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Pre-doctoral Internship in Clinical Psychology

**Internship Handbook
2017-2018 Training Year**

Updated 10/3/2016 *subject to change as needed

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I. Introduction

A. About Friends Hospital and Sister Facilities

Friends Hospital, founded in 1813, is the first private psychiatric hospital in the United States. Originally modeled after The Retreat, a Quaker asylum founded in York, England during the 18th century, the hospital is located in Northeast Philadelphia on a majestic 100-acre campus. Today, Friends Hospital provides recovery-oriented inpatient behavioral health services for a diverse population of individuals from the Philadelphia area. Friends Hospital is owned by Universal Health Services Inc., of Delaware (UHS), the largest national provider of inpatient services, and therefore has access to vast clinical expertise and resources including numerous local sister facilities.

Friends Hospital is proud to partner with several local UHS facilities to provide a variety of clinical rotations for the psychology internship. These facilities are Foundations Behavioral Health, Brooke Glen Behavioral Health Hospital, The Horsham Clinic, and Fairmount Behavioral Health (further information and descriptions of all of the clinical settings and the experiences offered for this internship is provided in Appendices III-VI).

Friends Hospital and its sister facilities utilize a multidisciplinary approach, integrating professionals from psychiatry, psychology, nursing, social work, expressive arts, and chaplaincy. Treatment teams employ a recovery-oriented and empirically-supported approach to care.

B. Other Training Programs at Friends Hospital

In addition to our psychology internship, Friends Hospital is a teaching hospital which serves as a training site for psychology practicum students, psychiatric residents, medical and nursing students, social work interns, marriage and family therapy students, and expressive art therapy students. The Drexel University College of Medicine's Department of Psychiatry is housed on the Friends Hospital campus and has a clinical partnership with Friends Hospital. A wide variety of educational seminars, workshops, case conferences, and continuing education activities are available to all students in residence, as well as the larger hospital community.

C. Clinical Psychology Internship

Friends Hospital's Internship in Clinical Psychology provides an opportunity for doctoral candidates in clinical, counseling, and school psychology to work under close supervision in a professional setting that is committed to the principles of recovery-oriented, trauma-informed care and empirically-supported treatments. The internship program employs a Practitioner-Scholar model of training and is grounded in cognitive and behavioral approaches to therapy, including integrated care interventions. The program provides exposure to a broad range of clinical experiences, roles, and responsibilities, and encourages professional development through clinical experience, supervision, and didactic training. Cultural competence and ethical decision-making is emphasized. The internship is divided into two clinical tracks to provide a more focused training experience: adult and child/adolescent track.

D. Accreditation

Friends Hospital is accredited by the Joint Commission on Accreditation of Healthcare Organizations and was named a *Top Performer on Key Quality Measures* in 2011, 2012, and 2013. Friends Hospital is licensed by the Pennsylvania Department of Human Services as an inpatient facility, and retains a Crisis Intervention Services (walk-in) license. The Internship in Clinical Psychology has been fully accredited by the American Psychological Association (APA) since 1979. The internship has been accredited for a full 7-years; the next accreditation site visit will occur in the year 2021. The internship is a member in good standing of the Association of Psychology Pre-Doctoral and Post-Doctoral Internship Centers (APPIC). Questions regarding accredited status should be directed to the APA Commission on Accreditation:

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

II. Overview of the Internship

A. Training Model

The program employs a Practitioner-Scholar training model. The internship seeks to develop competencies in six areas of professional practice. The goals of the training program are outlined below.

Goal 1: To train psychologists who adhere to the highest standards of professional conduct.

Goal 2: To train psychologists with an appreciation of the science of psychology and its applications.

Goal 3: To train psychologists capable of applying advanced, evidence-based clinical skills to a wide variety of patient populations.

Goal 4: To train psychologists who are knowledgeable of larger systems of care.

Goal 5: To train psychologists capable of taking on roles as clinical leaders.

Goal 6: To train psychologists who understand the impact of individual differences on clinical care.

Friends Hospital seeks to produce graduates who utilize scholarly inquiry to inform clinical practice and who are competent both professionally and clinically, allowing them to deliver treatment that is recovery-oriented and trauma-informed. It is also the goal of the internship to train students to become psychologists who are capable of taking on clinical leadership roles in the behavioral healthcare field. See Appendix II for the program's goal, objectives, and competencies.

B. Primary Clinical Rotations

Interns' complete yearlong clinical rotations during the training year at the intern's respective facility, and some facilities may have two, six month rotations within their sites. Upon applying to this internship, applicants must indicate if they are applying to the child/adolescent or adult track. Interns have the opportunity to experience clinical training in these tracks at a variety of locations. Interns work approximately 40-50 hours per week in order to achieve 2000 training hours at the completion of the internship year. This requirement allows interns to meet the standards for licensure in most states. Due to the nature of being in hospital settings, holiday and weekend rotations are an expectation of the internship. Interns conduct individual and group therapy at their assigned rotations, as well as behavior plans and assessments if applicable, under the supervision of a licensed clinical psychologist. Additionally, interns take on a clinical leadership role by advising their respective treatment teams on the progress of individuals in their treatment and discharge planning, behavior modification, and program development. The psychology intern serves as a key member of the treatment team. Below are the training descriptions for each of the facility rotations available during the internship.

B1. Friends Hospital Rotation

Friends Hospital provides recovery-oriented inpatient behavioral health services for a diverse population of individuals from the Philadelphia area. The hospital has a 192-bed capacity with several specialty programs, including recovery-oriented treatment units, an older adult unit, an adolescent unit with an integrated educational program, and an intensive adult unit for individuals with acute mental health symptoms requiring a higher degree of supervision and support. Our Crisis Response Center (CRC) is a fully-functional psychiatric ER which evaluates and triages both walk-in and involuntary admissions. The Greystone/ Hillside Residential Facility is also located on site, serving adult individuals with chronic mental health conditions.

Friends Hospital utilizes a multidisciplinary approach, integrating professionals from psychiatry, psychology, nursing, social work, expressive arts, and chaplaincy. Treatment teams employ a recovery-oriented and empirically-supported approach to care.

During an average day, interns spend a large portion of their time working with a multidisciplinary team to provide patient care. **(See Appendix III for a list of current major clinical unit descriptions at Friends Hospital.)**

a) Clinical Experience

Throughout the training year, interns are involved in a variety of core training activities, such as intervention, consultation, psychological testing, crisis assessment and intervention, and triage on inpatient units. Interns may also work occasionally in our Crisis Response Center (a psychiatric ER) and Greystone/ Hillside, a residential program on grounds for the seriously mentally ill. Interns on this rotation may have the experience of being on-call during regular business hours in the CRC, conducting crisis evaluations and providing individual/ family interventions, collaborating/ supporting the admissions staff (including nurses, social workers, peer specialists, and

psychiatrists) regarding 302 procedures, obtaining collateral information, providing input on diagnosis and recommended level of care. Interns help to provide continuity of care services congruent with a recovery-oriented treatment model.

b) Supervision

Clinical supervision is an integral part of the clinical training experience: individual and group supervision for psychotherapy, consultation, and psychological assessment is provided by the psychology department faculty. Interns receive at minimum two hours per week of individual supervision by a licensed psychologist. Group supervision is held for one hour each week, and focuses on a variety of topics, including the interns' clinical work on the units, supervision of externs (psychology practicum students), and other areas of professional development (e.g., ethics, professional identity, licensure preparation). Pertinent readings on the topics of clinical interventions, supervisory models, professional development, and ethical/legal issues are provided. Interns also actively provide supervision/mentorship for externs. Interns attend daily unit treatment team meetings to discuss current clinical cases on the unit with the interdisciplinary team.

c) Didactic Training

Interns attend psychology department didactic seminars, hospital-wide grand rounds and continuing education programs, and have the opportunity to participate in program-development/administrative projects. Interns develop presentation skills by giving two presentations throughout the year; a therapy and an assessment case. Additionally, two monthly, 4 hour didactic seminars are conducted for interns that cover a wide range of clinical, ethical/legal, assessment, and professional development issues. Seminars feature expert guest lecturers and moderators from a variety of disciplines throughout the hospital, as well as outside organizations. Interns have the opportunity to attend other hospital-wide seminars, including Drexel Medical School's grand rounds, case conferences, and continuing education opportunities. Interns also attend and participate in daily treatment team to consult on current clinical cases with their unit's treatment team (consisting of the psychiatrist, social worker, utilization review member, activities therapist, nurse, and clients).

B2. Foundations Behavioral Health Rotation

Foundations Behavioral Health (FBH) provides innovative behavioral health treatment and academic services to children, adolescents, and young adults (ages 5-21). A continuum of care is offered that includes the following services:

- 24/7 Clinical Assessment Center
- Child and Adolescent Inpatient Psychiatric Unit (30 bed capacity)
- Acute Care Autism and Developmental Delay Inpatient Unit (30 bed capacity) *Note: The FBH Inpatient ASD Unit one of 15 specialized ASD inpatient units in the US and is the largest in the country
- Residential Treatment Facility

- Partial Hospitalization
- Behavioral Health Rehabilitative Services
- LifeWorks Alternative School
- LifeWorks Autism Academy

Established in 1964, Foundations' 12 acre campus is located in scenic Bucks County, PA, and is owned and operated by Universal Health Services (UHS).

Foundations strives to provide quality clinical services by following best practices in every service area. An active trauma advisory committee assists teams in creating an environment that is physically and emotionally safe, promotes choice, and emphasizes collaboration between treatment providers, the patient, and the family. Our clinical approach is recovery-based and emphasizes the strengths of the patient as expressed in the systems of family, school, and community. In recognition of these high clinical standards and achievements, Foundations was recognized by the Joint Commission as a Top Performer on Key Quality Measures (2014). Similarly, Lifeworks Schools provide the following specialized educational services to over 250 students annually: Emotional Support Program, Internalizing and School Refusal Behavior Program, Conduct Disorder Program and Autism Spectrum Disorder Program (Life Skills and High Functioning Programs). The Lifeworks educational program has earned distinction by leading the UHS division in graduating 35 seniors in 2015. Further, Lifeworks became the first facility in the UHS Behavioral Health Division to earn a Corporate System Accreditation through AdvancED for our Lifeworks network of schools. **(See Appendix IV for a description of the specific training opportunities at Foundations Behavioral Health.)**

a) Clinical Experience

As a part of the Friends Hospital APA Psychology Internship Program, FBH offers 2 internship positions yearly. Training is provided on the Child and Adolescent Inpatient Unit under the supervision of licensed psychologists, and the entire 12 month rotation is completed predominantly on this unit. There is no 6 month rotation. Interns are part of a multidisciplinary team of professionals that include psychologists, psychiatrists, nurses, social workers, expressive arts and recreational therapists, utilization management reviewers, and mental health technicians. Training activities include clinical assessment, individual and group therapy, and family sessions. As part of the training experience, interns are assigned the role of a primary therapist and carry a caseload of approximately 4-5 patients (staff therapists' caseload is approximately 9-10). Primary therapists at FBH follow an integrated-role service-delivery model. Specifically, in addition to providing therapy and consulting with professional colleagues, clinicians work with the treatment team in identifying and arranging appropriate follow-up care. Training in discharge planning is provided by the interns' primary supervisor and supplemented by clinical staff on the unit as well as during presentations by utilization managers during clinical meetings held twice a month.

