

**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, 2020 to June 30, 2021

<http://www.medschool.lsuhsu.edu/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 should 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 four 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**

Howard J. Osofsky, M.D., Ph.D. is a psychiatrist who has served as Chair of the Department of Psychiatry at LSUHSC over the past three decades. 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. It plays key roles related to decreasing transmission and providing treatment of HIV infection, and prevention of school failure and

incarceration among high-risk youth, to name but a few areas. Our nationally recognized Harris Infant Mental Health Program trains professionals in several states to understand and treat the most vulnerable of our children and their families during the first three years of life and provides specialized training for working with our youngest children in foster care.

After hurricanes Katrina and Gustav as well as the BP Deepwater Horizon Event, 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. Phil Griffin has served as Chief of the Section of Psychology since 2007. The Psychology Section is comprised of a core faculty consisting of ten 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, family systems, psychodynamic, psychoanalytic, multicultural, and narrative 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 20+ 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

**Megan Brokenbough, Ph.D.** (2015, Virginia Consortium Program in Clinical Psychology, Doctor of Philosophy in Clinical Psychology; 2016, Post-Doctoral Fellow, Louisiana State University Health Sciences Center): Dr. Brokenbough is an Assistant Professor of Clinical Psychiatry at LSUHSC and a Licensed Clinical Psychologist in Louisiana and Washington state. She completed both her pre-doctoral internship and post-doctoral fellowship with LSUHSC. Following fellowship, she worked in private practice and for the U.S. Navy in Washington state. She returned to LSUHSC as an Assistant Professor in 2019 and provides services as a bariatric psychologist at University Medical Center New Orleans's (UMCNO) Center for Weight Loss and Bariatric Surgery, two distinct GI clinics, and the Behavioral Sciences Center. Dr. Brokenbough's clinical interests include the interplay of psychological and medical conditions, psychological trauma, and psychodynamic theory and practice. The majority of Dr. Brokenbough's research has involved psychometrics, particularly with the MMPI family of assessments.

**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.

**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 and Dr. Kristin Callahan, is a Child-Parent Psychotherapy trainer, and is the Director of the Infant Team which treats children ages 0-5 years in the foster care system. She is part of a 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. Dr. Dickson specializes in trauma.

**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 is an inpatient staff psychologist and director of psychology at LSU Behavioral Health Center-DePaul Campus, and he 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 an Associate Professor of Clinical Psychiatry at LSUHSC and serves as Training Director of the Psychology Internship Program. She was appointed the Anderson Searle Professor in Psychiatry in 2019 for her academic accomplishments. She specializes in complex trauma, 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 oversees psychology interns at the Algiers Behavioral Health Center. She also 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 serves as a Co-Director for the Human Behavior and Development Course taught to 1<sup>st</sup> year medical students and teaches an Introduction to Psychodynamic Psychotherapy to psychiatry residents. Dr. Moore has served on the Louisiana Psychological Association Executive Council, has been appointed by the Governor to serve on Louisiana State Board of Examiners of Psychologists, is active in various divisions of APA as well as committees in 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 11<sup>th</sup> 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.

**Phillip T. Stepka, Psy.D.** (2009, Clinical Psychology, Argosy University Georgia School of Professional Psychology, 2009 Post-Doctoral Clinical Psychology Fellow, Louisiana State University Health Sciences Center Department of Psychiatry): Dr. Stepka is currently an Assistant Professor of Clinical Psychiatry with the Louisiana State University Health Sciences Center. His interest and specialties include trauma throughout the lifespan, child maltreatment, infant mental health, fetal alcohol effects/syndrome, pervasive developmental disorders, sexual abuse and sexual behavior problems, family therapy, and risk and resiliency factors in military families. Dr. Stepka currently provides evaluative, therapeutic, and consultation services to military children, their families, and educators at the Belle Chasse Naval Air Station/Joint Reserve Base. He also collaborates with Navy Fleet and Family Support Services in implementing resilience-building interventions for children with deployed caregivers and providing multi-disciplinary treatment to military families impacted by abuse, neglect, and domestic violence. In addition, Dr. Stepka also provides diagnostic and therapeutic services to children and adolescents impacted by mental illness and traumatic events. With regards to the psychology internship, Dr. Stepka was a former Infant-Child Track intern with LSUHSC, co-leads the intern clinical case conference, and teaches several intern didactics on pervasive developmental disorders, integrated treatment approaches for personality disorders, and treatment of complex trauma throughout the lifespan.

**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

**Courtney Lewis, Ph.D.**, Child and Adolescent Outpatient Supervisors (2010, Clinical Psychology, University of Florida). Currently in private practice in New Orleans, LA.

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

**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.

## **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. In response to the changes brought about by managed care, we have been increasing our training emphasis on focused assessment, consultation, and importantly, the empirically-supported forms of clinical intervention. 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 electives 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. The majority of our core faculty are involved in research. 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.

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.

The psychology intern may (if approved) have elective time in which to gain additional training in a "subspecialty" area such as work with infants, trauma, school aged populations, or neuropsychology with HIV infected individuals.

