CHESTNUT HILL COLLEGE
SCHOOL OF GRADUATE STUDIES
DEPARTMENT OF PROFESSIONAL PSYCHOLOGY

INTERNSHIP CONSORTIUM

Internship Training Manual 2014–2015

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I. INTRODUCTION

The Chestnut Hill College (CHC) Internship Consortium (Consortium), administered by the Chestnut Hill College School of Graduate Studies, Department of Professional Psychology, provides doctoral internships in clinical psychology to Doctor of Psychology (Psy.D.) and Ph.D. students in clinical psychology. The Consortium offers 2,000-hour minimum, one-year internships, beginning July 1st and ending June 30th each year.

The Consortium is a cooperative training program comprised of clinical service agencies across the greater Philadelphia region. Each agency ("site") is independent and maintains clinical and financial responsibility and liability for its clients and interns. The Consortium administration provides oversight of the integration and integrity of the educational and training aspects of the interns' experiences, but does not provide on-site supervision of clinical work.

This Manual provides an overview of the Consortium, including background and philosophy; organization and content of the training experience; Consortium membership and leadership; internship selection process; and evaluation procedures. It also includes a copy of the Membership Agreement, which outlines additional information about the Consortium and the responsibilities of the parties involved in the agreement.

The following are Consortium Training Sites for the 2014-2015 training year:

- Beechwood NeuroRehab
- Chestnut Hill College Psychological Services Center
- Growth Opportunity Center (GOC)
- Lehigh Valley Health Network (LVHN)
- Northeast Treatment Center (NET)
- Rider University Counseling Center
- SPIN, Inc.

In addition to training at their primary site, interns may supplement their training at other Consortium Sites to gain a more diverse training experience. Any supplemental training by an intern must be at a Consortium Site, and is subject to mutual agreement by the Site Director at the intern's primary site and by the Consortium Internship Director. All clinical responsibility, client responsibility, and supervision of clinical services are the responsibility of the site at which the clinical services are provided.

A. Background

The Consortium was developed in response to the need for diverse and quality training in the Pennsylvania, New Jersey, and Delaware regions. Local students are given priority in order to keep future practitioners in the region. The first Consortium internship class matriculated during the 2010–2011 training year.

B. Philosophy

The Consortium seeks to prepare graduates to become professional psychologists and to refine their clinical knowledge and skills in psychotherapy, psychological assessment, supervision, consultation, and professional practice. The Consortium seeks to build off of a student's practitioner–scholar or similar doctoral training by fostering a scholarly attitude, professional behavior, and an integration into the professional community. In addition, the Consortium encourages students to refine their socio-cultural awareness, ethical decision making, scholarly inquiry, reflective practice, and familiarity with biopsychosocial and psychotherapy research. The Consortium's curriculum is based on the competencies developed by APPIC, by APA, and by the National Council for Schools and Programs of Professional Psychology (NCSPP) and provides a foundation for the successful graduate to prepare for the licensing examination in Pennsylvania and throughout the United States.

C. Mission

The Consortium's mission is to provide a broad and integrated internship experience that services the community and enhances the clinical skills, scholarly inquiry, and professional growth of each intern. This cooperative community of supervisors, faculty, and interns fosters a scholarly, professional, and socially responsible attitude that is consistent with the CHC mission.

Chestnut Hill College Mission Statement:

The mission of Chestnut Hill College is to provide students with holistic education in an inclusive Catholic community marked by academic excellence, shared responsibility, personal and professional growth, service to one another and to the global community, and concern for the earth.

Chestnut Hill College, founded by the Sisters of Saint Joseph in 1924, is an independent, Catholic institution that fosters equality through education. Faithful to its strong liberal arts tradition, Chestnut Hill College offers academic programs of excellence in the areas of undergraduate, graduate, and continuing studies.

The College nurtures a sense of integrity, spirituality, and social justice in all.

D. Accreditation Status

The Consortium is an APPIC-member training site. This accreditation status pertains to the Consortium as a whole; individual sites are not, and do not represent themselves to be, independently accredited at any time. Additionally, interns should report their internship on CVs, job applications, licensing applications, etc. in the following manner:

Chestnut Hill College Pre-Doctoral Internship Consortium
Rotation(s) at: *Site Name*

II. GENERAL CLINICAL AND ADMINISTRATIVE DUTIES

Consortium interns are expected to attend all clinical and administrative staff meetings as required by their sites. Interns are also required to stay current with all paperwork duties, including, but not limited to, medical record notes, assessment documentation, and weekly schedules. All medical charting must be consistent with ethical and legal guidelines and any site-specific requirements. Intern chart notes (including all intakes, progress notes, termination summaries, letters to patients, etc.) must be co-signed by Site Clinical Supervisors.

Other administrative duties may be described in handbooks for the individual sites.

A. Orientation

The Consortium conducts a formal orientation for all interns at the start of the internship year. Each site is also responsible for orienting its interns to site-specific activities and requirements within the first week of the training year. For the 2014-2015 training year, Consortium orientation will be held on Friday, July 11, 2014, from 9 am to 5 pm.

B. Communication with Academic Program

During the intern selection process, verification of Chestnut Hill College (CHC) intern candidates' readiness for internship is required in writing from the Director of Clinical Training at Chestnut Hill College's Department of Professional Psychology. Students from other graduate programs must provide verification of candidates' readiness for internship from their home program.

During the internship, the Site Director or Site Clinical Supervisors will initiate informal telephone contacts or formal letters with the Internship Director as needed. If interns have problems with the training program, they are instructed to first go to their Site Clinical Supervisor and/or the Site Director before contacting the Consortium Internship Director (see Section IV, Due Process, for specific information on conflict resolution/Due Process Procedures). Procedures for communication between the Consortium and the intern's academic program are also delineated in the Due Process Procedures.

The Site Director keeps copies of every formal written evaluation of interns (and supervisors) and makes the originals available to the Internship Director, who signs the evaluations and keeps them on file. If the interns are CHC students, the evaluations are also signed by the CHC Director of Clinical Training (DCT). Copies of evaluations for students from other academic programs may be sent to the home program, depending on the requirements of the program.

III. ETHICAL STANDARDS

The Consortium adheres to ethical and legal standards in direct service, training, and research. This commitment is evident in every aspect of the training program. All site staff members are expected to be thoroughly familiar with and uphold the APA Ethical Principles of Psychologists and Code of Conduct, related professional guidelines, Federal Statutes (including HIPPA), and the statutes of the state in which the site resides (Pennsylvania, New Jersey, etc.).

The Consortium site staff and CHC Consortium faculty are dedicated to helping interns recognize and grapple with ethical dilemmas related to their clients. Ethical issues and relevant state statutes are directly addressed during orientation, in training seminars, and throughout the training year. In these sessions, principles and standards are reviewed and applied to direct clinical service situations. During individual and group supervision, ethical principles and behaviors are frequently reviewed as they relate to the intern's cases. Concerns include, but are not limited to, confidentiality and informed consent; crisis intervention; keeping client information and files safe and confidential (in conjunction with state, HIPPA, and APA guidelines); and client needs and expectations of therapy and the therapist. Ethical issues related to assessment are also discussed. Interns are exposed to discussions in staff meetings in which all staff members share legal and ethical concerns confronted in day-to-day work. Group discussion of ethical and legal issues encourages the consideration of different perspectives and helps generate creative and ethically defensible solutions to ethical dilemmas.

Both the site's Institutional Review Board (IRB) (if applicable) and the Chestnut Hill College IRB must approve any research conducted by interns within the Consortium.

All Consortium interns are expected to:

A. Be familiar with and understand the following codes of ethics and professional practice guidelines:

1. APA Ethical Principles and Code of Conduct (2010)
   http://www.apa.org/ethics/code.html
2. APA Guidelines on Multicultural Education Training, Research, Practice and Organizational Change for Psychologists
   http://www.apa.org/practice/guidelines/multicultural.pdf
3. APA Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations
   http://www.apa.org/pi/oema/resources/policy-guidelines.aspx
4. APA Guidelines for Psychotherapy with Lesbian, Gay and Bisexual Clients
   http://www.apa.org/pi/lgbc/guidelines.html
5. APA Guidelines for Practice with Older Adults
   http://www.apa.org/practice/adult.pdf
6. APA Guidelines for Record Keeping
   http://www.apa.org/practice/recordkeeping.pdf
7. APA Guidelines for Psychological Practice with Girls and Women
   http://www.apa.org/practice/guidelines/girls-and-women.pdf
8. APA General Guidelines for Providers of Psychological Services
   http://www.apa.org/about/governance/council/policy/general-guidelines-for-providers.pdf
9. APA Standards for Educational and Psychological Testing
   http://www.apa.org/science/programs/testing/order-standards.pdf
10. APA Guidelines for Computer Based Tests and Interpretations
11. APA Specialty Guidelines for the Delivery of Services by Clinical Psychologists, Counseling Psychologists, Industrial/Organizational Psychologists, and School Psychologists

B. Be familiar with and understand the following policies, statutes and legal decisions:

1. Pennsylvania State Board of Psychologist Examiners Licensing Regulations or equivalent state statutes appropriate to the state in which the Agency resides.
2. Pennsylvania Mental Health Statutes or equivalent state statutes appropriate to the state in which the Agency resides.
3. Tarasoff versus Regents of University of California, 13 C. 3d 177, 529 P.2d 533, 118 Cal. Rptr.129 (1974).
4. Pennsylvania Involuntary Commitment Proceedings.
5. Pennsylvania Child & Older Adult Protection Acts: Legal responsibilities in instances of child or elder abuse.
6. Health Insurance Privacy and Portability Act (HIPPA).
7. Chestnut Hill College's Academic Honesty Policy.

C. Review the clinical site's legal and ethical policies with each client during intake sessions and provide appropriate disclosure statements (i.e., interns must present themselves at all times as doctoral trainees and inform clients of their status, the name and contact information for their Site Clinical Supervisor, and their length of stay at the site).

D. Demonstrate appropriate concern and advocacy for client welfare.

E. Conduct themselves in an ethical manner at all times.

IV. DUE PROCESS

Conflict resolution procedures are implemented when: 1) a Site Clinical Supervisor or member of the Chestnut Hill College (CHC) Internship Consortium training faculty has concerns about the performance or behaviors of an intern; 2) when an intern or faculty member of the Consortium has concerns about the Site Clinical Supervisor or affiliated training site; or 3) when an affiliated training site or intern has concerns about the Consortium. All conflict resolution procedures should be fair, impartial, and respectful to all parties. As used in this Manual, the term "due process" refers to the policies and procedures for conflict resolution and for decision making regarding remediation, probation, suspension or termination from the internship or the CHC Psy.D. Program, as they are described in this Manual.

One aspect of the training process involves the identification of growth and/or competency problem of the intern. A *concern in professional growth* is defined as a behavior, attitude, or other characteristic, which, while of concern and requiring remediation, is not excessive, or outside the domain of behaviors for professionals in training. These concerns are typically amenable to informal management procedures or amelioration. The next level of problem behavior is a *professional competency problem* that can be broadly defined as interference in professional functioning which is reflected in one or more of the following ways: l) not integrating professional standards into one's repertoire of professional behaviors; 2) not developing the professional skills necessary to reach an acceptable level of competency; and/or 3) exhibiting personal stress, psychological dysfunction, and/or strong emotional reactions which interfere with professional functioning. Specific evaluative criteria, which link these definitions of *professional competency problems* to particular professional behaviors, are incorporated in the evaluation forms completed by supervisors.

More specifically, behaviors will typically become identified as *professional competency problems* if they include 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 is not merely a reflection of a skill deficit that can be rectified by academic or didactic training,

3. The quality of services is negatively affected,

4. The problem is not restricted to one area of professional functioning,

5. A disproportionate amount of attention by training staff is required,

6. The intern's behavior does not change after feedback, remediation efforts, and/or time.

At any time during the year a site staff member may designate some aspect of an intern's performance as inadequate or problematic. By the same token, an intern may take issue with a staff member regarding a particular behavior or pattern of behaviors, with the entire staff, or Consortium regarding policy or procedure.

In all cases, it is expected that the complainant will first take the issue directly to the person(s) involved and that the parties will work to resolve the issue in a manner satisfactory to both. In the event that either party feels dissatisfied with the outcome, the grievance and appeal procedures outlined below can be accessed to aid in the resolution of problems.

If an intern has concerns regarding an affiliated site's provision of learning experiences or other issues during the internship, these should be discussed promptly with both the Site Clinical Supervisor and the Consortium Internship Director and documented, as appropriate. It is the intern's responsibility to inform the Site Clinical Supervisor and CHC Coordinator of *any and all concerns* as soon as they arise. The goal should be to work collaboratively to determine the most appropriate course of action to address the concerns.

If a Site Clinical Supervisor or Site Director has concerns regarding an intern, these should be discussed promptly with the intern and the Consortium Internship Director and documented, as appropriate. It is the Site Clinical Supervisor and/or Site Director's responsibility to inform the intern and the CHC Internship Director of any and all concerns as soon as they arise. Again, the goal should be to work collaboratively to determine the most appropriate course of action to address the concerns.

In working collaboratively, the Internship Director may at any time consult with other Consortium Site Directors in any or all aspects of the Due Process procedure.

<u>A. Grievance Procedures Initiated by an Intern:</u>

If a problem arises at the internship site at any point during the internship, the intern is encouraged to first seek resolution at the informal level, unless she or he believes this would place him or her in a vulnerable or compromised position. It is likely that the majority of interns' concerns can be addressed through informal discussion with the Site Clinical Supervisors, the Site Director and/or with the CHC Internship Director.

If a problem arises that cannot be resolved within the site setting, the intern can file a formal grievance by summarizing his or her concerns in a letter to the CHC Internship Director. The grievance is then discussed with the Director of Clinical Training (DCT), who may request additional written information from the intern or the site within 10 days of the receipt of the formal grievance. The DCT then responds to the student in writing through the Internship Director within 10 days of the request or of the receipt of the additional written information from the site or intern. The Internship Director consults and intervenes with the Site Clinical Supervisor and Site Director as appropriate. The CHC Internship Director is responsible for keeping records of formal grievances and documenting the outcomes of the grievance in a secure file, separate from other intern files, in the Consortium Director's office

Unless there are *extenuating circumstances,* it is Chestnut Hill College's expectation that the CHC Internship Director, the Site Clinical Supervisor, the Site Director and the intern work collaboratively to address intern grievances in order that the intern may continue at the site. However, should the CHC Internship Director determine that the site is no longer an appropriate internship setting, the Internship Director will work collaboratively with the intern to terminate the internship at that site and to identify a new training site. Details such as whether the initial internship hours count toward the required total hours are decided on a case-by-case basis, depending on the nature of the experience and the concerns leading to termination at the site. In such an event, the Internship Director works with the Site Clinical Supervisor to identify a replacement site if and when appropriate and if a replacement is available.

During a process such as the one described above, the intern is expected that work closely and collaboratively with the CHC Internship Director. An intern does not have the authority to terminate a placement unilaterally. Such an action is grounds for failure of the internship and termination from the Consortium, as well as from the Chestnut Hill College Psy.D. Program if the intern is a CHC student. Those interns from different home programs are subject to their respective disciplinary policies.

If the intern is not satisfied with the resolution, he/she may appeal the decision according to the procedure below (Section E, below).

B. Grievance Initiated by a Site Toward an Intern:

Whenever a site staff person or supervisor has concerns about an intern's behavior or performance, the following general steps are followed, in order:

1. Notice. The intern receives notice that a problem has been identified and that the internship is addressing the problem. The notice may be informal, verbal, or written:

a. Informal Notice. When a site staff person feels that an intern is not performing in an appropriate or professional manner, it is the staff person's responsibility to informally provide that feedback to the intern.
b. Verbal Notice. If the problem is not resolved after informal notice, the Site Clinical Supervisor is informed and discusses the concern with the intern in a supervisory session. The intern is provided with a time frame for problem remediation as well as potential consequences of unresolved problems.
c. Written Notice. If the preceding steps have not resolved the problem, then the Site Clinical Supervisor prepares a written communication of warning regarding the inappropriate behavior within 10 days of notice by the staff person or site that the problem has not been resolved. This document contains the position statements of the parties involved in the dispute and is placed in the intern's file. Such action is only taken by mutual consent of the CHC Internship Director and the Site Director in consultation with the intern's Site Clinical Supervisor.
d. EXCEPTION: Should an intern be charged with a felony pending further investigation, have sexual contact with a client, or perform any other serious violation of ethical conduct, she or he is placed on suspension immediately, with further disposition determined by the training staff, which may include reporting the incident to outside agencies and the intern's home program. This action is taken to protect the interns' clients from harm. A hearing (see below) will be held within 15 days and a decision regarding the intern's final status rendered at that meeting. The intern retains the right to appeal the decision according to the procedure outlined below.

2. Hearing. If the above steps have not resulted in successful resolution of the problem, then a hearing is held with the intern and the members of the intern's Training Committee, within 15 days of the date of notice that the problem has not been resolved. This timeframe may be accelerated in the case of Suspension or Termination (see below). (Note: The Training Committee is comprised of the intern's Site Clinical Supervisor, the Site Director, and the Internship Director. When the Site Director is also the Site Clinical Supervisor, the Site Director or the Internship Director appoints another licensed psychologist or clinical supervisor from that or another Consortium Site to be part of the Committee.) The intern is given at least 5 days' notice of the hearing. If the intern refuses or fails to attend the hearing, the meeting will proceed without the intern. At the hearing, the Training Committee will review the concerns that prompted the hearing. Next, the intern will have an opportunity to respond and present his/her position. Next, there will be an opportunity for discussion and questions. Finally, the intern will be excused from the meeting and the intern's Training Committee will discuss the appropriate disciplinary action and remedial action (see below, Section C). The intern will have an opportunity to appeal the decision, according to the procedure outlined below (Section E).

C. Levels of Disciplinary Consequences and Remedial Actions:

Once a problem has been identified in the intern's functioning and/or behavior, it is important to implement procedures to remediate the particular difficulty. The intern's home program will also be informed of any disciplinary action (see below for the timeframe for informing the intern's home program), and there may be additional consequences imposed by the home program. For example, interns who are also students in the Psy.D. Program at Chestnut Hill College and who are put on probation by an internship will automatically be placed on probation by the Psy.D. Program.

The following are potential consequences, listed in order of the severity: (1) Probation; (2) Extension of Internship and/or Recommendation of a Second Internship; (3) Suspension; or (4) Termination. During the process, if it is warranted, there may be a temporary reduction or removal of the intern's case privileges. Each of these consequences is described below.

1. Probation

Probation is a time-limited and remediation-oriented consequence. The primary purpose of probationary action is to provide the intern with the opportunity to improve his or her performance. The intern is placed on probation for a specified period of time during which his or her behavior is closely monitored by the Site Clinical Supervisor in consultation with the rest of the training staff at the site. Termination of probationary status occurs upon demonstrated improvements in the intern's functioning, as determined by the entire site training staff. The Site Director and/or Internship Director then communicate the termination of probationary status to the intern within two working days of the final date. The CHC Internship Director is notified immediately of the decision to place the intern on probation and of the disposition following the probationary period.

There are four reasons why an intern might be placed on probation:

a) Inadequate response to supervision
It is expected that, during weekly supervision, Site Clinical Supervisors will provide regular verbal feedback to interns regarding their performance. If a Site Clinical Supervisor has provided feedback and guidance to which an intern has not adequately responded, the supervisor may contact the Consortium Internship Director to discuss scheduling a hearing that may lead to placing the intern on probation. It is critical that the supervisor have detailed documentation of this feedback and the intern's failure to respond to such feedback.

b) Specific incident or incidents
A Site Clinical Supervisor or a Site Director may place a student on probation following one incident, or a series of incidents, such as inappropriate, unacceptable, unprofessional behavior at the internship site or while functioning in the role of intern at a designated site.

c) Formal evaluation ratings
Ratings of *below acceptable level* on a formal intern evaluation may result in probationary status or failure of the internship, depending on the nature and severity of the area(s) of concern.

d) Noncompliance with site and/or consortium paperwork requirements
Failure to submit required internship documents, such as proof of malpractice insurance, in a timely fashion, as well as failure to complete Consortium or site paperwork (client records), or other requirements in a timely and satisfactory manner, may result in probationary status.

The decision to place an intern on probation will be made collaboratively by the intern's Training Committee following the hearing (see above). If circumstances warrant, the Internship Director, at his/her discretion, may also confer with the CHC Director of Clinical Training. The decision to place the intern on probation is communicated to the intern both in writing and in person in a meeting with the Site Clinical Supervisor. A written remediation plan is developed. Remedial plans may include, but are not limited to: specific behavioral change requirements, additional supervision and mentoring, and/or a repeat of all or part of an internship. The remediation plan is developed by the Site Clinical Supervisor in collaboration with the other members of the intern's Training Committee.

A formal letter and remediation plan will be sent by the Site Clinical Supervisor to the intern, with a copy to the rest of the Training Committee, outlining the concerns identified in the meeting, consequent probationary status, and the remediation requirements. The intern must sign and return this letter to the Site Clinical Supervisor and Site Director within 5 days receipt of the letter, and a copy is sent to the CHC Internship Director, both to confirm receipt of the letter and to confirm agreement with the remediation requirements. An intern's refusal to accept the site's remediation plan constitutes voluntary withdrawal from the internship Consortium. The intern's home program is informed and additional consequences may be imposed by the home program. Interns who are also students in the CHC Psy.D. Program and who withdraw from internship are considered to have withdrawn from the CHC Psy.D. Program as well. Interns have the option of appealing the decision to place them on probation and the terms of the remediation plan.

The intern's home program will be informed of the intern's probationary status and the terms of the remediation plan within 5 days of the beginning of the probationary status. It is up to the discretion of the home program whether additional consequences or remedial actions will be imposed. If the intern is a Chestnut Hill College student, he/she will also be placed on probationary status in the Psy.D. Program.

During the probationary period, the Site Clinical Supervisor keeps the Site Director and the CHC Internship Director abreast of any and all relevant issues regarding the intern. The CHC Internship Director maintains regular contact with the Site Clinical Supervisor and Site Director and the intern. The Internship Director reserves the right to consult with the Director of Clinical Training regarding interns on probation, or at risk for probation.

