

Chestnut Hill College
School of Graduate Studies
Department of Professional Psychology

Internship Consortium

Internship Training Manual 2023-2024

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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 2023-2024 training year:

- AIDS Care Group
- Arcadia University Counseling Service
- Woods Services, Inc. (Beechwood NeuroRehab)
- Robert J Caron Foundation (Caron)
- Chestnut Hill College Psychological Services Clinic (Clinic)
- Growth Opportunity Center (GOC)
- Rider University Counseling Center
- SPIN, Inc. (SPIN)

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 Internship Consortium Director. All clinical responsibility, client responsibility, and supervision of clinical services is 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, professional growth, and cultural humility 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:

Chestnut Hill College, an inclusive Catholic community rooted in and animated by the Mission of the Sisters of Saint Joseph, is committed to transformative holistic education, just relationships, innovative thinking, and responsible action toward a more unified global society and sustainable Earth.

Grounded in our strong liberal arts tradition and attentive to the need for informed professional education, Chestnut Hill College, founded in 1924, offers academic degree programs of excellence in undergraduate, graduate, and continuing studies. Faithful to our Catholic heritage and intellectual tradition, Chestnut Hill College espouses the beliefs and values inherent in the Abrahamic faith traditions and welcomes and respects the contributions made by other faiths in the development of the whole person. We nurture integrity, spirituality, and dedication to justice in and for all. We value and commit to engage in the work of diversity, equity, and inclusion.

D. Commitment to Diversity

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.

**Please refer to Appendices X and Y containing guidelines for multicultural supervision and diverse intern/staff retention plans for each consortium site, respectively.*

E. Accreditation Status

The Chestnut Hill College Internship Consortium is accredited by the American Psychological Association (APA). The program's accreditation is effective May 1, 2015. The next site visit will be held in 2024. For general information about APA accreditation or specific information on the accreditation status of the Chestnut Hill College Internship Consortium, please contact:

Office of Program Consultation and Accreditation (OPCA)

American Psychological Association
 750 1st Street, NE, Washington, DC 20002
 Phone: (202)336-5979 Fax: (202)336-5978
 E-mail: apaaccred@apa.org
 Web: www.apa.org/ed/accreditation

The Consortium's 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 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. Training Model

The intern's clinical training occurs at a primary member agency or institution ("site"), and the intern and the site, along with the Consortium, enter into an agreement that the intern will train at that particular site for the entire training year. All member sites share the training goals of the Consortium, and each site provides at least two hours of individual supervision for their intern(s).

The Consortium provides weekly, in-person didactic activities and two hours of regular group supervision of the interns on Fridays from 9 am-5 pm. Didactic modules (see section VIII) include research seminars, independent research time, professional development seminars, and didactic seminars in the areas of Professional Practice/Clinical Issues, Ethics, Diversity, Assessment, Supervision & Consultation. These weekly meetings also provide the means for all interns to interact regularly as a cohort. While most of the didactic activities take place at Chestnut Hill College, some didactic activities are held at the various Consortium sites during the training year, providing interns with exposure to a variety of clinical settings.

The Consortium conducts a formal orientation for all interns at the start of the internship year. Each site will also orient its interns to site-specific activities and requirements within the first week of the training year. For the 2023-2024 training year, Consortium orientation will be held on Thursday, July 6, 2023 from 11am to 5pm at Chestnut Hill College.

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 Center 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 Consortium 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 Internship Consortium 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 signed copies (by supervisor and intern) of every formal written evaluation of interns and makes the originals available to the Internship Consortium Director, who signs the evaluations and keeps them on file. Copies of evaluations for students from other academic programs will be sent to their home program at the close of each trimester (October, February, and June) of the internship training year or more frequently if needed/requested by intern or academic program.

C. Supervision

All interns receive at least two hours of individual supervision per week at their site and two hours of group supervision during Friday didactic seminars (see details below). Depending on the site, interns may receive more individual and/or group supervision.

D. Maintenance of Records

Performance Records. Intern records are stored in a locked office housed in the Center for Professional Psychology at Chestnut Hill College. The End-of-Year Program Evaluations—because they are filled out anonymously—are stored in a separate folder in the Internship Consortium Director's office.

All records of intern performance and evaluation are held in the office of the Internship Consortium Director at Chestnut Hill College, in a locked file cabinet located in the Director's office. Records pertaining to intern's training evaluations are kept permanently. Intern documents are stored in hard copy or on a secure drive on the Chestnut Hill College network.

Formal Complaints. If an intern makes a formal complaint against the Consortium, the written documentation is stored in a separate file located in a locked file cabinet in the main office of the Center for Professional Psychology at Chestnut Hill College.

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:

- Be familiar with and understand the following codes of ethics and professional practice guidelines:
 1. APA Ethical Principles and Code of Conduct (2017)
<http://www.apa.org/ethics/code.html>
 2. APA Guidelines on Multicultural Education Training, Research, Practice and Organizational Change for Psychologists
<https://www.apa.org/about/policy/multicultural-guidelines.pdf>
 3. APA Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations
<https://www.apa.org/pi/oema/resources/policy/provider-guidelines>
 4. APA Guidelines for Psychotherapy with Lesbian, Gay and Bisexual Clients
<https://www.apa.org/pi/lgbt/resources/guidelines>
 5. APA Guidelines for Practice with Older Adults
<https://www.apa.org/practice/guidelines/older-adults>
 6. APA Guidelines for Record Keeping
<https://www.apa.org/practice/guidelines/record-keeping>

7. APA Guidelines for Psychological Practice with Girls and Women
<https://www.apa.org/about/policy/psychological-practice-girls-women.pdf>
8. APA Standards for Educational and Psychological Testing
<https://www.apa.org/science/programs/testing/standards>
9. APA Guidelines for Computer Based Tests and Interpretations
<https://www.sciencedirect.com/science/article/abs/pii/0747563289900204>
10. APA Specialty Guidelines for the Delivery of Services by Clinical Psychologists, Counseling Psychologists, Industrial/Organizational Psychologists, and School Psychologists
<https://www.apa.org/practice/guidelines>
11. APA Guidelines for Evidence-Based Psychological Practice in Health Care
<https://www.apa.org/about/policy/psychological-practice-health-care.pdf>
12. APA Professional Practice Guidelines for Psychological Practice with Boys and Men
<https://www.apa.org/about/policy/boys-men-practice-guidelines.pdf>
13. APA Professional Practice Guidelines for Occupationally Mandated Psychological Evaluations
<https://www.apa.org/practice/guidelines/psychological-evaluations>
14. APA Professional Practice Guidelines for Integrating the Role of Work and Career Into Psychological Practice
<https://www.apa.org/practice/guidelines/role-work-career.pdf>
15. Guidelines for Psychological Practice with Transgender and Gender Nonconforming People.
<https://www.apa.org/practice/guidelines/transgender.pdf>
16. Guidelines for the Practice of Telepsychology
<https://www.apa.org/pubs/journals/features/amp-a0035001.pdf>
17. Guidelines for the Practice of Parenting Coordination
<https://www.apa.org/pubs/journals/features/parenting-coordination.pdf>
18. Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality, 2017
<https://www.apa.org/about/policy/multicultural-guidelines.pdf>
19. Guidelines for Psychological Evaluations in Child Protection Matters
<https://www.apa.org/pubs/journals/features/child-protection.pdf>
20. Guidelines for Psychological Practice in Health Care Delivery Systems

<https://www.apa.org/pubs/journals/features/delivery-systems.pdf>

21. Guidelines for Prevention in Psychology
<https://www.apa.org/pubs/journals/features/amp-a0034569.pdf>
 22. APA Guidelines for Psychological Assessment and Evaluation
<https://www.apa.org/about/policy/guidelines-psychological-assessment-evaluation.pdf>
 23. APA Guidelines for Psychological Practice with Sexual Minority Persons
<https://www.apa.org/about/policy/psychological-sexual-minority-persons.pdf>
 24. Guidelines for Assessment of an Intervention with Persons with Disabilities
<https://www.apa.org/pi/disability/resources/assessment-disabilities>
 25. Guidelines for Psychological Practice for People with Low-Income and Economic Marginalization
<https://www.apa.org/about/policy/guidelines-low-income.pdf>
- 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.
 - 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).
 - Demonstrate appropriate concern and advocacy for client welfare.
 - 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) an intern or faculty member of the Consortium has concerns about the Site Clinical Supervisor or affiliated training site; or 3) 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, withdrawal, and suspension or termination from the internship program. For policies regarding the CHC Psy.D. program, please see the School of Graduate Studies (SGS) Catalog and Psy.D. fieldwork manuals. For policies regarding your host program, please consult your respective training manuals.

One aspect of the training process involves the identification of a professional growth and/or professional 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: 1) 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 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 any member of the Training Committee and/or a site staff member may designate some aspect of an intern's performance as inadequate or problematic (i.e.,

potential concerns for remediation). By the same token, an intern may take issue with any member of the Training Committee and/or a staff member regarding a particular behavior or pattern of behaviors or Consortium regarding policy or procedure (i.e., grievance).

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. If a member of the Training Committee is dissatisfied with an intern's performance, please follow the Due Process procedures in Section IV.B. entitled *Intern Remediation Procedures Initiated by a Clinical Supervisor and/or Site Director*. If a member of the Consortium or Site Staff is dissatisfied with an intern's performance, please follow the Due Process Procedures in Section IV.C. entitled *Intern Remediation Procedures Initiated by a Staff Member*. If an intern is dissatisfied with the outcome regarding an interaction with a staff member, entire staff, or Consortium, please follow the Due Process procedures entitled *Grievance Procedures initiated by an Intern*.

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 the Site Director, the Site Clinical Supervisor and the Internship Consortium Director and documented, as appropriate. It is the intern's responsibility to inform the Site Clinical Supervisor and Site Director of any and *all serious 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 Internship Consortium Director and documented, as appropriate. It is the Site Clinical Supervisor and/or Site Director's responsibility to inform the intern and the Internship Consortium Director of any and all serious 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.

Staff member concerns should be directed as follows:

- If a staff member associated with Chestnut Hill College (such as a member of the CHC faculty, didactic seminar guest lecturer, etc.) has concerns regarding an intern or the Consortium itself, these should be discussed promptly with the Internship Consortium Director and any other relevant parties (if applicable) and documented, as appropriate.
- If a staff member associated with any affiliated Consortium site has concerns regarding an intern or the internship placement, these should be discussed promptly with the Site Director (listed below) and any other relevant parties (if applicable) and documented, as appropriate.

In either case, it is the staff member's responsibility to inform the Internship Consortium Director or the Site Director of any and all concerns as soon as they arise. Similar to above, the goal should be to work collaboratively to determine the most appropriate course of action to address the concerns. Concerns unrelated to the Consortium should be addressed following the procedures of the staff member's place of employment (i.e., Human Resources). If an intern, a staff member (such as a member of the CHC faculty or a staff member at an affiliated Consortium site), a Site Director, or a Site Clinical Supervisor has a concern with the Internship

Consortium Director, these should be discussed promptly with the respective Site Director (listed below) and the Chair for the Center of Professional Psychology at Chestnut Hill College (Corrie Jackson, PhD, jacksonc2@chc.edu). As stated above, the goal should be to work collaboratively to determine the most appropriate course of action to address the concerns.

Internship Consortium Director:

Jade Logan, Ph.D., ABPP (loganj@chc.edu)

Site Directors:

AIDS Care Group: Dana Lehman, Psy.D. (danalehman@aidscaregroup.org)

Arcadia University Counseling Service: Rebecca Bubbs, Ph.D. (bubbr@arcadia.edu)

Beechwood NeuroRehab: Joseph DiCondina, Psy.D. (jdicondina@woods.org)

Caron: Paula Boulware-Brown, Psy.D. (pboulware-brown@caron.org)

CHC Psychological Services Clinic: Joshua Saks, Psy.D. (saksj@chc.edu)

Growth Opportunity Center: Diane Sizer, Ph.D. (sizerd@gocenter.net)

Rider University Counseling Center: Anissa Moody, Psy.D. (amoody@rider.edu)

SPIN, Inc.: Jessica Lax, Psy.D. (jlax@spininc.org)

A. Grievance and Intern Remediation Procedures

In working collaboratively, the Internship Consortium Director may at any time consult with other Consortium Site Directors in any or all aspects of the Due Process procedure. *NOTE: If a situation arises where an intern raises an issue or where the intern's conduct would be subject to review or investigation under a federal or state law which mandates a specific set of procedures, (e.g., a claim under Title IX), then those statutory procedures will be used instead of the procedures set out below.*

1. Grievance Procedures Initiated by an Intern:

If an intern takes issue with a staff member regarding a particular behavior or pattern of behaviors, with the entire staff, or with the Consortium regarding policies or procedures at any point during the internship, the intern is encouraged to first seek resolution at the informal level, unless they believe this would place them in a vulnerable or compromised position. It is likely that many interns' concerns can be addressed through informal discussion with the Site Clinical Supervisor(s), the Site Director, and/or the Internship Consortium Director.

If a problem arises that cannot be resolved within the site setting, and the problem relates to the site setting, as opposed to, for example, an issue involving a member of the CHC faculty, the intern should summarize their concerns in a letter to the Internship Consortium Director, who will consult and intervene with the Site Clinical Supervisor and Site Director as appropriate.

For other issues, the intern can file a formal grievance by summarizing their concerns in a letter to the Internship Consortium Director. The grievance is then

discussed with the Training Committee (the training committee is appointed by the Internship Consortium Director and comprised of three Site Directors not directly involved in evaluation of the intern), at the quarterly meeting or sooner if necessary. The Internship Consortium Director will manage the process but will not vote on the disposition of the case. The Training Committee may request additional written information from the intern and the site within 10 business days of the receipt of the formal grievance. The Training Committee then responds to the intern in writing through the Internship Consortium Director within 10 business days of the request regarding the disposition of the grievance. The Internship Consortium Director consults and intervenes with the Site Clinical Supervisor and Site Director as appropriate. The Internship Consortium 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 Internship Consortium Director's office. If the intern is not satisfied with the resolution of a grievance, they may appeal the decision according to the procedure below (see Appeals Procedure below).

Unless there are *extreme extenuating circumstances*, it is Chestnut Hill College's expectation that the Internship Consortium Director, the Site Clinical Supervisor, the Site Director, and the intern will work collaboratively to address intern grievances in order that the intern may continue at the site. However, should the Internship Consortium Director determine that the site is no longer an appropriate internship setting for the intern, the placement will be terminated. In such cases, every effort will be made to work collaboratively with the intern to identify a new training site within the Consortium to complete the internship. 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 of the internship. If there is no availability within the Consortium, the intern may be required to reapply for internship during the next available cycle or consider other alternatives, in collaboration with the Internship Consortium Director. In such instances, the alternative site must be an APPIC-member site.

During a process such as the one described above, the intern is expected to work closely and collaboratively with the Internship Consortium Director. An intern does not have the authority to terminate a placement. 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 intern. Consortium interns from other doctoral programs are subject to their respective institutions' disciplinary policies.

2. Intern Remediation Procedures Initiated by Clinical Supervisor or Site Director

Whenever a clinical supervisor has concerns about an intern's behavior or performance, the following *general* steps are followed, in order, unless the nature of the concern warrants a higher level of action from the outset.

- a. Notice. The Clinical Supervisor and/or Site Director notify the intern of the area(s) of concern via:
 - i. Informal Feedback. When a supervisor or Site Director feels that an intern is not performing in an appropriate or professional manner, it is the supervisor's responsibility to informally provide that feedback to the intern. The clinical supervisor should document their conversations in their supervision notes for future reference. The supervisor or Site Director will use their discretion in notifying the Internship Consortium Director.
 - ii. Formal Feedback. If the problem is not resolved after informal feedback is given, the Site Director (if the Site Director is the Site Clinical Supervisor, then skip directly to written notice) is informed and discusses the concern with the intern. The intern is provided with a time frame for resolving the issue as well as potential consequences of unresolved problems. If formal feedback is given, the Site Director should follow-up the conversation with the intern with an email outlining the concern, ways the intern will resolve the concerns, a time frame to resolve the concern, and consequences for not resolving the concern. The Internship Consortium Director should be cc'ed on this communication. The Internship Consortium Director will notify the intern's host institution of the situation.
 - iii. Written Notice/Corrective Action Plan If the preceding steps have not resolved the problem, a Corrective Action Plan (CAP) regarding the inappropriate behavior will be created within 5 business days of notice by the Site Clinical Supervisor that the problem has not been resolved. A CAP is created if the Site Clinical Supervisor suspects that the skill deficit is so great (before, during, or after informal and formal feedback) that the intern may be in jeopardy of failing the internship. The Site Director, in consultation with the Internship Consortium Director and Site Clinical Supervisor will create this plan.

The Site Director and Site Clinical Supervisor will actively monitor the degree to which the intern's performance improves. The CAP includes behaviors associated with inadequate performance, specific recommendations for corrective action, timeframe in which the areas of concern are expected to be addressed, and procedures designed to determine whether the areas have been adequately addressed.

The Site Clinical Supervisor and/or the Internship Consortium Director meets with the intern to review the CAP and to answer any clarifying questions. The intern is then required to sign and return three copies of the CAP to the Internship Consortium Director within two business days. When received, the Internship Consortium Director signs and provides an executed copy of the CAP to the intern and Site Director

for their records. A copy is also sent to the intern's doctoral program. *(Please note, the terms of the CAP go into effect as of meeting with the Site Clinical Supervisor and/or Internship Consortium Director wherein the CAP was discussed.)*

The Site Clinical Supervisor in consultation with the Site Director (or the Internship Consortium Director if the Clinical Supervisor is the Site Director) will determine the amount of time needed for the intern to adequately address the concerns in the CAP. If problems have been addressed to the satisfaction of the Site Clinical Supervisor, then all parties will be notified, and no further action will be taken. A letter (drafted by the Internship Consortium Director) will be sent to the intern and the intern's doctoral program notifying them of the status of the CAP.

If sufficient improvement has not occurred through the CAP, then the Site Clinical Supervisor will communicate in writing to the intern that further action will be taken. The Site Clinical Supervisor informs the Site Director as well. The Site Director, in consultation with the Internship Consortium Director, will determine how to then proceed, including, but not limited to, the following options: (1) continue CAP, (2) place the intern on probation, (3) extend the internship and/or recommend a second internship, (4) create an official notice that informs the intern that the Site Director intends to suspend or terminate the intern immediately from the internship site. (Please see below: B. Levels of Disciplinary Consequences and Remedial Action for policies and procedures for probation, extension/second internship, and suspension/termination.)

- iv. EXCEPTIONS: There are circumstances under which the intern will be placed on suspension immediately, pending further disposition. Disposition may include termination and/or reporting the incident(s) to outside agencies. Such circumstances could, for illustrative purposes, include, but are by no means limited to, incidents of sexual misconduct, criminal incidents; should an intern be charged with a felony pending further investigation, have sexual contact with a client, engage in active substance use, or perform any other serious violation of ethical conduct, they will be placed on suspension immediately, with further disposition determined by the training staff. Should an intern demonstrate signs of acute or significant mental or medical impairment, including substance use that compromises their judgment or client care, the intern will be placed on suspension. In serious instances such as these, the Internship Consortium Director and the intern's doctoral program Director of Clinical Training should be notified immediately. A hearing (see below Hearing Procedures) will be held within 15 business days and a decision regarding the intern's final status will be rendered at that meeting. The intern retains the right to appeal the decision according to the procedure

outlined below. Only the intern, training committee, and the Internship Consortium Director will be present at the hearing. The hearing is not to be recorded or transcribed.

3. Intern Remediation Procedures Initiated by a Staff Member

The following is the procedure to follow if a site staff person, CHC staff person, or CHC faculty member has concerns about an intern's behavior or performance.

- a. Notice: The intern receives notice that a problem has been identified. The notice follows the steps below.
 - i. Informal Feedback: When a site staff person, CHC staff person, or CHC faculty member observes that an intern is not performing in an appropriate or professional manner, it is the faculty or staff person's responsibility to informally provide feedback to the intern. The faculty or staff person should also notify the intern's Site Clinical Supervisor (if incident occurs on site) or the Internship Consortium Director (if incident occurs at CHC). The Site Clinical Supervisor or Internship Consortium Director should follow-up with the intern regarding the behavior.
 - ii. Formal Feedback: If the problem is not resolved after informal feedback, the Site Director (if incident occurs at site) or the Internship Consortium Director (if incident occurs at CHC) should follow procedures outlined in "B.1.b. Intern Remediation Procedures Initiated by Clinical Supervisor-Notice-Formal Feedback."

B. 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 areas of concern. Procedures outlined above will be considered first and procedures below will be considered if the issues are not satisfactorily resolved through the above interventions. The intern's home program will be informed of any disciplinary action, and there may be additional consequences imposed by the home program. For example, interns who are also interns 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.

If an intern's behavior and/or performance has not been adequately addressed by the procedures outlined as noted above in Section IV.A, 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. The Internship Consortium Director and/or Site Clinical Supervisor, upon their discretion, may complete [APPIC's Problem Consultation Form](#) and follow the APPIC

Policies and Procedures when considering these levels of disciplinary consequences and remedial actions.

During the process, under some circumstances, if it is warranted, there may be a temporary reduction or removal of the intern's ability to engage in clinical work. Each of these consequences is described below.

1. Probation

Probation is time-limited and has remediation-oriented consequences. The primary purpose of probationary action is to provide the intern with the opportunity to improve their performance. The intern is placed on probation for a specified period of time during which their behavior is closely monitored by the Site Clinical Supervisor in consultation with other training staff at the site. Termination of probationary status occurs upon demonstrated improvements in the intern's functioning, as determined by the Site Clinical Supervisor in consultation with designated site training staff. The Site Director and/or Internship Consortium Director then communicates the termination of probationary status to the intern within two business days of removal of their probationary status. The Director of Clinical Training at the intern's host program is notified of the decision to place the intern on probation and of their 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 Internship Consortium Director to discuss placing the intern on probation. It is critical that the supervisor have detailed documentation of their 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 an intern 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 "*marginal competency of beginning intern, consider learning plan*" 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 policies or paperwork requirements: Failure to comply with site and/or consortium policies or

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 Site Director, Site Clinical Supervisor, and the Internship Consortium Director. If circumstances warrant, the Internship Consortium Director, at their discretion, may also confer with the Chair of the Center for Professional Psychology. The decision to place the intern on probation is communicated to the intern both in writing and in person (or virtual platform as deemed appropriate) in a meeting with the Site Clinical Supervisor, Site Director, and Internship Consortium Director. 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 Site Director and the Internship Consortium Director.

Within five business days of informing the intern of their probationary status, a formal letter and remediation plan will be sent or given to the intern by the Site Clinical Supervisor or Site Director, outlining the concerns identified in the meeting, consequent probationary status, and the remediation requirements. The intern must sign and return the remediation plan to the Site Clinical Supervisor or Site Director within five business days of receipt. The remediation plan will then be countersigned by the Site Director and the Site Clinical Supervisor. Executed copies of the remediation plan will be sent to the intern, the Internship Consortium Director, and the intern's Director of Clinical Training. An intern's refusal to accept the site's remediation plan constitutes Voluntary Withdrawal, Not in Good Standing from the Internship Consortium. The intern's home program will be informed of the intern's refusal of the remediation plan and additional consequences may be imposed by the home program. Interns who are also interns in the CHC Psy.D. Program and who withdraw from internship are considered to have withdrawn from the CHC Psy.D. program as well. *(Please note, the terms of the Remediation Plan go into effect as of meeting with the Site Clinical Supervisor, Site Director, and/or Internship Consortium Director wherein the Remediation Plan was discussed.)*

The intern's home program will be informed of the intern's probationary status and the terms of the remediation plan within 5 business days of the beginning of an intern's 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 intern, they will also be placed on probationary status in the Psy.D. program. CHC Psy.D. interns should review the SGS Catalog and Psy.D. Internship Manual for the policies of the Psy.D. program. Non-CHC interns should review the Internship Manual for their respective doctoral program for details regarding the implications of probationary status on a doctoral internship.

During the probationary period, the Site Clinical Supervisor keeps the Site Director and the Internship Consortium Director abreast of the intern's progress on meeting the terms of the remediation plan, as well as any and all relevant issues regarding the intern's performance on internship. The Internship Consortium Director maintains regular contact with the Site Clinical Supervisor, Site Director, and the intern. The Internship Consortium Director reserves the right to consult with the Chair for the Center of Professional Psychology regarding interns on probation, or at risk for probation.

During the probation period, the Site Clinical Supervisor should provide frequent, consistent, and timely feedback to the intern regarding their progress on the remediation plan and the plan should indicate a day by which another formal written review will be completed. This date might be the next trimester evaluation date or sooner, depending on the nature of the concern(s). The outcome of the next formal review may be an end of probationary status, 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 client contact or hours spent at the site, the Internship Consortium 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 client contact or hours are in place. The intern shall return to a full stipend once these privileges have been reinstated.

2. Extension of 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 internship 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. The CHC academic program or intern's home academic program will be consulted regularly leading up to this decision.

Stipends for extension of an internship or completion of a second 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 (not an exhaustive list) of unacceptable practices and standards that could lead to suspension:

- a. When a client or staff person is judged to be threatened or endangered.
- b. When probation has not been effective in resolving the problem that prompted the probation.
- c. When an intern on probation continues to engage in the problematic behavior that prompted the probation, or when the problem becomes worse.
- d. When an intern fails to maintain the required minimum level of malpractice insurance.
- e. A charge of a felony pending further investigation.
- f. When an intern is judged by the Internship Consortium Director, the Site Director, or the Site Clinical Supervisor to be impaired.
- g. 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.
- h. The intern does not, in the judgment of the supervisor, respond appropriately to supervision.
- i. The intern does not follow agency policies.
- j. The intern exhibits inappropriate and unprofessional behavior regarding appearance and general demeanor.
- k. The intern does not adequately and consistently adhere to components of the remediation plan set during a probation or suspension period.
- l. The intern displays insufficient awareness of self or of his or her negative or inappropriate impact on others (supervisors, other staff, colleagues or clients).
- m. 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 the interns' clients.
- n. 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.
- o. The intern does not practice in accordance with evaluative and other criteria set out in this Manual.
- p. The intern does not practice in accordance with evaluative and other criteria established by the internship site.

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 parties involved 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. In most cases, interns who have been suspended are barred from their original site placement 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 business days' notice of the hearing. If the intern refuses to or fails to attend the hearing, the hearing 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 meeting. In any case, the Internship Consortium Director will attempt to reach the intern in person, by phone message, or by email within one business day of the hearing. In all cases, the intern is also formally notified in writing by the Internship Consortium Director within 5 business days of the decision. The intern's home academic program is also informed by telephone within one business day of the hearing, and in writing by the Internship Consortium Director within 5 business days of the hearing.

In some cases, an internship site might need to be suspended or terminated through no fault of the intern. These situations are not disciplinary actions and are not construed as adverse decisions against the intern. In this case, the Internship Consortium Director makes every effort to locate an alternative internship 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. 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 Internship Consortium Director may recommend termination of an intern's internship for repeated noncompliance with the Consortium's internship requirements or policies.

In the latter of these cases, a hearing will be held before the intern's Training Committee prior to formal termination of the intern (see procedure for Hearings

below). The intern may be suspended from the site pending the outcome of this hearing. The intern reserves the right to appeal the decision of termination from the internship (see Appeals Procedures below).

If the intern is an intern 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, the intern's home program maintains authority over the intern's academic standing.