#### **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 multidisciplinary didactic/case conference program at the clinic provides educational opportunities. 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 will 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. Interns work with the Infant Team for the entire year (20 hours per week). The Infant Team is comprised of cases referred from Orleans Parish and St. Tammany Parish court systems who are families currently under investigation for abuse or neglect charges. Interns will also receive young child referrals 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 will be able to be rostered nationally as a Child-Parent Psychotherapy provider. In addition to their young child experiences, Infant/Child interns will carry a caseload of child and adolescent outpatient psychotherapy cases at the Behavioral Sciences Center. To complete their experience with school-aged children, Infant/Child interns will be placed in a school setting for ½ day a week to conduct assessments and therapy as well as to complete observations and interviews with students and teachers.

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. Lastly, Infant/Child interns may elect to supplement their training with an elective of their choice.

## **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. Programming 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. Phillip Griffin and Lindsey Poe who are both 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, Child/Adult 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, Dialectical Behavior Therapy, 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. Michelle Moore, interns receive direct supervision and attend weekly multidisciplinary didactic seminars that focus on various topics and case presentation/conceptualization. Interns also present twice per year during the didactic seminar on topics of their choice to a multidisciplinary team and participate in group supervision with psychiatry fellows.

### **Behavioral Sciences Center (BSC) Outpatient Psychotherapy and Assessment Clinic**

The Behavioral Sciences Center is located on the 7th floor of the LSU Healthcare Network 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 based on the needs of the intern and the cases available. In general, cases associated with Infant Team and the Harris Infant Mental Health Program will be seen at the BSC for services.

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, 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. Interns participate in a two hour 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. There are three other components to the infant/child psychology internship:

- 1) The psychology intern will conduct outpatient therapy with referred infants and toddlers and their caregivers;
- 2) The psychology intern will conduct infant observations with a normally developing, low risk infant twice a month and keep a journal of their observations;
- 3) The psychology intern will participate in weekly multi-disciplinary group supervision

By the end of the training year, interns will be able to be rostered nationally as a Child-Parent Psychotherapy provider. Cases are either seen at the Behavioral Sciences Center or Algiers Behavioral Health Center depending upon the intern's track. The Harris Infant Program Faculty includes:

Joy D. Osofsky, Ph.D., Director  
Kristin Callahan, Ph.D., Co-Director

Amy Dickson, Psy.D., Co-Director

Amy Alvarez, LCSW  
Carrie Cassimere, MSW  
Richard Costa, Psy.D.  
Martin Drell, M.D.  
Erin Dugan, Ph.D.  
Amy Henke, Ph.D.  
Stacie LeBlanc, J.D., M.Ed.  
Marva Lewis, Ph.D.  
Michelle Moore, Psy.D.  
Kathy Robison, Ph.D.

Adrienne Brennan, Ph.D.  
Sharon Crane, LOTR, BCP  
Patrick Drennan, M.D.  
Sharon Gancarz-Davies, LCSW  
Barbara LeBlanc, LCSW  
Courtney Lewis, Ph.D.  
Michele Many, LCSW  
Christy Mumphrey, M.D.  
Phillip Stepka, Psy.D

### **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, to outpatient psychotherapy supervision sessions with members of the clinical faculty who are located at various offices in the community, for some selected elective experiences and for some Infant Team work in St. Tammany Parish. Locations in the New Orleans area generally take between fifteen and thirty minutes to access by car one-way. Infant/Child interns who are assigned to work on Infant Team cases in St. Tammany Parish will commute approximately 45 minutes one-way once a week. The Training Director aims to create schedules for the interns which limit moving multiple times between locations when at all possible.

## REQUIRED DIDACTIC SEMINARS AND GROUP SUPERVISION

### **Harris Infant Mental Health Seminar and Supervision**

*Tuesdays 12:30-3:30 (1542 Tulane Avenue, 2<sup>nd</sup> Floor)*

*Infant/Child and Child/Adult Track 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. The didactic seminar occurs on Tuesdays from 12:30-2:00 each week. 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.

### **Internship Meeting with Training Director Dr. Michelle Moore**

*Tuesdays from 3:45 – 4:15 (1542 Tulane Ave., 2<sup>nd</sup> 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.

### **Group Supervision of Supervision with Dr. Erika Rajo**

*Tuesdays from 4:15-5:15 (1542 Tulane Ave., 2<sup>nd</sup> 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.

### **Assessment Group Supervision with Drs. Phillip Griffin, Kristin Callahan and Lindsey Poe**

*Wednesdays from 12:30 - 2:20pm (1542 Tulane Ave., 2<sup>nd</sup> 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.

### **Psychotherapy Group Supervision with Drs. Michelle Moore and Erika Rajo**

*Wednesdays from 2:30pm – 3:30 pm (1542 Tulane Ave., 2<sup>nd</sup> 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.

### **Didactics in Clinical Psychology/ Ethics and Various Issues**

*Wednesdays from 3:45 – 5:00 pm (1542 Tulane Ave., 2<sup>nd</sup> Floor)*

This weekly didactic/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.

