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Pennsylvania Counseling Services: Doctoral Internship Handbook

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INTERNSHIP OVERVIEW

INTRODUCTION

Pennsylvania Counseling Services (PCS) offers a full-time 12-month Doctoral Internship in Health Service Psychology. The primary method of training is experiential and includes clinical service and training opportunities with a wide variety of clientele from culturally and socioeconomically diverse backgrounds. A central feature of the PCS internship is its emphasis on provision of psychological services tailored to meet the needs of underserved populations, with interns providing individual and group services in mental health and substance use disorders in an outpatient setting. Interns are primarily based out of the Renaissance Clinic in Lebanon, Pennsylvania or the 17th St Clinic in Harrisburg, Pennsylvania.

The training is broad-based and intern duties include psychotherapeutic interventions (individual, group, couple, and family), consultation, case management and psychological assessment. Training components include individual and group supervision, as well as didactic trainings, required readings, and case presentations. Each week interns receive 2 hours of individual supervision, as well as 2 hours of group supervision, with each of these supervision hours being provided by a licensed psychologist. The interns are provided an average of at least 2 hours of didactic activities weekly which also function as an activity to allow interns time to socialize as a peer group.

Interns in the program are expected to work a minimum of 40 hours per week for the full year and to attain a total of 2,000 hours on site. By the end of the training year, each intern is expected to minimally perform at the professional capacity of an entry-level doctoral level practitioner of psychology. Given the emphasis on direct clinical training, as well as the identification of internship as a capstone clinical experience within doctoral level training, interns are involved in direct face to face clinical service activity approximately 60% of the time. The remaining hours are devoted to didactics, supervision meetings, administrative tasks (e.g. documentation, treatment planning, etc.) and training activities. Clinical outpatient work provides the intern with opportunities to see a diverse spectrum of clientele, ranging widely in socio-economic status (SES), cultural differences, and age and developmental categories, from young children to older adults, with wide varieties of clinical presentations.

MISSION

The mission of the PCS Doctoral Internship is twofold: treatment and training. At each PCS clinic, we seek to provide high quality, affordable mental health services to diverse populations from the community. PCS is dedicated to helping others by utilizing the method and manner that best fits the therapist and client. We approach our work and our world with professionalism, a variety of treatment approaches, flexibility, openness, and humor. We encourage interns to develop their own styles of delivering therapy while emphasizing evidence-based approaches. Moreover, we respect that the road to healing is a process that differs for each individual and tailor our services to clients' needs. We endeavor to reach a diversity of individuals, including those who might not otherwise have access to these services.

STATEMENT ON DIVERSITY

Pennsylvania Counseling Services seeks to provide an environment that values diversity and respects the individual differences of all employees, as well as the clients that we serve.

Diverse applicants are highly encouraged to apply to our doctoral internship in Health Service Psychology. We also seek to recruit interns who have a high level of interest in working with individuals from diverse backgrounds. The development of skills as a multiculturally competent clinician is an integral part of the training experience at Pennsylvania Counseling Services.

TRAINING MODEL

The PCS Doctoral Internship offers training in the professional practice of clinical psychology to students from doctoral programs in clinical or counseling psychology that have been accredited by the American Psychological Association (APA), or regionally accredited graduate institutions in psychology. The primary goal of the internship is to prepare future psychologists for professional practice in multidisciplinary community settings. In service of this goal, our internship program provides ample experiences in providing clinical services with considerable support and training from our professional staff. Interns are expected to explore their own professional goals and interests during their internship year, thereby gaining greater clarity in the direction of their future careers. Interns are encouraged to utilize scientific methods when solving clinical problems, enhance skills necessary for providing clinical services, hold themselves to the highest professional and ethical standards, and further develop an understanding and appreciation for diversity in clinical service provision.

The internship program at PCS is conducted with the purpose of meeting Profession-Wide Competencies set forth by the American Psychological Association and consistent with the Standards of Accreditation for Health Service Psychology. These competency areas include each of the following:

- 1) Research
- 2) Ethical and Legal Standards
- 3) Individual and Cultural Diversity
- 4) Professional Values, Attitudes and Behaviors
- 5) Communication and Interpersonal Skills
- 6) Assessment
- 7) Intervention
- 8) Supervision
- 9) Consultation and Interprofessional/Interdisciplinary Skills

In addition to the profession-wide competencies defined by the American Psychological Association, the PCS internship program also utilizes the Local Clinical Scientist model in the larger context of Evidence Based Practice. Specifically, the internship program at PCS places a significant emphasis on preparing individuals for independent, evidence based practice as psychologists. This statement is made with recognition that integration of clinical expertise, recognition of the patient's characteristics, values, and context with the best research evidence available has been highlighted as vital within the APA's policy statement on Evidence Based Practice (APA, 2005). The internship program emphasizes psychologists' role as a local clinical scientist evaluating the applicability of available relevant research, in the context of the idiosyncrasies of each client in their own context.

The PCS internship aims to prepare interns for the complexities of clinical practice in applied settings, with this preparation occurring in an overarching context of respect for diversity, an understanding of the importance of professional socialization, and an emphasis on the development of professional skills which may be difficult to foster within a pre-internship setting. Specifically, the internship aims to develop the intern's skills not only in terms of direct clinical work with patients (e.g. intervention and assessment), but also their ability to function professionally in terms of interacting with other service providers, understanding the responsibilities of psychologists as leaders, and developing skills in navigating interactions with various systems relevant to professional psychological practice such as administrative, clinical, and financial systems.

The internship program utilizes a developmental and sequential training plan. Over the course of the year, interns engage in a planned sequence of training experiences that increase in level of required skill, complexity, and specialization. Throughout the training year, interns gradually assume increasing levels of responsibility and autonomy, cumulatively building on skills learned earlier in the year. In the Fall/Winter Semester, training is devoted toward orienting interns to their training tracks and developing proficiency in general clinical skills. In the Spring/Summer Semester, training is focused on mastery of more specific clinical skills, development of professional identity, and career development. At the conclusion of the training year, interns are expected to be competent to engage in postdoctoral level work within community settings and move towards completion of licensure requirements.

Training activities include a minimum of 2 hours weekly of individual face-to-face supervision with licensed doctoral-level staff psychologists, an average of 2 hours a week of group supervision with the Training Director or other licensed psychologist, plus a minimum average of 2 hours per week of didactic trainings. Didactics are typically designed specifically for intern level competence and address a range of both clinical and professional issues. Didactic training is informed by the intern's developmental context as an emerging professional. Interns will also be required to attend intermittent day long seminars at PCS, as well as engagement with state mandated ongoing training for Drug and Alcohol intervention. PCS is a provider of APA Continuing Education seminars and interns attend several of these trainings throughout the year. Additionally, each intern will be required to present at least one didactic session related to a topic of their choice (dependent on approval from the Training Director), with this didactic integrating peer reviewed research.

DEVELOPMENTAL AND SEQUENTIAL LEARNING

The training program at PCS is developmentally organized. Interns begin the year with orientation, which is aimed at helping them to transition into the broader PCS organization and their training tracks, to become part of the staff, and to begin assuming the role of interns. During orientation, interns learn about the PCS approach to training and the competency goals we have for their year with us. They participate in planned activities aimed at helping them clarify their needs, current level of training and individualized learning goals for the year. There are sessions scheduled during orientation to introduce interns to the training experiences and activities in which they will participate during the year and these sessions focus on providing information and didactic training, as well as modeling.

As interns begin to participate in training activities and service provision, they are encouraged to observe and/or consult frequently until training staff are clearer about their skill level in each function. The Training Director consults bi-monthly with site supervisors and quarterly with the Training Committee to review interns' progress and whether they need more support, specially targeted additional supervision, or training focused on addressing weakness/expanding beyond their comfort zone. It is anticipated that interns will be at different levels of competency on particular tasks and abilities. Similarly, it is expected that interns will develop at different rates as they move through the training program. Significant gaps in interns' knowledge may require more intensive remediation, with the Training Director consulting with supervisors in order to ensure appropriate skill development in areas of weakness. If an area of significant weakness is identified with a specific intern, the Training Director will consult with the intern's supervisor and will collaborate with both the supervisor and the intern themselves to create a plan for remediation. This remediation may include extra targeted didactics designed to remedy the weakness, as well as explicitly identifying the area for growth as an area for focus in individual supervision.

Training in each skill area utilizes a developmental approach incorporating the following modalities:

- **Orientation** will provide interns a general introduction to all areas of functioning included in the internship and will provide background conceptual and/or didactic frameworks for many areas. Additionally, some orientation sessions may focus more extensively on specific skill areas and interns will receive more extensive training in these areas, including skills required to be competent to begin performing the activity.
- **Didactic seminars** offered weekly throughout the year will continue to provide background conceptual information on relevant topics and treatment techniques. Seminars are generally taught by the Training Director or Assistant Training Director, with guest speakers where appropriate. Seminars will be undertaken for an average of at least 2 hours each week and will provide both general and specific information and learning experiences on a range of clinical and professional issues relevant to the intern level practitioner. Seminars may provide more in-depth explorations of various topics, may encourage interns to contemplate their experiences thus far in the area, or to integrate their scientific knowledge with

their provision of services. A general schedule of didactic seminars (subject to change) is provided below.

- **Case conferences**, which feature integrated discussions of clinical, multicultural, and ethical considerations, provide interns an opportunity to learn how senior staff conceptualize their work and will help interns become familiar with some of the challenges associated with each area of service provision. As interns become more involved with service provision, case conference becomes a place where they can get multiple sources of input into their work. Case Conferences will be typically undertaken in the group supervision setting.
- **Observation** of supervisors and/or post-doctoral fellows delivering clinical services provides interns with opportunity to see the competencies expected of them modeled in practice. Interns will also thereby begin to be introduced to different approaches to case conceptualization and styles of engaging diverse clients in community mental health settings. Observation helps interns clarify questions and leads to discussion of best practices for the particular service.
- Review of **video recordings** of interns' sessions which are presented in group and individual supervision and case consults will further facilitate development of therapy competence.
- Formative **feedback** is given by supervisors and the training committee continuously as they evaluate interns and encourage their development, identify areas needing extra attention and provide remediation, as necessary. Interns will be formally evaluated on a quarterly basis. Feedback will be provided and processed in a collaborative atmosphere designed to encourage recognition of both strength and areas for growth, as well as collaboration in ensuring maximization of intern potential.
- More **autonomy** is encouraged as supervisors are clearer about an intern's level of competency and confidence in a particular area, and can take on clients with increasingly difficult and complex presentations as well as clients representative of groups with which the intern has not had experience. Supervision and other training activities will encourage interns to incorporate their increased level of competency into their identity as a professional. Interns will thereby feel increasingly able to take on additional challenges and push themselves beyond their initial competencies and levels of comfort.

Supervision is informed by a developmental approach, in that the supervisor initially takes a greater role in structuring the agenda and guiding the intern through setting individualized learning goals for competency development in assessment, case conceptualization, intervention, diversity issues, applied ethics, and reflection on the dynamics of the therapeutic relationship. As interns progress through the training year, they are expected to assume greater autonomy in core competency areas. Supervisors provide formative feedback continuously and also complete formal evaluations at midyear and near the completion of the year using the Intern Competencies Evaluation form. Throughout the year, interns are continually challenged to maintain awareness of diversity considerations relevant to their clinical practices. As members of multidisciplinary teams serving underserved population, they are afforded many opportunities to work with diverse populations. Toward the end of internship, interns are expected to assume greater autonomy in guiding the

content and process of the supervision sessions, such that the supervisor is able to move from a primarily teaching function to that of a consultant.

Assessment of Profession Wide Competencies

By the time interns graduate from the PCS Doctoral Internship, they will be required to indicate proficiency, knowledge, and skills in each of the 9 profession-wide competency areas. Learning Elements for each of the identified Profession Wide Competencies are included on the Intern Competencies Evaluation Form (see Appendix A). The following standards are used in order to determine that interns have met the expected level of competency by the end of the training year:

Competency # 1

Research: Graduates of the internship program will demonstrate skills for critically evaluating scholarly research, including a familiarity with research methods, as well as research procedures and best practices. Program graduates will also demonstrate an ability to disseminate scientific research to others.

Competency # 2

Ethical and Legal Standards: Graduates of the internship program will demonstrate knowledge of the APA Principles of Psychologists Code of Conduct, as well as laws, regulations, rules and policies that govern health service psychologists. They will also recognize ethical dilemmas and demonstrate an ability to engage in ethical decision making. Program graduates will demonstrate an ability to conduct themselves in an ethical manner across all their professional activities.

Competency # 3

Individual and Cultural Diversity: Program graduates will demonstrate multicultural knowledge, awareness and skills, which include: Developing an understanding of the ways that one's own personal/cultural history interacts with those different than themselves; Knowledge of the current theoretical and empirical knowledge base regarding diversity; The ability to integrate knowledge and awareness of individual and cultural differences across professional roles; The ability to independently apply knowledge of working effectively with a range of diverse individuals and groups.

Competency # 4

Professional Values, Attitudes and Behaviors: Graduates of the internship program will demonstrate professional values consistent with the field of health service psychology including: integrity, deportment, professional identity, accountability, lifelong learning and concern for the welfare of others. Program graduates will demonstrate self-reflective skills, openness and responsiveness to feedback and supervision, and an ability to respond professionally to complex situations.

Competency# 5

Communication and Interpersonal Skills: Graduates of the internship program will demonstrate the ability to develop and maintain effective relationships with a wide range of individuals including colleagues, communities, organizations, supervisors, supervisees and individuals receiving services. Program graduates will both produce and comprehend oral, nonverbal and written communications effectively. Program graduates will also demonstrate effective interpersonal skills, as well as an ability to manage difficult communications with others well.