An intern who is subject to review or investigation at their internship site, under the procedures required by a federal or state law, may be suspended or terminated without pay by the site and that suspension or termination shall be immediately reported to the Internship Consortium Director in writing. If the outcome of the site's investigation results in termination of the intern from the internship site, the intern may be subject to dismissal from the Chestnut Hill College Internship Consortium. If the intern is also a Chestnut Hill College Psy.D. student, they may be subject to dismissal from the Psy.D. Program, as well. The disposition of interns from other doctoral programs will be determined by their respective institutions.

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 the 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 business days' notice of the termination hearing. If the intern refuses to or fails to attend the hearing, the hearing 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 Consortium Director will attempt to reach the intern in person, by phone message, or by email within one business day of the hearing. In all cases, the intern is also formally notified in writing by the Internship Consortium Director, within 5 business days of the decision. The intern's home academic program is also informed by telephone within one business day of the hearing, and in writing by the Internship Consortium Director within 5 business days of the hearing.

The hearing will be held with the intern and the members of the intern's Hearing Committee, within 15 business days of the date of notice that a remediation plan has not been successfully completed or the intern has engaged in one or more of the behaviors noted above.

The Hearing Committee is comprised of three Site Directors from the Consortium who are not directly involved with the evaluation of the intern. The Site Directors are appointed by the Internship Consortium Director. The Hearing Committee will obtain information from the intern's Site Director and the intern regarding the situation(s) of concern. The Internship Consortium Director will manage the overall hearing process and facilitate the dismissal hearing. The intern is given at least 5 business days' notice of the hearing. If the intern refuses or fails to attend the hearing, the hearing will proceed without the intern. At the hearing, the Hearing Committee will review the concerns that prompted the hearing. Next, the intern will have an opportunity to respond and present their position. Next, there will be an opportunity for discussion and questions. Finally, the intern will be excused from the hearing and the intern's Hearing Committee will discuss the appropriate outcome including disciplinary action, remedial action (see above, B. Levels of Disciplinary & Remedial action), or dismissal of all allegations. The intern will have an opportunity to appeal the decision, according to the procedure outlined below (see below, Appeals Procedures).

C. Temporary Reduction or Removal of Case Privileges

At any point during the Due Process procedures, 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. At the end of this time, the intern's Site Clinical Supervisor, in consultation with the site training staff and other members of the intern's Training Committee will assess the intern's capacity for effective functioning and determine whether the intern's case privileges should be reinstated. An intern's stipend may be reduced for the period during which their case privileges are temporarily reduced or suspended. Such a reduction will be made only after consulting with APPIC. Furthermore, the intern will receive the full stipend once their privileges have been reinstated.

D. Hearing Procedures

A hearing will be held if an intern is unable to satisfactorily complete a Remediation Plan. An intern may also be subjected to a hearing if the intern is charged with a felony pending further investigation, has sexual contact with a client, or performs any other serious violation of ethical or professional conduct, including but not limited to the issues noted above under "Reasons for Considering Termination from an Internship." The hearing will be held with the intern and the members of the intern's Hearing Committee, within 15 business days of the date of notice that a remediation plan has not been successfully completed or the intern has engaged in one or more of the behaviors noted above.

The Hearing Committee is comprised of three Site Directors from the Consortium who are not directly involved with the evaluation of the intern. The Site Directors are appointed by the Internship Consortium Director. The Hearing Committee will obtain information from the intern's Site Director and the intern regarding the situation(s) of concern. The Internship Consortium Director will manage the overall hearing process and facilitate the dismissal hearing. The intern is given at least 5 business days' notice of the hearing. If the intern refuses or fails to attend the hearing, the hearing will proceed without the intern. At the hearing, the Hearing 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 hearing and the intern's Hearing Committee will discuss the appropriate outcome including disciplinary action, remedial action (see above, B. Levels of Disciplinary Consequences & Remedial Action), or dismissal of all allegations. The intern will have an opportunity to appeal the decision, according to the procedure outlined below (see below, E. Appeals Procedures).

E. Appeals Procedures

If an intern feels that the Consortium has not followed applicable policies and procedures of the internship training program, the specific dismissal criteria, or notification and hearing process outlined above, the intern may appeal the Hearing Committee's decision in writing by following the procedures below. If an intern is terminated from an affiliated consortium site based on the site's policies and procedures, the intern may not appeal the

site's decision, however they may appeal being terminated from the Internship Consortium.

The following disciplinary actions are not subject to appeal by an intern: formal feedback, written notice/corrective action plan, and/or probation. An intern may appeal the Dismissal Hearing Committee's decision to extend the internship, recommendation for a second internship, suspension, and/or termination of the intern from the internship if they believe that the training program or Hearing Committee did not follow the applicable policies and procedures outlined above.

The following appeals procedure must be followed:

1. The intern submits the appeal in writing to the Internship Consortium Director within 5 business days of the hearing outcome notice.
2. The Internship Consortium Director convenes an Appeal Committee consisting of the Chair for the Center of Professional Psychology, a representative of the intern's site (e.g., a secondary clinical supervisor) selected at the discretion of the Site Director; a member of the full-time faculty of the CHC Center of Professional Psychology selected by the Chair of the Center of Professional Psychology and a Site Director from another Consortium site, selected by the Internship Consortium Director.
3. The Appeal Committee reviews the intern's appeal and convenes as soon as is feasible to deliberate the issue and within a minimum of 15 business days of the receipt of the appeal. The intern is invited to the meeting of the Appeal Committee to present their concerns and to answer questions. The intern receives at least 3 business days' notice of the Appeal Hearing. If the intern refuses to attend the Appeal Hearing or does not respond to the invitation, the Appeal Hearing will proceed without the intern. After the intern has an opportunity to speak and answer questions, the intern is then excused from the hearing while the Appeal Committee deliberates on the issues. Within 5 business days of the Appeal Hearing, the intern is informed of the committee's decision in writing by the Internship Consortium Director. The decision of the Appeal 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 their case privileges imposed by the site, if the intern is still at the site (see C, *Temporary Reduction or Removal of Case Privileges*, above).

F. Withdrawal Policy

An intern may request withdrawal from the internship site and subsequently internship consortium at any time except when disciplinary procedures including but not limited to termination, have begun. Permission to withdrawal from an internship site and

subsequently the Consortium is only granted under unusual circumstances, such as a serious illness or other emergency. Additional documentation, such as a statement from a physician, may be required to process the request for withdrawal. Interns who are currently in good standing (e.g., no corrective active action plans, remediation plans, probation, etc.) within the internship must follow the following steps to initiate the withdrawal process.

1. The Intern should submit a written request to their Site Director and the Internship Consortium Director indicating their desire to withdrawal and reasoning for the request.
2. The Site Director, in consultation with the Internship Consortium Director, Clinical Supervisor (if not the Site Director), and Training Committee will make a preliminary determination regarding the request.
 - a. If permission to withdraw is granted, the Internship Consortium Director will contact the Director of Clinical Training (DCT) at the intern's doctoral program to notify them of the request. After consultation with the intern's DCT, the Internship Consortium Director will contact the APPIC Match Coordinator to discuss the request and problem solve any other possible options prior to beginning the withdrawal process.
 - i. Upon completion of the all consultations, the Internship Consortium Director will send written communication to the intern requesting the intern to complete the APPIC Match Release Request (<https://www.appic.org/Forms/APPIC-Match-Release-Request>). This form will allow APPIC to conduct their own independent investigation of the intern's decision to withdrawal from the internship site.
 - ii. Within 48 hours of withdrawal approval by the Site Director, Internship Consortium Director, and APPIC Match Coordinator, the intern will receive formal written notice approving their request to withdraw from the internship. A letter (electronic and paper) indicating the intern has been approved to withdraw from internship in good standing will be sent to the intern, their Site Director, and the Director of Clinical Training of their doctoral program. The letter will include approval to withdraw in good standing, the intern's end date, and final stipend amount.
 - iii. The intern's stipend will be prorated based on the intern's official withdrawal date. The intern's official withdrawal date is to be mutually determined by the intern's Site Director and Clinical Supervisor while consulting the Internship Consortium Director. When determining the intern's withdrawal date, client welfare will be the primary consideration. The intern should work collaboratively under

the close supervision of their Site Director and Clinical Supervisor to terminate services with clients in an ethical and professional manner.

3. If the Site Director, in consultation with the Internship Consortium Director and Primary Supervisor (if not the Site Director) does not approve the intern's request to withdraw from the internship program, due to the intern's status in the program, the intern's request to withdraw from the internship will be denied. The intern will then be subjected to the D. Hearing Procedures outlined above.

V. EVALUATION PROCESS

Consortium evaluation forms are contained in this Manual (see Appendices).

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 Consortium Director.

Throughout the training year, *Didactic Lecture/Case Presentation Evaluation Forms* (Appendix N) are completed by appropriate staff and interns 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 Consortium 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* (Appendix P) forms after each guest lecture, and the Internship Consortium 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.

Prior to the Start of Internship

Prior to beginning internship, interns who have matched to the Consortium are required to provide the Internship Consortium Director with child abuse and state background clearance forms (instructions are provided in their welcome letters sent no more than seven days post-Match Day), and a copy of their student professional liability insurance policy. These forms/instructions are provided to new interns no more than seven days post-Match Day, as well as two months prior to the start of the internship.

Interns are required to disclose a criminal record at the time of application. Failure to do so may result in immediate dismissal from the internship program. Interns are required to disclose, in writing to the Internship Consortium Director within 48 hours or risk dismissal from the Internship Consortium, if they have been charged with a criminal offense or convicted of a criminal offense after Match Day and at any point thereafter through the completion of internship. Interns must be aware that a criminal record might prevent them from obtaining a psychology license or employment in the field.

Beginning of Internship

During the Consortium orientation, interns complete the *Pre-Internship Survey (Appendix A)*, *Authorization to Exchange Information Form (Appendix B)*, the *Intern Contact Information Form (Appendix J)*, and the *Orientation Self-Assessment (Appendix C)*. In order to assess their own levels of competence in all areas which will be evaluated during the training year, the Internship Consortium Director reviews the *Clinical Supervisory Inventory (CSI; Appendix D)*, 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 month of on-site supervision session, interns, in consultation with supervisors, complete an *Individualized Training Plan (Appendix H)* wherein they prioritize personal training aims, which may be modified and updated during the year. A signed copy of this plan is returned to the Internship Consortium Director by the beginning of August.

End of First Trimester (four months)

1. All appropriate site staff, in conjunction with the Site Clinical Supervisor, complete the *Clinical Supervisory Inventory (CSI)*. These forms provide for formal written intern evaluations, which reflect the training competencies and program defined elements 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 *Evaluation of Supervisor Form (Appendix E)* for each clinical supervisor. Interns are encouraged to review these forms in supervision with the appropriate supervisor. Originals are sent to the Internship Consortium Director who retains them in a file; copies are given to the Site Director.
3. As part of the clinical training experience, supervision must include direct observation. Direct observation can be live or electronic and can include co-therapy in the room with the student, co-leading group therapy with the student, live observation of the student performing clinical duties, watching student sessions on video, and/or one-way mirror observation. Audio recordings are not considered sufficient in meeting the direct observation requirement. The revised *Clinical Supervisor Inventory (CSI)* provides an opportunity to document and provide feedback on this direct observation.
4. Interns complete the *Self-Assessment-Evaluation of Intern Competencies (Appendix F)* form and return it to the Internship Director after getting signatures from their supervisors.
5. Interns complete a *Time Analysis Log (Appendix G)* for the trimester 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 Internship Consortium Director with the respective *CSI*. Updated copies of the training plan are returned to the Internship Consortium Director.

End of Second Trimester (eight months)

1. All appropriate site staff, in conjunction with the Site Clinical Supervisor, complete the *Clinical Supervisory Inventory (CSI)*. These forms provide for formal written intern evaluations, which reflect the training competencies and program-defined elements 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 *Evaluation of Supervisor* for each primary supervisor. Interns are encouraged to review these forms in supervision with the appropriate supervisor. Originals are sent to the Internship Consortium Director who retains them in a file; copies are given to the Site Director.
3. As part of the clinical training experience, supervision must include direct observation. Direct observation can be live or electronic and can include co-therapy in the room with the student, co-leading group therapy with the student, live observation of the student performing clinical duties, watching student sessions on video, and/or one-way mirror observation. Audio recordings are not considered sufficient in meeting the direct observation requirement. The revised *Clinical Supervisor Inventory (CSI)* provides an opportunity to document and provide feedback on this direct observation.
4. Interns complete the *Self-Assessment-Evaluation of Intern Competencies* form and return it to the Internship Consortium Director after getting signatures from their supervisors.
5. Interns complete a *Time Analysis Log* for the trimester 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 Internship Consortium Director with the respective *CSI*. Updated copies of the training plan are returned to the Internship Consortium Director.

End of the Training Year (12 months)

1. All appropriate site staff, in conjunction with the Site Clinical Supervisor, complete the *Clinical Supervisory Inventory (CSI)*. These forms provide for formal written intern evaluations, which reflect the training competencies and program-defined elements 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 *Evaluation of Supervisor Form* for each primary supervisor. Interns are encouraged to review these forms in supervision with the appropriate

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

3. As part of the clinical training experience, supervision must include direct observation. Direct observation can be live or electronic and can include co-therapy in the room with the student, co-leading group therapy with the student, live observation of the student performing clinical duties, watching student sessions on video, and/or one-way mirror observation. Audio recordings are not considered sufficient in meeting the direct observation requirement.
4. Interns complete the Self-Assessment-Evaluation of Intern Competencies form and return it to the Internship Consortium Director after getting signatures from their supervisors.
5. Interns complete a Time Analysis Log for the trimester just completed. Intern provides a cumulative summary of all hours completed during the training year. This is verified by the supervisor.
6. Finally, the Site Clinical Supervisor conducts the intern evaluation and reviews the *CSI* results with the intern in-person or virtually, if deemed necessary. The supervisor verifies completion of 2000 minimum total hours, 500 face-to-face clinical hours and 150 intervention hours. The supervisor also verifies that a minimum of two integrated psychological assessment batteries were completed, and that minimum levels of achievement were obtained on all competencies and program-defined elements (score of 6 or above). Verification is indicated on the *Internship Completion Checklist, items A, B, & C (Appendix I)*.
7. All interns complete the Intern Contact Form (Appendix J) and Program Evaluation Form (Appendix K). Interns also verify that minimum levels of achievement were obtained on all competencies and program-defined elements on the Self-Assessment (scores of 6 or above). Verification is indicated on the *Internship Completion Checklist, item D*.
8. All forms should be completed one week before the end of the third trimester or a time designated by the Internship Consortium Director. Signed originals are sent to the Internship Consortium 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 (IV) of this Manual.

Alumni Survey (Appendix L) forms are emailed to all interns yearly 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 the final written *Clinical Supervisory Inventory (CSI)*: receiving an overall minimum level of achievement of at least 6 in each profession-wide competency and all program-defined elements. If an intern receives below a 6 on one or more program-defined elements or a score below 6 on an overall profession-wide competency, they are at risk of failing the internship.
3. Satisfactory completion 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 **research, presentation, and outreach skills** as evidenced by:
 - a. Successfully completing at least one outreach project, the nature which was agreed upon by the Site Clinical Supervisor and intern, with verbal approval by the Internship Consortium Director. These projects should be delineated in the *Individualized Training Plan*.
 - b. Presentation of the project at an end-of-the year didactic session, using the *Outreach Project Summary Form (Appendix M)*.
 - c. Development of a research project oral presentation to be presented at the Internship Research Presentation Session held at the end of the training year.
 - d. Receiving an overall minimum level of achievement of at least 6 on the profession-wide competency *Research, Presentations, and Communication Skills* sections of the final end-of-year *CSI* form. If an intern receives below a 6 on one or more program-defined elements or the overall score, they are at risk of failing the internship.
 - e. Completion of other **Research, Presentation, and Communication Skills** exit criteria outlined in section X of this manual.
6. Satisfactory **development of professional identity** as evidenced by:
 - a. Performance of assigned tasks, interactions with other supervisors and other professionals, as documented on the *CSI*.
 - b. Ability to identify legal and ethical issues in clinical work.
 - c. Awareness and understanding of relevant ethical codes and professional guidelines as described in Ethical Standards section of this Manual.
 - d. Demonstrate ability to behave in ways that reflect the values and attitudes of psychology, engage in self-reflection, and open and responsive to feedback and supervision.
 - e. Demonstrate an ability to develop and maintain effective relationships with a wide range of individuals, produce and comprehend oral, nonverbal, and written communications, and demonstrate effective interpersonal skills.
 - f. Interns should be able to manage difficult communications and not shy away from these communications across their internship.

- g. Receiving an overall minimum level of achievement score of at least 6 in the “*Ethical and Legal Standards*”, “*Professional Values, Attitudes, and Behaviors*”, and “*Communication and Interpersonal Skills*” sections of the final end-of-year *CSI* form. If an intern receives below a score of 6 on one or more program-defined elements within these sections or below a score of 6 on the overall profession-wide competency within these sections, they are at risk of failing the internship.
 - h. Completion of all other Ethical & Legal Standards, Professional Values, Attitudes, and Behaviors, and Communication & Interprofessional Skills goal-specific exit criteria outlined in Section X of this manual.
7. Satisfactory work with ***diverse populations*** as evidenced by:
- a. Attendance and full participation in the Diversity and Multicultural Didactic Module as detailed in the “Consortium-Wide Didactic Activities” section of this Manual.
 - b. Ability to articulate diversity issues in clinical work.
 - c. 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.
 - d. Ability to integrate cultural/diversity issues into all profession-wide competencies.
 - e. Completion of all monthly reflection exercises.
 - f. Receiving an overall minimum level of achievement score of at least 6 in the “*Individual and Cultural Diversity*” section of the final end-of-year *CSI* form. If an intern receives below a score of 6 on one or more program-defined elements within this section or below a score of 6 on the overall profession-wide competency within this section, they are at risk of failing the internship.
 - g. Completion of all other Working with Diverse Populations Skills goal-specific exit criteria outlined in Section X of this Manual.
8. Satisfactory ***assessment, intake, or testing skills*** as evidenced by:
- a. Completion of a minimum of 2 comprehensive psychological assessment batteries, with write-up and supervisor approval.
 - b. Evidence of thorough screening, appropriate diagnosis and recommendations, and clearly written reports.
 - c. Demonstration of the ability to choose appropriate assessment materials (taking into consideration cultural, language, and disability factors).
 - d. 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.
 - e. Attendance and full participation in didactic activities as detailed under the Assessment and Evaluation Didactic Module in the Consortium-Wide Didactic Activities section of this Manual.
 - f. Presentation of at least one assessment case during a didactic session, with an average rating of 2.0 (meets expectations) or higher on the *Didactic Lecture/Case Presentation Evaluation Form (Appendix N)*.

- g. Receiving an overall minimum level of achievement score of at least 6 in the “*Assessment*” section of the final end-of-year *CSI* form. If an intern receives below a score of 6 on one or more program-defined elements within this section or below a score of 6 on the overall profession-wide competency within this section, they are at risk of failing the internship.
 - h. Completion of all other Assessment, Evaluation and Testing Skills competency-specific exit criteria outlined in Section X of this Manual.
9. Satisfactory **psychotherapy skills** as evidenced by:
- a. 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).
 - b. Attendance and full participation in case presentations, as detailed under Psychotherapy Case Presentations in the Consortium-Wide Didactic Activities section of this Manual.
 - c. Presentation of at least one case during a didactic session, with an average rating of 2.0 (meets expectations) or higher on the *Didactic Lecture/Case Presentation Evaluation Form*.
 - d. Receiving an overall minimum level of achievement score of at least 6 in the “*Intervention*” section of the final end-of-year *CSI* form. If an intern receives below a score of 6 on one or more program elements within this section or below a score of 6 on the overall profession-wide competency within this section, they are at risk of failing the internship.
 - e. Completion of all other Psychotherapy and Intervention Skills competency-specific exit criteria outlined in Section X of this Manual.
10. Satisfactory **training/supervision skills and use of supervision** as evidenced by:
- a. Attendance and full participation in weekly group supervision sessions.
 - b. Timely follow-through on supervisor’s requests (e.g., for audio/video tapes, letters to clients, reports, actions with clients, etc.).
 - c. Openness to feedback and suggestions in individual and group supervision.
 - d. Receiving an average rating of 2.0 (meets expectations) or higher on the final the *Group Supervision Leader Evaluation (Appendix O)*.
 - e. Receiving an overall minimum level of achievement score of at least 6 in the “*Supervision*” section of the final end-of-year *CSI* form. If an intern receives below a score of 6 on one or more program-defined elements within this section or below a score of 6 on the overall profession-wide competency within this section, they are at risk of failing the internship.
 - f. Completion of all other *Supervision Skills* competency-specific exit criteria outlined in Section X of this Manual.
11. Satisfactory **consultation and interprofessional/interdisciplinary** skills as evidenced by:
- a. Attendance and full participation in didactic sessions on consultation that are part of the Consultation Didactic Module detailed in this Manual.
 - b. Satisfactory completion of consultation project and completion of the *Consultation Summary Form (Appendix Q)*.

- c. Receiving an overall minimum level of achievement score of at least 6 in the “*Consultation and Interprofessional /Interdisciplinary Skills*” section of the final end-of-year *CSI* form. If an intern receives below a score of 6 on one or more program-defined elements within this section or below a score of 6 on the overall profession-wide competency within this section, they are at risk of failing the internship.
 - d. Completion of all other *Consultation and Interprofessional/Interdisciplinary Skills* competency-specific exit criteria outlined in Section X of this Manual.
12. Satisfactory **crisis intervention/emergency skills** as evidenced by:
- a. 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.
 - b. 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.
 - c. 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.
 - d. 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.
 - e. Receiving an overall minimum level of achievement score of at least 6 in the “*Crisis Intervention/Emergency*” section of the final end-of-year *CSI* form. If an intern receives below a score of 6 on one or more program-defined elements within this section or below a score of 6 on the overall profession-wide competency within this section, they are at risk of failing the internship.
 - f. Completion of all other *Crisis Intervention/Emergency Skills* goal-specific exit criteria outlined in Section X of this Manual.
13. Satisfactory completion of all paperwork including:
- a. All clinical cases completed and co-signed by supervisor including: intakes, psychological testing reports, treatment plans, progress notes, and termination summaries.
 - b. Co-signatures on all clinical charting by supervisees.
 - c. Completion of all required evaluations, assessments, documents, and forms.
 - d. Completion of all required *Time Analysis Logs* documents.
 - e. Receiving an overall minimal level of achievement score of at least 6 in “*Consortium Requirements*” section of the final end-of-year *CSI* form. If an intern receives below an overall score of 6 within this section, they are at risk of failing the internship.
14. Satisfactory use of training as evidenced by:
- a. 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.

Upon receipt of all evaluations and necessary forms, the Internship Consortium Director will review and finalize the *Internship Completion Checklist* (sections E, F, G, H, I, J & K). Once the intern has been deemed as completing all requirements for the internship, the intern will receive a Certificate of Psychology Internship Completion (see Appendix R).

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 their roles. CHC faculty members who serve as site staff members at Consortium sites will excuse themselves from internship selection.

The Internship Consortium Director will make themselves 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 Consortium Director for an average of two 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 below). 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 Internship Consortium 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. 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 Consortium Director (see below 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 (see Assessment Case Presentation Instructions/Expectations, Appendix S). 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:
 - a. Discussion of assigned articles
 - b. Discussions of video recordings
 - c. Discussions of diversity-related topics, such as affirmative action, institutional racism, working with diverse groups
 - d. Diverse case presentations
 - e. Discussion of multicultural/diversity issues in all clinical discussion and professional seminars.
 - f. Monthly reflection exercise.
 - g. Multicultural interview activity.
 - h. 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-5TR/ICD-11 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 T Clinical Case Presentation Instructions/Expectations. The Internship Consortium 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 their own choice, as approved by the Internship Consortium Director and determined in collaboration with the other interns. These are usually 50 minutes in duration with a 10-minute question and answer period (see Appendix U; Didactic Presentation Instructions/Expectations). 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 Consortium Director, a research project to be completed over the course of the year and presented at the Research Seminar held during Intern Closing Ceremony. 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 Consortium 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.

Interns will, in collaboration with their site supervisor, design and implement an outreach project for a population served by their site. First interns will identify a population that the site serves that has a specific need the intern can address. Interns will perform adequate research to understand the perspective and experiences of this population to increase the likelihood that the outreach measure is received. Interns will design a method for their outreach to this population and identify the barriers and advantages to change from the outreach. Interns will consider the legal and ethical, including navigating multicultural differences, issues that might as a result of this outreach and work to mitigate the risk from each. Interns will implement the outreach to the specific population. Next interns will identify methods to evaluate the outcome(s) of the outreach project and ways and interpret the data to develop recommendations for adaptations for services or future outreach efforts. Finally, interns will individually complete the Outreach Summary Form (Appendix M) and turn it in to the Internship Consortium Director.

Interns will be evaluated on their ability to express their learning about a population, their ability to generate an outreach message and a method to bring it to the population, their ability to identify challenges to the success of this outcome, including legal, ethical, and multicultural issues, and their proposed evaluation of and adaptations from the outcome(s).

7. Supervision Seminar: This seminar focuses on developing interns' supervision skills. Interns may have the opportunity to supervise practicum students at their sites. All interns will have the opportunity to provide peer supervision twice during Friday seminars. Interns will also develop an understanding of supervision theory and how to provide effective and appropriate feedback. During Friday seminars, interns will watch video recordings of mock therapy and supervision cases. The interns will then provide feedback and critique the experiences in order to develop their supervision skills. Interns will be evaluated based on the Group Supervision Leader Evaluation (Appendix O).
8. Consultation Seminar: This seminar will focus on developing theoretical knowledge of consultation models. Interns will be provided with consultation vignettes and asked to develop a plan in working with this client, company, or organization. Interns will also be given the opportunity to engage in consultation while at their sites.

Interns will break into teams of 2-3 based on mutual interest in an area for consultation. Then they will identify a scenario in which they may be asked to serve as a consultant (e.g., founding a peer consulting group; addressing interpersonal problems in leadership and management) and the theoretical consultation model you will apply to this problem. Interns will identify all relevant stakeholder(s) in the scenario and their roles as a consultant to each group. Interns will propose a method to learn more information about the problem that you will then use to formulate the problem incorporating all of the perspectives of stakeholders. Interns will pay special

attention for the needs and differences that might arise from working across disciplines. Interns will propose some solution(s) to the problem that will be realistic and feasible for the client to undertake. Interns will consider legal and ethical issues, including navigating multicultural differences, that might arise in this consultation and the solution(s) they will provide. Finally, interns will offer a method for evaluation of the outcome of the solution(s). Interns will then create a PowerPoint presentation with their group on the various steps your consultation will take, which you will present to your colleagues. Finally, interns will individually complete the Consultation Summary Form (Appendix Q) and turn it in to the Internship Consortium Director.

Interns will be evaluated on their ability to identify stakeholders and their roles to them, their ability and formulate to gather information about the problem, their ability to generate adequate and believable solutions, their decision-making process of legal and ethical concerns, and their proposed evaluation of the outcome of the solutions.

B. Online Activities

Interns have access to the Microsoft Teams Platform as part of their internship. This web-based platform is used to facilitate communication among interns and the Internship Consortium Director, post resources and readings, and initiate discussions or ask questions. At the discretion of the Internship Consortium 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 Consortium 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 Consortium Director. These informal intern-only meetings are scheduled on an as-needed basis by the Internship Consortium Director and are included in the calendar of didactics.