### **OTHER EDUCATIONAL OPPORTUNITIES**

- 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.
- 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.
- Psychology interns have an open invitation to attend monthly lectures offered by the New Orleans-Birmingham Psychoanalytic Center, 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. There is also a local group of psychologists who meet monthly called Crescent City Area Psychological Society, which interns are welcome to attend as well.

- The psychology interns are invited to attend any of the psychiatry residents' classes which include supportive psychotherapy, psychodynamic psychotherapy, group psychotherapy, and cognitive-behavioral psychotherapy. The Residency Training Coordinator can give you a copy of their schedule if you are interested in attending.
- New Orleans is a popular city for continuing education programs and conventions. In the last several years the American Psychological Association, the American Academy of Behavior Therapy, the Society for Research in Child Development, the Society for Personality Assessment, the International Neuropsychological Society, the American Academy of Child and Adolescent Psychiatry, National Child Traumatic Stress Network, and ISTSS.
- Each Fall, the Louisiana Psychological Association holds a workshop for psychologists as well as hosting an annual conference in the summer. Psychology interns are usually charged a reduced fee or are admitted gratis to these workshops and programs.
- 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.

### **ELECTIVE EXPERIENCES**

#### **University Hospital Inpatient Trauma Psychology** *(Supervisor: Dr. Erika Rajo)*

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, LSUHSC faculty psychologist, Kara Levine, LCSW, 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. Erika Rajo, 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/>.

**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.

**HIV Outpatient Program (HOP) Clinic** *(Supervisor: Dr. Phil Griffin)*

HIV Outpatient Program (HOP) Clinic rotation involves individual and group psychotherapy and psychological and neuropsychological evaluations with a wide array of patients who are HIV positive. In addition to typical outpatient presentations we address addiction and chronic pain issues. This rotation is supervised by Dr. Phil Griffin and is located within University Medical Center in New Orleans.

**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 elective.

**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.

**\* Note: Additional elective 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 elective experience.**

**APPLICATION PROCEDURES**

We are currently using the APPIC uniform application for Psychology Internship. As per APPIC's instructions, applicants are to download the most current application from APPIC's Web site: <http://www.appic.org/match>.

Interested applicants need to submit the completed application form together with the following supporting materials: all graduate transcripts, three letters of reference (via the reference portal), and verification of readiness from the Director of Clinical Training (DCT portal) at the applicant's school which certifies readiness for internship training. Additional information requested includes: Include a cover letter that states which track you are applying for (i.e., **Child/Adult track, Infant/Child track, or Adult track**), curriculum vita, de-identified therapy closing summary (please limit to 3 pages), and de-identified sample psychological assessment. All applications must be received no later than **November 1<sup>st</sup>**. For additional questions regarding the aforementioned application materials please feel free to contact our Administrative Assistant, Ms. Susan Gould:

**sgould@lsuhsc.edu**

Physical Address or to contact Dr. Moore and/or Ms. Gould directly:  
Louisiana State University Health Sciences Center, School of Medicine  
Department of Psychiatry, Section of Psychology  
1542 Tulane Avenue, 2nd Floor New Orleans, LA 70112  
c/o Michelle B. Moore, Psy.D.

We welcome telephone calls or e-mails to the Training Director, Administrative Assistant and/or other psychology faculty in order to clarify issues related to the program or the application procedure (504) 903-9213. Applicants are encouraged to interview at LSU Health Sciences Center when invited to have

the opportunity to meet the current interns as well as have a tour of the campus. However, the faculty are aware that interviews can be a costly venture for a graduate student. Therefore, we are open to conducting interviews via Skype, Zoom or other web-interface programs as well as phone calls to help reduce the burden in-person interviews might place on an applicant if an invited applicant is unable to travel to New Orleans.

## **SELECTION PROCEDURES**

### **Internship Admissions, Support and Initial Placement Data**

***Date Program Tables were updated: July 2019***

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 the Training Director 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 from 1 to 5 in terms of goodness of fit (5 being an ideal fit). The top ranked applicants will be contacted to schedule a face to face interview; however, the faculty do not want to exclude any potential applicant due to financial limitations, so interviews via Skype, Zoom, other web-interface programs, or phone are also available if needed.

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 get to know the current interns over lunch during an informal question and answer session. The applicants will also be taken on a tour of the campus at LSUHSC. The Clinical Psychology Internship Committee meets following the interview process to determine the rank order list of applicants.

**Note:** LSUHSC-NO will participate in APPIC's computerized matching process. If you have any questions regarding the matching process, please refer to APPIC's match policy.

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, they should 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 or 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.