In order to broaden and enrich the internship training experience, interns will be afforded the opportunity to gain exposure and clinical experience on all units and

programs on campus, according to the preferences and training needs of the intern in the context of the clinical needs of the hospital. Psychological assessment in the form of administering brief screening instruments and writing succinct consultation summaries will be included as part of providing inpatient care. Opportunities to complete more extensive assessment batteries will be provided as the clinical need arises.

Opportunities to assist in program development and staff training will be available, in accordance with interests of each intern. Membership in the Trauma Advisory Committee is encouraged and welcomed.

b) Supervision

Clinical supervision is an integral part of the psychology intern training experience. Per APPIC regulations, licensed psychologists provide a minimum of two hours of individual supervision weekly. Supervision is based on the “competency-based approach” as described by Falander & Shafranske (2004). Supervisees collaborate with their supervisors to establish a written set of training objectives that broaden the intern’s skill set and competencies while ensuring appropriate service-delivery to the patients. Supervision includes modeling, role-playing, and *in vivo* observation of groups and treatment team consultation. Real-time feedback is provided. Individual sessions and family meetings can be audiotaped with appropriate releases and reviewed with supervisors as well. Supervisors also seek to provide professional growth opportunities for the intern by including them in program development, quality improvement initiatives, and research projects, according to the interest of the intern.

Group supervision is provided for one hour per week by the Director of Psychological Services, Research and Training. Group supervision topics focus on a variety of issues, including clinical work on the units, navigating mental health care systems, balancing business acumen and mental health treatment, and other areas of professional development (e.g., ethics, professional identity, licensure preparation). Pertinent readings on the topics of developmental psychology, ASD, clinical interventions, supervisory models, professional development, cultural competence, and ethical/legal issues are provided.

c) Didactic Training

Two monthly, 4 hour didactic seminars are conducted for interns that cover a wide range of clinical, ethical/legal, assessment, and professional development issues. Seminars feature expert guest lecturers and moderators from a variety of disciplines throughout the rotations, as well as outside organizations. Interns present therapy and assessment cases and conduct a formal training presentation on an area of their expertise and/ or interest. Interns have the opportunity to attend other hospital-wide seminars, case conferences, and continuing education opportunities. Interns also attend and participate in daily treatment team to consult on current clinical cases with their unit’s treatment team and may co-lead formal conferences with supervisors as

the need arises.

B3. Brooke Glen Behavioral Hospital Rotation

Brooke Glen Behavioral Hospital is a psychiatric and behavioral health hospital located in Montgomery County, Pennsylvania which provides inpatient services to adolescents and adults. Inpatient services include comprehensive psychiatric and physical assessments, individual and group therapies, family sessions, psychological assessments, and in-house school led by teachers who are certified in special education. The treatment team consists of expert mental health professionals and an extensively experienced clinical leadership of physicians, psychologists, mental health technicians, social workers, nurses, allied therapists, and utilization review managers who support each individual in the development and implementation of Individualized Treatment and After Care Plans.

With a capacity of 146, Brooke Glen provides services to adolescents (age 13 to 18), and adults, age 18 and up. Individuals come to Brooke Glen from a large catchment area including a large part of Eastern and Central Pennsylvania. As a result, individuals tend to be very diverse across all domains. Programming on our units is broken down according to patient needs, so at times by level of functioning or gender, or by various specific psychiatric issues.

Additionally, Brooke Glen has a newly added Extended Acute Unit (EAC), which is a 15 bed, adult, longer term psychiatric unit developed to meet the needs of those who benefit from longer term care, such as a more chronic acute population. Individuals appropriate for the EAC have likely experienced a stabilization of their initial psychiatric crisis, but still need treatment with the goal of successfully transitioning into the community. In addition to our more traditional treatment team members, this unit also employs a Certified Peer Specialist and Behavioral Specialist. The principles of Recovery and Trauma Informed Care are the foundation to this unit, and therapies are informed by the paradigms of Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, Dialectical Behavior Therapy, and Motivational Interviewing as well as other empirically based treatments. Individuals are encouraged to work towards greater independence on their journey towards recovery. **(See Appendix V for a description of the specific training opportunities at Brooke Glen Hospital.)**

a) Clinical Experience

Interns will complete their primary rotation on the Extended Acute Unit (EAC). However, interns will have the opportunity to gain exposure and experience on the other units in the hospital as well, with the specific preferences and training needs of the intern in mind, and according to the clinical needs of the hospital. Interns will provide group therapy primarily in the EAC, but will also deliver individual therapy, group therapy and testing cases throughout the hospital under the supervision of a licensed clinical psychologist. Additionally, interns will work in tandem with the Director of Clinical Services to assist with program development, as well as provide feedback about their work with individuals on the unit.

b) Supervision

Clinical supervision is an integral part of the clinical training experience: individual and group supervision for psychotherapy, consultation, and psychological assessment is provided by the psychology department faculty. Interns receive at minimum two hours per week of individual supervision by a licensed psychologist. Group supervision is held for one hour each week and will occur in tandem with the psychology practicum students, and focuses on a variety of topics, including clinical work on the units, navigating mental health care systems, balancing business acumen and mental health treatment, and other areas of professional development (e.g., ethics, professional identity, licensure preparation). Pertinent readings on the topics of clinical interventions, supervisory models, professional development, and ethical/legal issues are provided.

The internship at Brooke Glen includes a wide range of training and professional development opportunities. In the first few weeks of training, each intern meets with their supervisor(s) and to discuss their personal training goals for the year. These goals are formally documented, and are regularly reviewed and revised by the intern and his or her supervisor. Many different developmental opportunities are available to interns, and every effort will be made to ensure that interns receive a wide range of experiences at Brooke Glen. Additionally, we encourage the interns to express their own goals for personal growth that we may achieve, even if they are not a part of the “typical” internship experience. For example, we have had students who have desired to pursue research and dissertation activities or a desire to write professional papers, and such activities have been supported.

c) Didactic Training

Two monthly, 4 hour didactic seminars are conducted for interns that cover a wide range of clinical, ethical/legal, assessment, and professional development issues. Seminars feature expert guest lecturers and moderators from a variety of disciplines throughout the consortium’s hospitals, as well as outside organizations. Interns present therapy and assessment cases and conduct a formal training presentation on an area of their expertise and/ or interest. Interns have the opportunity to attend other hospital-wide seminars, case conferences, and continuing education opportunities. Interns also attend and participate in daily treatment team to consult on current clinical cases with their unit’s treatment team (consisting of psychiatrists, social workers, utilization review members, allied therapists, nurses, psychologists, and clients).

B4. The Horsham Clinic

The Horsham Clinic is a dedicated and longstanding private behavioral health care facility for the treatment of behavioral health disorders, located on a beautiful 55-acre suburban campus in Montgomery County, Pennsylvania. The Horsham Clinic provides inpatient hospitalization for children, adolescents, adults, and geriatrics. Partial hospitalization services are offered at our Ambler location for children, adolescents, and

adults. We also operate two satellite locations for partial hospitalization services for children and adolescents, one in Bristol, Bucks County and one in Broomall, Delaware County.

The Horsham Clinic is committed to providing quality behavioral health care services that effectively and efficiently meet the individual needs of the populations we serve. We are committed to restoring each individual's emotional well-being through interdisciplinary clinical programs and care provided by highly skilled professionals.

At Horsham, we recognize each individual's pathway to recovery is unique. Therefore, we embrace the principles of recovery and resiliency into the treatment planning process and care delivery system. We encourage the individuals we serve to lead, control, and exercise choice over their care. We assist individuals in growing and learning from their treatment, as well as promote their full potential to enjoy their quality of life with their families, friends, and community.

a) **Clinical Experience**

Throughout the training year, interns are involved in a variety of core training activities, such as intervention, consultation, psychological testing, crisis assessment and intervention, and triage on inpatient units. Interns will have primary responsibility on the adolescent units for group therapy. Interns will provide individual therapy, assessments, and consultations throughout the hospital, so there are many opportunities to work with diverse populations. Interns are an integral part of the treatment team and help to provide continuity of care services congruent with a recovery-oriented and trauma-informed treatment model.

b) **Supervision**

Clinical supervision is an integral part of the clinical training experience: individual and group supervision for psychotherapy, consultation, and psychological assessment is provided by the supervising psychologist. Interns receive at minimum two hours per week of individual supervision by a licensed psychologist. Group supervision is held for one hour each week and will occur in tandem with the psychology practicum students, and focuses on a variety of topics including clinical work on the units, navigating mental health care systems, balancing business acumen and mental health treatment, and other areas of professional development (e.g., ethics, professional identity, licensure preparation). Pertinent readings on the topics of clinical interventions, supervisory models, professional development, and ethical/legal issues are provided.

In the first few weeks of training, interns meet with the supervising psychologist to discuss their personal training goals for the year. These goals are formally documented, and are regularly reviewed and revised by the intern and supervisor. Interns are encouraged to express their own goals for personal professional growth.

c) **Didactic Training**

Two monthly, 4 hour didactic seminars are conducted for interns that cover a wide range of clinical, ethical/legal, assessment, and professional development issues. Seminars feature expert guest lecturers and moderators from a variety of disciplines throughout the consortium's hospitals, as well as outside organizations. Interns present therapy and assessment cases and have the opportunity to attend other hospital-wide seminars, case conferences, and continuing education opportunities. Interns also attend and participate in daily treatment team to consult on current clinical cases with their unit's treatment team (consisting of psychiatrists, social workers, utilization review members, allied therapists, nurses, psychologists, and clients). **(See Appendix VI for a description of the specific training opportunities at The Horsham Clinic.)**

B5. Fairmount Behavioral Health System

Fairmount Behavioral Health System is the largest freestanding behavioral health hospital in southeastern Pennsylvania and a leading provider of behavioral health services for children, adolescents and adults who have psychiatric, behavioral or addiction problems. Fairmount's 27-acre campus borders Fairmount Park in the Roxborough section of Philadelphia. Its programs include five different adult psychiatric inpatient units, five child and adolescent inpatient units, a residential chemical dependency program, adolescent and adult partial hospitalization programs, and a 24-hour assessment and referral center.

At Fairmount, we provide services to a diverse population that comes not only from the Philadelphia area but from all over Pennsylvania and the tri-state area. It is not unusual for a unit to have individuals from rural Pennsylvania and inner city Philadelphia, from many different socioeconomic, cultural and ethnic backgrounds.

Treatment at Fairmount is multidisciplinary, recovery-oriented, and informed by evidence-based practices. All programs have daily treatment team meetings with members of Psychiatry, Nursing, Social Work, Psychological Services, Allied Therapy and Utilization Review departments. Treatment decisions are made by interdisciplinary teams, and our interns and other trainees are an integral part of those teams.