Competency # 6

Assessment: Program graduates will demonstrate the ability to conduct evidence based assessment including: appropriate selection and application of assessment methods that reflect the science of psychometrics; the ability to interpret assessment results to inform case conceptualizations, classification and recommendations; the ability to communicate findings in an accurate and effective manner that is sensitive to a range of audiences.

Competency # 7

Intervention: Graduates of the internship program will demonstrate competence in evidence based health service psychology interventions. Program graduates will demonstrate an ability to: establish and maintain effective relationships with the recipients of psychological services; develop evidence based intervention plans; implement interventions that are informed by the scientific literature; apply the relevant research literature to clinical decision making; modify and adapt evidence-based approaches; evaluate the effectiveness of interventions, methods and goals on an on-going basis.

Competency # 8

Supervision: Graduates of the internship program will demonstrate knowledge of supervision models and practices, as well as an ability to effectively apply their knowledge of supervisory practices to work with trainees.

Competency # 9

Consultation and Interprofessional/Interdisciplinacy Skills: Graduates of the internship program will demonstrate knowledge and respect for the roles and perspectives of other professions and an ability to apply this knowledge to effectively consult with other professionals.

DESCRIPTION OF INTERNSHIP EXPERIENCES

Each intern is assigned to one of two clinics based on his or her interests, skills, and prior clinical training experiences, with these placements also taking account of available opportunities for experience in specific clinics. These clinics consist of the primary placement in which interns will provide services for the 12-month duration of the internship, four days a week (**Note: All interns are required to attend orientations, as well as be present for the last day of internship**). At all sites, there

is an emphasis placed on use of Evidence Based Practice applicable to the target population and individual client needs. All interns will receive regular supervision from licensed psychologists as explained below (see **Supervision**), as well as agency-wide didactics, as well as didactics that are designed specifically for interns (see **Didactics**).

OUTPATIENT SETTING

The internship is set within an outpatient context and provides interns with opportunities to work with clients within a Community Mental Health Clinic. Interns are based at one of two outpatient clinics, one clinic being in Lebanon, Pennsylvania, and the other being situated in Harrisburg, Pennsylvania. Interns will be on-site at their “home clinic” approximately 35 hours per week and spend approximately 5 hours per week at HQ for group supervision and didactics each Friday. As noted below, supervision is provided by licensed psychologists. Interns are integrated into the larger Pennsylvania Counseling Services structure with attendance at twice monthly clinical staff meetings being identified as compulsory. Given the size of these clinics (at least 5 Clinicians of various educational levels and experiences are situated at each site), as well as the extensive administrative support, interns are identified as having access to significant resources and experiences in multidisciplinary consultation and collaboration. Interns will be anticipated to be on site at least two evenings per week until 8pm. Additional tasks anticipated of interns include completing clinical documentation, treatment planning, attending twice monthly clinical staff meetings, and attendance at state mandated DDAP trainings (totaling 8 over the course of the year). Interns who will be most successful in this track will have a passion for working with underserved urban and rural populations, providing drug and alcohol treatment, and working from a generalist model treating children, adults, and families.

Experiences within this track are split between Mental Health experiences and experiences in Drug and Alcohol services. A variety of clinical experiences are available including both individual psychotherapy and group psychotherapy, as well as opportunities for family therapy, and couples therapy. In addition to these intervention experiences interns will regularly perform mental health evaluations, as well as level of care assessments related to substance abuse issues. The population served by the outpatient clinics generally reflects the demographics of the larger community, with interns primarily working with individuals with a lower socioeconomic status. Interns’ caseloads generally consist of clients who are covered by medical assistance insurance. The majority of drug and alcohol clients are mandated, with most being engaged in either the probation or the parole system with the county or state. There are also clinical experiences with mandated clients within the mental health portion of the internship, with interns being provided with the opportunity to work with mandated clients across both experiences. Initial didactics/orientation activities are described below, followed by an outline of the primary clinical experiences within the rotation.

Initial Didactics/Orientation

Interns are required to attend a sequence of initial didactics which are designed to provide the interns with exposure to a variety of foundational skills and processes required for effective completion of the internship and (subsequent) independent

practice. Beginning didactics address issues related to effective engagement with clinical activities with a variety of clients. Each of these didactics is 3 hours in length, with interns attending one didactic per week. The initial sequence of didactics is as follows:

- 1) Working with Children & Mandated Reporting
- 2) Working with High Risk Clients
- 3) Working with Mandated Clients
- 4) Successful Documentation
- 5) Therapeutic Boundaries
- 6) Trauma Work with Clients
- 7) Level of Care Assessments
- 8) Differential Diagnoses

Previous exposure to these issues is expected of all interns, with this didactic sequence ideally acting as a refresher experience, with the didactics serving to ensure that all interns are familiar with appropriate procedures and action when presented with challenging, sometimes high risk clinical situations. These didactics are undertaken in conjunction with new clinicians within the PCS organization, and are taught by Licensed Psychologists (one of whom also acts as a supervisor within the internship and is the Director of Outpatient Operations, as well as one who provides supervision as needed and serves as the Vice-President of Outpatient Services) or Licensed Professional Counselor (who also acts as the Director of Clinical Development for PCS).

Mental Health

Interns are expected to provide evaluation and intervention services with a range of presenting problems. Specifically, all interns will work with clients from across the lifespan, including clinical contact with children, adolescents, and older adults, with presenting problems typically reflecting those generally seen in community mental health clinics including depression, anxiety, schizophrenia, developmental difficulties etc. There is a specific emphasis on preparing the intern for practice within the community-based mental health clinic and thus referrals are often wide-ranging terms of their presentation. Interns will be required to maintain a caseload of between 15 and 25 individual mental health cases, with a general expectation of an average of one 45 minute Psychotherapy session with each client per week. This statement is made with a recognition that each client presents with unique set of circumstances and may require more or less frequent intervention, or indeed may benefit from integration of a range of therapeutic modalities (e.g. family therapy, couples therapy, individual therapy etc.). Interns are also required to conduct mental health evaluations/intakes with a range of clients, with the majority of these clients continuing on to individual therapy with the assessing intern. These evaluations involve taking a psychosocial and medical history of the client, with interns expected to determine an appropriate diagnosis, and level of care, as well as formulation of an individualized treatment plan in collaboration with the client.

There is latitude to engage with clients using a variety of modalities with familial involvement sometimes being utilized in some cases when appropriate (with client's consent). When working with children, interns will be expected to integrate parental

input and participation in so far as is possible and appropriate given the presenting problems. Interventions within the mental health portion of the patient experience place significant emphasis on integration of clinical expertise with client characteristics with these factors being integrated with the best available local research as outlined by the APA's policy document related to Evidence Based Practice (APA, 2005). Supervisors within the internship identify with a range of therapeutic orientations, with psychodynamic, interpersonal, and third wave behavioral approaches being particularly well represented. While these orientations often provide general philosophical framework to guide the interns interventions, interns are also expected to integrate aspects of empirically supported treatments where appropriate research evidence exists for the effectiveness of these approaches with the clients' presentation. Examples of specific interventions that may be integrated into clinical treatment include Motivational Interviewing, Dialectical Behavioral Therapy (e.g. Linehan, 2001), Cognitive Processing Therapy (e.g. Resick & Schnicke, 1992), Trauma Focused Cognitive Behavioral Therapy (e.g. Cohen et al., 2006), Acceptance and Commitment Therapy, as well as specific cognitive approaches.

Substance Abuse

In addition to the above listed experiences with client presenting with issues conceptualized as predominantly related to mental health issues, interns are also exposed to extensive experiences in working with clients with significant substance abuse issues. Many clients treated for substance abuse issues often have comorbid mental health issues, however establishing and maintaining sobriety is typically a fundamental focus of interventions this population. Given the nature of these presenting issues, interns are provided with exposure to psychotherapeutic modalities effective with this particular population (specific interventions addressing substance abuse, as well as often comorbid issues of mental illness and criminality). While the initial clinical focus is often on establishing and maintaining sobriety, there is latitude for further intervention on related issues. Interns gain experience in working with substance abusing populations both in terms of intervention, and evaluation.

Each intern is required to complete approximately 3-5 weekly level of care evaluations for clients presenting with substance abuse issues. These evaluations are utilized to determine the appropriate level of intervention for presenting clients. These determinations are made by the intern in collaboration supervising psychologist, as well as, if appropriate, the clinical consultant assigned to each clinic. The majority of clients presenting for treatment in relation to substance abuse are mandated, and thus interns are expected to interact with elements of the criminal justice system, especially probation/parole officers. Typically clients are assigned a group intervention delivered at an intensity commensurate with their presenting issue (e.g. early intervention, crisis intervention, co-occurring mental health and substance use issues etc.). If it is determined that intervention within an outpatient setting would be inadequate or inappropriate for the client, referrals to rehabilitation programs or detoxification programs are made. In some cases clients are identified as being suitable for outpatient intervention but are deemed unsuitable for group therapy. In these situations individual therapy can be recommended.

Interns are required to provide psychotherapeutic intervention for clients with substance use issues. This intervention is generally undertaken within a group setting, with each intern being required to facilitate at least two psychotherapy groups

addressing client substance use issues. Interns are required to be present for two evenings per week at their assigned clinic in order to facilitate groups. It is preferred that prospective interns have had some past training with individuals with substance use disorders or dual diagnosis populations, however, this is not a formal requirement of the program. Prior experience working in forensics or criminality can be a plus. Interns typically facilitate at least one Intensive Outpatient Psychotherapy (IOP) group, with their secondary group being assigned based on availability and specific interests. While the primary modality of intervention is group psychotherapy, individual psychotherapy with substance use clients is possible, with interns being provided with this opportunity when available. Additionally, some of the clients served by PCS present with comorbid substance use and mental health issues and thus may be involved in both group therapy for substance use issues, and individual therapy for mental health issues. Interns can be provided with the opportunity to work with such clients if such opportunities are available and appropriate.

Abstinence is the primary goal of substance use interventions within PCS, with this philosophy integrating with community based supports such as 12 step programs. While various treatment modalities can be utilized within the substance use portion of the outpatient rotation, the chief approach of psychotherapy is cognitive behavioral, informed by three treatment protocols: Living in Balance, Motivational Interviewing, and Seeking Safety, all of which are listed on Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices. Our adult intensive outpatient (IOP) treatment services use the Living in Balance (LIB; Hoffman, Landry, & Caudill, 2003) curriculum as a framework for groups, which has been recognized as an effective framework for treating addiction and conducting relapse prevention planning. LIB is a manualized treatment that includes relaxation exercises, role-play exercises, discussion topics, and workbook exercises. Topics covered include drug education, planning for sobriety, triggers and cravings, stress management, anger and communication, negative emotions, and relapse prevention. Motivational Interviewing (MI; Miller & Rollnick, 1992; Velasquez, Maurer, Crouch, & DiClemente, 2001) is also frequently used in treatment sessions. MI is an empirically supported treatment method for substance abuse as well as for other mental health issues that frequently co-exist with substance abuse. Seeking Safety (Najavits, 2001) is a manualized cognitive-behavioral treatment for co-occurring Posttraumatic Stress Disorder (PTSD) and substance use problems. It has also been deemed effective for males and individuals who have a trauma history but do not meet the diagnostic criteria for PTSD.

Additional exposure to empirically supported practices is provided through group supervision and didactic trainings for all interns (e.g., Motivational Interviewing, Prolonged Exposure Therapy), didactic trainings specific to the internship, specific supervision coverage relevant to client needs and training sites, as well as interns' initiatives to seek out additional training specific to their career interests. Training and support for empirically supported techniques are balanced with consideration for general qualities desired of professional clinicians (e.g., empathic listening, ability to tailor treatment needs to clients' mental health needs and cultural backgrounds, etc.). In order to remain fully licensed by the State of Pennsylvania all outpatient and inpatient drug and alcohol programs must seek to use empirically supported treatments, trainings, and outcome measures. This requirement is monitored closely by state agencies (e.g., Bureau of Drug and Alcohol Programs, Office of Mental Health), which perform program audits at PCS sites annually.

Assessment

Interns are each required to complete at least four comprehensive psychological assessments including interview, battery formulation, testing, scoring, interpreting report-writing, and in person feedback over the course of the internship year. These assessments will be carried out under the supervision of a licensed psychologist and will include instruments covering at least two different domains of assessment (e.g. cognitive, personality, psychopathology, vocational etc.). Assessment skills are identified as a unique skill set which is somewhat unique to doctoral level psychologists and, as such, development and utilization of these skills during internship is identified as vital.

The internship program has a stronger focus on development of intervention skills than assessment skills, however by the completion of internship, interns are expected to perform at an entry level doctoral psychologist skill level in relation to assessment. This entails being skilled in interpreting referral information (as well as further gathered information) to the extent that one can formulate and implement a testing battery and appropriately interpret these findings, resulting in a clinically accurate, useful, and appropriate assessment report. In order to ensure these skills are developed, all interns are provided with access to an extensive library of assessment instruments, with the requirement of use of instruments and approaches that are both valid and reliable given the presenting issues and client variables. Interns are also required to interact extensively with their assessment supervisor over the course of these assessments.

SUPERVISION AND DIDACTIC TRAINING

The fundamental philosophy of teaching and supervision at PCS is that the interns should grow individually and professionally, resulting in greater effectiveness and authenticity with the populations they serve. PCS sees each intern as a unique individual who needs a stimulating atmosphere in which to grow and mature intellectually, professionally, and emotionally. For interns to construct knowledge, they need the opportunity to practice skills in authentic situations. PCS provides this by allowing interns access to hands-on assessment and treatment activities and providing adequate supervision to reinforce information being learned. It is PCS' desire as an educating and serving body to help interns meet their fullest potential by providing an environment that supports exploring, calculated risk-taking, and invites sharing of ideas and viewpoints. Throughout the course of the internship, interns will be exposed to supervised clinical training experiences designed to be sequential and to increase in complexity over time. Thus, this program is built to transition the intern from the role of a student to the role of a clinician by fostering the accumulation of knowledge and skills that make this transition possible. Clinical supervisors are required to contribute to the intern's progression, encourage increased autonomy, and transfer increasing responsibility during the course of the internship. Supervisors act as guides, providing access to information rather than acting as the primary source of information. Therefore, the intern's search for knowledge is met as they learn to find answers to their questions.