Also during the probation period, the Site Clinical Supervisor should provide regular and timely feedback to the intern regarding his or her progress on the corrective recommendations and also set a

date for another formal written review. This date might be the next quarterly evaluation date or sooner, depending on the nature of the concern(s). The outcome of the next formal review may be a suspension of probation at the site, continued probation at the site, or termination of the internship.

Interns on probation continue to receive their stipend. If the terms of the remediation plan involve a reduction in privileges or hours spent at the site, the Consortium Internship Director will consult with APPIC regarding the circumstances of the probation to determine if it may be appropriate to adjust the intern's stipend. Adjustments shall be considered temporary only so long as reduced privileges are in place. The intern shall return to a full stipend once privileges have been reinstated.

2 Extension of the Internship and/or Recommendations for a Second Internship

When the intern's behaviors or skills need remediation, but insufficient progress has been made prior to the end of the internship, the intern may be required to extend his or her stay at the clinical site in order to complete the requirements. In some cases, the intern may be required to complete part or all of a second internship. In both cases, the intern must demonstrate a capacity and willingness for complete remediation, and the CHC academic program or the intern's home academic program is notified and consulted.

Stipends for additional hours or for an additional internship will be negotiated on a case-by-case basis.

3. Suspension

Suspension means that the internship is temporarily "on hold" while the problem that prompted the suspension is remediated or while the situation is under review by the Training Committee.

While definitive parameters of behavior would be impossible to list, the following problems are examples of unacceptable practices and standards that could lead to suspension:

1. When a client or staff person is judged to be endangered
2. When probation has not been effective in resolving the problem that prompted the probation
3. When an intern on probation continues to engage in the problematic behavior that prompted the probation, or when the problem becomes worse
4. When an intern fails to maintain the required minimum level of malpractice insurance.
5. A charge of a felony pending further investigation.

The length of suspension is determined by the nature of the situation and its resolution. However, it is expected that every effort will be made by all involved parties to expedite the process in the best interest of the intern and clients served. Interns who are suspended will be required to make up the hours lost by extending the internship or repeating an internship at another site (see below). In most cases, interns who have been suspended are barred from the site and do not collect their stipend during the term of the suspension.

In the case of a suspension related to the intern's performance, a hearing will be held before the intern's Training Committee prior to the suspension. The intern will be given at least 5 days notice of the hearing. If the intern refuses to or fails to attend the hearing, the meeting will take place without the intern. Following the hearing, the intern will be notified in person of the decision to suspend the internship, unless extenuating circumstances preclude the possibility of an in-person encounter. In any case, the Internship Director will attempt to reach the intern in person, by phone message, or by email within 24 hours of the hearing. In all cases, the intern is also formally notified in writing by the CHC Internship Director within 5 days of the decision. The intern's home academic program is also informed by telephone within 24 hours (excluding holidays and weekends) of the hearing, and in writing by the CHC Internship Director within 5 days of the hearing.

In some cases, an internship site might need to be suspended or terminated through no fault of the intern. These are not disciplinary actions and are not construed as adverse decisions against the intern.. In this case, the Internship Director makes every effort to locate an alternative site for the intern as soon as possible. Sites may face additional consequences for breach of contract and for not meeting their obligations for a given training year.

4. Termination

Interns in the Chestnut Hill College Internship Consortium are expected to maintain the standards established by the psychology profession and by the Consortium in order to continue in the internship. In order to safeguard intern rights and to ensure the standards of the profession and the Consortium, the Consortium has established policies and guidelines for termination of an intern from an internship.

The Site Clinical Supervisor bears legal responsibility for the intern's clinical work at the internship site. Thus, the Site Clinical Supervisor and Site Director may recommend termination of the internship in extreme cases in which an intern's performance places a client (or clients) at risk. The CHC Internship Director may recommend termination of an intern's internship for repeated noncompliance with the Consortium's internship requirements.

In either of these cases, a hearing will be held before the intern's Training Committee prior to formal termination of the intern (see procedure for Hearing above). The intern may be suspended from the site pending the outcome of this hearing. As with all decisions affecting the intern, the intern reserves the right to appeal the decision of termination (see Section I below).

If the intern is a student in the CHC Psy.D. program, termination of an internship based on an intern's performance may constitute grounds for immediate dismissal from the CHC Psy.D. program. In these cases, the decision to dismiss the intern or to impose other consequences will be made in accordance with the policies and procedures of the CHC Psy.D. Program. In the event of termination from the internship for an intern from another academic program, that program maintains jurisdiction over the intern's academic standing.

Reasons for Considering Termination from an Internship

While it is not possible to list all reasons to consider termination, the following problems are examples of unacceptable practices and standards:

a) The intern demonstrates great difficulty relating to other individuals, such as: difficulty interacting with patients appropriately and effectively; not maintaining a sufficient client caseload; interacting inappropriately with others at the internship site; and/or demonstrating an inability to distinguish between professional and social relationships.
b) The intern does not, in the judgment of the supervisor, respond appropriately to supervision.
c) The intern does not follow agency policies.
d) The intern exhibits inappropriate and unprofessional behavior regarding appearance and general demeanor.
e) The intern does not adequately and consistently adhere to components of the remediation plan set during a probation or suspension period.
f) The intern displays insufficient awareness of self or of his or her negative or inappropriate impact on others (supervisors, other staff, colleagues or clients).
g) The intern does not demonstrate appropriate self-care, for instance, does not seek help for medical or emotional problems. It is expected that all interns will have control of personal stressors, and, if indicated, take appropriate measures to address stressors that could interfere with their performance. It is also expected that, under such circumstances, interns will comply with the Site Clinical Supervisors' and interns' Training Committee's decisions regarding what is in the best interest of interns' clients.
h) The intern's behavior shows disregard for the legal and ethical guidelines for psychologists as outlined in the Ethical Principles of Psychologists and Code of Conduct.
i) The intern does not practice in accordance with evaluative and other criteria set out in this Manual.
j) The intern does not practice in accordance with evaluative and other criteria established by the internship site.

The intern will be given at least 5 days' notice of the hearing. If the intern refuses to or fails to attend the hearing, the meeting will take place without the intern. Following the hearing, the intern will be notified in person of the hearing decision, unless extenuating circumstances preclude the possibility of an in-person encounter. In any case, the Internship Director will attempt to reach the intern in person, by phone message, or by email within 24 hours of the hearing. In all cases, the intern is also formally notified in writing by the CHC Internship Director, within 5 days of the decision. The intern's home academic program is also informed by telephone within 24 hours of the hearing, and in writing by the CHC Internship Director within 5 days of the hearing.

D. Temporary Reduction or Removal of Case Privileges

At any point during this process, if it is determined that the welfare of the intern or clients has been jeopardized, the intern's case privileges will be significantly reduced or suspended for a specified

period of time. At the end of this time, the intern's Site Clinical Supervisor, in consultation with the site training staff and the other members of the intern's Training Committee, will assess the intern's capacity for effective functioning and determine whether or not the intern's case privileges should be reinstated. An intern's stipend may be reduced for the period of time when his/her case privileges are temporarily reduced or suspended. Such a reduction will be made only subsequent to consulting with APPIC. Furthermore, the intern will receive the full stipend once privileges have been reinstated.

E. Appeals Procedure

It is expected that most conflicts will be resolved collaboratively between the intern and the members of the intern's Training Committee. However, the following procedures apply when an intern wishes to make a formal appeal of a decision reached by the Site Clinical Supervisor or Training Committee.

If the appeal is at the level of a Verbal or Written Notice:

1. The intern submits the appeal in writing to the Site Clinical Supervisor and the CHC Internship Director within 10 days of the notice.
2. A meeting of the intern's Training Committee is convened as soon as is feasible. The intern is invited to attend this meeting to present his/her concern in person if he/she so desires, but the intern's attendance is not required. The intern receives at least 5 days' notice of the hearing.
3. The Training Committee will render a decision regarding the intern's appeal and will notify the student in writing within 10 days of the decision.

If the appeal is at the level of Probation, Suspension, or Termination, or if the procedure above does not result in a resolution that is satisfactory to the intern:

1. The intern submits the appeal in writing to the CHC Internship Director within 5 days of the notice.
2. The Internship Director convenes an ad-hoc committee consisting of: the Coordinator; the CHC Director of Clinical Training; a representative of the intern's site (e.g., the Site Director or Site Clinical Supervisor) selected at the discretion of the site; a member of the full-time faculty of the CHC Department of Professional Psychology selected by the Chair of the Division of Psychology; and a Site Director at another Consortium site selected by the CHC Internship Director in collaboration with the Director of Clinical Training.
3. The ad hoc committee reviews the intern's appeal and convenes as soon as is feasible to deliberate the issue and within a minimum of 15 days of the receipt of the appeal. The intern is invited to the meeting of the ad hoc committee to present his/her concerns and to answer questions. The intern receives at least 3 days' notice of the meeting. If the intern refuses to attend the meeting of the ad hoc committee or does not respond to the invitation, the meeting will proceed without the intern. After the intern has an opportunity to speak and answer questions, the intern is then excused from the meeting while the ad hoc committee deliberates on the issues. Within 5 days of the committee meeting, the intern is informed of the committee's decision in writing by the CHC Internship Director. The decision of the ad-hoc committee is final and no further appeals are possible.

During the appeals process, the safety of the intern's clients must be given primary importance. Accordingly, while the appeal is being considered, the intern will be expected to comply with any restrictions on his/her case privileges imposed by the site (see Section D, above).

V. EVALUATION PROCESS

Consortium Quality Assessment and Improvement (QAI) Activities, QAI forms, and all evaluation forms are contained in this Manual (see Appendix C).

The processing and exchange of mutual feedback is the primary purpose of the evaluation process among the intern, supervisors (both site and faculty supervisors) and the Consortium program. While documentation is important, the evaluation forms are used mainly to stimulate discussion and target areas for professional growth and program improvement. They also provide a written record of this feedback process. Copies of all evaluations are kept in the intern's file at the site, and originals are kept on-file by the Internship Director.

Throughout the training year, *Clinical Case Presentation and Didactic Lecture Evaluation Forms* are completed by appropriate staff each time an intern conducts a formal presentation either on site or in the weekly seminar activities. Both forms are returned directly to the **Internship Director** for inclusion in the intern's file.

The interns also provide input regarding didactic presentations by guest lecturers, other faculty, and outside consultants. They complete the *Evaluation of Didactic Presentation—Guest Lecturer* forms after each guest lecture, and the Internship Director reviews these forms to determine: 1) whether particular speakers may be relevant for future presentations and 2) which topics are of particular interest and utility to the interns.

<u>Prior to the Start of Internship</u>
Prior to beginning internship, interns who have matched to the Consortium are required to provide the Consortium Training Director with child abuse and criminal background clearance forms (instructions are provided in their welcome letters sent on Match Day), a copy of their student professional liability policy, and the *Internship Survey Form*. These forms/instructions are provided to new interns on Match Day, as well as 2 months prior to the start of the internship.

<u>Beginning of Internship</u>
During the Consortium orientation, interns complete the *Authorization to Exchange Information Form*, the *Intern Contact Information Form*, and the *Orientation Self-Assessment*. In order to assess their own levels of competence in all areas which will be evaluated during the training year, interns review the *Intern Evaluation Form/Clinical Supervisory Inventory (CSI),* included in this Manual. This document provides clear information about what parameters interns will be evaluated on and makes performance expectations explicit. Under supervisory guidance and within the first or second on-site supervision session, interns complete an *Individualized Training Plan* wherein they prioritize personal training goals, which may be modified and updated during the year. A signed copy of this plan is returned to the Internship Director.

<u>End of First Quarter (three months)</u>

1. All appropriate site staff, in conjunction with the Site Clinical Supervisor, complete the *Intern Evaluation Form/Clinical Supervisory Inventory (CSI).* These forms provide for <u>formal written</u> intern evaluations which reflect the training goals of the internship. The

evaluations provide feedback regarding competency areas, those areas in need of additional growth and training, as well as areas of strength and excellence.

2. Interns complete the *Supervisor Evaluation: Summary by Supervisee Form* for each primary supervisor and review these forms in supervision with the appropriate supervisor. Originals are sent to the Internship Director who retains them in a file; copies are given to the Site Director.
3. If applicable, interns complete the first rotation assessment portion only of the *Program Evaluation Form.*
4. *Supervisor Evaluation* forms are distributed to any trainees supervised by the intern and are returned to the intern's supervisor for review with the intern.
5. Interns also update their *Time2Track* web-based account to include all activities performed in the prior three months and complete a *Time Analysis* log for the quarter just completed.
6. Finally, the supervisor conducts the intern evaluation and reviews the CSI results with the intern. Changes and updates are made to the intern's *Individualized Training Plan* as appropriate. Any updates to the intern's *Individualized Training Plan* are provided to the Consortium Internship Director with the respective CSI. Updated copies of the training plan are returned to the Internship Director.

<u>End of Second Quarter (six months)</u>

1. All appropriate staff, in conjunction with the Site Clinical Supervisor, complete the *Intern Evaluation Form/Clinical Supervisory Inventory (CSI).*
2. Interns complete the *Supervisor Evaluation: Summary by Supervisee Form* for each primary supervisor and review these forms in supervision with the appropriate supervisor. Originals are sent to the Internship Director who retains them in a file; copies are given to the Site Director.
3. *Supervisor Evaluation* forms are distributed to any trainees supervised by the intern and are returned to the intern's supervisor for review.
4. Interns complete the *Self-Assessment-Evaluation of Intern Competencies* form and return it to the Internship Director after getting signatures from their supervisors.
5. If applicable, interns complete the second rotation assessment portion only of the *Program Evaluation Form.*
6. Interns also update their *Time2Track* web-based account to include all activities performed in the prior three months and complete a *Time Analysis* log for the quarter just completed.
7. Finally, the supervisor conducts the intern evaluation and reviews the CSI results with the intern. Changes and updates are to the intern's *Individualized Training Plan* as appropriate. Copies of the updated *Training Plan* and originals of the formal written evaluations are returned to the Internship Director.

<u>End of Third Quarter (nine months)</u>

1. All appropriate staff, in conjunction with the Site Clinical Supervisor, complete the *Intern Evaluation Form/Clinical Supervisory Inventory (CSI).*
2. Interns complete the *Supervisor Evaluation: Summary by Supervisee Form* for each primary supervisor and review these forms in supervision with the appropriate supervisor.

Originals are sent to the Internship Director who retains them in a file; copies are given to the Site Director.

3. *Supervisor Evaluation* forms are distributed to any trainees supervised by the intern and are returned to the intern's supervisor for review.
4. If applicable, interns complete the third rotation assessment portion only of the *Program Evaluation Form.*
5. Interns also update their *Time2Track* web-based account to include all activities performed in the prior three months and complete a *Time Analysis* log for the quarter just completed.
6. Finally, the supervisor conducts the intern evaluation and reviews the CSI results with the intern. Changes and updates are to the intern's *Individualized Training Plan* as appropriate. Originals are returned to the Internship Director.

<u>End of the Training Year (12 months)</u>

1. All appropriate staff, in conjunction with the Site Clinical Supervisor, complete the *Intern Evaluation Form/Clinical Supervisory Inventory (CSI).*
2. Interns complete the *Supervisor Evaluation: Summary by Supervisee Form* for each primary supervisor and review these forms in supervision with the appropriate supervisor.
3. *Supervisor Evaluation* forms are distributed to any trainees supervised by the intern and are returned to the intern's supervisor for review and then to the *Internship Director*.
4. Interns complete the *Self-Assessment-Evaluation of Intern Competencies* form and return it to the Internship Director after getting a signature from their supervisor.
5. Interns complete the main program evaluative portion of the *End-of-Rotation/End-of-Year Program Evaluation Form.*
6. Interns finalize their *Time2Track* web-based account to include all activities performed in the prior three months and complete a *Time Analysis* log for the quarter just completed.
7. All interns complete an *End of Training Summary of Experiences and Accomplishments Log.*
8. All interns complete the *Intern Contact Information Form*.
9. The Site Clinical Supervisor reviews the final *CSI* and Intern Evaluation results with the intern and conducts a formal in-person evaluation. Originals of all of these forms are returned to the Internship Director.
10. All forms should be completed two weeks before the end of the fourth quarter. Originals are sent to the Internship Director who retains them in a file for each intern.

Serious deficiencies in an intern's skill development and/or professional progress are addressed in detail in the Due Process Section of this Manual.

Alumni Survey forms are mailed to all interns one year and 2 years after completion of the Consortium program in order to assess distal outcome measures and changes in perception that might occur after graduation. Revisions to the training program may be made on the basis of this feedback.

VI. EXIT CRITERIA

Interns will have successfully completed the internship when they attain the following:

1. Completion of 2000 hours.

2. Passing final written *Intern Evaluation Form*/*Clinical Supervisory Inventory (CSI)*: receiving a 3.0.

3. Satisfactory termination of any due process and/or remediation plans.

4. Satisfactory completion of a minimum of 500 direct contact hours with clients. This includes initial assessments, psychological testing, intakes, consultations, and psychotherapy hours.

5. Satisfactory assessment, intake, or testing skills as evidenced by:
   - Completion of a minimum of 2 comprehensive psychological assessment batteries, with write-up and supervisor approval
   - Evidence of thorough screening, appropriate diagnosis and recommendations, and clearly written reports
   - Demonstration of the ability to choose appropriate assessment materials (taking into consideration cultural, language, and disability factors)
   - Demonstration of the ability to independently administer, score, and interpret assessment materials as measured by observation or recording one assessment and handing in one protocol for assessment supervisor to review for accuracy in administration, scoring, and interpretation
   - Attendance and full participation in didactic activities as detailed under the Assessment and Evaluation Didactic Module in the Consortium Didactic Activities section of this Manual
   - Presentation of at least one assessment case during a didactic session, with an average rating of 2.0 (meets expectations) or higher
   - Receiving scores of 3.0 on all areas covered in the "Assessment/Evaluation Competence" section of the final end-of-year *CSI* form
   - Completion of all other Assessment, Evaluation and Testing Skills goal-specific exit criteria outlined in Section X of this Manual

6. Satisfactory psychotherapy skills as evidenced by:
   - Completion of psychotherapy cases with successful termination and supervisor approval (a minimum of 150 hours spent in intervention over the course of the internship year)
   - Attendance and full participation in case presentations, as detailed under Psychotherapy Case Presentations in the Consortium Didactic Activities section of this Manual.
   - Presentation of at least one case during a didactic session, with an average rating of 2.0 (meets expectations) or higher. These case presentations are based on the format found in Appendix B
   - Receiving scores of 3.0 on all areas covered in the "Psychotherapy and Intervention" section of the final end-of-year *CSI* form
   - Completion of all other Psychotherapy and Intervention Skills goal-specific exit criteria outlined in Section X of this Manual

7. Satisfactory consultation/outreach/program development skills as evidenced by:
   - Successfully completing at least one consultation/outreach/program development project, the nature which was agreed upon by the Site Clinical Supervisor and intern, with verbal approval by the Internship Director. These projects should be delineated in the *Individualized Training Plan*
   - Presentation of the project at an end-of-the year didactic session, using the *Outreach/Consultation Project Summary Form*
   - Development of a research project poster to be presented at the Internship Poster Session held at the end of the training year
   - Receiving scores of 3.0 on all areas covered in the "Consultation/Outreach/Program Development" section of the final end-of-year *CSI* form
   - Completion of all other Consultation/Outreach/Program Development Skills goal-specific exit criteria outlined in Section X of this Manual

8. Satisfactory crisis intervention/emergency skills as evidenced by:
   - Attendance and full participation in didactic sessions on suicidality and crisis intervention that are part of the Professional Practice Didactic Module detailed in this Manual
   - Demonstration (through live role-play with the Site Clinical Supervisor, and/or in didactic activities, or in demonstration of competency on-site, as determined by the supervisor) of a telephone or face-to-face assessment including suicide potential, lethality/homicidal potential, and mental status
   - Demonstration (through discussion and in supervision sessions with the Site Clinical Supervisor) that the intern has full understanding of all on-site requirements and procedures for managing suicidality and crisis intervention
   - Demonstration (through live role-play with the Site Clinical Supervisor and/or in didactic) of helping client develop a safety plan and short term crisis management plan which utilizes resources, strengths, and support system
   - Receiving scores of 3.0 in all areas covered in the "Crisis Intervention/Emergency" section of the final end-of-year *CSI* form
   - Completion of all other Crisis Intervention/Emergency Skills goal-specific exit criteria outlined in Section X of this Manual

9. Satisfactory training/supervision skills as evidenced by:
   - Attendance and full participation in weekly group supervision sessions
   - Receiving scores of 3.0 on all areas relating the "Skills Development: Intern as Supervisor" covered in the "Supervision/Management" section of the final end-of-year *Evaluation/CSI* form
   - Completion of all other Supervision Skills goal-specific exit criteria outlined in Section X of this Manual

10. Satisfactory development of professional identity as evidenced by:
    - Performance of assigned tasks, interactions with other supervisors and other professionals, as documented in the *Intern Evaluation Form/CSI.*
    - Ability to identify legal and ethical issues in clinical work

- Awareness and understanding of relevant ethical codes and professional guidelines as described in Ethical Standards section of this Manual.
- Receiving scores of 3.0 in all areas covered in the "Ethical Legal/Professional Identity" section of the final end-of-year *CSI* form
- Completion of all other Adherence to Ethical Standards and Development of a Professional Identity Skills goal-specific exit criteria outlined in Section X of this Manual

11. Satisfactory work with diverse populations as evidenced by:
    - Attendance and full participation in the Diversity and Multicultural Didactic Module as detailed in the "Didactic Activities" section of this Manual.
    - Ability to articulate diversity issues in clinical work.
    - Ability to identify own cultural/diversity issues, both on site and as discussed in case presentations on site and in case presentations during the didactic activities.
    - Successful involvement in at least one site activity related to diversity
    - Receiving scores of 3.0 in all areas covered in the "Individual and Cultural Diversity" section of the final end-of-year *CSI* form
    - Completion of all other Working with Diverse Populations Skills goal-specific exit criteria outlined in Section X of this Manual

12. Satisfactory completion of site-specific skills:
    - Approval by primary supervisor that intern has met all site-based responsibilities including any rotation or concentration area requirements
    - Receiving scores of 3.0 in the "Site-Specific Requirements" section of the final end-of-year *CSI* form

13. Satisfactory completion of all paperwork including:
    - All clinical cases completed and co-signed by supervisor including: intakes, psychological testing reports, treatment plans, progress notes, and termination summaries
    - Co-signatures on all clinical charting by supervisees
    - Completion of all required QAI assessments, documents and forms
    - Completion of all required *Time2Track* documents
    - Receiving scores of 3.0 in "Consortium Requirements" section of the final end-of-year *CSI* form.

