floor)

Infant/child interns

Interns will meet with psychiatry faculty and fellows for a monthly treatment team meeting to discuss challenging cases, provide consultation to respective disciplines and collaborate on shared cases at the BSC.

OTHER EDUCATIONAL OPPORTUNITIES

- During orientation, all interns complete a two-day training for the Autism Diagnostic Observation Schedule-Second (ADOS-2) with Dr. Kristin Callahan. ADOS administration can be completed at the LSU Behavioral Sciences Center or Algiers Behavioral Health Center and incorporated into assessments when indicated.
- While on the primary rotations, psychology interns will be required to attend in-service and other training activities, which are germane to their functioning as members of the multidisciplinary team.
- **Committee on Diversity Equity Inclusion and Belonging (CDEIB):** This committee brings together the Sections of Psychology and Social Work to learn from one another, change and improve our systems to reflect our values and commitment to social justice and advocate for change and reform where needed. The committee meets monthly and also hosts a book club called Grub and Grow which occurs monthly on Thursday afternoons. For more information, contact Drs. Sandy Hyatt and Nathan Brown.
- **Psychiatry Grand Rounds** are held at 1542 Tulane Ave. in the first floor auditorium from 1:00-2:00 pm, usually three Thursdays each month. Local, national, and international experts give presentations on diagnostic and treatment issues, biological psychiatry, epidemiological findings, socio-political issues, theoretical developments, and philosophical issues in clinical psychiatry. Interns are welcome to attend if their schedule allows.
- **New Orleans-Birmingham Psychoanalytic Center (NOBPC):** Psychology interns have an open invitation to attend lectures offered by NOBPC, a well-established training program for mental health professionals interested in psychoanalysis. The Institute also offers a mentorship program each year which interns are welcome to participate in during the year. For more information, contact Drs. Billy Walker or Stephen Anen.
- **Crescent City Area Psychological Society (CCAPS):** A local group of psychologists who meet monthly for lectures and socializing. Interns are welcome to attend any meetings offered. Dr. Moore will share updates from the group throughout the year about events.
- New Orleans is a popular city for continuing education programs and conventions. Depending on the training year, interns may have an opportunity to present at a conference and/or attend sessions.

- **Louisiana Psychological Association (LPA):** The LPA holds a workshop in the Fall for psychologists as well as hosting an annual conference in the summer. Psychology interns are usually charged a reduced fee and funding to attend the conferences is often also available through the Section of Psychology. For more information, contact Dr. Nathan Brown who is currently serving on the Executive Council.
- Throughout the year, various activities and workshops in the School of Medicine may be applicable to psychology interns which they are also invited to attend if their schedule allows.
- **Working with Latinx Patients: A Consultation Group:** This bi-weekly consultation group is intended for individuals who are doing psychotherapy or testing with Spanish-speaking patients or their families. We stay up-to-date on the literature and discuss as a group the cultural/ethnic factors that arise in working with this population (e.g., Bilingualism; Values; Immigration; Countertransference; Evidence-based practices with Latinx patients; etc.). This group is held in English, and all are welcome regardless of ethnicity or language ability. For more information, contact Drs. Nathan Brown or Sebastian Del-Corral-Winder.

SPECIALTY ROTATION EXPERIENCES

University Hospital Inpatient Trauma Psychology *(Supervisor: Dr. Sandy Hyatt)*

The Spirit of Charity Trauma Center at University Medical Center, New Orleans (UMCNO) is the only Level 1 trauma center in Southeast Louisiana. It is also one of the busiest trauma centers in the country and a national leader in trauma related research, teaching, prevention, and outpatient care programs. Located adjacent to the LSUHSC main downtown campus, the Trauma Center provides multidisciplinary treatment to patients with acute traumatic injuries such as motor vehicle accidents, gunshot wounds, and other accidental or violent injuries. The Trauma Psychology team in the Trauma Center is made up of Dr. Erika Rajo, Dr. Sandy Hyatt, and psychiatry and psychology trainees. The team provides psychological screening for PTSD and depression for all traumatic injury patients, screening and brief intervention (SBI) for patients with elevated blood alcohol levels, and consultation and brief interventions to inpatients who have psychological problems during their treatment and recovery at UMCNO. Issues typically include acute stress disorder, posttraumatic stress disorder, depression, anxiety, adjustment disorders, and other mental illness. The psychology team works closely with the inpatient psychiatry team and the trauma and orthopedic surgeons to provide comprehensive patient care.

The Trauma Psychology team also provides outpatient behavioral health services at the Trauma Recovery Clinic (TRC), based in the UMCNO trauma surgery clinic. The TRC improves continuity of care from inpatient to outpatient services following traumatic injury and provides short- and long-term psychotherapy and medication management services to trauma patients and their family members. TRC clinicians are integral members of patients' medical treatment teams and, in addition to direct

patient services, provide consultation to surgeons and other treatment team members to support patients' physical and psychological healing.

As part of the Spirit of Charity Psychiatry Research Unit, the trauma psychology team also participates in research initiatives including prevention and treatment of posttraumatic stress disorder and other psychological sequelae following traumatic injury, virtual reality exposure therapy for gunshot victims, and violence prevention programs.

Supervised by Dr. Sandy Hyatt, psychology interns will have the opportunity to provide psychological screenings, brief interventions, and individual and family psychotherapy treatment for inpatients at the Trauma Center. Interns are also welcome to participate in the numerous research projects through the Spirit of Charity Psychiatry Research Unit. For more information about UMC and the Trauma Center visit <http://www.umcno.org/>.

University Hospital Burn Center *(Supervisor: Dr. Nathan Brown)*

The psychology clinic at the Burn Center at University Medical Center, New Orleans is a specialty service under the umbrella of the UMCNO Trauma Psychology team. Our Burn Center, we are proud to report, is the Gulf South's only Burn Center verified by the American Burn Association. In brief, that means that we provide a high standard of care to individuals with serious burn injuries. The Burn Psychology team is currently comprised of Dr. Nathan Brown (Burn rotation supervisor), LSUHSC faculty psychologist, though he collaborates closely with the Trauma Center mental health providers as well as the multidisciplinary burn team (i.e., burn surgeons, nurses, physical therapists, occupational therapists, pharmacists, speech therapists, dieticians, and more). This rotation shares some similarities with the trauma rotation; for example, we provide inpatient psychological screening and short-term interventions for our hospitalized patients. However, the experience will differ from the trauma rotation because, in contrast to the Trauma Center, the Burn Center is contained in a relatively small 16-bed unit and patients are often hospitalized for up to several months. Therefore, interns will have the opportunity to work with a consistent team of burn staff and to follow patients on an inpatient basis for a relatively longer period of time. In sum, psychology interns will have the opportunity to provide psychological screenings, brief interventions, and individual and family psychotherapy treatment for inpatients at the Trauma Center. Depending on availability and interest, interns may also participate in the Burn Center's weekly multidisciplinary team meetings, monthly educational conference, burn research projects, biweekly Burn Survivor Support Group, and observe burn surgeries. For more information about UMC and the Burn Center visit <https://www.umcno.org/programs-services/burn-center/>

School-Based Consultation/Intervention *(Supervisor: Dr. Michelle Moore)*

Since 2006, Louisiana State University Health Sciences Center Department of Psychiatry (LSUHSC) has worked collaboratively to meet the psychosocial and educational needs of students and families in various schools in and around the New Orleans area. The purpose of the school rotation for psychology interns is to improve the interns understanding of the role a clinical psychologist plays in a school setting. More specifically, the intern learns how to provide effective consultation services to school

administrators and teachers regarding challenging students at school and managing difficult behaviors. Interns will also learn about techniques and treatment styles that are different in a school setting from an outpatient setting. Interns will conduct classroom observations, create functional behavior assessments and behavior intervention plans. Clinical psychologists do not always get to experience a child population in a school setting whereas trainees who are seeking specialization in school psychology will be well versed in this aspect of training. It is important for clinical psychology trainees to gain experience working with children in a school setting because children spend most of their day at school. The relationships children build with peers and teachers are important aspects of their development.

Opportunities Academy *(Supervisor: Dr. Kristin Callahan)*

Opportunities Academy (OA) is a rigorous, post-secondary full day program for scholars with neuro-developmental disabilities aged 17-22. During this rotation, interns will have the opportunity to be an integrated member of the school's mental health team, participating as a member of the IEP team. They will have the opportunity to complete integrated Louisiana Bulletin 1508 compliant psycho-educational evaluations in conjunction with related services providers and will have the opportunity to conduct Functional Behavior Assessments and create Behavior Intervention Plans for scholars with a variety of intervention needs in conjunction with teachers and job coaches. Opportunities are also available to provide individual and group therapy, social skill trainings, and provide professional development trainings on topics related to mental health to OA program teachers and staff. Dr. Kristin Callahan provides supervision during this rotation.

CrescentCare *(Supervisor: Dr. Andrea LaPlante)*

CrescentCare is a Federally Qualified Health Center specializing in the care of people living with HIV and members of the LGBTQ community. CrescentCare provides integrated care, including primary medical services, behavioral health, and preventative services, regardless of income or insurance status. Interns will provide individual therapy services within the Behavioral Health Department for people living with HIV. Patients present with a wide range of psychological conditions, including severe mood disorders, PTSD, and substance abuse. The intern will work as part of a multidisciplinary team and under the supervision of Dr. Andrea LaPlante.

