



JPS Health Network Clinical Psychology Doctoral Internship

Training Manual 2021-2022*



JPS Health Network
Fort Worth, Texas

Best Healthcare System

Source: D CEO

#1 Hospital in the U.S.

Source: Washington Monthly

** Please Note: JPS anticipates that the 2021-2022 training year will be entirely in person. However, JPS may adapt as necessary to include a partially virtual training experience. Regardless, interns should realize that JPS is a full service hospital environment where infection precautions are always a part of the job.*

CLINICAL PSYCHOLOGY DOCTORAL INTERNSHIP TRAINING MANUAL

Instructions: After you have read this Training Manual, please detach this page, fill it out, sign, and return to the Training Director.

I, _____,

certify that I have received and read this JPS Clinical Psychology Doctoral Internship Training Manual. I understand that the information contained in this manual includes mandatory JPS policies, and I agree to abide by the terms described herein.

Further, I acknowledge that the Rules of the Road™ set forth in the Code of Conduct and shown below are intended to help direct who we are at JPS, how we care for each other and how we continue to provide excellent patient-centered care. I agree to be guided as a professional by the Rules of the Road™ so that my conduct is consistent with the core values and principles of JPS.

Signature _____

Date _____

Printed Name _____

Employee Number _____

DEDICATED TO OUR Rules Of The Road™



Own It

We take pride in the work we do and the quality care we provide. Everyone who wears the JPS badge, regardless of his or her job description, contributes to our journey to excellence.



Seek Joy

Every shift, every day, JPS team members celebrate our patients, colleagues and successes, finding reasons to smile and emphasize the positive while at work.



Don't be a jerk

Everyone deserves to be treated with courtesy and respect. Every smile, laugh and act of compassion demonstrate our commitment to our mission of transforming healthcare delivery for the communities we serve.



WELCOME!

Welcome to the JPS Health Network Clinical Psychology Doctoral Internship Training Program (the “Program”). We look forward to working with you during this important and exciting milestone year in your training! At JPS, we view the education of compassionate, caring, and science-informed clinicians as critical to the provision of high-quality care within our community and beyond, both now and in the future. Through our dedication to clinical excellence, evidence-based practice, and your individual education, we aim to provide you with the solid foundation you will need to launch a successful career as a practicing psychologist.

JPS is a safety-net hospital serving the uninsured and marginalized communities of Fort Worth, Tarrant County, Texas, as well as many insured populations who seek our specialized services. As such, the JPS patient population is among the most diverse found in any psychology training setting in the nation. Within this context, we offer a twelve-month generalist internship training experience that fosters the development of confident, skilled professionals capable of applying principles of evidence-informed care in a broad range of clinical situations. Our Program can be described as:

- **Foundational:** JPS doctoral-level interns are trained using the practitioner-scholar model and exposed to state-of-the-science approaches in consultation, collaborative assessment, and effective treatment. Our aim is to help interns develop skill in the use of these tools of professional psychology, and to be able to adapt them in a scientifically sound and clinically attuned manner to best serve the needs of each client.
- **Multidisciplinary:** JPS is a full-service healthcare environment where interns work collaboratively with practitioners from other disciplines using approaches that emphasize integrative and individualized patient care. JPS interns will find themselves providing consultations to surgeons and nurses on trauma and med/surg floors and to psychiatric team members on inpatient units and in outpatient behavioral health clinics.
- **Theoretically Diverse:** Finally, the Program employs a broad spectrum of conceptual frameworks, reflecting the major paradigms currently in use within the field. Our psychologists are skilled and knowledgeable in the theory and application of CBT, DBT, humanistic, psychodynamic, and biopsychosocial understandings of the origins and resolution of human distress.

In 2020, JPS was ranked the leading healthcare system in the nation by the Lown Institute and Washington Monthly magazine. We were also named 2020 “Outstanding Health System” in the DFW area by D CEO and D Magazine. JPS did not actively compete for either of these awards. They were awarded in recognition of countless hours of excellent clinical care provided across the system. It is this standard that we will apply to your clinical training, and to the performance we will help you achieve.

Looking forward to a great year!

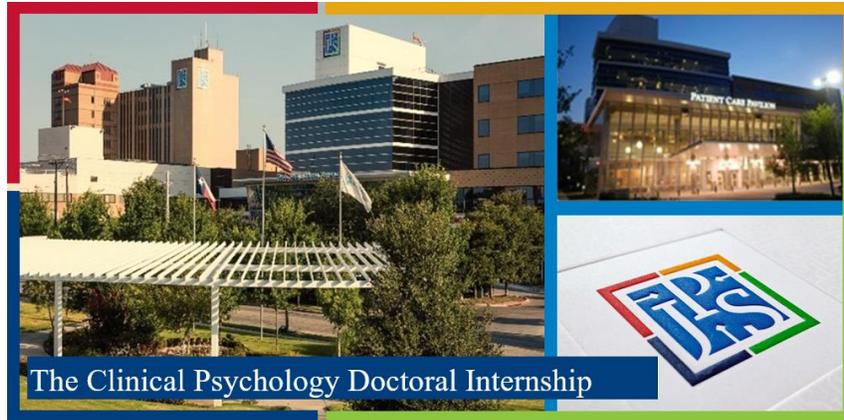
Cynthia A. Claassen, PhD.
Psychology & Internship Training Director

Katherine Weber, PhD.
Assistant Psychology Training Director

CLINICAL PSYCHOLOGY DOCTORAL INTERNSHIP TRAINING MANUAL

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TRAINING PLAN

The JPS 12-month generalist internship training curriculum is designed to train competent, technically skilled and theoretically equipped clinicians to adapt approach, communication style and method in a scientifically appropriate manner to the needs and demands of diverse, often underserved, individuals with complex clinical presentations.

The curriculum is **sequential** in nature -- promoting professional competencies within a structured, developmental framework that leads ultimately to the ability to function independently as a professional psychologist. Training activities are graded in nature from basic to advanced and integrated over the course of the year to form a coherent, organized learning experience.

The curriculum is also designed to be **practical and adaptive** – fostering the ability to move learning rapidly from the conceptual into real-world applications, affording repeated opportunities to integrate science, theory, and ethics into real-world practice.

Finally, the curriculum is designed to be **flexible** – ensuring competence in the core foundational skills that all fully trained psychologists must possess and providing exposure to a range of additional skills and learning experiences based on each intern's unique needs and goals.

PROGRAM AIMS:

The JPS internship training approach is based on the practitioner-scholar model, which places emphasis on evidenced-based and scholarly informed practice. Using this framework, our interns learn to integrate empirical data with clinical acumen over the course of their internship year in order to serve the unique concerns of the JPS patient population. These three primary sources of influence guide the selection of interventions used to address presenting issues.

Further, given the sites in which our interns are trained, we aim to develop clinicians who are capable of delivering effective care in fast-paced, high-acuity, multidisciplinary clinical settings. From week one of the training year, our interns are introduced to clinical settings that require

accurate diagnoses, actionable assessment results, and effective, impactful interventions. Each intern's growth is supported through intensive supervision, relevant educational experiences, and broad-based exposure to mental health care. Complex and challenging cases are not uncommon, and our interns are provided with the resources—empirical and methodological—needed to work effectively with these cases.

CORE COMPETENCIES:

The Program is designed to develop the core profession-wide competencies identified by the American Psychological Association (APA) as necessary for the competent and ethical practice of psychology. As developed within our Program, these competencies are designed to ensure the growth of interns in preparation for clinical careers – as a practicing clinician, a clinical supervisor, or a clinical consultant. The Program is designed to prepare interns as entry-level clinicians or to serve as the basis for pursuit of advanced, post-doctoral specialization. By the end of the internship year, each intern will be expected to demonstrate competency in each of the following areas as defined by the practitioner-scholar training model:

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 interpersonal/interdisciplinary skills

More information regarding the APA's Implementing Regulations relating to the Standards of Accreditation can be found at: (<http://www.apa.org/ed/accreditation/section-c-soa.pdf>).

CORE ROTATIONS:

Our Program meets APPIC membership criteria and offers a major area of study in general psychology within JPS. At least 80% of intern time is devoted to training in direct clinical activities. Interns will train in three primary rotations over the course of the 12 month training experience, as described below.

NEUROPSYCHOLOGICAL / PERSONALITY ASSESSMENT ROTATION

Location: JPS Acute Care Inpatient Adult & Adolescent Psychiatric Units and Outpatient Behavioral Health Clinics

Inpatient Setting: JPS houses one of the largest inpatient psychiatric services in Texas, including a 98-bed acute psychiatric hospital and another 36-bed facility for patients who require extended inpatient psychiatric care. Within the acute care hospital, 82 beds are reserved for adult patients (ages 18 and older) while the other 16 beds are dedicated to acute crisis inpatient treatment for adolescents (ages 13-17). All of these acute inpatient psychiatric units are designed to provide services to patients who require

aggressive psychiatric intervention to stabilize acute symptomatology. Psychology plays a consultative role in these settings, working collaboratively with a multidisciplinary team composed of psychiatric specialists, clinical pharmacologists, social workers, and nurses. Psychological and neuropsychological assessment results support clinical decision-making by these care teams in a variety of ways, including clarification of differential diagnoses, developing an accurate problem list, providing short- and long-term treatment recommendations, and assessing risk of near-term suicidal or other-directed violence.

Outpatient Setting: The JPS Outpatient Behavioral Health Service provides care during over 40,000 outpatient medication management and psychotherapy patient encounters annually. In this relatively psychiatrically stable population, empirically-supported assessments are used to establish diagnosis, level / quality of cognitive functioning, and / or to provide further treatment recommendations.

Assessment Rotations:

Intern Role on the Assessment Service: The inpatient and outpatient assessment rotations are each approximately four months long. On an inpatient basis, interns hone their skills in patient interviewing, patient management, and test administration. During their time on the outpatient service, interns are fully responsible for one to two evaluations per week with supervision designed to match their experience level. During these rotations, interns will increase their competency in conducting psychological / neuropsychological assessments and effectively communicating findings to consumers of these services.

Rotation Learning Objectives: At the end of these rotations, the intern will be able to:

1. Construct appropriate differential diagnoses lists and identify additional information needed to arrive at accurate, final diagnoses.
2. Select appropriate assessment measures for testing based on referral question, problem list, and differential diagnoses considerations.
3. Administer and score a broad range of personality and neuropsychological tests in a standardized manner.
4. Interpret testing results appropriately and produce a clear conceptual formulation of the etiology of patients' problems, integrating various sources of data.
5. Provide clear and meaningful feedback to multi-disciplinary treatment teams on assessment results.
6. Demonstrate competency in virtual and computerized assessment strategies and knowledge of the ethical, legal, and practical issues involved in use of this approach to assessment.

PSYCHOTHERAPY ROTATION

Location: JPS Outpatient Behavioral Health Clinics

Description: JPS patients are referred to the Outpatient Behavioral Health Psychotherapy Service from across the network to address a variety of psychological issues. Common referral questions include mood regulation, anger management, psychological trauma, and relationship issues. Both group and individual therapy formats are available. Individual therapy is currently offered on both a face-to-face and virtual basis. We include in this rotation experience with a psychodynamically-informed approach to personality assessment and conceptualization that specifically incorporates the use of projective assessment techniques (Rorschach, Thematic Apperception Test). This specialized testing experience is used provide balance between cognitive-behavioral and psychodynamic conceptual and interventional approaches during this time-limited rotation, and to ensure that the psychotherapy rotation provides the kind of “depth” case conceptualization approaches that are enhanced by results from projective assessment.

Intern Role on the Psychotherapy Service: The Psychotherapy rotation provides interns with opportunities to hone their skills in evidence-based interventions, empirically-supported interventions, and collaborative multimethod personality assessment and therapeutic feedback. During this three-month rotation, interns will be engaged in the following activities:

- Co-leading one or two CBT-based therapy groups for anxiety, depression, and/or trauma with a psychology faculty member.
- Carrying a caseload of 6-8 CBT and/or ACT clients.
- Using brief interventions with psychiatric inpatients to manage and deescalate high-risk behaviors.
- Performing one collaborative assessment per week with report write-up. These assessments will be multimethod and integrative in nature, and will most often include a Rorschach, self-report personality measures, and cognitive measures.