14. Satisfactory use of supervision as evidenced by:
    - Timely follow-through on supervisor's requests (e.g., for audio/video tapes, letters to clients, reports, actions with clients, etc.)
    - Openness to feedback and suggestions in individual and group supervision
    - Receiving scores of 3.0 or above in all areas relating to the supervision of intern competencies covered in the "Supervision/Management" section of the final end-of-year *CSI* form

15. Satisfactory use of training as evidenced by:
    - Attendance and full participation in all relevant training seminars, as required by both the site, and in accordance with the Consortium's Didactic Activities Attendance Policy.

After all evaluations are received and all necessary forms completed, returned and reviewed, and after the intern has been deemed as completing all requirements for the internship, the intern will receive a Certificate of Psychology Internship Completion (see Appendix S).

VII. MULTIPLE-ROLE RELATIONSHIP GUIDELINES

"Generally, multiple role relationships arise when an individual participates simultaneously or sequentially in two or more relationships with another person. Harmful multiple role relationships typically arise when there are substantial differences or conflicts between the two roles" (Kitchener, 1999, p. 111).

Whenever possible, interns will supervise practicum students. In the event of a CHC doctoral intern supervising a CHC Psy.D. practicum student, it will not be permissible for the intern and practicum student to have any external social ties with each other during the supervisory experience.

Any faculty member or training staff involved with the Consortium will strive to be clear about his or her roles. CHC faculty members who serve as site staff members at Consortium sites will excuse themselves from internship selection.

The Internship Director will make herself or himself available to all Consortium interns as a way to handle any possible dual relationship issues on an informal basis.

The Internship Consortium adheres to the APA Ethical Standards as well as all relevant local and national laws and statutes including HIPAA.

VIII. CONSORTIUM-WIDE DIDACTIC ACTIVITIES

A. Weekly Didactic Activities

In addition to individual and group supervision and other educational activities provided by the clinical sites, the Consortium provides Consortium-wide didactic activities throughout the year.

Interns from all agency sites are required to attend these didactic activities, which occur on a weekly basis (except during College breaks and holidays when the College is closed). Didactic seminars are usually held on the campus of Chestnut Hill College, on Fridays from 9 am to 5 pm. Occasionally, didactic seminars are held at other sites, such as member sites of the Consortium or the annual Pennsylvania Psychological Association Convention. Additionally, interns are expected to engage in independent instructional activities as assigned by the Internship Training Director for an average of four additional hours per week. Thus, interns engage in didactic activities for roughly 10-12 hours per week. Didactic activities are broken down into "modules" which focus on specific training issues and topic areas that are appropriate for intern-level trainees. Modules include: Assessment and Evaluation, Diversity and Multiculturalism, Professional Practice/Clinical Topics, Ethical Issues, Professional Development Seminar, and Research Seminar (see Section VIII of the Manual for more details about the Consortium Didactic Activities). In addition, as part of the didactic activities, interns

receive group supervision from the Internship Director and have opportunities for peer discussion and interaction among all interns.

Didactic activities may include seminars, in-service trainings, case presentations and conferences, group supervision, peer discussion, and other didactic experiences. In lieu of a weekly didactic activity, interns as a cohort, along with the Consortium Internship Director or another Site Supervisor, may occasionally attend off-site training activities or workshops (e.g., CE workshops or state/local conferences). The schedule for the didactic activities is determined annually and is added as an addendum to this Manual. It is updated over the course of the year to accommodate additional speakers or workshop opportunities. Interns who miss any of the activities are required to make up the material in a form determined by the Internship Director (see Attendance Policy).

The specific didactic activity modules are:

1. Assessment and Evaluation Module. This module includes seminars on specific assessment/evaluation topics, as well as case presentations and case discussions. These activities are intended to: increase knowledge of psychological testing in general and of individual psychological tests in particular; increase familiarity with a wide range of assessment tools; increase comfort level with administering, scoring, and interpreting psychological tests; and increase competency in reading and writing professional and personal reports and giving feedback to clients. Interns will present at least one assessment case under this activity. Individual supervision of cases is also provided by supervisors at the Consortium sites.

2. Diversity and Multicultural Module. This module includes seminars, discussions, and case presentations that assist interns in formally and informally exploring personal and professional issues pertaining to multiculturalism. Topics and formats include:
   - Discussion of assigned articles
   - Discussions of video recordings
   - Affirmative action discussion
   - Institutional racism discussion
   - Multicultural case presentations
   - Discussion of multicultural/diversity issues in all clinical discussion and professional seminars.

   Additionally, interns are required to discuss relevant cultural and diversity factors in all cases formally presented.

3. Ethical Issues Module. This module includes seminars, discussions, and case presentations that assist interns in formally and informally exploring ethical issues that may occur in professional practice. Topics and formats include: discussion of assigned articles, specific didactic presentations on ethical issues, and the inclusion of a discussion of ethical issues in all case presentations.

4. Professional Practice/Clinical Module. This module includes seminars, in-service trainings, group supervision, peer discussions, and other activities designed to assist interns develop breadth and depth of clinical and professional practice skills. Topics may include: DSM-

5/ICD-10 review; theory and techniques of behavioral and cognitive-behavioral therapy, psychodynamic psychotherapy, brief dynamic therapy, and family systems models; supervision presentations; clinical case presentations; practice issues faced by psychologists; consultation and collaboration with other professionals; working in managed care/integrated healthcare settings; application and understanding of theory and treatment; empirically-validated and supported treatments; understanding of effective and efficacious treatments; and individual, couples, and family therapy. Additionally, the Consortium is driven by a commitment not only to provide the requisite traditional clinical training and experience, but also training in how to most effectively deliver these services. As such, each intern conducts a minimum of one individual formal case presentation during the year. This provides the opportunity to a) refine skills in organizing and conceptualizing complex case material in a clear and clinically useful fashion and b) demonstrate awareness of any multicultural issues inherent in the case. After these presentations, other interns provide group feedback and supervision. The format for the case presentations is in Appendix O. The Internship Director or another CHC faculty member or Consortium supervisor moderates the intern case presentations and provides feedback to the intern.

5. Professional Development Seminar. This seminar focuses on career and professional development and formation of a professional identity for interns. Topics covered include the EPPP, licensure, job searching and negotiations, and participating in professional organizations. Additionally, each intern presents a minimum of 1 one-hour lecture throughout the year on a clinically-relevant topic of his/her own choice, as approved by the Internship Director and determined in collaboration with the other interns. These are usually 50 minutes in duration with a 10-minute question and answer period. In addition to their academic and research content, these lectures give the interns an opportunity to share knowledge, hone their organizational ability, and practice presentation skills.

6. Research Seminar. In this seminar, interns are expected to gain skills and experience in conducting clinically-relevant research projects or program/outcome evaluation projects. Interns will be provided with periodic didactic seminars on research-related topics, which may include grant writing, clinical research methods and techniques, methods of evaluation, or methods of statistical analysis. Additionally, interns will develop, in collaboration with their primary supervisors and the Internship Training Director, a research project to be completed over the course of the year and presented at a poster session held during Intern Graduation. As part of these projects, a portion of the research seminar time will be dedicated to independent research and project work, as well as periodic meetings with the Internship Training Director and fellow students for feedback and input. Possible research projects may include: development of a “best practices” guide for the treatment of a specific disorder, using research to adapt a treatment protocol for a specific population, analyzing the effectiveness of a program at the intern’s site, etc. In some instances, the research project may be combined with the consultation/outreach project if the intern is measuring the effectiveness of the outreach project.

B. Online Activities

Interns have access to the Blackboard Academic Suite™ platform as part of their internship. This web-based platform is used to facilitate communication among interns and the Training Director, post resources and readings, and initiate discussions or ask questions. At the discretion of the Internship Director, interns may be asked to engage in on-line didactic training activities provided by other institutions (e.g., on-line workshops). These opportunities provide a venue for intern communication with peers at other sites. In addition, clinical and professional development resources are provided on-line, including links to websites, reading materials, library resources, and copies of documents.

All online activities are moderated by the Internship Director.

C. Ongoing Informal Activities

Interns meet regularly on-site at CHC on Fridays. As part of the Friday schedule, interns have time for lunch and networking with each other without faculty presence or supervision. This time allows for face-to-face, informal contact with each other throughout the internship year. The purpose of these meetings is for the interns to provide peer support, share experiences, and communicate with each other outside the formal didactic activities. Occasionally, interns may also have the opportunity to meet informally without the Internship Director. These informal intern-only meetings are scheduled on an as-needed basis by the Internship Director and are included in the calendar of didactics.

D. Attendance Policy

Attendance at the weekly didactic seminars and group supervision is a requirement for all interns in the Consortium. The Internship Director must supply documentation of attendance when interns apply for licensure to ensure compliance with APPIC regulations. For this reason, the Consortium has a strict attendance policy for the didactic seminars.

Interns are expected to attend all scheduled meetings of the didactic seminar. The didactic seminar does not meet during official college breaks and official college holidays unless make-up sessions need to be scheduled due to the college being closed due to weather. A schedule for the seminars will be distributed at the beginning of each semester and is updated throughout the year.

An intern is permitted no more than three absences during the calendar year. The Internship Director must be notified of these absences in advance.

After the second absence, interns will receive a written warning, which will be placed in the intern's file. The warning may or may not be shared with the intern's primary supervisor; such action will be taken by mutual consent of the CHC Internship Director and the Site Director.

After the third absence, the intern will be placed on probation, and a written remediation plan and review will be developed by the Internship Director and Director of Clinical Training. The intern's Site Clinical Supervisor will be notified. The outcome of the review will include, but may not be limited, to remedial work, continued probation, suspension, or termination from the Consortium and the Psy.D. Program.

Scheduled intern vacation days are not considered absences. However, the intern may use only two of his or her allotted days on Fridays. The Coordinator must be notified in advance of scheduled vacation days.

Being late for reasons not excused by the Coordinator will be counted as an absence.

Make-up work is required for all absences except scheduled vacation days.

Interns who miss a meeting of the didactic seminar because of a serious emergency or for serious illness should provide appropriate documentation to the didactic instructor. Whether these absences are counted towards the maximum of three allowable absences will be decided on a case-by-case basis. Make-up work may still be required.

Snow/Inclement Weather/Emergency Closing Policy:
Interns are expected to follow their assigned sites' policies for closing for inclement weather or other emergencies. If an intern is unable to arrive at the site but the site is open, the intern, in negotiation with the site and his or her supervisor, may make arrangements to make up the time or use one of his or her designated time off days. Friday didactic seminars will follow the closing policy of Chestnut Hill College. Should weather or other circumstances force the closing of the College, an announcement will be made on KYW News Radio 1060AM or posted at www.kyw.com. The School of Graduate Studies snow number is **KYW 2155**. An announcement is also recorded at (215) 248-7009 and posted to the college website at www.chc.edu. Interns are also encouraged to enroll in the College's Emergency Notification Service, which uses voice messaging, text messaging, and email to send out critical information to the College community. This service is free, although standard voice and text messaging charges may apply. Interns may opt-in to this service by enrolling at: http://www.chc.edu/at_the_hill.aspx?id=1948&terms=emergency%20notification.

IX. INTERN RIGHTS AND RESPONSIBILITIES

Expectations of Consortium interns include the following:

1. To behave according to the guidelines established by the APA Ethical Principles of Psychologists.
2. To behave in accordance with the laws and regulations of the Commonwealth of Pennsylvania or the state within which the Agency resides and with HIPPA.
3. To act in a professionally appropriate manner that is consistent with the standards and expectations of each training site (including a reasonable dress code), to integrate these standards as a professional psychologist into a repertoire of behaviors, and to be aware of the impact of these behaviors on clients and colleagues.
4. To meet training expectations by fulfilling goals and exit criteria.
5. To make appropriate use of supervision and other training formats (e.g., seminars and didactic activities) through such behaviors as arriving on time and being prepared, taking full advantage of the learning opportunities, as well as maintaining an openness to learning and accepting and using constructive feedback effectively.
6 To manage personal stress, including tending to personal needs, recognizing the possible need for professional help, accepting feedback regarding this, and seeking that help if necessary.

7. To give professionally appropriate feedback to peers and training staff regarding the impact of their behaviors and to the training program regarding the impact of the training experience.
8. To participate actively in the training, service, and overall activities of the Consortium with the goal of providing competent professional services across a range of clinical activities and settings.

In general, the Consortium will provide interns with the opportunity to work in a setting conducive to the acquisition of skills and knowledge required for a beginning professional.

The rights of interns will include:

l. The right to a clear statement of general rights and responsibilities upon entry into the internship program, including a clear statement of goals, objectives and exit criteria of the training experience.
2. The right to clear statements of standards upon which the intern is to be evaluated four times per year.
3. The right to be trained by professionals who behave in accordance with the APA Ethical Guidelines and Code of Conduct.
4. The right and privilege of being treated with professional respect as well as being recognized for the training and experience attained prior to participation in the CHC Internship Consortium.
5. The right to ongoing evaluations which are specific, respectful, and pertinent.
6. The right to engage in ongoing evaluation of the training experience.
7. The right to initiate an informal resolution of problems that might arise in the training experience through request(s) to the individual concerned, the Site Director and/or Internship Director, and/or the training staff as a whole.
8. The right to due process when informal resolution has failed or when there is a need to determine if an intern's rights have been infringed upon. (see Due Process Procedures section in this Manual).
9. The right to privacy and respect of personal life.
10. The right to expect that the Consortium will try to make accommodations to meet any special training needs. Requests for disability accommodations need to be made through the CHC Disability Resource Center. Instructions for requesting accommodations can be found at www.chc.edu/disability.

X. CONSORTIUM GOALS, OBJECTIVES, AND TRAINING PLAN

The CHC Internship Consortium seeks to build on the skills developed during doctoral coursework in order to prepare competent entry-level professional psychologists who can function in a variety of clinical settings and continue to develop professionally throughout their careers**.**

The philosophy of the Psychology Internship Consortium is based on a graded or developmental approach to training, a practitioner–scholar model, and an emphasis on a consortium (collaborative) approach.

The graded or developmental approach focuses on the professional growth of the intern over the course of the training year. Interns enter the program with a student status but exit as professional colleagues, with appropriate levels of competency for each of the program goals. Supervision, clinical duties, and training seminars are more structured at the beginning of the year, with an emphasis on strengthening and solidifying existing skills rather than on developing new ones. As the year goes on, the emphasis shifts to more advanced skills. The various sites also take a graded approach to administrative skills, with interns given more advanced tasks as the year progresses.

As practitioner–scholars, the Chestnut Hill College Internship Consortium is committed to the integration of clinical practice with scientific inquiry, the use of existing research, the view that psychologists are both active consumers of and contributors to research, the value of reflective and critical thinking, and the knowledge of the empirical bases of clinical practice including evidence-based treatment. Interns are expected to integrate research and clinical practice in all of their training activities. As such, the internship requires participation in a research seminar and the completion of a research-related project over the course of the training year (as previously mentioned). Additionally, the internship experience allows for some time to be spent on completing the doctoral dissertation, exploring evidence-based therapies, or other ways in which the intern, in conjunction with the Site Clinical Supervisor, chooses to integrate research with practice. These activities take place at the discretion of the Site Clinical Supervisor and within the guidelines of the Internship Exit Criteria. No more than 375 hours of the 2000 required hours for internship may come from research-related activities.

Through the course of the internship experience, interns gain experience in initial assessments and diagnosis, psychotherapy (individual, group, crisis intervention and family systems based interventions), consultation/outreach, psychological testing, emergency coverage/crisis intervention, supervision of practicum students, work with diverse populations, and applied research.

The consortium approach means that interns benefit from shared resources and shared goals. They are trained in a broad range of fundamental and common skills, with specialization areas available at the different sites. Interns usually train all year primarily at one site, but benefit from vicarious exposure to other interns, professionals, issues, approaches, and ideas from the other sites on a weekly basis during the many seminars. Additionally, the Consortium model also allows for interns across sites to benefit from resources and training as approved by the Internship Director and Site Directors. These situations expose interns to diverse populations and training experiences.

> Internship Training Committee. The consortium approach to training also ensures that interns receive support, guidance and input from licensed psychologists on the Internship Training Committee. The Training Committee is comprised of a representative from each of the Consortium sites, and the Internship Training Director. Members of the Training Committee meet on a quarterly basis to discuss training goals, needs, objectives, and changes that may be necessary. Each Consortium site agrees to provide at least one didactic seminar to interns, which allows interns to benefit from different perspectives, areas of expertise, and training styles.
>
> Members of the Training Committee may have informal discussions throughout the internship year through telephone calls, emails, during site visits by the Internship Director, or during

quarterly committee meetings. In addition, at any time during the training year, the intern may call on any or all members of the Training Committee for support or guidance. Each member of the Training Committee takes responsibility for informing the other members of the Committee about any concerns regarding the intern, the intern's site, or other aspects of the Consortium that may be affecting the intern's training experience or ability to meet training goals. The training Committee is also convened formally in the Due Process procedures outlined in this Manual, and the Committee follows all procedures outlined in the Due Process Section of this Manual when those procedures are implemented.

Consortium Goals

The Consortium has eight goals. Each goal has objectives (the specific ways in which goals are defined), processes (the training methods by which goals and objectives are met), outcomes, and exit criteria. Progress made on these goals and objectives is formally measured four times a year via the written *Intern Evaluation Form-Clinical Supervisory Inventory (CSI).*

A. Training Processes

Training processes include hands-on practice, direct observation, individual and group supervision, and participation in didactic activities. The Consortium believes that psychologists-in-training learn to develop and strengthen skills not only by practicing those skills, but also by observing other psychologists and by being observed themselves. For example, interns may have the opportunity to co-lead a therapy group with a training staff member, or record a session for review in supervision. Training staff may also present their work on tape during orientation or didactic seminars. Opportunities for viewing video or audiotapes may be available depending on the site. It is expected that interns will present their work to their supervisors on a regular basis. Interns receive a minimum of four hours per week in supervision, of which at least two hours are face-to-face, individual supervision. In addition to the weekly Friday didactic training activities that interns attend as a cohort, they may also participate in additional educational and training activities at their sites. They are also encouraged to attend local and national conferences and are provided with time off to do so.

B. Outcomes

Outcomes and competencies are assessed in many different ways. Interns are formally evaluated in writing four times per year and the training program and supervisors are also assessed throughout the year, both formally and informally. Interns also complete formal self-assessments at the onset, middle, and end of training. On the *Intern Evaluation Form/CSI* and *Self-Assessment* forms, the competency levels of interns are rated on each goal area (from 0: "Below Acceptable Level for an intern at any time during the internship" to 3: "Readiness for Entry to Practice"). The primary individual supervisor for each intern completes the form with input from additional supervisors, staff persons, and seminar leaders, as well as from the intern. The evaluation is based on direct observation of the intern's work (e.g., via tapes or in co-therapy), intern case notes, intern self-reports, intern seminar participation, and input from supervisees and other site personnel. A score of 0 at any time during the year may result in probationary status or other forms of remediation (see Due Process Section of this Manual)

In order for interns to successfully complete the Consortium program, they must fulfill the areas described in the exit criteria. This includes ratings of a 3 ("Readiness for Entry to Practice") in all areas of the final *Intern Evaluation Form-Clinical Supervisory Inventory (CSI)* form.

In addition to formal evaluations, interns will track all assessment, intervention, and clinical work, and client demographics on Time2Track, a secure online data tracking system, http://www.time2track.com, which can be monitored by the Site Clinical Supervisor as well as the Internship Director. Finally, the progress of former interns and their retrospective assessments of the internship program are assessed distally via the *Alumni Surveys* (see Appendix A: QAI Forms)

C. Goal-Specific Exit Criteria

The CHC Internship Consortium provides an organized training program that seeks to build on the skills developed during doctoral coursework in order to prepare competent entry-level professional psychologists who can function in a variety of clinical settings and continue to develop professionally throughout their careers**.**

The Consortium has eight specific training goals that are designed to assist interns in meeting the overall program goal noted in the previous paragraph. The eight training goals have been established in order to:

- Provide depth and breadth of training.
- Expose interns to new populations and settings, as well as to assist them in gaining greater expertise in settings in which they may have had prior experience.
- Build and expand upon the intern's prior academic and practicum experiences and facilitate integration of academic knowledge with clinical practice.

Goal-specific exit criteria must be fulfilled in order for the intern to successfully graduate from the program. Each exit criterion has been designed to coincide with a specific training goal. In addition to meeting the goal-specific exit criteria, each intern must meet all of the exit criteria outlined in Section IX of this Manual.

The eight goals, objectives, processes, outcomes, and exit criteria of the internship program are outlined below:

Goal #1: Readiness for entry to post-doctoral level of professional practice in the areas of assessment, evaluation, and testing Skills.
Objective: Production of interns with competence in assessment and diagnosis of problems, capabilities, and issues associated with individuals, groups and organizations.

Competencies: Interns will understand and know how to organize and perform intakes, clinical assessments, and psychological testing. They will conduct thorough, professional interviews to include: identifying information, presenting problems, symptoms, background information/history (family history, relationship/social status, cultural/religious status, academic/occupational status, financial/legal status, previous mental health treatment, medical status, substance use/abuse, traumatic experiences), diversity aspects, mental status, suicidal/homicidal ideations, strengths, clinical/diagnostic impressions, tentative treatment plan/goals, and diagnosis. They will document

this information as required by the site and refer clients when appropriate to other professionals and agencies. Interns will choose, administer, score, and interpret standard psychological tests accurately and appropriately, making cultural modifications as necessary. They will write articulate and timely reports and communicate assessment findings accurately to clients and referral sources.