University Hospital Bariatric Clinic *(Supervisor: Dr. Lindsey Poe)*

The Center for Weight Loss and Bariatric Surgery is a clinic within University Medical Center providing vertical sleeve gastrectomy and Roux-en-y bypass surgery to the morbidly obese. During this rotation, interns will have the opportunity to learn about and conduct psychological evaluations required for clearance for bariatric surgery. Interns will additionally have the opportunity to provide screening and brief interventions, manualized treatment for binge eating disorder, and post-operative health and behavior assessments. The bariatric behavioral health team works closely with social work, nursing, dietitians, and bariatric surgeons on a multidisciplinary team to ensure optimal weight loss success and improvement in quality of life. This rotation is supervised by Dr. Poe.

HIV Outpatient Clinic at University Medical Center *(Supervisor: Dr. Shane Bierma)*

An intern's role at the HOP Clinic is primarily conducting neuropsychological assessments and 1-2 sessions of individual psychotherapy with patients diagnosed with HIV and hepatitis. Referrals come from other providers within the clinic. For assessments, referrals are typically added to the intern's schedule at the request of other providers who are looking to quickly seek information about patients' suitability for simulant medications or questioning changes in cognitive status as a result of a neurodegenerative process. Intakes and assessments are conducted within a single visit so results can be provided to the referral source prior to patients' next visit with them, which is often within the next 14 days. This rotation is under the supervision of Dr. Shane Bierma.

*** Note: Rotations are subject to change each year. Additional experiences may be available depending on individual intern's expressed interest and/or availability of appropriate faculty. Prior approval from training director is required before beginning any additional experience.**

APPLICATION PROCEDURES

Our program uses the APPIC uniform application for Psychology Internship, which is the AAPI Online. Specific information about the AAPI can be found on APPIC's website at <http://www.appic.org>. In addition to the AAPI, interested applicants need to also submit the following supplemental materials including: a cover letter that states which track you are applying for (i.e., Infant/Child track, Child/Adult track, or Adult track), curriculum vita, de-identified treatment summary (please limit to 3 pages), and de-identified sample psychological assessment. The treatment summary should include the following: presenting problem, demographic information, relevant history, diagnoses, theoretical case conceptualization, treatment plan and course of treatment (how therapy progressed and ended). All applications must be received no later than November 1st. For additional questions regarding the aforementioned application materials please feel free to contact our program. We welcome telephone calls or e-mails to the Training Director, Associate Training Director, Administrative Assistant and/or other psychology faculty in order to clarify issues related to the program or the application procedure.

Physical Address to contact Dr. Moore, Dr. Cohn, and/or Ms. Gould directly:

Louisiana State University Health Sciences Center, School of Medicine
Department of Psychiatry, Section of Psychology c/o Michelle B. Moore, Psy.D.
1542 Tulane Avenue, 2nd Floor
New Orleans, LA 70112

Michelle B. Moore, Psy.D., Training Director
Phone: (504) 903-9213; Email: mbacon@lsuhsc.edu

Danielle Cohn, Ph.D., Associate Training Director
Phone (504) 903-9213; Email: dcohn1@lsuhsc.edu

Susan Gould, Psychology Section Administrative Assistant,
Phone: (504) 903-9213; Email: sgould@lsuhsc.edu

****IMPORTANT NOTE** All interviews will be conducted via Zoom teleconferencing.**

SELECTION PROCEDURES

The Training Director reviews all applications for basic eligibility, which includes a graduate student in good standing from a clinical or clinical combined APA accredited program. In addition, applicants should have completed their qualifying exams and have received approval for their dissertation proposal. Applicants who do not meet these requirements and those who will not be receiving a formal interview will be notified immediately. The Training Director reviews all applications for basic eligibility, which includes a graduate student in good standing from a clinical or clinical combined APA accredited program. In addition, applicants should have completed their qualifying exams and have received approval for their dissertation proposal. Applicants who do not meet these requirements and those who will not be receiving a formal interview will be notified immediately. Applications and supporting materials are reviewed by Dr. Moore as well as members of the Clinical Psychology Internship Committee. Reviewers make quantitative and qualitative ratings of the applicant's suitability for the program and our ability to meet the applicant's training needs. The applicants are then ranked in terms of goodness of fit. The top ranked applicants will be contacted to schedule interviews over Zoom. All other applicants will be notified prior to December 15th if you will not be offered an interview with the program. During the interview, we will ask permission to photograph interviewees. Given the large number of interviewees, we find that a photograph, along with notes we make during the interview process, helps to keep clear who we are discussing when final ranking decisions are made. Should an applicant decline to be photographed, it will have no negative impact on their ranking. Once invited to interview, applicants can expect to meet with 3 to 4 faculty members individually, participate in a group interview, and have a group Q&A session with our current interns. The Clinical Psychology Internship Committee meets following the interview process to determine the rank order list of applicants.

Note: LSUHSC NO participates in APPIC's computerized matching process. If you have any questions regarding the matching process, please refer to <http://www.appic.org/Match/Match-Policies>.

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

Notification/Match Day. In addition, the LSU Health Sciences Center School of Medicine Department of Psychiatry, Section of Psychology will follow the attached rules and guidelines of APPIC. Additionally, should the applicant have complaints about the LSUHSC internship or internship process, the applicant can call the Education Directorate of the American Psychological Association at 202-336-5979.

It is the policy of the Louisiana State University Health Sciences Center (LSUHSC) New Orleans campus and the Medical Center of Louisiana at New Orleans (MCLNO) to promote and safeguard the workplace from consequences of substance abuse. All post job offer applicants are REQUIRED to undergo and pass post job offer substance abuse testing prior to beginning employment. They must test free of drugs as a condition of hiring. A negative test result must be received by LSUHSC and MCLNO before you can attend orientation and begin work. You have the right to refuse to have the alcohol and/or drug test done. Post job offer applicants who refuse to submit to a drug test will no longer be eligible to begin the internship. Random drug/alcohol testing and testing due to behavior suggestive of drug/alcohol use during work are possible.

Equal Opportunity/Affirmative Action (Statement of the LSUHSC Chancellor)

The Louisiana State University Health Sciences Center recognizes its legal and moral obligations to guarantee equal employment opportunity to all persons in all segments of University life. We also recognize the historical denial of equal opportunity to certain segments of our population. We are, therefore, committed to providing equal opportunity at the Health Sciences Center to fulfill our legal and moral obligations.

It is with a genuine concern for all the people that we publicly express our commitment to equal employment opportunity and affirmative action. This commitment includes not only providing equity in our present employment practices, but also a commitment to the removal of past barriers that hinder equal employment opportunities.

The Health Sciences Center is committed to this policy because it is our belief that it is morally right, it is good personnel management, and it is legally required by Title VII of the Civil Rights Act of 1964, as amended, by Equal Employment Opportunity Act of 1972, Executive Order Number 11246, the Rehabilitation Act of 1973, as amended, Title IX of the Education Amendments of 1972, the Vietnam Era Veterans Readjustment Assistance Act of 1974, Governor Edwin Edwards' Executive Order Number 13, and Louisiana Fair Employment Practices Act.

Louisiana State University Health Sciences Center will take affirmative action to insure that the following will be implemented at all levels of administration:

1. Base employment decisions so as to further the principles of equal employment opportunity;
2. Ensure that all personnel actions, such as, compensation, tenure, benefits, transfers, layoffs, recall from layoffs, education, tuition assistance, social and recreation programs be administered without regard to race, color, religion, sex, age, national origin, handicap/veteran status, or any other non-merit factor.

Basic guidelines and methods of achieving the goal of equal employment opportunity will be set forth in Louisiana State University Health Sciences Center's Affirmative Action Program.

Overall responsibility for the reaffirmation of policy and program is the responsibility of the Chancellor's Office.

Implementation of the program coordination and monitoring to ensure compliance is the responsibility of the Department of Human Resource Management.

Any persons having questions regarding this program should contact the Director of Human Resource Management or the Labor Relations Manager (504-568-8742).

Therefore, in keeping with application of federal and state laws and regulation, we at the Louisiana State University Health Sciences Center commit ourselves to this Affirmative Action Plan that is designed to demonstrate our good faith to successfully achieve, for academic and non-academic staff, the goal of equal employment opportunity.

DUE PROCESS PROCEDURES

Due process ensures that decisions made by programs about interns are not arbitrary or personally based, requires that programs identify specific evaluative procedures which are applied to all trainees, and have appropriate appeal procedures available to the intern so they may challenge the program's action. General due process guidelines include:

- presenting interns in writing with the program's expectations related to professional functioning, which is outlined in the Supervisor's Evaluation of Intern's Profession-Wide Competencies;
- stipulating the procedures for evaluations, including when and how evaluations will be conducted, which occur quarterly between the intern and supervisor(s) as well as with the input from the Clinical Psychology Internship Committee to ensure consistent, stable progress;
- articulating the various procedures and actions involved in making decisions regarding problems;
- communicating with graduate programs about any suspected difficulties with interns and seeking input from these academic programs about how to address such difficulties;
- instituting, with the input and knowledge of the graduate program, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies;
- providing a written procedure to the intern, which describes how the intern may appeal the program's action;
- ensuring that interns have sufficient time to respond to any action taken by the program;
- using input from multiple professional sources when making decisions or recommendations regarding the intern's performance; and
- documenting, in writing and to all relevant parties, the action taken by the program and its rationale.

