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Pre-doctoral Internship in Clinical Psychology

Internship Handbook 2017-2018 Training Year

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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, 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 and 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. Interns may also have the opportunity to mentor psychology practicum students/externs at most of our sites. 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 consisting of 8 units with several specialty programs, including general adult treatment units, an older adult unit, an adolescent unit with an integrated educational program, and an intensive adult unit for individuals with highly 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 who assist in the CRC may have the opportunity to conduct crisis evaluations and provide 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 (12 bed capacity)
- 2 Acute Care Autism and Developmental Delay Inpatient Unit (48 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 Program
- 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 ASD Units, the Child and Adolescent Inpatient Unit, and the Partial Hospitalization Program under the supervision of licensed psychologists. 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). The ASD units and the Child and Adolescent unit have designated discharge planning specialists.

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).

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, an adolescent partial hospitalization program, and a 24-hour assessment and referral center. One of the hospital's two female adolescent units can become an all-female adult inpatient unit, depending upon the needs of the hospital and community.

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, consultations 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, consultations, 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, four-hour long 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	-
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 has a Partial Affiliation with the Philadelphia College of Osteopathic Medicine, which means that intern applicants from PCOM are guaranteed an internship interview. Internship positions, however, are filled by review of qualification and interviews, regardless of the applicant’s school affiliation. 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 facilitate or co-facilitate family sessions in consultation with social services, psychiatry, and/or 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 at some sites 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 and/or discharge 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 at the intern's respective site. 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. Supervisors will be facilitating journal club at least once a quarter during the group supervision time. The group supervision meetings serve as an ongoing forum for discussion and professional development, and will be facilitated by the faculty throughout the year.

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) 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, substance use and trauma-related treatment using *Seeking Safety*, CBT for schizophrenia, competency-based supervision, sleep disorders, primary care psychology, compassion fatigue and self-care, DBT case conceptualization 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, 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 mentorship/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 may 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 may 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 QI Audits to gather data from charts regarding treatment plan 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 training goals 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 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, professional hospital staff working directly with the intern are asked to provide verbal feedback based on their experiences working with the intern. 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 next 6 months 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 Appendix VIII. 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

Friends Hospital Psychology Faculty

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

Patrick Mitchell, PsyD, Licensed Psychologist – Supervising Psychologist

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 Psychological Services, Research and Clinical Training

Christina Villani, Psy.D., Licensed Psychologist

Appendix II: Goals, Objectives, and Competencies

Effective 9/1/2014

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 and one 26 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 Axis II pathology. 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.

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 individuals with severely mental illnesses 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. Child and Adolescent General Psychiatric 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 program 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.

Note: Doctoral Psychology Interns will be assigned to the Child and Adolescent General Psychiatric Unit, Acute ASD Unit, or the Partial Hospitalization Program.

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 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 XIII: The management of trainee performance problems; due process and trainee grievances

Introduction

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, this document will lay out the Friends Hospital policy and procedures to be utilized. This document also lays out the rights and procedures to follow when trainees have significant concerns about any aspect of their training.

The document will provide the Friends Hospital internship trainees and staff with an overview of the identification and management of trainee problems and concerns, a listing of possible sanctions, and an explicit discussion of the due process procedures. Also included are important considerations in the remediation of problems. We encourage staff and trainees to discuss and resolve conflicts informally, however if this cannot occur, this document was created to provide a formal mechanism for both the Friends Internship staff and trainees to respond to issues of concern. This Due Process Document is divided into the following sections:

- I Definitions: provides basic or general definitions of terms and phrases used throughout the document.
- II Procedures for Responding to a Trainee's Problematic Behavior: provides our basic procedures, notification process, and the possible remediation or sanction interventions. This section also includes the steps for an appeal process.
- III Grievance Procedures: provides the guidelines through which a trainee can informally and formally raise concerns about any aspect of the training experience or work environment. This section also includes the steps involved in a formal review by the Friends Hospital internship of the trainee.