Interns receive two hours of individual supervision per week by licensed doctoral psychologists with expertise relevant to the intern's clinical work. Supervisors are

regularly available for in-person and phone consultation in addition to scheduled meetings. Supervisor’s responsibilities for each case will be clearly delineated, with primary supervisory responsibility for each client being assigned to one of the intern’s supervisors. An assessment supervisor (Licensed Psychologist), provides supervision for each interns’ psychological assessment reports on an as needed basis.

In addition to their two hours of individual supervision, all interns also spend two hours per week in group supervision with a licensed psychologist (typically the Training Director) providing group supervision within the context of each case being designated to a specific individual supervisor who retains ultimate supervisory authority. These group supervisions are designed to be an opportunity for the interns to interact with one another within a collaborative and team based setting, with the Training Director/other licensed psychologist providing supervisory input guidance, while encouraging the interns to develop their own abilities with case consultation, peer supervision, and treatment team process.

All interns are required to have available video of sessions with clients with client consent for review during supervision. Each intern is provided with videotaping equipment in their office. Videos are saved to a secure shared drive that all supervisors in the internship program have access to. Interns are required to tape sessions a least once per quarter. These recordings will be reviewed at various points in both individual and group supervision and will provide both the supervisors and the interns with the opportunity to provide input on moment by moment therapeutic processes.

In addition to individual supervision meetings, all interns attend, on average, one weekly didactic lasting two hours led by the Training Director, other supervisors and a host of guest lecturers, from a range of disciplines and training backgrounds. These didactic sessions will address both development of clinical skills, as well as professional development issues. A sample schedule of didactics is presented below. Each intern during the year will lead at least one didactic presentation on a relevant clinical or professional development topic.

Finally, interns attend regular group supervision/staff meetings at their primary sites as well, along with additional supervision/staff meetings required by their primary clinics. In total, interns can expect to spend an average of 6-8 hours per week attending supervision, didactics and clinical meetings. Additional instructional meetings (i.e., half-day or full-day trainings at community locations) are also offered intermittently. Attendance at some all day trainings is required occasionally, with the dates of these trainings being posted as soon as the Training Director receives finalized details of these trainings.

Provisional Didactic Schedule 2019–20 Training Year

WEEK NUMBER	TOPIC	SEMINAR LEADER	VENUE	TIME
1.	Documentation & Paperwork – Best Practices for Outpatient Therapists	Crystal Porter, MSW, LCSW	HQ	9:00 AM-1:00PM

2.	Level of Care Assessment	Carl Sever MA, LPC	HQ	9:00 AM-1:00 PM
3.	Working With Children, Mandated Reporting & Incident Reporting in Outpatient Services	Trish Young, PsyD	HQ	9:00 AM-1:00 PM
4.	No Didactic Training	N/A	HQ	N/A
5.	Trauma Informed Treatment	Kim Ernest, PhD	HQ	9:00 AM – 1:00 PM
6.	Working with LGBTQ Clients	Chris Stewart, LPC	HQ	9:00 am – 1:00 pm
7.	Working with Suicidal and High Risk Clients	Carl Sever MA, LPC	HQ	9:00 AM-1:00 PM
8.	Enhancing Client Involvement in Outpatient Therapy	Carl Sever MA, LPC		9:00 AM-1:00 PM
9.	PCS Biennial Ethics Training	John Gavazzi, PhD & Kim Ernest, PhD	HQ	9:00 AM-3:30 PM
10.	Enhancing Therapist Involvement in the Process of Outpatient Treatment	Carl Sever, MA, LPC	HQ	9:00 AM-1:00 PM
11.	Professional Boundaries	Crystal Porter, MSW, LCSW	HQ	9:00 AM – 1:00 PM
12.	Working with Mandated Referrals	Carl Sever MA, LPC	HQ	9:00 AM – 1:00 PM
13.	Differential Diagnosis	Trish Young, PsyD	HQ	9:00 AM-1:00 PM
14.	Clinical Supervision	MaryAnn Sutton, PhD	HQ	9:00 AM-11:00 AM
15.	The Postdoc Search Process	MaryAnn Sutton, Ph.D.	HQ	9:00 AM-11:00 AM
16.	Diversity I: Cultural Self Awareness and Cultural Competence	MaryAnn Sutton, Ph.D.	HQ	9:00 AM-11:00 AM
17.	Motivational Interviewing	Valerie McNicholl, MSW, LCSW	HQ	9:00 AM-1:00 PM
18.	Diversity II: Working with the Latino Population	Andres Ramirez, MA, LMFT	HQ	9:00 AM-11:00 AM
19.	Motivational Interviewing – Beyond the Basics	Valerie McNicholl, MSW, LCSW	HQ	9:00 AM-1:00 PM
20.	Working with Older Adult Clients	MaryAnn Sutton, Ph.D.	HQ	9:00 AM-11:00 AM
21.	Avoiding Potential Pitfalls in Ethical Practice	MaryAnn Sutton, Ph.D.	HQ	9:00 AM-11:00 AM
22.	EBP in Practice Part I	MaryAnn Sutton, Ph.D.	HQ	9:00 AM-11:00 AM

23.	EBP in Practice Part I	MaryAnn Sutton, Ph.D.	HQ	9:00 AM-11:00 AM
24.	Intern Presentation #1	Doctoral Intern	HQ	9:00 AM-11:00 AM
25.	Interpersonal Therapy	MaryAnn Sutton, Ph.D.	HQ	9:00 AM-11:00 AM
26.	Dialectical Behavior Therapy	Valerie McNicholl, MSW, LCSW, CADC	HQ	9:00 AM-11:00 AM
27.	Leadership Training	Roy Smith, Ph.D.	HQ	9:00 AM-11:00 AM
28.	Intern Presentation #2	Doctoral Interns	HQ	9:00 AM-11:00 AM
29.	Diversity III: Acculturation	MaryAnn Sutton, Ph.D.	HQ	9:00 AM-11:00 AM
30.	12 Step Programs	Carl Sever, MA, LPC	HQ	9:00 AM-11:00 AM
31.	Intern Presentation #3	Doctoral Interns	HQ	9:00 AM-11:00 AM
32.	Time Management	Amanda Keith, LCSW	HQ	9:00 AM-11:00 AM
33.	Working with Older Adult Clients	MaryAnn Sutton, Ph.D.	HQ	9:00 AM-11:00 AM
34.	Intern Presentations #4	Doctoral Interns	HQ	9:00 AM-11:00 AM
35.	Children's Services Evaluations	Melissa Granados, PsyD	HQ	9:00 AM-11:00 AM
36.	Burnout	Karim Garcia Rodriguez, PhD	HQ	9:00 AM-11:00 AM
37.	Termination of Therapy	Terri Williams, Psy.D.	HQ	9:00 AM-12:00 PM
38.	Working with Children Who Have a Trauma History	Amanda Keith, LCSW	HQ	9:00 AM-11:00 AM
39.	Diversity IV: Working with LGBTQ Clients	MaryAnn Sutton, Ph.D.	HQ	9:00 AM-11:00 AM
40.	Navigating the process of Licensure	MaryAnn Sutton, Ph.D.	HQ	9:00 AM-11:00 AM
41.	Acceptance and Commitment Therapy	MaryAnn Sutton, Ph.D.	HQ	9:00 AM-1:00 PM
42.	Intern Presentations #5	Doctoral Interns	HQ	9:00 AM-11:00 AM
43.	Behavioral Couples' Therapy for Addiction	Kim Ernest, Ph.D.	HQ	9:00 AM-1:00 PM
44.	Co-parenting: High Conflict Parenting Situations	Tara Byers, MS, LPC	HQ	9:00 AM-11:00 AM

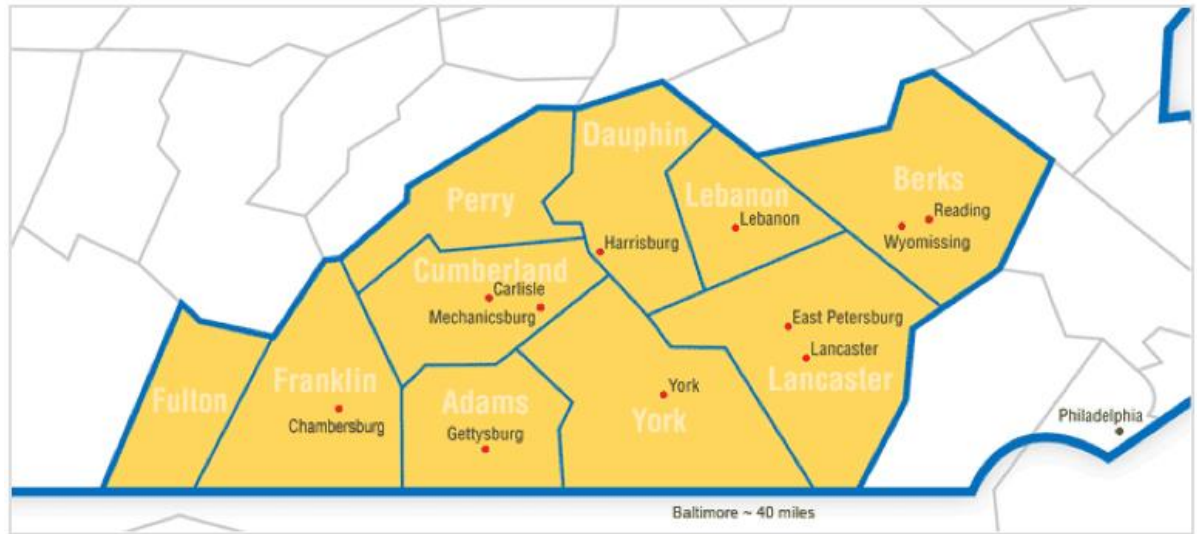
45.	Leadership Training	Roy Smith, Ph.D.	HQ	9:00 AM-11:00 AM
46.	Psychodynamic Therapy	MaryAnn Sutton, PhD	HQ	9:00 AM-11:00 AM
47.	TF-CBT	Amanda Keith, LCSW	HQ	9:00 AM-11:00 AM
48.	Grief and Loss	MaryAnn Sutton, Ph.D.	HQ	9:00 AM-11:00 AM
49.	Understanding and Working Effectively with Resistance in Families	Tara Byers, MS, LPC	HQ	9:00 AM - 1:00 PM
50.	EPPP Preparation	MaryAnn Sutton, Ph.D.	HQ	9:00 AM-11:00 AM
51.	Professional Identity Development/Wrap up	MaryAnn Sutton, Ph.D.	HQ	9:00 AM-11:00 AM

Additional Training Requirements for Interns:

Interns are required to undergo state mandated training through the Department of Drug and Alcohol Programs. Some of these training requirements may be waived if previous relevant experience has been identified by the Training Committee and the state approves these waivers. Given the variability of DDAP training provisions, each intern is expected to schedule their DDAP trainings individually, with Outpatient staff providing some assistance in this planning if required. Outpatient interns are also required to participate in and complete a sequence of 10 introductory trainings during the first months of the internship that are required of all outpatient staff working for PCS.

TRAINING SITES

PCS services are located in 10 counties in South Central Pennsylvania, a culturally and socioeconomically diverse region located to the west of Philadelphia and north of Baltimore. The area includes both rural and urban areas. PCS headquarters are located in Lebanon, Pennsylvania, and will serve as the location for orientation and most training meetings. Primary sites for our Outpatient Interns are Renaissance or 17th Street outpatient offices, with Renaissance being located in Lebanon and the other clinic being situated in Harrisburg.



Primary training clinics:

17th Street (Harrisburg)

Address: 548 S. 17th Street
Harrisburg, PA 17104
Phone: (717) 695-7919
Fax: (717) 695-7610



Renaissance (Lebanon)

Address: 618 Cumberland Street
Lebanon, PA 17042
Phone: (717) 274-2741
Fax: (717) 274-5405



Additional sites for intern's to receive supervision and/or training:

Locust Lane (Harrisburg)-Individual Supervision

Address: 4918 Locust Lane
Harrisburg, PA 17109
Phone: (717) 671-9610
Fax: (717) 671-9680



Lebanon – PCS Headquarters – Group Supervision, Didactic Training

Address: 200 North 7th Street
Lebanon, PA 17046
Phone: (717) 272-1653
Fax: (717) 272-4166



Assessment site:

Crossroads Drug and Alcohol Treatment Program - Assessment

Address: VA Medical Center
Lebanon, PA 17042
Phone: (717) 274-8301
Fax: (717) 274-8304



PROCEDURES FOR INTERN SELECTION

NON-DISCRIMINATION POLICY

PCS is an Equal Opportunity Employer and neither staff nor interns employed by PCS shall be discriminated against on the basis of age, religious creed, gender, gender identity, race, color, ancestry, national origin, marital status, economic status, sexual orientation, disability or limited English proficiency. This applies to and is an unequivocal aspect of our recruitment, retention, and training practices for staff and interns. Issues of diversity are a foundational element in the services that we provide at PCS, as well as in the selection of interns, supervisors, and both clinical and administrative staff.

Regarding the internship program, supervisors monitor intern caseloads and strive to expose interns to clients from diverse populations as needed to round out the intern's experience. In addition to being part of the regular seminar series and required learning objectives, interns are encouraged to participate elsewhere in educational events sponsored by the company to gain additional knowledge regarding diverse populations. PCS is fully committed to conducting all activities in strict conformance with the APA Ethical Principles of Psychologists. PCS complies with all legal and ethical responsibilities to be non-discriminatory in all aspects of our internship programming and procedures.