Definition of impairment

For purposes of this document intern impairment is defined broadly as an interference in professional functioning that is reflected in one or more of the following ways:

1. An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior.
2. An inability to acquire professional skills in order to reach an acceptable level of competency.
3. An inability to control personal and interpersonal stress, psychological difficulties, substance abuse, and/or excessive emotional reactions that interfere with professional functioning.

While it is a professional judgment as to when an intern's behavior reaches the level of "impairment" rather than just an area of "concern," for purposes of this document a concern refers to an intern's behaviors, attitudes, or characteristics that, while of concern do not rise to the level of requiring remediation, are perceived not to be excessive or an impediment for reaching competency levels for professionals in training. An intern is typically defined as having an "impairment" if displaying one or more of the following characteristics:

1. The intern does not acknowledge, understand, or address the problem when it is identified.
2. The problem reflects a skill deficit that may or may not be rectified by academic or didactic training.
3. The quality of services delivered by the intern is sufficiently negatively affected by the impairment.
4. A disproportionate amount of attention by training personnel is required in terms of level of training to address the impairment.
5. The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.
6. The problematic behavior has potential for ethical or legal ramifications if not addressed or is illegal.
7. The intern's behavior negatively impacts the public view of the agency.
8. The problematic behavior negatively impacts the intern class.

Procedures for responding to an intern's initial impairment

There are four instances where these procedures could be initiated:

1. After the 1st quarter, if an intern receives a rating of 1 or Not Assessed on a profession-wide competency domain at the quarterly supervisors meeting.
2. During the mid-year evaluation, interns are expected to achieve 80% or more of their ratings at the intermediate skill level or above. At least 19 of the 24 competency areas

should be rated intermediate or above (rating of 3 or higher). If the intern's performance falls below this expectation, then due process should be initiated.

3. After the 3rd quarter, if an intern fails to meet the goals outlined by the Clinical Psychology Internship Committee (CPIC) resulting in performance at a rating of 2, 1 or Not Assessed at the quarterly supervisors meeting.
4. At any point during the training year if an intern's behavior rises to a level of concern that is considered to be severe or a potential harm to the public, then due process should be initiated.

The procedures are as follows:

1. Following the quarterly meeting, the intern's supervisor(s) will meet with the Training Director (TD) or Associate Training Director either in person or virtually to discuss the rating and determine what action needs to be taken to address the issues reflected by the rating.
2. During the quarterly meeting between the intern and the TD, the intern will be notified and receive written documentation that these concerns are present. The intern has an opportunity to provide a statement related to their response to the rating.
3. In discussing the rating and the intern's response (if available), the TD and the intern's supervisor(s) shall adopt one of the following decisions:
 - a. **Level 1:** The problem does not warrant a written plan. The impairment will be addressed monthly through communication between the intern and their supervisor(s) which is shared with the TD but will not be sent to the Director of Clinical Training (DCT) of the intern's graduate program. The intern is formally reassessed at the next quarterly evaluation meeting.
 - b. **Level 2:** A remediation plan is created with a written statement including the elements outlined below. The written statement will be reviewed with the intern, supervisors and TD and signed by all participating parties, and then emailed to the DCT.
 - i. Description of the actual behaviors associated with the inadequate rating;
 - ii. Rationale for the decision made by the program;
 - iii. Specific recommendations for rectifying the problem;
 - iv. Time frame for the remediation plan during which the problem is expected to be ameliorated; and
 - v. Procedures designed to ascertain whether the problem has been

appropriately rectified.

- c. **Level 3:** Probation is warranted due to the severity of concerns and/or risk to the public. A remediation plan is developed as a written statement including the elements outlined below. The written statement will be reviewed with the intern, supervisors and TD and signed by all participating parties, and then emailed to the DCT.
 - i. Description of the actual behaviors associated with the inadequate rating;
 - ii. Rationale for the decision made by the program;
 - iii. Specific recommendations for rectifying the problem;
 - iv. Time frame for the probation period during which the problem is expected to be ameliorated; and
 - v. Procedures designed to ascertain whether the problem has been appropriately rectified.
4. The TD will meet with the intern to review the action taken. The intern may choose to accept the decision or may choose to challenge the action. If the intern's impairment is considered to be at a Level 1, then no challenge is available due to the informal nature of the plan to improve the aforementioned problem. The procedures for challenging the action are presented in the grievance procedures outlined later in this document under the situation involving "intern challenge".
5. When the decision falls at a Level 2 or Level 3 and a written statement is developed, the intern will participate in a meeting with the TD and appropriate supervisor(s) at the conclusion of the time period specified in the remediation plan. Prior to this meeting, the faculty will determine if the intern has successfully remediated the aforementioned problem. If the impairment has been remediated based on the professional opinions of the faculty, then the intern, DCT and other appropriate individuals will be informed, and no further action will be taken. If the intern fails to remediate the problem within the time frame of the remediation plan or probationary period, then the procedures for responding to continuation of impairment shall be initiated as outlined below.

Remediation Considerations

It is important to have meaningful ways to address a problem once it has been identified to ensure that the intern's success in achieving entry level competency upon completion of the internship is paramount in the procedures and decisions made. Several possible, and perhaps concurrent courses of action designed to remediate problems include but are not limited to:

1. Increasing supervision, either with the same and/or other supervisors;
2. Changing in the format, emphasis, and/or focus of supervision;
3. Recommending personal therapy in a way that all parties involved have clarified the

- manner in which therapy contacts will be used in the intern evaluation process;
4. Reducing the intern's clinical or other workload for a specified time frame;
 5. Requiring specific didactic trainings, review of literature or other academic coursework to address the area of impairment; and/or
 6. Recommending, when appropriate, a leave of absence and/or a second internship.

Procedures for responding to continuation of impairment

If the intern's supervisor(s) and the TD determine that, after a reasonable time period outlined in the remediation plan, the remediation efforts do not: 1.) rectify the problem, or 2.) when the intern seems unable or unwilling to alter their behavior, or 3.) when mistakes/behaviors are severe or 4.) if these behaviors/mistakes would be unable to be resolved in a reasonable time period given the time remaining in the internship program, then the training program may need to take more formal action. The TD shall communicate, in writing, to the intern that the impairment has not been adequately resolved and explain the rationale for this decision. The TD shall provide the intern with the decision regarding which action will be taken. The potential action(s) taken by the faculty and TD at this stage of the due process procedure are listed below:

ACTION 1: Development of a new remediation plan under a probationary period with a specific time frame, which shall include the specific elements outlined earlier in this document;

ACTION 2: Suspension whereby the intern is not allowed to continue engaging in certain professional activities until there is evidence that the behavior in question has improved;

ACTION 3: Providing the intern with a limited endorsement at the completion of internship, including the specification of those settings, populations, services in which the intern is competent and those in which the intern has not achieved full competency to practice independently;

ACTION 4: Communication which informs the intern that the TD and the intern's supervisor(s) are recommending to the Section Chief and Chairman that the intern shall not successfully complete the internship, if the behavior does not change within a specified time frame;

ACTION 5: Communicating to the intern and DCT that the intern has not successfully completed the internship, but is allowed to continue their training at the culmination of the internship year as an unpaid practicum placement for a specified amount of time;

ACTION 6: Communication which informs the intern that the TD and the intern's supervisor(s) are recommending to the Section Chief and Chairman that the intern shall be

terminated immediately from the internship program.

Within 5 business days of receipt of the decision regarding the action, the intern shall respond, in writing, to the action by either accepting the action or challenging the action. If the intern challenges the action, the grievance procedures regarding an intern challenge shall be followed.

GRIEVANCE PROCEDURES

There are two situations in which grievance procedures can be initiated either due to an intern challenge or from an intern complaint. Each of these situations, and the course of action accompanying them, are described below.

1. **Intern Challenge:** When the intern challenges the action taken by the faculty during the due process procedures.
2. **Intern Complaint:** When the intern would like to file a complaint against a supervisor, staff member, other trainee or the program itself and wishes to file a formal grievance.

Intern Challenge

If the intern challenges the decision and action taken by the faculty as described in the due process procedures, then the following procedures shall be followed:

1. Within 5 business days of receipt of the decision, the intern shall inform the TD, in writing, of such a challenge.
2. Upon receipt of this challenge, the TD shall convene the Clinical Psychology Internship Committee (CPIC) to review the written statement from the intern regarding their rationale for the challenge. The CPIC shall convene within 5 business days after receiving notice from the TD.
3. At the CPIC meeting convened by the TD, the TD shall provide the committee with documentation regarding the initial decision, level of perceived impairment, any written statements available from the TD or direct supervisor(s) and the written statement from the intern regarding the challenge being made. The intern retains the right to be present at the meeting and to hear all evidence presented with the opportunity to dispute or explain their behavior.
4. At the conclusion of the meeting, the committee shall convene without the intern present and vote on whether to uphold the decision of the TD or to uphold the challenge by the intern. The majority vote will determine the final decision of the committee. If the vote ends in a tie with no clear majority, then the decision and supporting documents shall be submitted to the Chairman for a final decision.
 - a. If the committee upholds the decision of the TD, then the remediation plan is put into action and an appropriate time frame is developed to remediate the intern's impairment.
 - b. If the committee upholds the intern's challenge, then no further action is taken for remediation and the DCT is notified of the decision.