Fairmount's training opportunities have continued to grow in recent years, and the hospital values student education. In addition to pre-doctoral interns, current trainees include practicum students, counseling interns, and music therapy students. **(See Appendix VI for the specific training opportunities available to Pre-doctoral Interns at Fairmount Behavioral Health System.)**

a) Clinical Experience

Interns will complete their primary rotation on a unit or combination of units that matches their primary interests. However, interns will have opportunities to gain experience on units and programs throughout Fairmount, with the specific preferences and training needs of the intern in mind, and according to the needs of the hospital. Interns will be involved in providing individual therapy, group

therapy, consultation and psychological assessments. They will attend daily interdisciplinary team meetings on the unit or units to which they have been assigned and aid in treatment planning. There will also be opportunities to assist in training and didactics for other psychology students, Fairmount staff and outside agencies, in accordance with the interests of each intern.

b) Supervision

Clinical supervision is an integral part of the training experience: individual and group supervision for psychotherapy, consultation and psychological assessment is provided by Fairmount psychologists. Interns receive a minimum of two hours per week of individual supervision by a licensed psychologist. Group supervision is held for one hour a week, along with other doctoral level trainees, and focuses on a variety of topics including the interns' own clinical work on the units, assessment and consultation, systems issues, and other areas of professional development (e.g., ethics and professional identity). Pertinent readings on topics related to clinical interventions, professional, development and ethical/legal issues are provided.

c) Didactic Training

Interns attend Psychological Services and Allied Therapy staff development programs, hospital-wide trainings and continuing education programs and have the opportunity to participate in program-development/administrative projects. Bimonthly, 4hr didactic seminars are provided to all Friends interns. Interns develop presentation skills by giving two presentations a year. Each intern presents at least two cases (one therapy and one assessment). Interns' participation in treatment team also affords them daily opportunities to consult on patient care with their unit's treatment team (consisting of the psychiatrist, social worker, therapist, utilization review member, nurse and clients).

III. Application Procedure

A. Eligibility

The internship is open to qualified students with a Master's Degree who are enrolled in an APA-Accredited Clinical Psychology (preferred), Counseling Psychology, or School Psychology doctoral program, have completed their formal course work, have passed all comprehensive exams, and have successfully proposed their dissertation at the time of internship application. Evidence of supervised training and course work in empirically-supported principles of treatment, group and individual interventions, psychopathology and differential diagnosis, cultural diversity and individual differences, professional ethics, research and statistical methods, and psychological assessment techniques is required. A total of 1400 hours of experience is required, which includes a minimum of 450 intervention hours and 25 assessment hours in a supervised practicum. For those applying to the child/ adolescent track, there is an additional requirement that of the 1400 total hours, 250 of the intervention hours be conducted with the

child or adolescent population. Highly qualified candidates generally have prior inpatient/partial/ or school experience, group therapy experience, a focus on empirically-supported interventions, a desire for continued assessment experience, and exposure to recovery-oriented treatment environments.

B. Application Materials

Friends Hospital uses the AAPI online application, which can be accessed via the APPIC website at www.appic.org. In addition to the standard application materials and three letters of recommendation provided on the AAPI, applicants are asked to submit one de-identified psychological testing report. Applicants must also indicate in their application letter, which track (adult or child/adolescent) they are applying for, as well as which training sites they have a preference for their 1-year site assignment. The number of internship rotations at each site is as follows:

	<u>Adult</u> (APPIC Match #153511)	<u>Child/Adolescent</u> (APPIC Match # 153512)
Friends Hospital	3	1 adol
Foundations	-	2 child/adol
Brooke Glen	1	-
The Horsham Clinic	-	1 adol
Fairmount	1	1 child/adol

C. Interviews

Qualified applicants will be invited to interview at Friends Hospital for the adult track and at Foundations Behavioral Health for the adolescent track. Interviews will take place in January, and will consist of information sessions, a tour of the facility with descriptions of the other UHS rotations, group and individual interviews with faculty, and an opportunity to have lunch with the current intern cohort if applicable.

D. Matching

The Friends Hospital Internship in Clinical Psychology participates in the APPIC's Internship Match Program (see APPIC statement below). Friends Hospital is partially affiliated with the Philadelphia College of Osteopathic Medicine. Any applicant from PCOM is granted an interview; however we do not have a designated number of positions for their students. A total of 10 slots are available for 2017-2018.

All applicants must register with National Matching Services, Inc. for the Matching Program in order to be eligible to match to this internship program. Further information on NMS can be obtained from their website at: www.natmatch.com/psychint.

The computer match results will be released in February, at which time matched applicants will be emailed by the Director of Psychology or designated faculty member to confirm the appointment. A formal written confirmation letter will be sent to the matched intern, with a copy

sent to the matched intern's university department chairperson.

1. APPIC Regulations and Policies

The internship program at Friends Hospital abides fully with all APPIC match policies. The policy statement regarding the Matching Program can be viewed at the APPIC website at: www.appic.org. This internship site agrees to abide by the APPIC policy that no person at this training site will solicit, accept, or use any ranking-related information from any internship applicant.

E. Timeline

Please see the APPIC Directory or the Welcome Letter and Instructions to Applicants (available on Friends Hospital's website) for the application due date and interview notification date.

F. Compensation

Compensation for those applicants accepted into the program is a yearly stipend in the amount of \$22,568.00. Interns receive 21 paid time-off days, which includes conference or dissertation days, sick time, vacation time, and holidays (holiday and weekend coverage on a rotating basis is an expectation of the internship). Health insurance, including dental and vision, is available at minimal cost to interns if desired. Due to the primary site (Friends Hospital) being located in Philadelphia, there is a Philadelphia Wage Tax that is automatically deducted from all interns' pay regardless of site assignment. However, some of this can be reclaimed on your annual tax filing (see Human Resources for more details on this process). Testing materials and textbooks/training materials are also provided. Psychology Interns have designated space at each rotation in which they have access computers and printing, digital scoring and interpreting of test results when appropriate, and space to see patients for individual therapy. In addition, students can utilize IT support and clerical support services.

IV. Program Components and Structure

A. Supervised Clinical Experience

The internship at Friends Hospital includes a wide range of training and professional development opportunities. In the first few weeks of training, each intern meets with their supervisors to discuss their personal training goals for the year. These goals are formally documented, and are regularly reviewed and revised by the intern and his or her supervisor. As part of a vast mental health company, UHS, a wide variety of clinical and educational programs take place at all rotation sites, and the psychology department faculty is committed to helping interns access these opportunities.

1. Individual and Group Psychotherapy

a. Individual Psychotherapy

At some sites, interns may be responsible (in collaboration with their treatment teams) for the assignment of individual therapy cases to either psychology externs

(psychology practicum students) and/or themselves. At other sites, the intern may make suggestions to the psychiatrists about who may be appropriate for individual therapy, while the psychiatrist is responsible for making assignments for individual therapy. The internship is focused on empirically-supported principles of treatment including trauma-informed care, and the psychology faculty has a specific focus on behavioral and cognitive therapies. The internship seeks to effectively triage individuals for individual therapy based upon clinical presentation, acuity, length of stay, and overall level of need. At some sites, the intern is responsible for the administrative and clinical oversight of this function at the unit (s)/ caseload level; however, interns are provided guidance and training by the psychology faculty and within the team by the attending psychiatrist and other team members. Individual therapy work is conducted under the supervision of a licensed psychologist. Interns learn to coordinate their individual psychotherapy services with concomitant psychopharmacological and milieu interventions, group psychotherapy, and other therapeutic disciplines (e.g., expressive arts therapy, peer specialists, chaplaincy). On some rotations, there is an opportunity for interns to co-facilitate family sessions in consultation with social services, psychiatry, and other senior staff.

b. Group Psychotherapy

Interns provide group psychotherapy and are an integral part of the planning and implementation of the group psychotherapy program on their internship. Similar to individual therapy, group therapy employs empirically-supported principles of treatment, and is individualized for the current patient population and the specific needs of the group. Group therapy topics include, but are not limited to CBT-based coping skills, Seeking Safety, mindfulness, DBT skills, anger management, stages of change, emotion regulation, grief and loss, and social skills training. Interns have the flexibility to develop and implement their own evidence-based group topics, with the guidance of their supervisors.

2. Consultation

a. Treatment Team Meetings

In this internship, interns represent psychology within the multidisciplinary treatment team meetings, as well as case conferences. Treatment teams meet to review the progress, treatment and discharge plans for each individual receiving services. Interns learn to succinctly and accurately communicate the progress of treatment (both individual and group), case conceptualization, as well as the results of psychological testing if applicable. Additionally, interns gain an understanding of the roles of psychiatry, social work, nursing, and allied therapies in the treatment of individuals across various settings. Interns collaborate with other treatment team members in the development of individualized treatment plans, including assessment and discharge recommendations.

b. Behavior Management

A major role of interns is helping the treatment teams to understand, conceptualize, and manage unsafe, challenging, and treatment-interfering behavior that may arise. The treatment team reviews these patterns of behavior during team meetings, and the psychology intern provides specific suggestions for ways of managing the behavior and individualizing the treatment program to meet the individual's needs in addition to the creation and implementation of a behavior plan. This area represents a unique strength that psychology, as a discipline, contributes to the treatment of the individual.

c. Clinical Leadership

The role of the psychology interns, as professionals completing their training at the doctoral level, is that of a clinical leader. Interns are encouraged to build collegial working relationships with other members of the treatment teams, and provide consultation and feedback to members of other disciplines. Members of the treatment teams rely on interns to answer questions regarding behavior management, ethical and legal conduct, discharge recommendations, case conceptualization, and the selection of appropriate interventions for specific cases. Interns provide consultation both formally (e.g., behavior plans, testing and screening reports) and informally (e.g., verbal feedback, treatment team meeting discussions).

3. Assessment

Interns are expected to have basic training in cognitive, personality and psychopathology, and diagnostic assessment prior to starting internship. Training in psychological assessment and brief screening is an important component of the internship experience. All aspects of assessment including test selection, administration, report writing and individual and provider feedback are supervised by the licensed psychologist supervising the assessment case. The supervisor also reviews and co-signs the completed report. At the end of the internship year, the intern will be prepared to conduct and complete assessment batteries and brief screenings with many different populations. While some examples of measures are listed below, this may vary depending on the rotation site/population.

a. Psychological Testing

Interns complete comprehensive assessment batteries (as defined by one cognitive measure, one objective personality measure, and one projective measure) and several screening measure administrations during the year, under the supervision of a licensed psychologist. Training is provided in the use of a variety of assessment instruments, including but not limited to, measures of cognitive functioning (e.g., WAIS-IV, WISC-V, WASI-II, KBIT-2, TONI-4), screening measures of cognitive functioning (e.g., MoCA, RBANS, Bender Gestalt II), measures of personality and psychopathology (e.g., PAI, PAI-A, MMPI-2, MMPI-A, SCL-90), screening measures for targeted symptom areas (TSI-2, TSCC, STAXI-2, RADS-2, SASSI-3) as well as training with projective

assessments (e.g., Comprehensive System and the R-PAS for the Rorschach, TAT). Behavioral inventories coordinating observations of patient and collateral sources are also included (CBCL, ABAS-II, BASC-2, Conners, SSRS, Barkley Scales: Functional Impairment, Executive Functioning, and Adult ADHD Rating Scale.)