APPLICATION AND SELECTION PROCEDURES

Applicants must have completed all coursework required for the Ph.D. or Psy.D. Degree in an APA- or regionally accredited doctoral program in clinical, counseling or school psychology and should have had supervised clinical practicum training, adequate and appropriate for a Professional Practitioner model internship. A minimum of 400 face-to-face clinical intervention hours, 40 assessment hours and 4 years of graduate training is expected prior to beginning internship. Interns who possess a master's degree in psychology or a related field and have successfully passed comprehensive or qualifying examinations prior to the APPIC ranking deadline are given preference. Experience with the drug and alcohol population is preferred, but not a requirement for applicants. Three Standardized Letters of Reference should be submitted from doctoral faculty and/or supervisors familiar with the applicant's skills and interests. Applicants should express interest in the specific training tracks offered by our internship in their cover letters, highlighting related experience and goals when possible.

We emphasize that the internship demands maturity, motivation, autonomy and clearly defined goals. Applicants should submit the APPIC uniform application via the AAPI Online. In ranking candidates, we are particularly attentive to the match of the applicant's interests, prior clinical experience, and career goals with our resources and opportunities and goodness of fit, in terms of competencies preparation, commitment to evidence-based practice, and relationship skills. We are particularly attuned to the match between the intern and their goals to work in community based settings and serve underserved population.

We adhere to all APPIC requirements in meeting, interviewing and considering candidates for our internship program. We participate in the APPIC Match and adhere to all APPIC Match policies. The internship program does not communicate, solicit, accept, or use any ranking-related information pertaining to either Phase of the Match. The following steps are taken from the time the completed application is received through to the final ordering of applicants:

1. We prefer candidates who have completed their qualifying exams (Ph.D. or Psy.D.), have excellent letters of recommendation, have completed practicum experience with at least 400 hours of clinical Intervention, 40 hours of Assessment and are a good match in terms of clinical interests and theoretical orientation.
2. All applications are reviewed by the Training Director and at least one other member of the Training Committee, with current interns and postdoctoral fellows also reviewing some of the applications. All reviewers complete a rating form which ensures that each applicant both meets previously stated requirements to be considered for the internship, as well as an initial evaluation of the clinical experiences/skills, as well as goodness of fit. Applicants with the highest mean ratings are then invited for interview.
3. Selected applicants are invited to attend a half-day interview scheduled for one of several dates in January. Each candidate participates in a between 3 and 5 individual interviews, with interviewers including the Training Director, Assistant Training Director, other supervisors, and, when possible, current post-doctoral fellows. Whenever possible, applicants meet with current interns and/or post-doctoral fellows. Applicants are invited for face-to-face interviews; however, phone or video/on-line interviews are also acceptable. Applicants are notified by telephone or email regarding interview times/dates. Those who will not be interviewed are informed by email that they are no longer candidates for the program on or before the third Friday in December.
4. Interviewers complete a rating form describing the applicant's strengths, weaknesses, and goodness of fit between the candidate and our program. All interviewers then meet as a group to share impressions of the candidates and to determine a final ranking.
5. Finally, rankings are submitted to the APPIC Internship Matching Program.

POLICIES AND PROCEDURES

Requirements for Completion of Internship

The following requirements must be met to the satisfaction of the Training Committee to receive satisfactory certification of internship completion:

1. The internship requires a minimum total of 2,000 hours (inclusive of PTO and Professional Development time) over 12 months. The bulk of this time will be supervised work in the intern's primary placement and in additional experiences (e.g. assessment). A minimum of 500 hours (25% of time on internship) in the provision of direct face-to-face clinical services are required. Interns are expected to complete the internship within 12 months. Interns who require an extended absence due to maternity or serious medical illness should follow the Pennsylvania Counseling Services Leave of Absence procedure. Time spent on a leave of absence does not count toward the required minimum hours for the internship year.
2. Interns must receive at least a level of 3 (Intermediate skill level) in all areas by the completion of the internship.
3. All assigned clinical documentation and administrative record keeping must be completed.
4. Regular attendance is expected for individual and group supervision meetings, didactic seminars, case consultations, and staff meetings pertaining to the intern's training. It is expected that interns do not miss more than three Friday training days during the year.
5. At least four comprehensive Psychological Evaluations with an integrated written report must be completed. One assessment must be completed with an Outpatient client, while the other 3 may be completed with clients at Crossroads. Feedback on the results of the evaluation will be provided to the appropriate referral sources.
6. The intern must complete a presentation to fellow interns on a topic related to community-based mental health practices that is grounded in empirically supported practices and includes considerations of diversity issues. The specific topic are determined by the interns and approved by the Training Director, based on knowledge areas and areas of need.
7. All interns must video record sessions with clients for review with their individual supervisors a minimum of once per quarter. Interns are also required to present a video clip of a session with a client during their formal case presentations in group supervision. Interns must complete the Permission and Release Agreement for Authorization to Audio/Videotape sessions with the client prior to recording any sessions.
8. Interns complete additional training in Empirically Supported Treatments/Evidence Based Practice at the discretion of the Training Director or their individual supervisors. Requirements for completion of training protocols take full advantage of available resources with Pennsylvania Counseling Services and are focused on providing Interns with applicable and portable experiences to be utilized both on internship, and subsequently at the postdoctoral and independent practice levels.

9. Interns comply with any and all additional requirements related to additional training in specific areas of clinical weakness, if determined as necessary by the Training Committee or individual supervisors.
10. The intern must complete any assigned reading assignments and corresponding requested reaction papers.
11. All supervisor evaluation forms, seminar evaluation forms, and Internship Program Evaluation forms must be completed.

Assessment of Intern Performance

The PCS Doctoral Internship Program is committed to conducting all activities in strict compliance with the American Psychological Association's Ethical Principles and Code of Conduct for psychologists. The PCS Internship Program is committed to helping trainees achieve their individual training goals through ongoing feedback during weekly supervision and formal evaluations.

The evaluation of interns is a two-way communication. The trainee is expected to evaluate the training program as a whole, as well as her or his own training progress. This evaluation includes the individual and group supervision he/she has received during the training period, to provide suggestions and feedback for changes deemed necessary; and to participate in the process of self-evaluation in comparison to the evaluations provided by staff, to round out observations and critiques.

The PCS Doctoral Internship Program complies with all legal and ethical responsibilities to be non-discriminatory in the treatment of psychology trainees. Informal evaluation is an ongoing process during the training year. Meetings with group and individual supervisors provide ongoing feedback on a weekly basis related to the trainee's progress toward goals and level of competence in meeting performance standards.

Interns are formerly assessed twice during the training year, at the mid and end of the year points, on their abilities to meet the training competency goals that are detailed on the Intern Competencies Evaluation form (see Appendix A). The assessment process serves as a way to assess strengths and weaknesses and to target areas for growth in supervision. Assessments are completed by the intern's direct supervisor in consultation with the other members of the training staff. Interns must obtain at least a "3" or "Advanced" level in each of the Learning Elements that are defined on the Intern Competencies Evaluation form.

Interns are provided with feedback based on the evaluation during an individual meeting with their supervisor. All hard copies of intern evaluations are stored in the intern's personal training file, which is locked and can be accessed only by members of the training committee. Electronic copies of intern evaluations are stored on a secured server that can be accessed only by members of the training committee.

In keeping with the developmental approach of the PCS internship, the expectations for interns' knowledge and performance are increased from the first to the second assessment. When an intern is below the expected level of performance, Due Process procedures may be started by the Training Director in consultation with the Training Committee.

The PCS Doctoral Internship is continually seeking to improve its training practices. Thus, interns complete assessments of their supervision experiences (Appendix B) and provide feedback for the internship program (Appendix C) at mid-year and at the end of the training year. These evaluations serve as a formal means of providing feedback that can be used to improve the way we train our interns.

Direct Observation and Videotaping

Interns are directly observed by their clinical supervisors through either live observations of their clinical work or review of videotapes of sessions. Direct observations are required to occur at a minimum of once per quarter. Interns are also required to play a brief segment of videotape of their clinical work during their formal case presentations as a part of group supervision (typically around 10-15 minutes). The purpose of direct observation of intern's clinical work is to determine trainee progress towards profession wide competencies and to provide trainees with specific feedback on their clinical interventions with clients.

Interns must obtain client permission for videotaping of sessions, by having clients review and sign the “Authorization for Audio and Videotaping” form included in Appendix I. A copy of this form is then stored in the client chart. PCS has videotaping equipment available for interns in their offices. If a problem arises with equipment, interns are asked to contact the Training Director who may also refer them to the IT department for further assistance.

Given that the purpose of videotaping of sessions is to observe clinical skills, all video recordings should be directed at the trainee and not at the client. All tapes are stored on a secure folder on the PCS network that is accessible only to interns, supervisors and staff involved with the training program.

Maintenance of Internship Records

All application materials from each applicant to the internship program are stored electronically on a secure and encrypted server. All interns’ records including evaluations, certificates of completion, records of training experiences and formal complaints are stored electronically, with hard copies, where they exist, being stored in designated locked filing cabinet located in the office of the Training Director. Members of the Training Committee have access to these records, with other supervisors receiving access where appropriate.

INADEQUATE PERFORMANCE AND CONFLICT RESOLUTION

The training program recognizes that there are instances in which a trainee fails to meet a reasonable performance standards. These instances may include the following:

- Lower than expected scores on intern performance evaluations
- Intern violations of the APA ethics code
- Failure to meet contractual obligations
- Failure to act in a professional manner
- Failure to meet clinical documentation standards of the organization.

In those instances where the trainee fails to meet reasonable performance standards, the Training Director and site supervisors will utilize the Inadequate Performance procedures.

Given the existence of a separate process of progressive discipline procedure for employees of Pennsylvania Counseling Services, as well as the status of the Interns as trainees receiving an ongoing stipend, the process of remediation for Inadequate Performance for Interns is identified as occurring, where appropriate, in parallel with progressive discipline within the larger agency. Specifically, the interns meet criteria as both trainees and employees. This dual status results in interns being afforded the protections of due process through the remediation for inadequate performance, as well as being subject to the separate process of progressive discipline. These parallel processes are undertaken to ensure equitable treatment of interns in relation to other individuals working within PCS, as well as a recognition of the intern’s unique status as trainee.

Definitions:

- A. **Training Director** – A licensed psychologist who has the administrative and clinical responsibility for the psychology training program.
- B. **Site Supervisor** – A licensed psychologist who has direct responsibility for a trainee's clinical work, performance evaluation and discipline.
- C. **Intern** – An individual who has been selected through the Association of Pre and Post Doctoral Internship Centers (APPIC) match program and contracted to participate in the doctoral psychology internship.
- D. **Inadequate Performance** – A deficit in professional functioning reflected in one or more of the following ways:
 - 1. An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior including functioning within both clinical and administrative roles, as well as engagement with supervision and didactic processes.
 - 2. An inability and/or unwillingness to acquire professional skills in order to reach an acceptable level of competency.
 - 3. Excessive emotional reactions and/or an inability to control personal stressors that interfere with professional functioning.
- E. Criteria that link this definition of inadequate performance to particular professional behaviors are incorporated into competency-based evaluation forms, which are completed by the Training Director in collaboration with site supervisors at the mid-point and end of internship.
- F. An "intern who has a problem" refers to an intern whose behaviors, attitudes, or characteristics are of concern to training personnel but are responsive to remediation or are not perceived to be excessive for professionals in training. Problems become identified as "Inadequate Performance" when they include one or more of the following characteristics:
 - 1. The intern repeatedly and chronically 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 delivered by the intern is sufficiently negatively affected.
 - 4. The problem is not restricted to one area of professional functioning.
 - 5. A disproportionate amount of attention by training personnel is required to address the problem.
 - 6. The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.
 - 7. The intern is unable and/or unwilling to carry out expected program responsibilities.
 - 8. The intern is not able to successfully complete internship exit criteria.

9. Staff members and peers identify the intern as having repeated difficulties relating to others professionally.

Procedures for Addressing Inadequate Performance:

Step 1:

The Training Director and/or direct supervisor(s) may, at their discretion, schedule an initial meeting to consider and assess inadequate performance that is judged to be interfering with the intern's ability to make appropriate progress toward goals and expectations.

A. Such a meeting will include:

1. A clear written statement of the nature of the concern or conflict.
2. A notation as to the date, time, place, and circumstances of the problem, if applicable.
3. A clear statement of informal attempts to resolve the issue that have already been taken to address the problem.
4. A description of the outcome of such attempts to resolve the issue and any perceived response from the intern.
5. A statement of the staff person's expectation or desired resolution that has not occurred to date.

B. The meeting must be held at a time and place that will allow the trainee to hear the problem as described, and he/she must be given three (3) full days to respond at a second meeting, if needed. The Training Director or a designee determined by the Training Director will determine who, in addition to the trainee and Training Director/Designee will attend the meeting.

Step 2:

- C. Any issues or suggestions that develop in such meetings may be addressed to the intern and to the direct supervisor, who may discuss and clarify them with the intern as part of the next supervision meeting.
1. Where necessary, involved staff (as determined by the Training Director/Designee) will meet as a group to develop an appropriate follow-up intervention or determine appropriate follow-up actions. Such actions may involve, but is not limited to, notifying the Director of Clinical Training at the trainee's school of study of the conflict, training issues or concerns, how they have been evaluated, and steps taken toward remediation. If the inadequate performance involves violation of the APA ethics code, violation of the law, or potential harm to client (in the opinion of the Training Director), immediate termination of the Intern's engagement with the internship may be undertaken.
 2. Interns needing additional corrective action are informed via written statement about their progress toward resolving the inadequate performance or conflict and recommendations for further actions needed to satisfactorily meet required standards.