**Internship Admissions, Support and Initial Placement Data**

**Date Program Tables were updated: July 2019**

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	Yes	250
Total Direct Contact Assessment Hours	Yes	100

Describe any other required minimum criteria used to screen applicants:

	Minimum	Preferred
Total Integrated Psychological Reports	5	10+
Total Individual Supervision Hours	150	250+

**Financial and Other Benefit Support for Upcoming Training Year**

Annual Stipend/Salary for Full-time Interns	\$28,000
Annual Stipend/Salary for Part-time Interns	NA
<hr/>	
Program provides access to medical insurance for interns?	Yes
If access to medical insurance is provided	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of annual paid personal time off (PTO and/or vacation)?	80 hours
Hours of annual paid sick leave?	40 hours
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	No

### Other Benefits

Trainee financial contribution to medical insurance cost?	\$61 - \$611.10
Hours/days of paid educational leave (i.e. graduation, dissertation defense)?	40 hours

### Initial Post-Internship Positions (2016-2019)

Total # of interns who were in the 3 cohorts	18
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0

	PD	EP
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans affairs medical center	0	0
Military health center	0	0
Academic health center	6	4
Other medical center or hospital	0	1
Psychiatric hospital	0	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	5	3
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

**Note: "PD" = Post-doctoral residency position; "EP" = Employed Position.**

### Maintenance of Records

The program permanently maintains accurate records of the interns' training experiences, evaluations and certificates of internship completion for evidence of the interns' progress through the program and for future reference and credentialing purposes.

The program also keeps information and records of all formal complaints and grievances of which it is aware that have been submitted or filed against the program and/or against individuals associated with the program since its last accreditation site visit.

**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. 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 insure that interns understand the program's expectations about areas, as well as levels, of performance. Further, because interns receive ongoing feedback from the Training Director (TD), the training staff (including individual supervisors), 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 their general performance on a given primary rotation, on their therapy skills, and on their psychodiagnostic evaluation/consultation skills. Additional evaluations are completed by all other

supervisors. The training faculty completes the comprehensive competency-based evaluation form as a group at the 2<sup>nd</sup> and 4<sup>th</sup> quarters in order to gain a well-rounded and thorough assessment of the intern's progress to date. The intern's primary supervisor also completes a brief online quarterly evaluation noting the intern's strengths and weaknesses. This is reviewed with the intern on a quarterly basis and the results are sent to the Training Director for review. 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.

Thus, the TD receives information from all supervisors and those of others who have had significant contact with the intern, in addition to her own impressions. 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 his/her 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 his/her 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 work, 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 an addendum detailing their point of view, which is then attached to the evaluation form and goes in their permanent record. 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 competency areas. 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.

Interns are not graded or formally evaluated for their participation in the required didactics. However, interns are expected to attend them and to participate meaningfully, as didactics are designed to help integrate ethical guidelines, clinical research, and contemporary theory with clinical practice. The instructor of a given course will address nonattendance or other problems.

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/>

### **PSYCHOLOGY INTERN'S EVALUATION OF SUPERVISOR AND DIDACTICS**

These evaluations help us to maintain the quality of our program by taking into account psychology interns' experiences and preferences as we continue to develop the training at LSUHSC-NO. You will rate your supervisors and rotations quarterly (every three months). Interns complete all didactic ratings following each speaker (you are responsible for turning these into Susan Gould on the day of the presentation). These ratings are put into an anonymous composite file by the Training Director and will then be presented to the supervisor with suggestions for improvement. Please turn in your completed evaluation forms to Susan Gould. Evaluations of Dr. Moore will be collected by Dr. Phil Griffin.

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. A supervisors' meeting will be scheduled at the end of each quarter to discuss each intern's progress over the past quarter. Dr. Moore will follow-up and schedule individual meetings with each intern to privately discuss progress as reviewed in recent supervisors' meeting; this also provides interns an opportunity to discuss potential issues/problems/concerns related to supervision as well as ways to handle these issues.

Evaluation Period	Due Dates for Quarterly Evaluation Forms (no later than)
July 1 – September 30	October 10 <sup>th</sup>
October 1 – December 31	January 10 <sup>th</sup>
January 1 – March 31	April 10 <sup>th</sup>
April 1 – June 30	June 30 <sup>th</sup>

## Evaluation of Didactic Sessions

PSYCHOLOGY INTERN:  
TOPIC(S):

LECTURER:  
EVALUATION PERIOD:

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 in the weaknesses section.

CONFERENCES/ DIDACTIC:	UNSATISFACTORY		SATISFACTORY		EXCELLENT	NOT OBSERVED	NOT APPLICABLE
RELEVANCE TO PATIENT CARE	1	2	3	4	5	NO	NA
ORGANIZATION	1	2	3	4	5	NO	NA
PERTINENCE OF REQUIRED READINGS	1	2	3	4	5	NO	NA
AMOUNT OF REQUIRED READINGS	1	2	3	4	5	NO	NA
NUMBER OF SESSIONS	1	2	3	4	5	NO	NA
HANDOUTS/VISUAL AIDS	1	2	3	4	5	NO	NA
<b>INSTRUCTOR:</b>							
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

<b>STRENGTHS:</b>          	<b>WEAKNESSES:</b>          
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**LSUHSC PSYCHOLOGY INTERNSHIP PROGRAM  
PSYCHOLOGY INTERN'S EVALUATION OF SUPERVISOR**

**SUPERVISOR:**

**EVALUATION PERIOD:** 1<sup>st</sup> Q / 2<sup>nd</sup> Q / 3<sup>rd</sup> Q / 4<sup>th</sup> Q

Each supervisor is to be evaluated every 3 months. Please return this form completed to the Training Director of the Psychology Internship. Please explain all ratings that are less than satisfactory on the back of this page or in the weaknesses section.