An integral part of the assessment process is the development of the ability to complete timely and focused evaluations that provide significant contributions to treatment planning. Psychological testing reports are written in an integrated format, with particular attention to those factors that give rise to and maintain the individual's adaptive and maladaptive behavior. Interns are expected to focus on both strengths and areas needing support, and to make appropriate and realistic recommendations for treatment and discharge. As part of the assessment process, interns develop skills in providing informed consent and feedback to patients regarding the assessment process. They are also afforded the opportunity to learn consultation skills. When a testing referral is assigned to an intern, he or she consults with the referring clinician and treatment team before, during, and after the assessment. After the results and conclusions of the assessment are reviewed and approved by the supervising psychologist, the intern presents verbal feedback and a brief written preliminary progress note describing initial impressions to the referring clinician and treatment team. A formal written report is then completed, reviewed and approved by the supervising psychologist, and becomes a part of the individual's permanent record.

b. Brief Screening

In addition to larger psychological assessment batteries, interns conduct brief screening measures as part of the provision of care. Typically, referrals for brief screenings are to answer specific and targeted clinical questions (e.g., presence of trauma symptoms, severity of drug or alcohol use, risk for self-harm, presence or absence of cognitive impairment). Interns receive training in the use of brief screening instruments (e.g., TSI-II, SPS, SASSI-III, WASI-II, K-BIT, R-BANS), with a specific emphasis on translating the results into actionable feedback and recommendations for the treatment team. The process for brief screenings is identical to assessment batteries, including oversight by a licensed psychologist, with the exception that there may not need to be a referring clinician and the report is in a brief, 1-2 page format.

B. Supervision

1. Individual Supervision

Supervision of interns includes weekly meetings, in-vivo observation of clinical work (both individual and group), and a review of interns' documentation (e.g., progress notes, testing reports). In-vivo supervision will occur at least once per quarter for group therapy, individual therapy, and assessment.

a. Individual Therapy

The intern is assigned a licensed psychologist as their supervisor. The two individual hours per week may be distributed between one or two psychologists depending on the training site. Interns receive a range of supervision from licensed psychologists with a variety of orientations. Supervisors are trained in and value empirically-supported principles of treatment, and will include relevant topics (e.g., selecting appropriate interventions, current, evidenced based) in supervision.

b. Group Therapy

During their rotations, the intern functions as a therapist and group facilitator in psychotherapy groups. Supervising psychologists may observe groups with interns and serve as role models, when necessary, during group therapy. After sessions in which a supervising psychologist has observed, the intern and psychologist review the session allowing for supervision of group skills in-vivo. In supervision, the intern receives guidance regarding group dynamics, topics, and functional levels of the attendees.

c. Assessment

When a testing case is referred to an intern, a licensed psychologist on staff is assigned to supervise the testing case. Supervision covers aspects of instrument selection, administration, scoring, interpretation, unit consultation, providing feedback, and integrated report writing. Interns must discuss all findings with their supervisor prior to giving any feedback (including preliminary impressions) to other staff members (e.g., referring physician, treatment team).

2. Group Supervision

Weekly group supervision meetings will be facilitated by a licensed psychologist. Group supervision lasts for one hour, and includes a variety of topics relevant to the interns' work. Typically, interns are invited to informally present cases (individual, group, or assessment) which they are currently working on, with an emphasis on challenging or unique cases. Case discussion and peer consultation is encouraged. Interns may also choose to discuss other ethical, professional, or systemic issues which have arisen in the course of their work at the hospital. Discussion of interns' supervision of externs (psychology practicum students) is also encouraged. This time is also used to review and discuss relevant scholarly work in the field. The group supervision meetings serve as an ongoing forum for discussion and professional development, and will be facilitated by the faculty throughout the year. Interns may be participating in group supervision via video conferencing, depending upon their current rotation assignment.

C. Didactic Training

1. Internship Didactic Seminars Series

To further intern training, two monthly 4-hour didactic seminars will be conducted. At one monthly seminar, interns will be formally presenting clinical cases on a rotating basis (each intern will provide 2 presentations for the year- one therapy case and one assessment case); supervisors will be facilitating journal club; and holding discussions on other relevant clinical training topics. Additionally, one 4-hour seminar will be held monthly for interns at a designated site. Seminar speakers will include psychology department faculty members, experts from UHS facilities, and outside speakers from universities, hospitals, and community organizations. Seminar topics will include:

a. Psychotherapy and Case Presentations

The training seminars contain a range of presentations on a variety of clinical issues and interventions hosted by in-house staff and faculty from the professional communities of Philadelphia and outside areas. Frequently, case presentations are included along with didactic material in an effort to integrate theory and practice. Content areas include, but are not limited to the theory and techniques of cognitive and behavioral therapies, behavior modification, acceptance- and mindfulness-based approaches to therapy, brief and solution-focused therapy, recovery-oriented clinical care, trauma informed care, and empirically supported foundations of treatment. The format of these presentations is flexible in order to better address the needs of a particular intern class.

b. Assessment

In didactic lectures, measures of cognitive functioning, personality and psychopathology, screening measures for targeted treatment issues, and structured diagnostic interviews are reviewed. Testing cases are presented to assist in the refinement of the integration of all tests used in answering referral questions and developing an integrated report.

c. Cultural Diversity and Individual Differences

Awareness of, and respect for, cultural diversity and individual differences are addressed throughout all of the intern's clinical rotation experiences and training at Friends Hospital. The hospital's longstanding Quaker tradition is founded on the notion of respect for all people. This philosophy is present in virtually all aspects of care. Within the first week of internship, all interns are required to attend a training module on the hospital values, which is part of their general hospital orientation. A minimum of 5 hours of seminar time during the year is devoted to didactic presentations on cultural and individual differences, and cultural responsiveness. Diversity issues are routinely addressed by each of the hospital's inpatient treatment teams, as well as by individual psychology supervisors who provide weekly supervision of all assessment and therapy cases. Diversity is also evident in the range of specialty rotations, and the staff that we employ. The heterogeneous and ethnically diverse populations and range of psychopathology represented mirror the vast diversity of the Philadelphia area.

d. Professional Ethics and Legal Issues

Knowledge and understanding of ethical and legal issues is essential to the delivery of psychological services. Thus, training in this area is interwoven throughout the entire internship training experience. These issues are highlighted in individual supervision, formal case presentations, treatment team meetings, and didactic seminars. Topical issues related to professional ethics are discussed in group supervision on a regular basis with members of the psychology faculty, and are covered in readings provided to interns.

e. Professional Practice Issues

Given the commitment of the internship to train students in the practice of clinical psychology, issues of professional practice are highlighted and explored whenever possible. Topics such as ethics, legal statutes, risk management, practice formation and development, medical record documentation, program development, outcome measurement, and service delivery models are covered in a number of didactic seminars throughout the training year.

f. Special Topics

The seminar series addresses special clinical and professional practice topics based on the interests of the current intern class as well as the prevailing concerns facing the profession. Past seminar topics have included motivational interviewing, sexual addiction, substance use and trauma-related treatment using *Seeking Safety*, CBT-based anger management, CBT for schizophrenia, competency-based supervision, sleep disorders, primary care psychology, and bereavement and grief.

2. Intern Presentations

Throughout the training year, each intern conducts two formal presentations for the psychology department. This provides the opportunity to refine organization and presentation skills, as well as conceptualizing complex material so that it can be presented in a clear, cogent, and clinically useful manner. These presentations provide the opportunity to receive constructive feedback from peers and supervisors. A psychology department faculty member, as well as peers, attend all intern case presentations and provide evaluative feedback after the conclusion of the presentation. The two presentations include: one clinical presentation of a psychotherapy case (including relevant background, information about the intervention which was used, and a description of the course of therapy and response) and one assessment case.

Intern presentations are not intended to serve as a primary didactic component of the internship program, or to relieve other staff members of the responsibility of providing didactic training. Rather, they are intended to supplement the internship program's series of didactic seminars and provide the interns with the opportunity to learn presentation skills while sharing their own knowledge and experience with each other. There will also be opportunities to present cases/didactics to other disciplines in the hospital.

3. Assigned Readings

Throughout the training year, interns are assigned readings from contemporary sources in clinical psychology and professional practice. Psychology department faculty selects these readings with the goal of presenting a diverse range of topics, and to supplement didactic seminars and group supervision topics. Faculty will also be selecting research articles for review and discussion in journal club. These articles will be provided to the students.

4. Hospital-Wide Training Opportunities

As a large group of teaching facilities, with active educational and internship programs in a variety of disciplines (including psychology, medicine/psychiatry, nursing, social work, expressive arts, clinical pastoral education, and couples and family therapy), the Friends Hospital internship has many additional opportunities for training available to psychology interns. Some examples are listed below (exposure to these opportunities may vary slightly depending upon the intern's current rotation):

a. Drexel University College of Medicine Department of Psychiatry Grand Rounds/CME Program

During the academic year, leading professionals from a variety of disciplines are invited by Drexel University to present at hospital-wide grand rounds. Presenters speak on a wide range of topics related to behavioral health.

b. Hospital-Wide Trainings

Trainings facilitated by outside presenters are periodically hosted by all UHS facilities, and staff-development trainings are organized by these locations and various departments. These are open to all UHS hospital staff, including interns. Past topics have included recovery-oriented care, trauma-informed care, gender diversity, mindfulness, professional development, ethics, child abuse reporting, religion/ spirituality, and service excellence.

c. Other Ongoing Groups and Therapeutic Activities

Co-leadership and/or observation of ongoing groups led by professional hospital staff are available to interns and are arranged on an individual basis. Past interns have participated in groups on dance/movement therapy, pet therapy, substance misuse, music therapy, recreation therapy, and art therapy. Interns have also participated in community meetings and observed 12-step meetings.

D. Professional Development Opportunities

1. Supervision of Psychology Externs

The Externship in Clinical Psychology was developed for doctoral externs (psychology practicum students) to work in the psychiatric hospital setting part-time, under the clinical and administrative supervision of the psychology department faculty. In addition

to enhancing the hospital's quality of care and providing externs with a challenging training experience, the program allows interns to have direct experience providing clinical supervision. Each intern is typically assigned to one extern for a half hour of mentorship per week. Additional opportunities exist to supervise externs who conduct psychological assessments. All externs receive supervision from a licensed psychologist on the psychology department faculty, in addition to their intern mentor.

2. Hospital Committees and Task Forces

Interns will have the opportunity to serve on committees and hospital-wide task forces focused on specific issues throughout the hospital site. Previous committees on which interns have served include the Re-admission Reduction Committee, Trauma Informed Care, Practice Committee, Restraint and Seclusion Reduction Committee, and a task force to standardize group programming. Our interns are often sought after as members of committees for their high level of clinical skill and experience in a variety of clinical settings.

3. Administrative and Quality Improvement Projects

Interns who are interested in administrative roles have the opportunity to observe and shadow hospital administrators, which may include the observation of administrative meetings, discussions and readings on administrative and management topics, and facility walk-throughs. Interns are also invited to discuss and propose initiatives to improve and document the quality of clinical care at these UHS facilities. Interested interns should discuss their ideas and solicit feedback from their supervisors, who may refer them to the appropriate hospital administrators. In order to gain valuable experience in quality improvement measures, all interns will participate in a monthly QI Audit to gather data from charts regarding group therapy and documentation.

4. Professional Presentations

UHS marketing departments periodically conduct hospital and community-based activities, in which interns have the opportunity to serve as mental health consultants and speakers. In the past, interns have presented at National Depression and Anxiety Screening Days and local schools and community organizations. Interns also have the opportunity to provide in-service trainings to hospital staff, and have designed and presented aspects of new employee orientation.

V. Procedures

A. Evaluation of Interns

Interns receive ongoing formal and informal feedback throughout the training year. Feedback is provided by the Director, licensed psychologists functioning as supervisors, and unit treatment team members. Informal feedback in supervision is an important and continuous component of the internship program and psychology department faculty are committed to identifying and addressing any problem areas as soon as possible with the intern.