Step 3:

- D. The trainee may respond with a formal written statement of disagreement with the staff evaluation and recommendations within 10 business days of the initial inadequate performance meeting. If this results in a continuing grievance that cannot be resolved, then the procedures outlined below in the section on Intern Grievances should be followed to resolve the issue.

INTERN GRIEVANCES

The PCS Doctoral Internship Program is committed to conducting all activities in compliance with the American Psychological Association's Ethical Principles and Code of Conduct for psychologists. While the Psychology Program attempts to assure fair treatment for all participants and attempts to anticipate problems, there will be occasional issues that come to attention of the Training Director for resolution. This grievance policy is designed to assist trainees and supervisors in the resolution of these issues.

The PCS Doctoral Internship Program will comply with all legal and ethical responsibilities to be non-discriminatory in the treatment of psychology trainees. It is expected that most problems can be addressed informally via conversations between the intern and the supervisor. However, there may be times when a trainee believes that he or she has been treated unfairly. In this case, the intern may utilize the grievance procedure outlined below:

- A. The formal grievance procedure is used when the intern and site supervisor or Training Director have failed to resolve an issue to the satisfaction of both parties.
- B. There will be no retaliatory action taken by PCS or any of its staff against any intern who uses this procedure.

Procedures for Addressing Intern Grievances:

Before initiating formal grievance procedures, the intern should attempt to resolve the conflict through informal discussion with the involved party or parties. The intern should clearly communicate to the involved party the date and nature of the conflict or complaint, as well as suggestions as to how the complaint could be appropriately resolved to his/her satisfaction. If no resolution can be agreed upon to the satisfaction of both parties, the intern may then decide to proceed to the first formal stage of complaint. The formal grievance procedure may be accessed by the trainee within ten (10) business days from the occurrence of the conflict or complaints that gave rise to the grievance by following the steps below:

Step 1:

- A. If the problem does not involve the site supervisor, the conflict should be reported and discussed with that supervisor, who will work to resolve that conflict in a timely and responsible fashion. The initial stage of this report may be informal.
 - 1. If this is unsuccessful, a written description of the complaint should be submitted to the supervisor within five (5) working days of the unsuccessful attempt at resolution. An e-mail outlining the complaint is sufficient.
 - 2. The supervisor will then review the complaint and respond in writing within five (5) working days of receipt of the written complaint, suggesting a resolution that appears most appropriate according to professional and ethical guidelines as outlined in the APA Ethical

Code and the Board of Psychology of the Commonwealth of Pennsylvania's laws governing the conduct of psychologists

- B. Should this procedure not result in a resolution, OR if the complaint involves the site supervisor, the trainee should proceed to the next step.

Step 2:

- A. If attempts at the supervisory level to resolve the conflict fail OR if the complaint involves the site supervisor, a copy of the written complaint should be provided to the Training Director along with a brief description of the nature of the unsuccessful attempts at resolution. The Training Director will take prompt and responsible steps, within ethical limits, to resolve the grievance informally and then formally, if appropriate.
- B. If the Training Director does not respond to the complaint within 7 days, OR if the complaint involves the Training Director, the trainee should proceed to the next level of complaint.
- C. Beyond this point, if the grievance is still not resolved, attempts to resolve it will follow the grievance procedures as mandated by PCS and as outlined in Steps 3 and 4.

Step 3:

- A. If attempts at the supervisory level to resolve the conflict fail OR if the complaint involves the Training Director, the same procedures will apply. As above, attempts at informal resolution will be made promptly whenever possible.
- B. Failing these steps, formal resolution and discussion may be initiated with the President of PCS (Ruth Davis, MBA) by a written request made within five (5) working days from receipt of the Training Director's written answer.
- C. The President will schedule a meeting at which all parties involved in the grievance will be heard. The President may invite witnesses if required and may arrange for an investigation of matters relating to the problem. A record or summary of discussions will be recorded in writing, but such record need not be verbatim.
- D. The President will notify the aggrieved trainee within five (5) working days of his/her decision or of the act that an investigation is in progress. In the latter case, the President will give a decision to the aggrieved trainee within three (3) days after the conclusion of the investigation.
- E. If this step is unsuccessful the intern should proceed to the next level of complaint. Interns needing corrective action are informed in writing about their progress regarding the intern grievance addressed and the extent that the issue is resolved or needs further actions to satisfactorily meet required standards.

Step 4:

If the trainee wishes to appeal further, within five (5) working days from the time the President of PCS's reply is received, the trainee may do so by writing the complaint to the Chief Executive Officer of PCS (Roy Smith, Ph.D.)

- A. The Chief Executive Officer will request a record of the hearing conducted the President of Pennsylvania Counseling Services, the facts elicited during the investigation, if any, and the reasoning underlying the decision made
- B. The Chief Executive Officer may convene a second hearing.
- C. The Chief Executive Officer will give a written reply to the aggrieved trainee within five (5) working days.
- D. The decision of the Chief Executive Officer will be final and binding.

Discharge Appeals:

A trainee who has been discharged from the PCS Doctoral Internship Program may appeal directly to the President of PCS. The request for appeal must be made within five (5) days of discharge. Appeal issues may be discussed with the intern's academic program and a representative from the school may be invited to the scheduled appeal meeting.

Representation:

The Intern Grievance Procedure is an internal one to PCS. Persons not connected with PCS (such as legal counselors) will not be permitted to be involved in the grievance process, other than an academic representative from the intern's academic program.

INTERN PAY AND BENEFITS PACKAGE

Interns are paid an hourly rate of \$10 per hour and are expected to work a minimum of 40 hours per week. Interns may work an additional 5 hours per week of paid overtime, which is capped at a total of 175 hours for the year. The purpose of limit on overtime is to promote self-care and prevent burnout among the interns. Total compensation for the year ranges from \$20,800 - \$23,435. Additional benefits include 6 paid holidays, 10 days paid vacation/sick leave time (Paid Time Off – PTO) and 5 days of Leave for Professional Development. Interns are provided with single, employer-paid medical insurance coverage that begins the first day of the month following 60 days of employment (provided that the employee has worked a minimum of 30 hours each week during this timeframe and maintains 30 hours worked per week thereafter). Coverage for family members and for dental and eye care is available for purchase at additional cost to the employee.

Interns are also reimbursed mileage for travel from their primary site to trainings, and supervision meetings. Funding for the internship program is guaranteed as a priority among the services and programs provided by the agency, and are supported by funds set aside for program development as part of the general yearly operating budget.

***Note on Sick Leave:** Interns will inform their supervisors and the Training Director as soon as they know they will be absent due to illness. They will also send an email to their administrator within the Outpatient organization.

***Note on full time status:** Given the requirement for the internship to be a full time, year-long learning experience, missing days above and beyond the 21 excused absences outlined above (6 paid holidays+10 days paid vacation/sick leave+5 days of Leave for Professional Development) may result in difficulties completing the internship satisfactorily. If interns do begin to miss excessive amounts of time (above 3

days beyond the 21 allotted) remediation actions may be required. In order to complete the internship, full time attendance is vital. If this is not possible, intern requirements for completion may not be met.

Given the structure of the internship, interns are expected to be present on Fridays for didactics and group supervision, with missing a significant number of these days being significantly problematic in terms of meeting requirements for completion of the internship. With this in mind, interns are not permitted to take PTO or Professional Development time for any more than four Fridays over the course of the internship. This does not include company holidays which fall on a Friday of the internship year. Exceptions to this rule will only be made in special circumstances and by decision of the Training Director and/or Training Committee.

In recognition of the clinical nature of the internship, restrictions are placed on the interns in terms of amount of time that can be taken at any given time. Specifically, interns are not permitted to take in excess of 5 working days in a row for PTO/Professional development unless specifically permitted to by the Training Director/Training Committee, with requests being reviewed on a case by case basis. This restriction is made in recognition of the importance of continuity of care both from an experiential training point of view and a clinical standpoint.

ACCREDITATION STATUS

The PCS Internship is Accredited, on Contingency by the American Psychological Association. We are also a member in good standing of APPIC.

Questions related to the program's accredited status should be directed to the Commission on Accreditation:

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

Any changes in accreditation status will be announced via the internship website.

Appendix A.

Intern Competencies Evaluation

Pennsylvania Counseling Services Intern Competencies Evaluation *

Intern Name: _____

Date of Evaluation: _____

Supervisor: _____

Start Date: _____

Term (Mid-Year or End-of-Year): _____

End Date: _____

Describing Levels of Competence

One of the most widely used schemes for describing the development of competence is that of Dreyfus and Dreyfus (1986), who define five stages of skill acquisition: 1) Novice, 2) Advanced Beginner, 3) Competent, 4) Proficient and 5) Expert. When discussing competence, keeping the terms straight is a challenge, since similar-sounding terms refer to different concepts. In particular, note that “competency” refers to a skill domain (e.g., assessment), “level of competence” refers to the level of skill an individual has acquired (e.g., intermediate level of competence in assessment) and “competent” is a description of a particular level of skill (e.g., this psychologist is competent in neuropsychological assessment). As referenced throughout the attached document, the following categories describe the level of competence expected at the conclusion of the clinical internship. (Please note that in some areas substantial competence is expected, while in others just the beginning of understanding is expected—a student, or any psychologist for that matter, may be an expert in some areas and a novice in others.)

- 1. Novice (N) (Value = 1):** Novices have limited knowledge and understanding of **(a)** how to analyze problems and of **(b)** intervention skills and the processes and techniques of implementing them.
- 2. Intermediate (I) (Value = 2):** Psychology students at the intermediate level of competence have coped with enough real situations to recognize some important recurring meaningful situational components, based on prior experience in actual situations. Generalization of diagnostic and intervention skills to new situations and patients is limited and support is needed to guide performance.
- 3. Advanced (A) (Value = 3):** At this level, the student can see their actions through long-range goals or plans of which the student is consciously aware. At this level, the psychologist is less flexible in these areas than the proficient psychologist (the next level of competence) but does have a feeling of mastery and the ability to cope with and manage many contingencies of clinical work.
- 4. Proficient (P) (Value = 4):** The proficient psychologist perceives situations through long-term goals, therefore understanding each situation as a whole rather than a compilation of individual parts or aspects. Proficient psychologists understand a situation as a whole because they perceive its meaning in terms of longer-term goals. The proficient psychologist learns from experience what events to expect in a given situation and how plans need to be modified in response to these events.
- 5. Expert (E) (Value = 5):** The expert psychologist no longer relies on an analytic principle (rule, guideline, maxim) to connect their understanding of the situation to an appropriate action. The expert, with an extensive background of experience, now has an intuitive grasp of each situation and focuses on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions. The expert operates from a deep understanding of the total situation.

Description of Skills Leading to Competencies that are Developed During the Clinical Experience		
Competence Level expected by the completion of clinical is indicated in the column on the right. See introduction for definition of these levels. 1 = Novice 2 = Intermediate 3 = Advanced 4=Proficient 5=Expert <i>See below for examples of conduct associated with each level of skill.</i>		
Competency #1 – Research: (Intern must meet a minimum expected rating of 3 [ADVANCED] for all Learning Elements to pass domain by the <i>end</i> of the training year.)	Expected Rating	Supervisor Rating
<ul style="list-style-type: none"> Learning Element #1: Intern demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level. 	3	
NOVICE (1): <ul style="list-style-type: none"> Demonstrates little familiarity with the research literature and struggles to seek improvement without extensive prompting and guidance and/or struggles with disseminating scientific research to others. INTERMEDIATE (2): <ul style="list-style-type: none"> Exhibits an awareness of the importance of effectively evaluating the research literature and is receptive to guidance, may struggle to engage independently with the literature and/or requires guidance in disseminating scientific research to others. ADVANCED (3): <ul style="list-style-type: none"> Demonstrates increased independence and proactive approach to engaging with the research literature and demonstrates increasing ability to disseminate scientific research to others. PROFICIENT (4): <ul style="list-style-type: none"> Demonstrates effective evaluation skills in relation to the research literature, with an effective engagement in independent evaluation of the research literature, has a strong ability to disseminate scientific research to others. EXPERT (5): <ul style="list-style-type: none"> Exhibits excellent evaluation skills with the research literature, may be identified as a leader in their field and may be called on by others for assistance due to their familiarity with relevant literature and findings, excels in ability to disseminate scientific research to others. 		
Supervisor Comments:		

Intern Comments:

Competency #2 – Ethical and Legal Standards:	Expected Rating	Supervisor Rating
(Intern must meet a minimum expected rating of 3 [ADVANCED] for all Learning Elements to pass domain by the <i>end</i> of the training year.)		
<ul style="list-style-type: none"> • Learning Element #1: Intern is knowledgeable of and acts in accordance with each of the following: the current version of the APA Ethical Principles of Psychologists and Code of Conduct; Relevant laws, regulations, rules and policies governing health service psychology at the organizational, local, state, regional and federal levels; and Relevant professional standards and guidelines. 	3	
<ul style="list-style-type: none"> • Learning Element #2: Intern can recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas. 	3	
<ul style="list-style-type: none"> • Learning Element #3: Intern conducts self in an ethical manner across all professional activities. 	3	
<p><u>NOVICE (1):</u></p> <ul style="list-style-type: none"> • Exhibits relatively little knowledge of ethical codes or standards. • Has difficulty recognizing an ethical dilemma or engaging in ethical decision-making. • Struggles with conducting self in an ethical manner across professional activities. <p><u>INTERMEDIATE (2):</u></p> <ul style="list-style-type: none"> • Exhibits beginning knowledge of ethical codes and standards. • May require frequent assistance from supervisors in regards to recognizing ethical dilemmas and engaging in ethical decision-making. • Requires support from supervisors in order to conduct self in an ethical manner across professional activities. <p><u>ADVANCED (3):</u></p> <ul style="list-style-type: none"> • Exhibits increasing knowledge of ethical codes and standards. • Is able to recognize ethical dilemmas and engage in ethical decision-making with some supervisory support. • Demonstrates increasing ability to conduct self in an ethical manner across professional activities. <p><u>PROFICIENT (4):</u></p> <ul style="list-style-type: none"> • Demonstrates a high level of knowledge of ethical codes and standards. • Is able to recognize ethical dilemmas and effectively engage in ethical decision-making. • Is able to conduct self in an ethical and skillful manner across professional activities and independently seeks out supervisory support or consultation as needed. <p><u>EXPERT (5):</u></p> <ul style="list-style-type: none"> • Demonstrates a superior level of knowledge of ethical codes and standards. • Demonstrates a highly effective ability to recognize ethical dilemmas and engage in appropriate ethical decision-making. • Is able to conduct self in an ethical manner across professional activities with considerable skill and seeks consultation on ethical matters as needed. 		