D. Attendance Policy

Friday Seminar

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. Furthermore, Friday

seminars time is extremely difficult to make-up. ***For this reason, the Consortium has a strict attendance policy for the Friday seminars.***

Interns are expected to attend all scheduled meetings of the Friday seminar. The Friday 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. Interns will be given release time on Fridays in order to complete research projects, prepare for intern presentations, and complete site-specific requirements. The following policies provide further clarification of Friday seminar attendance.

- Attendance at weekly group supervision and didactic seminars is **required** and **mandatory**. Interns are expected to attend all seminars, arrive on time, and remain for the full duration. All interns should plan to be at Chestnut Hill College from 9 am to 5 pm every Friday, unless otherwise noted on the seminar schedule. Interns should not schedule travel out of town before this time. Leaving Friday seminars early is not permitted. Interns will not be given permission to miss Friday seminars unless an intern is sick (intern must provide proper medical documentation); there is a death in the family (intern must provide documentation) or attending a conference (interns must provide proper documentation and report back to cohort upon return). Interns who miss a meeting of the Friday seminar because of a serious emergency or for serious illness should provide appropriate documentation to the Internship Consortium Director. Make-up work may be required.
- The didactic calendar is posted on Microsoft Teams and updated frequently. Interns are expected to check the calendar regularly for the schedule of didactic activities, as changes may occur.
- If an intern is going to be late, it is the intern's responsibility to contact the Internship Director. If the seminar has already begun, interns may send a text message. However, notification does not imply approval. Two or more lateness will be considered an absence.
- After the first 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 Internship Consortium Director and the Site Director.
- After the second absence, the intern will be placed on probation, and a written remediation plan and review will be developed by the Internship Consortium Director and Chair of the Center for Professional Psychology in consultation with Site Director. 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.
- Interns maybe required to make-up Friday seminar time during the following training year. This may impact doctoral graduation and start of postdoctoral study.

Site Attendance

- Interns are allotted 15 paid days off. Interns should notify their sites and the Internship Consortium Director in advance of scheduled vacation days. Scheduled vacation days should be requested a minimum of 2 weeks in advance. Decisions regarding vacation request made with less than 2 weeks noticed are at the discretion of the Site Director and Internship Director.

Closing Due to Inclement Weather

- 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: [School Closing/Notification Sign-up](#)
- For days interns are scheduled to be at their sites, they should follow the closing policies of the site. At their discretion, site directors may grant flex time (interns will come to their site on another day) to make up for closings due to inclement weather.

Consortium Leave Policy:

- Over the course of the training year, an intern may find it necessary to take an extended leave of absence from internship. These situations may be foreseeable or unforeseeable, and may include, but are not limited to: pregnancy/parental leave, medical leave for the intern or an immediate family member, death or loss of a family member, or other unexpected situations. Nevertheless, all interns are required to meet Consortium requirements for completion of internship, including those specifying the total number of internship hours and the total amount of face-to-face clinical time required. When leave is foreseeable, interns are expected to work with their clinical supervisor and the Internship Consortium Director in order to create a plan to complete Consortium requirements. When the leave is unforeseeable, interns are expected to work with their clinical supervisor and the Internship Consortium Director to create a plan within a reasonable amount of time. Plans will be designed to be flexible and adapted or modified as circumstances require and will need to accommodate both the needs of the intern as well as the needs and opportunities of the site. Plans may include working additional hours per week before or after the leave occurs, extending internship, accumulating hours while working from home (if feasible), and others. Payment of stipends during leave will be negotiated between the intern, the Internship Consortium Director, and the site. In most cases, intern leave will be unpaid unless other arrangements have been made.

IX. INTERNS 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 aims 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:

1. The right to a clear statement of general rights and responsibilities upon entry into the internship program, including a clear statement of aims, competences, program-defined elements, outcomes, and exit criteria of the training experience.
2. The right to clear statements of standards upon which the intern is to be evaluated three 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 Consortium 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. TRAINING AIMS, COMPETENCIES, PROGRAM ELEMENTS, AND TRAINING ACTIVITIES

A. Training Aims

The 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 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 aims. 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. 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), outreach, psychological testing, emergency coverage/crisis intervention, supervision of practicum students and peers, consultation, work with diverse populations, and applied research.

The consortium approach means that interns benefit from shared resources and shared program aims. Interns 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 Friday seminars. Additionally, the Consortium model also allows for interns across sites to benefit from resources and training as approved by the Internship Consortium 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 Consortium Director. Members of the Training Committee meet on a quarterly basis to discuss program aims, profession-wide competencies, needs, 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 Consortium 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 program aims. The Training Committee is also convened formally in accordance with 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.

Training Committee members for the 2023-2024 training year include: Dr. Jade Logan, Dr. Paula Boulware-Brown, Dr. Rebecca Bubb, Dr. Joseph DiCondina, Dr. Dana Lehman, Dr. Jessica Lax, Dr. Anissa Moody, Dr. Joshua Saks, & Dr. Diane Sizer.

B. Competencies, Program Elements, Training Activities & Outcomes

The Consortium has nine profession-wide competencies. Each competency has program elements (the specific ways in which competencies are defined), training activities (the training methods by which aims and competencies are met), outcomes (minimum levels of achievement), and exit criteria. Progress made on these aims and competencies are formally measured three times a year via the written *Clinical Supervisory Inventory (CSI)*.

Training activities 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 seminar 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.

Competencies are assessed in many different ways. Interns are formally evaluated in writing three 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 *CSI* and *Self-Assessment Evaluation of Intern Competencies*, the competency levels of interns are rated on each program element (from 1: "Marginal Competency: Beginning Intern" to 7: "Exceeds Expectations for End-of-Year Intern"). 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. While a score of 1 during the first trimester is acceptable, a score of 1 during the second and/or third trimester 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 a minimal level of achievement of 6 ("Proficient: Expected Competency of End-Of-Year Intern") in all overall scores and program-defined elements of the final *Clinical Supervisory Inventory (CSI)* form.

In addition to formal evaluations, interns will track all assessment, intervention, and clinical work, supervision, and didactic training via the *Time Analysis Log*. Finally, the progress of former interns and their retrospective assessments of the internship program are assessed distally via the *Alumni Surveys* (see Appendix L).

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 nine profession-wide competencies, program elements, training activities, outcomes, and exit criteria (minimum levels of achievement) of the internship program are outlined below:

Competency 1: Research, Presentations, and Communications Skills

Generating professional presentations and research that contribute to the professional knowledge base and/or evaluates the effectiveness of various professional activities.

Program Elements: Interns will demonstrate the substantially independent ability to critically evaluate and disseminate research and/or scholarly activities (e.g., case conference, presentation, and publications). Interns will routinely apply relevant research literature to clinical decision making. Interns will develop their skills in effectively communicating their ideas to others through teaching, case/didactic presentations, and writing activities. 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.

Training Activities: Interns are required to regularly integrate scholarly inquiry in their clinical practice and supervision at the site and during didactic seminars. Interns are required to participate in the Research Seminar (2 hours every Friday), with a focus on completing their research project. During the intern's assessment and clinical case presentations, interns should include relevant literature in their review. They are also required to submit a research article related to their case for review by their peers and the Internship Consortium Director. Each intern is also required to complete one didactic lecture on a topic of their choice. During this lecture, they should include and will be evaluated on their ability to incorporate appropriate research literature, their presentations skills, and their ability to lead group discussion and answer questions. At the close of the internship, interns will produce an oral presentation of their research project. They will also complete their outreach project for site-specific population at their training site.

Outcomes: Interns are formally evaluated in writing three times per year on their research, communication, and professional presentation skills on the *CSI*. This evaluation is made by their individual supervisor with input from other supervisors, site training staff, the Internship Consortium Director, and CHC faculty who have observed their research, oral, and written communications during the various training activities and staff meetings.

Minimal Levels of Achievement: Receiving an overall minimum level of achievement score of at least 6 in the “*Research, Presentations, and Communication Skills*” sections of the final end-of-year *CSI* form. If an intern receives below a score of 6 on one or more program-defined elements within these sections or below a score of 6 on the overall profession-wide competency within these sections, they are at risk of failing the internship.

Competency 2: Adherence to Ethical & Legal Standards and Policy

Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations. Professional values and ethics as evidence in behavior and comportment that reflects the values and ethics of psychology, integrity, and responsibility.

Program elements: 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 always conduct themselves in an ethical manner. Interns will demonstrate the acquisition of a professional identity and socialization into the profession.

Training activities: 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 three times per year on their adherence to ethical standards and the development of a professional identity, using the *CSI*. This evaluation is made by their individual supervisor with input from other training staff, the Internship Consortium Director, and CHC faculty

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

Minimal levels of achievement: Receiving an overall minimum level of achievement score of at least 6 in the “*Ethical and Legal Standards*” sections of the final end-of-year *CSI* form. If an intern receives below a score of 6 on one or more program-defined elements within these sections or below a score of 6 on the overall profession-wide competency within these sections, they are at risk of failing the internship.

Competency 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.

Program elements: Interns will be sensitive to and evaluate the needs of diverse populations. Interns will show awareness of diversity including but not limited to 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.

Training activities: 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 three times per year by their Site Supervisor with the input from other training staff members who have observed their work during case presentations, group discussions, and in the Diversity and Multicultural Didactic Modules.

Minimal levels of achievement: Receiving an overall minimum level of achievement score of at least 6 in the “*Individual and Cultural Diversity section*” of the final end-of-year *CSI* form. If an intern receives below a score of 6 on one or more program-defined elements within this section or below a score of 6 on the

overall profession-wide competency within these sections, they are at risk of failing the internship.

Competency 4: Assessment

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

Program elements: 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/aims, 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 to address referral questions and will organize materials into a cohesive battery.

Training Activities: 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 Seminar over the course of a year.

Outcomes: Interns are formally evaluated in writing on their assessment skills three times per year. This evaluation is made by the primary individual supervisor (or designated supervisor), with input from the intern and from the rest of the

training staff on site. Interns also receive feedback from the Internship Consortium Director (or their designee) and their peers on their assessment presentation.

Minimum Levels 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. Interns must achieve an overall score of 6 on the “Assessment” section of the *CSI* during the last trimester of internship.

Competency 5: Psychotherapy/Intervention & Crisis Management

Psychotherapeutic interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations. Competence in interventions related to appropriately assessing risk of suicidality/homicidality, and interventions related to crisis situations.

Program elements: 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. 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.

Training Activities: 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 and two hours of group 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. Depending on the site requirement, interns may carry a pager and handle after-hour 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.

Outcomes: Interns are assessed formally in writing on their psychotherapy and intervention skills three times per year. This assessment is made by their Site Clinical Supervisor, with input from other supervisors, other site staff members, the intern, the Internship Consortium 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 Consortium Director (or their designee) on their case presentations during didactic seminars.

Minimum Levels of 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; 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. Demonstration to supervisor and/or Internship Consortium 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 Consortium Director of strong systems intervention interpersonal skills; demonstration to supervisor and Internship Consortium 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. Interns must achieve an overall score of at least 6 on the “*Psychotherapy Intervention*” and “*Crisis Intervention/Management*” sections of the CSI during the last trimester of internship.

Competency 6: Supervision/Management

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

Program elements: 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.

Training Activities: 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 three 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 by their peers and the Internship Consortium Director twice per year using the *Group Supervision Leader Evaluation*.

Minimum Levels of Achievement: Passing the supervision case presentation; receiving an overall score of 3 on all areas covered in the *Group Supervision Leadership* form completed by observing interns and licensed group supervisor and receiving at least a score of 6 on the “*Supervision/Management*” section of the final *CSI*.

Competency 7: Consultation & Interprofessional/Interdisciplinary Skills

Interventions related to consultation, administration, and program development.

Program elements: Interns will demonstrate theoretical knowledge of consultation models and will apply theory to practice. 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.

Training Activities: 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 ongoing consultation relationships as needed. Interns will also develop consultation skills via the Consultation Module during Friday seminars. Interns will present their simulated consultation project during a Friday didactic seminar to gain experience presenting their ideas and offering feedback to other interns.

Outcomes: Interns are evaluated formally in writing on their consultation/program development skills three 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 project.

Minimum Levels of Achievement: Successfully completing consultation vignette activity during the Consultation Module as evaluated by the Internship Consortium Director; presentation of the aims, 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 consultation projects; ability to evaluate the program's successes and ways in which similar programs could be provided to similar or different populations. Interns must achieve an overall score of at least 6 on "Consultation & Interprofessional/Interdisciplinary Skills" on the CSI during the last trimester of internship.

Competency 8: Professionalism: Reflective Practice/Self-Assessment/Self-Care: Relationships

Professional values and ethics as evidenced in behavior and comportment that reflects the values and ethics of psychology, integrity, and responsibility. Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care. Relates effectively and meaningfully with individuals, groups, and/or communities.

Program elements: Interns will conduct themselves in a professional manner in interpersonal relations, in fidelity to appointments, meeting deadlines, and completing documentation in a timely manner. They will demonstrate the capacity for working collaboratively with colleagues and other professionals. They will demonstrate conscientiousness in keeping appointments, meeting deadlines, and completing documentation requirements. Interns will strive to meet site-specific requirements and Consortium requirements as outlined in this manual. Interns will also utilize positive and negative feedback from others to modify their behavior and acquire the ability to evaluate critically their own performance of clinical skills. They are expected to engage in reflective practice, self-awareness, and self-care and to relate effectively and meaningfully with individuals, groups, and/or communities. Interns will develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. Interns will demonstrate a thorough grasp of professional language and concepts; produce, comprehend and engage in communications that are informative and well-integrated. Interns will demonstrate effective interpersonal skills and the ability to manage difficult communication well. Interns will be able to relate effectively and meaningfully in their interpersonal relationships with others and sites. Interns will display appropriate affective skills and express themselves appropriately.

Training Activities: Interns receive a minimum four hours/week of supervision by licensed psychologist/s (of which 2 hours maybe group supervision) that includes a focus on professional values, attitudes, and interpersonal skills. In addition, interns are given the opportunity to interact and communicate with a wide variety of individuals and communities throughout the internship, including clients, intern colleagues, supervisors, guest lecturers, and CHC faculty. In addition, interns are required to participate in Professional Development Seminars throughout the internship year. Interns will 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. Interns will also be assigned tasks, interactions with programs, staff, and systems, interactions with other professionals, and supervisor's judgment; ability to respond professionally in increasingly complex situations with a greater degree of independence throughout the year.

Outcomes: Interns are formally evaluated in writing three times per year on their reflective practice, self-care, and ability to relate effectively and meaningfully with individuals, groups, and/or communities using the *CSI*. This evaluation is made by their individual supervisor with input from other training staff, the Internship Consortium Director, and CHC faculty who have observed their behavior with patients and during various training activities and meetings. Interns are formally evaluated in writing three times per year on their oral and written communication skills. on the *CSI*. This evaluation is made by their individual supervisor with input from other supervisors, site training staff, the Internship Consortium Director, and CHC faculty who have observed their research, oral, and written communications during the various training activities and staff meetings.

Minimal levels of achievement: Receiving an overall minimum level of achievement score of at least 6 on items 8.1 to 8.8 on the “*Professionalism; Reflective Practice/Self-Assessment/Self-Care; Relationship*” section of the final *CSI*. Ability to engage in self-reflection regarding one’s personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness. If an intern receives below a score of 6 on one or more program-defined elements within this section or below a score of 6 on the overall *Professionalism or Reflective Practice* items within this section, they are at risk of failing the internship. 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; overall score of at least 6 on items 8.9 to 8.11 on the

“Professionalism; Reflective Practice/Self-Assessment/Self-Care; Relationship”
section of the final *CSI*.

In addition to the nine profession-wide competencies 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).

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 aims 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 slot from other member sites may be joined to create a full-time training slot. Entrance criteria for sites can be found in Appendix V 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
 - a. Preference for the following characteristics:
 - i. Grade Point Averages (GPAs) of 3.70 or higher or, in the event that a traditional GPA is not utilized, receiving only grades of *Pass* in all courses
2. Clinical Experience
 - a. Applicants must have completed assessment and clinical experience practica
 - b. Applicants must have completed at least 480 clinical intervention hours
3. Scholarly Productivity (concordance with practitioner-scholar model)
 - a. Preference for the following characteristics:
 - i. Doctoral dissertation proposal accepted prior to submitting AAPI on APPIC website
 - ii. Experience with the practitioner-scholar or similar training models.
 - iii. Presentations, publications, or other experiences which provide evidence of practitioner-scholar identity
4. Diversity and Multicultural Interest and Experience
 - a. Preference for the following characteristics:
 - i. Interest in and some experience with diversity, including evidence of self-awareness of own cultural issues
 - ii. Academic classes in multicultural issues or diversity training
5. Match with Site
 - a. Preference for the following characteristics:
 - i. Evidence of desire to train with the Consortium
 - ii. Previous experience relevant to specific site(s)
 - iii. Shared philosophy and training aims with the Consortium

6. Oral Communication and Writing Skills
 - a. Preference for the following characteristics:
 - i. Evidence of well-developed oral communication skills and comfort with public speaking and conducting formal and informal presentations
 - ii. Evidence of professional, organized, and articulate writing skills in application materials
7. Letters of Recommendation
 - a. Preference for the following characteristics:
 - i. Three letters of recommendation (at least one from a professor or instructor and at least one from a field supervisor) that are above average
 - ii. High recommendations without any reservations
8. Other Factors
 - a. Preference for the following characteristics:
 - i. 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
 - ii. Interns who can speak a second language, have additional related experiences, have won special awards and honors, and/or who show apparent personality strengths
 - iii. Students from APA-accredited doctoral programs

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 www.appic.org.
3. Letters of recommendation
4. Copies of de-identified assessment reports or treatment plans

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.

Each consortium site follows a similar selection process. The selection committee at each site consists of the Consortium Site Director and senior supervisory staff, in consultation with the Internship Consortium 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 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 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.*

In Phase II, the Internship Consortium 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 offer in-person, phone, or videoconference interviews (i.e., Zoom) with Phase II candidates. After the interview process is complete, Site Clinical Supervisors submit confidential rank order lists to the 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 Internship 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 "Psychology 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 2, 2023, and ends on June 30, 2024.

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 2023-2024 training year, interns are paid a stipend of \$25,000. The sites pay stipends 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 26th of every month during their internship. If the 26th falls on a holiday or a weekend, interns will be paid on the workday before the 26th. All checks will be direct deposited. 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. 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. All time off needs to be approved at the discretion of the site director. When requesting planned time off, interns should provide a minimum of two

weeks' notice so that appropriate coverage can be obtained. Ten 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, 2023
- Labor Day: September 4, 2023
- Thanksgiving: November 23 and 24, 2023
- Christmas: December 25, 2023
- New Year's Day: January 1, 2024
- Martin Luther King, Jr. Day: January 15, 2024
- Good Friday: March 29, 2024
- Memorial Day: May 27, 2024
- Juneteenth Holiday: June 19, 2024

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.

Intern Administrative, Clerical and Technical Support: At Chestnut Hill College, interns are provided with administrative clerical, and technical support as needed throughout the year. The Consortium has two 12-hour per week Graduate Assistant and a 10-hour per week Administrative Assistant employed by and located at CHC. During the internship orientation for the Consortium interns are given CHC ID cards that provide access to the library, gym, dining hall, computer lab equipped with SPSS, and other CHC facilities. Interns are also provided with a CHC username and password, which provides access to Microsoft Teams (an online teaching portal) and scholarly databases such as PsychInfo. CHC email and Microsoft Teams are also used as a means for communication between the Internship Director and interns. All interns are provided with CHC parking passes free of charge.

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 also available on the Consortium's website at www.chc.edu/psyd/consortium.

AIDS Care Group
904 Chester Pike,
Sharon Hill, PA 19079

Center for Integrative Medicine
2201 Providence Ave. Chester, PA 19103

Site Director: Dana Lehman, Psy.D.

Supervising Psychologist: Taisier Elessawi, Psy.D., Michael Long, Psy.D., Jeremy Peres, Ph.D., Psy.D., Julio Vidal, Psy.D., & Nicholas Wood, Psy.D.

The internship program at AIDS Care Group (ACG) provides interns an opportunity to become well-rounded clinical psychologists with advanced competency in working with underserved and vulnerable populations. Interns complete one year of training in clinical health psychology, serving adults living in the greater Philadelphia area. Supervision is provided by ACG's eight psychologists. Specifically, the Director of Integrative Medicine oversees all psychological services, the Director of Psychology Internship oversees the training program (which also includes an APA-accredited postdoctoral residency program and trainees in social work, professional counseling, and others), and interns are assigned two licensed psychologists for supervision. These psychologists oversee daily intern activities including patient care, documentation, care coordination meetings, and individual clinical supervision.

AIDS Care Group (ACG) treats the whole person, bringing together medical and psychological services in a team-based approach to effectively care for individuals with chronic conditions. We have a few main services within our agency:

- A Ryan White provider, dedicated to medical, dental, psychological, case management services to patients living with HIV and providing Pre-Exposure prophylaxis (PrEP) to people at risk of getting HIV.
- The Center for Integrative Medicine - A PA-designated Center of Excellence for Opioid Use Disorder, providing primary care-based integrated treatment and care management

for people living with opioid use disorder. Mosaic Medical Center for Lesbian, Gay, Bisexual, Transgender, and Queer+ Health and Wellness - medical and psychological services for LGBTQ+ individuals.

- A state-designated STI testing site (testing and treatment, free and confidential for the community).
- Hepatitis C Community outreach (including rehabilitation centers, halfway houses, prison) and medical/psychological treatment.
- Eddystone Community Pharmacy

ACG trains predoctoral interns in clinical psychology. Interns are trained primarily as generalist clinical psychologists with the skills to provide psychological services to a wide array of underserved and vulnerable populations. We have a few target populations that we serve, notably individuals recovering from opioid use disorder, individuals living with HIV, and those who identify as LGBTQ+. We additionally provide short-term therapy for individuals being treated for Hepatitis C and those participating in our PreP Program. Individual psychotherapy is the primary treatment modality within the internship program, with additional training offered in group psychotherapy and psychological assessment as well. Interns work in an outpatient setting, typically using a long-term model of psychotherapy.

ACG's training program focuses on an integrated medical model of practice, meeting the unique needs of individuals living with chronic and co-occurring conditions. In addition to treating a variety of psychological illnesses, interns gain practice working on an interdisciplinary team, working within a medical setting, and completing intake evaluations to determine the level of care and motivation for treatment for new patients. The therapeutic techniques used tend to focus on recovery-oriented psychotherapy, including motivational interviewing and relapse-prevention, but trainees will be encouraged to use other approaches when warranted, including other evidence-based treatments depending on client needs, presenting problems, diversity issues, and other client-related factors.

Other opportunities for training at the clinic include weekly care coordination meetings with medical providers, weekly group supervision of group psychotherapy, weekly didactic sessions led by psychologists and visiting speakers, an opportunity to present a didactic session, weekly peer consultation led by postdoctoral residents, and two hours per week of individual supervision with a licensed psychologist. This internship provides the opportunity for the trainee to expand on and build skills in health psychology and psychotherapy for a challenging population while expanding knowledge into new areas and while developing skills required for independent practice.

Administrative, Clerical, and Technical Support

The ACG offices are located in a variety of buildings in both Chester, PA, and Sharon Hill, PA, outside of Philadelphia. The buildings of relevance for interns include the following:

- 907 Chester Pike, Sharon Hill, PA. Dental offices. Includes reception area, waiting room, multiple dental treatment rooms and two meeting spaces. Wheelchair accessible.
- 921 Chester Pike, Sharon Hill, PA. Six psychology offices, the Director of Integrative Medicine's office, small kitchen, psychology library, and location of administrative staff and waiting room.

- 126 Kenney Ave, Sharon Hill, PA. Two psychology offices, one of which is utilized by an art therapist for individuals and groups. Small kitchenette.
- 904 Chester Pike, Sharon Hill, PA. Four psychology offices, one of which is also used for groups. Sunroom, which is used for meetings and groups. A large waiting room and kitchen.
- 940 Chester Pike, Sharon Hill, PA. Medical provider office, which is used for care coordination meetings, two exam rooms, a phlebotomy lab, a medication administration room, a reception office with locked file cabinets, and site of the administrative hub for one program. A waiting room and wheelchair accessible.
- 2201 Providence Ave, Chester, Pa. A waiting area, two psychology offices, a reception office with locked file cabinets, exam rooms, phlebotomy stations, administrative offices. Wheelchair accessible.
- 2304 Edgmont Ave, Chester, PA. 4 psychology offices, a large reception area and waiting room, a small kitchenette, and a non-psychology office.

Depending on location, the buildings have both street and designated parking lots available for staff and are located along public transit routes. Some of our buildings, but not all, are wheelchair accessible. All buildings have at least one bathroom, most have multiple. Coffee and water are available in every building. Every building is locked, requiring a proximity card (which we provide) to enter; patients must be granted access by administrative staff.

Each building has a reception area staffed by full-time administrative employees, with the exception of the offices at Kenney Ave, which have a waiting room space but no additional support staff. Licensed psychologists are positioned throughout each site to provide ample support and crisis response if needed. All staff is trained in crisis response and in the use of naloxone in the case of an overdose. Staff is additionally trained in de-escalation skills. We have a staff person designated to provide security on campus.

Our sites are equipped with internet, phones, fax, printers, copy machines, as well as locked file cabinets for patient records. We primarily use an electronic health record for the majority of documentation. We have designated staff to provide technical support and coordinate agency assets. Staff employed by ACG include physicians, physicians' assistants, nurse practitioners, nurses, medical assistants, dentists, dental assistants, psychologists, art therapist, postdoctoral residents, interns from various programs, reception and administrative staff, case managers, recovery specialists a human resource director, pharmacists, pharmacy director, pharmacy techs, drivers, outreach staff to prisons and community, and additional supportive and administrative staff.

All interns and staff share office space, with an assigned office or meeting space always provided. All interns are provided an agency-owned laptop and cellular phone for work-related duties. We have video cameras and secure USB drives available for training purposes as needed by the doctoral program. Some psychological assessment materials are available. Office space and supervisor support are available for interns interested in completing psychological assessments.

Arcadia University Counseling Services

**Heinz Hall, 450 S. Easton Road
Glenside, PA 19038**

Site Director: Rebecca Bubbs, Ph.D.

The mission of Arcadia University Counseling Services is to assist students through personal challenges that may interfere with academic success. Counselors provide a safe, confidential place in which students have an opportunity to identify their problem areas and find creative solutions. Counseling Services also provides educational programs, consultation, and outreach to the larger campus community regarding prevention and overall emotional health and wellness. We are committed to creating an inclusive environment that is respectful to the diversity of our students.

Arcadia University Counseling Services provides primarily individual counseling to full time and part-time graduate and undergraduate students at Arcadia University. Interns provide individual therapy, have opportunities to lead group therapy, conduct brief walk-in appointments, and provide emergency services to students in crisis. In addition to the range of therapeutic interventions we provide, interns will also have the opportunity to engage in planning and implementing outreach programming, consulting with faculty, administration, and families about mental health issues, provision of supplemental supervision (under supervision) to a practicum student or Master's level trainee, and conducting two brief assessment batteries. Additionally, interns will have the ability to collaborate with the Alcohol and Other Drug Coordinator on outreach and prevention activities and will conduct appointments with students who are sanctioned to attend the Alcohol and Other Drug Program.