1. Evaluation Measures

A variety of self- and supervisor-report measures are used throughout the year to provide objective, formal feedback to interns. These include:

a. Intern Self-Assessment

The self-assessment, completed at the start of training, provides a baseline self-report measure of general knowledge and proficiency levels in many different training domains, as outlined in the program goals. This self-assessment is repeated at mid-year and end-of-year, to obtain their degree of development in the same domains. The results of self-assessment are reviewed with the intern at end-of-year.

b. Ethics Exam

As an objective measure of interns' development as ethical professionals, each intern is given an ethics test at the start of their training year. This exam is given to interns again at the end of the training year in order to provide a measure of outcome regarding their acquisition of knowledge in the area of ethics. A minimal score of 70% at end-of-year is required for completion of internship.

c. Individualized Training Plan

Each intern completes a training plan in collaboration with their supervisors and the Director at the beginning of the training year. The plan includes personalized goals and methods by which to achieve them during each rotation and throughout the training year. The training plan is periodically reviewed (at minimum a semi-annual basis), and revised by the intern and his or her supervisor as needed. Progress on their training goals is reviewed at mid-year and end-of year.

d. Intern Evaluation

The Psychology Intern Evaluation is an instrument used by psychology department faculty to provide a bi-annual, formal, written evaluation of interns. Interns are encouraged to review this measure during orientation to the program and throughout their training so that they are aware of the parameters on which they will be evaluated by their supervisors. This document serves to establish clear expectations for interns' clinical performance and professional conduct for the year. At the mid-point and end of the year, the intern's supervisors will review this form with the intern, identify any areas requiring attention, and set priorities for the remainder of the training year. Minimum expectations of a 2.0 on the overall score of each domain at the mid-year evaluation and 3.0 at the end of the year are required to successfully complete internship.

2. Evaluation Process

All psychology supervisors provide the intern's primary supervisor with feedback about

their performance. Additionally, all professional hospital staff working directly with the interns is asked to complete an evaluation form based on their experiences working with the intern and these are submitted to the Director, and distributed to each intern's primary supervisors. The psychology staff integrates and synthesizes this feedback and prepares one master composite evaluation, which is presented to the intern in the mid-year and end of year reviews with the Director and/or primary supervisor. In this meeting, strengths and areas for improvement are discussed and training goals are formulated for the next rotation or post-internship training. Interns sign and receive a copy of their evaluations.

Interns are asked to sign an "Authorization to Exchange Information Form" during the internship orientation which provides the psychology department permission to communicate with the intern's graduate program when indicated. Informal progress and feedback regarding development are discussed with each intern by his or her supervisors throughout the training year. Formal, written evaluations are conducted on a bi-annual basis. At this time, the intern's progress and goals are reviewed and revised as needed. Copies of the formal Psychology Evaluation will be provided to the Director of Clinical Training at the interns' school at mid-year and end-of-year, along with a copy of the intern's certificate of internship completion.

B. Program Evaluations

At the end of each rotation, interns complete evaluations of their supervisors and their clinical rotations. Evaluations include both objective ratings, and subjective narratives about their training and supervision. Interns will submit their supervisor evaluations anonymously through Survey Monkey, and are encouraged to note any negative experiences or concerns, as well as positives about their training experience. At the end of the training year, interns complete an in-depth evaluation of the internship program. Data from these evaluations are reviewed by the psychology department and hospital leadership as part of Friends hospital's ongoing commitment to improving and developing the internship program. Upon completion of the internship, all alumni will be sent an Alumni Survey annually to obtain professional information. This information is needed for distal data, which is required for continued APA accreditation.

C. Intern-Staff Relations

Friends Hospital and the internship program recognize the right of interns and staff to be treated with the utmost courtesy and respect at all times. All interactions between interns, psychology supervisors, and hospital staff are intended to be professional, collegial, and conducted in a manner that reflects the highest standards of the profession as described in the APA's *Ethical Principles of Psychologists and Code of Conduct*. Interns always have the right to question any aspect of their training and performance evaluations. The interns and the internship program are subject to all UHS human resources policies and procedures. Additionally, there are internship-specific policies and procedures related to intern grievances, staff conflicts with interns, failure to reach performance expectations, and termination from internship. These policies and procedures are summarized in Appendices VII, VIII, and IX respectively. The Director of Psychology and other hospital leadership are always available to meet with interns individually to discuss problems if and when they arise.

Appendix I: Staff

Internship Program Director

Dawn DeBrocco, Psy.D.

Friends Hospital Psychology Faculty

Dawn DeBrocco, Psy.D., Licensed Psychologist –Director of Psychology

Petra Kottsieper, Ph.D., Licensed Psychologist – Supervising Psychologist

Peter Vernig, Ph.D., Licensed Psychologist- Chief Clinical and Innovations Officer

Brooke Glen Behavioral Health Psychology Faculty

Stephanie E. Yoder, Psy.D., Licensed Psychologist- Director of Clinical Services

Kevin O’Leary, Psy.D., Licensed Psychologist- Supervising Psychologist

Fairmount Behavioral Health Psychology Faculty

Patrick Boyle, Psy.D., Licensed Psychologist- Director of Clinical Services

Erica Eisenberg, Ph.D., Licensed Psychologist- Supervising Psychologist

Foundations Behavioral Health Psychology Faculty

Donna L. Toro, Psy.D., Licensed Psychologist- Director of Clinical Services

Christina Villani, Psy.D., Licensed Psychologist

Catherine Verdeur, Psy.D., Licensed Psychologist- Supervising Psychologist

The Horsham Clinic Psychology Faculty

Position Open

Appendix II: Goals, Objectives, and Competencies

Effective 9/22/2016

Adapted from: *Competency Benchmarks in Professional Psychology*, American Psychological Association

Goal 1: To train psychologists who adhere to the highest standards of professional conduct.

Objective A: To apply ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and larger systems.

Competency 1: Demonstrate advanced knowledge and application of the APA *Ethical Principles of Psychologists and Code of Conduct* and other relevant ethical, legal, and professional standards and guidelines.

Competency 2: Independently utilize an ethical decision-making model in professional work.

Competency 3: Independently integrate ethical and legal standards with all other competencies.

Objective B: To demonstrate behavior and comporment that reflects the values and attitudes of the field of psychology.

Competency 1: Monitor and independently resolve situations that challenge professional values and integrity.

Competency 2: Conduct self in a professional manner across settings and situations.

Competency 3: Independently accept personal responsibility across settings and contexts.

Competency 4: Independently act to safeguard the welfare of others.

Competency 5: Display consolidation of professional identity; demonstrate knowledge about issues central to the field of psychology, and work to integrate science and practice.

Objective C: To engage in personal and professional self-awareness and reflection with awareness of competencies and appropriate self-care.

Competency 1: Demonstrate reflectivity in the context of professional practice, act upon this reflection, and use oneself as a therapeutic tool.

Competency 2: Accurately self-assess competence across competency domains, integrate self-assessment into practice, recognize one's own limits of knowledge and skill while acting to address limitation, and plan to enhance knowledge and skills.

Competency 3: Self-monitor issues related to self-care and promptly intervene when disruptions occur.

Competency 4: Independently seek supervision when needed, and make active use of supervision.

Goal 2: To train psychologists with an appreciation of the science of psychology and its applications.

Objective A: To demonstrate and understanding of research (including methodology,

analysis, and its application to behavior) and a respect for scientifically derived knowledge.

Competency 1: Independently apply scientific methods to practice.

Competency 2: Demonstrate advanced-level knowledge of core science (i.e. the science of human behavior).

Competency 3: Independently apply knowledge and understanding of scientific foundations to practice.

Objective B: To integrate research and clinical expertise in the context of service delivery.

Competency 1: Independently apply knowledge of evidence-based practice (including empirical bases of assessment, intervention, and other applications), clinical expertise, and patient preferences.

Competency 2: Demonstrate an understanding of the process and function of program evaluation and process improvement.

Goal 3: To train psychologists capable of applying advanced, evidence-based clinical skills to a wide variety of patient populations.

Objective A: To relate effectively and meaningfully with individuals, groups, and larger systems.

Competency 1: Develop and maintain effective relationships with a wide range of patients, collaterals, and colleagues.

Competency 2: Effectively manage difficult communication using advanced interpersonal skills.

Competency 3: Engage in verbal, nonverbal, and written communication that is informative, articulate, succinct, sophisticated, and well-integrated while demonstrating a thorough grasp of professional language and concepts.

Objective B: To deliver clinical interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and larger systems.

Competency 1: Independently plan interventions based upon case conceptualizations which are specific to each case, context, length of stay, and clinical setting.

Competency 2: Display clinical skills with a wide variety of patients and use good judgment in unexpected or difficult situations.

Competency 3: Implement interventions with fidelity to empirical models and the flexibility necessary to adapt these interventions to meet the individual needs of the patient and the clinical setting.

Competency 4: Independently evaluate treatment progress (in terms of specific psychological interventions as well as the patients overall care), and modify planning as indicated, even in the absence of established outcome measures.

Objective C: To conduct both comprehensive assessment and brief screening to aid in diagnosis of problems, capabilities, and issues associated with individual patients.

Competency 1: Independently select and implement multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals.

Competency 2: Independently understand the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning.

Competency 3: Independently select and administer a variety of assessment tools and integrate results to accurately evaluate referral question(s) appropriate to the clinical setting and patient's length of stay.

Competency 4: Utilize assessment results for intervention planning in the context of stages of human development, overall level of functioning, and diversity.

Competency 5: Independently and accurately integrate and synthesize the multiple dimensions of the case based on the results of assessment using multiple sources.

Competency 6: Communicate results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate and timely manner.

Goal 4: To train psychologists who are knowledgeable of larger systems of care.

Objective A: To utilize knowledge of key issues and concepts in related disciplines, and to work collaboratively with professionals in multiple disciplines.

Competency 1: Demonstrate awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems, and demonstrate intermediate level knowledge of common and distinctive roles of other professionals.

Competency 2: Demonstrate knowledge of and ability to display the skills that support effective interdisciplinary team functioning.

Competency 3: Participate in and initiate interdisciplinary collaboration directed toward shared goals.

Competency 4: Develop and maintains collaborative relationships over time.

Objective B: To provide expert consultation, guidance, and professional assistance in response to a patient's needs or goals.

Competency 1: Determine situations that require different role functions and shifts roles accordingly to meet referral needs.

Competency 2: Demonstrate knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question.

Competency 3: Apply knowledge to provide effective assessment feedback and to articulate appropriate recommendations.

Competency 4: Apply literature to provide effective consultative services (assessment and intervention) in routine and complex cases.

Goal 5: To train psychologists capable of taking on roles as clinical leaders.

Objective A: To receive supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.

Competency 1: Understand the ethical, legal, and contextual issues of the supervisor role.

Competency 2: Demonstrate knowledge of supervision models and practices as well as limits of competency to supervise.

Competency 3: Engage in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their patients.

Competency 4: Provide effective supervised supervision to practicum students.

Objective B: To provide instruction, disseminate knowledge, and evaluate acquisition of knowledge and skill appropriate to scientific clinical psychology.

Competency 1: Demonstrate knowledge of didactic learning strategies and how to accommodate developmental and individual differences.

Competency 2: Apply teaching methods in current setting (e.g., peer training, staff in-service training, and student didactics).