Supervisor Comments:

Intern Comments:

Competency #3 – Individual and Cultural Diversity (Intern must meet a minimum expected rating of 3 [ADVANCED] for all Learning Elements to pass domain by the <i>end</i> of the training year.)	Expected Rating	Supervisor Rating
<ul style="list-style-type: none"> • Learning Element #1: Intern demonstrates understanding of own personal/cultural history, attitudes and ways that biases may affect how they understand and interact with people different from themselves. 	3	
<ul style="list-style-type: none"> • Learning Element #2: Intern demonstrates knowledge of the current theoretical and empirical literature as it relates to addressing diversity in all professional activities including research, training, supervision/consultation and service. 	3	
<ul style="list-style-type: none"> • Learning Element #3: Intern demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services and other professional activities. Trainee is able to apply a framework for areas of individual and cultural diversity not previously encountered over the course of their career and can work effectively with individuals whose group members, demographic characteristics, or worldviews create conflict with their own. 	3	
<ul style="list-style-type: none"> • Learning Element #4: Intern is able to independently apply knowledge of working effectively with a range of diverse individuals and groups encountered during internship training. 	3	
<p>NOVICE (1):</p> <ul style="list-style-type: none"> • Demonstrates very limited understanding of the ways their cultural history relates to the different historical backgrounds of others. • Has a relatively low level of knowledge of theoretical and empirical literature related to diversity. • Has limited ability to integrate knowledge and awareness across professional roles. • Struggles to apply knowledge of working effectively with diverse individuals and groups. <p>INTERMEDIATE (2):</p> <ul style="list-style-type: none"> • Demonstrates beginning awareness of the ways their cultural history relates to the different historical backgrounds of others. • Has some knowledge of theoretical and empirical literature related to diversity but requires development in this area. • With the support of supervision, intern is beginning to integrate knowledge and awareness of individual and cultural differences across professional roles. • Has a beginning level of skill in applying knowledge of working effectively with diverse individuals and groups but continues to require significant supervisory guidance. <p>ADVANCED (3):</p> <ul style="list-style-type: none"> • Demonstrates awareness of the ways their cultural history relates to the different historical backgrounds of others. • Accepts feedback and has a growing level of knowledge of the theoretical and empirical literature related to diversity. • Demonstrates knowledge and awareness of individual and cultural differences across professional roles and needs occasional supervisory support on these issues. • Displays growing skills in applying knowledge to working effectively with diverse individuals and groups and seeks supervision on 		

these issues as needed.

PROFICIENT (4):

- Demonstrates strong awareness of the ways their cultural history relates to the different historical backgrounds of others.
- Is knowledgeable of theoretical and empirical literature related to diversity.
- Has solid knowledge and awareness of individual and cultural differences across professional roles.
- Demonstrates a high level of skill for applying knowledge to working effectively with diverse individuals and seeks supervision or consultation on these issues as needed.

EXPERT (5):

- Demonstrates a very high level of awareness of the ways their cultural history relates to the different historical backgrounds of others.
- Displays expertise in theoretical and empirical literature related to diversity.
- Effectively integrates knowledge and awareness of individual and cultural differences across professional roles.
- Demonstrates a high level of ability to apply knowledge to working effectively with a range of diverse individuals and groups and seeks professional consultation on these issues as needed.

Supervisor Comments:

Intern Comments:

Competency #4 – Professional Values, Attitudes and Behaviors	Expected Rating	Supervisor Rating
(Intern must meet a minimum expected rating of 3 [ADVANCED] for all Learning Elements to pass domain by the <i>end</i> of the training year.)		
<ul style="list-style-type: none"> • Learning Element #1: Intern demonstrates behaviors that are consistent with the professional values of the field of health service psychology including integrity, deportment, professional identity, accountability, lifelong learning and concern for the welfare of others. 	3	
<ul style="list-style-type: none"> • Learning Element #2: Intern engages in self-reflection regarding one’s personal and professional functioning; engage in activities to maintain and improve performance, well-being and professional effectiveness. 	3	
<ul style="list-style-type: none"> • Learning Element #3: Intern actively seeks and demonstrates openness and responsiveness to feedback and supervision. 	3	
<ul style="list-style-type: none"> • Learning Element #4: Intern responds professionally in increasingly complex situations with a greater degree of independence as they progress across the training year. 	3	
<p>NOVICE (1):</p> <ul style="list-style-type: none"> • Demonstrates significant difficulty in exhibiting professional values consistent with the field of health service psychology. • May also struggle with self-reflective skills. • Struggles with receiving feedback or supervision. • Has a great deal of difficulty navigating complex situations. <p>INTERMEDIATE (2):</p> <ul style="list-style-type: none"> • Demonstrates beginning level of development of the professional values of health service psychology. • Has emerging ability to engage in self-reflection. • Generally accepts feedback and supervision but may require supervisory support in applying feedback. • Requires significant support in demonstrating professionalism in complex situations. <p>ADVANCED (3):</p> <ul style="list-style-type: none"> • Demonstrates developing professional values of health service psychology. • Engages in self-reflection but may require supervisory support in this area. • Is generally open to feedback and supervision. • Responds professionally in complex situations with some supervisory support. 		

<p><u>PROFICIENT (4):</u></p> <ul style="list-style-type: none"> • Consistently demonstrates the professional values of health service psychology. • Displays a strong self-reflective ability. • Demonstrates openness to feedback and supervision. • Responds well to complex situations and independently seeks supervisory or consultative support. <p><u>EXPERT (5):</u></p> <ul style="list-style-type: none"> • Demonstrates strong professional values and serves as a role model for other health service psychologists. • Has an excellent self-reflective ability. • Is quite open to feedback and supervision/consultation. • Handles complex situations with considerable skill and seeks consultation as needed. 		
<p>Supervisor Comments:</p>		
<p>Intern Comments:</p>		

Competency #5 – Communication and Interpersonal Skills: (Intern must meet a minimum expected rating of 3 [ADVANCED] to pass domain by the <i>end</i> of the training year.)	Expected Rating	Supervisor Rating
<ul style="list-style-type: none"> • Learning Element #1: Intern develops and maintains effective relationships with a wide range of individuals including colleagues, communities, organizations, supervisors, supervisees and individuals receiving services. 	3	
<ul style="list-style-type: none"> • Learning Element #2: Intern demonstrates ability to effectively produce and comprehend oral, nonverbal and written communications that are informative and well-integrated and demonstrates a thorough grasp of professional language and concepts. 	3	
<ul style="list-style-type: none"> • Learning Element #3: Intern demonstrates effective interpersonal skills and the ability to manage difficult communication well. 	3	
<p>NOVICE (1):</p> <ul style="list-style-type: none"> • Demonstrates significant difficulty in developing and maintaining relationships. • Struggles with effectively producing and comprehending oral, nonverbal and written communication. • Demonstrates problems with interpersonal skills and struggles with difficult communication with others. <p>INTERMEDIATE (2):</p> <ul style="list-style-type: none"> • Demonstrates occasional difficulty in developing and maintaining relationships. • Emerging abilities in effectively producing and comprehending oral, nonverbal and written communication. • Demonstrates beginning level of development in effective interpersonal skills. • May require a high level of supervisory support in managing difficult communication with others 		

<p><u>ADVANCED (3):</u></p> <ul style="list-style-type: none"> • Demonstrates increasing ability to form and maintain effective relationships. • Typically produces and comprehends oral, nonverbal and written communication effectively and demonstrates good interpersonal skills. • Effectively manages difficult communication with supervisory support. <p><u>PROFICIENT (4):</u></p> <ul style="list-style-type: none"> • Demonstrates a strong ability to form and maintain effective relationships. • Produces and comprehends oral, nonverbal and written communication quite effectively. • Demonstrates consistently strong interpersonal skills. • Effectively manages difficult communication and independently seeks consultation or supervision as needed. <p><u>EXPERT (5):</u></p> <ul style="list-style-type: none"> • Demonstrates an excellent ability to form and maintain relationships with a diverse range of individuals. • Demonstrates expertise in producing and comprehending oral, nonverbal and written communication. • Displays a very high level of skill in managing difficult communication and seeks consultation as needed. 		
<p>Supervisor Comments:</p>		
<p>Intern Comments:</p>		

	Expected Rating	Supervisor Rating
<p>Competency #6 – Assessment: (Intern must meet a minimum expected rating of 3 [ADVANCED] for all Learning Elements to pass domain by the <i>end</i> of the training year.)</p>		
<ul style="list-style-type: none"> • Learning Element #1: Intern demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology. 	3	
<ul style="list-style-type: none"> • Learning Element #2: Intern demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural). 	3	
<ul style="list-style-type: none"> • Learning Element #3: Intern demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process. 	3	
<ul style="list-style-type: none"> • Learning Element #4: Intern demonstrates ability to select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics. Intern is able to collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. 	3	
<ul style="list-style-type: none"> • Learning Element #5: Intern is able to interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective. 	3	
<ul style="list-style-type: none"> • Learning Element #6: Intern is able to communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences. 	3	
<p>NOVICE (1):</p> <ul style="list-style-type: none"> • Demonstrates significant difficulty in appropriately selecting and applying assessment methods. • Struggles with interpretation of assessment results and using them to inform case conceptualizations, classification and recommendations. • Unable to accurately and effectively communicate findings to various audiences. <p>INTERMEDIATE (2):</p> <ul style="list-style-type: none"> • Demonstrates a beginning level of skills for appropriately selecting and applying assessment methods. • Requires a high level of supervisory support in interpreting results to inform case conceptualizations, classification and recommendations. • Also requires supervisory direction in accurately and effectively communicating findings for various audiences. <p>ADVANCED (3):</p> <ul style="list-style-type: none"> • Demonstrates increasing skill in selecting and applying assessment methods. 		

<ul style="list-style-type: none"> • Interprets assessment results to inform case conceptualizations, classification and recommendations with supervisory support as needed. • Communicates findings accurately and effectively to a range of audiences with occasional supervisory support. <p><u>PROFICIENT (4):</u></p> <ul style="list-style-type: none"> • Demonstrates strong skills for selecting and applying assessment methods. • Independently interprets assessment results to inform case conceptualizations, classifications and recommendations. • Skillfully communicates findings accurately and effectively to a range of audiences. <p><u>EXPERT (5):</u></p> <ul style="list-style-type: none"> • Demonstrates expertise in selecting and applying assessment methods. • Skillfully interprets assessment results to inform case conceptualizations, classifications and recommendations. • Demonstrates excellent ability to communicate findings accurately and effectively to a wide range of audiences. 		
<p>Supervisor Comments:</p>		
<p>Intern Comments:</p>		

Competency #7- Intervention: (Intern must meet a minimum expected rating of 3 [ADVANCED] for all Learning Elements to pass domain by the <i>end</i> of the training year.)	Expected Rating	Supervisor Rating
<ul style="list-style-type: none"> • Learning Element #1: Intern is able to establish and maintain effective relationships with the recipients of psychological services. 	3	
<ul style="list-style-type: none"> • Learning Element #2: Intern has ability to develop evidence-based intervention plans specific to the service delivery goals. 	3	
<ul style="list-style-type: none"> • Learning Element #3: Intern is able to implement interventions informed by the current scientific literature, assessment findings, diversity characteristics and contextual variables. 	3	
<ul style="list-style-type: none"> • Learning Element #4: Intern demonstrates the ability to apply the relevant research literature to clinical decision making. 	3	
<ul style="list-style-type: none"> • Learning Element #5: Intern is able to modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking. 	3	
<ul style="list-style-type: none"> • Learning Element #6: Intern is able to evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation. 	3	
NOVICE (1): <ul style="list-style-type: none"> • Struggles with clinical skills, demonstrates skills deficits or requires significant supervisory support in the following intervention areas: <ul style="list-style-type: none"> ○ establishing/maintaining effective relationships with clients. ○ developing evidence-based intervention plans. ○ implement interventions informed by scientific literature. ○ applying research literature to clinical decision-making. ○ adapting/modify evidence-based approaches. ○ evaluating effectiveness of interventions, methods or goals. 		

INTERMEDIATE (2):

- Has emerging clinical abilities, less flexible approach, requires moderate supervisory support in the following areas:
 - establishing/maintaining effective relationships with clients.
 - developing an evidence-based intervention plan.
 - implementing interventions informed by scientific literature.
 - apply research literature to clinical decision-making.
 - adapting/modifying evidence-based approaches.
 - evaluating effectiveness of interventions, methods or goals.

ADVANCED (3):

- Displays increasing clinical skill and flexibility, independently seeks supervision as needed in each of the following areas:
 - establishing/maintaining effective relationships with clients
 - developing evidence-based intervention plans
 - implementing interventions informed by scientific literature
 - applying research literature to clinical decision-making
 - adapting/modifying evidence-based approaches
 - evaluating effectiveness of interventions, methods or goals.