The client population at this site is primarily college-aged students (18-23), but there are also some opportunity to see graduate and non-traditional students who are older. Students may present with a wide range of presenting concerns, and/or diagnoses, including adjustment disorders, depressive disorders, mood disorders, anxiety disorders, Autism Spectrum Disorders, LGBTQIA+ issues, and family and relationship issues. Primarily, clients are seen for short-term counseling, although interns have some discretion (with approval from their supervisor) to see a small handful of clients longer-term.

Administrative, Clerical, and Technical Support

Counseling Services is located on the ground floor of a dormitory, and the main entrance to our center is accessible. Our office has a full-time administrative assistant, who also works as a health educator for the center. Technical support is provided by Information Technology and our facilities are maintained by Facilities Management.

Each intern will be provided an office for the time they are on site. Their office is equipped with a comfortable space to sit when counseling, as well as a desk and laptop computer for telehealth appointments, to maintain records and work schedule, research, and internet use. They will have a phone and extension, an Arcadia email address, and voicemail for the year. All computers are equipped with Titanium, the electronic health records program used to maintain the scheduled for the center, as well as client files. The intern's office will be equipped with video recording software that will be used to video record sessions for review in supervision. All interns will

have full access to the Arcadia University library system, including professional books and journals they may need. Office supplies are provided as needed.

Woods Services Inc. – Beechwood NeuroRehab
469 East Maple Ave.
Langhorne, PA 19047

Site Director: Joseph DiCondina, Psy.D.
 Supervising Psychologists: Bethnie Wenke, Psy.D.

Beechwood NeuroRehab (BNR) is a community-integrated, post-acute rehabilitation program serving individuals who have acquired neurological disorders, including traumatic brain injuries, non-traumatic brain injuries, seizure disorders, and other neurological disorders.

BNR is a program of Woods Services, which serves children and adults with developmental and acquired disabilities. BNR is situated in the historic borough of Langhorne, in the heart of Bucks County, Pennsylvania. BNR is located between the cities of Philadelphia, Pennsylvania and Trenton, New Jersey, and is easily accessible by the major traffic routes servicing the greater Philadelphia area and by public transportation.

BNR's mission is to develop and facilitate daily skills performance for individuals whose functional autonomy has been compromised by acquired neurological disorders. BNR recognizes and respects the needs, desires and the rights of those whom we serve, their families, and those agencies providing financial support. BNR serves individuals with a wide range of needs in several program locations, as well as individuals who live in their own homes in the community. BNR provides supports for living and services for individuals served in community residential, vocational, and outpatient programs.

BNR's Transdisciplinary Teams focus on functional skills development that enables the persons served to actualize the greatest degree of autonomy, dignity and quality of living. BNR provides a full range of transdisciplinary services including Cognitive Rehabilitation, Health and Nutrition Services, Physical Rehabilitation, Occupational Therapy, Supported Employment Services, Neuropsychological Services, Structured Day Services, Communication Services, Life Skills, Recreational Services and Case Management.

BNR serves people who have experienced brain injury, who also may experience a full range of life problems now made even more difficult by cognitive and physical impairments. This includes people injured in car crashes, work accidents, falls, assaults, soldiers injured in war, as well as injuries to the brain that occur as a result of stroke, tumor, seizure disorder, anoxia, or electrocution. These causes of brain injury may result in mild, moderate, or severe disabilities. Some of people served live in their own homes in the community and some live in Beechwood's 12 Community Residences. BNR serves roughly 100 residential participants while serving roughly 35 outpatient participants. Life problems include dealing with emotional problems, such as anxiety and depression, interpersonal difficulties, such as spousal, peer, and family relationship problems, as well as difficulties with being successful in work or school. Thus, the trainee will get a well-rounded training and experience, not just in neuropsychological assessment and intervention, but in how to intervene clinically in any area of life functioning, using a neuro-rehabilitation based, systems approach.

The Neuropsychology Internship Training Program is housed within the BNR Clinical Department. The Clinical Department includes Neuropsychology, Physical Therapy, Occupational Therapy, Speech Pathology and Cognitive Rehabilitation services. Beechwood offers one, full-time training Intern position, that includes training on site 4 days per week and training at the Consortium one day per week.

Neuropsychology trainees have the opportunity to develop assessment and intervention skills within a context that hinges upon the transdisciplinary approach. Training activities include neuropsychological assessment, neurocognitive assessment, providing feedback to those after providing such assessments, cognitive rehabilitation therapy, brain injury counseling and education, cognitive behavioral therapy, and structured day program groups. These skills may be developed in BNR's Community Residential, Clubhouse Structured Day, Outpatient, or Vocational programs. Additional training occurs through participation in weekly Clinical Department Meetings and weekly Neuropsychology Section Meetings. Didactic training at BNR will focus on brain-behavior relationships and cognitive rehabilitation, and didactic training is also offered one day a week through the Consortium. Opportunities exist to learn from the entire BNR team, including Neuropsychologists, Physical Therapists, Occupational Therapists, Speech and Language Pathologists, Cognitive Rehabilitative Therapists, Vocational Specialists, Care Coordinators, Recreational Therapists, Life Skills Trainers, Medical Director, Neurologist, Psychiatrist, and Physiatrist. There are opportunities to learn from a wide variety of medical rehabilitation specialists and allied health professionals using a transdisciplinary model. Opportunities also exist for developing pediatric skills in a school-based brain injury classroom in BNR's Connect NeuroEd Program.

Administrative, Clerical, and Technical Support

Each intern is provided with either individual office space and/or shares an office with a Staff Neuropsychologist. Beechwood NeuroRehab has a Main Campus, Community Group Homes, Apartments, and outpatient services. Space and equipment is provided to conduct professional services at each different site. The main building, the Stabler Center, has an office with a one-way mirror allowing supervisor(s) to observe when a trainee is conducting interventions and assessments. Each intern undergoes Orientation Training with the Parent Organization, WOODS, as well as an Orientation geared specifically to Beechwood NeuroRehab. After training is completed with the Parent Organization, interns and trainees are given identification badges, a computer email address, and each trainee/intern is included in the Clinical Department's Group email list. All interns/trainees have access to the same computer, software, internet, and research resources available to Staff Neuropsychologists. Each intern/trainee has access to clerical supplies, but most chose to use their own laptops or the computers found in the offices they occupy. Interns/trainees are able to gain knowledge of Adaptive Prosthetic Equipment through the other branches of the Clinical Department and our Assistive Technology Department. The site provides any and all clerical and mechanical supports required so each intern/trainee is treated no differently than an employee, with the exception they do not have direct access to billing technology or support.

Caron Treatment Centers

Site Director: Paula Boulware-Brown, Psy.D.

243 N. Galen Hall Road
Wernersville, Pennsylvania 19565

Caron Pennsylvania blends substance use disorder rehabilitation and behavioral health treatment with the latest evidence-based practices and historically proven treatment modalities. We believe our success is grounded in our ability to apply a multi-disciplinary, integrated approach to true healing for every individual and family we treat.

Caron Pennsylvania provides diverse levels of care ranging from residential treatment to outpatient services to better meet the individual needs of our patients and their families and provide consistent care throughout a continuum of services. Decisions regarding admission and placement are based upon the guidelines of the American Society of Addiction Medicine (ASAM) and the individual needs of the patient based upon a comprehensive multidisciplinary assessment process.

Caron delivers evidence-based, specialized treatment through two distinct groups of programming – signature and core programming. Providing patients and families with the respect and compassion they deserve, while meeting their unique treatment needs. Caron’s signature programs focus heavily on addressing the unique clinical, medical, and psychological needs of certain populations who require and desire a specialized, concierge level of care. Signature Programs include Older Adult and Grand View (i.e. business owners, executives, etc.). True to Caron’s long-standing clinical philosophy, our core programs provide evidence-based treatment modalities to manage a patient’s clinical, medical, and psychological conditions. As an in-network partner with several national and regional insurance providers, our core programs allow those who need treatment, regardless of where they live in the United States, to access the care they need. Core Programs include Young Adults, Men’s, Women’s Chronic Pain, Relapse, Legal and Professionals.

Caron Pennsylvania employs a clinically driven variable length of stay format in which the duration of treatment is determined by each patient’s progress toward meeting measurable objectives, set in individualized treatment plans and identified during individualized assessment. The multidisciplinary team approach to clinical care allows each clinician’s knowledge of every patient and their needs. Clinicians with backgrounds in specific areas provide assessment and/or treatment services to all patients, as needed, as well as offer their expertise in a supervisory capacity. Clinicians work together to plan for and provide the most appropriate care.

Additionally, Caron Pennsylvania has established family therapists in response to the need for families to receive support and guidance; advocates work directly with patients and families to involve all significant persons in the treatment process by exploring the dynamics that either enhance or hinder the recovery process.

PSYCHOLOGY SERVICES AT CARON

Psychology at Caron Treatment Center, PA includes a team of licensed psychologists and one administrative support staff. Half of our current team members were trained through the former pre-doctoral internship or the current post doctorate training program. Clinical specialties entail an array of dual diagnosis conditions such as addiction with trauma,

personality disorders, mood/affective disorders, thought disorders as well as anxiety, depressive and executive functioning disorders. We practice with a variety of evidence-based modalities such as CBT, DBT, psychodynamic, CPT, IFS, EMDR and more. The psychology team in conjunction with our interdisciplinary team of medical, health and wellness, spiritual, dietary, counseling professionals work 365/366 days of the year to help individuals and families primarily impacted by addiction. Caron works with a population of individuals ranging in age from 18 to older adult. Units are gender and age specific as well as vocations (legal, healthcare professionals, business executives) and stages of recovery. Other areas of treatment and specialized services include the family program, neurofeedback services, research, and chronic pain programming.

Current programming within the psych department includes psychological testing and assessment, specialty group programming and trauma services. Psych services are typically dispensed in group or individual format. All patients are assessed and those identified as having dual diagnosis are provided a psych treatment plan and followed throughout the course of the treatment stay. Upon discharge dual diagnosis patients are provide after care recommendations to support the mental health aspect of recovery.

The psychology team at Caron take pride in maintaining a group with high morale and great character. For the psychology team, we provide individual and group supervision to support staff and ensure each staff member employs a healthy work/life balance. We also provide training and other didactic needs to meet licensure requirements and enhance the provision of service. Great moral, healthy, well-balanced providers and remaining current with the latest research and best practices in the field ensures we provide excellent psychological services to patients.

Pre-doctoral interns will be fully engaged in all three phases of the psychology department's current structure including psychological testing, trauma, and specialty programming. For requirements such as research and outreach programs, students will have the opportunity to engage with other departments within the Caron family to enhance their training experience. We have a fully functioning research program and various outlets of community outreach and engagement to make Caron an exciting place to train.

Trauma Services Rotation

Our treatment team focuses on how traumatic events or situations, such as PTSD, are affecting recovery from substance abuse. In the context of a substance use disorder (or addiction), identifying trauma is the first step in treating it. We use measures such as PCL-5, a symptom checklist for PTSD, and the Trauma Symptoms Inventory (TSI), to identify a trauma response or PTSD.

If trauma symptoms or PTSD is identified, our trauma team, which includes on-site, full-time psychologists, works closely with the patient and the primary treatment team to incorporate trauma therapies into the treatment plan. The therapies used will depend on symptoms and needs. Those therapies may include:

- **Evidence-based treatments** to address PTSD and trauma symptoms, which include **eye movement desensitization and reprocessing (EMDR)** and **cognitive processing therapy (CPT)**, gold standards in treating PTSD based on a significant amount of research that proves its efficacy and effectiveness.
- **Specialty cognitive behavioral therapy (CBT)** groups to address coping skills for anxiety and depression.
- **Trauma-sensitive yoga**, with certified instructors, provides a safe and gentle way to relearn how to be “in” your body and explore how that feels.
- **Mindfulness meditation.**
- **Neurofeedback**, a noninvasive therapeutic intervention that can reinforce recovery and help to manage moods and emotions.

Interns will participate in a six-month rotation that focuses on trauma and specialty group therapy. The trauma program offers psychoeducational and coping skills groups, trauma expressive art therapy, and trauma sensitive yoga to patients experiencing post-traumatic stress symptoms across the lifespan. The specialty group are additional therapeutic groups designed for patients with co-occurring mental health needs, such as Cognitive Behavioral Therapy groups for Depression and Anxiety. Group assignments are sensitive to patient diversity, specifically age, gender, and socioeconomic status. On this rotation, Interns will

- Be actively involved in the assessment and referral process,
 - Participate in the weekly multidisciplinary case consultations
 - Facilitate and/or co-facilitate the weekly psychoeducational and coping skills groups.
 - Observe the expressive art therapy and trauma sensitive yoga
 - Have educational opportunities in various trauma treatment modalities, such as Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing Therapy, and/or Internal Family Systems.
 - Facilitate and/or co-facilitate weekly Cognitive Behavioral Therapy groups for Depression and Anxiety.
 - Participate in crisis response/management across campus which includes risk assessments, crisis interventions, treatment and safety planning, and communication with the multidisciplinary treatment team.
- Have the opportunity to observe other specialty groups such as chronic pain, LGBTQIA+, body image, etc.

Psychological Testing Rotation

Patients who come to Caron for the treatment of substance use disorders often have an array of mental health symptoms. These concerns can stem directly from their substance use or may be related to other co-occurring disorders like depression, anxiety, and post-traumatic stress. Additionally, other pre-existing factors may be unrelated to the substance use disorder yet mimic the symptoms, contribute to substance use, and complicate the diagnostic picture — often the case for those struggling with attention deficit hyperactivity disorder (ADHD) or older adults with cognitive decline, for example.

To successfully treat patients and make informed aftercare recommendations, staff at Caron strive to understand the root causes of each patient’s symptoms to create a comprehensive

treatment plan. In some cases, that may require psychological testing to clarify the diagnosis and better understand the relationship between substance use disorder and a patient's mental and cognitive health.

The psychology department at Caron offers testing and assessment as part of our comprehensive treatment programming for adolescents, adults, and older adults. Psychological testing is available, as needed, to address specific referral questions. These may include, but are not limited to:

- Comprehensive ADHD testing.
- Neuropsychological testing to assess cognitive functioning and identify deficits.
- Assessing personality characteristics and functioning.
- Evaluating emotional health and well-being.
- Accurately identifying psychiatric illnesses.
- Identifying and suggesting evidence-based methods and treatments to address areas of concern.

Participation in psychological assessment provides the patient an opportunity to develop a greater understanding of his/her cognitive and psychological functioning. Most importantly, testing helps to identify areas of concern and target evidence-based interventions that will guide the treatment plan.

Interns will participate in a six-month rotation with a focus on psychological testing and assessment. Interns will have the opportunity to learn, administer, score, and interpret self-report, projective, neuropsychological, and cognitive measures. They will be exposed to the role that psychological testing plays on a variety of units and patient populations within Caron's continuum of care. Interns are required to complete at least two integrated testing batteries/reports and attend weekly testing consultation and supervision meetings. Interns will utilize testing results to provide feedback and recommendations to patients, their families, and the interdisciplinary treatment team, which includes physicians, psychiatrists, psychologists, counselors, nurses, and other disciplines.

INTERNSHIP TRAINING PHILOSOPHY

Our pre-doctoral internship program's philosophy of training endorses a scientific attitude as psychologists to *observe, assess, and intervene* in all professional capacities such as testing, consultation, therapy, and research within a multidisciplinary treatment approach. In essence, an essential goal is to train interns to *think like psychologists* and to expand their level of observation, assessment, and intervention beyond the level of the "individual identified patient" to all relevant bio-psycho-social systems (especially the family system) that impacts the patient's recovery. The highest standards of professional conduct and ethics as well as a maturing sense of professional identity as a psychologist are required of our pre-doctoral interns as they are the foundations of our beliefs.

The internship training program at Caron trains pre-doctoral level clinical psychologists, in accordance with a practitioner-scholar model. The primary goal of the program is to provide high quality training that will prepare pre-doctoral psychology students for the independent

practice of professional psychology. Upon completion of the program, pre-doctoral interns are expected to be able to function as competent, ethical, responsible, autonomous, entry-level psychologists able to provide professional psychological services in a variety of clinical settings and especially within a substance abuse treatment center.

CHECKLIST FOR INTERN

As outlined in the Site Affiliation Agreement with Agency, the College/Consortium of each Intern is required to attest to current and primary verification of the following documents. All documents are to be housed at the College/Consortium; however, Agency requests the right to access copies at our request. These are required by Agency prior to any Intern beginning his/her observation. The psychology department admin staff will also maintain a copy of these documents.

- Evidence of Mantoux Test administered within the past 12 months.
 - Positive test evidence of standardized practice follow through
- Commonwealth of Pennsylvania child abuse/ sex offender history clearance (Act 33) completed and no existing record
- Acceptable drug screening result upon hire
- Recent County criminal background check completed
- FBI clearance completed within the past 12 months and cleared to work with adolescents
- Graduate training license to practice medicine within the Commonwealth of Pennsylvania, if applicable
- Provide full coverage of health, professional and privacy liability insurance
- Verification of degree
- Copy of DEA certification, if applicable
- Proof of physical exam and influenza inoculation

Administrative, Clerical, and Technical Support

The psychology team is supported by the department administrative assistant. Department administrator will assist with the scheduling of groups and some psych testing services. The intern will be responsible for electing and maintaining all patient appointments with the use of the electronic record and outlook. Pre-doctoral interns will be provided a viable workspace and trained on the use of caron technology to include the medical record, phone, and dictation system as well as other tools and systems required for the position. Psychology interns are responsible for maintaining appropriate documentation in the electronic record of all patients. Caron has a fully functioning IT department that can be utilized to provide as needed support for technology during regular business hours and after hours in an emergency. The facilities department manages office space and equipment outside the electronic resources in all office space. The intern will be provided with access and information governing facilities and office equipment. Caron utilizes a switchboard system for outside and internal communication systems. The operators assist with on-campus emergencies and general communications across campus. The intern will be oriented to all caron's systems utilized to provide support to the required duties and the provision of services.

Site Interviews

Potential candidates will be invited in for in person interviews that will take place on Tuesdays. Interviews will include a variety of assessment and observational modes to include writing samples and group interaction as well as a traditional interview format.

Covid-19 Considerations

During the Covid-19 pandemic, Caron has maintained in person treatment at our residential PA facility. We adhere strictly to CDC guidelines that includes encouraging vaccination/ boosters, masking, testing as needed, remaining home with any upper respiratory symptoms or those most closely linked to the covid-19 virus or variants. Staff complete personal screening daily and the Covid Task force at Caron provides the status of the virus in our area which dictates our level of mitigation strategies. For example, the use of KN95/double masking is dictated by those status updated. Interns will be held to the same standards as our staff including self-monitoring and reporting instances of exposure and symptoms. In the event of credible exposure or symptoms interns will contact their assigned rotation supervisors. Remote work will be provided by the assigned supervisor when appropriate.

Patients are monitored and constantly tested with exposure or symptoms. Infected patients are isolated and quarantined on the Caron PA campus if they are healthy enough to do so. Caron provides text and email communication whenever there is community spread or credible exposure. Assigned personnel will follow contact tracing procedures. All questions pertaining to Covid-19 should be directed to the interns assigned rotation supervisor.

Chestnut Hill College Psychological Services Clinic 1107 Bethlehem Pike, Suite 212 Flourtown, PA 19031

Site Director: Joshua Saks, Psy.D.

Supervising Psychologists: Amy Brosof, Ph.D., Bindu Methikalam, Ph.D., & Joseph Micucci, Ph.D., ABPP

The Chestnut Hill College Psychological Services Clinic (CHC-PSC) offers interns the opportunity to become well-rounded clinical psychologists with advanced generalist competency in working with diverse populations. Interns complete one full year of training in assessment and psychotherapy, serving children, couples, families and adults living in the greater Philadelphia area. Licensed clinical psychologists on the faculty of the Chestnut Hill College Department of Professional Psychology supervise all clinical services and are active in the CHC-PSC training program.

The setting is a community mental health clinic providing outpatient treatment and assessment services to a diverse population, presenting to treatment with a great range of clinical concerns. The therapeutic approaches utilized focus primarily on psychodynamic and family systems modalities, but students will be encouraged to integrate other evidence-based

interventions as needed, in an effort to be as responsive as possible to clients' individual circumstances and experiences.

Interns will also gain substantial training in the provision of psychosocial psychoeducational and psychodiagnostic assessment services. In collaboration with their supervisors, interns are responsible for the assessment process from start to finish. As such, they will conduct the initial interview, choose appropriate assessment instruments, administer, and score tests, and write comprehensive integrated reports. Interns may also go to schools for observation of clients, as well as for the administration of the tests.

The CHC-PSC clinic provides the following types of assessment services to children, adolescents, college students, adults, and older adults:

- Learning disabilities
- Attention-Deficit/Hyperactivity Disorder
- Personality
- Behavior disorders
- Intellectual abilities
- Academic achievement
- Clinical/Diagnostic
- Autism spectrum disorder evaluations

Training experiences at CHC-PSC include weekly group supervision of couples and family therapy, participation in a pediatric psychology seminar series, group meetings focused on routine outcomes monitoring, supervision of peer supervision of practicum students, interdisciplinary consultation with referring providers, and community outreach activities. In addition, interns may have the opportunity to engage in research with CHC faculty members, related to testing and/or supervision conducted through the clinic.

This internship provides the opportunity for the trainee to expand on and build skills in assessment and psychotherapy while expanding knowledge into new areas and while developing skills required for independent practice. Interns will be involved in training and consultation with other professionals, program development and enhancement, and community outreach, all within a growing and thriving community health setting. The internship slots require two evening shifts and occasional Saturdays.

Administrative, Clerical, and Technical Support

The Chestnut Hill College Psychological Services Clinic is located in an office building on Bethlehem Pike in Flourtown, PA, just outside of Philadelphia. The building has ample parking, is wheelchair accessible, and is located near a stop on a public transit bus route. The clinic has a reception desk and a small waiting area. The reception desk is generally staffed by graduate assistants, who are students in the Psy.D. program that earn tuition remission by committing to work for a specified number of hours in a given semester. The front desk area has a computer, a combination printer/copier/fax machine, telephone, and locked file cabinets that contain client records and office supplies. Chestnut Hill College's Information Technology staff installed the computer system and provides ongoing tech support.

Beyond the waiting area, the clinic contains 9 individual offices. The interns are each assigned individual offices. There is also office space that is shared among clinical supervisors, including the clinic director and associate director, and therapy and assessment practicum clinicians. All of these offices are comfortably equipped for individual therapy. The offices can also be made ready for psychological assessment. The clinic owns several card tables for this purpose. The clinic's largest room serves several purposes. It is used for psychological testing, for family therapy sessions, and for clinic team meetings and presentations. It is outfitted with a one-way mirror for direct observation of clinical activities and is newly equipped with video-recording capabilities. Videotaping can also be done in most of the other offices. There are several smaller rooms used for storage of psychological testing materials and office supplies and available to students for test scoring and report-writing. The clinic also has a small, but growing, a reference library of books relevant to clinical practice. Additionally, an ample number of psychological tests and assessment materials are available for cognitive, academic, neuropsychological, and personality assessment materials are available for cognitive, academic, neuropsychological, and personality assessment (for example, Wechsler scales, ADOS-2, MMPI-2, Rorschach). Finally, there is a small kitchenette, with a microwave, coffeemaker, and tea rejuvenation station.

Growth Opportunity Center
928 Jaymor Road
Southampton, PA 18966

Site Director: Diane Sizer, Ph.D.

Supervising Psychologist: Rebecca Fisher, Psy.D.

The Growth Opportunity Center is a large, outpatient behavioral health group practice founded in 1974.

GOC Mission Statement: A non-profit organization transforming life's challenges into opportunities for growth through behavioral health and consultation services.

GOC Vision Statement: With a commitment to quality and service, to be a caring and compassionate community of diverse and multi-talented professionals striving for personal and professional excellence by supporting individuals, families, and organizations in meeting their full potential.

Growth Opportunity Center services include:

- Individual, couples, and family counseling for all ages
- Psychological and Psycho-educational evaluations
- School-based support services and consultation
- ADHD assessment and services
- Medication evaluations and management by staff psychiatrists
- Autism Spectrum Disorder evaluation and treatment team
- Social Skills training groups
- College Counseling (varies by year)
- Opportunities to create and run groups to serve the needs of the population such as DBT-informed groups, mindfulness groups, adolescent groups, etc.

The internship experience is designed to provide a full range of psychological services to the community. By the end of the internship, the student will be prepared for independent practice as a psychologist. The responsibilities of a doctoral intern *may* include the following: psychoeducational evaluations, diagnostic assessments, consultation, coordination of assessment services (e.g. conducting telephone intakes and assignment of cases), supervision of practicum students, counseling for college student populations in the college setting (we currently have contracts with a local college), and developing and forming psychoeducational groups (e.g., social skills, DBT-Informed, resiliency, mindfulness). The intern will be supported to develop an area of interest or expertise that may serve as a starting point for a specialized area of practice. About 16 hours per week will be spent on psychological assessments and psychoeducational evaluations, 8-10 hours in individual adult and child, and family therapy, and 6-8 hours in supervision, consultation, and program development and supervision of assessment practicum students.

The GOC intern will have opportunities to attend peer supervision groups, didactic training, and to consult and interact with the entire GOC team of psychologists, psychiatrists, and master's level therapists. The applicant should be highly motivated for practice development, should be comfortable with independence, and must be a self-starter. Because at least half-time is spent on psychological and psychoeducational evaluations, the intern must have strong writing skills, be highly organized, and be able to perform without external deadlines.

If interested, the intern will also have the opportunity to be a part of a newly developing trauma assessment program. The program's mission is to provide trauma informed and culturally sensitive psychological and neuropsychological evaluations for individuals with a history of trauma. Possible intern responsibilities or opportunities would include: receiving trauma training, conducting comprehensive psychological/neuropsychological batteries from a trauma informed and culturally competent lens, networking with local health care providers, engaging in professional and public outreach, marketing to help grow the referral base, and engaging in trauma research. The internship slot requires weekend or evening hours.

Administrative, Clerical, and Technical Support

GOC is a large outpatient behavioral health facility. Its main site, where the interns work, has 27 offices. The interns have an office that has a large table for testing, a computer with software for scoring many tests and rating scales, and a file cabinet. It also has an observation mirror which is used for training purposes. The interns will have additional office space to conduct individual and family therapy, but space may not be consistent, and the interns must be comfortable with changing offices frequently. GOC has a well-stocked testing closet with the most commonly used cognitive, achievement, memory, information processing, and personality tests. There is also a multitude of rating scales and checklists to help in assessing and diagnosing behavioral, neuropsychological, and mental health disorders. Each student has a voicemail extension and has access to office supplies and a file cabinet in a locked file room. Although the office staff is primarily a billing staff and not secretarial, they are able to support the students by answering common questions and helping them access patient information in the computer system.

Rider University Counseling Center

**Zoerner House,
2083 Lawrenceville Road
Lawrenceville, NJ 08648**

Site Director: Anissa Moody, Ph.D.

Rider Counseling Services provides college counseling services for full and part-time students, at undergraduate and graduate levels. Interns engage in personal counseling, crisis counseling, evaluation and referrals when necessary. The internship also includes the provision of emergency services; design, planning, and implementation of psychoeducational programming; assisting with outreach on campus; training of residence life and other staff; and consultation services to faculty, staff, and administrators.