Interns will accurately identify the nature of the client's presenting problem and/or referral question. They will determine environmental stressors and support systems that affect the client's ability to function. They will understand and respect ethical and diversity issues in psychological assessment. They will assess the client's strengths and weaknesses in determining the nature of the problem. They will appropriately use the diagnostic criteria and will formulate tentative statements of prognosis. Interns will use test materials appropriately in order to address referral questions and will organize materials into a cohesive battery.

Processes: Interns receive direct experiential practice doing assessment/intakes on a regular basis. All interns are required to complete a minimum of two comprehensive psychological assessments over the course of the training year. These assessments include administration of psychological tests, scoring of psychological tests, interpretation and write-up of results, and provision of feedback to clients. These activities are performed under the guidance of the clinical supervisor, who approves the completed assessment. Interns are supervised on their intakes in individual supervision. Interns will attend the Assessment and Evaluation Didactic Modules. Interns must present at least one testing case in the Didactic Activities over the course of a year.

Outcomes: Interns are formally evaluated in writing on their initial assessment skills four times per year. This evaluation is made by the primary individual supervisor, with input from the intern and from the rest of the training staff on site.

Interns also receive feedback from the Internship Training Director (or her designee) and their peers on their assessment presentation.

Minimum Threshold of Achievement: Completion of a minimum of 2 assessments/intakes with write-up and supervisor approval; evidence of thorough screening, appropriate diagnosis, relevant recommendations, and clearly written reports; attendance and full participation in the assessment seminars; presentation of at least one psychological assessment case during the Consortium-Wide Didactic Activities.

Goal #2: Readiness for entry to post-doctoral level of professional practice in the areas of psychotherapy and intervention Skills.
Objective: Production of interns with competence in psychotherapeutic interventions designed to alleviate suffering and to promote health and well-being of individuals, groups and/or organizations.

Competencies: Interns will clearly articulate a theoretical conceptualization of a patient and translate that understanding into effective and realistic psychotherapeutic interventions. They will establish and maintain a working therapeutic relationship. They will time interventions effectively and will demonstrate a balanced awareness and responsiveness to cognitive, affective, behavioral, and familial and systems aspects of treatment. Interns will possess the ability to intervene in crisis situations. They

will demonstrate the ability to manage complex issues in accordance with their own experience and developmental level. They will assess and direct the course of treatment. They will demonstrate familiarity and competence with appropriate empirically-supported treatments for the presenting issue and familiarity with psychopharmacological treatments. They will manage transference and termination issues. When leading or co-leading groups, interns will understand and use the group process to facilitate group goals. They will have good working relationships with their co-facilitators. They will clearly articulate a theoretical framework of group psychotherapy and translate that theory into practice. They will show sensitivity to and appropriate use of nonverbal communications, and use a range of appropriate interventions as indicated. They will use their knowledge and understanding of cultural and gender issues in all interventions.

Processes: Interns receive direct experiential practice in psychotherapy and intervention skills throughout the internship year (a minimum of 150 hours spent in direct, face-to-face intervention with clients). Interns receive two hours per week of individual supervision that includes discussions of psychotherapy skills. In addition, interns attend a variety of didactic modules devoted to case presentations, case conceptualization, treatment, diversity in treatment and practice, evidence-based and empirically-supported treatments, and a variety of clinical interventions. Interns also present at least one intervention case during didactic seminars, according to the format in Appendix O.

Outcomes: Interns are assessed formally in writing on their psychotherapy and intervention skills four times per year. This assessment is made by their Site Clinical Supervisor, with input from other supervisors, other site staff members, and the intern and from the Internship Director and other CHC faculty who have had the opportunity to observe the intern through case presentations and in discussion during the didactic activities. Additionally, interns are rated by their peers and the Internship Training Director (or her designee) on their case presentations during didactic seminars.

Minimum Threshold for Achievement: Completion of therapy cases with successful termination and supervisor approval (a minimum of 150 face-to-face hours spent in intervention activities); review of therapy recording by supervisor (if recording is approved at the intern's site); presentation of at least one intervention case during didactic seminars; attendance and full participation in Professional Practice Didactic Modules, including providing questions, comments, and peer supervision when other interns are presenting cases.

Goal #3: Readiness for entry to post-doctoral level of professional practice in the areas of working with diverse populations.

Objective: The production of interns with competence in awareness, sensitivity, and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal backgrounds and characteristics defined broadly and consistent with APA policy.

Competencies: Interns will be sensitive to and evaluate the needs of diverse populations. Interns will show awareness of diversity including age, disability, ethnicity, gender, gender identity, race, language, culture, national origin, religion, sexual orientation, and social class. They will be aware of appropriate community resources and will make referrals when appropriate. They will become aware of their own attitudes and values and how these affect the psychotherapy process (e.g., sexism,

racism, and heterosexism). They will demonstrate theoretical and empirical knowledge and the ability to employ effective techniques with special populations.

Processes: Interns participate in the Diversity and Multicultural Didactic Modules. These focus on formal and informal exploration of professional and personal issues pertaining to multiculturalism. Multicultural issues are also woven into many other didactic activities relating to areas such as assessment, testing, psychotherapy, research, and professional practice. All individual and group supervisory activities routinely include careful examination of diversity considerations. Additionally, interns are required to address diversity issues in both their assessment and intervention case presentations.

Outcomes: Interns receive ongoing feedback on their work with diverse populations during individual supervision, as well as during the didactic activities. They are formally evaluated in writing on this skill four times per year by their Site Supervisor with input from other training staff members who have observed their work during case presentations, group discussions, and in the Diversity and Multicultural Didactic Modules.

Minimum Threshold for Achievement: Attendance and full participation in the Diversity and Multicultural Didactic Modules; ability to articulate diversity issues in clinical work; ability to identify own cultural/diversity issues; ability to work competently in psychotherapy with diverse clients; demonstration of awareness and sensitivity of diversity issues during all didactic activities and in all clinical work.

Goal # 4: Readiness for entry to post-doctoral level of professional practice in the areas of consultation/outreach/program development skills.

Objectives: The production of interns with competence in interventions related to consultation, administration, program development and outreach.

Competencies: Interns will demonstrate theoretical knowledge of consultation models and will apply theory to practice. They will work with their supervisors to develop an outreach, consultation project, or a program based on specific population needs. They will demonstrate competence in understanding administrative and program development/evaluation issues effectively. They will demonstrate facility with public visibility, agency representation, presentations, and public relations. They will demonstrate the ability to coordinate services. They will demonstrate the ability to evaluate and adjust interventions. Interns will demonstrate understanding of the difference between consultation and supervision. They will demonstrate competence to serve on and effectively present to inter-professional teams and/or consultees. Finally, interns will demonstrate competence in their understanding of both the role(s) of a psychologist and mental health professionals in a variety of settings, including integrated healthcare settings, and to represent psychology in a professional manner when working closely with other health care providers and treatment teams.

Processes: Depending on the site, interns may work with inter-professional and interdisciplinary teams of health care providers, schools, college resident advisors, social services, various aspects of the law enforcement community (attorneys, parole officers, halfway houses, etc.), other mental health and healthcare professionals, and family members. Interns may enter into ongoing consultation relationships; may give presentations, workshops, or trainings on a variety of psycho-educational

topics; or may develop programs specific to sites. Interns will present their projects during a didactic seminar at the end of the training year to gain experience presenting their ideas and offering feedback to other interns.

Outcomes: Interns are evaluated formally in writing on their consultation/outreach/program development skills four times per year by their individual supervisors with input from other training staff members who have presented with them or worked with them on the consultation, outreach, or program development project.

Minimum Threshold for Achievement: Successfully completing at least one consultation/outreach/program development project at the intern's site, as evaluated by the Site Supervisor; presentation of the goals, objectives, and outcomes of the project during a Professional Practice didactic seminar; ability to articulate an understanding of various systemic, population, and diversity issues that can affect the implementation and outcome of outreach and consultation projects; ability to evaluate the program's successes and ways in which similar programs could be provided to similar or different populations.

Goal #5: Readiness for entry to post-doctoral level of professional practice in the areas of crisis intervention/emergency skills.
Objectives: The production of interns with competence in interventions related to appropriately assessing risk of suicidality/homicidality, and interventions related to crisis situations.

Competencies: Interns will quickly identify and clarify the nature of the client's presenting problem. They will perform basic mental status exams. They will exhibit competence in appropriately assessing the risk of suicide/homicide and taking appropriate next steps. They will rapidly determine environmental stressors and support systems and will assess client's strengths and weaknesses. They will form appropriate short-term treatment plans with follow-ups as needed. They will demonstrate competence with legal and ethical issues related to crisis intervention and emergency skills. They will know appropriate procedures for emergency consultation and hospitalization. They will use community resources when applicable.

Processes: Depending on the site requirement, interns may carry a pager and handle after-hours crises, hold walk-in hours, deal with telephone or in-person clinic crises, or handle emergency situations as they arise within an ongoing therapy relationship. In all cases, interns will be provided with senior staff back-up as needed. Interns will discuss ways in which to handle emergency and crisis situations with their supervisors. Interns will attend seminars on suicidality and crisis intervention within the Professional Practice Didactic Module, and will discuss various scenarios and procedures during these activities. Interns may participate in role play activities during didactic seminars or individuals supervision, in which they demonstrate the ability to assess risk level of a "patient."

Outcomes: Interns are formally assessed in writing on these skills four times per year by their Site Supervisors, with input from other staff members. Interns will also exhibit knowledge of these skills in the didactic activities and case discussions. They will be assessed on the Intern Evaluation Form by

the Internship Director on their ability to display competence in this area as demonstrated during the didactic seminars.

Minimum Threshold for Achievement: Demonstration to supervisor and/or Internship Director on site and during didactic activities (through live role play, recording, or account of case) of ability to perform a telephone or face to face assessment including suicide potential, lethality/homicidal potential, and mental status; demonstration to Site Supervisor (through live role play, recording, or on-site activities) of ability to help client develop a safety plan and short term crisis management plan which utilizes resources, strengths, and support systems; demonstration to supervisor of knowledge of and ability to appropriately access crisis intervention/hospitalization resources; demonstration to supervisor of knowledge and ability to perform legally and ethically in crisis situation; demonstration to supervisor of appropriate use of training staff consultation and back-up; demonstration to supervisor and Internship Director of strong systems intervention interpersonal skills; demonstration to supervisor and Internship Director of ability to seek out support and to utilize stress management strategies in order to manage burnout and secondary trauma; demonstration to supervisor of the ability to document all emergency/crisis intervention contacts thoroughly and accurately on appropriate forms and notes. Competence of the above Crisis Intervention skills is documented by the Site Clinical Supervisor and the Internship Director on the Intern Evaluation Forms.

Goal #6: Readiness for entry to post-doctoral level of professional practice in the areas of supervision/management skills.
Objectives: The production of interns with competence in the professional knowledge base of supervision and training, and in the evaluation of the effectiveness of various professional activities, both as a supervisee and as supervisor of other students/trainees.

Competencies: Psychology interns supervise other students training at the practicum level whenever possible. They also provide peer supervision on their sites, during group supervision, and in didactic case consultations. Interns act as professional role models with their supervisees and will demonstrate understanding of and adherence to ethical standards. They will show awareness of client/therapy issues and aid their supervisees with diagnostic and treatment issues. They will work to establish a supportive yet challenging learning environment and develop a supervisory relationship that respects individual differences and mutual boundaries. When they are involved in supervisory relationships, they will manage their own time and their supervisee's time effectively. They exhibit understanding of legal/ethical issues related to supervision. They will use appropriate didactic material and will be knowledgeable about different theories and models of supervision and community resources. As a supervisee, interns will present themselves professionally, be open and responsive to supervision, communicate effectively with their supervisors, come prepared for supervision, and will use feedback effectively. Their activities, both as supervisors and supervisees, will be professional and will reflect effective time management and effective management of procedures.

Processes: When they are supervising a student, interns meet one hour per week with their supervisee and perform all aspects of supervision including case management, review of notes and recordings, and written evaluation of their supervisees. Interns are supervised on their supervision both in individual and group supervision. In both types of supervision, interns present their supervision work. The didactic activities on supervision provide the interns with feedback on their supervision work in Group Supervision and in peer discussions, as well as to expose interns to a

variety of supervision issues, models, and styles. In their own supervision sessions with their Site Supervisors, interns communicate openly and effectively. As supervisors and supervisees, interns have awareness of how their own personal issues may affect the supervision process. Interns manage their own time, paperwork and processes effectively in the supervision process, both as a supervisor and supervisee. Interns serve as peer supervisors to each other by providing feedback to other interns on their didactic presentation and assessment and intervention case presentations.

Outcomes: Interns who engage in supervision are formally evaluated in writing four times per year on their supervision skills by their supervisor, with input from other interns, supervisors, and/or CHC faculty who have observed their work in group supervision and/or during the formal presentations. They are also evaluated in writing by supervisees four times per year (or when indicated) using the *Evaluation of Supervisor* form, which is returned to the intern's primary supervisor.

Minimum Threshold for Achievement: Passing the supervision case presentation; receiving 3 on all areas covered in the *Evaluation of Supervisor* form completed by intern's supervisee and receiving a 3 on the "Intern as Supervisor" section of the final Intern Evaluation Form.

Goal #7: Readiness for entry to post-doctoral level of professional practice in the areas of adherence to ethical standards and policies, and development of a professional identity. Objectives: The production of interns with competence in application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations. The production of interns with professional values and ethics as evidenced in behavior and comportment that reflects the values and ethics of psychology, as well as behavior that exhibits integrity and responsibility.

Competencies: Each intern will demonstrate a working knowledge of and adherence to the American Psychological Association ethical guidelines and Codes of Conduct. They will be aware of and appropriately function within pertinent State laws governing all aspects of professional practice. In initial assessment/intake sessions with clients, they will review the site's legal and ethical statement and provide appropriate disclosure statements, including their status as an intern. During all other contacts with clients, interns will demonstrate appropriate concern and advocacy for client welfare and will conduct themselves in an ethical manner at all times. Interns will demonstrate the acquisition of a professional identity and socialization into the profession.

Processes: At least three (or more) didactic activities within the Professional Practice Didactic Module are devoted to ethics. Further, interns are required to address ethical issues in their case presentations. In addition, ethics and the development of a professional identity are discussed during individual and group supervision, in all the ongoing training activities, and often during staff meetings. Job search strategies, as well as awareness of professional development during and after internship, are presented seminars within Professional Practice Didactic Module, as well as in supervision sessions.

Outcomes: Interns are formally evaluated in writing four times per year on their adherence to ethical standards and the development of a professional identity, using the Intern Evaluation Form. This evaluation is made by their individual supervisor with input from other training staff, the Internship

Director, and CHC faculty who have observed their behavior with patients and during the various training activities and staff meetings.

Minimum Threshold for Achievement: Performance of assigned tasks, interactions with programs, staff, and systems, interactions with other professionals, and supervisor's judgment; ability to identify legal/ethical issues in clinical work; awareness and understanding of relevant ethical codes and professional guidelines; attendance and full participation in the professional practice activities; scores of 3 on the "Ethical Legal Standards" section of the final Intern Evaluation Form.

Goal #8: Readiness for entry to post-doctoral level of professional practice in professional presentation and communication skills.
Objectives: Production of interns with skills in generating professional presentations and research that contribute to the professional knowledge base and/or evaluating the effectiveness of various professional activities.

Competencies: Interns will develop their skills in effectively communicating their ideas to others through teaching, case/didactic presentations, and writing activities. All of their communications will be at a level appropriate for the intended audience and compliant with applicable ethical, legal, cultural, and confidentiality considerations. Interns will be well-prepared, organized, and scholarly in all professional communications. When indicated, didactic presentations will include the integration of relevant clinical and research literature and consideration of empirical evidence and/or outcomes measurement. In both oral and written communications, interns will handle feedback in an open, respectful and non-defensive manner and project a suitable professional identity. Similarly, interns will actively participate in other's presentations in a professional manner.

Processes: Interns have the opportunity to communicate orally and in writing through virtually every aspect of the internship experience, from providing clinical and assessment services and documenting them, to supervision, participation in treatment teams, and conducting formal and informal clinical presentations to both professional and non-professional audiences through their site and the training activities.

Outcomes: Interns are formally evaluated in writing four times per year on their communication and professional presentation skills on the Intern Evaluation Form. This evaluation is made by their individual supervisor with input from other supervisors, site training staff, supervisees, patients/families, the Internship Director, and CHC faculty who have observed their oral and written communications during the various training activities and staff meetings.

Minimum Threshold for Achievement: Supervisor's evaluation of the intern's performance in all oral and written communicative tasks; appropriate, effective and professional communications with patients/families, peers, supervisees, programs, staff, other professionals, and supervisor's judgment; full attendance and participation in all training activities, with scholarly and professional oral and written presentations as determined by CHC faculty and staff who have observed the presentations; Scores of 3 on the Professional Presentations and Communication Skills section of the final Intern Evaluation Form/Clinical Supervisory Inventory (CSI).

In addition to the eight specific goals delineated above, interns are expected to adhere to and be familiar with all relevant ethical and legal standards in all of their activities as an intern (see Section III., Ethical Standards). They are also expected to engage in reflective practice, self-awareness, and self-care; to relate effectively and meaningfully with individuals, groups, and/or communities; to meet site specific requirements related to paperwork, reports, and policies and procedures; and to meet Consortium requirements related to didactic activities, paperwork, and other requirements as outlined in this manual.

XI. SELECTION CRITERIA

Site Selection
Sites are selected to become part of the Consortium based on the site's ability to meet all of the training goals and objectives in this Training Manual. Only sites that can meet all of the requirements of this training Manual may be approved to be part of the Consortium. An individual site may provide a full-time slot, or more than one part-time slots from other member sites may be joined to create a full-time training slot. Entrance criteria for sites can be found in Appendix R of this manual.

Intern Selection
The Internship Selection Process is conducted through the APPIC match system. Selection criteria may include, but are not limited to, the following:

1. Academic Record
   Preference for the following characteristics:
   - Grade Point Averages (GPAs) of 3.0 or higher or, in the event that a traditional GPA is not utilized, receiving only grades of *Pass* in all courses

2. Clinical Experience
   Applicants must have completed assessment and clinical experience practica

3. Scholarly Productivity (concordance with practitioner–scholar model)
   Preference for the following characteristics:
   - Doctoral dissertation proposal accepted prior to submitting AAPI on APPIC website
   - Experience with the practitioner–scholar or similar training models.
   - Presentations, publications, or other experiences which provide evidence of practitioner–scholar identity

4. Diversity and Multicultural Interest and Experience
   Preference for the following characteristics:
   - Interest in and some experience with diversity, including evidence of self-awareness of own cultural issues
   - Academic classes in multicultural issues or diversity training

5. Match with Site
   Preference for the following characteristics:
   - Evidence of desire to train with the Consortium
   - Previous experience relevant to specific site(s)

- Shared philosophy and training goals with the Consortium

6. Oral Communication and Writing Skills
   Preference for the following characteristics:
   - Evidence of well-developed oral communication skills and comfort with public speaking and conducting formal and informal presentations
   - Evidence of professional, organized, and articulate writing skills in application materials

7. Letters of Recommendation
   Preference for the following characteristics:
   - Three letters of recommendation (at least one from a professor or instructor and at least one from a field supervisor) that are above average
   - High recommendations without any reservations

8. Other Factors
   Preference for the following characteristics:
   - Interns who are flexible, non-defensive, open to constructive feedback, collaborative, ability to work independently while being open to new approaches, and with no evidence of personality problems
   - Interns who can speak a second language, have additional related experiences, have won special awards and honors, and/or who show apparent personality strengths
   - Students from APA-accredited doctoral programs
   - Interns with some knowledge and experience of healthcare administration and financing, insurance reimbursement, and managed care

XII. INTERN SELECTION PROCEDURES

All applications are submitted through the APPIC website. Details regarding required application materials are included in the APPIC website. Application materials may include:

1. A brief cover letter outlining the applicant's interest in the Consortium and their reasons for wanting to train at the clinical sites to which they are applying.
2. Completed APPIC Application for Psychology Internship (AAPI), which can be obtained at http://www.appic.org.
3. Letters of recommendation
4. Copies of de-identified assessment reports

No Consortium site may request a printed copy of an applicant’s application materials from the applicant.

The Consortium is an APPIC-member site and as such participates in the APPIC match (using National Matching Services, NMS). All selection procedures are conducted within the APPIC guidelines, including APPIC guidelines for training sites offering multiple programs in the Match. Phase I of the APPIC match is open only to Chestnut Hill College students. Phase II of the Match is open to all students participating in Phase II, including students from other doctoral programs.

The selection committee at the each site consists of the Consortium Site Director and senior supervisory staff, in consultation with the Consortium Internship Director. For Phase I, sites are requested to interview all candidates who apply, but may choose not to do so in consultation with the Internship Director if they believe an intern would not be a good match for the site. All applicants are first interviewed by the Internship Training Director, to assess overall fit within the Consortium model. Applicants are then interviewed by the sites where they have expressed an interest in training. Interview times, format, and questions are determined by each site. Candidates are also encouraged to talk with current interns about their training experiences. Current CHC interns at the site will be available to applicants for information purposes, but will not be part of the selection committee and will have no selection authority. Candidates who do not pass the interview may be notified by telephone or in writing by the site at the conclusion of the interviews. When interviews are concluded, Site Clinical Supervisors submit confidential rank order lists to the CHC Internship Director who inputs the information into the APPIC computer system. All rank order procedures for Phase I are consistent with APPIC requirements as outlined on www.appic.org. By submitting final ranking information to the Internship Consortium, sites are making a binding agreement to train the applicants matched to their sites.

For Phase II, the Internship Director reviews all applications and forwards applications of qualified candidates to Site Directors. Site Directors must not require applicants to attend an on-site interview, but may conduct in-person, phone, or videoconference interviews (i.e., Skype) with Phase II candidates. After the interview process is complete, Site Clinical Supervisors submit confidential rank order lists to the CHC Internship Director who will input the information into the APPIC computer system. All rank-order procedures for Phase II are consistent with APPIC requirements, as outlined on www.appic.org. By submitting final ranking information to the Internship Consortium, sites are making a binding agreement to train the applicants matched to their sites.