PROFICIENT (4):

- Demonstrates significant clinical skill, high level of knowledge and is developing areas of clinical expertise with specific populations:
 - establishing/maintaining effective relationships with clients.
 - developing evidence-based intervention plans.
 - implementing interventions informed by scientific literature.
 - applying research literature to clinical decision-making.
 - adapting/modifying evidence-based approaches.
 - evaluating effectiveness of interventions, methods or goals.

EXPERT (5):

- Demonstrates superior skills, may be considered a master clinician with specific populations:
 - establishing/maintaining effective relationships with clients.
 - developing evidence-based intervention plans.
 - implementing interventions informed by scientific literature.
 - applying research literature to clinical decision-making.
 - adapting/modifying evidence-based approaches and evaluating effectiveness of interventions, methods or goals.

Supervisor Comments:

Intern Comments:

Competency #8 – Supervision: (Intern must meet a minimum expected rating of 3 [ADVANCED] for all Learning Elements to pass domain by the <i>end</i> of the training year.)	Expected Rating	Supervisor Rating
<ul style="list-style-type: none"> Learning Element #1: Intern is able to apply supervision knowledge in direct or simulated practice with psychology interns, or other health professionals. 	3	
<p>NOVICE (1):</p> <ul style="list-style-type: none"> Demonstrates limited ability to apply knowledge of supervisory literature to practice with psychology interns and requires significant supervision of supervision support. <p>INTERMEDIATE (2):</p> <ul style="list-style-type: none"> Demonstrates beginning skills in applying knowledge of supervisory literature to practice with psychology interns. Requires moderate supervision of supervision support. <p>ADVANCED (3):</p> <ul style="list-style-type: none"> Demonstrates increasing skills in applying knowledge of supervisory literature to practice with psychology interns. Able to seek out supervision of supervision as needed. <p>PROFICIENT (4):</p> <ul style="list-style-type: none"> Demonstrates a high level of skill in applying knowledge of supervisory literature to practice with psychology interns. Seeks supervision of supervision/consultation independently. <p>EXPERT (5):</p> <ul style="list-style-type: none"> Demonstrates mastery in applying knowledge of supervisory literature to practice with psychology trainees. Seeks supervision of supervision/consultation independently. 		
Supervisor Comments:		

Intern Comments:

Competency #9 – Consultation and Interprofessional/Interdisciplinary Skills: (Intern must meet a minimum expected rating of 3 [ADVANCED] for all Learning Elements to pass domain by the end of the training year.)	Expected Rating	Supervisor Rating
<ul style="list-style-type: none"> • Learning Element #1: Intern demonstrates knowledge and respect for the roles and perspectives of other professions. 	3	
<ul style="list-style-type: none"> • Learning Element #2: Intern is able to apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior. 	3	
<p>NOVICE (1):</p> <ul style="list-style-type: none"> • Demonstrates limited knowledge of the unique patient care roles of other professionals. • Has difficulty applying knowledge to effective consultation with other professionals. <p>INTERMEDIATE (2):</p> <ul style="list-style-type: none"> • Displays beginning knowledge of the unique patient care roles of other professionals. • Has beginning skills for consultation with other professionals but may require significant supervisory support. <p>ADVANCED (3):</p> <ul style="list-style-type: none"> • Displays good working knowledge of unique patient care roles of other professionals. • Demonstrates ability to consult with other professionals with supervisory support. <p>PROFICIENT (4):</p> <ul style="list-style-type: none"> • Displays a high level of knowledge of unique patient care roles of other professionals. • Demonstrates effective skills for consulting with other professionals. <p>EXPERT(5):</p> <ul style="list-style-type: none"> • Displays integrated knowledge of unique patient care roles of other professionals. • Effectively consults with other professionals in a highly skilled manner. 		
Supervisor Comments:		

Intern Comments:

Recommendations for further training:

1. _____
2. _____
3. _____

Supervisor's signature

Date

Intern signature

Date

Appendix B.

Evaluation of Clinical Supervisor

Intern: _____

Supervisor: _____

Training year: _____ Evaluation Term (Mid or End of Year): _____

Please use the following scale to rate each of the statements below:

- 5- Strongly Agree
- 4- Agree
- 3- Neither Agree or Disagree
- 2- Disagree
- 1- Strongly Disagree

Supervisory Relationship

- ___ 1. My supervisor is regularly accessible to me.
- ___ 2. My supervisor and I have set goals for our work together in supervision.
- ___ 3. My supervisor and I have a positive working relationship.
- ___ 4. My supervisor treats me in a respectful manner.
- ___ 5. My supervisor has helped me to feel comfortable in exploring areas of clinical strength and weakness in supervision.
- ___ 6. My supervisor is receptive to my ideas.
- ___ 7. My supervisor is available to me to consult on cases on a regular basis.

Building Clinical and Professional Skills

- ___ 8. My supervisor provides mentorship in regards to my professional development.
- ___ 9. My supervisor is knowledgeable in regards to legal and ethical considerations within my clinical work.
- ___ 10. My supervisor has helped to facilitate exploration of multicultural issues and considerations within my clinical work.
- ___ 11. My supervisor has helped me to acquire additional knowledge and skills during our work together.
- ___ 12. My supervisor has helped me to increase my ability to conceptualize my clinical cases.

Assessment and Feedback

___13. My supervisor has observed my clinical work through review of audio, video tape or live observation.

___14. My supervisor has provided me with on-going feedback related to my progress.

___15. My supervisor sets clear expectations for my clinical work.

Please provide any comments or feedback for your supervisor:

Appendix C: Pennsylvania Counseling Services
Internship Program Evaluation

Internship Year:

Date:

In completing the attached Evaluation of Internship form, please reflect on your experiences during the training year to date. Evaluation and recommendations from each intern class have always been instrumental in shaping the internship experience for the following classes. Each of you has unique observations, insights, and recommendations and your opinions are valued. Praises are welcomed, but all feedback, positive and constructive criticism, will be carefully considered in our ongoing goal for continued growth as a training program. Thank you!

Rating Scale

5= Exceedingly Satisfied

4= Very Satisfied

3 = Satisfied

2 = Somewhat Dissatisfied

1 = Very Dissatisfied

NA = Not Applicable

Recruitment

Information provided by site (web site, mailings, phone contact):	5 4 3 2 1 NA
Interview (overall experience of interview process):	5 4 3 2 1 NA
Encouragement for diverse applicants to the program:	5 4 3 2 1 NA
Overall evaluation of recruitment process:	5 4 3 2 1 NA

Comments:

Orientation

Orientation to PCS:	5 4 3 2 1 NA
Orientation to Internship:	5 4 3 2 1 NA
Availability of supervisors/consultants:	5 4 3 2 1 NA

Comments:

Domain Acquisition:

Enhanced clinical training in Evidence Based Practices:	5 4 3 2 1 NA
Increased knowledge of Individual and Cultural Diversity issues:	5 4 3 2 1 NA
Increased skills for providing Multiculturally Competent Interventions:	5 4 3 2 1 NA
Increased understanding of Standards, Ethical & Legal practices:	5 4 3 2 1 NA
Increased Skills to be proficient in Consultation and Collaboration:	5 4 3 2 1 NA
Increased skills to conduct Psych. Assessments independently:	5 4 3 2 1 NA

Comments:

Supervision

Supervisor(s) didactic training style:	5 4 3 2 1 NA
Supervisor(s) availability:	5 4 3 2 1 NA
Supervisor(s) integration of Individual and Cultural Diversity:	5 4 3 2 1 NA
Supervisor(s) commitment to My Personal Growth:	5 4 3 2 1 NA
Supervisor(s) Openness:	5 4 3 2 1 NA

Overall quality of supervision: 5 4 3 2 1 NA

Comments:

Comments regarding specific Supervisors:

PCS Environment:

Respectful Atmosphere: 5 4 3 2 1 NA

Supportive and Challenging Atmosphere: 5 4 3 2 1 NA

Opportunities for self-reflection, goal-setting: 5 4 3 2 1 NA

Appreciation for Individual Differences/Diversity: 5 4 3 2 1 NA

Physical Facilities: 5 4 3 2 1 NA

Comments:

Any suggestions for the improvement of the Internship Training Program ?

Any additional information that you wish to share with us?

Name _____

Please return to the Training Director via courier or mail to HQ.

Appendix D: Individualized Internship Goals

Pennsylvania Counseling Services

Individualized Internship Training Goals

Intern: _____

Training Director: _____

Primary Supervisor: _____

Start Date: _____ End Date: _____

Mid Year Evaluation Date: _____

Please complete the following areas after carefully considering your wants and expectations during the internship year. Respond open and honestly as these goals will be used in an effort to maximize your experience during internship and can serve as a guide for supervision and clinical work for the year. This can be as clinical (i.e. overlapping personal temperament and characteristics w/professional development) or personal (e.g. overcoming perfectionism, procrastination, building confidence, etc.) as you wish.

Identify your major strengths as a clinician.

- 1.

- 2.

3.

Identify areas where you feel competent in which you would like to further advance your skills.

1.

2.

3.

Identify areas you need to develop a greater proficiency in

1.

2.

3.

Based on your responses, please identify how beneficial experience in each of these areas would be toward achieving your goals.

Assessment:	Low					High
Intake:	1	2	3	4	5	
Cognitive:	1	2	3	4	5	

Projective: 1 2 3 4 5

Vocational: 1 2 3 4 5

Personality: 1 2 3 4 5

Assessment Population:

Adult: 1 2 3 4 5

Child: 1 2 3 4 5

Adolescents: 1 2 3 4 5

Psychotherapy Populations:

Child 1 2 3 4 5

Adolescent 1 2 3 4 5

Adult 1 2 3 4 5

Family 1 2 3 4 5

Substance Abuse: 1 2 3 4 5

Please indicate below any other information that you feel is pertinent to providing you with the internship training experience that would be most valuable to your future career as a psychologist.

Intern Signature

Date

Training Director Signature

Date

Appendix E.

Pennsylvania Counseling Services

Internship Learning Plan

Intern: _____

Training Director: _____

Please use the following to develop a plan for achieving your internship goals for the year. Feel free to discuss with your specific supervisors about how they can best assist you in accomplishing your goals. During the course of the year, goals and/or the plan for achieving your goals may evolve, in which case supervision time can be utilized to review the learning plan.

Goals	Plan for Achievement
1.	
2.	
3.	
4.	
5.	

Intern Signature

Date

Training Director Signature

Date

Appendix F: Internship Training Supervisors and Faculty:

Psychologist Supervisors

Name and Title	Degree	License
MaryAnn Sutton – Training Director, Individual Supervisor, Member of Training Committee (17 th St. Harrisburg)	Ph.D.	Licensed Psychologist
Kimberly Ernest – Vice President of Criminal Justice and Recovery Services, Individual Supervisor, Member of Training Committee (HQ, Lebanon)	Ph.D.	Licensed Psychologist
Dave Sabo- Individual Supervisor, Assessment Supervisor (HQ, Lebanon)	Ph.D.	Licensed Psychologist
Terri Williams – Individual Supervisor, Member of Training Committee (Renaissance)	Psy.D.	Licensed Psychologist
Christine Zahorchak – Individual Supervisor (Locust Lane Harrisburg)	Psy.D.	Licensed Psychologist
Kim Millhimes - Assessment Supervisor (York Psych)	Psy.D.	Licensed Psychologist
Trish Young - Vice President of Outpatient, Individual Supervisor, Member of Training Committee (HQ, Lebanon)	Psy.D.	Licensed Psychologist
Roy Smith - CEO/Founder, Member of Training Committee (HQ, Lebanon)	Ph.D	Licensed Psychologist

Additional Internship Faculty/Didactic Presenters

Name and Title	Degree	License
Carl Sever – Outpatient Clinical Co-Director	MA	LPC
Crystal Porter – Outpatient Clinical Co-Director	MSW	LCSW
Amanda Keith – Team Leader (Renaissance)	MSW	LCSW
Valerie McNicholl – Team Leader (17 th St, Harrisburg)	MSW	LCSW, CADC

Appendix G: Supervisory Priority Notice

Initiative in Supervision:

Please take initiative in your supervision. Be proactive in seeking out various clinical experiences. As you imagine, you will get out of it what you put in. Be thoughtful and reach deep as you and your supervisors prepare your individual training goals. Please come to supervision more or less prepared to discuss whatever clinical issues you want to explore and the areas you want to fine tune.

Priority of Supervision:

During the internship there will be varying demands upon your time. Inevitably, at times there will be scheduling conflicts, e.g., two trainings that are scheduled simultaneously, client issues, meetings, etc... Your individual internship supervision will always take priority. They are required by all parties involved in your education. Do not cancel these appointments unless you have scheduled vacation time or it is a medical or similar emergency. Meeting deadlines for non-internship matters (like your dissertation) is NOT a reason to miss internship requirements.

That being said, your supervisors will be happy to be flexible and reschedule for another time if you give **PLENTY** of advanced notice. So, for example, if you have an all-day training scheduled which is mandated by state funding sources, put this in your calendar (you will always be told several *weeks to months* in advance) and request an appointment change with your supervisor as soon as you can.

Appendix H: Internship Requirements Handout

Welcome to the Doctoral Internship at PCS. This is a challenging and exciting time in your lives as you finish your formal education in psychology. In this last stage of training, please take the opportunity to make everything you experience an occasion for growth and learning. Be proactive and take initiative. Along with the challenges and hard work, I also hope you will have fun and enjoy yourselves.