Rotation Learning Objectives: At the end of these rotations, the intern will be able to:

1. Perform comprehensive collaborative assessments that are person-focused and provide a roadmap for effective, individualized treatment.
2. Intervene flexibly and competently with clients, using psychotherapeutic methods that draw from knowledge of a diverse set of theoretical orientations and a diverse set of therapeutic skills.

Longer-term Psychotherapy Experience: In addition to the activities of the three-month psychotherapy rotation, interns will carry one or two long-term psychotherapy cases over the course of the entire internship year. At least one of those cases will be a psychodynamic case with one hour of intensive supervision a week.

HEALTH PSYCHOLOGY ROTATION

Location: JPS inpatient medical floors

Description: JPS houses a 583-bed inpatient service, with the Psychology Division providing health psychology consultations and other supportive services to the multi-disciplinary specialty care teams who treat medically-ill inpatients within trauma and other inpatient units, ICUs, and the emergency department. In particular, intensive health psychology services are provided to JPS's Level I Trauma Service where psychologists play an important role in addressing a host of issues encountered by medically and psychiatrically compromised patients.

Intern Role on the Health Psychology Service: On this four-month rotation, psychology interns learn to address consultation requests within medically ill patient populations for capacity evaluations, substance and acute stress-related issues, and a wide variety of other patient management concerns.

Rotation Objectives: At the end of these rotations, the intern will be able to:

1. Conduct an independent health psychology intake evaluation in a variety of medical settings, while adapting the scope and focus of the evaluation to the nature of the referral question and patient health status.
2. Apply a medical record review protocol that incorporates relevant medical findings (e.g., lab results, medical procedures, etc.) into case conceptualization and treatment.
2. Use a patient care model that includes collaboration with multi-disciplinary medical specialty care teams to promote overall effective management of medically compromised patients.
4. Apply commonly used health psychology diagnostic and evaluation measures in an appropriate and culturally-sensitive manner.

ADDITIONAL LEARNING EXPERIENCES:

PSYCHIATRIC EMERGENCY CENTER (MINOR ROTATION)

Location: The JPS Psychiatric Emergency Center (“PEC”)

Description: The PEC is located within the JPS emergency department and is one of the largest dedicated psychiatric emergency services in the country. With an average of over 20,000 patient visits a year, those individuals presenting to the PEC are experiencing acute mental health crises – often involving psychosis, mania, suicidal concerns, or other significant psychopathology.

Intern Role in the PEC: Over the course of ten (10) PEC 6-hour shifts psychology interns will work with the multidisciplinary PEC team to triage, diagnose, evaluate, and address PEC patient needs.

Rotation Learning Objective: At the end of this rotation, the intern will be able to:

1. Recognize the signs and symptoms of common emergent and acute psychological crises, including acute manic episodes, psychosis, suicidal crises, and psychological trauma.
2. Assess acuity during common psychological crisis presentations.
3. Identify the most appropriate course of action for addressing common psychological crises based on acuity level, cultural factors, available resources, and treatment needs.

FORENSICS AND MENTAL ILLNESS COURT (EXPOSURE):

Location: JPS Acute Care Inpatient Psychiatric Hospital Court Room

Description: Mental Illness Court is held twice weekly onsite at JPS in a conference room within the Inpatient Psychiatric Hospital. During court proceedings, county judges and court-appointed lawyers work with involuntarily-hospitalized patients who wish to be discharged against medical advice. JPS psychiatrists and residents testify in these proceedings, presenting the rationale for maintaining a patient on an inpatient basis, with questioning by legal representatives of the patient and/or the patient’s family. Results of neuropsychological or personality assessment are frequently used to support the case for continued inpatient care.

Intern Role in the Mental Illness Court: Psychology interns will be required to attend one or more court sessions while on the inpatient assessment rotation.

Court Experience Learning Objective: After exposure to Mental Illness Court proceedings and attending related didactics, the intern will be able to:

1. Discuss ways in which assessment results should be structured to address their use during mental illness court proceedings.

DIDACTICS, SEMINARS, AND GROUP TRAINING EXPERIENCES:

Interns participate in a structured series of lectures, seminars, and skill building labs designed primarily to enhance performance on their clinical rotations.

Orientation: Orientation activities occur during the first three weeks of the internship year. Incoming interns are familiarized with the Program and introduced to faculty, other interns, the Program Administrator, and other support personnel from across the healthcare system. The first week includes introductions, JPS Hospital orientation, Department of Psychiatry and Behavioral Health orientation, Program orientation, and various “onboarding” activities. Basic clinical practices are reviewed in preparation for patient contact. General approaches to patient engagement, assessment test administration and scoring, risk management, diagnosis of psychopathology, and psychopharmacology are presented. Trainees meet individually with the Training Director to discuss individual training goals.

Advanced Assessment Practices (Weekly Didactic): This seminar series is designed to provide advanced training and supervision in the application of a broad range of health psychology, neuropsychology, and personality assessment concepts. Topics covered in these presentations include effective interviewing, constructing the problem list, establishing differential diagnosis, how to do oral case presentations in multidisciplinary settings, assessment approaches for common neuropsychological referral questions, projective testing, integrating disparate testing results, and report writing.

Assessment Skills Lab (Weekly Training Lab): This training experience includes practice in applying content from assessment didactics lectures to actual cases. These applications involve hands-on skill-building activities, role-play, and specific assessment-related case studies. The goal of the Skills Lab is to further develop and concretize those skills learned in the weekly assessment seminar and while on service. Students will be required to do periodic case presentations as part of this learning experience and their progress in skill acquisition over the course of the training year will be tracked.

Applied Intervention Practices (Weekly Didactic): This seminar series includes a structured review of the major “schools” of psychological intervention, including those psychotherapeutic approaches used most commonly in individual, group, and Health Psychology settings. Case formulation, cultural and other contextual adaptations in the application of psychological interventions, applied ethics, and approaches to consultation and supervision are topics covered in this didactics series.

Intervention Skills Lab (Frequency varies across the year): This training experience expands upon content presented in interventions didactics and involves regularly-scheduled group psychotherapy supervision sessions augmented with any additional instruction and practice in foundational intervention strategies that are identified as necessary, to include rapport building and therapeutic alliance, motivational interviewing, oral case presentation, or interventional strategies associated with cognitive behavioral, psychodynamic, and brief Health Psychology approaches.

Other Lectures and Supervisory Experiences:

- Psychiatry Grand Rounds lectures (Twice Monthly): These presentations cover a wide variety of mental health topics, presented by nationally-recognized speakers from across the nation, as well as some local presenters.
- Director’s Rounds (Monthly): Regularly scheduled meetings with the Training Director and other Program administrative team members are a time to address those issues that can arise during the internship year, including challenges encountered on individual rotations and more general logistical concerns.
- Special Topics Lectures and Other Training Experiences (Frequency varies): Depending on an intern’s particular career goals or other Program demands that arise throughout the year, occasional lectures or skill building sessions will be offered as needed.

INDIVIDUAL SUPERVISION AND MENTORING:

Each rotation’s primary supervisors are licensed psychologists on faculty within the JPS Psychiatry and Behavioral Health Service. They are all clinicians providing specialized care within specific psychology service lines (i.e., neuropsychological/ personality assessment; health psychology; psychotherapeutic interventions). These primary supervisors assume ultimate responsibility for the clinical services provided by psychology interns. After initial rotation orientation, they will assist interns in case formulation and in matching clinical services with patient needs, taking into account diagnoses, acuity, and relevant empirical literature. Supervisors ensure that treatment adheres to appropriate clinical practice guidelines, and they are responsible for electronic medical record documentation and / or co-signing all medical records.

So that primary supervisors are familiar with all the cases under their direction, interns are required to present a brief oral report capturing their assessment, diagnostic impressions, problem list, case formulation, and plan for each patient they treat. Primary supervisors should be informed immediately about situations involving risk, clinical deterioration, and treatment non-adherence. They should also be informed whenever significant changes in mental status or functioning occur among patients being treated by interns. In addition to primary rotation supervisors, the Training Director (Cindy Claassen, PhD), Assistant Training Director (Katherine Weber, PhD), and Psychiatry Chair (Alan Podawiltz, DO) are available for consultation should clinical emergencies arise among patients being treated by interns. Other psychology rotation supervisors also are available should clinical emergencies arise on any clinical rotation (Brian Duncan, PhD; Daniel Munoz-Santamaria, PhD; Iris Giove, PhD; Alan Frol, PhD).

The individual supervision structure is aligned with the internship foundational didactics structure and content as well as the training experiences of the core rotations that form the JPS internship training experience. At least two hours of scheduled individual supervision per week are built into each clinical rotation with the intern's primary rotation supervisor. Direct evaluative feedback on each intern's clinical performance will be provided during these supervision sessions, and growth in clinical skills will be tracked over the course of each rotation.

RECORD MAINTENANCE

The full time JPS internship training experience is offered over twelve (12) consecutive months and yields the equivalent of 2000 hours of applied clinical experience. Interns are engaged in clinical rotations, supervision sessions, didactic seminars, and other approved activities on a full-time basis, with clinical rotations constituting approximately 80% of all activities; however, actual clinical engagement time on any given rotation is somewhat contingent upon demand for services and the nature of the rotation. The following records of training activities are maintained:

Program Record Maintenance: The Program Administrator maintains records of all documents pertaining to the Program, including any grievances, Program evaluations, and all intern evaluations. The Program Administrator also gathers and maintains appropriate records from former interns about licensure, employment, professional memberships, professional affiliations, and general information about the intern training experience.

The Training Director maintains records pertaining to individual interns, including work samples, clinical hours tracking sheets, supervisory evaluations, progress on attaining professional competencies, and any disciplinary or corrective action. The Training Director is responsible for confirming all training milestones achieved by former interns for the purposes of licensure.

Intern Record Maintenance: Interns are required to track their clinical hours and their training experiences and to supply a copy of their weekly tracking sheets to the Training Director and/or Assistant Training Director. This information is used as one data point for evaluation of competency over the course of the internship year.

PROGRAM ASSESSMENT ACTIVITIES

Throughout the internship, interns provide feedback about the Program, and recommendations for enhancing our Program are taken seriously. Based on this feedback, adjustments in the content or methods of supervision and didactics are made as appropriate to meet intern needs. There are four mechanisms for interns to provide this feedback; two are formal and two are informal.

The Training Director has an “open door” policy. Interns are encouraged to access to the Training Director whenever needed. The Director’s office is merely yards away from the intern office, and any problems are assessed and addressed in a collaborative fashion.

The Training Director also meets monthly with the interns. During this meeting, there are announcements related to hospital or Program policies and procedures, and questions, concerns, and problems are addressed as appropriate.

Third, interns provide feedback to clinical supervisors and didactics coordinators on a semi-annual basis. They discuss their feedback directly with supervisors and coordinators, and the information is shared with Program administration and the Training Director. Response to these feedback sessions is discussed with interns and with the Education Policy Committee.

Finally, in addition to formal reviews of training experiences over the course of the year, interns complete a formal Program review near the end of the academic year. This review asks for a description of the strengths and weaknesses of the Program, and recommendations for how it might be enhanced. This evaluation questionnaire is provided to all interns no later than July 1 with a return to the Program Administrator by July 15 (the questionnaires will NOT be directly submitted to any faculty). This provides Program leaders the opportunity to review all responses and incorporate any changes or revisions in the Program. Areas evaluated by interns include the Program’s ability to offer:

- Informative orientation information and process
- Clarity of Program expectations
- Satisfaction with opportunities and structure for providing Program feedback
- Adequate organizational structure and support
- Exposure to psychopathology
- Quality and quantity of academic rotations and activities
- Quality and quantity of clinical training activities
- Balance between clinical and academic schedules
- Exposure to research and scholarly activities
- Exposure to culturally diverse training (faculty and patients)
- Adequacy of faculty support and supervision, including accessibility of the faculty for consultation, questions and/or concerns
- Adequacy of administrative resources and support
- Relative psychological health of workplace environment
- All requirements and criteria outlined by APA accredited programs

INTERNSHIP STRUCTURE (PROGRAM TABLES)

At-Will Employment

Consistent with APPIC's philosophy on internships, this Program is an organized training program (in contrast to supervised experience or on-the-job training) that is designed to provide the intern with a planned, programmed sequence of training experiences. However, the Program is structured so that an intern receives financial compensation from JPS as an at-will employee for the internship year. An intern's at-will employment is for the finite term of the internship year unless the employment is terminated earlier by JPS or by the intern. Because the internship is for a finite term, interns have no expectation of continued or future employment with JPS during or after the internship year. Furthermore, nothing in this manual or in JPS's policies and procedures constitutes an employment contract or in any way alters the at-will nature of an intern's employment. When the internship terminates (whether at the end of the internship year or sooner), the at-will employment with JPS automatically terminates, and likewise when the at-will employment terminates (whether at the end of the internship year or sooner), the internship automatically terminates. Upon termination, interns are not entitled to any payments, benefits, damages, award, or compensation other than as agreed to in writing by JPS or as provided by applicable law and/or JPS policies and procedures.