The Match results constitute a binding agreement to contract with applicants matched to the sites. Internship sites agree to abide by the APPIC policy that no person in their training facility will solicit, accept, or use any ranking-related information from any intern applicant.

The Consortium avoids recruiting or selecting intern candidates who might have multiple role relationships with the site staff whereby conflicts of interests would be to the detriment of the intern. The Consortium is committed to upholding the APA Ethical Principles and Code of Conduct.

The Consortium does not discriminate on the basis of race, color, sex, sexual orientation, age, religion, national origin, disability, or on the basis of any other criteria that is inconsistent with state or local laws in the administration of its educational policies, admission policies, or financial aid.

Clinical Site Choice to Not Offer a Position/Affiliated Sites

Affiliated clinical training sites may be unable to accept applications for their site for a given training year(s) or, after reviewing applicants, they may decide not to rank interns for that training year. Also, they may end up with unmatched slots after the matching process. Such sites will maintain their affiliation with the Consortium even though the site does not have an intern placed at the site during that training year. The affiliated training site continues to be a participant in all Consortium activities and decision-making. It is the assumption that Consortium sites will view themselves as long-term

and ongoing members of the Consortium. Affiliated sites that have not offered a full or part-time slot may provide occasional or part-time supervised training opportunities for Consortium interns; these training experiences are designed to offer interns exposure to populations or clinical experiences that they may not receive from their primary training site(s). Training experiences at affiliated sites must be approved by the Consortium Director, and must meet the training criteria outlined in this Manual.

XIII. COMPENSATION AND BENEFITS

Interns are expected to complete a total of 2000 hours in the training year. Due to the full-time nature of the internship, interns are discouraged from additional outside employment. Interns who do seek outside employment should share this information with the Site Director and the Internship Director.

Each intern is formally titled "Intern." A full-time intern position is a minimum of 40 hours per week, with a maximum of 45 hours per week. The internship begins on July 1, 2014 and ends on June 30, 2015.

A. Intern Compensation

The Consortium does not allow uncompensated internships. Interns will be offered a one (1) year internship contract by the Agency or Agencies which selects them. For the 2014-2015 training year, interns are paid a stipend of $19,500. Stipends are paid by the sites to Chestnut Hill College, which disburses the funds to the interns. Agencies are invoiced at the end of the month following an interns' service. Interns are paid on the 15th of the following month (2014-2015 pay dates: 8/15/14, 9/15/14, 10/15/14, 11/15/14, 12/15/14, 1/15/15, 2/15/15, 3/15/15, 4/15/15, 5/15/15, 6/15/15, and 7/15/15). Intern checks are mailed to the address on file for the intern, unless other arrangements have been made in advance. Interns may not accept direct payment from clients for any services provided through the site. Interns cannot be paid on a fee-for-service basis in which their stipend is directly dependent upon income generation. Interns may not bill for their time under a license from another professional and may not bill under any other professional license they hold. However, the site may bill third-party payers for the services of interns if that is allowable within the site's service contracts, and if the supervisor is able to sign off on the billing under his/her license, with the supervisee status clearly indicated.

B. Benefits

Paid Time Off: 15 days annual paid time off a time mutually agreeable to the site, to CHC, and to the intern. Paid time off may be used for vacation, sick, or personal leave. No more than two vacation days may be used for Friday afternoon didactic sessions. Any additional time off must be made up. Interns are responsible for ensuring that they meet the 2000 minimum hour requirement for completion of the internship.

10 holidays as follows (Please note that on occasion the requirements and demands at some sites may require interns to work on one or more of these holidays. In these cases, the site, the site supervisor, and the intern may negotiate an alternative date to exchange for the holiday time.):

- Independence Day: July 4, 2014
- Labor Day: September 1, 2014

- Thanksgiving: November 27 and 28, 2014
- Christmas: December 24 and 25, 2014
- New Year's Day: January 1, 2015
- Martin Luther King, Jr. Day: January 19, 2015
- Good Friday: April 3, 2015
- Memorial Day: May 25, 2015

Consortium Training Seminars: Sites release the interns for one day per week to attend regularly scheduled education and training activities for all consortium interns (usually held at CHC campus). Interns are also released from their sites for up to 2 days of professional leave, as approved in advance by supervisors, to attend conventions, workshops, job interviews, or other professional development activities.

Chestnut Hill College will provide interns with CHC picture ID cards, which serve as identification cards along with providing access to the CHC fitness center, library resources/facilities, cafeteria, and other campus events.

Please note: all hourly exit requirements documented in this Manual must be met for the internship.

XIV. SITE DESCRIPTIONS

Each affiliated training site will prepare a self-descriptive document containing, but not limited to, the following information. These must be updated when any changes are made and should be current and accurate at all times.

- Site Name and Address
- Contact Information and Website (if available)
- Projected openings (intern slots) for coming training year
- Complete listing of names, credentials, and contact information for all site supervising psychologists and Site Director
- Names and credentials of other licensed/non-licensed staff who will be involved directly or indirectly with intern education and training
- General description of site's range of clinical services (i.e. levels–of-care, target populations, special programs, accreditation status (CARF, Joint Commission, DPW etc)
- Description of site's treatment philosophy, modes of intervention (individual, group, family, crisis intervention) and intervention strategies
- Description of site's major and (if applicable) minor rotations (clinical services) available for intern training
- Description of site's assessment and psychodiagnostic testing opportunities
- Description of intern primary roles and responsibilities
- Description of any special application or experience requirements for interns (i.e. eating disorders, substance abuse, wraparound services experience, etc.)

Site descriptions for current sites are available on the Consortium's website at www.chc.edu/psyd/consortium.

Resources

- APA Ethical Principles and Code of Conduct (2002)
  - http://www.apa.org/ethics/code2002.html

- APA Guidelines on Multicultural Education Training, Research, Practice and Organizational Change for Psychologists
  - http://www.apa.org/pi/multiculturalguidelines.pdf

- APA Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations
  - http://www.apa.org/pi/oema/guide.html

- APA Guidelines for Psychotherapy with Lesbian, Gay and Bisexual Clients
  - http://www.apa.org/pi/lgbc/guidelines.html

- APA Guidelines for Practice with Older Adults
  - http://www.apa.org/practice/adult.pdf

- APA Guidelines for Record Keeping
  - http://www.apa.org/practice/recordkeeping.pdf

- APA Guidelines for Psychological Practice with Girls and Women
  http://www.apa.org/practice/recordkeeping.pdf

- APA General Guidelines for Providers of Psychological Services

- APA Standards for Educational and Psychological Testing

- APA Guidelines for Computer Based Tests and Interpretations

- APA Specialty Guidelines for the Delivery of Services by Clinical Psychologists, Counseling Psychologists, Industrial/Organizational Psychologists, and School Psychologists

APPENDIX A: Yearly Schedule of Quality Assessment and Improvement Activities (Summary)

CHESTNUT HILL COLLEGE
School of Graduate Studies
Internship Consortium

Yearly Schedule of Quality Assessment and Improvement Activities - SUMMARY

During the Application and Recruitment Period

- ❑ Letter of Interest/Cover Letter
- ❑ CV
- ❑ AAPI
- ❑ Child Abuse Clearance (Date Received:_____)
- ❑ Criminal Background Check (Date Received:_____)
- ❑ Internship Survey Form (Date Received:_____)
- ❑ Copy of Student Liability Policy; Expiration:_____ (Date Received:_____)
- ❑ Signed Affiliation Agreement from site (Date Received:_____)

During the Program Orientation (7/11/2014)

- ❑ Intern Contact Information Form (Date Received:_____)
- ❑ Authorization to Exchange Information Form (Date Received:_____)
- ❑ Orientation Self-Assessment (Date Received:_____)
- ❑ Individualized Training Plan (developed in collaboration with supervisor) (Date Received:_____)

End of First Rotation Quarter (9/30/2014)

- ❑ Intern Evaluation Form/Clinical Supervisory Inventory, completed by supervisor (Date Received:_____)
- ❑ Supervisor Evaluation: Summary by Supervisee Form, completed by intern (Date Received:_____)
- ❑ Time Analysis Log (Date Received:_____)
- ❑ Individualized Training Plan is reviewed and updated, if necessary (Date Received:_____)

End of Second Rotation Quarter (12/31/2014)

- ❑ Intern Evaluation Form/Clinical Supervisory Inventory, completed by supervisor (Date Received:_____)
- ❑ Supervisor Evaluation: Summary by Supervisee Form, completed by intern (Date Received:_____)
- ❑ Time Analysis Log (Date Received:_____)
- ❑ Individualized Training Plan is reviewed and updated, if necessary (Date Received:_____)

- ❑ Self-Assessment – Evaluation of Intern Competencies Form, completed by intern (Date Received:_____)

End of Third Rotation Quarter (3/31/2015)

- ❑ Intern Evaluation Form/Clinical Supervisory Inventory, completed by supervisor (Date Received:_____)
- ❑ Supervisor Evaluation: Summary by Supervisee Form, completed by intern (Date Received:_____)
- ❑ Time Analysis Log (Date Received:_____)
- ❑ Individualized Training Plan is reviewed and updated, if necessary (Date Received:_____)

End of the Training Year (6/30/2015)

- ❑ Intern Evaluation Form/Clinical Supervisory Inventory, completed by supervisor (Date Received:_____)
- ❑ Supervisor Evaluation: Summary by Supervisee Form, completed by intern (Date Received:_____)
- ❑ Time Analysis Log (Date Received:_____)
- ❑ Program Evaluation Form, completed by intern (Date Received:_____)
- ❑ End of Training Summary of Experiences and Accomplishments Log, completed by intern (Date Received:_____)
- ❑ Self-Assessment – Evaluation of Intern Competencies Form, completed by intern (Date Received:_____)
- ❑ Intern Contact Information Form, completed by intern (Date Received:_____)

Other Information Required by End of Training Year

- ❑ Didactic Presentation and Summary of Evaluations; Date:_____
- ❑ Assessment Presentation and Summary of Evaluations; Date:_____
- ❑ Intervention Case Presentation and Summary of Evaluations; Date:_____
- ❑ Outreach/Research Project Summary
- ❑ Copy of Research Project Poster

APPENDIX B: Authorization to Exchange Information

The Committee on Accreditation and the Office of Program Consultation and Accreditation of the American Psychological Association (APA) encourage close working relationships between internship programs and graduate programs in professional psychology. Doctoral programs and internship centers share a responsibility to communicate about trainees. More specifically, communication is required regarding preparation for training experiences and progress and status in programs.

This form is intended to facilitate communication between the internship and doctoral program of the intern named below. Please provide the information in the spaces below. By signing this form you are providing permission for your doctoral program and this internship to communicate about your functioning in both programs.

Intern Name: _____

Site: _____

Director of Internship (Site): _____

Address of Internship: _____

_____

Site Director's Telephone Number: _____

Site Director's e-mail: _____

Intern's Doctoral Program: _____

Director of Doctoral Program: _____

Address of Doctoral Program: _____

_____

Academic Program's Director's _____

Telephone Number: _____

Academic Program's Director's e-mail: _____

I grant permission to the above listed internship and doctoral program to exchange information pertinent to my internship, training, and professional development.

_____ _____

Intern Signature Date

Please return this completed form to the Consortium Internship Director

APPENDIX C: Pre-Internship Consortium Quality Measures

Chestnut Hill College
Internship Consortium Orientation Self-Assessment

Intern:_____ Date:_____

Directions: The Orientation Self-Assessment is designed for psychology supervisees to assess their own professional development at the beginning of a training or clinical experience. Supervisees are asked to use the 3-point scale below to rate their skills, competence, and knowledge. Please assess your current level of skill, ability, proficiency, competence, and knowledge using the following scale:

1=Rudimentary 2=Intermediate 3=Advanced NA=Not Applicable/Cannot Say

1.	Knowledge (Theory, Practical) and Understanding of Assessment, Diagnosis	1	2	3	NA
2.	Skills, Proficiency, and Competence in Assessment and Diagnosis	1	2	3	NA
3.	Knowledge (Theory, Practical) and Understanding of Effective Intervention[1]	1	2	3	NA
4.	Skills, Proficiency, and Competence in Effective Intervention[1]	1	2	3	NA
5.	Knowledge (Theory, Practical) and Understanding of Consultation	1	2	3	NA
6.	Skills, Proficiency, and Competence in Consultation	1	2	3	NA
7.	Knowledge (Theory, Practical) and Understanding of Evaluation[2]	1	2	3	NA
8.	Skills, Proficiency, and Competence in Evaluation[2]	1	2	3	NA
9.	Knowledge (Theory, Practical) and Understanding of Supervision	1	2	3	NA
10.	Skills, Proficiency, and Competence in Supervision	1	2	3	NA
11.	Knowledge (Theory, Practical) Understanding, Skills, Proficiency, and Competence in Research/ Scholarly Inquiry	1	2	3	NA
12.	Knowledge (Theory, Practical) and Understanding of Issues of Cultural and Individual Diversity Relevant to All of the Above	1	2	3	NA
13.	Knowledge (Theory, Practical) and Understanding of Ethical and Legal Issues in Professional Psychology	1	2	3	NA
14.	Knowledge (Theory, Practical) Understanding, Skills, Proficiency, and Competence in Health Care Administration & Financing, Psychological Services Delivery and Managed Care	1	2	3	NA

[1] including empirically supported treatments
[2] e.g., program evaluation

Further Comments: (please feel free to use the back of this form for additional comments_____

_____

_____
Intern's Signature

Thank you for completing this self-assessment. Please return it to the Internship Director by the end of the orientation.

APPENDIX D: Pre-Internship Consortium Quality Measures

Chestnut Hill College Internship Consortium
Individualized Training Plan

Supervisee Name: _____ Date: _____

Individualized training plans are designed to assist supervisees in meeting their personal training objectives as well as those of the training program. The rationale for instituting this training plan is to:

1) Prioritize personal training goals at the beginning of the internship, based on the intern's strengths as well as weaknesses as established by the Site Clinical Supervisor and the intern.
2) Be used to by the intern and Site Supervisor to update and re-establish training goals at the end of each quarter. Please use a second page, if necessary, for additional comments.

At the end of each quarter, the intern and supervisor should review this document together based on the intern's progress. Please document any changes to this plan, based on review of the intern's quarterly *Intern Evaluation Form.* Copies of the updated Training Plan should be returned to the Internship Director

Goals of Training:

1.

2.

3.

4.

Plan for Training:

1.

2.

3.

4.

Additional Comments:

Date for Reassessment of Progress:_____

I have read and understand this training plan and been provided opportunities to discuss it with Dr(s). _____

_____ _____

Signature of Supervisee Signature of Site Clinical Supervisor

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APPENDIX E: Consortium Quality Assessment and Improvement Evaluations

Intern Evaluation Form/Clinical Supervisory Inventory (CSI)
Formal Written Evaluation of Intern Competencies
Chestnut Hill College Internship Consortium

To be completed four times a year by the Site Clinical Supervisor, with input as appropriate from site staff, secondary supervisors and Consortium seminar leader.

Intern: **Supervisor(s):**

Date: **Period covered:**

Methods of Observation:

_____ audiotape **_____ discussion** **_____ co-therapy**
_____ videotape/DVD **_____ live** **_____ seminar**
_____ other: _____

Evaluation is designed to be a collaborative process that will facilitate growth. It is intended to pinpoint areas of strength and difficulty and to refine goals. It is a tool for evaluating performance as well as a vehicle for change. In the evaluations below, please identify your strengths as well as areas you wish the intern to work on. Indicate any areas that are of any particular concern to you, as well as your plans to address these areas with the intern. Please refer to the Consortium Goals and Objectives as outlined in the training Manual when evaluating the intern in each of the areas below.

Please note: This form is to provide written evaluations that reflect the training goals of the internship program as outlined in the Consortium Manual. Competencies in the Consortium build on and extend those in the Chestnut Hill College Psy.D. academic program (or intern's home doctoral program). They also include the competency Developmental Achievement Levels (DALS) that are based on the NCSPP competency model of education and training required for entry level practice in professional psychology. In addition, the competencies in these evaluations are based on the Competency Benchmarks Document (September, 2008), Assessment of Competencies Benchmark Work Group convened by the APA Board of Educational Affairs in collaboration with the Council of Chairs of Training Councils**.**

Note that competencies consist of: **knowledge, skills, and attitudes/values.**
Scale for Rating Competencies:
3 = Demonstrates **Readiness for Entry to Practice.** Typical level for an intern at the end of internship
2 = Demonstrates **Appropriate Intern Level.** Typical level for an intern in the middle of internship
1 = Demonstrates **Readiness for Internship.** Typical level for an intern at the beginning of internship
0 = Demonstrates **Below Acceptable Level** for an intern at any time during the internship
N/A = Not applicable

GENERAL INFORMATION

1. **Summarize the goals and areas focused on in supervision over the period covered by this evaluation (or you may attach an updated copy of the Chestnut Hill Individualized Training Plan) :**

2. **Describe the intern's individual interests/specialty areas/rotation covered by this evaluation:**

EVALUATION OF INTERNSHIP GOALS AND COMPETENCIES

1. **Assessment:** Assessment and diagnosis of problems, capabilities, and issues associated with individuals, groups, and/or organizations

Measurement and Psychometrics
Includes knowledge/understanding of psychological instruments/ psychometrics/test construction, knowledge of the scientific, theoretical, empirical, and contextual bases of assessment 0 1 2 3 NA

Evaluation Methods
Includes judgment in choosing assessment methods 0 1 2 3 NA

Application of Methods 0 1 2 3 NA

Diagnosis
Includes formulation of appropriate diagnoses/ identification of problems and intervention goals 0 1 2 3 NA

Conceptualization and Recommendations 0 1 2 3 NA

Communication of Findings 0 1 2 3 NA

Overall score Assessment: 0 1 2 3 NA

Please provide a formal, written evaluation of Assessment skills, knowledge and attitude (you may use a separate sheet of paper):

2. **Psychotherapy/Intervention**: Psychotherapeutic interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations

Knowledge of Interventions
Includes knowledge/scientific foundation of psychotherapy (e.g., best practices, evidence-based practice, models,

outcomes, principles, practice guidelines, research, theory, technique) 0 1 2 3 NA

Intervention Planning

Includes skills and judgment in treatment planning (considers alternatives, necessity, objectives, strategies, frequency, length, expectations, and termination) 0 1 2 3 NA

Skills

Including but not limited to: develops rapport/trusting relationship with clients/therapeutic alliance; communicates empathy, warmth, and genuineness respect/support/understanding to clients; ability to focus/control session. 0 1 2 3 NA

Intervention Implementation

Includes ability to provide confrontation effectively when needed; awareness/management of clients' boundaries; awareness/management of resistive/defensive operations; awareness/management of transference/relationship issues; awareness/management of countertransference; and flexibility 0 1 2 3 NA

Progress Evaluation

Skill in problem-solving/adapts techniques to meet clients' needs; Monitors progress toward therapeutic goals 0 1 2 3 NA

Overall score Psychotherapy/Intervention: 0 1 2 3 NA

Please provide a formal, written evaluation of the Psychotherapy/Intervention skills, knowledge and attitude (you may use a separate sheet of paper):

3. **Individual and Cultural Diversity:** Awareness, sensitivity, and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal backgrounds and characteristics defined broadly and consistent with APA policy.

Self as shaped by Individual and Cultural Diversity 0 1 2 3 NA
Others as shaped by Individual and Cultural Diversity 0 1 2 3 NA
Interaction of Self and Others as shaped by Diversity 0 1 2 3 NA
Applications based on Individual and Cultural Context 0 1 2 3 NA

Overall score Individual and Cultural Diversity: 0 1 2 3 NA

Please provide formal, written evaluation of the Diversity skills, knowledge and attitude (you may use a separate sheet of paper):

4. **Consultation/Outreach/Program Development:** Interventions related to consultation, administration, program development and outreach.

Evaluation (e.g., program, treatment, outcome evaluation, needs assessment)	0 1 2 3 NA
Program Development	0 1 2 3 NA
Administration	0 1 2 3 NA
Knowledge of Interventions	0 1 2 3 NA
Planning	0 1 2 3 NA
Skills	0 1 2 3 NA
Program or Outreach Implementation	0 1 2 3 NA
Progress Evaluation	0 1 2 3 NA
Understanding/knowledge/handling of consultation role and processes	0 1 2 3 NA
Understanding of institutional/organizational/systems dynamics/functions/programs	0 1 2 3 NA
Effectively collaborates as a consultant/ defines own role/contributions	0 1 2 3 NA
Demonstrates timely response to consultation requests	0 1 2 3 NA
Overall score Outreach/Development:	0 1 2 3 NA

Please provide formal, written evaluation of the Consultation/Outreach/Program Development skills, knowledge and attitude (you may use a separate sheet of paper):

5. **Crisis Intervention/Emergency.** Interventions related to appropriately assessing risk of suicidality/homicidality, and interventions related to crisis situations.

Demonstrates Knowledge of Interventions	0 1 2 3 NA
Understands/can initiate emergency measures (e.g., hospitalization, involvement of appropriate parties)	0 1 2 3 NA
Understands how/when to assess for suicidality/homicidality	0 1 2 3 NA
Intervention Planning	0 1 2 3 NA
Skills/Intervention Implementation	0 1 2 3 NA
Overall score Crisis Intervention:	0 1 2 3 NA

Please provide formal, written evaluation of the Crisis Intervention skills, knowledge and attitude (you may use a separate sheet of paper):

6. **Supervision/Management:** Supervision and training in the professional knowledge base and evaluation of the effectiveness of various professional activities. Includes deportment as both a supervisee and supervisor of other students/trainees.

Expectations and Roles	
Includes but not limited to knowledge of models, theories, modalities, and research on supervision	0 1 2 3 NA
Processes and Procedures	
Includes but not limited to openness and responsiveness to supervision, communication with supervisor, cooperation, preparation for supervision, effectively using feedback	0 1 2 3 NA
Skills Development as Supervisee	
Includes but not limited to effectiveness and competence	0 1 2 3 NA
Skills Development: Intern as Supervisor	
Includes effectiveness and competence	0 1 2 3 NA
Awareness of Factors Affecting Quality of Supervision	0 1 2 3 NA
Participation in the Supervision Process	0 1 2 3 NA
Awareness of Personal Issues Related to Being a Supervisor and Supervisee	0 1 2 3 NA
Ethical and Legal Issues	0 1 2 3 NA
Overall score Supervision:	0 1 2 3 NA

Please provide formal, written evaluation of the Supervision skills, knowledge and attitude (you may use a separate sheet of paper):

7. Adherence to Ethical Legal Standards and Policy and Development of a Professional Identity: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations. Professional values and ethics as evidenced in behavior and comportment that reflects the values and ethics of psychology, integrity, and responsibility.