Along with performing your duties at your main site and outpatient office, there are a few additional requirements for successfully completing the Internship:

1. **Psychological Assessment:** You will need to complete a minimum of 4 psychological assessments. Your assessment supervisor will provide the required supervision on these assessments and will inform the Training Director as to your progress as well as providing feedback on your mid and end of the year evaluations.
2. All interns must undergo direct observation of their clinical work during the training year. Interns are required to be able to present at least one recording per quarter to their individual supervisors, as well as one recording during formal case presentations in group supervision. Interns tend to approach taping in different ways, with some seeing it as an opportunity to gain valuable feedback, whereas others may feel hesitant to share due to anxiety regarding skill level. These reactions are completely understandable. We have all felt uncomfortable with some aspect of our clinical work at some point. This requirement is designed to assist you in developing your conceptualization and intervention skills, and to elicit useful feedback from both supervisors and peers.
3. The intern will be asked to give a brief **professional presentation**, at least once within the year during our weekly didactic slot. An ideal topic would be one that facilitates the professional growth of fellow interns (ethics, pharmacology, research, diversity issues, therapeutic techniques, medication, research, integration of spirituality and psychology, personality theory, dual diagnosis issues, etc.). Each intern is required to provide at least 5 references upon which their didactic presentation is based, with at least 3 of these references being required to identify relevant articles in peer reviewed journals. The remaining references should reference appropriately scholarly material such as statistical reports issued by organizations such as the National Institute of Mental Health (NIMH) or the Substance Abuse and Mental Health Service Agency (SAMHSA), or books relevant to the topic such as treatment manuals or books written about the theory relevant to the topic. Please provide an outline and list of references to the Training Director at least two weeks prior to the scheduled didactic. If you are having difficulty formulating an idea or identifying specific research please talk to the Training Director who will assist you with this.
4. Attend **all** scheduled supervisions unless you are taking a vacation day or have given advanced notice to your supervisor and the Training Director.

5. Assigned **readings** throughout the year, w/a **brief** summary/reaction paper on the readings.
6. Interns complete **evaluations at the mid and end of the year of the internship program**, their **individual supervisors** and experience in **group supervision**.

*Regarding **assessments**: For each battery completed you will be supervised by one of a number of licensed psychologists who act as assessment supervisors within PCS. Please avail yourself of their expertise. You should set up at least one face to face supervision appointment per assessment, with additional supervision through email, phone calls or in person supervision as appropriate.

Batteries will need to be formulated, testing conducted, results score, interpreted and written up. Due to the complexity of this process, it is important that each intern gives themselves enough time to fully utilize the training opportunities related to assessment. The following timetable identifies the dates each assessment report is required to be completed. Completion is identified as completed testing and scoring, having the report approved by your individual supervisor and then in person feedback provided to the client. Due dates are as follows:

Battery 1 is due by the first Friday in December

Battery 2 is due by the first Friday in February

Battery 3 is due by the first Friday in May

Battery 4 is due by the first Friday in July

It should be noted that these are due dates. If you want to hand in assessments prior to the due dates, I would recommend you do that. For each battery you will assess the patient **at least 2** domains- personality assessment, , intelligence, achievement, career interest/aptitude, neuropsych etc. Please use only tests that you have training or competency in, unless under the direction of the relevant assessment supervisor.

**** Regarding year-end **report**: Please include in the year and report your new address (if you are moving, for purposes of sending your certificate, follow up communications/surveys), a valid email address and where you will be working or what you'll be doing following you completion of internship (for the APPIC questionnaire).

Appendix I: Permission and Release Agreement to Audio/Video Tape Client Sessions



OUTPATIENT SERVICES
Permission and Release Agreement to Audio/Video Tape Client Sessions
Authorization to Audio/Video Tape

As the undersigned, I give permission to Pennsylvania Counseling Service, Inc. to record my session on audio or digital recording media or camera with the intent of using it for presentation in clinical supervision sessions occurring at Pennsylvania Counseling Services. Specifically, I am giving permission for my therapy session to be viewed by my therapist who is employed by Pennsylvania Counseling Services, other therapists/psychology interns employed by Pennsylvania Counseling Services, and clinical supervisors who are employed by Pennsylvania Counseling Services.

I am aware that my confidentiality rights will be protected and my session on audio/digital recording media or camera will not be divulged to the public or in any other forums. Further I am aware that my therapy session, my identity and any information contained in the audio/video recording is protected under HIPAA privacy laws.

Client Printed Name _____ Client Date of Birth _____

Client Signature (or Parent/Guardian if client is under age 18) _____

Parent/Guardian Printed Name (if client is under age 18) _____

Signature Date _____

****All additional family members and/or significant others being audio/video taped must sign below to indicate permission. If client or family member is under 18 years of age, parent/guardian must sign for them.***

Family Member(or Parent/Guardian for under 18)/Participant Signature Signed for: Name Printed

Family Member(or Parent/Guardian for under 18)/Participant Signature Signed for: Name Printed

Family Member(or Parent/Guardian for under 18)/Participant Signature Signed for: Name Printed

Family Member(or Parent/Guardian for under 18)/Participant Signature Signed for: Name Printed

Family Member(or Parent/Guardian for under 18)/Participant Signature Signed for: Name Printed

Appendix J: Supervisee Taping Release Form

**PENNSYLVANIA COUNSELING SERVICES
PERMISSION and RELEASE AGREEMENT**

Authorization to Audio/Videotape Supervision

I _____ give permission to have my supervision session(s) audio/videotaped for the purpose of education and training of my doctoral intern supervisor and to ensure the highest quality of supervision and clinical training for myself. I understand that audio/videotape(s) will be used in supervision of supervision, and may also be reviewed by other staff members associated with the training program. I further understand that the encrypted video(s) may be transmitted electronically by my supervisor or other training program staff.

I understand that my consent is voluntary and that I am releasing the staff associated with Pennsylvania Counseling Services, Inc. from liability, provided the services and taping are performed and utilized as described above.

Supervisee Signature Date

Supervisor Signature Date

Appendix K: Request for PTO



Request for Paid Time Off (Leave)

Intern Name: _____

I am requesting to use my PTO for the following date(s) and I understand that this is a request, and approval is not guaranteed. Time taken for PTO must be accrued. Approval is provided at the discretion of the Training Director. In most cases, at least two weeks notice is required for requests to be reviewed, and all interns are required to ensure appropriate clinical coverage is in place prior to taking Professional Development.

NOTE: As an intern you are provided with 10 days of Paid Time Off for the year. These days are in addition to the 6 holidays outlined in the Internship Handbook. Interns should take PTO for any day they do not engage in internship participation (i.e. a combination of clinical work, didactics, supervision etc.) that they are typically scheduled for (i.e. Monday-Friday). In case of absence due to illness, interns should take PTO.

Date(s) requested:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____

After completing this section - Please give form to the Training Director

This section to be completed by Training Director –

Date received by Training Director: _____

_____ Request granted

_____ Request denied (reason below)*

Training Director's signature: _____

Coverage Plan for intern's clinical duties or reason for denial: _____

A copy of this document will be added to your internship file.



Request for Professional Development Time

Intern Name: _____

I am requesting to use my Professional Development leave for the following date(s) and I understand that this is a request, and approval is not guaranteed. Professional Development time must be accrued. Approval is provided at the discretion of the Training Director. In most cases, at least two weeks' notice is required for requests to be reviewed, and all interns are required to ensure appropriate clinical coverage is in place prior to taking Professional Development.

NOTE: As an intern you are provided with 5 days of Professional Development Leave for the year. Professional Development days are to be taken for activities directly related to your professional development. This will typically include activities such as dissertation defense, attendance at conferences, attendance at external trainings, and interviews for Postdoctoral positions. Any and all requests for professional leave are subject to approval by the Training Director, who may require evidence of participation in professional development activity upon the intern's return.

Date(s) requested:

Signature: _____

After completing this section – Please give form to the Training Director

This section to be completed by supervisor -

Date received by Training Director: _____

_____ Request granted

_____ Request denied (reason below)*

Training Director's signature: _____

Coverage Plan for intern's clinical duties or reason for denial: _____

A copy of this document will be added to your internship file.

Appendix L: Psychological Assessment Procedures

INTERN PSYCHOLOGICAL TESTING PROCEDURE – Updated June 2019

1. Send an e-mail to Madison Herrera to request a name from the referral list for Outpatient Assessment (MMHerrera@pacounseling.com) or to Mandy Newmaster (mnewmaster@pacounseling.com) to request a referral from Crossroads.
2. Upon receiving a referral for testing, send an email to your designated assessment supervisor outlining the referral question and a general list of tests you think would be helpful/domains you feel may be important. Supervisor will then provide feedback about the proposed battery.

NOTE: Crossroads clients do not require insurance verification/ authorization due to all treatment being part of the per diem. **Interns may only accept outpatient referrals who have PerformCare as their primary insurance.**

NOTE: As with all clinical activities, any electronic record of client's assessment is required to be completed on approved equipment and servers. This is required to comply with HIPAA regulations.

3. **External Referrals for Testing:** The client will be scheduled for a **MH Initial Evaluation** as their first appointment and this appointment should be set up through the Patient Registration department. The client should be informed that they must arrive 45 minutes early to complete paperwork. *The client must complete all of the paperwork that is required for a Mental Health Initial Evaluation appointment.* Following completion of the MH initial evaluation appointment, the client will be scheduled for a MH Psych Testing Eval (see additional information below).
4. **Current PCS Clients who are referred for Testing:** The client will be scheduled for a **MH Psych Testing Eval** appointment (see additional information below).
5. Intern will request authorization for PerformCare clients following approval of testing battery by assessment supervisor. **Authorizations to PerformCare should be requested with CPT code 96130.** You will fill out the Auth Request and submit this to your designated assessment supervisor for signature. Place authorization information in the designated scan bin. This authorization will inform us how many hours we are approved for.
6. Intern will submit requests to checkout testing materials to Cherie Brickley (cbrickley@pacounseling.com) at HQ. Cherie is in charge of checking out and checking in testing materials from the library. Friday mornings are a good time to

checkout materials. Cherie's desk is at the front window at HQ where individuals check in from the waiting room. Materials can be couriered; however, all materials will need to be signed for, with local administrators holding the test materials until the intern signs them in. Materials should then be brought back to HQ when no longer needed. If materials are to be couriered back, Cherie will review the kit to ensure all materials are present at check in, with the intern then signing the materials back in the next time they are physically at HQ. Materials signed out to individuals become that individual's responsibility. The cost for replacement of lost or damaged materials are the responsibility of the individual who checked them out

7. Contact the client to schedule testing. PerformCare clients should be told that a no show or late cancellation will result in no further scheduling for testing.
8. Client will check in at the front desk. Client will sign-in at the front and the appointment will be marked as arrived.
9. PerformCare clients will not have any additional fees above and beyond that which are covered by insurance.
10. The **MH Psych Testing Eval** appointment must be scheduled with a psychologist supervisor, with the psychologist being present for the duration of this meeting. The appointment will be put into psychologist supervisor's schedule and intern will block an event for testing in their own schedule during this time. The client does not need to complete any additional paperwork for this appointment. *This appointment should be a minimum of 1 hour in duration.* In most cases, Dr. Sutton will schedule to sit in with you during this evaluation appointment. *The psychologist sitting in with you will complete the progress note for this appointment in Lighthouse, as this service must be billed under their name. Please contact Dr. Sutton to confirm availability for MH Psych Testing Eval appointments.*
11. *Follow up test administration appointments will be scheduled in the Portal in intern's schedule under **MH Psych Postdoc Test Admin Scoring**. These appointments must be at least 30 minutes in length and a minimum of 2 tests must be administered.* Your psychologist supervisor is not required to sit in during follow up testing appointments.
12. *The intern will complete an OP Progress Note for all follow-up **MH Psych Postdoc Test Admin Scoring** appointments (regular individual progress note) noting the correct Service, CPT, Diagnosis, Time, Duration, and what was done during the session.*

13. All appointments related to the test must be scheduled and completed within **45 days from the MH Psych Testing Evaluation appointment**. *All scoring, notes and the finalized report must also all be completed within this timeframe. The final report must be scanned into the client's chart in Lighthouse in order for billing to be completed.*
14. Testing may not be scheduled above and beyond the authorization. Documentation of testing limitations should be included in the report to detail why additional testing was not completed (insurance did not authorize) and limitations of the testing and recommendations based upon the information available. In preparation for practice outside of internship, interns should follow as closely as possible the hours authorized.
15. Interns can generally only see PerformCare clients. Appointments should be scheduled under the client's name.
16. System will only bill when sessions are marked seen and progress note has been completed.
17. **If client is seen for less time than was originally scheduled or interpreting/reporting takes less time than originally scheduled, therapist must edit the appointment on the portal and adjust the correct time. This must be done before the end of Date of Service** to ensure billing is accurate.
18. Once testing and scoring has been completed intern should schedule a meeting with the supervising psychologist to review data and interpretation.
19. Once report has been completed, it must be placed in the designated scan bin. Report must be co-signed by Psychologist before scanning when performed by interns. The intern is required to email the clinic office manager and inform them that the report has been turned in and the assessment complete. The office manager will then follow up with finance to confirm the assessment is complete.
20. PerformCare clients can't be re-scheduled if they miss or late cancel Psych testing appointments.
21. In cases when client doesn't finish the testing, intern should document testing provided on the progress note and complete and scan however much of the results and report were completed.
22. It is expected that report writing and feedback is finished before billing deadlines to ensure compliance with billing regulations, and timely results to clients. **Testing, interpretation, report writing and feedback must be completed with**

the client within 45 days of their initial evaluation. The finalized report must also be scanned into the client's chart within this timeframe.

23. Feedback sessions should be offered to the client and scheduled within 45 days of the completion of testing. Feedback session should be scheduled as a **MH Psych Postdoc Test Admin Scoring appointment and must be a minimum of 31 minutes in length.** Feedback sessions will involve the intern and the client/client's parents where appropriate.
24. If the client is not participating in any other services and the referral was strictly for psychological testing, the intern is responsible for discharging the client through the normal MH discharge process.