Objective C: To develop skill in the management of the direct delivery of services and basic hospital administration.

Competency 1: Develop and offer constructive criticism and suggestions regarding management and leadership.

Competency 2: Participate in management of direct delivery of professional services while functioning appropriately within the management hierarchy.

Competency 3: Demonstrate emerging ability to participate in administration of service delivery programs.

Competency 4: Participate in system change and process improvement.

Objective D: To take action targeting the impact of social, political, economic, or cultural factors to promote change at the individual, institutional, and/or systems level.

Competency 1: Intervene with patients to promote action on contextual or systemic factors impacting development and functioning.

Competency 2: Promote change at the level of interdisciplinary teams, or the hospital as a whole.

Goal 6: To train psychologists who understand the impact of individual differences on clinical care.

Objective A: To develop awareness, sensitivity, and skills in working professionally with diverse individuals, groups, and communities who represent various cultural, ethnic, religious, socioeconomic, sexual, disability, diagnostic, and personal backgrounds and characteristics.

Competency 1: Independently monitor and apply knowledge of self as a cultural being in assessment, treatment, and consultation.

Competency 2: Independently monitor and apply knowledge of others as cultural beings in assessment, treatment, and consultation.

Competency 3: Independently monitor and apply knowledge of diversity in others as cultural beings in assessment, treatment, and consultation.

Competency 4: Apply knowledge, skills, and attitudes regarding dimensions of diversity (e.g., cultural, ethnic, religious, socioeconomic, sexual, disability, diagnostic) to professional work.

Appendix III: Friends Hospital Rotation Description

Below is a list of the current major rotations (i.e. the inpatient units) at Friends Hospital. The composition of individual units including the population, diagnostic groups served, and programming implemented on the unit changes as Friends Hospital works to meet the needs of the individuals it serves and the surrounding community.

A. General Adult Programs

The General Adult (age 18 and older) units are 24 bed units that serve individuals with acute psychiatric issues. Individuals on our general adult units typically struggle with a wide range of diagnostic issues, such as mood disorders, anxiety disorders, psychotic disorders, trauma disorders, dual diagnosis, and personality disorders. Many also have comorbid substance use disorders. General Adult programs utilize a recovery-oriented and trauma informed care framework, and interns implement empirically-supported interventions in individual and group modalities. The General Adult units expose individuals to a psychosocial milieu in which individual treatment, socialization, and group process are emphasized. Interns function as full members of the multidisciplinary team and conduct group and individual therapy under the supervision of a licensed psychologist. Interns are encouraged to take on the role of clinical leaders on their teams, and provide consultation to other professionals (e.g., psychiatrists, social worker, nurses) on difficult cases and behavior-management issues. Charting and record keeping account for approximately 1-2 hours daily and high-quality documentation is expected.

B. Older Adult Program

The Older Adult unit is a 24 bed unit that serves individuals generally aged 55 and older who are coping with mood and anxiety disorders, dementia, psychotic disorders, as well as medical, neurological, and social issues commonly associated with aging. Common concerns of those on this unit include loss of loved ones, declining physical health, and giving up independence. The intern provides group and individual therapy under the supervision of a licensed psychologist utilizing empirically-supported interventions to attempt to instill a sense of competence and self-efficacy and encourage those to take an active role in their recovery and emotional well-being. Social interaction is encouraged to reduce isolation. The intern on the Older Adult unit attends the daily treatment team meeting and case conferences for individuals on the unit as needed. Charting and record keeping account for approximately 1-2 hours daily and high-quality documentation is expected.

C. Recovery Program

The Recovery Unit is a 24 bed, voluntary patient unit that fully incorporates the recovery-oriented treatment model and is the first inpatient unit of its kind. The Recovery Unit opened at Friends Hospital in January of 2010 with the purpose of enhancing the experience of inpatient care and instilling hope of recovery from mental illness and dual diagnosis, and to lead a personally meaningful life. The program focuses on empowering the individual to be the driving force of his or her treatment, and identifying and involving family, friends, and other social and community supports into each person's care. Treatment is individualized, person-centered, strengths-based, and holistic. The intern provides empirically-supported individual and group

psychotherapy on the unit within a recovery-oriented framework, and in collaboration with other treatment providers. The intern attends a daily treatment team meeting and functions as a clinical leader in the multidisciplinary team. Groups incorporate a number of themes, including physical health, exercise and yoga, nutrition, spirituality, environment, relaxation, medication, mental health, and substance use. A focus of each person's treatment is the development of a Wellness Recovery Action Plan to guide the persons' recovery during and after the hospitalization. Upon discharge each individual leaves the unit with a discharge plan that includes not only therapy and medication follow-up appointments, but also resources in the community that link the individual with their specific needs, which can include their areas of interest, spirituality, health and wellness, educational and occupational resources, financial resources, etc. Charting and record keeping account for approximately 1-2 hours daily and high-quality documentation is expected.

D. Adolescent Program

The adolescent unit is a 24 bed therapeutic milieu for adolescents aged 13-17 who are coping with a variety of psychiatric and behavioral difficulties. The milieu is designed to address the developmental tasks of adolescence while promoting growth and healthy functioning. The unit functions according to a trauma-informed model based on the premise that the young person will recreate and/or re-enact on the unit the unhealthy relationships and behaviors experienced prior to hospitalization. This provides the opportunity to collaboratively develop new solutions and promote positive change. Much of this work is done in daily group and individual therapy sessions, developing behavioral plans, as well as community meetings. Other treatment services integral to the program include creative arts and movement therapy, and the unit maintains an integrated education program to provide structure and continuity, and helps to keep up to date with studies. Interns function as clinical leaders on the multidisciplinary treatment team and attend treatment team meetings daily. The intern provides information to the rest of the team regarding the progress in treatment of each patient on the unit. Due to the nature of the unit, some longer-term cases can be expected. Charting and record keeping account for approximately 1-2 hours daily and high-quality documentation is expected.

E. Intensive Adult Program

The Intensive Adult unit is designed for severely and persistently mentally ill individuals who present with a higher level of acuity. Individuals on this unit typically require an additional level of support and supervision to insure their safety and assist with participating in treatment activities. The intern on this unit has the opportunity to provide group and individual therapy to a population that requires an intensive treatment program. Examples of group topics include social skills training, DBT-based emotion regulation, anger management, and relapse prevention. Interns function as clinical leaders on the multidisciplinary team and attend treatment team meetings daily. The intern carries a caseload of individuals who need additional support on the unit. The intern on the Intensive Adult unit is frequently involved in consulting with the treatment team for treatment and discharge planning, behavior management, and individualization of patients' treatment. Due to the acuity of the unit, the consultative and leadership role of the intern on this unit is emphasized. Charting and record keeping account for approximately 1-2 hours daily and high-quality documentation is expected.

Appendix IV: Foundations Behavioral Health Rotation Description

Foundations Behavioral Health provides a therapeutic environment through established programming that includes an individualized treatment and education program for each individual. Care is provided according to a formalized code of ethical conduct and strict adherence to consumer rights. Involvement of the family, whenever possible, is emphasized to promote support for the consumer's recovery and re-integration into the community, and is centered upon a holistic philosophy. Each consumer participates in the development of a comprehensive, inclusive, and individualized treatment and/or education plan. Each program is designed to provide services appropriate to the scope and level of care required by the resident population served. From admission to discharge, treatment is built upon the consumer, family, and related community strengths.

The goal of treatment is to promote the highest level of functioning for each consumer with emphasis on individual, group, and family therapies, educational services, and wrap-around services provided at the least restrictive level of care. The consumer's symptoms, strengths, family support, and discharge needs provide the basis for care from admission to discharge. The following provides a brief summary of the continuum of services Foundations Behavioral Health provides:

A. Hospitalization Program

The psychiatric inpatient program is designed for the treatment of children and adolescents, ages 5 through 18, with primary psychiatric diagnoses who meet the criteria for medically supervised acute treatment. Exceptions to the age limits must be clinically determined by the Medical Director or designee. The program is licensed for 58 beds operating 24 hours a day, 7 days a week.

B. Acute ASD Treatment Program

The Acute ASD Treatment Program is an inpatient hospital designed to provide intensive, short-term treatment to children and adolescents with ASD and related diagnoses who are in crisis. Our Acute ASD Treatment Program provides a research-based applied behavioral and educational program to children and adolescents identified as having autism spectrum disorder (ASD). The acute hospitalization level of care promotes stabilization in a safe environment for children and adolescents in crisis, and provides an opportunity to re-assess the supports need to ensure the medium and long-term success of the adolescent and the family post-discharge. Our caring and well-trained team of professionals truly values that every child has unique gifts and that each person's potential must always be nurtured. The program is licensed for 16 beds, serving individuals from age 5 through 18, and through 21 with medical director approval.

C. Residential Treatment Units

Current residential programming provides psychiatric, medical, nursing, and social rehabilitative care to consumers in need of a structured environment but not in need of the more restrictive environment of a hospital unit. The facility is licensed for 48 beds, serving children, adolescents, and young adults ages 8 to 21. After a comprehensive trauma-informed assessment, consumers

are provided with individual, group, and family therapies targeting those areas that have created obstacles to adaptive functioning and stabilization within the home environment. Case management, discharge planning, and expressive therapies support the clinical programming. During school months, residents attend a six-hour school day which includes social learning classes, and standard academic studies. When clinically appropriate, a vocational program providing jobs or volunteer work in the community is available outside of school hours (e.g., Habitat for Humanity). A psychiatrist leads a multidisciplinary treatment team, consisting of nurses, residential advisors, primary therapists, expressive therapists, psychologists, and social workers.

D. Partial Hospitalization Program

The partial hospitalization program is designed to meet the increasing need for alternative treatment to inpatient psychiatric care. The program provides care for up to 40 patients, ages 5 to 18. Individuals with less intensive treatment needs than those addressed through the inpatient setting benefit from this program. The program is in operation five days per week, six hours per day and offers intensive, structured clinical services in a stable therapeutic milieu. The professional staff is directed by a board-certified psychiatrist and includes nurses, family therapists, psychologists, social workers, expressive therapists, and mental health professionals. The daily program is comprised of an integration of scheduled therapeutic activities, which includes individual, family, educational, and group psychotherapy that consists of theme-specific groups such as psychodrama, art therapy, process groups, and recreational therapy.

E. Behavioral Health Rehabilitation Services Program (BHRS)

The goal of BHRS in homes, schools, and community settings is to provide compassionate supportive care to children and adolescents with severe developmental, social, emotional, and behavioral difficulties. The program offers intensive, individualized care to children and adolescents suffering from a variety of behavioral problems, including ASD, ADHD, ODD, depression, anxiety, and other behavioral health concerns. Delivery of services is guided by CASSP (Child and Adolescent Service System Program) principles and Transformational Guidelines (Department of Behavioral Health & Intellectual Disability Services, Philadelphia). A comprehensive biopsychosocial evaluation conducted by a licensed psychologist generates service recommendations that may include a functional behavioral assessment (FBA), behavioral specialist consultation, mobile therapy, and one-to-one therapeutic support staff (TSS). Treatment/resiliency planning is provided in close collaboration with clients, families, teachers, counselors, and others working with each identified individual for continuity of strengths-based intervention.