I Definitions

Supervisor/Supervising Psychologist: a licensed psychologist who has direct responsibility for a trainee's clinical work, performance evaluation, and discipline. At any given site, the supervising psychologist might also be the Director of Psychology, Director of Clinical Services or, at Friends Hospital itself, the Director of the Psychology Internship.

Director of the Psychology Internship: a licensed psychologist who has the administrative responsibility for the psychology training program. The Director of the Psychology Internship may delegate administrative functions to any licensed Supervising Psychologist/Director of Psychology/Director of Clinical Services, as necessary.

Trainee (may be any of the following): 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. Additionally, the term may describe any person in training who is working in the agency including a practicum student, predoctoral intern or postdoctoral resident/fellow.

D. Due Process

The basic meaning of due process is to inform and to provide a framework to respond, act, or dispute. Due process ensures that decisions about trainees are not arbitrary or personally based. It requires that the Training Program identify specific procedures which are applied to all trainees' complaints, concerns, and appeals. Specific procedures are also outlined that will be utilized when an internship site determines that a specific trainees behavior or performance is problematic.

General Due Process Guidelines for the Friends Hospital Internship:

- 1. During the orientation period, trainees will review the Friends Hospital internship expectations related to professional functioning. The internship training director will discuss these expectations in a group setting during orientation, and the supervising psychologist will also review the expectations in group and/or individual settings at their respective sites. The internship handbook is available to all trainees via a link on the Friends Hospital website, as well as on a Friends Hospital psychology shared hard drive.*
- 2. The procedures for evaluation, including when and how evaluations will be conducted, will be described. Such evaluations will occur at meaningful intervals.*
- 3. The various procedures and actions involved in decision-making regarding the problem behavior or trainee concerns will be described.*
- 4. The Friends Hospital psychology supervisors will communicate early and often with the trainees and, when needed, the internship training director and/or trainee's home program, if any suspected difficulties that are significantly interfering with performance are identified.*
- 5. The site supervisor and/or clinical site director (with assistance from the Friends Hospital internship training director) will institute, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.*
- 6. If a trainee wants to institute an appeal process, this document describes the steps of how a trainee may officially appeal this program's action.*
- 7. The Friends Hospital internship due process procedures will ensure that trainees have sufficient time (as described in this due process document) to respond to any action taken by the program before these are implemented.*
- 8. When evaluating or making decisions about a trainee's performance, Friends Hospital internship staff will use input from multiple professional sources.*
- 9. For any formal meeting for identified problem behaviors, the Friends Hospital internship site supervisor (which also may be the internship training director) will document in writing and provide to all relevant parties the actions taken by the program and the rationale for all actions.*

E. Definition of Trainee Problematic Behaviors

A trainee's inability to perform to competency standards is defined broadly as experiencing "significant difficulties" 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.
4. A lack of appropriate clinical experiences and/or a lack of sufficient academic preparation.

Significant difficulties 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 significant difficulties 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. A very significant problem in one area of professional functioning, or a problem that 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.

II. Policy and Procedures to Respond to Problematic Behavior and/or Competency Issues

General Policy

The Psychology Internship will comply with all legal and ethical responsibilities to be non-discriminatory in the treatment of psychology trainees. 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.

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 (scale 0-4) 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. 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.

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.

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.

A. Basic Procedures

If a trainee receives an "unacceptable rating" from any of the evaluation sources in any of the major categories of evaluation, or if a staff member or another trainee has concerns about a trainee's behavior (ethical or legal violations, professional incompetence) the following procedures will be initiated:

1. In some cases, it may be appropriate to speak directly to the trainee about these concerns and in other cases a consultation with the site director of psychology/clinical services and/or the internship director will be warranted. This decision is made at the discretion of the staff or trainee who has concerns.
2. Once the main psychologist at a given site has been informed of the specific concerns, they will determine if and how to proceed with the concerns raised.
3. The trainee's supervisor will always be informed if concerns are brought, for example, by a staff member to another psychologist at a specific site.
4. If the site director of psychology/clinical services and/or supervisor(s) determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the staff member who initially brought the complaint will be informed of this determination.
5. The psychology supervisor will meet with the site director of psychology and/or (when necessary) the Clinical Director to discuss the concerns and possible courses of action to be taken to address the issues (as listed in II B below).
6. The site supervisor/director of psychology will meet to update and discuss any disciplinary action considered with the internship director and/or the internship committee.