5. Within 5 business days, the intern is informed, in writing, of the recommendations and decision made by the committee. The intern can either accept or reject the recommendations. If the intern rejects the recommendations and decision, the CPIC written statement shall be submitted to the Chairman of the Department of Psychiatry.
6. Within 10 business days of receipt of the written statement from the committee as well as supporting documentation from the TD inclusive of the intern's written statement, the Chairman shall do one of the following:
 - a. Accept the committee's decision,
 - b. Reject the committee's decision and provide an alternative action;
 - c. Request further documentation from the intern, supervisors, TD or CPIC, which shall be provided within 5 business days of the request before making a final decision to accept or reject the committee's decision.

Once a decision has been made by the Chairman, the intern, TD, CPIC, DCT and other appropriate individuals are informed in writing of the action taken, and the decision is final.

Intern Complaint

If there is a situation in which the intern has a complaint or grievance against a supervisor, faculty, TD, staff member, other trainee, or the program itself and wishes to file a formal grievance, then the following procedures shall be followed:

1. Discuss the grievance directly with the supervisor, faculty, TD, staff member, other trainee, or TD in an effort to informally resolve the problem.
2. If the matter cannot be resolved through informal resolution, or it is inappropriate to raise with the other individual, then the grievance shall be discussed with the TD.
3. If the TD cannot resolve the matter, the TD will choose a faculty member who will attempt to mediate the matter. Written material will be sought from both parties involved documenting their awareness of the grievance and statement regarding the grievance.
4. If the TD is the object of the grievance, or unavailable, the grievance shall be discussed directly with the Section Chief for Psychology.
5. If mediation fails, the TD will convene a review panel (except for complaints against staff members where the grievance procedures for that person's discipline will be followed) consisting of the TD, the Section Chief, and one faculty member.
 - a. If the grievance is against the TD, then the TD will not serve on this committee and the Section Chief shall choose the other two faculty members for the review panel.
6. The Review Panel will review all written materials (from the intern, other party, mediation) and have an opportunity at its discretion to interview the parties or other individuals with relevant information. The Review Panel has final discretion regarding outcome, and the outcome is based on majority vote.

These due process procedures and grievance procedures set forth in the internship handbook are intended to provide the psychology intern with a means to resolve perceived conflicts that cannot be resolved by informal means. Interns who pursue grievances in good faith will not experience any adverse personal or professional consequences. However, if an intern raises a complaint maliciously, the grievance guidelines shall be enforced and a review panel shall be convened. Nothing here precludes attempted resolution of difficulties by adjudication at a school or university level following the guidelines of the Human Resources department at <https://www.lsuhsu.edu/administration/hrm/>. If the intern disagrees with how the program has handled a situation, they have the option to contact the Office of the Student Ombudsman at (504) 568-4876 and can learn more about this at https://www.medschool.lsuhsu.edu/student_affairs/office_of_the_student_ombudsman.aspx. If the intern remains unsatisfied with the due process and grievance procedures, they may consider filing formal complaints outside of the internship program including ASARC with APPIC (<https://www.appic.org/Problem-Consultation>) for internship programs, SoA violation concerns with APA CoA (<http://www.apa.org/ed/accreditation/contact.aspx>) for accredited doctoral training programs, and/or ethics concerns with licensing boards (e.g., <https://www.asppb.net/default.aspx>) for ethics concerns related to individual

psychologists (and also credential banking). It is important to follow timelines, instructions, etc. when using any of these processes.

EVALUATIONS

SUPERVISOR'S EVALUATION OF PSYCHOLOGY INTERN

The LSUHSC Clinical Psychology Internship Program has the responsibility to continually assess the progress of each intern. The primary purpose of this assessment is to facilitate professional and personal growth and is provided in a continual and timely way. In addition, it is particularly important that continual contact and close working relationships exist between graduate and internship programs, so that these guidelines and procedures can be implemented in a way that maximizes intern growth and development.

The internship program also recognizes that developmental stressors are inherent both in the transition from graduate school to an internship setting, as well as during the course of the internship. During the internship, interns are exposed to full-time clinical practice, typically involving a challenging caseload as well as responding to client crises and internship requirements. For example, when entering the internship the rapidity with which interns must assimilate into a new environment and the expectation of competency in diverse clinical activities may be a source of considerable stress. Furthermore, intern supervision is often intense, concentrated and frequent, which may increase the intern's sense of personal and professional vulnerability. Some interns may also be receiving more critical criticism and critique of their skills than they are accustomed to in prior settings. Thus, while the internship represents a critical professional opportunity when interns can learn and refine skills, gain a greater sense of professional confidence, and develop a greater sense of professional identity, it is also a time of increased stress and vulnerability.

Since trainees make significant developmental transitions during the internship and may need special types of assistance during this time, it is the responsibility of the training program to provide activities, procedures and opportunities that can facilitate growth and minimize stress. Such measures include, but are not limited to, orientation meetings, individualized programs, clear and realistic expectations, clear and timely evaluations which include suggestions for positive change, contact with support individuals (e.g., supervisors), mentorship, and/or groups (e.g., other graduate trainees, former interns, etc.), didactic seminars, and staff attention to the gradual increase in both the number and severity of clients.

In order to provide pertinent information and to derive supportive measures or appropriate remediations, it is necessary for the internship program, in concert with the individual intern, to have an accurate sense of how the intern is progressing in relation to standardized criteria or norms. Recognizing that, at best, evaluations and measures of intern performance are susceptible to bias and subjectivity, every effort is made to ensure that interns understand the program's expectations about areas, as well

as levels, of performance. Further, because interns receive ongoing feedback from individual supervisors, the Training Director (TD), and other professionals with whom they have significant contact, an intern should have "no surprises" resulting from more formal evaluation procedures.

Interns are evaluated and given feedback throughout the year by their individual supervisors in both formal and informal settings. Interns are formally evaluated quarterly (every three months) and rated on the profession wide competency areas by each supervisor. Interns need to be familiar with the content of these evaluations prior to beginning any clinical activity so that the performance dimensions are clear. At the end of each quarter, the Training Director meets with the interns individually and gives them a full report of the evaluation of their performance and makes those recommendations and suggestions which are relevant. This meeting also provides interns an opportunity to discuss potential issues/problems/concerns related to supervision as well as ways to handle any issues that may arise.

At the end of 1st and 3rd quarters, the intern's supervisors complete a brief quarterly evaluation noting the intern's strengths and areas for growth. Supervisors meet to review the quarterly evaluation and to establish goals for the upcoming quarter, which turns into a goals document that is reviewed with the intern by the Training Director.

At the end of 2nd and 4th quarters, supervisors complete the comprehensive competency-based evaluation form individually with the intern and then review these as a group during a quarterly supervisors meeting in order to gain a well-rounded and thorough assessment of the intern's progress to date.

Thus, the TD receives information from all supervisors and those of others who have had significant contact with the intern, in addition to their own impressions. The intern will receive a document showing their overall performance across supervisors and settings as well as their strengths, areas for growth and current challenges, which is shared with their graduate program. This process is viewed as an opportunity for the TD to provide integrative feedback regarding the collective experience of others who have had significant interactions with the intern. Both parties discuss how the internship experience is progressing, and the intern is provided with the opportunity to give their reactions and critiques of supervisors and other aspects of the training experience. It may be in the context of this meeting or whenever during the rotation that a problem is identified that the TD and the intern may arrange for a modification of the intern's training program to address specific training needs and/or the needs of the training program.

It is important that in the course of the internship the sponsoring university is kept apprised of the intern's training experience. The TD communicates with the sponsoring university twice a year regarding the intern's progress. Evaluations are sent to the DCT of each graduate program mid-year and at the end of the year.

These evaluations are one of the means by which LSUHSC will help interns develop their clinical skills to the fullest. If particular skills need more attention, the evaluations should indicate this together with a plan of action for improvement (see due process guidelines for serious concerns and deficiencies). If interns do not agree with the supervisor's evaluation, they are free to write comments on the document

detailing their point of view. If the psychology intern does not improve in a problem area, please refer to the policy on due process. If an intern and primary supervisor do not work well together, a change of assignment may be possible.

If an intern finds that their preliminary training is deficient in some areas, they may find it necessary or desirable to exceed the required number of training hours in order to meet internship objectives. All interns are expected to abide by the ethical standards of the American Psychological Association, the Louisiana State Law governing the practice of psychology, and Federal Law, which regulates professional behavior of mental health care providers. At all times during their professional activities, interns are expected to follow the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct which can be found at: <http://www.apa.org/ethics/code/>

INTERN'S EVALUATION OF SUPERVISOR

These evaluations help us to maintain the quality of our program by taking into account psychology interns' experiences and preferences as we continuously implement necessary changes and improvements to develop the training at LSUHSC-NO. You will rate your supervisors twice a year (mid-year and end of year). These ratings should be submitted anonymously to the program coordinator. While we aim to maintain intern's anonymity, we are also cognizant of the fact that we are a small training program, and there are generally a small number of individuals rating supervisors. Supervisor evaluations are reviewed by the Training Director at the mid-point of the training year. If there are significant concerns reported than the Training Director will meet with the intern to discuss how to proceed, i.e. addressing the concerns directly, the TD addressing the concerns with the supervisor, etc. If the TD is the supervisor, those evaluations will be reviewed by either the Associate Training Director or Section Chief. All supervisors will receive feedback from these evaluations at the end of the training year.

Each supervisor has a commitment to meet with a psychology intern one hour per week in individual, face-to-face supervision. If a supervisor is not meeting regularly with the psychology intern or is repeatedly late for supervision, the psychology intern needs to inform the Training Director prior to the quarterly evaluation so that this situation can be corrected.