F. Lifeworks Alternative School

The LifeWorks Alternative School is an approved private provider of Alternative Education for disruptive youth by the Pennsylvania Department of Education. LifeWorks accepts students enrolled in middle and high school that may benefit from a small, therapeutic, structured, and compassionate environment in which to learn. The length of time spent in LifeWorks Alternative School varies; students may enroll for a full academic year or a brief period of time and return to their regular educational setting. Students receive instruction in core subjects, including math,

science, English, and social studies. Rounding out the program are classes in physical education, computers, art, career, vocational exploration, and health in addition to group and individual counseling. Students enrolled in the school may be suffering from; attention problems, impulsivity and hyperactivity, cognitive/learning disabilities, poor problem solving skills and/or social skills, behavioral difficulties, and/or aggressive behaviors. Lifeworks Alternative School provides services for roughly 100 students.

G. Lifeworks ASD Academy

The LifeWorks Academy, located on the campus of Foundations Behavioral Health, is a private licensed academic school. LifeWorks Academy accepts students enrolled in middle or high school that may benefit from a small, structured, compassionate environment in which to learn. LifeWorks Academy provides a research-based applied behavioral and educational program to students identified as having an Autism Spectrum Disorder diagnosis. Our caring and well-trained team of professionals tailors each student's educational experience with strategic interventions to achieve success in academics, language abilities, social development and behavioral functioning. Family involvement is critical to the success of each student at LifeWorks, and for that reason goals are designed to address the needs of the individual student within the broader context of empowering the family. Special emphasis is placed on communication and building relationships through social skills training in the natural environment. Lifeworks ASD Academy School provides services for roughly 50 students.

Appendix V: Brooke Glen Behavioral Hospital Rotation Description

With a capacity of 146, Brooke Glen provides services to adolescents (age 13 to 18), and adults, age 18 and up. Individuals come to Brooke Glen from a large catchment area including a large part of Eastern and Central Pennsylvania. As a result, individuals tend to be very diverse across all domains. Programming on our units is broken down according to patient needs, so at times by level of functioning or gender, or by various specific psychiatric issues. Additionally, Brooke Glen has a newly added Extended Acute Unit (EAC), which is a 15 bed adult longer term psychiatric unit developed to meet the needs of those who benefit from longer term care such as a more chronic acute population.

A. Extended Acute Unit (Primary Clinical Rotation)

Interns will complete their primary rotation on the Extended Acute Unit (EAC). The EAC consists of individuals who meet criteria for an extended acute care, such as those who have had multiple acute care hospitalizations. Individuals on the EAC tend to have more chronic presentations, and often have symptoms of psychosis, significant mood disorders, or personality disorders that warrant longer term stabilization. The goal of the EAC is community reintegration, so individuals will participate in outings in the community and to their discharge placement settings during their course of treatment at the EAC. Individuals receive empirically based treatments on the EAC, such as ACT, CBT, and DBT skills, and also benefit from Expressive Arts groups which are particularly effective with this population. The unit includes a Certified Peer Specialist, who is an integral part of the treatment team, as well as a Behavioral Specialist who develops plans for each individual. Interns will provide group therapy primarily in the EAC. Additionally, interns will work in tandem with the Director of the Clinical Services to assist with program development, as well as providing feedback about their work with individuals on the unit. The interns are also provide a unique role in assisting with community integration, in that they will at times accompany individuals on their integrative outings to their discharge placements to help provide clinical feedback to the EAC and the future placement to promote a smoother and more successful discharge back into the community.

B. Inpatient Units

Interns will also have the opportunity to gain exposure and experience on the other units in the hospital as well, with the specific preferences and training needs of the intern in mind, and according to the clinical needs of the hospital. Interns will also have individual therapy, some group therapy, and testing cases throughout the hospital under the supervision of a licensed clinical psychologist. The other adults units consist of a small close observation unit, and three other units which are differentiated by level of functioning. Brooke Glen also has adolescent programming for individuals between the ages of 13 and 18.

Appendix VI: The Horsham Clinic Rotation Description

The Horsham Clinic has ten units, with a total capacity of 206 beds. The composition of individual units including the population, diagnostic presentation, and programming changes as The Horsham Clinic works to meet the needs of the individuals it serves.

A. Adolescent Programs

The Adolescent Programs serve individuals approximately 13 through 18 years of age. Adolescents are placed according to a variety of factors including age, functioning level, emotional frailty, diagnostic presentation, and developmental level. Diagnostic presentations include neglect and its impact on development, physical/sexual abuse and ensuing trauma symptoms, mood disorders, disruptive behaviors, and psychotic disorders.

Typically, the average length of stay is 10-13 days. Due to dispositional issues, however, longer stays can be expected. Groups focus on topics such as trauma, safe expression of emotions, symptom management, self-regulation skills, social skills and healthy relationships. The intern's primary responsibilities on the unit are active involvement within the treatment team (along with psychiatry, nursing, social work, and other clinicians), and providing group therapy. The intern is also responsible for individual therapy, assessment, and consultation throughout the hospital. Charting and record keeping account for approximately 1-2 hours daily and high quality documentation is expected.

B. Additional Units

None of the following units are a primary rotation, though interns may be involved in individual therapy, consultation and assessment throughout the hospital. If the intern has an interest in a particular population beyond the primary rotation, every effort will be made to accommodate additional time on that unit.

The Children's Program serves individuals 4 through 12 years of age. Diagnostic presentations include neglect and its impact on development, physical/sexual abuse and ensuing trauma symptoms, mood disorders, disruptive behaviors, and attention-deficit disorders. The average length of stay is between 16 and 18 days, with longer stays possible due to disposition issues. Creative art therapies such as art, bibliotherapy, etc. are vital components of the program. Groups focus on topics such as social skills training, impulse control, anger management, and self-regulation.

Appendix VII: Fairmount Behavioral Health System Rotation Description

Below is a list of the current major rotations (i.e. inpatient units) at Fairmount Behavioral Health System. The composition of the individual units including the population, diagnostic groups served, and the programming implemented on the unit changes as Fairmount works to meet the needs of the individuals it serves.

A. Adult Inpatient Psychiatric Services

There are five distinctive adult (age 18 or older) inpatient services. Interns are typically placed on one of the five units but see patients throughout the hospital. An intensive care unit provides services to patients who have longstanding psychiatric disorders and may have experienced several inpatient treatment stays. A high acuity unit serves individuals whose symptoms are of high acuity and require close observation. Fairmount's unique Women's Trauma Informed Program, is an all-female unit with special programming designed for women who may have a history of trauma or abuse. A general psychiatric and dual diagnosis unit has a separate track for patients whose mental illness co-occurs with an addictive disorder. A short-term unit provides services to individuals who typically need a shorter length of stay with less severe or acute psychiatric symptoms.

B. Child & Adolescent Inpatient Psychiatric Services

Fairmount has five separate inpatient child and adolescent units. The children (5-10 years old), adolescent boys (13-17 years old), and pre-adolescents (10-12 years old) are all located in one building. Two units for adolescent girls (13-17 years old) are located in the main hospital building along with the adult units. One treatment team covers the two coed and boys' units and another, the adolescent girls. Interns have typically spent time working with both teams.

C. Additional Programs

None of the following programs are primary rotations, although interns have opportunities to provide continuity of care and follow patients for individual therapy in these programs and provide consultations, as well.

Appendix VIII: Psychology Trainee Grievance Policy and Procedure

Purpose

Friends Hospital Psychology Training Program is fully committed to conducting all activities in strict compliance with the American Psychological Association's *Ethical Principles and Code of Conduct for Psychologists*. While the Psychology Training Program goes to great lengths to assure fair treatment for all participants and attempts to anticipate problems, there will be occasional issues that come to the attention of the Director of Psychology for resolution. This grievance policy is designed to assist trainees and supervisors in the resolution of these issues.

General Policy

The Psychology Training Program will comply with all legal and ethical responsibilities to be non-discriminatory in the treatment of psychology trainees. It is expected that most problems can be addressed by a candid exchange between the trainee and the supervisor. There may be times when a trainee feels unfairly treated. In this case, the trainee may utilize the grievance procedure outlined below:

- A. The formal grievance procedure is used when the trainee or immediate supervisor have failed to resolve an issue to the satisfaction of both parties.
- B. There will be no retaliatory action taken by Friends Hospital or any of its staff against any trainee who uses this procedure. Moreover, a trainee will not lose pay for time required presenting and discussing the issue grieved.

Definitions

- A. Supervisor- a licensed psychologist who has direct responsibility for a trainee's clinical work, performance evaluation, and discipline.
- B. Director of Psychology or Director of Clinical Services- a licensed psychologist who has the administrative and clinical responsibility for the psychology training program. The Director of Psychology may delegate administrative functions to the site Supervising Psychologist or other licensed psychologists, as necessary.
- C. Trainee- may be any of the following:
 - 1. An individual who has been selected through the Association of Pre and Post Doctoral Internship Centers (APPIC) match program or National Clearinghouse and contracted to participate in the Pre-doctoral Psychology Internship Program.
 - 2. A pre-internship level doctoral student.
 - 3. A post-doctoral fellow.

Process

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

Step 1

1. If the problem does *not* involve the immediate clinical supervisor, the conflict should be reported and discussed with that supervisor, who will work to resolve that conflict in a timely and responsible fashion. The initial stage of this report may be informal.
 - A. If this is unsuccessful, a written description of the complaint should be provided to the supervisor within one (1) week of the unsuccessful attempt at resolution. The supervisor will then review the complaint and respond in writing within one (1) week of receipt of the written complaint, suggesting a resolution that appears most appropriate according to professional and ethical guidelines as outlined by the Commonwealth of Pennsylvania's laws governing the conduct of psychologists.
2. Should this procedure not result in a resolution *OR* if the complaint involves the immediate clinical supervisor, the trainee should proceed to the next step.

Step 2

1. If attempts at the supervisory level to resolve the conflict *OR* if the complaint involves the immediate supervisor, a copy of the written complaint should be provided to the Director of the Psychology Internship including a brief description of the nature of the unsuccessful attempts at resolution. The Internship Director will take prompt and responsible steps, within ethical limits, to resolve the grievance informally and then formally, if appropriate.
2. If this step is unsuccessful *OR* if the complaint involves the Internship Director, the trainee should proceed to the next level of complaint.
3. Beyond this point, if the grievance is still not resolved, attempts to resolve it will follow the grievance procedures as mandated by the Friends Hospital Psychology Internship and as outlined in Steps 3 and 4.

Step 3

1. If attempts at the supervisory level to resolve the conflict fail *OR* if the complaint involves the Director of Psychology, the same procedures will apply. Attempts at informal resolution will be promptly made.

2. Failing these steps, formal resolution and discussion may be initiated with the Director of Clinical Services at the intern's rotation site by a written request made within five (5) working days from receipt of the Director of Clinical Services' written answer.
3. The Director of Clinical Services will schedule a meeting at which all parties to the problem will be heard. The Director of Clinical Services may invite witnesses if required and may arrange for an investigation of matters relating to the problem. A record will be made of discussions at the hearing but such record need not be verbatim.
4. The Director of Clinical Services will notify the aggrieved trainee within five (5) working days of his/her decision or of the act that an investigation is in progress. In the latter case, the Director of Clinical Services will give a decision to the aggrieved trainee within three (3) days after the conclusion of the investigation.
5. If this step is unsuccessful, the trainee should proceed to the next level of complaint.