Knowledge of Ethical/Legal/Professional Standards/Guidelines	0 1 2 3 NA
Awareness and Application of Ethical Decision Making	0 1 2 3 NA
Ethical Conduct	0 1 2 3 NA
Overall score for Ethical Legal Standards and Policy	0 1 2 3 NA
Integrity	0 1 2 3 NA
Deportment	0 1 2 3 NA
Accountability	0 1 2 3 NA
Concern for the Welfare of Others	0 1 2 3 NA
Professional Identity	0 1 2 3 NA
Overall score Professionalism:	0 1 2 3 NA

Please provide formal, written evaluation of the Ethical/Legal and Professional Identity skills, knowledge and attitude (you may use a separate sheet of paper):

8. **Professional Presentation/Communication Skills, Research/Evaluation.** Generating professional presentations and research that contribute to the professional knowledge base and/or evaluates the effectiveness of various professional activities.

Preparation for presentation(s)	0 1 2 3 NA
Organization and quality of presentation(s), literature review	0 1 2 3 NA
Appropriate level of presentation(s)	0 1 2 3 NA
Integration of research and clinical issues	0 1 2 3 NA
Skills	0 1 2 3 NA
Participation in others' presentations/professional activities	0 1 2 3 NA
Scientific Mindedness	0 1 2 3 NA
Scientific Foundation of Psychology	0 1 2 3 NA
Scientific Foundation of Professional Practice	0 1 2 3 NA
Overall score for Presentation, Research Methods	0 1 2 3 NA

Please provide formal, written evaluation of the Professional Presentation/Communication skills, knowledge and attitude (you may use a separate sheet of paper):

ADDITIONAL COMPENTENCY/EVALUATION AREAS:

9. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.

Reflective Practice	0 1 2 3 NA
Self-Assessment	0 1 2 3 NA
Self-Care	0 1 2 3 NA
Overall score for Reflective Practice	0 1 2 3 NA

Please provide formal, written evaluation of the above area (you may use a separate sheet of paper):

10. **Relationships:** Relates effectively and meaningfully with individuals, groups, and/or communities.

Interpersonal Relationships	0 1 2 3 NA
Affective Skills	0 1 2 3 NA
Expressive Skills	0 1 2 3 NA
Overall score for Relationships	0 1 2 3 NA

Please provide formal, written evaluation of the above area (you may use a separate sheet of paper):

11. **Site Specific Requirements**

- Completion of all site-based responsibilities, including any rotation or concentration any requirements
- Satisfactory completion of all paperwork including clinical cases, assessment reports, etc.
- Satisfactory adherence to agency policies and procedures
- At least one formal case presentation to supervisor including: demographic data, mental status, suicide/homicide/lethality risks; brief history including medical conditions and drug/alcohol concerns; cultural issues; support systems; strengths; diagnosis (all 5 axes); prognosis, theoretical conceptualization (mini lit review); treatment plan; course of treatment; ethical concerns; show tape; discussion integrating theory, research, practice

Describe other requirements:

Overall score Site Specific Requirements 0 1 2 3 NA

Please provide formal, written evaluation of the above area you may use a separate sheet of paper:

12. **Consortium Requirements (*to be completed by CHC Internship Director and/or other Consortium faculty members after this form is returned to the Internship Director*):**

- Completion of all evaluation forms
- Satisfactory attendance at all Friday seminars (Professional Issues Seminar, Research Seminar, Multicultural Seminar, Assessment Seminar)
- Evidence of satisfactory mastery of the competencies listed above during seminars, and listed in the Didactic Activities portion of the Consortium Manual
- Satisfactory case presentation during Professional issues Didactic Activity

- Satisfactory didactic presentation, including appropriate literature review, presentation skills, relevancy of topic, ability to lead discussion and answer questions.
- Satisfactory Assessment presentation during Assessment Seminar
- Participation in Informal Peer Supervision Discussions
- Participation in Group Supervision

Overall score Consortium Requirements 0 1 2 3 NA

Please provide formal, written evaluation of the above area (you may use a separate sheet of paper):

13. What are the strengths of this supervisee?

14. What are the limitations/growth areas of this supervisee?

15. Training recommendations:

Signature of Supervisee	**Date**
Signature of Supervisor	**Date**
Signature of Consortium Internship Director	**Date**

Note: The above form was adapted from forms provided by The University of Denver, Graduate School of Professional Psychology

APPENDIX F: Consortium Quality Assessment and Improvement Evaluations

Supervisor Evaluation: Summary by Supervisee Form
Evaluation of Supervisor/s – To be completed by Intern

Supervisee: _____ Primary Individual Supervisor: _____

Other supervisors this period: _____

Date: _____ Period covered: _____

Evaluation is to be a collaborative process designed to facilitate growth, to pinpoint areas of strength and difficulty and to refine goals. It is a tool for evaluation performance and also a vehicle for change.

Please note: Competencies are based on the Competency Benchmarks Document (September, 2008), Assessment of Competencies Benchmark Work Group convened by the APA Board of Educational Affairs in collaboration with the Council of Chairs of Training Councils **(see attached document).** Note that competencies consist of: **knowledge, skills, and attitudes/values.** Competencies in the Consortium build on and extend those in the Chestnut Hill College Psy.D. academic program.

In this evaluation, please evaluate both your primary individual supervisor, as well as any other supervisors during this same period. If your ratings are different among supervisors, please indicate this wherever it applies on the form.

This form may also be used to evaluate the CHC intern as a supervisor by the intern's supervisee(s). If an evaluation criterion does not apply, please leave it unanswered.

Scale for Rating Competencies:

3 = Outstanding
2 = Above average
1 = Average or below
0 = Below acceptable level
NA = Not Applicable

1. **Describe the goals and areas of focus in supervision over the period covered by this evaluation:**

2. **Rate the supervisor's (or supervisors') competencies in the following areas:**

a) Professionalism: Professional values and ethics as evidenced in behavior and comportment that reflects the values and ethics of psychology, integrity, and responsibility

Integrity	0	1	2	3	NA
Deportment	0	1	2	3	NA
Accountability	0	1	2	3	NA
Concern for the Welfare of Others	0	1	2	3	NA
Professional Identity	0	1	2	3	NA
Overall score for Professionalism	0	1	2	3	NA

Comments:

b) Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.

Reflective Practice	0	1	2	3	NA
Self-Assessment	0	1	2	3	NA
Self-Care	0	1	2	3	NA
Overall score for Reflective Practice	0	1	2	3	NA

Comments:

c) Scientific Knowledge and Methods: Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.

Scientific Mindedness	0	1	2	3	NA
Scientific Foundation of Psychology	0	1	2	3	NA
Scientific Foundation of Professional Practice	0	1	2	3	NA
Overall score for Scientific Knowledge/Methods	0	1	2	3	NA

Comments:

d) Relationships: Relates effectively and meaningfully with individuals, groups, and/or communities.

Interpersonal Relationships	0	1	2	3	NA
Affective Skills	0	1	2	3	NA
Expressive Skills	0	1	2	3	NA
Overall score for Relationships	0	1	2	3	NA

Comments:

e) Individual and Cultural Diversity: Awareness, sensitivity, and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.

Self as shaped by Individual and Cultural Diversity	0	1	2	3	NA
Others as shaped by Individual and Cultural Diversity	0	1	2	3	NA
Interaction of Self and Others as shaped by Diversity	0	1	2	3	NA
Applications based on Individual and Cultural Context	0	1	2	3	NA
Overall score for Individual and Cultural Diversity	0	1	2	3	NA

Comments:

f) Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

Knowledge of Ethical/Legal/Professional Standards/Guidelines	0	1	2	3	NA
Awareness and Application of Ethical Decision Making	0	1	2	3	NA
Ethical Conduct	0	1	2	3	NA
Overall score for Ethical Legal Standards and Policy	0	1	2	3	NA

Comments:

g) Assessment: Assessment and diagnosis of problems, capabilities, and issues associated with individuals, groups, and/or organizations.

Measurement and Psychometrics	0	1	2	3	NA
Evaluation Methods	0	1	2	3	NA
Application of Methods	0	1	2	3	NA
Diagnosis	0	1	2	3	NA
Conceptualization and Recommendations	0	1	2	3	NA
Communication of Findings	0	1	2	3	NA
Overall score for Assessment	0	1	2	3	NA

Comments:

h) Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.

Knowledge of Interventions	0	1	2	3	NA
Intervention Planning	0	1	2	3	NA
Skills	0	1	2	3	NA
Intervention Implementation	0	1	2	3	NA
Progress Evaluation	0	1	2	3	NA
Overall score Intervention	0	1	2	3	NA

Comments:

i) Research/Evaluation: Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.

Scientific Approach to Knowledge Generation	0	1	2	3	NA
Application of Scientific Method to Practice	0	1	2	3	NA
Overall score Research/Evaluation	0	1	2	3	NA

Comments:

j) Supervision: Supervision and training in the professional knowledge base and evaluation of the effectiveness of various professional activities.

Expectations and Roles	0	1	2	3	NA
Processes and Procedures	0	1	2	3	NA
Skills Development	0	1	2	3	NA
Awareness of Factors Affecting Quality	0	1	2	3	NA
Participation in the Supervision Process	0	1	2	3	NA
Ethical and Legal Issues	0	1	2	3	NA
Overall score Supervision	0	1	2	3	NA

Comments:

3. **What are the strengths of this supervisor?** (If more than one supervisor during this period please list strengths separately by supervisor)

4. **What are the limitations/growth areas of this supervisor?** (If more than one supervisor during this period please list limitations/growth areas separately by supervisor)

5. **Recommendations for supervisor:** (If more than one supervisor during this period, please list recommendations separately by supervisor)

_____ _____

Signature of Supervisee **Date**

_____ _____

Signature of Primary Supervisor **Date**

_____ _____

Signature of Consortium Internship Director **Date**

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APPENDIX G: Consortium Quality Assessment and Improvement Evaluations

Self-Assessment - Evaluation of Intern Competencies
Chestnut Hill College
Psychology Internship Consortium
To be completed by intern at end of second and fourth quarters

Intern: _____ **Supervisor(s):** _____

Date: _____ **Period covered:** _____

Evaluation is designed to be a collaborative process that will facilitate growth. It is intended to pinpoint areas of strength and difficulty and to refine goals. It is a tool for evaluating performance as well as a vehicle for change. In the evaluations below, please identify your strengths as well as areas you wish to work on. Indicate any areas that are of any particular concern to you, as well as your plans to address these areas. Please refer to the Consortium Goals and Objectives as outlined in the Manual when evaluating yourself on your competencies.

Please note: This form is to provide written evaluations that reflect the training goals of the internship program as outlined in the Consortium Manual. Competencies in the Consortium build on and extend those in the Chestnut Hill College Psy.D. academic program (or the intern's home doctoral program). They also include the competency Developmental Achievement Levels (DALS) that are based on the NCSPP competency model of education and training required for entry level practice in professional psychology. In addition, the competencies in these evaluations are based on the Competency Benchmarks Document (September, 2008), Assessment of Competencies Benchmark Work Group convened by the APA Board of Educational Affairs in collaboration with the Council of Chairs of Training Councils**.**

Note that competencies consist of: **knowledge, skills, and attitudes/values.**
Scale for Rating Competencies:
3 = Demonstrates **Readiness for Entry to Practice.** Typical level for an intern at the end of internship
2 = Demonstrates **Appropriate Intern Level.** Typical level for an intern in the middle of internship
1 = Demonstrates **Readiness for Internship.** Typical level for an intern at the beginning of internship
0 = Demonstrates **Below Acceptable Level** for an intern at any time during the internship
N/A= Not Applicable

GENERAL INFORMATION

1. **Summarize the goals and areas focused on in supervision over the period covered by this evaluation (or you may attach an updated copy of the Chestnut Hill Individualized Training Plan) :**

2. **Describe the intern's individual interests/specialty areas/rotation covered by this evaluation:**

EVALUATION OF INTERNSHIP GOALS AND COMPETENCIES

1. Assessment: Assessment and diagnosis of problems, capabilities, and issues associated with individuals, groups, and/or organizations

Measurement and Psychometrics
Includes knowledge/understanding of psychological instruments/ psychometrics/test construction, Knowledge of the scientific, theoretical, empirical, and contextual bases of assessment 0 1 2 3 NA

Evaluation Methods
Includes judgment in choosing assessment methods 0 1 2 3 NA

Application of Methods 0 1 2 3 NA

Diagnosis
Includes formulation of appropriate diagnoses/ Identification of problems and intervention goals 0 1 2 3 NA

Conceptualization and Recommendations 0 1 2 3 NA

Communication of Findings 0 1 2 3 NA

Overall score Assessment: 0 1 2 3 NA

Please provide a formal, written evaluation of Assessment skills, knowledge and attitude (you may use a separate sheet of paper):

2. Psychotherapy/Intervention: Psychotherapeutic interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations

Knowledge of Interventions
Includes knowledge/scientific foundation of psychotherapy

(e.g., best practices, evidence-based practice, models, outcomes, principles, practice guidelines, research, theory, technique) 0 1 2 3 NA

Intervention Planning

Includes skills and judgment in treatment planning (considers alternatives, necessity, objectives, strategies, frequency, length, expectations, and termination) 0 1 2 3 NA

Skills

Including but not limited to: develops rapport/trusting relationship with clients/therapeutic alliance; Communicates empathy, warmth, and genuineness respect/support/understanding to clients; ability to focus/control session. 0 1 2 3 NA

Intervention Implementation

Includes ability to provide confrontation effectively when needed; awareness/management of clients' boundaries; awareness/management of resistive/defensive operations; awareness/management of transference/relationship issues; awareness/management of countertransference; and flexibility 0 1 2 3 NA

Progress Evaluation

Skill in problem-solving/adapts techniques to meet clients' needs; Monitors progress toward therapeutic goals 0 1 2 3 NA

Overall score Psychotherapy/Intervention: 0 1 2 3 NA

Please provide a formal, written evaluation of the Psychotherapy/Intervention skills, knowledge and attitude (you may use a separate sheet of paper):

3. Individual and Cultural Diversity: Awareness, sensitivity, and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal backgrounds and characteristics defined broadly and consistent with APA policy.

Self as shaped by Individual and Cultural Diversity 0 1 2 3 NA
Others as shaped by Individual and Cultural Diversity 0 1 2 3 NA
Interaction of Self and Others as shaped by Diversity 0 1 2 3 NA
Applications based on Individual and Cultural Context 0 1 2 3 NA

Overall score Individual and Cultural Diversity: 0 1 2 3 NA

Please provide formal, written evaluation of the Diversity skills, knowledge and attitude (you may use a separate sheet of paper):

4. **Consultation/Outreach/Program Development:** Interventions related to consultation, administration, program development and outreach.

Evaluation (e.g., program, treatment, outcome evaluation, needs assessment)	0 1 2 3 NA
Program Development	0 1 2 3 NA
Administration	0 1 2 3 NA
Knowledge of Interventions	0 1 2 3 NA
Planning	0 1 2 3 NA
Skills	0 1 2 3 NA
Program or Outreach Implementation	0 1 2 3 NA
Progress Evaluation	0 1 2 3 NA
Understanding/knowledge/handling of consultation role and processes	0 1 2 3 NA
Understanding of institutional/organizational/systems dynamics/functions/programs	0 1 2 3 NA
Effectively collaborates as a consultant/ defines own role/contributions	0 1 2 3 NA
Demonstrates timely response to consultation requests	0 1 2 3 NA
Overall score Outreach/Development:	0 1 2 3 NA

Please provide formal, written evaluation of the Consultation/Outreach/Program Development skills, knowledge and attitude (you may use a separate sheet of paper):

5. **Crisis Intervention/Emergency.** Interventions related to appropriately assessing risk of suicidality/homicidality, and interventions related to crisis situations.

Demonstrates Knowledge of Interventions	0 1 2 3 NA
Understands/can initiate emergency measures (e.g., hospitalization, involvement of appropriate parties)	0 1 2 3 NA
Understands how/when to assess for suicidality/homicidality	0 1 2 3 NA
Intervention Planning	0 1 2 3 NA
Skills/Intervention Implementation	0 1 2 3 NA
Overall score Crisis Intervention:	0 1 2 3 NA

Please provide formal, written evaluation of the Crisis Intervention skills, knowledge and attitude (you may use a separate sheet of paper):

6. **Supervision/Management:** Supervision and training in the professional knowledge base and evaluation of the effectiveness of various professional activities. Includes deportment as both a supervisee and supervisor of other students/trainees.

Expectations and Roles

Includes but not limited to knowledge of models, theories,

modalities, and research on supervision	0 1 2 3 NA
Processes and Procedures	
Includes but not limited to openness and responsiveness to supervision, communication with supervisor, cooperation, preparation for supervision, effectively using feedback	0 1 2 3 NA
Skills Development as Supervisee	
Includes but not limited to effectiveness and competence	0 1 2 3 NA
Skills Development: Intern as Supervisor	
Includes effectiveness and competence	0 1 2 3 NA
Awareness of Factors Affecting Quality of Supervision	0 1 2 3 NA
Participation in the Supervision Process	0 1 2 3 NA
Awareness of Personal Issues Related to Being a Supervisor and Supervisee	0 1 2 3 NA
Ethical and Legal Issues	0 1 2 3 NA
Overall score Supervision:	0 1 2 3 NA

Please provide formal, written evaluation of the Supervision skills, knowledge and attitude (you may use a separate sheet of paper):

7. Adherence to Ethical Legal Standards and Policy and Development of a Professional Identity: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations. Professional values and ethics as evidenced in behavior and comportment that reflects the values and ethics of psychology, integrity, and responsibility.

Knowledge of Ethical/Legal/Professional Standards/Guidelines	0 1 2 3 NA
Awareness and Application of Ethical Decision Making	0 1 2 3 NA
Ethical Conduct	0 1 2 3 NA
Overall score for Ethical Legal Standards and Policy	0 1 2 3 NA
Integrity	0 1 2 3 NA
Deportment	0 1 2 3 NA
Accountability	0 1 2 3 NA
Concern for the Welfare of Others	0 1 2 3 NA
Professional Identity	0 1 2 3 NA
Overall score Professionalism:	0 1 2 3 NA

Please provide formal, written evaluation of the Ethical/Legal and Professional Identity skills, knowledge and attitude (you may use a separate sheet of paper):

8. **Professional Presentation/Communication Skills, Research/Evaluation.** Generating professional presentations and research that contribute to the professional knowledge base and/or evaluates the effectiveness of various professional activities.

Preparation for presentation(s)	0 1 2 3 NA
Organization and quality of presentation(s), literature review	0 1 2 3 NA
Appropriate level of presentation(s)	0 1 2 3 NA
Integration of research and clinical issues	0 1 2 3 NA
Skills	0 1 2 3 NA
Participation in others' presentations/professional activities	0 1 2 3 NA
Scientific Mindedness	0 1 2 3 NA
Scientific Foundation of Psychology	0 1 2 3 NA
Scientific Foundation of Professional Practice	0 1 2 3 NA
Overall score for Presentation, Research Methods	0 1 2 3 NA

Please provide formal, written evaluation of the Professional Presentation/Communication skills, knowledge and attitude (you may use a separate sheet of paper):

ADDITIONAL COMPENTENCY/EVALUATION AREAS:

9. **Reflective Practice/Self-Assessment/Self-Care:** Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.

Reflective Practice	0 1 2 3 NA
Self-Assessment	0 1 2 3 NA
Self-Care	0 1 2 3 NA
Overall score for Reflective Practice	0 1 2 3 NA

Please provide formal, written evaluation of the above area (you may use a separate sheet of paper):

10. **Relationships:** Relates effectively and meaningfully with individuals, groups, and/or communities.

Interpersonal Relationships	0 1 2 3 NA
Affective Skills	0 1 2 3 NA
Expressive Skills	0 1 2 3 NA

Overall score for Relationships 0 1 2 3 NA

Please provide formal, written evaluation of the above area (you may use a separate sheet of paper):

11. Site Specific Requirements

- Completion of all site-based responsibilities, including any rotation or concentration any requirements
- Satisfactory completion of all paperwork including clinical cases, assessment reports, etc.
- Satisfactory adherence to agency policies and procedures
- At least one formal case presentation to supervisor including: demographic data, mental status, suicide/homicide/lethality risks; brief history including medical conditions and drug/alcohol concerns; cultural issues; support systems; strengths; diagnosis (all 5 axes); prognosis, theoretical conceptualization (mini lit review); treatment plan; course of treatment; ethical concerns; show tape; discussion integrating theory, research, practice

Describe other requirements:

Overall score Site Specific Requirements 0 1 2 3 NA

Please provide formal, written evaluation of the above area you may use a separate sheet of paper:

12. Consortium Requirements (*to be completed by CHC Internship Director and/or other Consortium faculty members after this form is returned to the Internship Director*):

- Completion of all evaluation forms
- Satisfactory attendance at all Friday seminars (Professional Issues Seminar, Research Seminar, Multicultural Seminar, Assessment Seminar)
- Evidence of satisfactory mastery of the competencies listed above during seminars, and listed in the Didactic Activities portion of the Consortium Manual
- Satisfactory case presentation during Professional issues Didactic Activity
- Satisfactory didactic presentation, including appropriate literature review, presentation skills, relevancy of topic, ability to lead discussion and answer questions.
- Satisfactory Assessment presentation during Assessment Seminar
- Participation in Informal Peer Supervision Discussions
- Participation in Group Supervision

Overall score Consortium Requirements 0 1 2 3 NA

13. What are your strengths?

14. What are your limitations/growth areas?

15. Training recommendations:

Signature of Supervisee	**Date**
Signature of Supervisor	**Date**
Signature of Consortium Internship Director	**Date**

Note: The above form was adapted from forms provided by The University of Denver, Graduate School of Professional Psychology

APPENDIX H: Consortium Quality Assessment and Improvement Evaluations

Chestnut Hill College Internship Consortium
Time Analysis Summary Log

Please complete this log at the end of each training quarter

Intern Name: _____
Site: _____

Rotation: _____

Please indicate the total cumulative number of patients seen for evaluation and treatment and the number of hours spent in each of the following training experiences:

	This Quarter	Cumulative
Total number of individual therapy hours:	_____	_____
Mean number/week of therapy sessions:	_____	_____
Total number of individual therapy patients:	_____	_____
Total number of patient assessments:	_____	_____
Mean hours per week of assessments:	_____	_____
Total number of group therapy hours:	_____	_____
Mean hours per week of supervision:	_____	_____
Total # of face-to-face service hours:	_____	_____
Total number of research hours:	_____	_____
Total number of supervision hours:	_____	_____
Total number of didactic activity hours:	_____	_____
Total number of other hours (describe below):	_____	_____
Total number of internship hours:	**_____**	_____

Supervisee Signature: _____ Date: _____

Site Clinical Supervisor Signature:_____ Date:_____

Please return this form to the Consortium Internship Director.