1. Therapy (circle one): individual Adult, Individual Child/Adolescent, Parent, Family, Infant, Testing, Couples, Group, Other (please specify)
2. Inpatient Rotation
3. Outpatient
4. Assessment
5. Director of Training (end of year only)

<b>Professionalism:</b>	UNSATISFACTORY		SATISFACTORY		EXCELLENT	NOT OBSERVED	NOT APPLICABLE
Demeanor	1	2	3	4	5	NO	NA
Availability	1	2	3	4	5	NO	NA
Consistently keeps appointments	1	2	3	4	5	NO	NA
Respect for patients	1	2	3	4	5	NO	NA
Respect for cultural differences	1	2	3	4	5	NO	NA

<b>Knowledge and Skills:</b>	UNSATISFACTORY		SATISFACTORY		EXCELLENT	NOT OBSERVED	NOT APPLICABLE
Diagnostic ability	1	2	3	4	5	NO	NA
Knowledge of literature	1	2	3	4	5	NO	NA
Suggests relevant literature	1	2	3	4	5	NO	NA
Displays cultural awareness and sensitivity	1	2	3	4	5	NO	NA
Teaches techniques	1	2	3	4	5	NO	NA
Teaches theory	1	2	3	4	5	NO	NA
Teaches how to "think through" the case	1	2	3	4	5	NO	NA
Directs attention to areas not previously considered	1	2	3	4	5	NO	NA
Provided a therapeutic model	1	2	3	4	5	NO	NA
Stimulates development of a thorough case conceptualization	1	2	3	4	5	NO	NA
Discusses personal reactions in therapy	1	2	3	4	5	NO	NA

Supervisory Relationship:	UNSATISFACTORY		SATISFACTORY		EXCELLENT	NOT OBSERVED	NOT APPLICABLE
	1	2	3	4	5	NO	NA
Encourages openness	1	2	3	4	5	NO	NA
Encourages autonomy	1	2	3	4	5	NO	NA
Sensitive to the level and needs of the psychology intern	1	2	3	4	5	NO	NA
Gives constructive feedback	1	2	3	4	5	NO	NA
Identifies weaknesses	1	2	3	4	5	NO	NA
Encourages functioning at the limits of ability	1	2	3	4	5	NO	NA
Makes comments that are unambiguous	1	2	3	4	5	NO	NA
Open to disagreement	1	2	3	4	5	NO	NA
Addresses cultural differences appropriately	1	2	3	4	5	NO	NA
Fosters a safe environment	1	2	3	4	5	NO	NA

<b>STRENGTHS:</b>	<b>WEAKNESSES:</b>
<b>WHAT WOULD YOU HAVE LIKED TO HAVE GOTTEN FROM THE SUPERVISION THAT YOU DID NOT? PLEASE EXPLAIN.</b>	<b>WOULD YOU RECOMMEND THIS SUPERVISOR TO YOUR PEERS?</b>  Y                      N                      PLEASE EXPLAIN.

**ADDITIONAL COMMENTS:**

\_\_\_\_\_ Date Completed

### **Brief On-Line Quarterly Evaluations of Intern's Progress**

This brief evaluation should be completed when the supervisor provides verbal feedback to the intern in the last week of each quarter. When completing the form, please consider how the intern is progressing towards competency in the following areas: Research, Ethical and Legal Standards, Individual and Cultural Diversity, Professional Values and Interpersonal Skills, Assessment, Intervention, Supervision, Consultation and Interprofessional Skills.

1. What do you identify the intern's strengths to be at this point in training?
2. What challenges are you currently aware of in the intern's training that need to be addressed?
3. What goals have you and the intern identified in relation to competency areas for the upcoming quarter?
4. I have reviewed this information through verbal feedback with the intern.

Yes, I reviewed this information with the intern.

No, I did not review this information with the intern.

**LSUHSC Psychology Internship Program  
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: \_\_\_\_\_)

Reviewed written work (Assessed by: \_\_\_\_\_)

Reviewed raw test data (Assessed by: \_\_\_\_\_)

\_\_\_\_\_ Total number of assessment reports completed to date

\_\_\_\_\_ Total number of brief assessment reports completed to date

\_\_\_\_\_ Total number of therapy cases currently active

\_\_\_\_\_ Total number of brief therapy cases currently active

**Competency Rating Descriptions:**

**5 Advanced skills** comparable to autonomous practice at the licensure level. *Practice level: independently licensed*

**4 High intermediate skills** with occasional supervision needed. Competency attained in all but a few cases.

*Practice level: Advanced intern or Post-doctoral fellow*

**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 applicable** for this training experience or not assessed during experience.