Summary of Compensation and Other Benefits for Interns:

- Annual salary for full-time interns (2021-2022) for a 40-hour work week, paid in accordance with JPS pay periods and applicable JPS policies and procedures: \$30,000.
- Medical insurance options available
 - ✓ Intern contribution to cost is required
 - ✓ Coverage of family member(s) available
 - ✓ Coverage of legally married partner available
 - ✓ Coverage of domestic partner available
- Life insurance options available
- Disability insurance options available
- Hours of annual Paid Time Off (PTO): 23 total days, accrued over time at the rate of 7.25 hours each pay period and this amount of PTO includes all of the following
 - ✓ PTO must be used for all vacation, personal, and professional days taken over the course of the year.
 - ✓ PTO must be used for all JPS-observed holidays, if not worked, which currently include the following: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.
 - ✓ PTO must be used for any sick days taken over the course of the year.

- Other benefits for use in connection with the Program: Library resources, computer/IT resources, and copy privileges.

***The Program is supportive of providing reasonable unpaid leave to interns in excess of PTO days, subject to JPS and Program policies, procedures, and approval.*

PROGRAM ADMINISTRATION AND FACULTY

Psychology Division Chair & Director, Academic Program	Cynthia A. Claassen, PhD	Office: 817-702-5647
Assist. Director, Academic Program	Katherine Weber, PhD	Office: 817-702-6348
Program Administrator	Dena Palmer, MS	Office: 817-702-1965
Department Chair: JPS Psychiatry & Behavioral Health & Acclaim Psychiatry Service Line Chief	Alan Podawiltz, DO	Office: 817-702-6695

FACULTY PROFILES



CYNTHIA A. (CINDY) CLAASSEN, PHD

Title: Director of Psychology, Research and Education

Contact: CClaasse@jpshealth.org

Education: 1995- PhD in Clinical Psychology
UT Southwestern Medical Center, Dallas, TX.
1977- MEd in Educational Psychology, Gifted Education Studies
University of Georgia, Athens, GA

Brief Bio: Dr. Claassen has been with JPS since 2010, serving in multiple clinical, educational, and research roles. She became the Director of Research and Education in July of 2016 and the Director of Psychology in 2020. She holds adjunct faculty appointments at the University of North Texas Health Science Center and the University of Texas Southwestern Medical Center. She has worked as a hospital-based clinical psychologist in Dallas-Fort Worth academic medical settings for several decades. At JPS, she supervises trainees and residents in clinical and research settings. She also serves as co-Chair of the National Action Alliance for Suicide

Prevention's Data and Surveillance Task Force. She has numerous grants and peer-reviewed publications, and has served as a grant reviewer for multiple suicide-related funding programs in the U.S., the U.K., and the Hong Kong Special Administrative Region. She has been an ad hoc reviewer for papers published in JAMA, Academic Medicine, the British Journal of Psychiatry, Psychiatric Services, and several other national and international scientific journals.

Clinical / Research Interests

- Suicide prevention with emphasis on surveillance methodologies.
- Suicide risk assessment in vulnerable populations.
- Biopsychosocial aspects of severe mental illness and its implications.



BRYAN C. DUNCAN, PhD

Rotation: **Psychotherapy**

Contact: BDuncan03@jpshealth.org

Education: 2019- Post-doctoral Fellow in Geropsychology
 VA North Texas Healthcare System, Dallas, TX
 2019 - PhD in Clinical Psychology
 Fielding Graduate University, Santa Barbara, CA
 2012- MA in Clinical Psychology
 Fielding Graduate University, Santa Barbara, CA
 2006- MS in Counseling Psychology
 Tarleton State University, Stephenville, TX

Brief Bio: Dr. Duncan worked as a Licensed Professional Counselor in community mental health settings and private practice for several years before completing his Doctorate in Clinical Psychology with concentrations in Clinical Health and Forensic Psychology. He completed an internship with the VA in the Rio Grande Valley region of Texas with major rotations in Primary Care/Mental Health Integration, and the treatment of psychological trauma (emphasis in Prolonged Exposure Therapy), and minor rotations in Dialectical Behavior Therapy, Health Promotion/Disease Prevention, Neuropsychology, and Telehealth. His post-doctoral training is in geropsychology from the Dallas VA with emphasis in outpatient geropsychology, Acceptance and Commitment Therapy, rehabilitation psychology, and delivery of mental health care in homeless populations (emphasizing geriatric homeless populations). Dr. Duncan's primary clinical specialty is in trauma treatment, as well as cognitive/behavioral models of psychotherapy.

Clinical / Research Interests

- Cognitive behavioral approaches to psychotherapy
- Psychological impact of trauma and trauma treatment
- Health behaviors and adaptations to medical trauma and chronic illness



ALAN B. FROL, PHD

Rotation: **Assessment (Neuropsychology)**

Contact: AFrol@jpshealth.org

Education: 1997- Post-doctoral Fellow in Clinical Neuropsychology
UT Southwestern Medical Center, Dallas, TX
1996- Re-Specialization Training in Clinical Psychology
UT Southwestern Medical Center, Dallas, TX
1987- PhD in Experimental Psychology
University of Minnesota, Minneapolis, MN
1986- Clinical Neuropsychology Practicum/Externship
University of Houston, Houston, TX

Brief Bio: Dr. Frol has been with Acclaim/JPS since 2014 and served as 2019-2021 Interim Director of Clinical Training of Psychology. He has an extensive background in Clinical Neuropsychology including adult clinical evaluations, and he holds adjunct faculty appointments at the University of North Texas Health Science Center and the University of Texas Southwestern Medical Center. He enjoys fostering the professional growth of learners to help them obtain greater knowledge, skills, and confidence in the areas of neuropsychological and psychological assessment. Dr. Frol is active in the Therapeutic Assessment (TA) community and his TA influence can be felt in his collaborative work with patients, his supervisory style, and his didactic presentations.

Clinical / Research Interests

- Neuropsychological/therapeutic assessment in adults
- Compensatory strategies for cognitive/behavioral challenges
- Cognitive and psychological aspects of mood disorders



M. GIOVE, PSYD

Rotation: **Health Psychology**

Contact: IGiove@jpshealth.org

Education: 2019- Post-doctoral Residency in Health Service Psychology
Jackson Health System, Miami, FL
2018- PsyD in Clinical Psychology
Midwestern University, Glendale, AZ
2016- MA in Clinical Psychology
Midwestern University, Glendale, AZ

Brief Bio: Dr. Giove joined Acclaim/JPS in 2020. She provides clinical health psychology services to patients within surgical, emergency room, and medical units at JPS, including those being treated in the JPS Level I Trauma Service. Her bilingual skills and experience inform her clinical work with cultural and language diverse populations, and her prior volunteer work within a women's shelter and Special Olympics enhances her capacity to adapt traditional health psychology processes to the unique needs of individual patients. She works collaboratively with medical providers on multiple services to bring the benefits of psychological services to medically-ill inpatients treated at JPS.

Clinical / Research Interests

- Medical and health psychology
- Consultation-Liaison psychology
- Traumatic injuries and psychological sequelae
- Diversity



DANIEL MUÑOZ-SANTAMARIA, PHD

Rotation: **Assessment**

Contact: DMuñozsant@jpshealth.org

Education: 2018- Post-doctoral Fellow in Psychology
JPS Health Network, Fort Worth, TX
2017- PhD in Clinical Psychology
Fielding Graduate University
2001-MS in Clinical Psychology
University of Seville

Brief Bio: Dr. Muñoz-Santamaria was born in Madrid, Spain and attended the University of Seville, where he obtained both his bachelor's and master's degrees in Psychology. After completing these degrees, he moved to the United States where he graduated from Fielding Graduate University in Santa Barbara, California, obtaining a PhD in Clinical Psychology with a concentration in Neuropsychology. Using his bilingual skills, Dr. Muñoz-Santamaria provides care and does consultative work on the inpatient psychiatric units at JPS. He performs psychological evaluations, suicide/violence-risk assessments, and neuropsychological evaluations. He is most passionate about brain-behavior relationships, neuropsychological assessment, teaching, and working with underserved populations.

Clinical / Research Interests

- Cultural factors impacting performance on neuropsychological measures
- Psychosocial interventions for psychiatric low socioeconomic populations
- Provision of psychological services to underserved populations



KATHERINE M. WEBER, PHD

Title: Assistant Director of Clinical Training
Rotation: Psychotherapy
Contact: KWeber@jpshealth.org
Education: 2019- PhD in Clinical Psychology
University of North Texas, Denton, TX
2018-2019- Pre-doctoral internship at Cambridge Health Alliance /
Harvard Medical School, Cambridge, MA
2012- MA in Cognitive and Developmental Psychology
University of Albany, SUNY, Albany, NY

Brief Bio: Dr. Weber joined the Division of Psychology at JPS in 2019 after graduating from the University of North Texas (UNT) with a PhD in Clinical Psychology. Dr. Weber completed her internship at Harvard Medical School/Cambridge Health Alliance, where she worked with children and adults across the lifespan. She spent three years at JPS in a variety of positions during her graduate program at UNT. She has a special interest in psychodynamic psychotherapy and assessment, especially multimethod assessments using self-report and performance-based personality measures, including the Rorschach (R-PAS) and Thematic Apperception Test (TAT). Her clinical interests include complex trauma, substance abuse recovery, and pain management.

Clinical / Research Interests

- Psychodynamic/object relations approaches to assessment
- Psychodynamic and integrative psychotherapy of adolescents and adults
- Complex trauma
- Substance abuse recovery
- Pain management

APPLICATION REQUIREMENTS AND PROCEDURES:

As stated by APPIC, internship training is at post-clerkship, post-practicum, and post-externship levels and precedes the granting of the doctoral degree. Interns must have completed adequate and appropriate prerequisite training prior to the internship as stipulated by their graduate programs. The doctoral training program in which the intern is enrolled must be eligible for the match and/or Post-Match Vacancy Service of APPIC. Intern applicants must supply evidence of completion of formal academic coursework at a degree-granting program in professional applied psychology (clinical, counseling, school). They must also supply evidence of previously-complete, closely supervised experiential training in professional psychology activities conducted in non-classroom settings.

The 2022-2023 training year application deadline for consideration as a JPS intern is Monday, November 15, 2021, at 11:59 pm CST.

JPS abides by the APPIC policy that no person at JPS will solicit, accept, or use any ranking-related information from any intern applicant. Applicants are considered for positions without regard to race, color, religion, sex, gender identity, national origin, sexual preference, age, marital status, parenting status, disability, or other legally protected status. JPS and the Division of Psychology are committed to providing a safe and welcoming training atmosphere to all.

HOW TO APPLY

Applicants to the Program will follow the application and match process outlined at www.APPIC.org. Per the APPIC website, any clinical psychology doctoral candidate who is interested in participating in the APPIC match for psychology internship placement may register for the match at the National Matching Services web site listed above. APPIC provides the APPIC Application for Psychology Internships (AAPI), a standardized application form for use by students who are applying to internship programs.