The client/patient population is primarily traditional college-aged students, along with graduate students and non-traditional students. Individuals present with a wide range of adjustment disorders, plus autism spectrum disorders and various psychiatric challenges such as major depressive disorder, anxiety disorders, bipolar disorder, and other mood disorders. Therapy is generally short-term with the option to extend treatment at the discretion of the Director. Interns training at this site will complete their assessment requirements through the CHC Psychological Services Clinic or Growth Opportunity Center.

Administrative, Clerical, and Technical Support

The counseling office is located in a two-story house at the front of the campus and has its own entrance independent of the main university entrance. It is accessible by steps or ramp. The office has an administrative specialist who is responsible for the management of all office functions and procedures. Technical support is supplied by the Office of Information Technology, and the physical space is maintained by Facilities Management. Basic office equipment is available in each counseling room for research and internet use. All computers are formatted for Mediat, the electronic health records program for client files. Specific training materials are supplied upon request, and there is a library of professional books and journals that may be accessed by any staff member.

**SPIN
Behavioral Health & Autism Services
10541 Drummond Road
Philadelphia, PA 19154**

Site Director: Jessica Lax, Psy.D.
Supervising Psychologists: Chelsea Greenspon, Psy.D.

SPIN is a nationally recognized non-profit provider of direct support, employment, educational, and behavioral health services in Philadelphia, Pennsylvania. Since 1971, SPIN's mission and values-led services have supported thousands of children, adults, and families to live inclusive lives in their communities. SPIN's mission is to provide the highest quality people-first services and supports for children and adults with intellectual, developmental, and autism spectrum disabilities so that each may achieve and enjoy *a life of possibilities*. SPIN's mission-driven

programs demonstrate the expectant values of hope, possibility, and choice supported by SPIN's four pillars of People-First, Professionalism, Performance Excellence, and Productivity, the standard to which all employees are held accountable. Today, SPIN supports over 3000 children and adults annually in the Southeastern and Lehigh/Northampton regions of Pennsylvania to achieve and enjoy *a life of possibilities*. SPIN has received many awards for its innovative services, partnerships, and professional development practices. SPIN has been ranked among the global elite for its innovative workforce training and development by Training Magazine's Top 125 distinguished award. SPIN has been ranked by its employees as a Top Workplace in Philadelphia for 11 consecutive years. SPIN has also been recognized by Opportunity Knocks as the best Non-Profit to work for and has been designated as an Employer of Choice within Philadelphia.

The Behavioral Health and Autism Services Department at SPIN currently employs a team of highly trained and experienced clinical professionals who have a variety of roles working with children and youth with behavioral health disorders, with a specific focus within the practice on the diagnosis and treatment of Autism Spectrum Disorder (ASD). SPIN has been designated as a Philadelphia Autism Center for Excellence. Within its licensed outpatient mental health clinic, which serves a broad-ranging population, SPIN provides the following services specifically for individuals with Autism and their families: high quality, comprehensive diagnostic assessment of individuals at risk for Autism; outpatient medication management and psychotherapy for children, adolescents, and families; social skills treatment groups; intensive home-, school-, and community-based Applied Behavior Analysis (ABA) services, Blended Case Management, and ongoing parent support groups/activities. Each of these services adopts an integrated treatment approach that supports enhanced coordination of care and integration of interventions across all aspects of the patient's/family's life.

The APA Internship will be a 12-month, full-time internship within SPIN's Outpatient Mental Health Clinic and Autism Center for Excellence. The intern will typically work Monday-Thursday and will be assigned to work two evenings per week until 8:00 p.m. The internship will prepare professionals to diagnose and support individuals with autism spectrum disorder, as well as gain experience working with children and families with co-occurring neurodevelopmental disabilities, such as autism, and serious behavioral health disorders, and those who have a history of trauma. The primary responsibilities of the intern will be to complete the following responsibilities under the supervision of a licensed psychologist:

- Complete intakes with a variety of patients and in conjunction with the clinical supervisor assign diagnoses and make preliminary recommendations for treatment services.
- Carry an ongoing therapy caseload throughout the year, that may include children, families, or adults. Act as a co-facilitator for social skills treatment groups for children/youth with ASD and other social impairments.
- Perform annual re-evaluations for children receiving prior authorized services to determine ongoing medical necessity.
- Perform comprehensive diagnostic evaluations for individuals (primarily children/youth ages 2-21) at risk for a diagnosis of autism, including writing reports and making treatment recommendations. This will include being clinically trained in

the administration of the ADOS-2, as well as the use of other autism-specific instruments.

- Assist with training and supervision of Masters' interns or staff within the department.
- Participate in all departmental required meetings, supervision, didactic, and trainings as assigned by their supervisor.

It is expected that the intern will complete this experience with an enhanced degree of specialization in working with children with ASD and their families, as well as gain experience working in a mental health clinic. Many prior interns have remained with SPIN after the internship to complete a post-doctoral fellowship year.

Administrative, Clerical, and Technical Support

SPIN has an administrative/clerical support team that coordinates each intern's schedule, reaches out to families to confirm they will be attending the appointments, and ensures all necessary clinical paperwork is completed. The administrative team also supports the interns with obtaining necessary office supply materials, scheduling confidential meeting spaces, and troubleshooting any other issues that arise on a day-to-day basis. The administrative team is available Monday-Friday from 7am-8pm for the interns.

Regarding computer/IT support, SPIN has an IT department that supports the intern's computer, phone, and system access needs. All interns have a phone line, a confidential email login, and a confidential network and electronic medical record login. The IT department is available Monday-Friday 8am-6pm and then on a limited basis over the weekend via an on-call line.

The full-time intern at SPIN has private office space in which he or she can conduct therapy and diagnostic sessions, and this is located in SPIN's licensed outpatient mental health clinic. There are large rooms in which group sessions are conducted. In addition, video equipment is available for recording sessions, as well as video conferencing and the clinic has one two-way mirror for live supervision. With regard to training materials, the interns have a full range of psychological assessment materials available for their use, and these are available for inspection during the site visit if needed. Additionally, a library of reference books and journals are available for their access, as are therapeutic games, toys, and other resources to use with clients. Several behavioral health curricula are available to all clinical staff, including the interns, and interns are offered opportunities to participate in clinical staff training throughout the year. All trainees receive pre-service training and orientation at SPIN, and a full curriculum of these courses can be made available to applicants as necessary.

XV. SUPERVISOR EXPERTISE

Name	Theoretical Orientation	Areas of Expertise
Jade Logan, Ph.D., ABPP Consortium Director	1. Psychodynamic 2. Interpersonal 3. Relational Cultural Theory	Multicultural Training and Supervision PTSD related to sexual trauma and domestic violence, mood disorders, anxiety disorders, relationship issues. Individual therapy with young adults and adults. Couples and group psychotherapy
AIDS Care Group, Inc.		
Dana Lehman, Psy.D. Site Director	1. Motivational Interviewing 2. Psychodynamic Therapy	Health psychology, integrative medicine, addiction, and trauma
Taisier Elessawi, Psy.D., MACJ Supervisor	1. CBT 2. ACT	Substance abuse, harm reduction interventions/strategies, relational trauma
Michael Long, Psy.D. Supervisor	1. Relationship psychodynamic 2. Integrative harm reduction	Health psychology, substance use disorders, psychosis, adult mental health, LBGTQIA+ mental health
Jeremy Peres, Ph.D., Psy.D. Supervisor	1. CBT 2. ACT	Health psychology, integrated care, addiction, stress and biofeedback
Juilo Vidal, Psy.D. Supervisor	1. Relational psychology with an emphasis on attachment, 2. Acceptance and Commitment Therapy, 3. Schema Therapy	Integrative Medicine, chronic illness, PTSD and trauma-informed care, social anxiety, depression, LGBTQ+ and culturally informed care
Nicholas Wood, Psy.D.	1. Relational Psychoanalytic	Trauma, Health, Group, HIV, LGBT, Addiction, Supervision
Arcadia University Counseling Services		

Rebecca Bubbs, Ph.D. Site Director	<ol style="list-style-type: none"> 1. Integrative 2. Family Systems 3. Humanistic/Person-Centered 	Clinical training, relationship problems, sexual assault, trauma, family issues, and LGBTQIA+ concerns
Beechwood NeuroRehab (Woods Services, Inc)		
Joseph DiCondina, Psy.D.; CBIST Site Director	<ol style="list-style-type: none"> 1. CBT 2. Interpersonal 	Group and individual therapy with adults with ACI; Supervising Neuropsychological assessments and Neurocognitive assessments
Bethanie Wenke, Psy.D., CBIST Supervisor	<ol style="list-style-type: none"> 1. Psychodynamic 2. CBT 	individual and group therapy with adults with ACI; Neuropsychological assessment
Caron (Robert J. Caron Foundation)		
Paula Boulware-Brown, Ph.D. Site Director		
Devon Seward Dautrich, Ph.D. Supervisor		
Ashley Flor, Psy.D. Supervisor		
Jennifer Ingemie, Psy.D. Supervisor		
Maggie King, Psy.D. Supervisor		
Alexandra Santoro, Psy.D. Supervisor		
Camille St. James, Psy.D. Supervisor		
Maggie Tipton, Psy.D. Supervisor		
Chestnut Hill College Psychological Services Clinic		
Joshua Saks, Psy.D. Site Director	<ol style="list-style-type: none"> 1. Integrative 2. Psychodynamic 3. CBT 	Individual therapy with adolescents and adults; anxiety disorders, mood disorders, and trauma

Amy Brosopf, Ph.D. Supervisor	1. Eclectic (includes psychodynamic, cognitive-behavioral, and behavioral)	Psychological assessment, therapy with adolescents
Bindu Methikalam, Ph.D. Supervisor	1. Psychodynamic	Acculturation issues, Immigration, Ethnic Identity, Relationships issues, and Perfectionism
Joseph Micucci, Ph.D., ABPP Supervisor	1. Systems	Couples, Families, Adolescents, LGBTQ Individuals, Assessment
Growth Opportunity Center		
Diane Sizer, Ph.D. Site Director	1. Biological 2. Behavioral 3. Systems 4. Eclectic	Psychological/educational assessment; family therapy
Rebecca Fisher, Psy.D., LPC CCTP Supervisor	1. Integrative 2. Psychodynamic 3. Systems 4. CBT; DBT	Trauma, Psychological/educational assessment
Rider University Counseling Center		
Anissa Moody, Ph.D. Site Director	1. Integrative	Multicultural psychology; Group Psychotherapy; Trauma/PTSD
SPIN, Inc.		
Jessica Lax, Psy.D. Site Director	1. Psychodynamic 2. Family Systems	Intellectual and Developmental Disabilities across the lifespan, Child Development, Neurodevelopmental/ Psychoeducational Assessment, & Family therapy
Chelsea Greenspon, Psy.D. Supervisor	1. Psychodynamic 2. Systems 3. DBT	Autism Spectrum Disorders, Neurodevelopmental Assessment, Trauma, Substance Abuse

APPENDIX A: Pre-Internship Survey

CHESTNUT HILL COLLEGE School of Graduate Studies
Internship Consortium

Name: _____ Year of Internship: _____

Gender: ☐ Female ☐ Male ☐ Transgendered ☐ Other

Ethnic Origin:

☐ African American/Black ☐ American Indian/Alaska Native ☐ Asian/Pacific Islander☐ Caucasian ☐ Hispanic/Latino ☐ Choose not to respond☐ Multiethnic (please specify): _____I am subject to the **Americans with Disabilities Act**: ☐ NO ☐ YES ☐ CHOOSE NOT TO RESPONDI am a **Foreign National**: ☐ NO ☐ YESI represent another area of diversity, as listed by APA (age, disability, gender identity, language, national origin, religion, culture, sexual orientation, or social economic status): ☐ NO ☐ YES ☐ CHOOSE NOT TO RESPONDUNIVERSITYDoctoral
Institution: _____

Degree: _____

Area of Psychology:

☐ Clinical ☐ Counseling ☐

Educational

☐ Experimental ☐ School ☐ Other

Training Model:

☐ Clinical Scientist ☐ Local Clinical Scientist☐ Practitioner ☐ Practitioner–Scholar☐ Scientist–Practitioner ☐ OtherPROFESSIONAL

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

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

Thank you for taking the time to complete this survey!

APPENDIX B: Authorization to Exchange Information

Chestnut Hill College Internship Consortium 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 Internship Consortium Director****

APPENDIX C: Orientation Self-Assessment

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

¹including empirically supported treatments²e.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 Consortium Director by the end of the orientation.

APPENDIX D: Clinical Supervisor Inventory (CSI)

Chestnut Hill College Internship Consortium
Evaluation of Intern Competences (by Supervisors)

Intern's Name	
List all Supervisors in this Trimester	
Internship Site:	
Term: <input type="checkbox"/> 1 st Trimester <input type="checkbox"/> 2 nd Trimester <input type="checkbox"/> 3 rd Trimester	Dates Covered:
<p>Methods Used in Evaluation (check as many as apply):</p> <p><input type="checkbox"/> Discussion <input type="checkbox"/> Co-therapy <input type="checkbox"/> Seminar <input type="checkbox"/> Other (specify):</p> <p>At least one of the following is required each evaluation period: <input type="checkbox"/> Videotapes <input type="checkbox"/> Live</p> <p>Dates Completed: _____</p> <p style="text-align: center;">Note: Interns must have some live observation of their work by their supervisors</p>	

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 aims. 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 note: This form is to provide written evaluations that reflect the training aims 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.

Internship Expectations and Internship Completion Criteria

- 1. Interns are evaluated developmentally on each competency and are expected to show increasing competency throughout the year.**
- 2. Interns are expected by the 1st and 2nd trimester to show "Gaining Proficiency" (2 or 4) in all competency areas.**
- 3. Interns are expected by the 3rd trimester to achieve "Proficiency" (6) in all competency areas to be considered for graduation from the internship.**
- 4. Interns must have successfully completed any Remediation Plan to be considered for graduation.**
- 5. Interns must have completed all required hours as per APPIC/APA/CHC (total hours, face-to-face hours, individual supervision, group supervision, and formal didactic training activities to be considered for graduation.)**

Scale for Rating Competencies (please see individual competences for further explanation of benchmarks):

7 = Exceeds Expectations for End-of-Year Intern

6 = Proficient: Expected Competency of End-of-Year Intern

5 = Exceeds Expectations for 2nd trimester intern.

4 = Gaining Proficiency: Expected Competency of 2nd trimester intern.

3 = Exceeds Expectations for 1st trimester intern.

2 = Gaining Proficiency: Expected Competency of 1st trimester intern.

1 = Marginal Competency: Beginning Intern

NA = Not applicable/Not assessed during training experiences

General Information

1. Summarize the aims and areas focused on in supervision over the period covered by this evaluation <i>(or you may attach an updated copy of the Chestnut Hill Individualized Training Plan):</i>	
2. Describe the intern's individual interests/specialty areas/rotation covered by this evaluation:	

(For each criterion, place an X in the appropriate box corresponding to your rating of the intern.)

1. RESEARCH, PRESENTATIONS, AND COMMUNICATION SKILLS: Generating professional presentations and research that contribute to the professional knowledge base and/or evaluates the effectiveness of various professional activities.							
	<u>Exceeds Expectations for End-of-Year Intern (7)</u>	<u>Proficient Expected Competency of End-of- Year Intern (6)</u>	<u>Exceeds Expectations for 2nd Trimester Intern (5)</u>	<u>Gaining Proficiency Expected Competency of 2nd Trimester Intern (4)</u>	<u>Exceeds Expectations for 1st Trimester Intern (3)</u>	<u>Gaining Proficiency: Expected Competency of 1st Trimester Intern (2)</u>	<u>Marginal Competency of Beginning Intern Consider Learning Plan (1)</u>
1.1 Preparation for presentation(s)							
1.2 Organization and quality of presentation(s), literature review							
1.3 Appropriate level of presentation(s)							
1.4 Integration of research and clinical issues							
1.5 Ability to communicate information effectively							
1.6 Participation in others' presentations/professional activities							
1.7 Scientific Mindedness							
1.8 Scientific Foundation of Psychology							
1.9 Scientific Foundation of Professional Practice							
1.10 Outreach Implementation							
OVERALL SCORE							
Please provide formal, written evaluation of the Research, Presentation, and Communication skills, knowledge and attitude (you may use a separate sheet of paper).							

EXCEEDS EXPECTATIONS: This expectation is met by being almost independent to practice and is rarely attained at the internship level Intern independently reviews and integrates research literature to inform his/her clinical work and in oral/written form on a consistent basis. Advanced competency in methods of assessing outcomes in psychological services is demonstrated through selection of instrument, implementation in treatment, and understanding of results.

PROFICIENT: Intern often reviews research literature and can apply knowledge of the relevant current literature to inform his or her practice. Competency in basic methods of assessing outcomes is demonstrated.

GAINING PROFICIENCY: Intern is aware of the importance of understanding research literature and increasingly reviews and utilizes empirical data to inform her/his clinical practice. Consistent with the level of a 1st and 2nd trimester intern, supervisory suggestion and guidance may be needed to insure consistency in incorporating research findings into treatment. There is a basic knowledge of outcomes measures; they are used regularly with supervisory support.

MARGINAL: Intern has some difficulty using the relevant research literature to inform his or her practice. Intern demonstrates limited knowledge of assessing outcomes of interventions. Please comment on learning plan.

(For each criterion, place an X in the appropriate box corresponding to your rating of the intern.)

2. 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.

	<u>Exceeds Expectations for End-of-Year Intern (7)</u>	<u>Proficient Expected Competency of End-of- Year Intern (6)</u>	<u>Exceeds Expectations for 2nd Trimester Intern (5)</u>	<u>Gaining Proficiency Expected Competency of 2nd Trimester Intern (4)</u>	<u>Exceeds Expectations for 1st Trimester Intern (3)</u>	<u>Gaining Proficiency: Expected Competency of 1st Trimester Intern (2)</u>	<u>Marginal Competency of Beginning Intern Consider Learning Plan (1)</u>
2.1 Knowledge of Ethical/Legal/Prof. Standards/Guidelines							
2.2 Awareness & Application of Ethical Decision Making							
2.3 Ethical Conduct							
OVERALL ETHICAL BEHAVIOR							

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

EXCEEDS EXPECTATIONS: This expectation is met by being almost independent to practice and is rarely attained at the internship level Intern demonstrates knowledge of the APA's Ethical Code and other relevant ethical, legal, and professional standards and a strong commitment to addressing and resolving even complex ethical issues. Behavior reflects a high level of awareness of ethical issues and a desire to adhere to the spirit and letter of the guidelines.

PROFICIENT: Intern demonstrates awareness of important ethical issues such as confidentiality and informed consent and exhibits competency in legal and professional standards. Intern routinely demonstrates ethical behavior, but can, at times, be naïve or lacking in understanding of more complex ethical issues. The intern's behavior is acceptable and is consistent with the APA's Ethical Code and other relevant ethical, legal, and professional standards.

GAINING PROFICIENCY: Intern shows a basic knowledge of the APA's Ethical Code and other relevant ethical, legal, and professional standards, but can be naïve or lacking in understanding in these areas. Intern recognizes need to consult with supervisor for guidelines and standards in this domain. This is typical level of understanding for 1st or 2nd trimester intern.

MARGINAL: Intern demonstrates minimal awareness and understanding of APA ethical guidelines and/or of other ethical, legal, or professional standards. Behavior may be unethical or there is questionable ethical judgment. Comment on learning plan.

(For each criterion, place an X in the appropriate box corresponding to your rating of the intern.)

4. ASSESSMENT: Assessment and diagnosis of problems, capabilities, and issues associated with individuals, groups, and/or organizations.							
	<u>Exceeds Expectations</u> for End-of-Year Intern (7)	<u>Proficient</u> Expected Competency of End-of- Year Intern (6)	<u>Exceeds Expectations</u> for 2 nd Trimester Intern (5)	<u>Gaining Proficiency</u> Expected Competency of 2 nd Trimester Intern (4)	<u>Exceeds Expectations</u> for 1 st Trimester Intern (3)	<u>Gaining Proficiency:</u> Expected Competency of 1 st Trimester Intern (2)	<u>Marginal</u> Competency of Beginning Intern Consider Learning Plan (1)
4.1 Measurement & Psychometrics							
4.2 Evaluation Methods							
4.3 Application of Methods							
4.4 Diagnosis							
4.5 Conceptualization + Recommendations							
4.6 Communication of Findings							
OVERALL SCORE							

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

EXCEEDS EXPECTATIONS: This expectation is met by being almost independent to practice and is rarely attained at the internship level. Intern consistently provides a valid, comprehensive, and articulate assessment of client functioning. This includes the ability to independently grasp the complexity of client presentation, to specify salient evaluation questions and assessment approaches, and to integrate information from multiple sources. The intern is consistently accurate in administration, scoring and interpretation of psychological tests, and explains seemingly contradictory results in a systematic and theoretically consistent manner. When communicating findings, the intern consistently uses correct grammar, spelling, and style; writing is well-organized, precise, succinct, free of jargon, and free of bias.

PROFICIENT: Intern generally provides a thorough and valid assessment of client functioning. This includes an understanding of the complexity of client presentation, selection of appropriate questions and assessment approaches, and integration of information from multiple sources. The intern is generally accurate, with no major errors, in administration, scoring and interpretation of psychological tests, and explains seemingly contradictory results adequately. When communicating findings, the intern generally uses correct grammar, spelling, and style, with minor errors; writing is generally well-organized, precise, succinct, free of jargon, and free of bias.

GAINING PROFICIENCY: Competency is consistent with that of a 1st and 2nd trimester intern. Intern often provides a thorough and valid assessment of client functioning, which includes an adequate understanding of the complexity of client presentation, selection of appropriate questions and assessment approaches, and integration of information from multiple sources. The intern is generally accurate, with few major errors, in administration, scoring and interpretation of psychological tests, and explains seemingly contradictory results adequately. When communicating findings, the intern generally uses correct grammar, spelling, and style, with minor errors; writing is generally well-organized, precise, succinct, free of jargon, and free of bias.

MARGINAL: Intern has some difficulty providing a thorough and valid assessment of client functioning. Intern requires more oversight than would be expected of someone at the internship level of training in order to understand the complexity of client presentation, select appropriate questions and assessment approaches, and integrate information from multiple sources. The intern often makes minor errors in administration, scoring and interpretation of psychological tests, as well as in explanations of seemingly contradictory results. When communicating findings, the intern makes frequent errors in grammar, spelling, and style; writing is at times disorganized, imprecise, wordy, and characterized by jargon and/or bias. Please comment on learning plan.

(For each criterion, place an X in the appropriate box corresponding to your rating of the intern.)

5. PSYCHOTHERAPY/INTERVENTION: Psychotherapeutic interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organization.

	<u>Exceeds</u> <u>Expectations</u> for End-of-Year Intern (7)	<u>Proficient</u> Expected Competency of End-of- Year Intern (6)	<u>Exceeds</u> <u>Expectations</u> for 2 nd Trimester Intern (5)	<u>Gaining</u> <u>Proficiency</u> Expected Competency of 2 nd Trimester Intern (4)	<u>Exceeds</u> <u>Expectations</u> for 1 st Trimester Intern (3)	<u>Gaining</u> <u>Proficiency:</u> Expected Competency of 1 st Trimester Intern (2)	<u>Marginal</u> Competency of Beginning Intern Consider Learning Plan (1)
5.1 Knowledge of Interventions							
5.2 Intervention Planning							
5.3 Skills							
5.4 Intervention Implementation							
5.5 Progress Evaluation							
5.6 Demonstrates knowledge of Interventions							
5.7 Understands/can initiate emergency measures (e.g., hospitalization, involvement of appropriate parties)							
5.8 Understands how/when to assess suicidality/homicidality							
5.9 Intervention Planning							
5.10 Skills/ Intervention Implementation							
OVERALL SCORE							

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

EXCEEDS EXPECTATIONS: This expectation is met by being almost independent to practice and is rarely attained at the internship level. Intern communicates exceptional interest, respect, regard, and understanding for the client, using notable tact and patience. Appropriate professional boundaries are scrupulously maintained. Intern is able to establish and maintain a productive therapeutic alliance even with difficult clients. Intern demonstrates a mastery of theoretical orientations and evidence-based techniques, beyond that expected of an intern. Intern applies this knowledge in a sophisticated manner in formulating cases, selecting modalities best suited to the client(s), setting realistic and useful treatment goals, and identifying and carrying out effective therapeutic interventions.

PROFICIENT: Intern communicates interest, respect, regard, and understanding for the client, using tact and patience. Appropriate professional boundaries are maintained. Intern is able to establish and maintain a therapeutic relationship with clients. Intern demonstrates a solid knowledge of theoretical orientations and techniques and effectively applies this knowledge in formulating cases, selecting modalities best suited to the client(s), setting realistic and useful treatment goals, and identifying and carrying out appropriate therapeutic interventions.

GAINING PROFICIENCY: Intern is generally able to communicate interest, respect, regard, and understanding for the client, using tact and patience. Intern is performing at mid-year level and proficiencies in this domain are being developed. Appropriate professional boundaries are learning to be maintained and intern is establishing and sustaining therapeutic relationship with clients. Intern is starting to demonstrate a solid knowledge of theoretical orientations and techniques, as well as effectively apply this knowledge in formulating cases, setting realistic and useful treatment goals, and identifying and carrying out appropriate therapeutic interventions. Selecting modality best suited to the client(s) is demonstrated with increasing competency.

MARGINAL: Intern at times has some difficulty communicating interest, respect, and/or understanding for the client, and may have problems using tact and patience. There may be some difficulty in maintaining appropriate professional boundaries. Intern at times has difficulty establishing or maintaining a productive therapeutic relationship with clients. Intern demonstrates limited knowledge of theoretical orientations or techniques. Intern has some difficulty in formulating cases, selecting modalities best suited to the client(s) setting realistic and useful treatment goals, or in identifying or carrying out appropriate therapeutic interventions, and requires more oversight than would be expected for someone at the internship level of training. Please comment on learning plan.

and various modalities, and utilizes evidence based practices that are in the best interest of the client. Intern recognizes the influence of a mentor and serves as a positive role model in both personal and professional deportment. Intern is able to provide appropriate feedback, constructive criticism, and necessary support and remediation to trainee as needed. Intern reliably takes appropriate responsibility for trainee's health service duties (e.g., reviewing case notes, etc.)

GAINING PROFICIENCY: Intern understands and is learning to utilize models of supervision in teaching and training trainees at various levels of development. Intern increasingly more open and responsive to supervision, communicates effectively with supervisor, cooperates, is prepared for supervision, and effectively utilizes feedback. If applicable, intern may only feel competent in supervising using one orientation and/or may not be able to apply various modalities. Intern is learning to recognize the skills of being a mentor and attempts to serve as a positive role model. Intern may not be comfortable and lack skills in giving appropriate feedback, constructive criticism, and necessary support to trainees, and in following up on trainee responsibilities. Intern typically does not yet fully understand the role of a supervisor and may need significant assistance and guidance from his/her own supervisor.

MARGINAL: Intern lacks an adequate understanding of supervision models and/or developmental levels for teaching and training trainees. Intern is rarely open and responsive to supervision, communicates ineffectively with supervisor, is uncooperative, is not prepared for supervision, and effectively utilizes feedback. Intern may not currently possess ability to guide others in theoretical orientations and/or various modalities. Intern demonstrates difficulty in his/her role as a mentor and role model and needs to build skills in giving appropriate feedback, constructive criticism, and necessary support to trainee(s). Intern may find it challenging to take appropriate supervisory responsibility for trainee due to a lack of understanding or discomfort with the role as a supervisor and will need significant assistance and guidance from his/her own supervisor. Please comment on learning plan.