The following are copies of evaluation forms. Interns need to be familiar with their content prior to beginning any clinical activity so that the performance dimensions are clear.

At all times during their professional activities, interns are expected to follow the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct which can be found at: <http://www.apa.org/ethics/code/>

INTERN'S EVALUATION OF PSYCHOLOGY SEMINAR

Interns complete an online evaluation form following each speaker during psychology seminar. These evaluations are required by APA and also assist the program to determine how effective and beneficial various topics and speakers are during the year.

(See Appendix for Supervisor's Evaluation of Intern and Intern's Evaluation of Supervisors)

PRESENTER:
TOPIC(S):

In the case of didactics with multiple topics/instructors, please submit an evaluation on each instructor individually. Please explain all ratings that are less than satisfactory on the back of this page or the weaknesses section.

Conferences/ Didactics:	Unsatisfactory		Satisfactory		Excellent	Not Observed	Not Applicable
Relevance to current clinical work	1	2	3	4	5	NO	NA
Organization	1	2	3	4	5	NO	NA
Knowledge about topic	1	2	3	4	5	NO	NA
Use of allotted time	1	2	3	4	5	NO	NA
Presented useful skills	1	2	3	4	5	NO	NA
Handouts/Visual aids	1	2	3	4	5	NO	NA
Cultural components addressed	1	2	3	4	5	NO	NA
Instructor:							
Presents interesting up-to-date information	1	2	3	4	5	NO	NA
Receptive to feedback	1	2	3	4	5	NO	NA
Stimulates further interest in the area	1	2	3	4	5	NO	NA
Demonstrated cultural sensitivity	1	2	3	4	5	NO	NA

Strengths:	Weaknesses/Areas for Growth:
------------	------------------------------

Supervisors Evaluation of Interns Profession Wide Competencies

Intern's Name: _____

Supervisors' Names: _____

Settings: _____

Evaluation Period: ☐ 1st Quarter ☐ 3rd Quarter

Below are goals and internship program expectations for the intern to achieve minimal levels of competency appropriate for an intern's level of functioning and performance by the halfway point and then the final end of the training year. Comprehensive evaluations of the intern's profession wide competencies occur at the end of the 2nd and 4th quarters of the year. The document below outlines strengths, goals and areas for growth for the intern in each of the profession wide competency areas.

RESEARCH COMPETENCY:

ETHICAL AND LEGAL STANDARDS COMPETENCY:

INDIVIDUAL AND CULTURAL DIVERSITY COMPETENCY:

PROFESSIONAL VALUES AND ATTITUDES COMPETENCY:

COMMUNICATION AND INTERPERSONAL SKILLS COMPETENCY:

ASSESSMENT COMPETENCY:

INTERVENTION COMPETENCY:**SUPERVISION COMPETENCY:****CONSULTATION AND INTERPROFESSIONAL SKILLS COMPETENCY:**

Comments/response from the intern regarding current performance:

This document has been created with the perspectives of all supervising psychologists, and the document has been reviewed by the intern and the Training Director.

Supervisor's Signature/Date

Intern's Signature/Date

Supervisor Evaluation (Evaluation by Supervisee)		
Date:		
Supervisor:		
Supervisee:		
School/Program of Supervisee: LSUHSC		
Training Site/Rotation(s):		
Population Served: Psychiatry		
<i>Introduction and Directions:</i> Supervisees use this tool to provide constructive feedback about their experiences with their supervisor and rotation. Ratings range from "Excellent" to "Attention Desired". It is based on domains in the APA <i>Guidelines for Clinical Supervision for Health Service Psychologists</i> . Rate only those items that pertain to the training experience this past training period. For areas in which contact with this supervisor was too limited to make a determination, please leave our or indicate "does not apply"		
Legend	1	Attention desired
	2	Meets supervisory needs
	3	Excellent
	N/A	Does not apply

A	Supervision Competence	1	2	3	N/A
	Is effective and conscientious in providing supervision				
	Keeps sufficiently informed of cases				
	Sets clear objectives and responsibilities throughout the supervised experience				
	Provides sufficient direct observation of supervisee's contact with patients (e.g., live, video, audio, remote)				
	Uses helpful education techniques (e.g., role-playing, audio video recordings, didactics)				
	Provides directed readings and access to other clinical and educational materials				
	Is up to date in understanding of clinical populations, psychological services, and professional matters				
	Is competent in provided psychological services to clinical populations being supervised				
	Is knowledgeable about supervision models, theories, modalities, best practices, ethics, legal standards, and research				
	Provides supervision competently and in accord with current supervision guidelines (APA [2014] <i>Guidelines for Clinical Supervision for Health Service Psychologists</i> ; ASPBB [2015] <i>Supervision Guidelines for Education and Training Leading to Licensure as a Health Service Provider</i>)				
	Presents as a positive role model				
	Provides clear and reasonable expectations of or supervisee's performance				
	Develops supervisory plan or contract in collaboration with supervisee and discusses their approach to supervision				
	Assigns case and other assignments appropriate to supervisee's training needs				
	Provides appropriate guidance, training, and support to help supervisee effectively manage cases and workload				
	Assists supervisee in developing coherent conceptualizations of cases and clinical work				
	Assist supervisee in developing appropriate recommendations, treatment plans, and goals for patients				
	Assists supervisee in translation of case conceptualization into evidence-based techniques and procedures				

	Facilitates trainees' development of competence in integrating science and research into clinical practice (e.g., use of evidence-based practices, participation in quality improvement efforts, tracking clinical outcomes, disseminating clinical research, etc.)				
	Facilitates trainee's development of professional values, attitudes, and behaviors				
	Facilitates trainee's development of communication and interpersonal skills relevant to psychological practice				
	Facilitates trainee's development of competence in assessment, formulation, diagnosis, evaluation, and research				
	Facilitates trainee's development of competence in intervention/psychotherapy				
	Facilitates trainee's effective use of supervision and development of competence in provided case-consultation and supervision				
	Facilitates trainee's development of competence in consultation, interprofessional/interdisciplinary skills				
	Facilitates trainee's development of competence in administration, advocacy, and/or leadership				
	Facilitates trainee's development of competence in site specific professional activities				
	Uses technology appropriately (e.g., if providing distance supervision) and when supervising care that incorporates technology				
	Supervisor is knowledgeable about training program policies and procedures				
	Supervisor models self-reflection and promotes self-reflective practices in supervisee				
	Other (specify):				
	Supervision Competence Comments:				
B	Diversity	1	2	3	N/A
	Strives to be self-aware of personal background and knowledgeable of and sensitive to diversity issues of patients and trainees				
	Is knowledgeable about the effects of bias, prejudice, privilege, and stereotyping and takes steps to minimize their impact on patients and trainees				
	Models enhancing awareness of diversity dimension and skills for dealing with diverse patients				
	Deals appropriately with individual differences and diverse backgrounds of supervisees				
	Facilitates trainees' development of competence in providing services to diverse populations				
	Strives to be familiar with literature related to diversity in clinical work, education, training, and supervision				
	Models and encourages advocacy on behalf of diverse patients in institutions and communities				
	Other (specify):				
	Diversity Comments:				
C	Supervisory Relationship	1	2	3	N/A
	Creates an emotionally safe and supportive learning environment				
	Interacts respectfully with supervisee				
	Communicates effectively with supervisee				
	Demonstrates concern for and interest in supervisee as a person and in supervisee's progress, ideas, and challenges				
	Is accessible for discussions, questions, etc. and could be contacted readily when necessary				

	Attends supervision meetings reliably and punctually				
	Allots sufficient time for supervision and scheduled supervision meetings appropriately				
	Maintains appropriate interpersonal boundaries with patients and supervisees				
	Encourages appropriate degrees of interdependence, collaboration, and independence				
	Provides orientation to supervisory experience, including formulating and clarifying goals, and addressing, expectations, processes, as well as approaches for resolving conflicts if they arise				
	Supervisor is aware of power differential inherent in supervision and its impact on the supervisory relationship				
	Problems that may arise are dealt with promptly, directly, clearly, and effectively				
	Awareness/Management of personal issues related to supervisee(s)				
	Other (specify):				
	Supervisory Relationship Comments:				
D	Professionalism	1	2	3	N/A
	Is interested in and committed to providing supervision				
	Is aware of and provides supervision consistently with current supervisory guidelines (e.g., APA, 2014; ASPPB, 2015)				
	Communicates appropriately with other professionals involved with supervisee's education and training				
	Effectively assist supervisee develop consultative and collaborative relationship with other professionals and institutional and community resources				
	Is knowledgeable of institutional systems and able to help supervisee navigate them				
	Models professionalism in his/her own behavior (accountability, flexibility, responsibility, acknowledgement of errs, timeliness), and interactions with others (including patients, families, staff, team members, and administrators)				
	Addresses professionalism (acknowledging and learning from errors, adhering to policies, accountability, concern for welfare of others, duty, integrity pursuit of excellence, responsibility, teamwork, timeliness, trustworthiness, etc.)				
	Addresses professional development topics with supervisee (e.g., balance of personal and career, board certification, career planning, identity, leadership, licensure, mentoring, professional engagement, socialization)				
	Is knowledgeable about institutional culture, policies, produce sure, standards, and helps orient supervisee to them				
	Other (specify):				
	Professionalism Comments:				
E	Assessment/Evaluation/Feedback	1	2	3	N/A
	Promotes open dialogue about trainee's aspirations and needs for professional development				
	Provides clear, direct, constructive and timely formative feedback on supervisee's performance				
	Provides clear, direct, constructive and timely summative feedback on supervisee's performance (i.e., completed supervisory forms in accordance with program's training plan and timeliness)				
	Reviews feedback with a supervisee in a manner that contributes meaningfully to supervisees' training and understanding of professional development progress and needs, and that is sensitive to the impact of feedback on supervision				