In order to be considered as a candidate to our Program, all applicants must submit the following before the application deadline:

- AAPI Online Application, found at www.appic.org
- A cover letter describing training goals and how the Program will help meet those goals.
- Three (3) letters of recommendation
- An up-to-date curriculum vitae (CV)
- Graduate transcripts
- Verification of readiness for internship from the Training Director (via the DCT Portal) at the applicant's home training institution.
- And the following supplemental materials:

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- o One full psychological test report on an adult patient (18 or older)—**before submission, the applicant must redact the document to remove all patient-identifying information, as defined by HIPAA.**
 - o One sample of other clinical work in the form of a discharge summary or a case report from a psychotherapy case—**before submission, the applicant must redact the document to remove all patient-identifying information, as defined by HIPAA.**

Interviews: For the 2022-2023 training year, invitations for interviews will be made on or before **December 15, 2021**. Only candidates who submit a complete set of application materials will be considered for an interview. Candidate interviews will be held on Tuesdays and Fridays in January 2022 -- specifically: **1/11, 1/14, 1/18, and 1/21**. We will be conducting interviews via web meeting technology for the 2022-2023 recruitment year. During interview days, we will provide an overview of the Program, interviews with faculty, time with current interns, and opportunities to ask questions. More information will be sent to candidates with the invitation to interview.

Selection Process: All applications will be screened for interviewing by the Training Director and Assistant Training Director, with the assistance of our clinical faculty. Those applicants who meet requirements for interviewing will have been reviewed by at least two clinical faculty members as we consider coursework, letters of recommendation and other paperwork, practicum preparation, areas of clinical interest, internship goals and career plans, and fit with our Program. Once interviewed, the Training Director and Assistant Training Director will gather feedback from interviewing faculty and use it to compile final rankings for the match.

Post-Match Considerations for Interns Accepted to the Program: Closer to the start date of the internship, all applicants who match with the Program will be required to undergo a background check conducted by JPS Human Resources department and a 10-panel drug screen collected by JPS Occupational Health, all in accordance with JPS policies and procedures.

Any criminal activity, charges, or convictions revealed on the background check may affect the candidate's eligibility for the internship. If the drug screen returns a positive result to any of its components, candidates will not be allowed to start the internship. In other words, an offer of the internship could be rescinded based on the results of either the background check or the drug screen. Marijuana is still illegal in Texas, so drug screening includes testing for marijuana or related substances (CBD oil with trace amounts has potential for returning positive results). At this time, prescriptions for medical marijuana are not considered a "pass" on the drug screen. To help inform their decision about applying to this internship, applicants should consider the potential for their background check or drug screen results to cause JPS to rescind the internship offer. For those who do not match, the APPIC Post-Match Vacancy Service provides information on internship positions that are available at the conclusion of the match.

RIGHTS AND RESPONSIBILITIES

Program Responsibilities: The Program is committed to providing the type of learning environment where an intern can explore personal issues which relate to his/her professional functioning. In response to the above intern expectations, the Program assumes a number of general responsibilities.

The Program will:

1. Provide interns with information regarding relevant professional standards and guidelines, as well as provide appropriate forums to discuss the implementations of such standards.
2. Provide interns with information regarding relevant laws and regulations which govern the practice of psychology, as well as provide appropriate forums to discuss the implementations of such laws and regulations.
3. Provide written evaluations of the interns' progress with the timing and content of such evaluations designed to facilitate interns' change and growth as professionals. Evaluations will address the interns' knowledge of -- and adherence to -- professional standards, their professional skill competency, and their personal functioning as it relates to the delivery of professional services.

In accepting the above responsibilities, the Program will maintain ongoing communications with the interns' graduate departments regarding progress during the internship year. The Program will provide appropriate mechanisms by which inappropriate intern behavior affecting professional functioning is brought to the attention of the intern. The Program will also maintain intern procedures, including grievance and due process guidelines, to address and remediate perceived problems as they relate to professional standards, professional competency, and/or professional functioning.

Intern Responsibilities: Interns are expected to follow all JPS policies and procedures, as well as the requirements outlined in this training manual, and to understand their roles and responsibilities in the Program, including demonstrating:

1. Competence in theories and methods of effective, empirically supported psychotherapeutic intervention.
2. Competence in psychological assessment.
3. Ability to understand and appreciate the importance of scholarly inquiry in the profession of psychology.
4. Competence in professional conduct, professional ethics, and an understanding of relevant mental health law and regulations through continued professional development and appropriate use of supervision.
5. Competence in individual and cultural diversity as these factors relate to practice in a diverse society.
6. Adherence to time and attendance policies.
7. Appropriate level of participation in didactic and clinical assignments.
8. Appropriate level of personal functioning.

Personal Functioning: The Program recognizes a direct relationship between personal functioning and effectiveness as a professional psychologist, especially related to the intern's role in delivering care to patients. Physical, emotional, and/or educational problems may interfere with the quality of an intern's professional work. Such problems include, but are not limited to:

1. Educational or academic deficiencies.
2. Psychological adjustment problems and/or inappropriate emotional responses.
3. Inappropriate management of personal stress.
4. Inadequate level of self-directed professional development.
5. Inappropriate use of and/or response to supervision.

When such problems significantly interfere with an intern's professional functioning, they will be communicated in writing to the intern. The Training Director will work with the intern to formulate strategies for ameliorating such problems and will implement such strategies and procedures. If such attempts do not restore the intern to an acceptable level of professional functioning within a reasonable period of time, Adverse Actions may be considered up to and including dismissal from the Program.

Professional Performance: Patient care and protection is the primary concern in reviewing any issues related to professional competence and conduct. The intern's level of skill and accountability is also taken into consideration. Unmet expectations relating to professional performance include, but are not limited to:

1. Commission of an unlawful act.
2. Endangerment of patients, peers, faculty, staff members, or others.
3. Violation of JPS, Program, or departmental policies, procedures, rules, codes of conduct, etc.
4. Time and attendance deficiencies.
5. Breach of professional ethics or conduct.

Academic Performance: Expectations for academic performance are considered unmet if an intern demonstrates deficiencies in academic or clinical performance. The level of accountability and skill required are taken into consideration. Unmet expectations include, but are not limited to, deficiencies in:

1. Technical skills required to complete each rotation.
2. The knowledge base required to demonstrate competence per rotation.
3. The application of skills and knowledge in practice settings.
4. The knowledge and application of communication skills required for patient care and interpersonal relationships with patients, faculty, care teams, and others.
5. Deficiencies in knowledge of the application of system-based resources in the care of patients.
6. Ability to receive coaching and utilization of relevant empirical and theoretical knowledge during supervision sessions.

Time and Attendance: Interns in the Program will abide by all JPS policies and procedures, including all Human Resources policies and procedures (access to Policy portal provided to interns during orientation). Because of the responsibility for patient care as well as the expectations of clinical assignments, 100% attendance at all activities is required unless otherwise approved by the Training Director or Assistant Training Director. For more information on attendance and punctuality requirements, interns should refer to HR 3601 Attendance and Punctuality Procedure.

ADVERSE ACTIONS

If an intern's conduct, attendance, professional and/or clinical performance, and/or progress in the Program is not satisfactory, the Education Policy Committee (EPC) may consider actions of a corrective, adverse or disciplinary nature (collectively, "Adverse Actions"). These Adverse Actions may include performance improvement plans, probation, suspension, and dismissal. Adverse Actions may occur singularly or in combination, and sequentially or non-sequentially.

Initial Steps:

1. It is assumed that the majority of concerns will be sufficiently and fairly dealt with between the psychology intern and the intern's supervising psychologist. Additionally, it is assumed that should the concerns require further attention, most issues may be resolved between the psychology intern and the Internship Training Director without further escalation. Such matters would include concerns about the intern's functioning, mastery of competencies, and professional behavior. Should conflict arise, the Training Director may use a variety of intervention strategies, such as:
 - a. Active mediation between the intern and the supervisor who are experiencing the conflict.
 - b. Reassignment of the intern to a new rotation or supervisor should it become apparent to the Training Director that the conflict is arising primarily due to problems in the rotation or with the faculty member.
2. If there is an urgent and/or serious concern involving either patient care or professional behavior, the Internship Training Director will gather the necessary information about the concern and then provide direct feedback to the psychology intern. The Training Director will then immediately document the nature of the concern, provide the intern with a copy, and place a copy in the intern's training record.
3. The Internship Training Director assumes responsibility for maintaining confidentiality of all intern evaluations. Information pertaining to intern evaluations will only be shared with the Assistant Training Director, the Vice Chair of Education for the Department of Psychiatry and Behavioral Health (as appropriate), the Chair of Psychiatry (as appropriate), and/or those supervising or managing the intern who **need to be aware of the information** to ensure patient safety, patient care, and to meet the ethical

responsibilities laid out in the APA Ethics Code. Information will be shared on a need-to-know basis.

4. Written documentation of supervisory feedback and any applicable remedial requirements will be provided to the psychology intern and included in the intern's training record at 4-month intervals.
5. In the event of unsatisfactory performance such that the intern is not meeting the required benchmarks for training according to their supervisor or the Training Director, a plan for remediation will be established between the intern and the Training Director. The plan will include, at a minimum:
 - a. The specific unmet expectations
 - b. The specific objectives of the plan
 - c. The expectations, conduct, or competencies that must be met or demonstrated to complete the plan successfully,
 - d. The time frame required for completion of the plan with a fixed end date, and
 - e. The consequences of failing to meet the expectations of the plan.

The Training Director will always aspire to engage the intern collaboratively in the remediation plan. Methods of remediation may include:

- a. Increased supervision of the intern by the Training Director or by a psychology supervisor.
- b. The appointment of a faculty advocate in the Department of Psychiatry to help the intern navigate the program and remediation process.
- c. Specific remediation plan with supervisors with a timetable for completing agreed upon benchmarks and tasks, including:
 - i. Increased supervision hours
 - ii. Increased didactic work, self-study, or workshops/online continued education courses. (e.g., assigned articles, lessons)
 - iii. Repetition of the failed rotation or didactic training.
 - iv. A requirement of counseling and/or psychological support
6. Should the intern fail to meet the expectations and benchmarks of the remediation plan, the Educational Policy Committee, the Vice Chair of Education and/or the Psychiatry Chair will be informed of the situation, and probation and/ or suspension of the intern will be considered, as detailed below.
7. Should an intern be struggling with concerning developmental conflicts, psychiatric difficulty, or impairment by alcohol or other substance, a referral for EAP or (unreimbursed) private psychological or psychiatric care will be made for the intern. Support for the intern in the form of clinical coverage or unpaid leave of absence will be offered by the internship. In the event of such needs, the Training Director will consult with Academic Affairs to determine whether an evaluation by Occupational Health and/or EAP should be required prior to the intern returning to his or her clinical duties.

I. PERFORMANCE IMPROVEMENT PLAN:

If an intern's conduct, attendance, professional and/or clinical performance, and/or progress in the Program is not satisfactory after the above steps have been exhausted, the Education Policy Committee (EPC) may consider actions of a corrective, adverse or disciplinary nature (collectively, "Adverse Actions"). These Adverse Actions may include performance improvement plans, probation, suspension, and dismissal. Adverse Actions may occur singularly or in combination, and sequentially or non-sequentially.

When the EPC believes an Adverse Action(s) is necessary, any one or more of the following actions may be implemented:

A Performance Improvement Plan (PIP), directly connected to future JPS employment, will be developed by the Training Director (or designee) working with the Program Administrator and other JPS personnel. It will state exact goals and objectives and the timelines in which those goals and objectives must be met in order to complete the PIP. The PIP is a focused strategy of intervention and is written in terms of learning/performance objectives with reasonable deadlines. It is designed to assist the intern in adequately addressing areas of concern. At a minimum, like the earlier corrective plan developed within the Psychology Division, the PIP will state (as applicable):

1. The specific unmet expectations.
2. The specific objectives of the plan.
3. The expectations, conduct, or competencies that must be met or demonstrated to complete the plan successfully.
4. The time frame required for completion of the plan with a fixed end date.
5. The consequences of failing to meet the expectations of the plan.

In addition to professional, attendance, academic and/or clinical goals and objectives, the PIP may include the requirement of counseling and/or psychological support.

A copy of the PIP will be provided to the intern. The Training Director (or designee) will meet with the intern every other week to evaluate progress toward completing the PIP. Feedback will be provided to the EPC on an ongoing basis until either the intern has successfully completed the PIP, or the EPC extends and/or modifies the PIP and/or recommends further Adverse Action(s).

Any grievance related to a PIP: (i) may not be filed until the intern has received the PIP; and (ii) must be filed within five (5) business days after the intern receives the PIP.

The Sponsoring Institution and APPIC will be made aware of the PIP. If the intern has filed a grievance related to the PIP, the Sponsoring Institution and APPIC will be made aware that a grievance has been filed and the outcome of the grievance.