(For each criterion, place an X in the appropriate box corresponding to your rating of the intern.)

7. CONSULTATION & INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS: Interventions related to consultation, administration, and program development.							
	<u>Exceeds Expectations for End-of-Year Intern (7)</u>	<u>Proficient Expected Competency of End-of-Year Intern (6)</u>	<u>Exceeds Expectations for 2nd Trimester Intern (5)</u>	<u>Gaining Proficiency Expected Competency of 2nd Trimester Intern (4)</u>	<u>Exceeds Expectations for 1st Trimester Intern (3)</u>	<u>Gaining Proficiency: Expected Competency of 1st Trimester Intern (2)</u>	<u>Marginal Competency of Beginning Intern Consider Learning Plan (1)</u>
7.1 Evaluation (e.g., program, treatment outcome evaluation, needs assessment)							
7.2 Program Development							
7.3 Administration							
7.4 Knowledge of Interventions							
7.5 Planning							
7.6 Skills							
7.7 Progress Evaluation							
7.8 Understanding/ knowledge/handling of consultation roles & processes							
7.9 Understanding of institutional/organizational/systems dynamics/functions/programs							
7.10 Effectively collaborates as a consultant/defines own role/contributions							
7.11 Demonstrates timely response to consultation requests							
OVERALL SCORE							
<p><i>Please provide formal, written evaluation of the Consultation skills, knowledge and attitude (you may use a separate sheet of paper):</i></p>							
<p>EXCEEDS EXPECTATIONS. This expectation is met by being almost independent to practice and is rarely attained at the internship level. The intern consistently demonstrates an understanding of models of consultation and applies that knowledge through the intentional collaboration with other professionals in addressing problems, sharing information, and promoting the effectiveness of treatment in clinical work. Appreciation and respect for the perspective of other professionals is notable.</p> <p>PROFICIENT: The intern often demonstrates an understanding of models of consultation and applies that knowledge through collaboration with other professionals in addressing problems, sharing information, and promoting the effectiveness of treatment in clinical work. Appreciation and respect for the perspective of other professionals is apparent.</p> <p>GAINING PROFICIENCY: The intern's competency is consistent with that of a 1st or 2nd trimester intern. He/she is gaining proficiency in demonstrating an understanding of models of consultation and in the application of that knowledge through collaboration with other professionals in addressing problems, sharing information, and promoting the effectiveness of treatment in clinical work. In providing consultation to others, the</p>							

intern needs some assistance from his or her supervisor to identify relevant issues and provide effective consultation.

MARGINAL The intern has difficulty identifying the relevant issues and appropriately providing consultation through collaboration with other professionals in addressing problems, sharing information, and promoting the effectiveness of treatment in clinical work. Please comment on learning plan.

(For each criterion, place an X in the appropriate box corresponding to your rating of the intern.)

8. PROFESSIONALISM; REFLECTIVE PRACTICE/SELF-ASSESSMENT/SELF-CARE; RELATIONSHIP: Professional values and ethics as evidenced in behavior and comportment that reflects the values and ethics of psychology, integrity, and responsibility. Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care. Relates effectively and meaningfully with individuals, groups, and/or communities.

	<u>Exceeds Expectations for End-of-Year Intern (7)</u>	<u>Proficient Expected Competency of End-of- Year Intern (6)</u>	<u>Exceeds Expectations for 2nd Trimester Intern (5)</u>	<u>Gaining Proficiency Expected Competency of 2nd Trimester Intern (4)</u>	<u>Exceeds Expectations for 1st Trimester Intern (3)</u>	<u>Gaining Proficiency: Expected Competency of 1st Trimester Intern (2)</u>	<u>Marginal Competency of Beginning Intern Consider Learning Plan (1)</u>
8.1 Integrity							
8.2 Deportment							
8.3 Accountability							
8.4 Concern for the Welfare of Others							
8.5 Professional Identity							
OVERALL PROFESSIONALISM							
8.6 Reflective Practice							
8.7 Self-Assessment							
8.8 Self-Care							
OVERALL REFLECTIVE PRACTICE							
8.9 Interpersonal Relationships							
8.10 Affective Skills							
8.11 Expressive Skills							
OVERALL RELATIONSHIPS							

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

EXCEEDS EXPECTATIONS: This expectation is met by being almost independent to practice and is rarely attained at the internship level. Intern continuously demonstrates appropriate professional values, attitudes, and behaviors throughout internship experiences and clinical work. There is consistent adherence to agency expectations and policies. Behavior is routinely acceptable and cooperative. Intern has earned respect and trust through consistent honesty, integrity, accountability, reliability and professionalism. Intern regularly manages personal well-being. Intern demonstrates a consistently positive attitude toward supervision, maintains openness to feedback, and incorporates feedback into practice. Intern's self-awareness is well-developed and is regularly incorporated into a reflective practice that leads to a deep understanding of self as therapeutic agent, the dynamics of clinical relationships, and excellent clinical judgment. Intern takes an active role in engaging in activities that promote professional growth and development.

PROFICIENT: Intern typically demonstrates appropriate professional values, attitudes, and behaviors throughout internship experiences and clinical work. Intern adheres to agency expectations and policies. Intern is typically cooperative and has capacity to be a team player. Intern demonstrates honesty, integrity, and is dependable. Intern is typically professional in his/her conduct and manages personal well-being. Intern benefits from supervision and incorporates feedback into clinical work. Intern demonstrates self-awareness and openness to self-exploration that promotes reflective practices resulting in an understanding of self as therapeutic agent, the dynamics of clinical work, and reliable clinical judgment. Intern takes an active role in engaging in activities that promote professional growth and development.

GAINING PROFICIENCY: Intern's competency is consistent with that of a 1st or 2nd trimester intern. Intern is developing skills in appropriate professional values, attitudes, and behaviors throughout internship experiences and clinical work. Intern is learning to adhere to agency policies and expectations, but may have difficulty in responding professionally to complex clinical and agency situations. Intern will build trust and respect if demonstration of honesty, integrity, accountability and reliability are sustained. Personal well-being is seen through adjustment to internship requirements. Intern typically benefits from supervision and incorporates feedback. Intern may demonstrate a slight tendency toward dependence or defensiveness. Intern is beginning to demonstrate self-awareness and openness to self-exploration and to understand concepts of self as therapeutic agent, the dynamics of clinical work, and to develop clinical judgment. Intern may take an active role in the development of professional growth, but is primarily adjusting to the demands of internship.

MARGINAL: Intern demonstrates challenges in demonstrating appropriate professional values, attitudes, and behaviors in the internship experience and in clinical work. Intern can be uncooperative and there may be conflicts with other staff, fellow interns, and/or supervisor. Qualities of honesty, integrity, accountability, reliability and professionalism may be, at times, in question. Inadequate demonstration of personal well-being. Intern exhibits some defensiveness resulting in impaired ability to benefit from supervision, along with a lack of cooperation in incorporating supervisory feedback into practice. Intern shows little self-awareness or openness to self-exploration and can fail to understand the role of self as therapeutic agent, the dynamics of clinical work, or demonstrate adequate clinical judgment. Intern may not be sufficiently adjusting to the demands of internship. Comment on learning plan.

To Be Completed by Internship Consortium Director **Consortium Requirements:**

- Completion of all evaluation forms
- Satisfactory attendance at all Friday seminars (Professional Issues Seminar, Research Seminar, Multicultural Seminar, Assessment Seminar, Supervision Seminar, Consultation 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

1 2 3 4 5 6 7

TO BE COMPLETED BY THE SUPERVISOR:

1. What are the strengths of this intern?	
2. What are the limitations/growth areas of this intern	
3. Training recommendations.	

Signature of Intern_____
Date_____
Signature of Supervisor_____
Date_____
Signature of Internship Consortium Director_____
Date

***Note: The above form was adapted from the forms provided by the University of Denver, Graduate School of Professional Psychology and the Mid-Atlantic Internship Consortium of Argosy University.*

APPENDIX E: Evaluation of Supervisor

Chestnut Hill College Internship Consortium
Summary by Supervisee Form
Evaluation of Supervisor/s – To be completed by Intern

Supervisee: _____ Primary Individual Supervisor: _____

Other supervisors this
period: _____

**Please use one form per supervisor.*

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.

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.

If an evaluation criterion does not apply, please mark N/A.

Structural Issues	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not applicable
Balanced the roles of teacher/consultant/counselor/mentor						
Provided feedback on clinical writing (case notes, documentation)						
Listened to/watched recordings						
Available when scheduled and needed						
Provided structure within supervision session						
Negotiated goals for supervision						
Reviewed/oriented to relevant ethical standards and laws						

Comments:						
Client Issues	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not applicable
Assisted with case conceptualization						
Offered theoretical hypotheses						
Addressed issues of diversity						
Focused on content of therapy						
Focused on process of therapy						
Assisted with diagnosis						
Provided general strategies for therapy						
Provided specific strategies for therapy						
Focused on thoughts and feelings of clients						
Provided additional information when needed or requested						
Comments:						

Therapy Issues	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not applicable
Assisted in setting attainable & clear goals						
Focused on supervisee process skills						
Focused on supervisee content skills						
Addressed issues of transference/counter transference						
Provided formative feedback on intern dynamics (style, needs, defenses etc.)						
Attended to parallel processes						
Assisted in developing intern's clinical worldview						
Comments:						

Supervision Process Issues	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not applicable
Provided a supportive environment						
Provided both positive feedback and challenged me						
Attended to multicultural issues within the supervision dyad when relevant						
Encouraged independent thinking and action						
Allowed appropriate self-disclosure						
Encouraged me to share personal & professional concerns						
Encouraged feedback from me and used it						
Conducted her/himself in an ethical manner						
Comments:						

Other Professional Activities	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not applicable
Offered feedback on assessment/report writing						
Assisted with organization consultation						
Assisted with supervision of other students						
Assisted with outside referrals						
Provided directions for crisis intervention						
Comments:						
Professional and Other Issues	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not applicable
Attended to my future goals						
Attended to my professional identity						
Assisted with professional development (vitae, cover letters, interview)						
Provided feedback on professional interactions						
Provided referrals for professional development						
Attended to professional demeanor (dress, presence)						
Comments:						

What has been most useful about supervision?

What has been least useful about supervision?

Additional Comments:

Intern Signature

Intern name (print)

Date

Internship Consortium Director Signature

Name (print)

Date

APPENDIX F: Self-Assessment Evaluation of Intern Competencies

Chestnut Hill College Internship Consortium
Evaluation of Intern Competencies (Completed by Intern)

Intern's Name	
List all Supervisors in this Trimester	
Internship Site:	
Term: <input type="checkbox"/> 1 st Trimester <input type="checkbox"/> 2 nd Trimester <input type="checkbox"/> 3 rd Trimester	Dates 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 aims. 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 note: This form is to provide written evaluations that reflect the training aims 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.

Internship Expectations and Internship Completion Criteria

- 1. Interns are evaluated developmentally on each competency, and are expected to show increasing competency throughout the year.**
- 2. Interns are expected by the 1st and 2nd trimester to show "Gaining Proficiency" (2 & 4) in all competency areas.**
- 3. Interns are expected by the 3rd trimester to achieve "Proficiency" (6) in all competency areas to be considered for graduation from the internship.**
- 4. Interns must have successfully completed any Remediation Plan to be considered for graduation.**
- 5. Interns must have completed all required hours as per APPIC/APA/CHC (total hours, face-to-face hours, individual supervision, group supervision, and formal didactic training activities to be considered for graduation.)**

Scale for Rating Competencies (please see individual competences for further explanation of benchmarks):

7 = Exceeds Expectations for End-of-Year Intern

6 = Proficient: Expected Competency of End-of-Year Intern

5 = Exceeds Expectations for 2nd trimester intern.

4 = Gaining Proficiency: Expected Competency of 2nd trimester intern.

3 = Exceeds Expectations for 1st trimester intern.

2 = Gaining Proficiency: Expected Competency of 1st trimester intern.

1 = Marginal Competency: Beginning Intern

NA = Not applicable/Not assessed during training experiences

General Information

1. Summarize the aims and areas focused on in supervision over the period covered by this evaluation (<i>or you may attach an updated copy of the Chestnut Hill Individualized Training Plan</i>):	
1. Describe your individual interests/specialty areas/rotation covered by this evaluation:	

(For each criterion, place an X in the appropriate box corresponding to your rating.)

1. RESEARCH, PRESENTATIONS, AND COMMUNICATION SKILLS: Generating professional presentations and research that contribute to the professional knowledge base and/or evaluates the effectiveness of various professional activities.							
	<u>Exceeds Expectations for End-of-Year Intern (7)</u>	<u>Proficient Expected Competency of End-of- Year Intern (6)</u>	<u>Exceeds Expectations for 2nd Trimester Intern (5)</u>	<u>Gaining Proficiency Expected Competency of 2nd Trimester Intern (4)</u>	<u>Exceeds Expectations for 1st Trimester Intern (3)</u>	<u>Gaining Proficiency: Expected Competency of 1st Trimester Intern (2)</u>	<u>Marginal Competency of Beginning Intern Consider Learning Plan (1)</u>
1.1 Preparation for presentation(s)							
1.2 Organization and quality of presentation(s), literature review							
1.3 Appropriate level of presentation(s)							
1.4 Integration of research and clinical issues							
1.5 Ability to communicate information effectively							
1.6 Participation in others' presentations/professional activities							
1.7 Scientific Mindedness							
1.8 Scientific Foundation of Psychology							
1.9 Scientific Foundation of Professional Practice							
1.10 Outreach Implementation							
OVERALL SCORE							
<p><i>Please provide formal, written evaluation of the Research, Presentation, and Communication skills, knowledge and attitude (you may use a separate sheet of paper).</i></p>							

EXCEEDS EXPECTATIONS: This expectation is met by being almost independent to practice and is rarely attained at the internship level. Intern independently reviews and integrates research literature to inform his/her clinical work and in oral/written form on a consistent basis. Advanced competency in methods of assessing outcomes in psychological services is demonstrated through selection of instrument, implementation in treatment, and understanding of results.

PROFICIENT: Intern often reviews research literature and can apply knowledge of the relevant current literature to inform his or her practice. Competency in basic methods of assessing outcomes is demonstrated.

GAINING PROFICIENCY: Intern is aware of the importance of understanding research literature and increasingly reviews and utilizes empirical data to inform her/his clinical practice. Consistent with the level of a 1st and 2nd trimester intern, supervisory suggestion and guidance may be needed to insure consistency in incorporating research findings into treatment. There is a basic knowledge of outcomes measures; they are used regularly with supervisory support.

MARGINAL: Intern has some difficulty using the relevant research literature to inform his or her practice. Intern demonstrates limited knowledge of assessing outcomes of interventions.

(For each criterion, place an X in the appropriate box corresponding to your rating.)

2. 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.

	<u>Exceeds Expectations</u> for End-of-Year Intern (7)	<u>Proficient</u> Expected Competency of End-of- Year Intern (6)	<u>Exceeds Expectations</u> for 2 nd Trimester Intern (5)	<u>Gaining Proficiency</u> Expected Competency of 2 nd Trimester Intern (4)	<u>Exceeds Expectations</u> for 1 st Trimester Intern (3)	<u>Gaining Proficiency:</u> Expected Competency of 1 st Trimester Intern (2)	<u>Marginal</u> Compete ncy of Beginnin g Intern Consider Learning Plan (1)
2.1 Knowledge of Ethical/Legal/Professional Standards/Guidelines							
2.2 Awareness & Application of Ethical Decision Making							
2.3 Ethical Conduct							
OVERALL ETHICAL BEHAVIOR							

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

EXCEEDS EXPECTATIONS: This expectation is met by being almost independent to practice and is rarely attained at the internship level. Intern demonstrates knowledge of the APA's Ethical Code and other relevant ethical, legal, and professional standards and a strong commitment to addressing and resolving even complex ethical issues. Behavior reflects a high level of awareness of ethical issues and a desire to adhere to the spirit and letter of the guidelines.

PROFICIENT: Intern demonstrates awareness of important ethical issues such as confidentiality and informed consent and exhibits competency in legal and professional standards. Intern routinely demonstrates ethical behavior, but can, at times, be naïve or lacking in understanding of more complex ethical issues. The intern's behavior is acceptable and is consistent with the APA's Ethical Code and other relevant ethical, legal, and professional standards.

GAINING PROFICIENCY: Intern shows a basic knowledge of the APA's Ethical Code and other relevant ethical, legal, and professional standards, but can be naïve or lacking in understanding in these areas. Intern recognizes need to consult with supervisor for guidelines and

standards in this domain. This is typical level of understanding for 1st or 2nd trimester intern.

MARGINAL: Intern demonstrates minimal awareness and understanding of APA ethical guidelines and/or of other ethical, legal, or professional standards. Behavior may be unethical or there is questionable ethical judgment.

(For each criterion, place an X in the appropriate box corresponding to your rating.)

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.

	<u>Exceeds Expectations s for End-of-Year Intern (7)</u>	<u>Proficient Expected Competency of End-of- Year Intern (6)</u>	<u>Exceeds Expectations s for 2nd Trimester Intern (5)</u>	<u>Gaining Proficiency Expected Competency of 2nd Trimester Intern (4)</u>	<u>Exceeds Expectations for 1st Trimester Intern (3)</u>	<u>Gaining Proficiency: Expected Competency of 1st Trimester Intern (2)</u>	<u>Marginal Competency of Beginning Intern Consider Learning Plan (1)</u>
3.1 Self as shaped by individual and cultural diversity							
3.2 Others as shaped by individual and cultural diversity							
3.3 Interaction of self and others as shaped by diversity							
3.4 Applications based on individual and cultural diversity.							
OVERALL SCORE							

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

EXCEEDS EXPECTATIONS: This expectation is met by being almost independent to practice and is rarely attained at the internship level. Intern demonstrates understanding of complex issues in diversity. Intern can independently recognize multiple issues related to gender, ethnicity, religion, sexual orientation, age, etc. and apply these considerations with sensitivity and respect in formulation and treatment. Clear recognition of one's own cultural differences and biases can be articulated and integrated into clinical work. Intern is consistently able to work effectively with individuals whose group, demographic, or worldview are in conflict with his/her own and actively seeks to explore any personal biases that may emerge.

PROFICIENT: Intern demonstrates understanding of the importance of diversity. Intern can typically recognize specific issues related to gender, ethnicity, religion, sexual orientation, age, etc. and apply these considerations with sensitivity and respect in formulation and treatment. Recognition of one's own cultural differences and personal biases is articulated and integrated into clinical work. *Usually* able to work effectively with individuals whose group, demographic, or worldview are in conflict with his/her own; explores these biases when they emerge.

GAINING PROFICIENCY: Intern's competency is consistent with that of a 1st or 2nd trimester intern. Intern demonstrates basic understanding of the importance of diversity. Intern can often recognize specific issues related to gender, ethnicity, religion, sexual orientation, age, etc. and apply these considerations with sensitivity and respect in formulation and treatment. Intern has increasing recognition of one's own cultural differences and personal biases and is increasingly able to articulate these and integrate them into clinical work through supervisory support and guidance. Sometimes has difficulty in working effectively with individuals whose group, demographic, or worldview are in conflict with his/her own, but is willing to explore these biases when they emerge.

MARGINAL: Intern demonstrates simple or over-generalized understanding of diversity. When prompted, the intern can recognize, specific issues related to gender, ethnicity, religion, sexual orientation, and age, etc., but does not independently apply consideration of these in

formulation and treatment. Is often unable to work effectively with individuals whose group, demographic, or worldview are in conflict with his/her own or may be resistant to exploring these biases. Limited recognition of one's own cultural differences and personal biases is indicated.

(For each criterion, place an X in the appropriate box corresponding to your rating.)

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

	<u>Exceeds Expectations for End-of-Year Intern (7)</u>	<u>Proficient Expected Competency of End-of- Year Intern (6)</u>	<u>Exceeds Expectations for 2nd Trimester Intern (5)</u>	<u>Gaining Proficiency Expected Competency of 2nd Trimester Intern (4)</u>	<u>Exceeds Expectations for 1st Trimester Intern (3)</u>	<u>Gaining Proficiency: Expected Competency of 1st Trimester Intern (2)</u>	<u>Marginal Competency of Beginning Intern Consider Learning Plan (1)</u>
4.1 Measurement & Psychometrics							
4.2 Evaluation Methods							
4.3 Application of Methods							
4.4 Diagnosis							
4.5 Conceptualization + Recommendations							
4.6 Communication of Findings							
OVERALL SCORE							

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

EXCEEDS EXPECTATIONS: This expectation is met by being almost independent to practice and is rarely attained at the internship level. Intern consistently provides a valid, comprehensive, and articulate assessment of client functioning. This includes the ability to independently grasp the complexity of client presentation, to specify salient evaluation questions and assessment approaches, and to integrate information from multiple sources. The intern is consistently accurate in administration, scoring and interpretation of psychological tests, and explains seemingly contradictory results in a systematic and theoretically consistent manner. When communicating findings, the intern consistently uses correct grammar, spelling, and style; writing is well-organized, precise, succinct, free of jargon, and free of bias.

PROFICIENT: Intern generally provides a thorough and valid assessment of client functioning. This includes an understanding of the complexity of client presentation, selection of appropriate questions and assessment approaches, and integration of information from multiple sources. The intern is generally accurate, with no major errors, in administration, scoring and interpretation of psychological tests, and explains seemingly contradictory results adequately. When communicating findings, the intern generally uses correct grammar, spelling, and style, with minor errors; writing is generally well-organized, precise, succinct, free of jargon, and free of bias.

GAINING PROFICIENCY: Competency is consistent with that of a 1st and 2nd trimester intern. Intern often provides a thorough and valid assessment of client functioning, which includes an adequate understanding of the complexity of client presentation, selection of appropriate questions and assessment approaches, and integration of information from multiple sources. The intern is generally accurate, with few major errors, in administration, scoring and interpretation of psychological tests, and explains seemingly contradictory results adequately. When communicating findings, the intern generally uses correct grammar, spelling, and style, with minor errors; writing is generally well-organized, precise, succinct, free of jargon, and free of bias.

MARGINAL: Intern has some difficulty providing a thorough and valid assessment of client functioning. Intern requires more oversight than would be expected of someone at the internship level of training in order to understand the complexity of client presentation, select appropriate questions and assessment approaches, and integrate information from multiple sources. The intern often makes minor errors in administration, scoring and interpretation of psychological tests, as well as in explanations of seemingly contradictory results. When communicating findings, the intern makes frequent errors in grammar, spelling, and style; writing is at times disorganized, imprecise, wordy, and characterized by jargon and/or bias.

(For each criterion, place an X in the appropriate box corresponding to your rating.)

5. PSYCHOTHERAPY/INTERVENTION: Psychotherapeutic interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organization. Interventions related to appropriately assessing risk of suicidality/homicidality, and interventions related to crisis situations.

	<u>Exceeds Expectations</u> for End-of-Year Intern (7)	<u>Proficient</u> Expected Competency of End-of- Year Intern (6)	<u>Exceeds Expectations</u> for 2 nd Trimester Intern (5)	<u>Gaining Proficiency</u> Expected Competency of 2 nd Trimester Intern (4)	<u>Exceeds Expectations</u> for 1 st Trimester Intern (3)	<u>Gaining Proficiency:</u> Expected Competency of 1 st Trimester Intern (2)	<u>Marginal</u> Competency of Beginning Intern Consider Learning Plan (1)
5.1 Knowledge of Interventions							
5.2 Intervention Planning							
5.3 Skills							
5.4 Intervention Implementation							
5.5 Progress Evaluation							
5.6 Demonstrates knowledge of Interventions							
5.7 Understands/can initiate emergency measures (e.g., hospitalization, involvement of appropriate parties)							
5.8 Understands how/when to assess suicidality/homicidality							
5.9 Intervention Planning							
5.10 Skills/ Intervention Implementation							
OVERALL SCORE							

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

EXCEEDS EXPECTATIONS: This expectation is met by being almost independent to practice and is rarely attained at the internship level. Intern communicates exceptional interest, respect, regard, and understanding for the client, using notable tact and patience. Appropriate professional boundaries are scrupulously maintained. Intern is able to establish and maintain a productive therapeutic alliance even with difficult clients. Intern demonstrates a mastery of theoretical orientations and evidence-based techniques, beyond that expected of an intern. Intern applies this knowledge in a sophisticated manner in formulating cases, selecting modalities best suited to the client(s), setting realistic and useful treatment goals, and identifying and carrying out effective therapeutic interventions. Intern continuously demonstrates an ability to respond to crisis situations with appropriate interventions, consultations, and resources. There is a thorough knowledge of agency expectations and policies around crisis intervention. Intern consistently understands when to assess for suicidality/homicidality and how to address the situation appropriately and adequately with little to no guidance.

PROFICIENT: Intern communicates interest, respect, regard, and understanding for the client, using tact and patience. Appropriate professional boundaries are maintained. Intern is able to establish and maintain a therapeutic relationship with clients. Intern demonstrates a solid knowledge of theoretical orientations and techniques and effectively applies this knowledge in formulating cases, selecting modalities best suited to the client(s), setting realistic and useful treatment goals, and identifying and carrying out appropriate therapeutic interventions. There is a thorough knowledge of agency expectations and policies around crisis intervention. Intern understands when to assess for suicidality/homicidality and how to address the situation appropriately and adequately with a reasonable amount of guidance.

GAINING PROFICIENCY: Intern is generally able to communicate interest, respect, regard, and understanding for the client, using tact and patience. Intern is performing at mid-year level and proficiencies in this domain are being developed. Appropriate professional boundaries are learning to be maintained and intern is establishing and sustaining therapeutic relationship with clients. Intern is starting to demonstrate a solid knowledge of theoretical orientations and techniques, as well as effectively apply this knowledge in formulating cases, setting realistic and useful treatment goals, and identifying and carrying out appropriate therapeutic interventions. Selecting modality best suited to the client(s) is demonstrated with increasing competency.

MARGINAL: Intern at times has some difficulty communicating interest, respect, and/or understanding for the client, and may have problems using tact and patience. There may be some difficulty in maintaining appropriate professional boundaries. Intern at times has difficulty establishing or maintaining a productive therapeutic relationship with clients. Intern demonstrates limited knowledge of theoretical orientations or techniques. Intern has some difficulty in formulating cases, selecting modalities best suited to the client(s) setting realistic and useful treatment goals, or in identifying and carrying out appropriate therapeutic interventions, and requires more oversight than would be expected for someone at the internship level of training.

EXCEEDS EXPECTATIONS: This expectation is met by being almost independent to practice and is rarely attained at the internship level. Intern understands and consistently utilizes models of supervision in effectively teaching and training trainees at various levels of development. Intern is consistently open and responsive to supervision, communicates effectively with supervisor, cooperates, is prepared for supervision, and effectively utilizes feedback. If applicable, intern is able to competently supervise (formally or informally) using multiple orientations and modalities and utilizes evidence-based practices that are in the best interest of the client. Intern is skilled and comfortable providing appropriate feedback, constructive criticism, and necessary support and remediation to trainee as needed. Intern reliably takes appropriate responsibility for trainee's health service duties (e.g., reviewing case notes, etc.)