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**\*\*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.\*\***

*Goals to achieve competency at the internship level:*

**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 intermediate skill level or above.

**1. RESEARCH COMPETENCY: 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. **Please describe:** [Click or tap here to enter text.](#)
- N/A

**2. RESEARCH COMPETENCY: 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. **Please describe:** [Click or tap here to enter text.](#)
- N/A

**RESEARCH COMPETENCY GOALS**

**COMPETENCY GOAL MET/NOT MET FOR THIS QUARTER (DESCRIBE):**

[Click or tap here to enter text.](#)

**COMPETENCY GOAL FOR NEXT QUARTER, INCLUDING ACTIONS STEPS (DESCRIBE):**

[Click or tap here to enter text.](#)

**3. ETHICAL AND LEGAL STANDARDS COMPETENCY: 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. **Please describe:** Click or tap here to enter text.
- N/A

**ETHICAL AND LEGAL STANDARDS COMPETENCY GOALS**

**COMPETENCY GOAL MET/NOT MET FOR THIS QUARTER (DESCRIBE):**

Click or tap here to enter text.

**COMPETENCY GOAL FOR NEXT QUARTER, INCLUDING ACTIONS STEPS (DESCRIBE):**

Click or tap here to enter text.

**4. INDIVIDUAL AND CULTURAL DIVERSITY COMPETENCY: 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. **Please describe:** Click or tap here to enter text.
- N/A

**5. INDIVIDUAL AND CULTURAL DIVERSITY COMPETENCY: 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. **Please describe:** Click or tap here to enter text.
- N/A

**INDIVIDUAL AND CULTURAL DIVERSITY COMPETENCY GOALS**

**COMPETENCY GOAL MET/NOT MET FOR THIS QUARTER (DESCRIBE):**

Click or tap here to enter text.

**COMPETENCY GOAL FOR NEXT QUARTER, INCLUDING ACTIONS STEPS (DESCRIBE):**

Click or tap here to enter text.

**6. PROFESSIONAL VALUES AND INTERPERSONAL SKILLS COMPETENCY: 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.  
**Please describe:** Click or tap here to enter text.
- N/A

**7. PROFESSIONAL VALUES AND INTERPERSONAL SKILLS COMPETENCY: 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. **Please describe:** Click or tap here to enter text.
- N/A

**8. PROFESSIONAL VALUES AND INTERPERSONAL SKILLS COMPETENCY: 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. **Please describe:** Click or tap here to enter text.
  - N/A
- 

**9. PROFESSIONAL VALUES AND INTERPERSONAL SKILLS COMPETENCY: 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. **Please describe:** Click or tap here to enter text.
  - N/A
- 

<b>PROFESSIONAL VALUES AND INTERPERSONAL SKILLS COMPETENCY GOALS</b>
--

<b>COMPETENCY GOAL MET/NOT MET FOR THIS QUARTER (DESCRIBE):</b>
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Click or tap here to enter text.

<b>COMPETENCY GOAL FOR NEXT QUARTER, INCLUDING ACTIONS STEPS (DESCRIBE):</b>
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Click or tap here to enter text.

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**10. ASSESSMENT COMPETENCY: 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. **Please describe:** Click or tap here to enter text.
  - N/A
-

### 11. ASSESSMENT COMPETENCY: 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. **Please describe:** [Click or tap here to enter text.](#)
  - N/A
- 

### 12. ASSESSMENT COMPETENCY: 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 proper 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. **Please describe:** [Click or tap here to enter text.](#)
  - N/A
- 

### 13. ASSESSMENT COMPETENCY: 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.. **Please describe:** [Click or tap here to enter text.](#)

N/A

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#### 14. ASSESSMENT COMPETENCY: 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. **Please describe:** Click or tap here to enter text.
  - N/A
- 

ASSESSMENT COMPETENCY GOALS
<b>COMPETENCY GOAL MET/NOT MET FOR THIS QUARTER (DESCRIBE):</b> Click or tap here to enter text.
<b>COMPETENCY GOAL FOR NEXT QUARTER, INCLUDING ACTIONS STEPS (DESCRIBE):</b> Click or tap here to enter text.

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#### 15. INTERVENTION COMPETENCY: 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. **Please describe:** Click or tap here to enter text.
  - N/A
- 

#### 16. INTERVENTION COMPETENCY: 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. **Please describe:** Click or tap here to enter text.
  - N/A
- 

#### 17. INTERVENTION COMPETENCY: 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 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. **Please describe:** Click or tap here to enter text.
  - N/A
- 

#### 18. INTERVENTION COMPETENCY: 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. **Please describe:** Click or tap here to enter text.
  - N/A
- 

**19. INTERVENTION COMPETENCY: 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. **Please describe:** Click or tap here to enter text.
  - N/A
- 

**20. INTERVENTION COMPETENCY: 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. **Please describe:** Click or tap here to enter text.
  - N/A
- 

INTERVENTION COMPETENCY GOALS
<b>COMPETENCY GOAL MET/NOT MET FOR THIS QUARTER (DESCRIBE):</b> Click or tap here to enter text.
<b>COMPETENCY GOAL FOR NEXT QUARTER, INCLUDING ACTIONS STEPS (DESCRIBE):</b> Click or tap here to enter text.