II. PROBATION:

If probation is recommended by the EPC, a Probation Plan will be prepared by the Training Director (or designee), normally within 24 hours of notifying the intern that the intern is being placed on probation unless there are extenuating circumstances, in which case the Training Director (or designee) will prepare the Probation Plan as soon as is reasonably practical. The Probation Plan will include (as applicable):

1. Time and date of the plan.
2. Specific unmet expectations and/or violations.
3. Identification of witnesses or other parties involved (if any).
4. Specific objectives of the plan, including remediation goals.
5. The nature of supervision required.
6. The timeline for meeting specific objectives and timeframes for reevaluation.
7. A statement of consequences if objectives are not met.

Reasons for probation include, but are not limited to:

1. Intern's progress in the Program or professional or academic development is poor and continuation in the Program poses risk to patients, the intern, or others.
2. Time and attendance.
3. Intern fails to meet expectations on clinical rotations, or fails to meet components of a PIP.

A copy of the Probation Plan will be provided to the intern. The Training Director (or designee) will meet with the intern according to the timeframes in the Probation Plan to evaluate and review progress until either the intern has successfully completed the Probation Plan, or the EPC extends and/or modifies the Probation Plan and/or recommends further Adverse Action(s).

Any grievance related to a Probation Plan: (i) may not be filed until the intern receives the Probation Plan; and (ii) must be filed within five (5) business days after the intern receives the Probation Plan.

The Sponsoring Institution and APPIC will be made aware of the Probation Plan. If the intern has filed a grievance related to the Probation Plan, the Sponsoring Institution and APPIC will be made aware that a grievance has been filed and the outcome of the grievance.

III. SUSPENSION:

Suspension of an intern can result from any situation where a serious charge is brought against the intern or there is concern that the intern's performance of his/her duties is seriously compromised or may constitute a danger to patients, others, or the intern. Suspension may occur prior to, during, or after the initiation of a PIP or Probation Plan. During the suspension, an investigation of the actions and circumstances resulting in the suspension will be undertaken to determine final resolution.

Normally, an investigation is initiated within seven (7) business days after the suspension is imposed, unless there are extenuating circumstances, in which case the investigation will be

initiated as soon as is reasonably practicable. The goal is for the investigation to be completed within thirty (30) business days after it is initiated, but this time period may be extended due to extenuating circumstances. If the time period for the investigation is extended, the suspension is likewise extended for such time period, unless otherwise determined by the EPC.

The intern will be provided with written notice of the suspension. The suspension is effective immediately upon imposition, regardless of when the intern receives the written notice. The intern is relieved of all patient care obligations while the suspension is in effect, unless otherwise determined by the EPC. Upon conclusion of the investigation, the EPC will make a final determination, which may include lifting the suspension, extending and/or modifying the suspension, and/or further Adverse Action(s).

Any grievance related to a suspension: (i) may not be filed until the intern receives the written notice of suspension; and (ii) must be filed within five (5) business days after the intern receives the written notice of suspension.

The Sponsoring Institution and APPIC will be made aware of the suspension. If the intern has filed a grievance related to the suspension, the Sponsoring Institution and APPIC will be made aware that a grievance has been filed and the outcome of the grievance.

IV. DISMISSAL:

Dismissal of an intern occurs upon recommendation of the EPC. Reasons for dismissal may include, but are not limited to:

1. Performance that presents a serious compromise to acceptable standards of patient care or jeopardizes patients, the intern, or others.
2. Failure to progress satisfactorily in academic performance, fund of knowledge, skill acquisition and/or professional development.
3. Unethical conduct.
4. Excessive tardiness and/or absenteeism.
5. Illegal conduct.
6. Unprofessional conduct.
7. Job abandonment.
8. Any other grounds for dismissal of an at-will employee.

Because interns are considered at-will employees of JPS during the internship, the due process procedures for informal feedback and grievance in this manual do not apply to dismissal of the intern. Rather, dismissal of the intern will be coordinated with the JPS Human Resources department. The Program will report the dismissal to the Sponsoring Institution in accordance with guidance provided by the JPS Human Resources department.

DUE PROCESS: INFORMAL FEEDBACK AND GRIEVANCE

Interns who become dissatisfied with aspects of the training experience are provided clear and easily accessible due process mechanisms to address these issues and will be educated about these mechanisms during the Program orientation at the beginning of the training year. Interns may use the due process procedures outlined herein without fear of retaliation. If an intern feels that he/she has been retaliated against as a result of utilizing the due process procedures herein, the intern is encouraged to contact the JPS Human Resources department.

An intern who has had a PIP, Probation Plan, or suspension imposed under the Adverse Action section of this manual may utilize the grievance process (but not the informal feedback process) outlined below subject to the deadlines for filing a grievance as provided under each type of Adverse Action. Because interns are considered at-will employees of JPS during the internship, dismissal of the intern is not subject to the informal feedback or the grievance process outlined below; rather, an intern's dissatisfaction with his/her dismissal will be directed to the JPS Human Resources department for disposition.

INFORMAL FEEDBACK

Interns are encouraged to express concerns verbally or by email soon after their dissatisfaction arises so that members of the faculty can work proactively with the intern to review and address the issue, as appropriate. Concerns may be discussed informally with the clinical supervisor with whom the intern is rotating, the Training Director or Assistant Training Director, or the Program Administrator. Informal feedback about Program concerns will usually be provided to the intern within ten (10) business days after the intern expresses concerns/dissatisfaction. If an intern does not feel the issues or concerns have been appropriately addressed through the informal feedback process, the intern may file a grievance.

As noted above, the informal feedback process is not utilized for concerns or dissatisfaction about an Adverse Action that is imposed on an intern. Rather, interns may utilize the grievance process outlined below (except for dismissal), subject to the deadlines for filing a grievance as provided under each type of Adverse Action.

FILING A GRIEVANCE

Regardless of whether or not an intern has utilized the informal feedback process, the intern may, at any time, file a grievance (except for dismissal, and subject to the deadlines for filing a grievance related to a PIP, Probation Plan, or suspension as provided under each type of Adverse Action).

A grievance is considered a written statement of complaint and request for redress made in accordance with the process stated herein.

1. Elements of a Written Grievance:

- Addressed to the Training Director (unless the grievance concerns the Training Director, then addressed to the EPC)
- Includes date of submission
- Clear statement that the communication is a grievance
- Clear statement of the complaint
- Clear statement of the remedy/actions requested
- Statements about any previous actions taken to address the complaint
- Signature of the intern

2. Processing of a Grievance

The Training Director's responsibilities (or Chair of the EPC in the event the grievance is related to the Training Director) are to:

- Acknowledge to the intern receipt of the grievance within three (3) business days unless there are extenuating circumstances, in which case the acknowledgment will be made as soon as is reasonably practicable.
- Take immediate action if there are allegations of abuse, harassment, or other urgent issues.
- Meet with the intern within five (5) business days after receipt of the grievance to gather information about the grievance unless there are extenuating circumstances, in which case the meeting will occur as soon as is reasonably practicable.
- Provide the intern with a written response to the grievance within fifteen (15) business days after the meeting with the intern unless there are extenuating circumstances, in which case the written response will be provided as soon as is reasonably practicable.
- Provide a copy of the written response to the EPC.

3. Appeal of a Grievance

Within ten (10) business days after being provided with the written response of the grievance outcome, the intern may file a written appeal with the EPC clearly stating the reason for the requested appeal and the requested redress/actions. The responsibilities of the EPC are to:

- Acknowledge to the intern receipt of the request for appeal within three (3) business days unless there are extenuating circumstances, in which case the acknowledgment will be made as soon as is reasonably practicable.
- Meet with the intern within ten (10) business days after receipt of the appeal to gather information about the appeal unless there are extenuating circumstances, in which case the meeting will occur as soon as is reasonably practicable.
- Provide the intern with a written response to the appeal within fifteen (15) business days after the meeting with the intern unless there are extenuating circumstances, in

which case the written response will be provided as soon as is reasonably practicable.

- Provide a copy of the written response to the Senior Vice President of Academic Affairs.

If the intern is dissatisfied with the response by the EPC, the intern may submit a request, in writing, to the Senior Vice President of Academic Affairs for an ad hoc Review Committee to be appointed to review the EPC's response. The request for the Review Committee to be appointed must be made within three (3) business days after the intern is provided with the EPC's response.

Note: Decisions made by supervisors regarding professional assessments and judgments, such as performance evaluations, are not subject to review by the Review Committee unless it is alleged that the professional assessment or judgment resulted from unlawful activity, such as discrimination.

The Review Committee will consist of a minimum of three (3) individuals not involved in the internship and not involved in matters related to the grievance. The Senior Vice President of Academic Affairs (or designee) will be a member of the Review Committee.

The responsibilities of the Review Committee are to:

- Acknowledge to the intern receipt of the request for review within three (3) business days unless there are extenuating circumstances, in which case the acknowledgment will be made as soon as is reasonably practicable.
- Inform the intern of the individuals appointed to the Review Committee.
 - The intern is allowed one (1) opportunity to object to the membership of the Review Committee. If the intern chooses to object, the intern must file the objection in writing to the Senior Vice President of Academic Affairs within three (3) business days after being notified of the committee's membership, and must state the specific reason(s) for the objection.
 - The Senior Vice President of Academic Affairs (or designee) will review the intern's objection and decide whether to deny or grant the objection, which decision shall be final and not subject to further review, grievance, or appeal by the intern.
 - If the Senior Vice President of Academic Affairs changes the committee's membership in response to the intern's objection, the new committee membership shall be final and not subject to further review, grievance, or appeal by the intern.
- Convene a Review Committee meeting within fifteen (15) business days after receipt of the request for review unless there are extenuating circumstances, in which case the meeting will occur as soon as is reasonably practicable.
- Invite the intern to attend the Review Committee meeting; however, if the intern declines to attend, the Review Committee meeting may take place without the intern.

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- Issue a written report of its decision within thirty (30) business days after the Review Committee meeting unless there extenuating circumstances, in which case the report will be issued as soon as is reasonably practicable.
 - Provide a copy of the report to the intern, Training Director, and EPC.

All decisions by the Review Committee are final and not subject to further review, grievance, or appeal by the intern.

ACCREDITATION

As part of our commitment to providing high quality training in applied psychology, we are a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC).

All questions pertaining to accreditation should be directed to:

Association of Psychology Postdoctoral and Internship Centers
17225 El Camino Real
Onyx One - Suite #170
Houston, TX 77058-2748

Phone: (832) 284-4080
Fax: (832) 284-4079
E-Mail: appic@appic.org

APPENDIX I: ABOUT JPS HEALTH NETWORK



JPS HEALTH NETWORK – OUR HISTORY

In October 1877, future Fort Worth mayor John Peter Smith deeded five acres of land at what is now 1500 South Main Street to provide a place where individuals from Fort Worth and Tarrant County "could have the best of medical care." It would be many years before his vision for a facility on that location would be realized, but not so long before the first public hospital for the community was established.

In 1906, a hospital affiliated with the Fort Worth Medical College was opened in Fort Worth. This hospital was free to all accident cases and any other cases which the authorities would accept. Thus, the foundation for JPS Health Network was laid. Seven years later, county commissioners agreed to match city funds for the operation of a city and county hospital, which soon opened with 25 beds.

By 1938, the downtown location was not adequate to accommodate the demands of the region, and construction of the new hospital was begun on the land donated by John Peter Smith. The resulting 166-bed City-County Hospital rose to many challenges, including the polio epidemic, and served as the main trauma center for Tarrant County.

In 1954, the name of the hospital was officially changed to John Peter Smith Hospital, and in 1959, the Tarrant County Hospital District was created to give the organization a sound financial footing.

The 1970s and 1980s saw tremendous expansion as John Peter Smith Hospital continued to grow. By the 1990s, the need for growth into the community was apparent, and health centers were established across the county.

Today, JPS Health Network continues to serve the needs of the families in Tarrant County, working to improve health status and access to health care. The facilities on Main Street have grown to a hospital licensed for 573 beds that is attached to a Patient Care Pavilion – a five-story acute care facility, along with an outpatient care center and a dedicated facility for psychiatric services.