Step 4

1. If the trainee wishes to appeal further, within five (5) working days from the time the Director of Clinical Services' reply is received, the trainee may do so by writing a complaint to the Chief Executive Officer (CEO) of their current rotation site.
2. The CEO will request a record of the hearing conducted by the Director of Clinical Services, the facts elicited during the investigation, if any, and the reasoning underlying the decision of the Director of Clinical Services.
3. The CEO may convene a second hearing and/or arrange for the convening of an Advisory Committee.
4. The CEO, if required, will determine the membership and chair of the Advisory Committee. The committee will consist of five (5) members, including the chair. The committee will also consist of two (2) members who will be uninvolved peers of the aggrieved trainee. The committee will advise the CEO as to the disposition of the trainee's grievance. The CEO will give great weight to the advice of the committee, but he/she will not be bound by such advice.
5. The CEO will give a written reply to the aggrieved trainee within five (5) working days, either communicating his/her decision or notification that an Advisory Committee is convened. The CEO will communicate his/her decision to the aggrieved trainee within five (5) business days of the Advisory Committee's report.
6. The decision of the CEO will be final and binding upon the Friends Hospital Psychology Internship.

Discharge Appeals

A trainee who has been discharged from the Training Program may appeal directly to the Director of Clinical Services at their current rotation site. The request for appeal must be made

within five (5) days of discharge.

Representation

The Psychology Trainee Grievance Process is an internal one to the Friends Hospital Psychology Internship. The trainee may suggest witnesses who may contribute to the clarification and/or resolution of the problem, but may not be represented by legal counsel nor will persons not connected with the hospital be permitted to be involved in the grievance process.

Appendix IX: Psychology Trainee Performance Policy and Procedure

Purpose

The Friends Hospital Psychology Internship is fully committed to conducting all activities in strict compliance with the American Psychological Association's *Ethical Principles and Code of Conduct for Psychologists*. The Psychology Internship is committed to helping trainees achieve their individual training goals through ongoing feedback during weekly supervision and formal evaluations. In those instances where the trainee is perceived to be failing to meet reasonable performance standards, the clinical supervisor will utilize the following procedure.

General Policy

The Psychology Internship will comply with all legal and ethical responsibilities to be non-discriminatory in the treatment of psychology trainees. All trainees during orientation are asked to complete a self-evaluation. Training goals and expectations are developed based on the trainee's documentation of previously acquired skills, the trainee's individual career path and goals, and observation/discussion with the Director of Psychology and the individual clinical supervisor during the first training quarter.

Informal evaluation is an ongoing process in the Psychology Internship. Meetings with supervisors provide ongoing feedback on a weekly basis as to the trainee's progress toward goals and level of competence in meeting performance standards. More structured, formal written evaluations take place semi-annually, with the mid and end of year evaluations being sent to the trainee's university.

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

Achievement of a minimum score of 2 at mid-year and 3 at the end of training in each overall domain of competence on the Psychology Internship Evaluation form is required. Failure to meet this expectation may result in termination from the program and/or the inability of the program to grant a certificate of completion of internship. The Psychology Internship Evaluation form is the instrument, which psychology supervisors use to evaluate the intern's performance throughout training.

Definitions

- A. Supervisor/ Supervising Psychologist- a licensed psychologist who has direct responsibility for a trainee's clinical work, performance evaluation, and discipline.
- B. Director of Psychology/ Director of the Psychology Internship/Director of Clinical Services- a licensed psychologist who has the administrative responsibility for the psychology training program. The Director of Psychology may delegate administrative functions to any licensed Supervising Psychologist, as necessary.

C. Trainee- may be any of the following:

1. An individual who has been selected through the Association of Pre and Post Doctoral Internship Centers (APPIC) match program or National Clearinghouse and contracted to participate in the Pre-doctoral Psychology Internship Program.
2. A pre-internship level doctoral student.
3. A post-doctoral fellow.

Process

The Director of Psychology and/or clinical supervisor(s) may, at their discretion, request an initial meeting to consider and assess difficulties that may be preventing a trainee from making what is deemed to be appropriate progress toward meeting goals and expectations.

Such a meeting will include:

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

The meeting must be held at a time and place that will allow the trainee to hear the problem as described and he/she must be given three (3) full days to respond at a second meeting, if needed.

Any issues or suggestions that derive from such meetings will be addressed to the trainee and to the individual clinical supervisor, who will discuss and clarify them with the trainee as part of the next supervision meeting.

Should this process not result in what is considered by the trainee, clinical supervisor, or Director of Psychology as adequate resolution, involved staff will meet as a group to develop an appropriate follow-up intervention or determine appropriate follow up actions. Such actions may involve notifying the Director of Clinical Training at the trainee's school of study of the conflict, issues, or concerns; how they have been evaluated; steps taken toward remediation; and the nature of the ongoing concern.

The Trainee may respond with informal or formal written notice of disagreement with staff

evaluation and recommendations. If this results in a continuing grievance that cannot be resolved, then the procedures outlined in the Policy on Psychology Trainee Grievance Procedures should be followed toward resolving this grievance.

Appendix X: Psychology Trainee Termination Policy and Procedure

Purpose

The Friends Hospital Psychology Internship adheres to a due process model, which focuses on prevention and a timely response to identified problems. The goal of this model is to ensure that decisions made concerning trainees are not arbitrarily or personally based, and requires the program to identify specific evaluative procedures, which are applied to all trainees.

General Policy

Copies of any written notifications, memos, and/or transcripts of notes made by the Director of Psychology or designee regarding specific trainee issues shall be retained as part of that trainee's competency file. Additionally, the Program must have appropriate appeal procedures in place so that the trainee may challenge an adverse decision or action if he/she so desires. Further, the same guiding principles shall govern the process by which a trainee may address a corresponding issue with some aspect of the Internship or one of its members (*see also Grievance Policy and Procedure*).

Trainee Inability to Perform to Competency Standards

A trainee's inability to perform to competency standards is defined broadly as interference in professional functioning characterized by one or more of the following:

1. An inability or unwillingness to acquire and integrate professional and/or ethical standards into one's repertoire of professional behaviors;
2. An inability or unwillingness to acquire or improve professional skills in order to reach an acceptable level of competency;
3. An inability or unwillingness to control personal reactions or manage personal issues that interfere with professional functioning.

The evaluation processes used to assess trainee performance provide the criteria necessary to operationalize this definition.

Problem behaviors are noted when a supervisor perceives a trainee's behaviors, attitudes or characteristics as disruptive to the quality of his/her clinical services; ability to comply with appropriate standards of professional behavior; or his/her relationships with supervisors or other staff. It is a professional judgment within the discretion of the involved supervisor(s) and the Director of the Psychology Internship as to when a trainee's behavior is sufficiently impaired to necessitate remediation efforts, versus behaviors reasonably expected, and not excessive, for professionals in training. Problems typically become identified as reflecting an inability to perform to competency standards when they include one or more of the following characteristics:

- A. The trainee does not acknowledge or take steps to address the problem when it is identified.
- B. The problem is not merely a reflection of a skill deficit, which can be rectified by academic or didactic training.

- C. The quality or quantity of services delivered by the trainee is significantly compromised.
- D. The problem is not restricted to one area of professional functioning.
- E. A disproportionate amount of attention by training personnel is required.
- F. The trainee's behavior does not change as a function of feedback, remediation, and/or time.

In areas of skill competencies, there are expected competency outcomes for trainees during the training year; see **Psychology Trainee Performance Policy and Procedure**.

When areas of weakness are observed, the trainee and supervisor will collaboratively address possible avenues of remediation and progress will be monitored and documented regularly.

If a trainee demonstrates significant weakness in any area at the mid-year evaluation, and there is a possibility that they are in danger of less than a rating of 3 in any competency area of the Psychology Intern Evaluation form towards the 4th and final quarter, the supervisor will provide additional remedial measures so that the trainee will have more individual intervention, practice and time to remedy the deficiency before the completion of the training year.

Supervisors are expected to exercise sound clinical judgment with regard to what can be resolved during supervisory sessions, and when the trainee should be advised or even encouraged to request the intervention of the Director of the Psychology Internship.

If a problem is significant and persistent enough to require formal remedial action, the following procedures will be initiated to insure that the handling of such issues is not arbitrary or biased.

- A. At a meeting with the trainee, the supervisor will address the concern(s) directly. If a satisfactory resolution is not reached within a timely manner, the Director of Psychology will be informed, and the trainee will be provided a written summary of the specifications of the notification and a plan of correction, to include a specified time frame for remediation.
- B. If the matter remains unresolved within the specified time frame, a meeting will be held with the trainee, the supervisor, and the Director of the Psychology Internship. The trainee's graduate program training director will be notified at this time and kept apprised of all subsequent steps.
- C. If termination of the internship or externship is considered, the matter will be brought to the Director of Clinical Services within one working day, and the trainee will be so notified.
- D. The Director of the Psychology Internship will, within three working days, convene an *ad hoc* Training Committee meeting, consisting of the involved supervisor(s), the Director of Clinical Services at the trainee's current rotation site, and the Director of Psychology, to make a final decision. In advance of this meeting, the following steps will be taken:
 - 1. The Director of the Psychology Internship will obtain relevant information from all staff involved with the trainee in a teaching or supervisory relationship, and from peer trainees when, and if, appropriate and relevant to the area of concern.
 - 2. All members of the department, including the trainee under consideration, will be provided an opportunity to communicate their views directly to the assembled Committee.

- E. The outcome of the Training Committee's deliberations may be:
 - 1. No further action is warranted.
 - 2. The development of a formal plan of further corrective actions. In this case, possible remedial steps may include (but are not limited to): changes in format or focus of supervision, increasing supervision, recommending and/or requiring personal therapy, reduction of workload, revision of placement assignment, leave of absence from internship/externship, or termination from the training program.
- F. Once a decision has been reached, the Director of the Psychology Internship will meet with the trainee to notify him/her of the committee's decision and review the required remedial steps. The trainee may accept the decision reached by the committee or challenge the committee's actions by following the Grievance Policy and Procedure.

If a plan of corrective action is implemented it will include specific criteria for improved performance and mechanisms for continued evaluation of performance. The trainee's academic program will be informed of the plan of corrective action and asked to provide further assistance.

If, after a reasonable amount of time (no more than four weeks unless explicitly stated otherwise), the plan for corrective action does not rectify the problem, or when the trainee seems unable or unwilling to alter his/her behavior, the training program as represented by the Director of the Psychology Internship, and the Director of Clinical Services at the trainee's current rotation, will take more formal action, including such actions as:

- A. Giving the trainee a limited endorsement, including specifying those settings or situations in which he/she could function adequately;
- B. Communicating to the trainee and his or her academic department that the trainee has not successfully completed the training program;
- C. Recommending and assisting in implementing a career shift for the trainee;
- D. Termination of the trainee from the training program.

The above procedures are designed to be timely, fair, and appropriately documented and implemented. In most cases of identified trainee inability to perform to competency standards, it is expected that the outcome of the deliberations will be a plan of corrective action. This plan is intended to promote optimal growth for the trainee, to prevent further failures, and to identify a process and the specific performance criteria for eventual re-evaluation.

The above procedures are pre-empted in cases where termination of employment is dictated by Friends Hospital/ UHS policy and procedures, as in the case of patient abuse. Termination of employment for good reason automatically constitutes termination of the internship or externship.