APPENDIX I: Consortium Quality Assessment and Improvement Evaluations
Case Presentation/Didactic Lecture Evaluation Form
CHESTNUT HILL COLLEGE
Internship Consortium

Name of Intern: _____ Date of Presentation: _____

Title/Nature of Presentation: _____

_____

1= Development Required 2= Meets Expectations 3=Exceeds Expectations NA= Not Applicable/Cannot Say

Please use the scale above to complete the items below:

1. Preparation for presentation(s)	1	2	3	NA
2. Organization and relevance of material presented	1	2	3	NA
3. Appropriate level of presentation(s)	1	2	3	NA
4. Literature review	1	2	3	NA
5. Integration of research and clinical issues	1	2	3	NA
6. Handling of audience and responsiveness to participants	1	2	3	NA
7. The presentation incorporated audiovisual aids effectively	1	2	3	NA
8. The handouts/bibliography were useful and current	1	2	3	NA
9. Effectiveness of presenter's communication	1	2	3	NA
10. Miscellaneous (specify):_____	1	2	3	NA
Overall Quality of Case Presentation/Didactic Lecture	1	2	3	NA

Progress and Comments: _____

_____

_____

Signature/Degree of Person Completing this Form: _____

APPENDIX J: Consortium Quality Assessment and Improvement Evaluations
Evaluation of Didactic Presentation-Guest Lecturer/Seminar Speakers
Chestnut Hill College Internship Consortium

Date of Presentation _____ **Presenter** _____

Topic _____

1. On the basis of my overall impression of this presentation I would evaluate it as:

Excellent_____ Good_____ Undecided_____ Bad_____ Very Bad_____

2. The speaker was well prepared for the presentation.

Strongly agree_____ Agree_____ Undecided_____ Disagree_____ Strongly disagree___

3. The material presented was interesting.

Strongly agree____ Agree_____ Undecided_____ Disagree_____Strongly disagree___

4. The material presented was informative.

Strongly agree_____ Agree_____ Undecided_____ Disagree_____Strongly disagree____

5. The speakers's method of presentation was:

Excellent_____ Good_____ Undecided_____ Bad_____ Very Bad_____

6. The speaker addressed relevant diversity issues.

Strongly agree_____ Agree_____ Undecided_____ Disagree_____ Strongly disagree_____

7. What aspect of the presentation did you like most and why?

8. What aspect did you like the least and why?

9. Suggestions for improvements in the topic or the speakers's presentation.

APPENDIX K: Consortium Quality Assessment and Improvement Evaluations

Chestnut Hill College Internship Consortium

END-OF-ROTATION/END-OF-YEAR PROGRAM EVALUATION

Name of Clinical Site:_____

Intern Name: _____ **Date:** _____

Along with other quality assessment and improvement activities related to the internship, we are interested in obtaining your impressions of your experience this year. The information you provide will be used in planning future internship activities. Please rate each of the following aspects of the internship training program by circling the number corresponding to the following scale:

1 = Needs Improvement **2** = Satisfactory **3** = Good **4** = Excellent **NA** = Not Applicable

A. Didactics

1. CHC- Consortium Didactic Seminars 1 2 3 4 NA
   Comments/Recommendations:_____
   _____
   _____
   _____

2. Site-Specific Educational Activities 1 2 3 4 NA
   Comments/Recommendations:_____
   _____
   _____
   _____

3. Professional Development Conferences 1 2 3 4 NA
   Comments/Recommendations:_____
   _____
   _____
   _____

4. Case Conferences 1 2 3 4 NA
   Comments/Recommendations:_____
   _____
   _____
   _____

5. Other Didactic Training
   a. (Please specify)_____ 1 2 3 4 NA
   b. (Please specify)_____ 1 2 3 4 NA
   c. (Please specify)_____ 1 2 3 4 NA

Comments/Recommendations: _____

_____

_____

_____

B. Clinical Site Rounds (if applicable)

1.(Please specify)_____	1	2	3	4	NA
2.(Please specify)_____	1	2	3	4	NA
3.(Please specify)_____	1	2	3	4	NA
4.(Please specify)_____	1	2	3	4	NA
5.(Please specify)_____	1	2	3	4	NA
6.(Please specify)_____	1	2	3	4	NA

Comments/Recommendations:_____

_____

_____

_____

C. Clinical Site Team Meetings

1.(Please specify) _____	1	2	3	4	NA
2.(Please specify)_____	1	2	3	4	NA
3.(Please specify)_____	1	2	3	4	NA

Comments/Recommendations:_____

_____

_____

_____

D. Overall Quality of Training in Areas of Professional Functioning

Please use the following scale to describe your training in each of the areas below:

1 = Needs Improvement **2** = Satisfactory **3** = Good **4** = Excellent **NA** = Not Applicable

1. Assessment 1 2 3 4 NA

   Comments/Recommendations: _____

   _____

   _____

   _____

2. Intervention 1 2 3 4 NA

   Comments/Recommendations: _____

   _____

   _____

   _____

3. Consultation 1 2 3 4 NA

Comments/Recommendations: _____

_____

_____

_____

4. Evaluation (e.g., program evaluation) 1 2 3 4 NA

Comments/Recommendations: _____

_____

_____

_____

5. Supervision 1 2 3 4 NA

Comments/Recommendations: _____

_____

_____

_____

6. Research and Scholarly Inquiry 1 2 3 4 NA

Comments/Recommendations: _____

_____

_____

_____

7. Cultural and Individual Diversity 1 2 3 4 NA

Comments/Recommendations: _____

_____

_____

_____

8. Ethical and Legal Issues 1 2 3 4 NA

Comments/Recommendations: _____

_____

_____

_____

9. Healthcare Administration, Psychological Services Delivery & Managed Care 1 2 3 4 NA

Comments/Recommendations: _____

_____

_____

_____

10. Site-Specific Competencies

Specify:_____ 1 2 3 4 NA

Specify:_____ 1 2 3 4 NA

Specify:_____ 1 2 3 4 NA

E. Clinical Service Rotations (if applicable)

Please use the following scale to describe your experiences on each rotation:
1 = Needs Improvement **2** = Satisfactory **3** = Good **4** = Excellent **NA** = Not Applicable

1. **Rotation 1:** (Please specify):_____

Helpfulness of supervision	1	2	3	4	NA
Availability of supervisors	1	2	3	4	NA
Supervisors as role models	1	2	3	4	NA
Frequency of supervision	1	2	3	4	NA
Intern's satisfaction with supervision	1	2	3	4	NA
Effectiveness of teaching	1	2	3	4	NA
Breadth of clinical assessment experience	1	2	3	4	NA
Breadth of clinical intervention experience	1	2	3	4	NA
Balance between assessment and therapy	1	2	3	4	NA
Intern's satisfaction with number of client contacts	1	2	3	4	NA
Intern's satisfaction with types of training activities	1	2	3	4	NA
Balance between outpatient and inpatient experiences	1	2	3	4	NA
Relevance of training to professional objectives identified in training plan	1	2	3	4	NA
Clarity of expectations and responsibilities for intern	1	2	3	4	NA
Role of intern on rotation	1	2	3	4	NA
Overall rating	1	2	3	4	NA

Case load was appropriate to meet educational needs: ___ Yes ___ No
Explain: _____

_____

Clinical services were coordinated with training activities of internship: __ Yes __ No
Explain: _____

_____

Strengths of rotation: _____

_____

_____

_____

Suggestions for enhancing rotation: _____

_____

_____

2. **Rotation 2:** (Please specify):_____

Helpfulness of supervision	1	2	3	4	NA
Availability of supervisors	1	2	3	4	NA
Supervisors as role models	1	2	3	4	NA
Frequency of supervision	1	2	3	4	NA
Intern's satisfaction with supervision	1	2	3	4	NA
Effectiveness of teaching	1	2	3	4	NA
Breadth of clinical assessment experience	1	2	3	4	NA
Breadth of clinical intervention experience	1	2	3	4	NA
Balance between assessment and therapy	1	2	3	4	NA
Intern's satisfaction with number of client contacts	1	2	3	4	NA
Intern's satisfaction with types of training activities	1	2	3	4	NA
Balance between outpatient and inpatient experiences	1	2	3	4	NA
Relevance of training to professional objectives identified in training plan	1	2	3	4	NA
Clarity of expectations and responsibilities for intern	1	2	3	4	NA
Role of intern on rotation	1	2	3	4	NA
Overall rating	1	2	3	4	NA

Case load was appropriate to meet educational needs: ___ Yes ___ No
Explain: _____

_____

Clinical services were coordinated with training activities of internship: __ Yes __ No
Explain: _____

_____

Strengths of rotation: _____

_____

_____

_____

Suggestions for enhancing rotation:

_____

_____

_____

_____

3. **Rotation 3:** (Please specify):_____

Helpfulness of supervision	1	2	3	4	NA
Availability of supervisors	1	2	3	4	NA
Supervisors as role models	1	2	3	4	NA
Frequency of supervision	1	2	3	4	NA
Interns' satisfaction with supervision	1	2	3	4	NA
Effectiveness of teaching	1	2	3	4	NA
Breadth of clinical assessment experience	1	2	3	4	NA
Breadth of clinical intervention experience	1	2	3	4	NA
Balance between assessment and therapy	1	2	3	4	NA
Intern's satisfaction with number of client contacts	1	2	3	4	NA
Intern's satisfaction with types of training activities	1	2	3	4	NA
Balance between outpatient and inpatient experiences	1	2	3	4	NA

Relevance of training to personal professional objectives	1	2	3	4	NA
Clarity of expectations and responsibilities for intern	1	2	3	4	NA
Role of intern on rotation	1	2	3	4	NA
Overall rating	1	2	3	4	NA

Case load was appropriate to meet educational needs: ___ Yes ___ No
Explain:_____
_____

Clinical services were coordinated with training activities of internship: __ Yes __ No
Explain:_____
_____

Strengths of rotation: _____
_____
_____
_____

Suggestions for enhancing rotation: _____
_____
_____
_____

F. Miscellaneous

Please use the following scale to rate each element of the internship:
1 = Needs Improvement **2** = Satisfactory **3** = Good **4** = Excellent **NA** = Not Applicable

1. Consortium Orientation 1 2 3 4 NA
Comments/Recommendations: _____
_____
_____
_____

2. Orientation Materials 1 2 3 4 NA
Comments/Recommendations: _____
_____
_____
_____

3. Internship Handbook 1 2 3 4 NA
Comments/Recommendations: _____
_____
_____
_____

4. Site-Specific Materials 1 2 3 4 NA
Comments/Recommendations: _____

5. Mentoring Opportunities 1 2 3 4 NA
Comments/Recommendations: _____

6. Other (specify):_____ 1 2 3 4 NA
Comments/Recommendations: _____

G. Overall Assessment of Internship

Please use the following scale to rate each of the following elements of the internship:
1 = Needs Improvement **2** = Satisfactory **3** = Good **4** = Excellent **NA** = Not Applicable

1. Organization and Structure 1 2 3 4 NA
Comments/Recommendations: _____

2. Quality of Clinical Site Faculty 1 2 3 4 NA
Comments/Recommendations: _____

3. Quality of CHC Faculty 1 2 3 4 NA
Comments/Recommendations: _____

4. Quality of Consortium Training Director 1 2 3 4 NA
Comments/Recommendations: _____

5. Quality of Didactic Training 1 2 3 4 NA
Comments/Recommendations: _____

_____

_____

_____

6. Quality of Supervision 1 2 3 4 NA
Comments/Recommendations: _____

_____

_____

_____

7. Opportunities for Training 1 2 3 4 NA
Comments/Recommendations: _____

_____

_____

_____

8. Overall Assessment of Internship 1 2 3 4 NA

H. Additional Comments

Please provide additional feedback and recommendations that you believe might be helpful for internship faculty to review and which might improve the internship.

_____

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Thank you for completing this form and returning it to the Internship Director.

Good luck next year!

APPENDIX L: Student Resources for Presentations and Projects

Chestnut Hill College Internship Consortium
Consultation/Outreach Project Summary

Intern Name: _____ ***Site:***_____

Project Description:

_____
_____
_____
_____

Type of Consultation:_____

Target Population: _____

Goals/Objectives:

_____
_____

Issues Affecting Implementation and Outcome (e.g., consultant/consultee characteristics, including population, diversity and systemic issues)

_____
_____
_____
_____

Outcome/Method of Evaluation:_____

_____
_____
_____
_____

Note: This form is to be completed and handed in to the Internship Director during the Didactic session on Consultation/Outreach, scheduled toward the end of the training year.

APPENDIX M: Didactic Presentation Instructions/Expectations

- All interns are expected to give a **minimum** of 2 didactic presentations during the internship year

- One of these presentations will be given during the didactic seminar held on Fridays at Chestnut Hill College; the other will be given at the intern's site

- Didactic presentations are to be **1 hour** in length; interns need to plan accordingly, as this time limit includes time for question and answer, discussion, etc.

- Interns present on a topic of their choice after receiving approval from Dr. Manfredi

- Presentations are scheduled in collaboration with Dr. Manfredi and put on didactic calendar

- Presentations are expected to include the following:
    - Use of existing clinical and research literature related to the topic
    - Efforts to engage the audience (through discussion, audio-visual materials, activities, etc.)
    - A handout that summarizes the presentation or provides resources
    - Reference list

- Intern will bring copies of the **Didactic Lecture Evaluation Form** to the presentation for each of the other interns, as well as the supervisor

- Interns will be evaluated based on feedback from both the supervisor and peers obtained on the **Didactic Lecture Evaluation Form**

APPENDIX N: Assessment Case Presentation Instructions/Expectations

- All interns are expected to give a **minimum** of 1 assessment presentation during the internship year

- The presentation will be given during the didactic seminar held on Fridays at Chestnut Hill College

One week prior to the presentation:

- Interns will bring in a de-identified copy of assessment data sheets/protocols

- Assessment protocols will be distributed among the rest of the interns to check scoring, recording of responses, etc.

- Intern will bring a de-identified copy of the assessment report for each of the other interns and the Director
    - The report should include, at minimum, the following sections:
        - Reason for referral
        - Relevant background/history
        - List of tests administered
        - Behavioral observations
        - Test results/interpretation
        - Summary/Conclusion/Diagnostic Formulation
        - Recommendations
        - Scores (in table format or included in text)

- Over the course of the week, all are responsible for reviewing the assessment report and preparing for discussion, as well as reviewing scoring of a test, if assigned

Presentation:

- Assessment presentations are to be **1 hour** in length; interns need to plan accordingly, as this time limit includes time for question and answer, discussion, etc.

- Presentation will begin with the intern giving a brief background of the case and the reason for referral

- Intern will then guide discussion on case by handling questions from classmates, bringing up clinical or ethical issues that are relevant, possible areas of future assessment or where more information is needed, accuracy of diagnosis, etc.

APPENDIX O: Psychotherapy/Clinical Case Presentation Instructions/Expectations

- All interns are expected to give a **minimum** of 1 treatment/intervention presentation during the internship year

- The presentation will be given during the didactic seminar held on Fridays at Chestnut Hill College

One week prior to the presentation:

- Interns will bring in a de-identified case report that includes the following information:
    - Description of client/case (e.g., individual, couple, family, group)
        - Relevant identifying information (with client's identity protected)
        - Presenting problem
        - Relevant history/background
        - Results of psychological testing/assessment (if available)
    - Current diagnostic formulation: The intern should present his or her diagnosis of the client according to the DSM-5 and/or the PDM, provide evidence supporting his or her choice of diagnoses, and cite alternative diagnoses and why they were ruled out.
    - Case conceptualization: The intern should present his or her conceptualization of the case, clearly illustrating the incorporation of the clinical perspective used to conceptualize the case. The conceptualization should identify the major issues presented by the client(s) and detail a theoretical framework for understanding how these issues have arisen and how treatment should proceed. Rather than presenting a generic theoretical framework (such as describing object relations or systems theories in a general way), the intern should explicate a conceptualization that is unique to the client, one that shows how the specific theory or theories were applied to understanding the client's problems and designing treatment strategies. Relevant literature should be cited.
    - Treatment plan: The intern should present in detail the plan for treating the client's problems. This treatment plan should include long-term and short-term goals and objectives and strategies that have been or will be employed to assist the client in attaining these goals/objectives. The intern should cite **relevant literature** to support the choice of therapeutic interventions and should show how these interventions were utilized. It is essential that the intern explain clearly how the treatment plan flows directly from the case conceptualization. It is also essential that the intern discuss the criteria he or she employed (or will employ) for evaluating the success of the treatment plan and how modifications were (or will be) implemented in response to the assessment of treatment effectiveness.
    - Anticipated obstacles: The intern should anticipate obstacles that might be encountered during the course of the recommended treatment and discuss how he or she plans to address these obstacles.

  - Diversity issues relevant to the case should be discussed explicitly, even if the client, couple, or family represents the same gender, culture, and ethnicity as the therapist. **Supporting literature** should be cited.
  - Ethical issues relevant to the case should be discussed explicitly, as well as ethical issues that are anticipated to arise during the course of treatment. Relevant sections of the APA Ethical Standards should be cited, in addition to **supporting literature** as appropriate.

- Intern will post an article on Blackboard that is relevant to the case (the interventions being used, an ethical/diversity issue, diagnostic issues, etc.)

- Over the course of the week, all are responsible for reviewing the case report and article posted on Blackboard

Presentation:

- Treatment/intervention presentations are to be **1 hour** in length; interns need to plan accordingly, as this time limit includes time for question and answer, discussion, etc.

- Presentation will begin with the intern giving a brief background of the case, nature of the treatment, major clinical issues, etc. (no more than 20 minutes)

- Interns are **strongly encouraged** to present a recording (audio or video) from a session to stimulate discussion and demonstrate clinical skills/interventions if permitted by site and with appropriate consent from the client

- The intern will lead a scholarly discussion of the case, with the intern summarizing aspects of the treatment that went well and/or were particularly challenging. The intern should be prepared to discuss the treatment, entertain questions, and receive peer supervision from the other interns and Internship Director regarding the case.

APPENDIX P: Alumni Forms and Letters

Template for Cover Letter for Alumni Survey

Date

Dear Former Intern:

I am writing to you to extend warm greetings on behalf of the faculty and current interns at the Chestnut Hill College Internship Consortium. I hope this letter finds you well and that your current professional activities are rewarding.

The American Psychological Association requires accredited programs to obtain information about former trainees' current activities and accomplishments and their views about their training experiences. Enclosed is a survey to help us obtain this information as part of our ongoing quality assessment and improvement efforts. We appreciate your cooperation in completing and returning the enclosed survey at your earliest convenience.

Thank you again for all of your earlier contributions to the internship and in advance for your response to this survey. Please feel to contact us at any time to let us know how you are doing. I appreciate your interest in staying in touch with us and am looking forward to hearing from you. You are welcome to call me at 215-242-7702 or to contact me by e-mail at manfredir@chc.edu.

Best Wishes,

Rosemarie Manfredi, Psy.D.
Director, Chestnut Hill College Internship Consortium

Chestnut Hill College Consortium Internship Alumni/ae Survey

This survey is for alumni and alumnae of our training program. We are requesting information regarding Demographics, Education, Professional Activity, Employment, Licensure, Achievements, and Additional Feedback. This information is used for the purpose of quality improvement or is required by APA.

DEMOGRAPHICS

Name: Year of Internship:

Address: Home Phone (Day):

Email Address: Home Phone (evening):

Gender: ☐ Female ☐ Male ☐ Transgendered ☐ Other

Ethnic Origin: Click Here to Select From List
If multiethnic (please specify):

I am subject to the **Americans with Disabilities Act**: ☐ NO ☐ YES
I am a **Foreign National**: ☐ NO ☐ YES

EDUCATION

Doctoral Institution: Degree:
Degree Conferral Date:

Area of Psychology: Click Here to Select From List Training Model: Click Here to Select From List

PROFESSIONAL ACTIVITY

	Yes or No	**Specify**
Are you a member of a professional society (*Specify:* APA, PPA, APSA, etc.)? *Note. Can include student-affiliated societies.*		
Have you been listed as an author/co-author at a professional meeting (*Specify:* How many accepted works)		
Have you been listed as an author/co-author for any article published in scientific journals (*Specify:* How many articles)?		
Have you held leadership roles/activities in state/provincial/regional or national professional organizations (*Specify:* Which organizations)?		

EMPLOYMENT

Name of Agency **Immediately** Following Internship:
Job Title:
This position is/was: ☐ Full Time ☐ Part Time
Is/Was this an official post-doctoral position? ☐ **Yes** ☐ **No**

Please select which **one** most closely describes the type of employment site: Click Here for List of Sites

How well did your internship experiences prepare you for your **first post-internship** position? Click Here for List

Current employment status: Click Here for List

Name of Agency At Which You Are **Currently** Working (if different from above):
Job Title:
This position is: ☐ Full Time ☐ Part Time
Is this an official post-doctoral position? ☐ **Yes** ☐ **No**

Please select which **one** most closely describes the type of employment site: Click Here for List of Sites

Estimated number of hours worked per week in current position:

How many hours are devoted to the following professional activities listed? (Leave blank those activities which are not applicable.)