JPS Health Network has been named among Modern Healthcare’s Best Places to Work in Healthcare for two years in a row, placing JPS among the top 150 healthcare companies in the nation. Additionally, JPS was the only public entity in Texas included on the list of 2017 Best Places to Work, one of the most coveted honors in the industry. With a circulation of more than 70,000, Modern Healthcare is among the most respected sources of healthcare industry news in business, policy, and research. In addition, JPS Health Network has been ranked by Washington Monthly #1 as best safety net and teaching hospital for 2020.

In November, 2018, Tarrant County voters approved the issuance of \$800 million in bonds to acquire, construct, improve, equip or enlarge facilities of the Tarrant County Hospital District, operating as the JPS Health Network. The bond allows for major expansions including a new mental and behavioral health hospital, a new hospital tower, a new cancer center, four new regional health centers and a new ambulatory surgical center.

Multispecialty services provided at the JPS Health Network include:

- Behavioral Health
- Cancer
- Cardiology
- Dental
- Dermatology
- Endocrinology
- Family Medicine
- Gastroenterology
- Geriatrics
- Hepatology
- Infectious Diseases
- Neurology
- Optometry
- Orthopedics and Sports Medicine
- Pain Management
- Pediatrics
- Pharmacy
- Primary Care
- Pulmonary
- Radiology
- Renal
- Rheumatology
- Robotic Surgery
- School-Based Health Centers
- Sexual Assault Nurse Examiner Program
- Stroke / Neurosciences
- Surgical Services
- Trauma Services – Fully Accredited Level I Trauma Center
- Women's Services
- Wound Care

APPENDIX II: JPS AND PSYCHOLOGY INTERNSHIP LEADERSHIP

JPS HEALTH NETWORK LEADERSHIP

POSITION HOLDER

President & CEO.....Robert H. Earley, MHA
Senior Vice President, Academic Affairs Tricia Elliott, MD
Vice Chair, Education & Director, Psychiatry Residency Program..... Cheryl Hurd, MD
Department of Psychiatry & Behavioral Health Chair Alan Podawiltz, DO
Psychiatry Service Line Administrator Dena Palmer, MS
Director of Psychology, Research, & Education.....Cindy Claassen, PhD

Director of Clinical Training, Psychology Cindy Claassen, PhD
Senior Administrative Assistant..... Mary Jane Allred

INTERNSHIP LEADERSHIP

POSITION HOLDER

Director of Clinical Training Cynthia Claassen, PhD
Assistant Director of Clinical Training of Psychology..... Katherine Weber, PhD
Program Administrator Dena Palmer, MS

ROTATION SUPERVISORS

Assessment RotationDrs. Frol, Muñoz-Santamaria & Weber
Psychotherapy Rotation Drs. Duncan & Weber
Health Psychology Rotation Drs. Giove & Duncan

APPENDIX III: JPS DEPARTMENT OF ACADEMIC AFFAIRS

JPS sponsors training programs accredited through the Accreditation Council for Graduate Medical Education (“ACGME”), the Council on Podiatric Medical Education (“CPME”), and the Association of Psychology Postdoctoral and Internship Centers (APPIC). JPS is a member of the Council of Teaching Hospitals and Health Systems (“COTH”), the Alliance of Independent Academic medical Centers (“AIAMC”), and the Association for Hospital Medical Education (“AHME”). JPS is committed to improving the health of Tarrant County and providing a quality experience in the learning environment.

The JPS Department of Academic Affairs (“Academic Affairs”) is responsible for the advancement of medical education in JPS. This includes graduate medical education, clerkship training for undergraduate medical education, physician assistant training, clinical psychology internships and practicum training.

Academic Affairs oversees faculty professional development, research, and scholarly activities, including research compliance, academic planning and Program review, academic policy, academic services, budgets, governance, and JPS’s library and continuing medical education programs. Academic Affairs also oversees all operations of the Academic Divisions, providing administrative oversight and academic leadership. Academic Affairs is committed to developing high quality programs and pursuing innovative teaching models to advance medical education within Tarrant County.

Academic Affairs Mission Statement: The mission of Academic Affairs is to create an environment of higher level academics and a learning experience that leads to the development of excellent, patient-centered physicians and extraordinary healthcare leaders.

Quick Facts: JPS sponsors or participates in 17 clinical residency and fellowship programs:

1. Emergency Medicine
2. Family Medicine
3. General Surgery
4. Geriatric Medicine
5. Obstetrics and Gynecology
6. Oral and Maxillofacial Surgery (internship)
7. Oral and Maxillofacial Surgery (residency)
8. Ophthalmology
9. Orthopedics
10. Nursing
11. PGY1 Pharmacy
12. PGY2 Ambulatory Care Pharmacy
13. Podiatry
14. Psychiatry
15. Sports Medicine
16. Transitional Internship
17. Psychology Internship

JPS is a major participating institution for several programs including Baylor University Medical Center General Surgery and The University of Texas Southwestern Medical Center for Ophthalmology and Oral and Maxillofacial Surgery. In addition, it has the following distinctions:

- Fully Accredited Podiatry Residency Program by CPME
- Oral and Maxillofacial Surgery (“OMFS”) Internship Program
- Collaboration with UNTHSC Professional and Continuing Education program to offer Continuing Medical Education programs
- Medical Student and Physician Assistant Clerkships
- Clinical rotations for non-JPS Residents in select residency and fellowship programs
- Psychology Interns and Practicum Students
- Strong residency programs committed to training doctors to care for Texas underserved and rural communities
- Strong Family Medicine Residency, named #3 in the nation by US News in 2014 and remaining in top 10 in the nation
- Family Medicine Faculty are leaders in developing Family Medicine Training Programs across the globe
- Graduated first Emergency Medicine Resident class in 2013
- Globally recognized faculty who are committed to improving healthcare through teaching, mentoring and role modeling
- Largest teaching hospital in Tarrant County

APPENDIX IV: JPS PSYCHIATRY AND BEHAVIORAL HEALTH

Overall Department Mission: Our mission is to support better and healthier lives. We have a vision to be the trusted healthcare leader for our community, advancing health through clinical care, innovation, and education.

The Department of Psychiatry and Behavioral Health is dedicated to providing a full continuum of behavioral health services, including inpatient services at Trinity Springs Pavilion, Trinity Springs North, 24/7 emergency behavioral health services at our Psychiatric Emergency Center, and outpatient services at JPS outpatient clinics.

Academic Mission: The Department of Psychiatry and Behavioral Health views education as one of the conceptual cornerstones of our care delivery model. Education is a dynamic process that supports the mission and vision of JPS. Learning is broadly defined as a change in behavior or perception in light of new information. Education is the mechanism by which this learning process occurs. We believe behavioral healthcare should be scientifically based and artfully practiced. We value the transformational power of education for our patients, their families, and our behavioral healthcare team.

As healthcare providers, we often seek to impart new information to our patients in support of their unique journeys to recovery and resiliency. This goal includes fostering beneficial changes in cognitive, psychological, and behavioral functioning. In turn, as professionals, we ourselves are called to a lifelong process of learning through education as we seek to deliver innovative clinical care which meets the needs of a dynamic population within an ever-evolving environment of care. As such, we seek to embrace innovation and the generation of new knowledge and to actively encourage clinical research and scholarly activities.

JPS has a long tradition as a teaching hospital which prepares the next generation of providers for behavioral healthcare. The Department of Psychiatry and Behavioral Health partners with other JPS medical education specialists to sponsor a psychiatry residency program as well as clinical rotations for medical students, internships for physician assistant and nurse practitioner students, and internship and practicum training for graduate-level psychology students. Our department also partners with regional universities and community colleges to provide clinical experience for nursing, social work, and first responder students. Our deep connection to education and research defines our present and propels us forward into the future.

Clinical Services: JPS is dedicated to providing a full continuum of behavioral health services, including inpatient services at Trinity Springs Pavilion (96 bed facility), Trinity Springs North (36 bed facility), 24/7 emergency behavioral health services at our Psychiatric Emergency Center, and outpatient services at JPS outpatient clinics.

The Department of Psychiatry and Behavioral Health has over 60 psychiatric “providers” including Adult and Child/Adolescent Psychiatrists, Advanced Practice Providers, and Psychologists. In addition to these providers, other members of multi-specialty, multidisciplinary treatment teams address the many facets of involved in recovery from

psychiatric illness by employing a broad range of pharmacotherapeutic and case management approaches, skills-based trainings, crisis intervention services, psychological and neuropsychological assessment, and individual/group psychotherapy interventions.

Inpatient and/or outpatient treatment team members include:

- Board Certified Music Therapists
- Certified Therapeutic Recreational Specialists
- Chaplains
- Licensed Chemical Dependency Counselors
- Licensed Clinical Social Workers
- Licensed Professional Counselors
- Nurse Practitioners
- Peer Recovery Support Specialists
- Physician Assistants
- Psychiatric Technicians
- Psychiatrists
- Psychologists
- Registered Nurses

Specific mental health services available at JPS include:

- Acute Inpatient Services
- Adolescent Inpatient Services
- Integrated Healthcare
- Intensive Outpatient Program
- Local Commitment Alternative Services
- Outpatient Behavioral Health Services
- Partial Hospitalization Programs
- Peer and Family Services
- Patient Family Advisory Council
- Peer support
- Virtual Behavioral Health Support for Primary Care Providers
- Behavioral Health Discharge Management
- Tarrant County's only 24/7 Psychiatric Emergency Center

APPENDIX V: PSYCHOLOGY TRAINING PROGRAM

Internship Organizational Structure and Leadership:



Education Policy Committee: The Education Policy Committee (“EPC”) is comprised of the Program Administrator, the Program Training and Assistant Training Directors, the Vice Chair of Education in the Department of Psychiatry and Behavioral Health, and psychology faculty members. Ultimate responsibility for the Program rests with the Training Director who in turn works with the EPC to manage the Program and review rotations / curriculum. The main function of the EPC is to periodically review aspects of the Program including individual rotations, lecture series, policies, and the Program as a whole. Intern experience is reviewed with the rotation coordinator/didactic coordinator and the EPC. The group discusses each rotation's strengths and provides recommendations for improvement. The EPC re-visits each core training area annually to identify any new areas of concern.

The EPC reports information up to the Department of Psychiatry Education Executive Committee, and to the Academic Affairs office.

Education Executive Committee: Department level oversight of all Psychiatry training programs including Residency, Clerkship, Allied Health Fellowships, Clinical Psychology Internship and Practicum programs.

APPENDIX VI: TRAINING FORMS

1. Self-Assessment of Training Needs
2. Individual Training Plan
3. Personality Assessment Proficiency: Report Review Form
4. Program Evaluation Form: First Quarter and Final Evaluation
5. Intern Evaluation Form: End of Rotation Evaluation

SELF-ASSESSMENT OF TRAINING NEEDS: CLINICAL EXPERIENCE

Please evaluate your relative strengths and weaknesses in the following competency areas. Refer to the descriptions of JPS internship clinical rotations and learning objects in this Training Manual (pgs. 5 – 8, above) for information on the categories listed here.

Name: _____ Date: _____

	<i>Strength</i>	<i>Weakness</i>
ASSESSMENT		
Clinical Interview		
Problem List		
Differential Diagnosis		
Test Administration (Self-Report)		
Test Administration (Neuropsych, clinician-administered)		
Test Administration (Personality, clinician-administered)		
Test Interpretation		
Assessment Report Writing		
PSYCHOTHERAPY		
Intake Interview		
Case Formulation (CBT approach)		
Case Formulation (Psychodynamic approach)		
Case Formulation (Health Psychology)		
Defining Treatment Goals		
Interventions (CBT)		
Interventions (Psychodynamic)		
Interventions (Health Psychology)		
HEALTH PSYCHOLOGY		
Medical Test Review and Case Formulation		
Intake Interview		
Multidisciplinary Team Case Consultation		
Test Assessment (Health Psychology)		

INDIVIDUAL TRAINING PLAN

Now that you have evaluated your current strengths and weaknesses, please fill out the top part of this individual training plan. You will complete the bottom portion with your Training Team.

Name: _____ Date: _____

Goal Statements:

I. Career goal: _____

II. Training Objectives (please do not list more than 3-4 broad objectives in each category):

Developmental Objectives (i.e., skill sets you already have some strength in that you wish to develop further:

1. _____
2. _____
3. _____
4. _____

Remediation Objectives (i.e., areas of major weakness that you know you will need to address:

1. _____
2. _____
3. _____

Training Activities to address objectives:

	<i>Hrs / Wk</i>	<i>Supervisor/Mentor</i>
Developmental Objectives - Training Activities		
1.		
2.		
3.		