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**21. SUPERVISION COMPETENCY: 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.. **Please describe:** [Click or tap here to enter text.](#)
- N/A

**22. SUPERVISION COMPETENCY: 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. **Please describe:** [Click or tap here to enter text.](#)
- N/A

SUPERVISION COMPETENCY GOALS
<b>COMPETENCY GOAL MET/NOT MET FOR THIS QUARTER (DESCRIBE):</b> <a href="#">Click or tap here to enter text.</a>
<b>COMPETENCY GOAL FOR NEXT QUARTER, INCLUDING ACTIONS STEPS (DESCRIBE):</b> <a href="#">Click or tap here to enter text.</a>

**23. CONSULTATION AND INTERPROFESSIONAL SKILLS COMPETENCY: 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. **Please describe:** [Click or tap here to enter text.](#)
- N/A

**24. CONSULTATION AND INTERPROFESSIONAL SKILLS COMPETENCY: 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. **Please describe:** [Click or tap here to enter text.](#)
- N/A

CONSULTATION AND INTERPROFESSIONAL SKILLS COMPETENCY GOALS
<b>COMPETENCY GOAL MET/NOT MET FOR THIS QUARTER (DESCRIBE):</b> <a href="#">Click or tap here to enter text.</a>
<b>COMPETENCY GOAL FOR NEXT QUARTER, INCLUDING ACTIONS STEPS (DESCRIBE):</b> <a href="#">Click or tap here to enter text.</a>

**ADDITIONAL NOTES/COMMENTS:** [Click or tap here to enter text.](#)

- 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, and a remediation plan has been developed. The intern has provided input into the remediation plan and understands the expectations for completion.

\_\_\_\_\_  
Training Director’s Signature/Date

\_\_\_\_\_  
Intern’s Signature/Date

## DUE PROCESS GUIDELINES

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,
- stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals,
- articulating the various procedures and actions involved in making decisions regarding problems,
- communicating with graduate programs about any suspected difficulties with interns, 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 a trainee's behaviors, attitudes, or characteristics that, while of concern and which may require remediation, are perceived not to be excessive for professionals in training. An intern is typically "impaired" 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.
4. A disproportionate amount of attention by training personnel is required in terms of level of training,
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.

#### Initial Procedures for Responding to Inadequate Performance by an Intern (i.e.: Intern Problem)

If an intern fails to meet the "goals to achieve competency" as outlined on page one of the quarterly evaluation form from any of the evaluation sources, the following procedures will be initiated:

- A. The intern's supervisor(s) will meet with the training director (TD) either in person or by telephone to discuss the rating and determine what action needs to be taken to address the issues reflected by the rating.
- B. The intern will be notified, in writing, that such a review is occurring and will have the opportunity to provide a statement related to his/her response to the rating.
- C. In discussing the rating and the intern's response (if available), the TD and the intern's supervisor(s) may adopt any one or more of the following methods or may take any other appropriate action. They may issue a:
  - 1) "Take no further action."
  - 2) "Acknowledge Notice" which formally acknowledges a) that the faculty is aware of and concerned with the rating, b) that the rating has been brought to the attention of the intern, and c) that the faculty will work with the intern to specify the steps necessary to rectify the problem or skill deficits addressed by the rating (no official remediation plan developed)
  - 3) "Probation" which defines a relationship such that the faculty, through the supervisors and TD, actively and systematically monitors, for a specific length of time, the degree to which the intern addresses, changes and/or otherwise improves the behavior associated with the rating. The probation is a written statement to the intern and includes:
    - a) the actual behaviors associated with the inadequate rating,
    - b) the specific recommendations for rectifying the problem,,
    - c) the time frame for the probation during which the problem is expected to be ameliorated, and
    - d) the procedures designed to ascertain whether the problem has been appropriately rectified
- D. The TD will then meet with the intern to review the action taken. If "Probation," the intern may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are presented later in this document. No challenge is available if the intern receives an acknowledgement notice.

- E. If either the Acknowledgment Notice or the Probation Action occurs, the TD will inform the intern's sponsoring university, indicating the nature of the inadequate rating, the rationale for the action, and the action taken by the faculty. The intern shall receive a copy of the letter to the sponsoring university.
- F. Once the Acknowledgment Notice or Probation is issued by the TD, it is expected that the status of the rating will be reviewed no later than the next formal evaluation period or, in the case of probation, no later than the time limits identified in the probation statement. If the rating has been rectified to the satisfaction of the faculty, then the intern, sponsoring university and other appropriate individuals will be informed, and no further action will be taken. If the rating has not been rectified to the satisfaction of the faculty, please refer to "continuation of inadequate rating" under grievance procedures.

#### Situations in which Grievance Procedures are Initiated

There are three situations in which grievance procedures can be initiated:

- A. when the intern challenges the action taken by the faculty (Intern Challenge),
- B. when the faculty is not satisfied with the intern's action in response to the action (Continuation of the Inadequate Rating), or
- C. when a member of the faculty initiates action against an intern (Intern Violation).

Each of these situations, and the course of action accompanying them, is described below.

- A. Intern Challenge. If the intern challenges the probation action taken by the faculty as described in 3 above, s/he must, within 5 business days of receipt of the decision, inform the TD, in writing, of such a challenge.