PROFICIENT: Intern understands and is able to utilize models of supervision in effectively teaching and training trainees at various levels of development. Intern is more often than not, open and responsive to supervision, communicates effectively with supervisor, cooperates, is prepared for supervision, and effectively utilizes feedback. If applicable, intern is able to supervise (formally or informally) using more than one orientation and various modalities, and utilizes evidence-based practices that are in the best interest of the client. Intern recognizes the influence of a mentor and serves as a positive role model in both personal and professional deportment. Intern is able to provide appropriate feedback, constructive criticism, and necessary support and remediation to trainee as needed. Intern reliably takes appropriate responsibility for trainee's health service duties (e.g., reviewing case notes, etc.)

GAINING PROFICIENCY: Intern understands and is learning to utilize models of supervision in teaching and training trainees at various levels of development. Intern increasingly more open and responsive to supervision, communicates effectively with supervisor, cooperates, is prepared for supervision, and effectively utilizes feedback. If applicable, intern may only feel competent in supervising using one orientation and/or may not be able to apply various modalities. Intern is learning to recognize the skills of being a mentor and attempts to serve as a positive role model. Intern may not be comfortable and lack skills in giving appropriate feedback, constructive criticism, and necessary support to trainees, and in following up on trainee responsibilities. Intern typically does not yet fully understand the role of a supervisor and may need significant assistance and guidance from his/her own supervisor.

MARGINAL: Intern lacks an adequate understanding of supervision models and/or developmental levels for teaching and training trainees. Intern is rarely open and responsive to supervision, communicates ineffectively with supervisor, is uncooperative, is not prepared for supervision, and effectively utilizes feedback. Intern may not currently possess ability to guide others in theoretical orientations and/or various modalities. Intern demonstrates difficulty in his/her role as a mentor and role model and needs to build skills in giving appropriate feedback, constructive criticism, and necessary support to trainee(s). Intern may find it challenging to take appropriate supervisory responsibility for trainee due to a lack of understanding or discomfort with the role as a supervisor and will need significant assistance and guidance from his/her own supervisor.

(For each criterion, place an X in the appropriate box corresponding to your rating..)

7. CONSULTATION & INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS: Interventions related to consultation, administration, and program development.							
	<u>Exceeds Expectations</u> for End-of-Year Intern (7)	<u>Proficient</u> Expected Competency of End-of-Year Intern (6)	<u>Exceeds Expectations</u> for 2 nd Trimester Intern (5)	<u>Gaining Proficiency</u> Expected Competency of 2 nd Trimester Intern (4)	<u>Exceeds Expectations</u> for 1 st Trimester Intern (3)	<u>Gaining Proficiency:</u> Expected Competency of 1 st Trimester Intern (2)	<u>Marginal</u> Competency of Beginning Intern Consider Learning Plan (1)
7.1 Evaluation (e.g., program, treatment outcome evaluation, needs assessment)							
7.2 Program Development							
7.3 Administration							
7.4 Knowledge of Interventions							
7.5 Planning							
7.6 Skills							
7.7 Progress Evaluation							
7.8 Understanding/knowledge/handling of consultation roles & processes							
7.9 Understanding of institutional/organizational/systems dynamics/functions/programs							
7.10 Effectively collaborates as a consultant/defines own role/contributions							
7.11 Demonstrates timely response to consultation requests							
OVERALL SCORE							
<p><i>Please provide formal, written evaluation of the Consultation skills, knowledge and attitude (you may use a separate sheet of paper):</i></p>							

EXCEEDS EXPECTATIONS. This expectation is met by being almost independent to practice and is rarely attained at the internship level. The intern consistently demonstrates an understanding of models of consultation and applies that knowledge through the intentional collaboration with other professionals in addressing problems, sharing information, and promoting the effectiveness of treatment in clinical work. Appreciation and respect for the perspective of other professionals is notable.

PROFICIENT: The intern often demonstrates an understanding of models of consultation and applies that knowledge through collaboration with other professionals in addressing problems, sharing information, and promoting the effectiveness of treatment in clinical work. Appreciation and respect for the perspective of other professionals is apparent.

GAINING PROFICIENCY: The intern's competency is consistent with that of a 1st or 2nd trimester intern. He/she is gaining proficiency in demonstrating an understanding of models of consultation and in the application of that knowledge through collaboration with other professionals in addressing problems, sharing information, and promoting the effectiveness of treatment in clinical work. In providing consultation to others, the intern needs some assistance from his or her supervisor to identify relevant issues and provide effective consultation.

MARGINAL The intern has difficulty identifying the relevant issues and appropriately providing consultation through collaboration with other professionals in addressing problems, sharing information, and promoting the effectiveness of treatment in clinical work.

(For each criterion, place an X in the appropriate box corresponding to your rating.)

8. PROFESSIONALISM; REFLECTIVE PRACTICE/SELF-ASSESSMENT/SELF-CARE; RELATIONSHIP: Professional values and ethics as evidenced in behavior and comportment that reflects the values and ethics of psychology, integrity, and responsibility. Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care. Relates effectively and meaningfully with individuals, groups, and/or communities.							
	<u>Exceeds Expectations</u> for End-of-Year Intern (7)	<u>Proficient</u> Expected Competency of End-of- Year Intern (6)	<u>Exceeds Expectations</u> for 2 nd Trimester Intern (5)	<u>Gaining Proficiency</u> Expected Competency of 2 nd Trimester Intern (4)	<u>Exceeds Expectations</u> for 1 st Trimester Intern (3)	<u>Gaining Proficiency:</u> Expected Competency of 1 st Trimester Intern (2)	<u>Marginal</u> Competency of Beginning Intern Consider Learning Plan (1)
8.1 Integrity							
8.2 Deportment							
8.3 Accountability							
8.4 Concern for the Welfare of Others							
8.5 Professional Identity							
OVERALL PROFESSIONALIS M							
8.6 Reflective Practice							
8.7 Self-Assessment							
8.8 Self-Care							
OVERALL REFLECTIVE PRACTICE							
8.9 Interpersonal Relationships							
8.10 Affective Skills							
8.11 Expressive Skills							

OVERALL RELATIONSHIPS							
<p><i>Please provide formal, written evaluation of the Professionalism, Reflective Practice, and Relationship skills, knowledge and attitude (you may use a separate sheet of paper):</i></p>							
<p>EXCEEDS EXPECTATIONS: This expectation is met by being almost independent to practice and is rarely attained at the internship level. Intern continuously demonstrates appropriate professional values, attitudes, and behaviors throughout internship experiences and clinical work. There is consistent adherence to agency expectations and policies. Behavior is routinely acceptable and cooperative. Intern has earned respect and trust through consistent honesty, integrity, accountability, reliability and professionalism. Intern regularly manages personal well-being. Intern demonstrates a consistently positive attitude toward supervision, maintains openness to feedback, and incorporates feedback into practice. Intern's self-awareness is well-developed and is regularly incorporated into a reflective practice that leads to a deep understanding of self as therapeutic agent, the dynamics of clinical relationships, and excellent clinical judgment. Intern takes an active role in engaging in activities that promote professional growth and development.</p> <p>PROFICIENT: Intern typically demonstrates appropriate professional values, attitudes, and behaviors throughout internship experiences and clinical work. Intern adheres to agency expectations and policies. Intern is typically cooperative and has capacity to be a team player. Intern demonstrates honesty, integrity, and is dependable. Intern is typically professional in his/her conduct and manages personal well-being. Intern benefits from supervision and incorporates feedback into clinical work. Intern demonstrates self-awareness and openness to self-exploration that promotes reflective practices resulting in an understanding of self as therapeutic agent, the dynamics of clinical work, and reliable clinical judgment. Intern takes an active role in engaging in activities that promote professional growth and development.</p> <p>GAINING PROFICIENCY: Intern's competency is consistent with that of a 1st or 2nd trimester intern. Intern is developing skills in appropriate professional values, attitudes, and behaviors throughout internship experiences and clinical work. Intern is learning to adhere to agency policies and expectations, but may have difficulty in responding professionally to complex clinical and agency situations. Intern will build trust and respect if demonstration of honesty, integrity, accountability and reliability are sustained. Personal well-being is seen through adjustment to internship requirements. Intern typically benefits from supervision and incorporates feedback. Intern may demonstrate a slight tendency toward dependence or defensiveness. Intern is beginning to demonstrate self-awareness and openness to self-exploration and to understand concepts of self as therapeutic agent, the dynamics of clinical work, and to develop clinical judgment. Intern may take an active role in the development of professional growth, but is primarily adjusting to the demands of internship.</p> <p>MARGINAL: Intern demonstrates challenges in demonstrating appropriate professional values, attitudes, and behaviors in the internship experience and in clinical work. Intern can be uncooperative and there may be conflicts with other staff, fellow interns, and/or supervisor. Qualities of honesty, integrity, accountability, reliability and professionalism may be, at times, in question. Inadequate demonstration of personal well-being. Intern exhibits some defensiveness resulting in impaired ability to benefit from supervision, along with a lack of cooperation in incorporating supervisory feedback into practice. Intern show little self-awareness or openness to self-exploration and can fail to understand the role of self as therapeutic agent, the dynamics of clinical work, or demonstrate adequate clinical judgment. Intern may not be sufficiently adjusting to the demands of internship.</p>							

1. What are your strengths?	
2. What are your limitations/growth areas?	
3. Training recommendations.	

Signature of Intern

Date

Signature of Supervisor

Date

Signature of Internship Consortium Director

Date

***Note: The above form was adapted from the forms provided by the University of Denver, Graduate School of Professional Psychology and the Mid-Atlantic Internship Consortium of Argosy University.*

APPENDIX G: Time Analysis Log

Chestnut Hill College Internship Consortium

Time Analysis Summary Log

Intern Name: _____

Site: _____

Trimester: _____

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:

	Current	Cumulative
Clinical Intervention		
Individual therapy hours	_____	_____
Family, group, or couples therapy hours	_____	_____
<i>Total therapy hours</i>	_____	_____
<i>Mean individual therapy hours per week</i>	_____	_____
<i>Mean family, group, or couples therapy per week</i>	_____	_____
Assessment hours (includes intakes, biopsychosocial and neuropsychological)	_____	_____
<i>Total clinical intervention hours</i>	_____	_____
<i>Mean clinical intervention hours per week</i>	_____	_____
Supervision Hours		
Individual supervision hours	_____	_____
Group supervision hours	_____	_____
<i>Total supervision hours</i>	_____	_____
<i>Mean supervision hours per week</i>	_____	_____
Other Training Experiences		
Total didactic hours (includes intern presentations & any conference attendance)	_____	_____
Total research hours:	_____	_____
Total outreach hours:	_____	_____
Total independent learning activities:	_____	_____
Total intern networking time (Friday seminar time only)	_____	_____
Total administrative hours (includes report-writing, note-writing, prep time, etc.)	_____	_____
Nonprofessional time (8hrs per day; does not include holidays)	_____	_____
Total number of internship hours:	_____	_____

Supervisee Signature: _____

Date: _____

Site Clinical Supervisor Signature: _____

Date: _____

APPENDIX H: Individualized Training Plan

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 aims 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 aims 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 Consortium Director.

Aims 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 I: Internship Completion Checklist

Chestnut Hill College Internship Consortium
Internship Completion Checklist

Intern Name: _____

The following items need to be completed in order to complete doctoral internship:

To be Verified by Site Supervisor:**Initials**

A. Intervention and Clinical Contact

- Completion of 2000 minimum total hours (as verified in time log)
- Completion of a minimum of 500 face-to-face clinical hours (as verified in time log)
- Completion of a minimum of 150 intervention hours (as verified in time log)

B. Assessment

- Completion of a minimum of 2 integrated psychological assessment batteries

C. Competencies

- Ratings of 6 on all items on 3rd trimester Clinical Supervisory Inventory

To Be Verified by Intern:**Initials**

D. Self-Monitoring

- Completion of Program Evaluation Form (to be completed by DATE)
- Completion of Intern Contact Form (to be completed by DATE)
- Ratings of 6 on all items on 3rd trimester Self-Assessment

H. Presentations

- Didactic Seminar Presentation (minimum overall average score 2.0, date completed: _____)
- Assessment Presentation (minimum overall average score 2.0, date completed: _____)
- Intervention Case Presentation (minimum overall average score 2.0, date completed: _____)

I. Supervision

- Participation in Informal Peer Supervision Discussions
- Participation in Group Supervision

J. Consultation

- Consultation exercise completed

K. Research and Outreach

- Copy of Research Project Poster provided for records
- Outreach Project Summary turned in

K. End of Year Paperwork

- Program Evaluation Form
- Intern Contact Information

M. Conduct and Behavior

- No ethical or legal lapses (or successful completion of remediation plan)
- No lapses related to diversity (or successful completion of remediation plan)
- No issues related to professionalism (or successful completion of remediation plan)
- No issues related to impaired communication (or successful completion of remediation plan)
- No issues related to client care (or successful completion of remediation plan)

N. Overall Competency

- Evidence of satisfactory mastery of the competencies listed of the Consortium Manual

APPENDIX J: Intern Contact Information Form

Chestnut Hill College Internship Consortium
Intern Contact Information Form

Name: _____

Site(s): _____

Supervisor Name: _____

Supervisor Contact (phone/email): _____

Student current address: _____

Student phone number: _____

Student email address: _____

Student permanent address (if different from above): _____

Emergency contact name: _____

Relationship: _____

Phone Number: _____

APPENDIX K: Program Evaluation

Chestnut Hill College Internship Consortium
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 experiences 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
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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

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: _____

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.

*Thank you for completing this form and returning it to the Internship Director.
Good luck next year!*

APPENDIX L: Alumni Survey & Letter
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 loganj@chc.edu.

Best Wishes,

Jade Logan, PhD, ABPP
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 the following: 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: _____

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.)? <i>Note. Can include student-affiliated societies.</i>		
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 No

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](#)
Currently 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

Consultation

Psychotherapy/Intervention Supervision

Assessment

Evaluation (i.e., Program Evaluation) Research

Teaching

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 Diplomate? 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 loganj@chc.edu

Thank you for taking the time to complete this survey!

APPENDIX M: Outreach Project Summary Form

Chestnut Hill College Internship Consortium
Outreach Project Summary**Intern Name:** _____**Site:** _____**Assessment**

Identified Community or Population
Issues and Concerns Within Community
Rationale (e.g., how is this problem known? What efforts have already been attempted and have not worked?)
Research on Community to Understand Audience (e.g., beliefs, information, motivations)
Goal (be specific)

Planning and Implementation

Message to Community
Method of Outreach
Research on Method (within community or other populations)
Incentives for Action
Deterrents to Action
Resources for Outreach
Potential Community Partners
Policies Affecting Outreach
Ethical and Legal Concerns

Evaluation

Evaluation (address each specific goal; describe methods and tools)
Adaptations Based on Evaluation

Supervisor Ratings of Outreach Quality

Please use the following scale to rate the items below and the overall quality of the intern's outreach effort.

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

- _____ Ability to identify and understand outreach needs of a community served
- _____ Creates goals specific to the needs of community
- _____ Designed outreach project to be thorough and realistic
- _____ Policy, ethical, and legal issues raised and mitigated
- _____ Demonstrates sensitivity to diversity issues around community and outreach effort
- _____ Successfully implemented project
- _____ Obtained and interpreted useful evaluation data

- _____ ***Overall quality of outreach project***

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

APPENDIX N: Didactic Lecture/Case Presentation Evaluation Form
 Didactic Lecture/Case Presentation Evaluation Form
 Chestnut Hill College Internship Consortium

Name of Presenting Intern: _____ Date of Presentation: _____

Title of Presentation: _____

Type of Presentation (check one): Clinical Assessment Didactic

Rating Scale:

1: Development Required 2: Meets Expectations 3: Exceeds Expectations N/A

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

<u>Overall Quality of Case Presentation/Didactic Lecture</u>	1	2	3	N/A
--	---	---	---	-----

Progress and Comments:

Signature /Degree of Person Completing this Form:

APPENDIX O: Group Supervision Leader Evaluation

Chestnut Hill College Internship Consortium
Group Supervision Evaluation

Name of Intern: _____ Date of Supervision: _____

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. Supervisor gives feedback about skills and interventions used . | 1 | 2 | 3 | NA |
| 2. Supervisor provides suggestions and guidance. | 1 | 2 | 3 | NA |
| 3. Supervisor facilitates discussion of diagnosis and treatment. | 1 | 2 | 3 | NA |
| 4. Supervisor helps to facilitate case conceptualization and exploration. | 1 | 2 | 3 | NA |
| 5. Supervisor promotes empathy and understanding of clients. | 1 | 2 | 3 | NA |
| 6. Supervisor promotes self-awareness and self-reflection. | 1 | 2 | 3 | NA |
| 7. Supervisor creates an environment of safety and support. | 1 | 2 | 3 | NA |
| 8. Supervisor attends to and addresses group dynamics. | 1 | 2 | 3 | NA |
| 9. Supervisor shows good leadership and management of group. | 1 | 2 | 3 | NA |
| 10. Supervisor manages supervision time well. | 1 | 2 | 3 | NA |
| 11. Supervisor provides sufficient structure for the group. | 1 | 2 | 3 | NA |

Progress and Comments: _____

Signature/Degree of Person Completing this Form: _____ Date: _____

**Adapted from Group Supervision Scale (Arcinue, 2002)*

APPENDIX P: Evaluation of Didactic Presentation

Chestnut Hill College Internship Consortium
Evaluation of Didactic Presentation-Guest Lecture/Seminar Speakers

Date of Presentation _____ Presenter _____
Topic _____

1. On the basis of my overall impression of the 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 speaker'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 the most and why?
8. What aspect did you like the least and why?
9. Suggestions for improvements in the topic or the speaker's presentation.

APPENDIX Q: Consultation Summary Form

Chestnut Hill College Internship Consortium
Consultation Summary*Intern Name:* _____*Site:* _____**Assessment**

Identified Problem
Model of Consultation
Stakeholders (name and describe all relevant)
Role as Consultee (describe overall and with each stakeholder)
Goal(s) (be specific)
Information to be Obtained
Method of Data Gathering
Stakeholder Perspectives on Problem
Interdisciplinary Challenges

Formulation of Problem
Ethical and Legal Considerations
Relevant Research (cite at least 3 publications)
Presentation of Solution(s)
Barriers to Change (and ways to overcome)
Evaluation of Solution Outcome(s)

Consortium Director Ratings of Consultation Quality

Please use the following scale to rate the items below and the overall quality of the intern's outreach effort.

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

- _____ Articulates consultant's roles to stakeholders
- _____ Ability to identify, elicit, or clarify problem for consultation
- _____ Creates goals specific to the problem
- _____ Ability to gather sufficient information needed for solution(s)
- _____ Suggests solution(s) realistic to problem
- _____ Interdisciplinary challenges anticipated
- _____ Ethical and legal well considered
- _____ Demonstrates sensitivity to diversity issues
- _____ Proposed effective methods of evaluation

- _____ ***Overall quality of consultation project***

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

APPENDIX R: Certificate of Internship Completion
School of Graduate Studies

Certificate of Internship

is awarded to

Intern Name

*by the Chestnut Hill College Internship Consortium, Philadelphia, PA
 upon satisfactory completion of an APA-accredited internship in Clinical Psychology
 from **July 1, Year** to **June 30, Year** for 2000 total hours*

Name of VP
Vice President for Academic Affairs
Dean of Faculty

Name of Internship Consortium Director
Title
Director, Chestnut Hill College Internship Consortium

Site Director
Title
Site Name

APPENDIX S: 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:

- 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.

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 T: 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:
 - o Description of client/case (e.g., individual, couple, family, group)
 - o Relevant identifying information (with client's identity protected)
 - o Presenting problem
 - o Relevant history/background
 - o 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-5TR 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 Microsoft Teams 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 Microsoft Teams.

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 U: Didactic Presentation Instructions/Expectations

All interns are required to give a didactic presentation during our Friday seminars.

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 the Training Director

Presentations are scheduled in collaboration with the Training Director 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 obtain a survey monkey link from Microsoft Teams on the day of their presentation. Each intern is required to complete the evaluation 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 V: ENTRANCE CRITERIA FOR SITES

Entrance Criteria for Sites
Chestnut Hill College 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 doctoral level
 - Responsibility to exercise appropriate control, oversight, and review of the psychological services offered by interns
 - Adherence to the 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-5 pm on Fridays for 2 hours of group supervision and the following training seminars: Ethics, Diversity, Assessment, Research, Professional Development, and Professional Issues/Clinical Seminar.
 - 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 meetings):**
 - 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
 - 11 holidays as follows: Independence Day, Labor Day, Thanksgiving (2 days), Christmas (2 days), New Year's Day, Martin Luther King Jr. Day, Good Friday, Memorial Day, and Juneteenth.
 - 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 psychologist/s 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 W: Site Affiliation Agreement

**SITE AFFILIATION AGREEMENT
CHESTNUT HILL COLLEGE INTERNSHIP CONSORTIUM
2023-2024 ACADEMIC YEAR**

Student _____

This agreement is made this _____ day of _____, 2023 by and between _____ Arcadia University Counseling Services _____ (herein after called the "Agency") and CHESTNUT HILL COLLEGE (herein after called the "College"), which has organized and operates the Chestnut Hill College Internship Consortium (hereinafter referred to as the "Consortium").

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

WHEREAS, placement in an 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;

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; and

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 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 hereinafter referred to as "Agency" and collectively hereinafter referred to as "Agencies").

3. 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.
4. 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 or any other basis prohibited by federal, state or applicable local laws;
 - b. to mutually determine the number of students, date(s) of assignment(s), hours of supervision, and availability of Agency's faculty or staff;
 - 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 Internship Training 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 formal and informal evaluations (see Training Manual Section V) between Agency and faculty members of the College (see Training Manual, Appendix I);
 - h. to reserve the right to remove any students for cause 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 Training Manual Section IV);
 - i. to meet with the Internship Consortium Director regarding the progress of the assigned student. This appointment will be facilitated by the Internship Consortium Director and scheduled at a mutually convenient time;
 - j. to work co-operatively to maintain APPIC membership for the Consortium, including complying with APPIC Match Policies, and to work cooperatively to maintain APA accreditation for the Consortium.
4. Agency agrees that it shall:
- a. designate a licensed doctoral level psychologist as Agency Site Director who will be responsible for the planning, implementation, and supervision of the Internship for each student assigned;
 - b. provide the 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 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, 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 Site Director and coordinated with the Internship Consortium Director;
- h. evaluate the performance of the assigned students three times per training year (all 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 Training Manual, Appendix I);
- i. promptly notify College of any injury to a student or of any event 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 Internship 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 eight (8) hours of regularly scheduled education and training activities weekly throughout the internship year inclusive of 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 holidays. No more than 375 hours may be spent in research related activities;
- o. refrain from sending any student to a patient's home for any reason unless the student is accompanied by an Agency representative, or an Agency representative is on-site or reasonably available, or the Agency has evaluated the safety of the location and

concluded it is a safe location for the intern. Any safety concerns will be discussed with the intern at the time of an assignment.

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 an Internship Consortium Director 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, evaluations, didactic 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 an Internship Training Manual setting forth the conditions for Agency participation in the Consortium and provide written notice to the Agency of any changes to the Internship Training 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 Internship Training 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 Match Policies. 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.

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 Internship 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 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 day (eight (8) 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 ten (10) years or until the intern is licensed, whichever last occurs. 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, written evaluations (three times per training year) 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. This agreement may be revised or modified only by written amendment signed by both parties.

13. Required Notice

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

To Agency: Name
 Address

To College: Jade N. Logan, Ph.D., ABPP
 Assistant Professor of Psychology
 Director, CHC Internship Consortium
 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
Name
Address

CHESTNUT HILL COLLEGE
(Graduate Division)

Internship Site Director/Site Representative

Chestnut Hill College Chair for Center
of Professional Psychology

DATE: _____

DATE: _____

Internship Site Supervisor (if different)

Director, Chestnut Hill College
Internship Consortium
DATE: _____

STUDENT ENDORSEMENT ON NEXT PAGE

STUDENT AGREEMENT, WAIVER AND RELEASE

I, _____, a student (hereinafter “Student”) at Chestnut Hill College (hereafter “College”) or a student participating in the Chestnut Hill College Internship Consortium (hereafter “Consortium”) assigned to Agency for an internship (hereafter “Internship”) as part of a Graduate Program, according to the terms of the foregoing Affiliation Agreement, with the intent to be legally bound, represent and agree as a precondition to my participation as a student intern in the Internship to the following terms:

- 1) I am of full age and sui juris;
- 2) I have read and understood the Site Affiliation Agreement which includes terms and conditions directly related to my conduct during the Internship;
- 3) I acknowledge and agree that I am a student intern and no employer-employee relationship exists between the Agency and me and that the Agency has no responsibility to me for compensation or benefits including, without limitation, health or disability insurance, worker’s compensation, or unemployment compensation, except for any pre-agreed upon stipend; and I waive my entitlement to the collection of such benefits should they be awarded;
- 4) I acknowledge and agree that I am a student intern and no employer-employee relationship exists between the College and me or between me and the Consortium and that neither the College nor the Consortium has any responsibility to me for compensation or benefits including without limitation, health or disability insurance, worker’s compensation, or unemployment compensation, except for any pre-agreed stipend; and I waive my entitlement to the collection of such benefits should they be awarded;
- 5) I waive any rights or privileges I may have under the Family Educational Rights and Privacy Act or otherwise with respect to the confidentiality of my education records, performance evaluations and history of my participation in the educational program and at my Internship site and authorize the release and exchange of all such information and documents between the College, Consortium and the Agency in connection with my Internship for the purpose of evaluating my participation in the Internship;
- 6) I expressly authorize and agree to the exchange of information and documentation, including any test results, between or among the Agency, the College and the Consortium, relating to any drug or alcohol testing occurring in relation to my participation in the Internship. I expressly waive any rights I may have to the confidentiality of such records during the period of time I am enrolled in the College’s Graduate Program.
- 7) I further acknowledge and agree that as a condition of placement at an Agency or as a condition of continuing placement at an Agency, the Agency and/or College or Consortium may require that I take and pass a drug or alcohol test. Should I refuse to take the test or should I take the test and fail it or should I fail to produce a copy of the test results when requested, I acknowledge and agree that I am subject to potential discipline, continuing supervision, suspension or dismissal from the Agency and/or from the Graduate Program.