4.		
Remediation Objectives - Training Activities		
1.		
2.		
3.		
4.		

Other notes & comments: _____

Signatures:

Intern: _____ Date: _____

Training Director: _____ Date: _____

Assistant Training Director: _____ Date: _____

Program Administrator: _____ Date: _____

Supervisor / Mentor: _____ Date: _____

Supervisor / Mentor: _____ Date: _____

Supervisor / Mentor: _____ Date: _____

PERSONALITY ASSESSMENT PROFICIENCY: REPORT REVIEW FORM

Applicant Name: _____

Reviewer Name: _____

Date: _____

- I. Please consider each criteria item as either: Met proficiency criterion (Yes, circle 1 point) or Not met proficiency criterion (No, circle 0 points).
- II. Critical items are noted with an asterisk (*).
- III. Please include any comments you may have regarding each section (positive & constructive feedback) and overall proficiency.

Criterion	Annotation/Details	Met Criterion? (No = 0 Yes = 1)	
COMPREHENSIVENESS			
1. Adequate and appropriate identifying information is presented.	The report includes basic demographic information about the individual and relevant current circumstances.	<input type="checkbox"/> 0	<input type="checkbox"/> 1
2. The referral source is clearly identified.	The report specifically indicates the origin of the referral.	<input type="checkbox"/> 0	<input type="checkbox"/> 1
3. A referral question or reason for the assessment is clearly stated.	The report clearly states the reason for the evaluation, so that it can be determined if the purpose, conclusions, and recommendations are aligned and the referral question is ultimately addressed.	<input type="checkbox"/> 0	<input type="checkbox"/> 1
4. The history provided is adequate/relevant to the assessment question(s).	The history presented allows the reader to contextualize the referral questions, presenting problems, conclusions, and recommendations within the context of the individual and his/her culture. If the reviewer feels there is too much (or additional, irrelevant) history included in the report, the report should still be considered to meet this criterion, unless there is <i>substantial</i> irrelevant data, which detracts from the clarity of the report. Special attention should be paid	<input type="checkbox"/> 0	<input type="checkbox"/> 1

	to salient omissions or missing information that would be important in determining the validity and applicability of the test results to the individual situation of the person being evaluated.		
5. Observations of the client's behavior and engagement in the assessment are presented.	The report includes a discussion, however brief, of the likely engagement and effort in the process, often based on behavioral observations. Behavioral observations can also inform other areas of the assessment, serving as supportive or contradictory evidence together with test data.	<input type="checkbox"/> 0	<input type="checkbox"/> 1
6. A summary section is included.	The report provides a clear (and usually succinct) summary of impressions that integrates the history, behavioral observations, and test results to address the referral question.	<input type="checkbox"/> 0	<input type="checkbox"/> 1
<i>Comments on Comprehensiveness:</i>			
INTEGRATION			
*7. The assessment includes at least three different assessment methods (e.g., self-report, performance-based, clinical interview).	The report utilizes a minimum of three types of assessment measures/resources toward assessing an individual's personality/emotional functioning. While additional measures of cognitive or other specific areas of functioning may be included, this criterion relates to the use of measures toward understanding and explaining personality functioning.	<input type="checkbox"/> 0	<input type="checkbox"/> 1
8. Cross-method interpretations are presented in an integrated manner.	The report presents findings in a way that does not ultimately require the reader of the report to 'do the work' of integrating results from disparate methods of evaluation. That is, similar (or contradictory) findings from different methods are, somewhere in the report, integrated in a way that explains the ultimate conclusions.	<input type="checkbox"/> 0	<input type="checkbox"/> 1
9. Conflicting findings are adequately addressed (if applicable).	The report presents conflicting findings in a way that helps the reader understand how he/she should interpret the evidence.	<input type="checkbox"/> 0	<input type="checkbox"/> 1

	<p>Examples include (but are not limited to):</p> <ul style="list-style-type: none"> • Explaining why different methods may yield different information (“While the client self-reported X, when evaluated using a measure that does not rely on self-report, it was revealed that Y. It is likely that this difference is due to Z.”) • Using some other result to help determine which pieces of the contradictory results should be given more credence (“Because it was found that he tends to try to paint himself in a very positive light,...”) • Explaining the nuanced differences that mean that the seemingly contradictory information is not in fact contradictory (“Although it seems that X and Y are contradictory, in fact it is possible for someone to be both X and Y, as these traits...”) <p><i>If there are no instances of conflicting findings, give credit for this criterion.</i></p>		
<i>Comments on Integration:</i>			
VALIDITY			
10. The validity of test findings and quality of data are discussed.	The report acknowledges potential limitations of measures used due to diversity or other factors. Measures with weaker psychometric foundations or lacking in relevant normative data are recognized as such in some manner (direct discussion of such issues, less emphasis in discussion, etc.).	<input type="checkbox"/> 0	<input type="checkbox"/> 1
*11. Test interpretations are consistent with the empirical literature and accepted clinical practice.	The narrative descriptions of test results in the report are generally consistent with what is known in the literature and what is generally accepted clinical practice. The report presents overall what would be considered evidence-based and generally-accepted interpretations of tests. Any major variations from generally accepted practice are clearly, logically, and defensibly justified (for example, elevations on certain scales of a self-report are discussed accurately and appropriately versus over-pathologizing or not	<input type="checkbox"/> 0	<input type="checkbox"/> 1

	recognizing areas of concern based on testing data).		
*12. Assertions made from test results are consistent with the data collected.	Using the appendix of test scores to evaluate, the report presents findings that are in fact based on the entirety of data collected. That is, no major test results are omitted for any reason, the narrative explanation of what test results mean are consistent with the actual test results/scores, and the narrative explanations of all results are not in any way misleading to a reader.	<input type="checkbox"/> 0	<input type="checkbox"/> 1
13. Test interpretations are sensitive to issues of culture and diversity, including ethnicity, race, gender, age, sexual orientation, age, religion, ability, etc.	Where appropriate, diversity issues are addressed, relating to test interpretations and overall interpretations of the evaluation. No clear and egregious instances of culturally inappropriate interpretations or assertions are presented in the report. Please note that culture reflects more than one's ethnicity and covers a wide array of diversity factors.	<input type="checkbox"/> 0	<input type="checkbox"/> 1
*14. Diagnostic impressions and conclusions are reasonable based on the data presented.	The report presents conclusions that are reasonable based on the history, test results, behavioral observations, culture, and any other relevant information. It is clear that the assessment fully justifies the conclusions.	<input type="checkbox"/> 0	<input type="checkbox"/> 1
<i>Comments on Validity:</i>			
CLIENT-CENTERED			
*15. The referral question(s) is addressed adequately.	The conclusions and recommendations are tied back to the referral question, showing that the ultimate purpose of the assessment is consistent with why it was undertaken in the first place. If the conclusions and recommendations do not address the referral question, the report should explain this clearly.	<input type="checkbox"/> 0	<input type="checkbox"/> 1
16. Overall, individual test results are presented in a way that is clearly and specifically about the individual being evaluated.	In order to remain client-focused (and to avoid making overly general statements and recommendations that could apply to most individuals), the report uses language and organization that tailors conclusions to the specific individual being evaluated. Report language is not directly copied from computer reports.	<input type="checkbox"/> 0	<input type="checkbox"/> 1

<p>17. Overall, the report is ‘person-focused’ rather than ‘test-focused.’</p>	<p>While many different formats are acceptable for proficiency, in general, the test report is clearly focused on the individual being assessed. Some examples include (but are not limited to):</p> <ul style="list-style-type: none"> • Presenting results from tests thematically, rather than test-by-test • Presenting results in terms of abilities or traits, rather than in terms of tests themselves • When results are presented by test or method, including a comprehensive, integrative summary that describes what the data mean, taken together, for the specific individual being evaluated 	<input type="checkbox"/> 0	<input type="checkbox"/> 1
<p>18. Recommendations flow directly and clearly from the data, including the test findings, client’s clinical presentation, referral question, and history.</p>	<p>The recommendations presented in the report logically stem from and are justified by the information gathered and presented during the evaluation. There is alignment between the recommendations and the conclusions drawn from the different data sources.</p> <p><i>If recommendations are appropriate for the report, they may be included in answer to referral question/summary section</i></p>	<input type="checkbox"/> 0	<input type="checkbox"/> 1
<p>19. Recommendations are clear, specific to the person, and reasonable.</p>	<p>The recommendations are:</p> <ul style="list-style-type: none"> • Clear enough for the reader to be able to easily understand them • Specific to the individual being evaluated, including enough detail to increase the likelihood of success (e.g., not just recommending “therapy,” but specifying a specific type of therapy that is likely to be most helpful, and perhaps even a specific professional) • Reasonable, including being attainable by the client given his or her current circumstances (e.g., recommending a highly technical and specified treatment, which may be evidence-based, but is not reasonably attainable by a client in a rural area or with economic challenges, would not be considered reasonable). <p><i>If recommendations are appropriate for the report, they may be included in answer to referral question/summary section</i></p>	<input type="checkbox"/> 0	<input type="checkbox"/> 1

<i>Comments on Client-Centered:</i>			
OVERALL WRITING			
20. Test scores and response examples are appropriately used (if applicable).	When and if test scores and response examples are included in the report, they serve the purpose of enhancing the reader’s understanding of the material being presented, rather than distracting from it. <i>If there are no test scores or response examples used, give credit for this criterion.</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1
21. The report is clear, coherent, and generally jargon-free.	Overall, the report is written using language that is professional and minimizes jargon, such that the reader (most often including the client) will likely be able to understand and follow it easily.	<input type="checkbox"/> 0	<input type="checkbox"/> 1
22. Overall, the report is well written, organized, and mostly free from grammatical errors.	Overall, the report is written with clear organization and free of grammatical errors.	<input type="checkbox"/> 0	<input type="checkbox"/> 1
<i>Comments on Overall Writing:</i>			
<i>Additional General Comments:</i>			



Program Evaluation Form: First Quarter and Final Evaluation

Your feedback is part of our ongoing program evaluation and is valuable to us as we try to achieve program excellence.

Please consider your experience with the internship program and rate your overall satisfaction with the program components listed below. Indicate your agreement with the following statements using the scale below:

	1	2	3	4	5
1. The program orientation was informative and relevant.	<input type="checkbox"/>				
2. Program expectations were clearly communicated.	<input type="checkbox"/>				
3. I am satisfied (so far) with opportunities and structure for providing program feedback.	<input type="checkbox"/>				
4. Faculty seek out my feedback and are open to it.	<input type="checkbox"/>				
5. The program organizational structure and support meet my needs.	<input type="checkbox"/>				
6. I am satisfied with the variety of patients' presenting concerns.	<input type="checkbox"/>				
7. I am satisfied with the quality of teaching.	<input type="checkbox"/>				
8. I am satisfied with the quantity of didactic curriculum and topics covered.	<input type="checkbox"/>				
9. I am satisfied with the quality of clinical training activities.	<input type="checkbox"/>				
10. I am satisfied with the quantity of clinical rotations.	<input type="checkbox"/>				
11. Clinical and academic schedules are adequately balanced.	<input type="checkbox"/>				
12. I am satisfied with the level of exposure to research and scholarly activities.	<input type="checkbox"/>				

Please consider your experience with the internship program and rate your overall satisfaction with the program components listed below. Indicate your agreement with the following statements using the scale below:

	1	2	3	4	5
13. My rotation supervisor(s) assign progressive responsibilities for patient care and management.	<input type="checkbox"/>				
14. Faculty are adjusting my training to account for my increasing mastery of skill and developing independence.	<input type="checkbox"/>				
15. The program is culturally diverse.	<input type="checkbox"/>				
16. The program devotes sufficient time to fulfill educational and teaching responsibilities.	<input type="checkbox"/>				
17. There is adequate support from program faculty including accessibility to the faculty for consultation, questions, and/or concerns.	<input type="checkbox"/>				
18. The program models ethical, clinical, and professional practice.	<input type="checkbox"/>				
19. This program helps increase my awareness of possible ethical dilemmas and how to engage in ethical decision-making.	<input type="checkbox"/>				
20. This program integrates values of multiculturalism, diversity, and respect for individual differences in patient care, training, and supervision.	<input type="checkbox"/>				
21. I feel respected in this program.	<input type="checkbox"/>				
22. Program faculty model professional behavior with patients.	<input type="checkbox"/>				
23. Faculty model self-reflection, self-compassion, and psychological flexibility.	<input type="checkbox"/>				
24. I am satisfied with the opportunities offered to work with members of different health professions.	<input type="checkbox"/>				
25. This program is enhancing my ability to communicate clinical information in a clear manner and to adapt my communication as necessary.	<input type="checkbox"/>				