#### ***The following are the procedures for a Review Panel including a hearing.***

- 1) The TD will then convene a Review Panel consisting of one faculty member selected by the TD and the Chief Psychologist and two faculty members selected by the intern. The intern retains the right to hear all facts with the opportunity to dispute or explain his or her behavior.
- 2) Within ten business days of receipt of the challenge, a review hearing will be conducted, chaired by the TD, in which the challenge is heard and the evidence presented. Decisions made by the Review Panel will be made by majority vote. Within 10 business days of the completion of the review hearing, the Review Panel submits a written report to the intern with their recommendations.
- 3) The intern is informed of the recommendations and decisions and can either accept or reject the recommendations.
- 4) If the intern rejects the recommendations, the review panel's report will be submitted to the Department Head.

- 5) Within 10 business days of receipt of the recommendations, the Department Head will either accept the Review Panel's action, reject the Review Panel's action and provide an alternative, or refer the matter back to the Review Panel for further deliberation. The Panel then reports back to the Department Head within 10 business days of the receipt of the Department Head's request for further deliberation. The Department Head then makes a decision (within 10 business days) regarding what action is to be taken and that decision is final.
- 6) Once a decision has been made, the intern, sponsoring university and other appropriate individuals are informed in writing of the action taken.

- B. Continuation of Inadequate Rating. If the intern's supervisor(s) and the TD determine that sufficient improvement in the intern's behavior to remove the inadequate rating under the conditions stipulated in the probation has not been made, then the TD will communicate, in writing, to the intern that the conditions for revoking the probation have not been met. The TD and the intern's supervisor(s) may then adopt any one of the following methods or take any other appropriate action. It may issue a:
- a) continuation of the probation for a specific time period,
  - b) 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,
  - c) communication which informs the intern that the TD and the intern's supervisor(s) are recommending to the Department Head that the intern, will not, if the behavior does not change, successfully complete the internship, and/or
  - d) communication which informs the intern that the TD and the intern's supervisor(s) are recommending to the Department Head that the intern be terminated immediately from the internship program.
  - e) Within 5 working days of receipt of this determination, the intern may respond to the action by a) accepting the action or b) challenging the action.
  - f) By challenging the action, the intern must provide the TD with information as to why the intern believes the action is unwarranted within five business days. A lack of challenge by the intern will be interpreted as complying with the sanction.
  - g) Should the intern challenge the action, a review panel will be formed and a hearing will be held. *Please refer to the previous section for the Review Panel procedures.*

- C. Intern Violation. Any faculty member may file, in writing, a grievance against an intern for any of the following reasons: a) unethical or legal violation of professional standards or laws, b) professional incompetence, or c) infringement on the rights, privileges or responsibilities of others.
- 1) The TD will review the grievance with the Chief of the Section of Psychology and one other faculty member and will determine if there is reason to proceed and/or if the behavior in question is in the process of being rectified.
  - 2) If the TD and other two faculty members determine that the alleged behavior in the complaint, if proven, would not constitute a serious violation, the TD shall inform the faculty member who may be allowed to renew the complaint if additional information is provided.
  - 3) When a decision has been made by the TD and the other two faculty members that there is probable cause for deliberation by the Review Panel, the TD shall notify the faculty member and request permission to inform the intern. The faculty member shall have five business days to respond to the request and shall be informed that failure to grant permission may preclude further action. If no response is received within 5 business days or permission to inform the intern is denied, the TD and the two members shall decide whether to proceed with the matter.
  - 4) If the intern is informed, a Review Panel is convened and a hearing is held. *Please refer to the section related to review panels and hearings for additional details.*

#### Situations Where Interns Raise a Formal Complaint or Grievance about a Supervisor, Staff Member, Trainee, or Program

There may be situations in which the intern has a complaint or grievance against a supervisor, staff member, other trainee, or the program itself and wishes to file a formal grievance. The intern should:

- A) Raise the issue with the supervisor, staff member, other trainee, or TD in an effort to resolve the problem.
- B) If the matter cannot be resolved, or it is inappropriate to raise with the other individual, the issue should be raised with the TD. If the TD is the object of the grievance, or unavailable, the issue should be raised with the Section Chief, Dr. Philip Griffin.

- C) 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.
- D) 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 Chief Psychologist, and one faculty member; if the grievance is against the TD, then the TD will not serve on this committee; the Chief Psychologist will pick two other faculty members). 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.
- E) Nothing here precludes attempted resolution of difficulties by adjudication at a school or university level. These guidelines 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 due process guidelines would be enforced and a review panel would be convened.

## REMEDICATION CONSIDERATIONS

It is important to have meaningful ways to address a problem once it has been identified. 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 and/or requiring 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 and/or requiring specific academic coursework, and/or
- 5) recommending, when appropriate, a leave of absence and/or a second internship.

When a combination of the above interventions do not, after a reasonable time period, 1) rectify the problem, or 2) when the trainee seems unable or unwilling to alter his/her 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, the training program may need to take more formal action, including such actions as:

- 1) giving the intern a limited endorsement, including the specification of those settings in which he/she could function adequately,
- 2) communicating to the intern and academic department/program that the intern has not successfully completed the internship, with the possibility of continuing the year as an unpaid practicum placement.
- 3) recommending and assisting in implementing a career shift for the intern, and/or
- 4) terminating the intern from the training program.