	Includes live observation or review of recorded patient interactions				
	Provides timely feedback on clinical documentation, including psychological assessments				
	Monitors clinical activity to ensure that train goals are met				
	Deal promptly, clearly, and effectively with problems that arise				
	Seeks feedback from supervisee(s) about the supervision and training they provide and uses feedback to enhance supervision provided				
	Other (specify):				
	Assessment/Evaluation/Feedback Comments:				
F	Ethical, Legal, and Regulatory Considerations	1	2	3	N/A
	Is aware of ethical (e.g., APA [2010], <i>Ethical Principles of Psychologist and Code of Conduct</i>), legal, professional, institutional, and regulatory standards and provides services in accord with them				
	Discusses ethical challenges and decision making and legal aspects of practice				
	Facilitates trainee's understanding of and practices in accord with ethical, legal, professional, institutional, and regulatory standards				
	Understands supervisory standards and regulatory matters pertaining to supervision				
	Understands supervisory requirements and third party payer policies pertaining to supervisees' services in state/jurisdiction				
	Other (specify):				
	Assessment/Evaluation/Feedback Comments:				
G	Overall Experience				
	Describe how the supervisor contributed to your learning:				
	Describe how supervision and/or the rotation could be enhanced:				

**Supervisors Evaluation of Interns Profession Wide Competencies
OVERALL PERFORMANCE ACROSS SUPERVISORS**

Intern's Name: _____

Supervisors' Names: _____

Settings: _____

Evaluation Period: ☐ Mid-Year ☐ End of Year

Assessment methods utilized to evaluate competency:

☐ Direct observation (Assessed by: _____)

☐ Videotape (Assessed by: _____)

_____ Total number of assessment reports completed to date

_____ Total number of therapy cases currently active

Competency Rating Descriptions:

- 5 Advanced skills** comparable to entry level practice at the licensure level. *Practice level: Post-doctoral*
- 4 High intermediate skills** capable of practicing independently with only occasional support or consultation as needed on complex cases. *Practice level: Advanced intern*
- 3 Intermediate skills** which require routine supervision of each activity. *Practice level: Intern*
- 2 Entry level skills** which require intensive supervision. *Practice level: Practicum student or early intern*
- 1 Remediation** required and skills are in need of remediation plan to build skills. *Practice level: Early practicum student or below*
- NA Not assessed** for this training experience due to the track or inability to asses skill by supervisor.
-

****Ratings are based on how this intern's performance compares to previous interns on the same track. Any ratings at the remediation level should be referred to the Training Director and a remediation plan should be developed to assist the intern with further development in those areas.****

During the mid-year evaluation, interns are expected to achieve 80% or more of their ratings at the intermediate skill level or above. In other words, at least 19 of the 24 areas should be rated intermediate or above. If the intern's performance falls below this expectation, then a remediation plan should be considered and discussed.

During the end of year evaluation, interns are expected to achieve 100% of their ratings at the high intermediate skill level or above.

- ☐ The intern has successfully completed the goal for this evaluation period, and we have reviewed this evaluation together.
- ☐ The intern has not successfully completed the goal for this evaluation period. The Training Director has been made aware of the intern's areas of remediation.

RESEARCH COMPETENCY						
Skill Area(s)	In-patient	Out-patient	Infant Team	Specialty Rotation	GSoS	Other
Seeks current scientific knowledge by displaying necessary self-direction in gathering clinical and research information to practice independently and competently.						
Develops and implements plan for research and/or scholarly activity. Develops and presents scholarly professional writing or presentation in a case conference seminar or conference setting.						
ETHICAL AND LEGAL STANDARDS COMPETENCY						
Skill Area(s)	In-patient	Out-patient	Infant Team	Specialty Rotation	GSoS	Other
Demonstrates knowledge of ethical principles and state law. Consistently applies these appropriately and seeks consultation as needed.						
INDIVIDUAL AND CULTURAL DIVERSITY COMPETENCY						
Skill Area(s)	In-patient	Out-patient	Infant Team	Specialty Rotation	GSoS	Other
Is sensitive to cultural and individual diversity of patients and committed to providing culturally sensitive services.						
Is aware of how own background impacts clinical work and committed to continuing to explore own cultural identity issues and how they relate to clinical practice.						
PROFESSIONAL VALUES AND ATTITUDES COMPETENCY						
Skill Area(s)	In-patient	Out-patient	Infant Team	Specialty Rotation	GSoS	Other
Demonstrates positive coping strategies with personal and professional stressors and challenges. Maintains professional functioning and quality patient care.						
Efficient and effective time management. Keeps scheduled appointments and meetings on time. Keeps supervisors aware of whereabouts as needed. Minimizes unplanned leave, whenever possible.						
COMMUNICATION AND INTERPERSONAL SKILLS COMPETENCY						
Skill Area(s)	In-patient	Out-patient	Infant Team	Specialty Rotation	GSoS	Other
Maintains professional and appropriate interactions with treatment team, peers and supervisors.						
Maintains responsibility 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.						
ASSESSMENT COMPETENCY						
Skill Area(s)	In-patient	Out-patient	Infant Team	Specialty Rotation	GSoS	Other
Demonstrates a thorough working knowledge of diagnostic nomenclature and DSM classification. Utilizes historical, interview and psychometric data to diagnose accurately.						

Proficiently chooses and administers commonly used psychological tests.						
Demonstrates competence interpreting commonly used psychological tests.						
Writes a well-organized psychological report. Answers the referral question clearly and provides the referral source with specific recommendations.						
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.						
INTERVENTION COMPETENCY						
Skill Area(s)	In-patient	Out-patient	Infant Team	Specialty Rotation	GSoS	Other
Consistently achieves a good rapport with patients.						
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.						
Formulates a useful case conceptualization that draws on theoretical and research knowledge. Collaborates with patient to form appropriate treatment goals.						
Understands and uses own emotional reactions to the patient productively in the treatment.						
Interventions are well-timed, effective and consistent with empirically supported treatments.						
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.						
SUPERVISION COMPETENCY						
Skill Area(s)	In-patient	Out-patient	Infant Team	Specialty Rotation	GSoS	Other
In role-plays, employs supervision skills in a consistent and effective manner.						
Demonstrates good knowledge of various models of supervision and techniques.						
CONSULTATION AND INTERPROFESSIONAL SKILLS COMPETENCY						
Skill Area(s)	In-patient	Out-patient	Infant Team	Specialty Rotation	GSoS	Other
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.						
Seeks consultation or supervision as needed and uses it productively.						

COMMENTS REGARDING INTERN'S STRENGTHS:

COMMENTS REGARDING CHALLENGES AT THIS POINT IN THE YEAR:

COMMENTS REGARDING GOALS AND AREAS FOR GROWTH:

INTERN'S COMMENTS REGARDING FEEDBACK:

Training Director's Signature/Date

Intern's Signature/Date

Supervisors Evaluation of Interns Profession Wide Competencies

Intern's Name: _____

Supervisors' Names: _____

Settings: _____

Evaluation Period: ☐ Mid-Year ☐ End of Year

Assessment methods utilized to evaluate competency:

☐ Direct observation (Assessed by: _____)

☐ Videotape (Assessed by: _____)

_____ Total number of assessment reports completed to date

_____ Total number of therapy cases currently active

Competency Rating Descriptions:

- 5 Advanced skills** comparable to entry level practice at the licensure level. *Practice level: Post-doctoral*
- 4 High intermediate skills** capable of practicing independently with only occasional support or consultation as needed on complex cases. *Practice level: Advanced intern*
- 3 Intermediate skills** which require routine supervision of each activity. *Practice level: Intern*
- 2 Entry level skills** which require intensive supervision. *Practice level: Practicum student or early intern*
- 1 Remediation** required and skills are in need of remediation plan to build skills. *Practice level: Early practicum student or below*
- NA Not assessed** for this training experience due to the track or inability to assess skill by supervisor.
-

Ratings are based on how this intern's performance compares to previous interns on the same track. Any ratings at the remediation level should be referred to the Training Director and a remediation plan should be developed to assist the intern with further development in those areas.

During the mid-year evaluation, interns are expected to achieve 80% or more of their ratings at the intermediate skill level or above. In other words, at least 19 of the 24 areas should be rated intermediate or above. If the intern's performance falls below this expectation, then a remediation plan should be considered and discussed.

During the end of year evaluation, interns are expected to achieve 100% of their ratings at the high intermediate skill level or above.

- ☐ The intern has successfully completed the goal for this evaluation period, and we have reviewed this evaluation together.
- ☐ The intern has not successfully completed the goal for this evaluation period. The Training Director has been made aware of the intern's areas of remediation.

1. RESEARCH: SEEKS CURRENT SCIENTIFIC KNOWLEDGE

Seeks current scientific knowledge by displaying necessary self-direction in gathering clinical and research information to practice independently and competently.