Please consider your experience with the internship program and rate your overall satisfaction with the program components listed below. Indicate your agreement with the following statements using the scale below:

	1	2	3	4	5
26. Program faculty model excellent interpersonal skills, even when handling challenging situations.	<input type="checkbox"/>				
27. I am satisfied with the quality of my assessment supervision (including direct instruction, live supervision, corrective feedback, etc.).	<input type="checkbox"/>				
28. I am satisfied with the training opportunities to administer and score tests.	<input type="checkbox"/>				
29. I am being taught to independently select measures to answer referral questions (as developmentally appropriate)	<input type="checkbox"/>				
30. I am satisfied with the test interpretation training offered.	<input type="checkbox"/>				
31. I am learning how to independently interpret tests and conceptualize patients. (e.g., I'm not being "spoon-fed.")	<input type="checkbox"/>				
32. I am satisfied with the training offered in the integration and communication of assessment results.	<input type="checkbox"/>				
33. I am satisfied with the training offered in report writing.	<input type="checkbox"/>				
34. I am being trained to be an assessment psychologist, not a merely a psychometrist.	<input type="checkbox"/>				
35. I have received effective intervention (therapy) training.	<input type="checkbox"/>				
36. The program supports/stresses the importance of establishing and maintaining effective therapeutic relationships.	<input type="checkbox"/>				
37. I feel confident in my therapy/ intervention skills.	<input type="checkbox"/>				

Intern Comments/ Reflections

	1	2	3	4	5
38. The program effectively teaches how to provide treatment informed by current scientific literature, assessment findings, multicultural awareness, and contextual variables.	<input type="checkbox"/>				
39. The program effectively teaches current models of supervision that I can apply.	<input type="checkbox"/>				
40. The program offers practice in developing my own supervision skills with peers and/or practicum students.	<input type="checkbox"/>				
41. The program models effective consultation practices.	<input type="checkbox"/>				
42. I have the opportunity to apply consultation skills in consultation with patients, families, other providers, and interprofessional groups.	<input type="checkbox"/>				
43. There are adequate administrative resources and support.	<input type="checkbox"/>				
44. The program has a psychologically healthy work environment.	<input type="checkbox"/>				
45. The facility is adequate for educational support. (Computers, workspace, library, lecture facilities, materials)	<input type="checkbox"/>				
46. Overall, the program is meeting my training needs.	<input type="checkbox"/>				

In addition to any personal comments/reflections, please comment on any 3 or lower rating.

**What are some of the program strengths? Please comment on ratings of 4 or higher.
What is going well during your internship? What would you like to see continue?**

Please tell us about the support you received from the department faculty and staff throughout this quarter, including anyone you would like to recognize.

Do you have any constructive feedback for us? Anything you wish were different? Any serious concerns, including safety concerns?

Intern Evaluation Form: End of Rotation Evaluation

Competency Benchmarks in Professional Psychology

Trainee Name: _____ Date Evaluation Completed: _____

Name of Placement: _____ Licensed Psychologist: Yes No

Name of Person Completing Form _____
(please include highest degree earned):

Was this trainee supervised by individuals also
under your supervision?

Yes No

Type of Review (Please circle one):

Initial Review Mid-placement review Final Review Other (please describe):

Dates of Training Experience this Review Covers: _____

Training Level of Person Being Assessed: Year in Doctoral Program: _____

Rater Instructions:

Rate each item by responding to the following question using the scale below:

How characteristic of the trainee's behavior is this competency description?

Not at All/Slightly	Somewhat	Moderately	Mostly	Very
0	1	2	3	4

If you have not had the opportunity to observe a behavior in question, please indicate this by circling "No Opportunity to Observe" [N/O].

Near the end of the rating form, you will have the opportunity to provide a narrative evaluation of the trainee's current level of competence.

I. FOUNDATIONAL COMPETENCIES

I. PROFESSIONALISM

1. Professionalism: as evidenced in behavior and comporment that reflect the values and attitudes of psychology.					
1A. Integrity - Honesty, personal responsibility, and adherence to professional values					
Adherence to professional values infuses work as psychologist-in-training; recognizes situations that challenge adherence to professional values	0	1	2 [N/O]	3	4
1B. Deportment					
Communication and physical conduct (including attire) is professionally appropriate, across different settings	0	1	2 [N/O]	3	4
1C. Accountability					
Accepts responsibility for own actions	0	1	2 [N/O]	3	4
1D. Concern for the welfare of others					
Acts to understand and safeguard the welfare of others	0	1	2 [N/O]	3	4
11E. Professional Identity					
Displays emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development	0	1	2 [N/O]	3	4
2. Individual and Cultural Diversity: Awareness, sensitivity, and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.					
2A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and Context					
Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation	0	1	2 [N/O]	3	4
2B. Others as Shaped by Individual and Cultural Diversity and Context					
Applies knowledge of others as cultural beings in assessment, treatment, and consultation	0	1	2 [N/O]	3	4
2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context					
Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others	0	1	2 [N/O]	3	4

2D. Applications based on Individual and Cultural Context					
Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation	0	1	2 [N/O]	3	4
3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.					
3A. Knowledge of Ethical, Legal and Professional Standards and Guidelines					
Demonstrates intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations	0	1	2 [N/O]	3	4
3B. Awareness and Application of Ethical Decision Making					
Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision making to a dilemma	0	1	2 [N/O]	3	4
3C. Ethical Conduct					
Integrates own moral principles/ethical values in professional conduct	0	1	2 [N/O]	3	4
4. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.					
4A. Reflective Practice					
Displays broadened self-awareness; utilizes self-monitoring; displays reflectivity regarding professional practice (reflection-on-action); uses resources to enhance reflectivity; demonstrates elements of reflection-in-action	0	1	2 [N/O]	3	4
4B. Self-Assessment					
Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills	0	1	2 [N/O]	3	4
4C. Self-Care (attention to personal health and well-being to assure effective professional functioning)					
Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice	0	1	2 [N/O]	3	4
4D. Participation in Supervision Process					
Effectively participates in supervision	0	1	2 [N/O]	3	4

II. RELATIONAL

5. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.					
5A. Interpersonal Relationships					
Forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors, and professionals from other disciplines	0	1	2 [N/O]	3	4
5B. Affective Skills					
Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively	0	1	2 [N/O]	3	4
5C. Expressive Skills					
Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language	0	1	2 [N/O]	3	4

III. SCIENCE

6. Scientific Knowledge and Methods: Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.					
6A. Scientific Mindedness					
Values and applies scientific methods to professional practice	0	1	2 [N/O]	3	4
6B. Scientific Foundation of Psychology					
Demonstrates intermediate level knowledge of core science (i.e., scientific bases of behavior)	0	1	2 [N/O]	3	4
6C. Scientific Foundation of Professional Practice					
Demonstrates knowledge, understanding, and application of the concept of evidence-based practice	0	1	2 [N/O]	3	4
7. Research/Evaluation: Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.					
7A. Scientific Approach to Knowledge Generation					
Demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology	0	1	2 [N/O]	3	4

7B. Application of Scientific Method to Practice					
Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs	0	1	2 [N/O]	3	4

FUNCTIONAL COMPETENCIES

IV. APPLICATION

8. Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors.					
8A. Knowledge and Application of Evidence-Based Practice					
Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences	0	1	2 [N/O]	3	4
9. Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.					
9A. Knowledge of Measurement and Psychometrics					
Selects assessment measures with attention to issues of reliability and validity	0	1	2 [N/O]	3	4
9B. Knowledge of Assessment Methods					
Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances	0	1	2 [N/O]	3	4
9C. Application of Assessment Methods					
Selects appropriate assessment measures to answer diagnostic question	0	1	2 [N/O]	3	4
9D. Diagnosis					
Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity	0	1	2 [N/O]	3	4
9E. Conceptualization and Recommendations					
Utilizes systematic approaches of gathering data to inform clinical decision-making	0	1	2 [N/O]	3	4
9F. Communication of Assessment Findings					
Writes adequate assessment reports and progress notes and communicates assessment findings verbally to client	0	1	2 [N/O]	3	4
10. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.					

10A. Intervention planning					
Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation	0	1	2 [N/O]	3	4
10B. Skills					
Displays clinical skills	0	1	2 [N/O]	3	4
10C. Intervention Implementation					
Implements evidence-based interventions	0	1	2 [N/O]	3	4
10D. Progress Evaluation					
Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures	0	1	2 [N/O]	3	4
11. Consultation: The ability to provide expert guidance or professional assistance in response to a client's needs or goals.					
11A. Role of Consultant					
Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher)	0	1	2 [N/O]	3	4
11B. Addressing Referral Question					
Demonstrates knowledge of and ability to select appropriate means of assessment to answer referral questions	0	1	2 [N/O]	3	4
11C. Communication of Consultation Findings					
Identifies literature and knowledge about process of informing consultee of assessment findings	0	1	2 [N/O]	3	4
11D. Application of Consultation Methods					
Identifies literature relevant to consultation methods (assessment and intervention) within systems, clients, or settings	0	1	2 [N/O]	3	4

V. EDUCATION

12. Teaching: Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.					
12A. Knowledge					
Demonstrates awareness of theories of learning and how they impact teaching	0	1	2 [N/O]	3	4
12B. Skills					

Demonstrates knowledge of application of teaching methods	0	1	2 [N/O]	3	4
13. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.					
13A. Expectations and Roles					
Demonstrates knowledge of, purpose for, and roles in supervision	0	1	2 [N/O]	3	4
13B. Processes and Procedures					
Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices	0	1	2 [N/O]	3	4
13C. Skills Development					
Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals	0	1	2 [N/O]	3	4
13D. Supervisory Practices					
Provides helpful supervisory input in peer and group supervision	0	1	2 [N/O]	3	4

VI. SYSTEMS

14. Interdisciplinary Systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.					
14A. Knowledge of the Shared and Distinctive Contributions of Other Professions					
Demonstrates beginning, basic knowledge of the viewpoints and contributions of other professions/professionals	0	1	2 [N/O]	3	4
14B. Functioning in Multidisciplinary and Interdisciplinary Contexts					
Demonstrates beginning knowledge of strategies that promote interdisciplinary collaboration vs. multidisciplinary functioning	0	1	2 [N/O]	3	4
14C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes					
Demonstrates knowledge of how participating in interdisciplinary collaboration/consultation can be directed toward shared goals	0	1	2 [N/O]	3	4
14D. Respectful and Productive Relationships with Individuals from Other Professions					
Develops and maintains collaborative relationships and respect for other professionals	0	1	2 [N/O]	3	4
15. Management-Administration: Manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA).					

15A. Appraisal of Management and Leadership					
Forms autonomous judgment of organization's management and leadership	0	1	2 [N/O]	3	4
15B. Management					
Demonstrates awareness of roles of management in organizations	0	1	2 [N/O]	3	4
15C. Administration					
Demonstrates knowledge of and ability to effectively function within professional settings and organizations, including compliance with policies and procedures	0	1	2 [N/O]	3	4
16. Advocacy: Actions targeting the impact of social, political, economic, or cultural factors to promote change at the individual (client), institutional, and/or systems level.					
16A. Empowerment					
Uses awareness of the social, political, economic, or cultural factors that may impact human development in the context of service provision	0	1	2 [N/O]	3	4
16B. Systems Change					
Promotes change to enhance the functioning of individuals	0	1	2 [N/O]	3	4

VII. Overall Assessment of Trainee's Current Level of Competence

Please provide a brief narrative summary below and on the next page of your overall impression of this trainee's current level of competence. In your narrative, please be sure to address the following questions:

- What are the trainee's particular strengths and weaknesses?
- Do you believe that the trainee has reached the level of competence expected by the program at this point in training?
- If applicable, is the trainee ready to move to the next level of training, or independent practice?