- 8) I acknowledge that during my Internship I may have access to medical information including individually identifiable health information of patients and other information including, but not limited to, education records deemed by the Agency to be Confidential. I acknowledge that there are Federal and State laws which protect the confidentiality of this information and that all such information must be preserved and protected from disclosure in conformity with HIPAA and FERPA policies and the policies of the Agency. I agree to abide by all relevant policies related to the confidentiality of this information and to follow the rules and policies of the Agency related to the handling of such information.
- 9) I agree to acquire and maintain individual student liability insurance (minimum coverage \$1,000,000/\$3,000,000) prior to, and for the duration of, the Internship and will submit documentation of such to the Chestnut Hill College Director of Clinical Training and Internship administrators. If the policy is written on a "claims made" basis, I agree to purchase and maintain tail insurance for two years thereafter.
- 10) I agree to purchase and maintain personal health insurance during my enrollment in the College's Graduate program;
- 11) I hereby agree to release, indemnify, and hold harmless Agency, College, and Consortium from any claims, or causes of actions, or costs related thereto, including reasonable attorneys' fees, arising out of my participation in the internship.
- 12) I agree that the College may disclose any information to the Consortium or to the Agency concerning my physical, emotional, or mental health which it has reason to believe may be relevant to my participation in, or my continuing participation in the Internship experience. I expressly waive the right to object to the release or disclosure of this otherwise confidential information which I may have under federal or state law.
- 13) I agree to undergo the medical testing and obtain the clearances which may be required by the Agency or by the Consortium as a prerequisite for my participation in this Program or as a condition of a placement, including but not limited to, immunizations, child abuse clearances, criminal records review and other background checks required by the Agency or Consortium.
- 14) I agree to abide by the child abuse/neglect reporting requirements of the Agency, of the state where the Agency is located, of the College and of the Consortium.
- 15) I agree to promptly report to the College any incident of physical injury or harassment of any kind in which I am involved while at the Agency.
- 16) Student is aware of the existence of a global pandemic of the novel coronavirus. The publicly available information indicates there is still much which is unknown about this virus, its spread, containment and potential reoccurrence. One major difficulty in addressing the spread of the virus is that asymptomatic individuals with the virus can unknowingly spread the virus. The Consortium member (Agency) facilities where Students will obtain his/her clinical training are now developing and implementing plans for reopening and accepting back students for on-site training. These plans may include, among many options, the recommended use of social distancing, use of personal protective equipment and the use of telehealth options for dealing with staff and patients. The scope of the plans will differ depending on the location of the training

facility. Student agrees to abide by all directives and plans developed by their training site, as well as all directives from federal, state and local governments related to the virus. Even though the training site and the student adhere to these plans and directives, student acknowledges that there is no guarantee that he/she will not be exposed to or contract the virus. Student voluntarily acknowledges that in full awareness of the potential for contagion, he/she has decided to continue their training. Being fully aware of this situation, student agrees to release the College, the Consortium, its member Agency training sites and all of the foregoing entities respective Officers, Directors, agents and employees, and hold them harmless from any claims, causes of action or damages of any type, including reasonable attorney fees, resulting from Student's participation in the CTE Program which may result in Student contracting the coronavirus or suffering any temporary or permanent damage therefrom.

- 17) I agree to perform, in all respects, the obligations and duties assigned to me as a student at the Agency as part of my Internship from:

Start Date: _____ to End Date: _____

THEREFORE, intending to be legally bound, I have signed below:

Signature Date

ACCEPTED BY:

Jade Logan, Ph.D., ABPP
Director, CHC Internship Consortium
Department of Professional Psychology
Chestnut Hill College
9601 Germantown Avenue
Philadelphia, PA 19118-2693

Date

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

Thank you.

CHESTNUT HILL COLLEGE
School of Graduate Studies
Internship Consortium

APPENDIX W: Multicultural Supervision Guidelines

Multicultural Supervision Guidelines (Developed by Terri Davis, Ph.D.)

Questions you as a supervisor may ask yourself before discussing multicultural (MC) issues with your supervisee:

What are the facets of my own worldview?

What is my allegiance to the culture of psychology which is based on White, middle-class values? See Katz (1985) article.

Review your history as an intern under supervision. Recall how each supervisor was similar and different from you in terms of visible demographics. Were there any conversations about these similarities/differences? If so, were the discussions pleasant, proactive, and early in the relationship or reactive and tense after something negative had occurred? What were the immediate effects on you? What were the long term effects?

As you review your history as an intern, do you bring any active and pertinent attitudes toward any groups, which might impact your current role as supervisor?

Review your history with clients. Do you remember any of them specifically because of a particular characteristic and/or difference between the two of you? What transference/countertransference issues were raised? Were they disclosed and discussed in supervision?

As you review your history as a counselor, do you bring any active and pertinent attitudes toward any group(s) that might impact the clinical supervision of your supervisee's client load? Assess which group(s) of MC clients would be easiest for you to supervise, which group(s) would be hardest, and if necessary, which group(s) you believe you should not supervise at this time.

Review your history as a supervisor. What type of supervisee would be new to you and how would you acknowledge and discuss the newness of the situation?

Regardless of your supervisee, are there any personal cultural features you think will be important to discuss?

Do you understand how MC issues are addressed (or not addressed) by your theoretical orientation? Could you recall specific ways in which you have dealt with clients different from yourself or clients with clinical issues that were culturally specific? Could you explain your stance on addressing MC clients and MC-specific issues to your supervisee? Do you know enough about the MC stance taken by other theoretical orientations to understand your supervisee's stance/experience?

If your supervisee has the same visible characteristics as you (i.e., the same ethnicity, gender, age range), will you be able to acknowledge the similarities and discuss the possibility of

overidentification? Will you also be able to explore visible and invisible other relevant differences that might impact the supervisory relationship?

If your supervisee is visibly different from you, will you be comfortable enough to acknowledge the differences early in the relationship and discuss personal/professional history (yours and his/hers) that might impact the relationship?

Review any class notes you have about MC counseling considerations and supervision.

Questions you as a supervisee may ask yourself before discussing multicultural issues with your supervisor:

Review any class notes you have about MC counseling considerations and supervision.

What are your own cultural features that you feel comfortable discussing and believe would be relevant to the supervisory relationship and in your client work?

Review your history as a supervised intern. Recall how each supervisor was similar and different from you in terms of visible and invisible demographics. Were there any conversations about these similarities/differences? If so, were the conversations pleasant, proactive, and early in the relationship or reactive, tense, and after something negative had occurred? What were the immediate and long-term effects on you?

As you review your history as an intern, do you bring any active and pertinent attitudes toward any group(s)/issues which might impact your current role as a counselor?

Review your history with clients. Do you remember any of them specifically because of a particular characteristic and/or differences between the two of you? What transference/countertransference issues were raised? Were they disclosed and discussed in supervision?

As you review your history as a counselor, do you bring any active and pertinent attitudes toward any group(s)? Assess which group(s) of MC clients and/or specific issues would be easiest to work with, which group(s) issues would be hardest, and if necessary, which group(s)/issues you believe you should not work with at this time.

Do you understand how MC issues are addressed (or not addressed) by your theoretical orientation? Could you recall specific ways in which you have dealt with clients different from yourself or clients with clinical issues that were culturally specific? Could you explain your stance on addressing MC clients and MC-specific issues to your supervisor? Do you know enough about the MC stance taken by other theoretical orientations to understand your supervisor's stance/experience?

Suggested points of discussion before supervisee sees first client:

Discuss MC similarities and differences between supervisor and supervisee.

Discuss the nature of supervision and how MC issues will be addressed between supervisor/supervisee and supervisee/client.

Discuss the supervisee's history with MC clients and issues. Make decisions based on comfort and competence of both your supervisee and the supervisor, regarding which clients the supervisee can work with early in the year and which clients need to wait until later in the year, and which clients should not be seen at all.

Explain the supervisor's role in balancing clinical knowledge/development and culture specific knowledge.

Explain the necessity of exploring MC issues within supervision (between supervisor/supervisee and supervisee/client) and how openness can be facilitated. Explore ways clinical conceptualizations, treatment plans, and the therapeutic process can be discussed, without a supervisee's competence being questioned (unless necessary). Discuss the need of supervisee to express discomfort when necessary.

For graduate student interns with an intern supervisor, review that their clinical work (which may include MC issues) will be shared with the Internship Training Director and other interns.

Discuss ways the supervisor can be supportive of the supervisee's culturally specific personal concerns (holidays observed by supervisee, communication patterns, etc.).

Discuss supervisee's desire for additional mentoring and support (i.e., suggest professional organizations, journals, campus activities, site staff and activities, etc.).

Throughout the year:

Discuss supervisee's perception of supervisor's support of MC issues - within supervision and with clients. Evaluate balance between supervisors being sensitive to, but not overemphasizing, MC issues.

Discuss counselor values as they relate to and/or impact clients' values.

Explore the need for any consultation with the Multicultural Director and/or other consultants, if necessary.

**Adapted from University of Denver, Internship Consortium Handbook*

APPENDIX Y: Diverse Intern/Staff Retention Plan

Chestnut Hill College Internship Consortium

Retention of diverse interns, guest lecturers, supervisors, and the staff was evaluated during the 2020-2021 supervisor's meetings. The committee discovered that a primary retention tool is the atmosphere and philosophy of our training program. Several supervisors noticed the generational differences between trainees now and when they were trained. It was noted that several supervisors were trained at a time when issues of diversity and inclusion were considered pivotal to client care. Since the Internship Consortium Director's training, research, and expertise focuses on culturally humble therapeutic, research, teaching, and supervisory practices, it was suggested that the training committee devote at least one meeting to exploring issues of diversity when working with interns. The goal of this endeavor was to build a sense of cultural humility from the inside of the training program outward. For the past two years, conversations have focused on culturally humble practices and reactions to the monthly reflection exercises that the interns complete throughout the year. In the upcoming training year, we will explore the Multicultural Supervision Guidelines (see Appendix V) and determine ways to begin to implement them into our supervision with the interns.

AIDS Care Group

Arcadia University Counseling Center

Beechwood NeuroRehab (Woods Services, Inc)

Woods and its affiliates are staff intensive organizations that together employ approximately 6000 people. Employee engagement is about promoting positive attitudes and practices that lead to improved outcomes. With the goal of becoming the employer of choice, Wood has ramped up employee engagement strategies to ensure staff understand their important role in the organization and are energized by its mission. Woods wants its employees to feel pride and loyalty, be great advocates for Woods and for the children and adults it serves. Woods launched the 3 Keys in the summer of 2019, which reflects the "secret sauce" of Woods. Part of Woods' robust Employee Engagement Strategy also encompasses recruitment, hiring, retention and benefits that set us apart.

- a) Culture & Wellness: Promote overall employee wellness by using safety, comfort and engagement (3 Keys) to address perceptions, attitudes and beliefs among all employees.
 - i. Ensure policies include language and perspectives that support the 3 keys, Equity, Diversity and Inclusion (EDI), now known as Passionate about Creating Change (PACC) and employee feedback
 - ii. Ensure Policies are communicated to employees through the lens of the 3 Keys philosophy
 - iii. Development of a management practice toolkit with templates that encompass the 3 Keys philosophy
 - iv. Develop an Employee Wellness Program to be developed by a committee of employees across all levels and programs. Program will

focus on healthy lifestyles, chronic disease management, use of the Medical Center at Woods, to promote wellness and reduce overall healthcare spend. Build teamwork and opportunities for input and participation. (See Employee Recruitment and Engagement Section)

- b) Equity, Diversity & Inclusion: Demonstrate organizational commitment to valuing diversity and promoting inclusiveness among all employees. (See Foster Culture that Promotes Excellence section).
 - c) Learning, Growth & Communication: Foster a responsive workplace environment that values effective communication, professional learning and individual growth.
 - i. Create a mechanism that facilitates more effective communication between the Employee Advisory Council and the larger employee body, to ensure all employees have access to the Council.
 - ii. Operationalize career paths by incorporating into performance processes
 - iii. Enhance professional development opportunities available to employees
1. Continue to foster a Culture that Promotes Excellence Developments/Goals
- Introduction:

Several major culture shaping initiatives have been implemented over the past three years to foster a culture of excellence at Woods. An overarching organizational culture shaping initiative, branded as Unlocking Potential, has been developed using the tenets of the Disney's Chain of Excellence Business Model to promote excellence at Woods. The program identifies and prioritizes standards of conduct in three key areas (i.e., Safety, Comfort, and Engagement) for all employees and makes it clear what behaviors are encouraged and rewarded at Woods.

The principles of equity, diversity, and inclusion are directly aligned with the mission and vision of Woods and its belief that people thrive when they feel welcomed, included, and respected. Woods will continue its participation in the EDI initiative of the Alliance for Strong Families and Communities. As part of this program, Woods' EDI Committee (now known as PACC) developed a three-year strategic action plan based on an organizational assessment, and is now implementing the plan. The plan is aligned with and support Woods' employee engagement and culture-shaping strategy, including promoting equity, diversity and inclusion through HR policies and practices, a welcoming culture, and education and career pathways.

The 20-23 Plan proposes: [Ongoing - fully implemented Fall 2022]

- To continue to implement best practices in soliciting and receiving employee feedback and in creating a culture of respectful, open and honest communication
- To continue to develop and implement a program to teach, reinforce, and sustain the chain of excellence business model
- To design and implement an employee performance management system
- To support strategic efforts recommended by Woods' equity, diversity and inclusion committee
 - o Foster a welcoming and inclusive environment

- Establish a diverse workforce at all levels of the organization by ensuring equity and inclusion in recruitment, hiring, and professional advancement policies and practices
- Incorporate training on equity, diversity and inclusion and develop skills and knowledge among employees to work effectively within a diverse environment

2. Fostering a Culture of Innovation Developments/Goals

As a way of engaging employees, developing talent and promoting entrepreneurship and innovative thinking, Woods offers a series of innovation labs through a partnership with the Social Innovations Institute. The labs are open to all employees from all levels of the organization to give employees the opportunity to explore and test ideas and to develop business plans for their projects. The labs culminate in a pitch event, in which members of the executive leadership team and Board of Trustees serve as judges. The top proposals receive seed funding from the Woods Services Foundation and ongoing technical support from management. So far, the Woods Services Foundation has awarded \$204,000 to fund 16 innovation proposals. The innovation labs are not only a great way to support the development and creativity of employees, but also serve as a way of identifying potential talent that might not otherwise be recognized.

- Continue to promote innovative thinking and be an entrepreneurial mindset by facilitating employee participation in the above annual social innovation labs in partnership with the Social Innovations Institute.

3. Explore Implementing New and Effective Employee Recruitment and Retention Strategies Developments/Goals

Woods served as the principal investigator of several Direct Support Professional wage studies that analyzed data regarding 34,000 Direct Support Professionals employed by 121 organizations in Pennsylvania. The studies reported that the turnover and vacancy rates were more than 25% and 10% per year respectively and rising. The studies also found that Direct Support Professionals are not paid a living wage, which in turn causes high turnover, high vacancies, excessive overtime, and diminished quality of care. These findings mirror national trends and the studies concluded that with shrinking budgets and tight margins, simply raising wages is not always a practicable solution for staff retention and instead, organizations need to think more broadly about workplace culture, advancement opportunities, and benefits.

With this in mind, Woods developed employee engagement and development initiatives that tackle the direct support workforce crisis through organizational culture and innovation.

The 20-23 Plan provides: [Ongoing - HR, Finance and CEO]

- Health and wellness programs for employees
- Offer benefits which address social determinants of health

- Working with reputable companies to fill job shortages with international staff

Employee engagement and development initiatives will continue to include:

- Targeted wage increases to remain competitive.
- 403(b) retirement plan with employer contributions and matches
- Reference-based employee health insurance plan with low employee payroll deductions, low co-pays for most services, and very low payments for prescriptions
- On-site Medical Center available to employees free of charge
- Financial literacy education and counseling services through a partnership with a well-regarded non-profit credit counseling agency
- A student loan repayment program in addition to an already established tuition assistance program
- Discounted cell phone service plans
- Friends and family auto discount programs in partnership with local car dealership
- Career paths that illustrate professional advancement opportunities at Woods
- Highly discounted (up to 75%) education cohort programs including Associate's, Bachelor's, Master's to doctoral degrees
- Continue to offer specialized training and certification programs to staff, including identifying and implementing a professional development platform

Caron Treatment Centers

Affirmative Action Plan

Caron complies with all Equal Employment Opportunity (EEO) requirements and Affirmative Action law and seeks to ensure an environment for applicants, employees and former employees that is diverse, inclusive, intolerant of harassment and does not discriminate on the basis of race, color, religion, sex (including pregnancy, sexual orientation or gender identity), national origin, age, disability, genetic information (including family medical history) or veteran status. To ensure compliance a number of measures are in place with internal and external audits performed regularly.

For the second year, a third-party vendor has examined employment and recruitment data and has provided an analysis for the time period of October 1 through September 30.

Caron annually evaluates efforts and results of the Affirmative Action Plan (AAP) including:

- Recruitment, applicant flow, new hires, and promotions to determine whether there are selection disparities
- Applicant flow as compared to availability for protected groups
- Hires pertaining to minorities, women, veterans, and disabled persons
- Identification of whether rates of promotion are similar without regard to race or gender
- Identification of whether rates of termination are similar without regard to race or gender

Overall HR has responsibility to manage the plan with respect to:

- Training to include:
 - EEO
 - Affirmative Action
 - Proper interview techniques
- Communication

- Reports to management and stakeholders on the effectiveness of the plan
- Undertake outreach and positive recruitment activities that are reasonably designed to effectively recruit minorities, women, individuals with disabilities and protected veterans
- Posting of positions internally and externally while employing appropriate recruiting, promotion, and transfer efforts
- Periodic review of physical and mental qualification standards and reasonable accommodation

Management shares responsibility to assist:

- In review of applicant qualifications
- To ensure nondiscrimination and prevent harassment
- To help formulate solutions and provide overall support for the plan
- To review language in contracts to comply with EEOC

Caron makes a good faith effort to remove identified barriers and to select the most qualified candidates while achieving the specific affirmative action goals. We continue to review and undertake methods to improve recruitment and increase the flow of qualified minorities, females, veterans and disabled applicants and we track efforts to demonstrate these methods.

Implemented practices include posting to diverse sites, engagement with universities, connection with alumni associations, virtual and in-person job fairs, outreach to career training centers, and use of Caron resources.

Efforts in the upcoming year will include engagement with A&G Marketing to develop a paid recruiting strategy, enhanced development of the HR Facebook recruiting page, continued research of and postings to diverse sites, expanding relationships with veterans' associations, universities and career development sites.

Human Resources and Hiring Managers / Supervisors document candidate and active employee records to accurately reflect disposition, qualifications, selection, corrective action and events leading to termination to best support decisions related to hiring and termination.

The pre-doctoral internship training program will include specific supervision, both individual and group, around diversity and inclusion topics. The interns will be exposed to a variety of diversity-based activities that focus on self-assessment and growth from a cultural competence standpoint. Interns will be assigned resources and research to review and be tasked to share how the information will inform the provision of services. The psych department is committed to making areas of diversity a focus of training and will be working in concert with the HR department to enhance the agency's overall goals to recruit and retain staff from diverse backgrounds.

Caron's strategic focus areas through 2025 include **Inclusion** which is labeled as #3 out of 4 goals. The inclusion goal is focused on fostering a learning, gratifying, and diverse employee culture by:

- Providing strong compensation and progressive benefits plan
- Recruiting and retaining highly trained and skilled employees

Chestnut Hill College Psychological Services Center

The Chestnut Hill College Psychological Services Clinic (CHC-PSC) is committed to the promotion and affirmation of diversity in its broadest, most inclusive sense. Our mission guides and inspires our supervisors, clinicians, and staff persons to take measures to uphold this core value. We strive to provide culturally responsive, trauma-informed, evidence-based services, and are strongly committed to working with clients from diverse backgrounds and under-served communities. We are committed to ensuring that our services are affordable, accessible, and aim to provide a sense of inclusion to all community members.

CHC-PSC clinicians and supervisors seek to uphold sex, gender identity and expression, ethnicity, race, sexual orientation, age, physical and mental abilities, religious beliefs, and socioeconomic status. Further, CHC-PSC clinicians and supervisors are mindful that prejudice, discrimination, marginalization and other forms of oppression have been far too prevalent for far too long, and are harmful to the health of individuals and damaging to all members of our communities.

To that end, CHC-PSC supervisors and clinicians are expected to join and uphold an atmosphere of respect and trust in which we may substantially explore and discuss our attitudes, beliefs, values, and behaviors concerning others who are similar to and different from ourselves. We aim to engage in dialogue and learning that promotes respect, sensitivity, and understanding of field of psychology which place a high value on the dignity and worth of individuals the professional ethics and standards of the regardless of their gender expression and identity,

To that end, CHC-PSC supervisors and clinicians are expected to join and uphold an atmosphere of respect and trust in which we may substantially explore and discuss our attitudes, beliefs, values, and behaviors concerning others who are similar to and different from ourselves. We aim to engage in dialogue and learning that promotes respect, sensitivity, and understanding of diverse cultures and backgrounds.

As a component of our training mission, CHC-PSC clinicians and supervisors undertake a commitment to work toward the recognition and elimination of prejudice and discrimination, especially those kinds which have traditionally affected mental health practice. In particular, prejudice and discrimination based on gender expression and identity, ethnicity, race, size, national origin, immigration status, sexual orientation, affectional orientation, age, physical and mental abilities, religious beliefs, spiritual identities, and socioeconomic status run counter to our professional ethics. Such prejudice and discrimination are detrimental to all services and practices of CMHC (Community Mental Health Centers), and the development of effective relationships among all members of CMHC.

We also recognize that the promotion of diversity can highlight differences in values and perspectives. Exploring these differences is crucial for an environment that fosters personal and professional growth. As we strive to educate ourselves and others about the mental health issues of a multicultural society, we recognize that an examination of personal privileges and biases and their impact on our professional work is best accomplished within a climate of safety and respect. Therefore, staff members and trainees are expected to support each other in exploring their privileges and biases, and in cultivating positive attitudinal and behavioral change in one

another. This CMHC Statement on diversity serves as a living document that guides us and reflects both our enduring and evolving mission, vision, and values on diversity and inclusion.

Therefore CHC-PSC supervisors, clinicians, and staff accept responsibility for actively promoting professional conduct that is expected to respect and uphold the dignity and worth of the individual and to strive for the preservation and protection of fundamental human rights in their professional conduct at CHC-PSC.

Growth Opportunity Center

The Growth Opportunity Center (GOC) is a non-profit outpatient behavioral health center organization located in Bucks County, PA. GOC began with one psychologist as an outreach service for a Lutheran Church in 1974. At that time, the importance of recognizing diversity and being multiculturally competent was not emphasized; white, male psychologists were treating white, middle-class patients within the church community. Thankfully, over the past 45 years, as GOC expanded its services and became independent from its church parent, multicultural awareness among the leadership team and individual clinicians has widened. Our patient/client base has expanded significantly and includes people from various racial, ethnic, religious, and socioeconomic backgrounds. We provide "scholarships" to clinicians and allow a sliding fee scale, whenever possible, to serve a population who do not have medical insurance or who cannot afford high copayments and deductibles.

GOC actively recruits diverse staff, clinicians, and members of its Board of Directors. Our clinicians range in age from late 20's to 80's. They are also diverse in terms of religion, race, ability, and ethnicity, as well as in their treatment orientation. In an effort to provide an inviting atmosphere for patients, our website depicts people diverse in gender, age, race, and ethnicity. When decorating for holidays, we are sensitive to a variety of religious and cultural celebrations. We allow paid time off for employees to observe ethnic and religious holidays of their choice.

Although the developments described above have been forward-moving, the leadership at GOC is aware that more efforts need to be made to attract and service more individuals and families with diverse backgrounds. With that goal in mind, we are in the process of developing specific programs to treat individual and family diversity. We currently have clinicians who are working to develop specialized departments to assist military families, and families with adopted children, especially families with cross-racial adoptions. In addition, providing outreach and multicultural competent therapists to treat more LGBTQ+ individuals and their families, and assisting Black, Latino, and Asian families is both a short-term and long-term goal at GOC.

Recruiting and retaining doctoral interns from diverse backgrounds is important to GOC. We have recognized that diversity among our students/trainees has helped foster multicultural awareness among staff. Doctoral interns have always brought a wealth of experience and knowledge to our clinical team. We encourage their ideas for continued program development and other efforts to treat diverse populations, as well as to continually improve multicultural competence among our clinical staff.

Rider University Counseling Center

To attract diverse applicants to Rider University's doctoral internship position, the Counseling Services Department endeavors to make the environment a comfortable, safe work-place for all. The Counseling Services informs applicants of the diverse nature of the work that takes place both at the Center and within the University. This information is provided through the position description, internship forums, as well as word of mouth. Included in the information available to applicants is a statement about Rider University's commitment to diversity and inclusion. Candidates who peruse Rider's website will see that Rider has an office dedicated to Diversity and Inclusion; members of Student Affairs, including Counseling Services staff, have read the book, *"Creating Multicultural Change on College Campuses"* and are committed to implementing concepts contained within the book.

In the past, Rider hosted a Teaching Institute in late May 2019 that focused on the challenges associated with diversity in the classroom, and strategies for enhancing the university's equitable and inclusive environment for all members of the Rider community. These items are just a sampling of Rider's many diversity initiatives. Counseling Services also offers didactic presentations throughout the year given by staff and outside providers on areas of diversity/inclusion - to heighten awareness and promote best practices. Moreover, as a department, Counseling Services makes appropriate accommodations for the staffs' diverse needs, for example, allowing release time for religious practices and holidays.

In addition to the above issues that contribute to attracting a diverse applicant pool, Rider's Counseling Services Department has made a deliberate effort to offer interviews to all eligible Chestnut Hill College applicants. This allows Counseling Services to choose interns from the most diverse set of candidates who are eligible and interested in come to Rider.

Internship Applicants learn about Rider University's commitment to diversity and inclusion throughout the interview process. From the outset, the candidates are greeted by a diverse group of staff members representing the Counseling Services. Each year the permanent and student staff display differences in theoretical orientations, race, religion, gender, age, ethnicity, sexual orientation, partner status, disability status, and learning styles.

During the interview process, applicants are told about the diverse student body with whom they will be working, and about Rider's commitment to diversity and inclusion. In fact, one of the Division of Student Affairs four areas of commitments is "diversity, equity, and inclusion. Several committees have been tasked with evaluating current practices in diversity and inclusion, and generating better awareness and practices in these areas; current training of faculty and staff is focused on looking at diversity and differences in the classroom.

In addition, applicants are informed about an array of activities and opportunities in which they can engage during their internship year to satisfy their own personal and professional interests. For example, in past years, interns have worked with campus religious groups, athletics, fraternity and sororities affairs, residential life, and Spectrum – an organization supporting the LGBTQ community. These examples serve to inform applicants that the Counseling Services staff is open to supporting interns' unique needs and interests as they pertain to working within a diverse university community in the capacity of psychologist.

Retention of staff and interns is a strength of Rider University's Counseling Services Department. Staff members' years of service range from 20 years – 8 years. Since the inception of the Chestnut Hill College Consortium, no intern has left Rider's Counseling Services prior to the successful completion of the internship year.

As stated above, Rider University's Counseling Services provides a welcoming environment for interns and staff alike to learn from one another, to appreciate one another's differences, and to support one another in the work that we do.

SPIN, Inc.

As an organization, SPIN is committed to diversity and community inclusion for all. With regard to recruiting and retaining a diversified clinical workforce, SPIN does the following:

- Emphasizes the diversity of the client base in terms of race, ethnicity, linguistic capacity, disability, gender identity, sexual orientation, and socio-economic status.
- Decorates its clinic with art reflective of multiple cultures
- Offers staff a generous PTO pool that can be used as each person prefers, including for culturally/religiously preferred holidays.
- Maintains sensitivity to food/dietary choices for all functions that reflect cultural/religious/dietary preferences.
- Affords staff flexible schedules to exercise their religious or cultural practices (prayer times, early dismissal on Shabbat, etc.)
- Provides gender-neutral bathrooms in all buildings
- Allows staff to decorate offices/personal space as they choose
- Hires individuals from diverse backgrounds whenever possible
- Affords all interviewees the opportunity to tour building/clinic and spend time in the practice independent of managers and to communicate with all staff privately to afford them an opportunity to ask any questions that would help them assess the organization's approach to diversity
- Provides translation for all clinical appointments if needed
- Trains all staff on LGBTQIA issues annually
- All staff receive initial pre-service cultural competency training
- Supervision (both individual and group) addresses issue of cultural competency on multiple levels.
- Has an active and well-publicized Employee hotline where any/all concerns can be reported confidentially
- Posts non-discrimination policies in the cafeteria along with complaint/grievance policies