- ☐ 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 as well as other resources.
 - ☐ 4 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.
 - ☐ 3 When provided with appropriate resources from supervisor, willingly uses the information provided and uses supervisor's knowledge to enhance own understanding.
 - ☐ 2 Appears to be interested in learning but takes little initiative to expand knowledge independently.
 - ☐ 1 Unwilling to acquire or incorporate new information into practice. Resists suggestions to expand clinical perspective. Procrastinates on readings assigned by supervisor.
 - ☐ N/A
-

2. RESEARCH: DEVELOPS AND IMPLEMENTS RESEARCH PLAN AND/OR SCHOLARLY ACTIVITY

Develops and implements plan for research. Develops and presents scholarly professional writing or presentation in a case conference seminar or conference setting.

- ☐ 5 Develops research plan or scholarly activity alone or in conjunction with a colleague. Is a full and equal participant in the project.
 - ☐ 4 Provides substantive input into plan, writing or presentation. Demonstrates ability to execute project independently and confidently.
 - ☐ 3 Provides helpful suggestions regarding design and implementation of a colleague's plan. Provides significant assistance in the accomplishment of scholarly activity. May be able to independently complete scholarly activity as well.
 - ☐ 2 Provides some assistance to complete a scholarly activity, but needs additional guidance from supervisor.
 - ☐ 1 Does not follow-through with responsibilities in development or implementation of plan.
 - ☐ N/A
-

3. ETHICAL AND LEGAL STANDARDS: KNOWLEDGE OF ETHICS AND LAW

Demonstrates knowledge of ethical principles and state law. Consistently applies these appropriately and seeks consultation as needed.

- ☐ 5 Spontaneously and consistently identifies ethical and legal issues and addresses them proactively. Judgment is reliable about when consultation is needed.
 - ☐ 4 Consistently recognizes ethical and legal issues, appropriately asks for supervisory input.
 - ☐ 3 Generally recognizes situation where ethical and legal issues might be pertinent, is responsive to supervisory input.
 - ☐ 2 Needs supervisor's guidance to gain awareness of potential ethical dilemmas.
 - ☐ 1 Often unaware of important ethical and legal issues.
 - ☐ N/A
-

4. INDIVIDUAL AND CULTURAL DIVERSITY: SENSITIVITY TO PATIENT DIVERSITY

Is sensitive to cultural and individual diversity of patients and committed to providing culturally sensitive services.

- ☐ 5 Discusses individual differences with patients when appropriate. Acknowledges and respects differences that exist between self and patients 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.
- ☐ 4 In supervision, recognizes and openly discusses limits to competence with diverse patient populations

independently.

- ☐ 3 Resolves issues effectively through supervision. Open to feedback regarding limits to competence and increased awareness as to how lack of knowledge affects patients.
 - ☐ 2 Is beginning to learn to recognize own beliefs and process reactions as they relate to the patient populations.
 - ☐ 1 Has been unable or unwilling to surmount own belief system to deal effectively with diverse patients.
 - ☐ N/A
-

5. INDIVIDUAL AND CULTURAL DIVERSITY: AWARENESS OF OWN CULTURAL AND ETHNIC BACKGROUND

Is aware of how own background impacts clinical work and committed to continuing to explore own cultural identity issues and how they relate to clinical practice.

- ☐ 5 Accurately self-monitors own responses to differences and differentiates these from patient responses. Aware of personal impact on patients different from self. Thoughtful about own cultural identity. Reliably seeks supervision when uncertain.
 - ☐ 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.
 - ☐ 3 Uses supervision well to recognize own cultural background and how this impacts psychological work. Comfortable with some differences that exist between self and patients and working well with others. May occasionally deny discomfort with patients to avoid discussing relevant personal and patient identity issues.
 - ☐ 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.
 - ☐ 1 Has little insight into own cultural beliefs even after supervision.
 - ☐ N/A
-

6. PROFESSIONAL VALUES AND ATTITUDES: USES POSITIVE COPING STRATEGIES

Demonstrates positive coping strategies with personal and professional stressors and challenges. Maintains professional functioning and quality patient care.

- ☐ 5 Good awareness of personal and professional problems. Stressors have only mild impact on professional practice. Actively seeks supervision and/or personal therapy to resolve issue.
 - ☐ 4 Good insight into impact stressors have on professional functioning and seeks supervisory input and/or personal therapy to minimize this impact.
 - ☐ 3 Increased awareness into how personal stressors can affect professional functioning. Seeking out effective coping strategies when needed.
 - ☐ 2 Needs significant supervision time to minimize the effect of stressors on professional functioning. Accepts reassurance from supervisor well.
 - ☐ 1 Personal problems can significantly disrupt professional functioning.
 - ☐ N/A
-

7. PROFESSIONAL VALUES AND ATTITUDES: 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.

- ☐ 5 Efficient in accomplishing tasks without prompting, deadlines or reminders. Excellent time management skills regarding appointments, meetings and leave.
- ☐ 4 Typically completes clinical work/patient care within scheduled hours. Generally on time to meetings and appointments. Accomplishes tasks and documentation in a timely manner.
- ☐ 3 Completes work effectively and promptly by using supervision time for guidance.
- ☐ 2 May need deadlines and reminders. May struggle with using time effectively to complete all tasks.
- ☐ 1 Frequently has difficulty with timeliness both in attendance and in completion of tasks. Highly dependent on reminders and deadlines. Tardiness and unaccounted absences are problematic.

☐ N/A

8. COMMUNICATION AND INTERPERSONAL SKILLS: PROFESSIONAL INTERPERSONAL BEHAVIOR

Maintains professional and appropriate interactions with treatment team, peers and supervisors.

- ☐ 5 Smooth, working relationships, handles differences openly, tactfully and effectively.
 - ☐ 4 Actively participates in team meetings. Appropriately seeks input from supervisors to cope with rare interpersonal concerns.
 - ☐ 3 Progressing well on providing input in a team setting. Effectively seeks assistance to cope with interpersonal concerns with colleagues.
 - ☐ 2 Relates well to peers and supervisors but may be reluctant to engage fully in a team model.
 - ☐ 1 May be withdrawn, overly confrontational, insensitive or may have had hostile interactions with colleagues.
 - ☐ N/A
-

9. COMMUNICATION AND INTERPERSONAL SKILLS: PROFESSIONAL RESPONSIBILITY AND DOCUMENTATION

Maintains responsibility 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.

- ☐ 5 Maintains complete records of all patient contacts and pertinent information. Notes are clear and concise. Takes initiative in ensuring that key tasks are accomplished. Records always include crucial information.
 - ☐ 4 Maintains appropriate records but may forget minor details or brief contacts. Recognizes this oversight and retroactively documents appropriately. Records always include crucial information.
 - ☐ 3 Uses supervisory feedback well to improve documentation. Rarely may leave out necessary information and occasionally may include excessive information.
 - ☐ 2 Needs regular feedback about what to document or documentation may be delayed.
 - ☐ 1 Needs considerable direction from supervisor. May leave out crucial information. Documentation may be disorganized, unclear and excessively late.
 - ☐ N/A
-

10. ASSESSMENT: DIAGNOSTIC SKILL

Demonstrates a thorough working knowledge of diagnostic nomenclature and DSM classification. Utilizes historical, interview and psychometric data to diagnose accurately.

- ☐ 5 Demonstrates a thorough knowledge of psychiatric classification, including multi-axial diagnoses and relevant diagnostic criteria to develop an accurate diagnostic formulation autonomously.
 - ☐ 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.
 - ☐ 3 Understands basic diagnostic nomenclature and is able to accurately diagnose many psychiatric problems. Requires supervisory input on most complex diagnostic decision-making.
 - ☐ 2 Familiar with psychiatric diagnoses and DSM but needs guidance to choose an accurate diagnosis consistent with reason for referral.
 - ☐ 1 Has significant deficits in diagnostic conceptualization. Requires intensive supervision to conceptualize case accurately.
 - ☐ N/A
-

11. ASSESSMENT: PSYCHOLOGICAL TEST SELECTION AND ADMINISTRATION

Proficiently chooses and administers commonly used psychological tests.

- ☐ 5 Proficiently administers all tests. Completes all testing efficiently. Autonomously chooses appropriate tests to answer referral question.
 - ☐ 4 Chooses appropriate tests based on referral questions and seeks guidance on administration when needed.
 - ☐ 3 Occasional input needed regarding fine points of test administration. Occasionally needs reassurance that selected tests are appropriate.
 - ☐ 2 Needs continued supervision to learn how to administer novel tests. Needs occasional consultation regarding appropriate tests to administer.
 - ☐ 1 Unsure of which tests are appropriate for referral question. Makes errors during test administration and seems unsure during testing.
 - ☐ N/A
-

12. ASSESSMENT: PSYCHOLOGICAL TEST INTERPRETATION

Demonstrates competence interpreting commonly used psychological tests.

- ☐ 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.
 - ☐ 4 Demonstrates knowledge of scoring methods, reaches appropriate conclusions with some support from supervision.
 - ☐ 3 Completes assessments on typical patients with some supervisory input, occasionally uncertain how to handle difficult patients or unusual findings. Understands basic use of tests, and progressing well on integrating complex data.
 - ☐ 2 Hesitant in making decisions about interpretations and seeks supervisory input in decision making. Difficult time drawing own conclusions on test data.
 - ☐ 1 Significant deficits in understanding of psychological testing, over-reliance on computer interpretation packages for interpretation of findings. Often reaches inaccurate conclusions.
 - ☐ N/A
-

13. ASSESSMENT: ASSESSMENT WRITING SKILLS

Writes a well-organized psychological report. Answers the referral question clearly and provides the referral source with specific 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.
 - ☐ 4 Report covers essential points without serious errors, may need polish in cohesiveness and organization. Readily completes assessments with minimal supervisory input, makes useful and relevant accommodations.
 - ☐ 3 Developing ability to integrate all aspects of data and uses supervisory guidance to make adjustments as needed or to further clarify aspects of test data.
 - ☐ 2 Uses supervision effectively for assistance in determining important parts to highlight. Sections of the report are clear but still needs to improve cohesiveness in writing skills.
 - ☐ 1 Requires intensive supervision to understand how to incorporate various aspects of the results into the report. May make some inaccurate or confusing conclusions. May have some grammatical errors in writing.
 - ☐ N/A
-

14. ASSESSMENT: 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.

- ☐ 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 and caregiver needs.