Administration	Assessment
Consultation	Evaluation (i.e., Program Evaluation)
Psychotherapy/Intervention	Research
Supervision	Teaching
Other (specify):	Other (specify):

How well did **your** internship experiences prepare you for your **current** position? Click Here for List

How well do you believe **any** internship would prepare you for your **current** position? Click Here for List

LICENSURE

Do you hold a license as a **psychologist**? ☐ NO ☐ YES Which state(s)? License #:

If you are not currently licensed, please indicate the reasons below (check all that apply):

☐ I am studying for the examination but have not yet taken it
☐ I have not acquired the necessary supervised hours
☐ I see no value to obtaining my psychology license
☐ Other (specify):

Do you hold any other licenses (LPC, MFT, LCSW)? ☐NO ☐ YES

Please list below any other licenses held and the states in which these licenses were granted:

Examination for the Professional Practice of Psychology (EPPP, national examination) Status: Click for List

Score on EPPP (if applicable):

Credentialed by: ☐ Health Care Facility/Hospital ☐ Medicaid ☐ Medicare
☐ National Register of Health Service Providers in Psychology

Other Credentials: ABPP Diplomat? ☐ NO ☐ YES Specialty:

OTHER ACHIEVEMENTS

Please provide any other achievements (e.g., awards, honors, positions) below. Be sure to include what the achievement was and the date of the achievement.

Achievement	Date

Fellow status in a professional/scientific society: ☐ NO ☐ YES Specify which organizations:

ADDITIONAL INFORMATION

Additional comments about this training program:

Please return this survey to manfredir@chc.edu

Thank you for taking the time to complete this survey!

APPENDIX Q: Full Time Membership Agreement

CHESTNUT HILL COLLEGE

APPENDIX C: SITE AFFILIATION AGREEMENT IN THE CHESTNUT HILL COLLEGE PSYCHOLOGY INTERNSHIP CONSORTIUM

Student _____

This agreement is made this _____ day of _____, 2014 by and between _____ (herein after called the "Agency") and CHESTNUT HILL COLLEGE (herein after called the "College"), which has organized and operates the Chestnut Hill College Psychology Internship Consortium (Hereafter referred to as the “Consortium”).

WHEREAS, College has a curriculum in Clinical Psychology leading to the degree of Doctor of Psychology.

WHEREAS, placement in a pre-doctoral internship program is a required and integral component of the curriculum, and College desires the cooperation of AGENCY in the development and implementation of this requirement; and

WHEREAS, Agency wishes to join College in the development and implementation of an Internship Experience for said students, and to receive the benefits of the collegiate affiliation as well as to assist in the training of internship students;

WHEREAS, College has organized a Consortium of Agencies which Agencies are interested in providing an integrated training experience through shared standards, common procedures, and joint didactic learning programs

WHEREAS, Agency wishes to join the Consortium of Agencies organized by College

NOW, THEREFORE, in consideration of the following, and with the intent to be legally bound hereby, Agency and College AGREE:

1. The Chestnut Hill College Pre-Doctoral Psychology Internship Consortium (“Consortium”), organized and monitored by Chestnut Hill College, is a cooperative training program including a

group of clinical agencies and organizations across the region (Individually hereafter referred as "Agency" and collectively hereafter referred to as "Agencies").

2. By entering into this Agreement, each Agency agrees to participate in the Consortium and to abide by the terms and conditions set forth herein, as well as the terms set out in the Consortium Manual which will be separately provided to each Agency and which may change from time to time.

3. Each Agency and the College agree:
   a. to make no distinction among students covered by this Agreement, on the basis of race, color, religion, sex, sexual orientation, national origin, age, or handicap;
   b. to mutually determine the number of students, date(s) of assignment(s), hours of supervision, and availability of Agency's faculty;
   c. to establish the educational objectives for Internship Experience, devise methods for their implementation, and continually evaluate the effectiveness of the Internship Experience in compliance with the Association of Psychology Postdoctoral and Internship Centers (APPIC) standards and guidelines as set forth in the CHC Consortium Manual;
   d. to inform one another in writing of changes reasonably relevant to the purposes of this Agreement (including, without limitation, changes in: academic curriculum or academic status of a student, availability of learning opportunities or staff changes affecting either academic preparation or clinical teaching and supervision of students);
   e. to provide an organized, structured, and sequential learning experience through shared standards, common procedures, and joint or coordinated didactic programs;
   f. to notify the other party of a problem with or requested withdrawal of a student from an assignment, such withdrawal to be upon such terms and conditions as the parties shall agree;
   g. to implement coordinated planning and evaluation of student interns and this program through regular communication and Quality Assessment and Improvement (QAI) activities between Agency and faculty members of the College (see Consortium Manual for yearly QAI schedule);
   h. to reserve the right to remove any students from the field experience and such suspension or termination shall be reported immediately to Agency or to College's staff in charge of placement (see "Due Process" policy as described in the Consortium Manual);
   i. to meet with the Consortium Director of Training regarding the progress of the assigned student. This appointment will be facilitated by the Consortium Director and scheduled at a mutually convenient time;
   j. to work co-operatively to obtain APPIC membership for the Consortium and to work cooperatively to obtain APA accreditation for the Consortium.

4. Agency agrees that it shall:

DRAFT

a. designate a licensed doctoral level psychologist as Agency Site Director who will be responsible for the planning, implementation, and supervision of the Internship Experience for each student assigned;
b. provide the Internship Site Director and other licensed site supervisors with time to plan and implement the Internship Experience including, when feasible, time to attend relevant meetings and conferences, including quarterly supervisor/faculty meetings held by the Consortium;
c. prepare and make available a formal written description of the Internship Experience being offered and make such document available to all College students eligible to make application for internship;
d. provide the physical facilities and equipment necessary to conduct the Internship Experience, provide assigned students with the reasonable use of its computer systems, telephones, paging systems, and library facilities and reasonable study and storage space;
e. advise College in a timely fashion of any change in its personnel, operation, or policies which may affect the Internship Experience;
f. instruct and fully orient each student assigned to it as to Agency's pertinent existing rules and regulations with which the student is expected to comply, including but not limited to, confidentiality regulations, and it will be the sole responsibility of Agency to assure communication of and compliance with such rules and regulations;
g. make available to assigned students learning experiences such as interdisciplinary collaboration, staff conferences, in-service education, special lectures, and similar activities at the discretion of the Internship Site Director and coordinated with the Director of the Consortium;
h. evaluate the performance of the assigned students quarterly (at least two of which must be written formal evaluations signed by the intern and supervisor), using the evaluation forms supplied by College in such timely manner as College may reasonably request (see Manual for list of yearly QAI activities);
i. promptly notify College of any situation or problem which may threaten a student's successful completion of the program;
j. reserve the right to suspend or terminate any student from the internship whose behavior is a detriment to patient well-being or to Agency operations or violates Agency’s policies and procedures, and such termination shall be reported immediately to College's Consortium Director;
k. provide scheduled face-to-face individual supervision for all interns at a minimum of 2 hours per week per intern and maintain a sufficient level of staff support to carry out adequate service functions so that an assigned intern will not be expected to perform in lieu of staff. Specifically, Agency will provide the minimum of two hours per week of scheduled face-to-face individual supervision as described above. At its own discretion, Agency may offer additional individual or group supervision by other psychologist or non-psychologist clinical staff if feasible. The College will provide a minimum of four (4) hrs of regularly scheduled education

and training activities weekly throughout the internship year inclusive of 1-2 hours of group supervision with interns from all Consortium Agencies;

l. ensure that the intern has immediate and uninterrupted access to a member of the Agency's professional mental health staff at all times in cases of emergency;

m. provide to College and keep current a list of all Agency personnel who supervise or have direct or indirect reporting relationships over interns assigned, in addition to the primary designated site supervisors;

n. provide the assigned intern with a minimum total of two-thousand (2000) hours of experience including a minimum of five hundred (500) hours spent providing direct clinical and psychodiagnostic services to patients/clients. This 2000 hour minimum requirement is exclusive of vacations, holidays, sick days and all other non-professional time off. No more than 375 hours may be spent in research related activities.

5. The College agrees that it shall:

a. make eligible to apply to Agency only those students who have satisfactorily completed the required prerequisite experience and courses of study to prepare them for internship level experience;

b. provide a Director of Consortium Training who will serve as liaison between the College and Agency and who will provide Agency with appropriate information prior to and in connection with each student assignment, and will plan appropriate visits and consultation conferences;

c. establish and maintain on-going communication with the Agency Site Director regarding all issues and items pertinent to the clinical and administrative functioning of the consortium experience, such as curriculum development, accreditation, QAI activities, relevant course outlines, College policies, faculty changes, and continuing education workshops;

d. educate and prepare all assigned interns as to their ethical and professional responsibility to comply with all rules and regulations of Agency including but not limited to confidentiality regulations; and

e. develop a Consortium Manual setting forth the conditions for Agency participation in the Consortium and provide written notice to the Agency of any changes to the Consortium Manual at least thirty (30) days before they become effective.

f. advise each intern that no material relative to this Internship Consortium Experience may be published or removed from Agency Premises without the express written consent of Agency.

6. General Provisions:

a. Mutual Commitment. The College and Agency agree to both be committed to the Consortium's philosophy, training model, and goals and further agree to central control and coordination of the Consortium's training program jointly and with other Agencies which join the Consortium. The College and the Agency both agree to abide by the conditions set forth in the Consortium Training Manual. The Agency agrees to provide the necessary experience for the interns to fulfill the

exit criteria required for graduation as defined in the Consortium Manual. The Agency agrees not to publicize itself as independently accredited (when such accreditation is obtained by the College) but rather as part of an accredited consortium.

b. Case and Duties Assignment. Assignment of specific clients and clinical duties to the intern and ongoing daily service delivery administration and supervision of intern's provision of professional services for the Agency shall be the responsibility primarily of the Agency and within the Agency's sole discretion.

c. Agency Intern Selection. Agencies may be unable to accept applications for internship for designated training years, or after reviewing applicants they may decide not to offer a position for that training year. The Agency may choose to maintain its affiliation with the Consortium even though the site does not have an intern placed at the site during that training year. In such case, the Agency may continue to be a participant in all Consortium activities. Each year, APPIC publishes the procedures for APPIC-member programs to select new internship applicants through the national computer matching process. The Consortium and the Agency shall adhere to all APPIC guidelines and procedures on information dissemination, interviewing, selection, and notification. Consistent with APPIC guidelines, the Agency which is a member of the Consortium has a clearly identified selection preference for internship applicants from the College. The Agency will reserve Consortium slots for College's applicants, with the option to withdraw the slots and declare inactive status in the Consortium if the Agency is unable to offer the positions to College's applicants. This agreement does not preclude Agency from entering into training contracts with students from other academic institutions.

d. Agency's Other Training Relationships. If the Agency also accepts doctoral level psychology interns from graduate programs other than the College's Consortium, the Agency agrees to maintain all training contracts and policies governing the College's program as administratively distinct and separate to avoid competition for cases, supervision time, training experiences, or access to professional resources. Mutual education and training activities, joint projects, the equitable sharing of additional resources or unique opportunities, and intern socialization are encouraged. If the Agency also accepts practicum/extern students it is agreed that interns will have a different, more advanced training experience than that experienced by practicum students.

7. Health/Accident Insurance. Students will be responsible for providing their own health insurance, unless the agency makes another agreement with them.

8. Intern Roles, Disclosure and Conduct. Each intern will be designated as "Psychology Intern" in order to identify his or her training status. Interns may have other job titles for

hiring purposes, but their actual role and title must be "Psychology Intern." Interns cannot be independent contractors or other semi-autonomous personnel. Agencies and interns shall inform all recipients of psychological services of the training status of the interns. Clients must be informed of the name of the supervisor at the Agency responsible for their treatment. The Agency must provide clients, workspace, and administrative support consistent with providing a high quality training experience for each intern. Interns are obligated to comply with all applicable legal, ethical, and professional standards. These standards include: the American Psychological Association Ethical Principles of Psychologists and Code of Conduct, Rules and Regulations of the Pennsylvania Board of Examiners or equivalent in the state in which the Agency resides, specialty guidelines of the American Psychological Association or its divisions, and other statutes and standards applicable to the practice of psychology. Interns must meet the credentialing, security, and health requirements of the Agencies at their own expense. The interns are expected to actively participate in all professional supervisory and training activities. Interns should model competence and professional behavior in all their training roles.

9. Training Standards. The intern supervisors designated by the Agency shall have primary responsibility for the provision of training, work closely with the Consortium Director to coordinate training activities, and be responsible to the Consortium. The Agency shall designate a doctoral-level licensed psychologist as Site Director who has primary responsibility for all Consortium-related training activities at the site. The Site Director shall maintain regular communication with the Agency supervisors and the Director of the Consortium to ensure coordination of training activities and compliance with Consortium policies and procedures. All pre-doctoral training for the College's Consortium interns conducted by the Agency shall be done under the auspices of the Consortium. The Consortium will provide regular weekly scheduled opportunities for interns to interact with each other. When feasible, Agency will provide educational experiences with several supervisors and trainers representing different models of psychotherapy, assessment, research, and consultation. Interns must be available to attend Consortium training activities for one-half day (four (4) hours) per week, in addition to Agency training and other professional activities (however, the Agency will only be responsible for providing two hours of that benefit). Didactic seminars and other training experiences will be conducted at Chestnut Hill College, and may also be held at various Agency sites and locations within commuting distance of Chestnut Hill College.

10. Supervisory Standards. The Agency Site Director must be a doctoral-level licensed psychologist (licensed in the state of the Agency) who is practicing at least half-time (20 hours per week) at the Agency. Agency training staff must be comprised of at least one (1) full-time equivalent doctoral-level licensed psychologists (licensed in the state of the Agency) who serve as the primary supervisors for interns. It is desirable that other behavioral health professionals participate in multidisciplinary training, but those training hours do not count toward the individual, face-to-face supervision hours required for licensure. Each intern must receive a minimum of two hours of regularly scheduled,

individual, face-to-face supervision each week regarding the psychological services they are providing. Additional supervision may be required for the remediation of documented deficiencies in intern performance. Licensed psychologists who are directly involved in intern supervision must provide a copy of their current curriculum vitae and psychologist license to the Consortium.

Interns should be exposed to a breadth of professional roles and services at their Agency sites. The Consortium encourages intern participation in case conferences, grand rounds, in-service trainings, and other learning experiences provided by the Agency. Supervisors at Agency sites have full legal responsibility for the activities of their interns. In clinical decisions, interns must follow the directions of their clinical supervisors who have final authority over all services provided to Agency clients. The Consortium does not provide professional liability insurance for the supervisory and training activities at Agency sites. All Agencies, supervisors, and interns must carry professional liability insurance. All supervisors are required to maintain records of supervision sessions with their interns. Supervision records will be retained at Agency sites for fifteen (15) years. Supervisors must provide regular feedback about the performance of their interns to the Agency Director and the Director of the Consortium, including, but not limited to, quarterly written evaluations and review of training goals submitted on the forms supplied by the Consortium. Supervisors must share the evaluations and review of goals with their interns, incorporating constructive recommendations for professional growth. Whenever there are significant concerns about an intern's performance or professional behavior, those concerns must always be documented in the supervision records. The Director of the Consortium and Agency Director shall receive a copy of any documented concerns. Agency directors and supervisors are encouraged to consult with the Director of the Consortium if there are any problems in any aspect of the training process.

11. Certificate of Completion. Upon successful completion of each intern's training, the Consortium will award the intern a Certificate of Completion. This certificate will document the total hours, dates of completion, name of the Agency served, and will be signed by the Director of the Consortium and the Agency site Director.

12. Required Notice

Unless otherwise specified, all notices required under this agreement should be as follows:

To Agency:
To College: Rosemarie Manfredi, Psy.D.
Assistant Professor of Psychology
Director, CHC Internship Consortium
Faculty and Curriculum Coordinator of ASD Programs
Chestnut Hill College
9601 Germantown Avenue
Philadelphia, PA 19118

IN WITNESS WHEREOF, the parties hereto have executed this agreement as of the day and year above mentioned.

_____	_____
AGENCY	CHESTNUT HILL COLLEGE (Graduate Division)
_____	
_____	
_____	
AGENCY ADDRESS/TELEPHONE	
_____	_____
Internship Site Director	Chestnut Hill College, Director of Clinical Training
DATE: _____	DATE: _____
_____	_____
Internship Site Supervisor (if different)	Director, Chestnut Hill College Internship Consortium
DATE: _____	DATE: _____

STUDENT ENDORSEMENT ON NEXT PAGE

STUDENT ENDORSEMENT:

I _____, a student assigned to _____
(print name) (name of Agency)
according to the terms of the foregoing Affiliation Agreement, with the intent to be legally bound, represent and agree that:

1) I am of full age and sui juris;

2) I have read and understood the foregoing Agreement;

3) I waive any rights or privileges I may have with respect to communications regarding my academic record and Internship Experience, etc. relating to the said Agreement;

4) I will maintain and provide proof of student malpractice insurance in the amounts identified in the Agreement, for the duration of the internship; and

5) I agree to performing, in all respects, the obligations assigned as such a student assigned to the Internship Experience from:

Start Date: _____ End Date: _____.

_____
Signature

Please return both originals to:

Rosemarie Manfredi, Psy.D.
Assistant Professor of Psychology
Director, CHC Internship Consortium
Faculty and Curriculum Coordinator of ASD Programs
Department of Professional Psychology
Chestnut Hill College
9601 Germantown Avenue
Philadelphia, PA 19118-2693

One signed original will be returned to site supervisor/administrator. Thank you.

CHESTNUT HILL COLLEGE
School of Graduate Studies
Internship Consortium

APPENDIX R: Entrance Criteria for Sites
Chestnut Hill College Psychology Internship Consortium

Agencies may be organizations, institutions, or private practices that provide supervision and training in the delivery of psychological services. Agency sites must meet the following criteria for affiliation in the Consortium:

1. **Demonstrates a philosophy that is consistent with the Consortium**
   - Practitioner-Scholar Model
   - Consortium approach (sharing resources, learning from each other, collaborative)
   - Commitment to the advanced training of future psychologists
   - Investment of resources to provide psychological instruction and training opportunities appropriate for interns at the pre-doctoral level
   - Responsibility to exercise appropriate control, oversight, and review of the psychological services offered by interns
   - Adherence to the pre-doctoral internship training and supervision requirements as described in the College's Consortium Manual
2. **Offers supervision by licensed psychologist/s**
   - Minimum two hours/week of individual supervision by a licensed psychologist who agrees to serve as the primary intern supervisor for an intern, being responsible for completing written evaluation of intern form four times/year
   - Supervisors must be accessible to the intern, support successful completion of the internship, act as appropriate role models for the program, and promote the acquisition of knowledge, skills, and competencies outlined in the Internship Training Manual
3. **Participates in weekly training seminars**
   - All interns meet at Chestnut Hill College (or at one of the Consortium sites or occasionally at other venues such as the Pennsylvania Psychological Association conference) from 9 am to 5 pm on Fridays for 2 hours of group supervision and the following training seminars: Ethics, Diversity, Assessment, Research, Professional Issues/Clinical, and Professional Development Seminars.
   - Seminars will meet at sites once/year and site training staff will be involved in all the seminars on those days.
4. **Participates in other Consortium activities**
   - All sites will send at least one representative to the quarterly Consortium meetings
   - All sites will participate in internship selection on an annual basis in the early fall
   - All sites will host Friday seminars one day/year (see above)
5. **Agrees to pay the following (amounts set yearly at the Consortium retreat):**
   - Annual stipend

- Administrative fee

6. Agrees to provide the following benefits for interns:

- 15 annual PTO days that can be used for sick, vacation, or personal leave at the mutual discretion of the site and intern
- 10 holidays as follows: Independence Day, Labor Day, Thanksgiving (2 days), Christmas (2 days), New Year's Day, Martin Luther King Jr. Day, Good Friday, and Memorial Day (unless otherwise negotiated between intern and site)
- Two days of professional leave as approved by supervisors to attend conventions, workshops, job interviews, or appropriate professional development activities
- Adequate office space

7. Agrees to meet criteria of APA and APPIC accrediting bodies and document compliance with the following:

- The agency offers an organized program which, in contrast to a supervised on-the job training experience, is designed to provide the intern with a planned, programmed sequence of training experiences. The primary focus and purpose is assuring breadth and quality of training.
- The agency offers a training experience which is different from, and more advanced than, a practicum experience.
- The agency has a designated doctoral-level psychologist, licensed in the state where the agency is located and hired by the site, who is responsible for the integrity and quality of the training program at the site, who agrees to serve as liaison with the Consortium, and who is present at the site for a minimum of 20 hours per week.
- The agency has at least 2.0 FTE licensed psychologists on staff (preferably at least 3 psychologists on staff).

8. Agrees to conduct administrative responsibilities in a timely manner including:

- Site liaisons and supervisors will answer telephone messages and emails in a timely fashion.
- Primary individual supervisors will complete written Evaluation of Intern forms four times/year.
- Site liaisons and supervisors will abide by the conditions set forth in the Internship Training Manual.

9. Agrees to provide training experiences on site so that interns may meet the Consortium exit criteria (listed in the Internship Training Manual).

10. Approval by other Consortium sites, Consortium seminar leaders, Director of the Consortium, and appropriate representatives of Chestnut Hill College.

APPENDIX S: Certificate of Psychology Internship Completion

(Note: the following is a representation of the Certificate. Each Certificate is printed out full-size on 8 ½ x 11, special stock paper)

School of Graduate Studies

CHESTNUT HILL COLLEGE

Department of Professional Psychology

Certificate of Internship

is awarded to

by the Chestnut Hill College Internship Consortium, Philadelphia, PA
upon satisfactory completion of an internship in Clinical Psychology
from *to* *for* *total hours*

_____
Steven Guerriero, Ph.D.
Vice President for Academic Affairs
Dean of the Faculty

_____
Rosemarie Manfredi, Psy.D.
Assistant Professor of Psychology
Director, Chestnut Hill College Internship Consortium
Coordinator, ASD Programs

_____
Site Director