- ☐ 4 Independently creates effective plan for feedback tailored to the needs of the patient or caregiver. Information is well-received and helpful to explain reason for referral.
 - ☐ 3 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.
 - ☐ 2 Develops plan for feedback session with the supervisor. Continues to benefit from feedback on strengths and areas for improvement.
 - ☐ 1 Supervisor frequently needs to assume leadership in feedback sessions to ensure correct feedback is given or to address difficult patient or caregiver.
 - ☐ N/A
-

15. INTERVENTION: PATIENT RAPPORT

Consistently achieves a good rapport with patients.

- ☐ 5 Establishes quality relationships with almost all patients, reliably identifies potentially challenging patients and seeks supervision.
 - ☐ 4 Generally comfortable and relaxed with patients, handles anxiety-provoking or awkward situations adequately so that they do not undermine therapeutic action.
 - ☐ 3 Actively developing skills with new populations and can gain good working rapport with difficult patients.
 - ☐ 2 Some difficulty establishing consistent good working rapport with patients, but increased awareness in how to change approach to patients in initial appointments.
 - ☐ 1 Has difficulty establishing rapport with patients and is unaware of how to change interactions.
 - ☐ N/A
-

16. INTERVENTION: 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.

- ☐ 5 Assesses and documents all risk situations fully prior to leaving the worksite for the day. Appropriate actions taken to manage patient risk in situations (e.g. helping patients to ER) are initiated immediately, the consultation and confirmation from supervisor is sought. Establishes appropriate short-term crisis plans with patients.
 - ☐ 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.
 - ☐ 3 Recognizes potentially problematic cases, but needs guidance regarding evaluation of patient risk. Can be trusted to seek consultation immediately if needed, while patient is still on site. Needs to refine crisis plans in collaboration with supervisor.
 - ☐ 2 Needs input regarding documentation of risk. Occasionally needs prompting to discuss confidentiality issues with patient. Supervision is needed to cope with safety issues.
 - ☐ 1 Delays or forgets to ask about important safety issues. Does not document risk appropriately but does not let patient leave site without seeking supervision for the crisis. Does not remember to address confidentiality issues, needs frequent prompting. Fear may overwhelm abilities in patient crisis.
 - ☐ N/A
-

17. INTERVENTION: 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.

- ☐ 5 Independently produces good case conceptualization within own preferred theoretical orientation, can also draw some insights into case from other orientations. Consistently sets realistic goals with patients.
- ☐ 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

- ☐ 3 prompting from supervisor, distinguishes realistic and unrealistic goals.
 - ☐ 3 Reaches case conceptualization with supervisory assistance. Requires ongoing supervision to set therapeutic goals aside from those presented by patient.
 - ☐ 2 Aware of emotional issues when they are clearly stated by the patient, needs supervision for development of awareness of underlying issues.
 - ☐ 1 Needs supervisor to identify important areas to focus on in order to conceptualize case and often misses important information to fully understand case. Treatment goals do not always identify clearly with patients presenting problem.
 - ☐ N/A
-

18. INTERVENTION: EFFECTIVE USE OF EMOTIONAL REACTIONS IN THERAPY (COUNTERTRANSFERENCE)

Understands and uses own emotional reactions to the patient productively in the treatment.

- ☐ 5 During session, uses countertransference to formulate hypotheses about patient's current and historical social interaction, 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.
 - ☐ 4 Uses countertransference to formulate hypotheses about the patient during supervision sessions. Can identify own issues that impact therapeutic process. Interventions generally presented in the following session.
 - ☐ 3 Understands concepts of countertransference. Can identify own emotional reactions to patient as countertransference. Welcomes supervisory input and can reframe own emotional response to the session.
 - ☐ 2 Developing awareness of countertransference. Supervisory input is frequently needed to process the information gained.
 - ☐ 1 Unable to see countertransference issues, even with supervisory input.
 - ☐ N/A
-

19. INTERVENTION: THERAPEUTIC INTERVENTIONS

Interventions are well-timed, effective and consistent with empirically supported treatments.

- ☐ 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.
 - ☐ 4 Interventions are generally effective and supported by the patient's goals. Able to gain further insight through supervision.
 - ☐ 3 Most interventions and interpretations facilitate patient acceptance and change. Supervisory assistance needed for timing and delivery of more difficult interventions.
 - ☐ 2 Able to deliver interventions and make interpretations. Continuing to learn new interventions. Needs supervision to plan interventions and clarify interpretations.
 - ☐ 1 Few interventions and interpretations are delivered and timed well. Has difficulty developing his/her own sense of how to intervene helpfully with patients. Needs a great deal of supervision in developing appropriate interventions and interpretations.
 - ☐ N/A
-

20. INTERVENTION: 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.

- ☐ 5 Elicits participation and cooperation from all members, confronts group problems appropriately and independently. 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.
- ☐ 4 Seeks input on group process issues as needed, then works to apply new knowledge and skills. Needs occasional feedback concerned strengths and weaknesses. Generally prepared for group sessions.
- ☐ 3 Welcomes ongoing supervision to identify key issues and initiate group interaction. Actively working on identifying

- own strengths and weaknesses as a group leader.
- ☐ 2 Identifies problematic issues in group process but requires assistance to handle them. May require assistance organizing group materials.
 - ☐ 1 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.
 - ☐ N/A
-

21. SUPERVISION: SUPERVISORY SKILLS

In role-plays, employs supervision skills in a consistent and effective manner.

- ☐ 5 Spontaneously and consistently applies supervision skills. Supervisee verbalizes appreciation of trainee's input.
 - ☐ 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.
 - ☐ 3 Generally recognizes relevant issues, needs guidance regarding supervision skills. Supervisee finds input helpful.
 - ☐ 2 Building confidence in supervisory skills but often appears nervous or hesitant in interactions.
 - ☐ 1 Lacks confidence in supervisory skills and appears unsure of oneself with supervisee. Supervisee does not find all information discussed to be relevant or helpful.
 - ☐ N/A
-

22. SUPERVISION: SUPERVISORY KNOWLEDGE BASE

Demonstrates good knowledge of various models of supervision and techniques.

- ☐ 5 Demonstrates full understanding of various supervision models and techniques. Able to identify various styles of supervision and has gained understanding of what type of supervisor they would like to be in the future.
 - ☐ 4 Demonstrates adequate knowledge of supervision models and techniques. Beginning to identify with certain styles and discover personal preferences for supervisory models.
 - ☐ 3 Actively thinking about how to be an effective supervisor using models and techniques that are available.
 - ☐ 2 Has learned the basic supervision models and skills necessary to be a supervisor. Beginning to think about what it might be like to be in the role of supervisor.
 - ☐ 1 Participated in lectures regarding supervision models and techniques but does not demonstrate good working knowledge of the concepts. Does not have an understanding of the important role a supervisor plays.
 - ☐ N/A
-

23. CONSULTATION AND INTERPROFESSIONAL SKILLS: PROVIDING CONSULTATION

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.

- ☐ 5 Relates well to those seeking input, is able to provide appropriate feedback. Demonstrates respect for other healthcare professionals and understands various roles individuals play on a treatment team.
 - ☐ 4 Develops good working rapport with other healthcare professionals and open to suggestions on ways to improve interactions.
 - ☐ 3 Requires occasional input regarding the manner of delivery or type of feedback given. Needs continued guidance to learn how to effectively deliver and receive feedback.
 - ☐ 2 May need continued input regarding appropriate feedback and knowledge of other healthcare professionals and the roles that they play on a treatment team.
 - ☐ 1 Needs constant guidance by the supervisor in order to engage in consultative relationships. Appears to lack understanding of the importance of having multiple healthcare professionals working on a team.
 - ☐ N/A
-

24. CONSULTATION AND INTERPROFESSIONAL SKILLS: SEEKS CONSULTATION

Seeks consultation or supervision as needed and uses it productively.

- ☐ **5** Actively seeks consultation when treating complex cases and working with unfamiliar symptoms.
 - ☐ **4** Open to feedback, shows awareness of strengths and weaknesses, uses supervision well when uncertain,
 - ☐ **3** Prepared and engaged during supervision and/or consultation. Occasionally over or under-estimates need for supervision or consultation with others.
 - ☐ **2** Generally accepts supervision well, but occasionally defensive. Needs supervisory input for determination of readiness to try new skills.
 - ☐ **1** Needs intensive supervision and guidance, difficulty assessing own strengths and limitations.
 - ☐ **N/A**
-

COMMENTS REGARDING INTERN'S STRENGTHS:

COMMENTS REGARDING CHALLENGES AT THIS POINT IN THE YEAR:

COMMENTS REGARDING GOALS AND AREAS FOR GROWTH:

INTERN'S COMMENTS REGARDING FEEDBACK:

Supervisor's Signature/Date

Intern's Signature/Date