B. Notification Procedures to Address Problematic Behavior or Inadequate Performance

It is important to have meaningful ways to address problematic behavior once identified. In

implementing remediation or sanctions, the training staff must be mindful and balance the needs of the problematic trainee, the clients involved, members of the trainee's training group, the training staff, and other hospital personnel. All evaluative documentation will be maintained in the trainee's file. At the discretion of the internship Training Director (in consultation with the site director of psychology/director of clinical services), the trainee's home academic program will be notified of any of the actions listed below.

The following steps outline how problematic behaviors are formally addressed by the Friends Hospital internship program. These steps follow attempts by the trainee's supervisor to address a behaviors or performance that may indicate a developing problem in an informal manner /discussion first. If the issues persist and rise to becoming problematic, the program will move to the first step in the notification hierarchy. Please note that if a problem is of specific severity, such as endangering the welfare of a patient, the program reserves the right to immediately move to a notification with a sanction out outlined under C.

Timeline for due process steps. If a behavior or performance has risen to the level of being perceived as problematic, the student is notified as soon as possible and asked for a meeting with his/her supervisor . Each notification documents how long the trainee has to improve or rectify their behavior before another disciplinary action step may be implemented.

1. Verbal Notice/Preventative Counseling to the trainee emphasizes the need to discontinue the inappropriate behavior under discussion and is given timeline in which to rectify the behavior. This verbal notice is documented on the student progress evaluation form and is usually given by the trainee's direct supervisor.
2. Written Notice. The written notice is documented on the student progress evaluation form and is usually given by the trainee's direct supervisor in the presence of the Director of Psychology/Director of Clinical Services. This notice formally acknowledges:
 - a) that the trainee's behavior continues to be problematic,
 - b) that the concern has been previously brought to the attention of the trainee in a verbal notice,
 - c) that the specific site psychology staff will work with the trainee to rectify the problem or skill deficits,
 - d) the timeline given to the student in which to rectify the problematic behavior, and
 - e) that the behaviors of concern are not significant enough to warrant more serious action.
3. Second Written Notice to the trainee. **The Friends Hospital Department of Human Resources is consulted by the internship director when a second written notice is under consideration for a trainee.** This notice will involve the Director of the Internship. A remediation plan with sanction(s) will be developed as part of the meeting. This notice and remediation plan will contain:
 - a) a description of the trainee's unsatisfactory performance,

- b) actions needed by the trainee to correct the unsatisfactory behavior,
- c) identification of either a remediation plan that includes either a schedule modification or probation,
- d) the time line for correcting the problem,
- e) a timeline for periodic review of the schedule modification or probation,
- f) notification that the program may move toward termination if the problem is not corrected, and
- g) notification that the trainee has the right to request an appeal of this action. (*see Appeal Procedures - Section II D*).

If at any time a trainee disagrees with the aforementioned notices, the trainee can appeal (*see Appeal Procedures - Section II D*)

C. Remediation and Sanctions

The implementation of a remediation plan with sanctions, such a probation, should occur only after careful deliberation and thoughtful consideration of the site supervising Psychologist/Director of Psychology/Clinical Director and the Director of the Friends Hospital internship. The remediation and sanctions listed below may not necessarily occur in that order. The severity of the problematic behavior plays a role in the level of remediation or sanction. The trainee's school or universities Director of Clinical Training (DCT) is always notified by the director of the internship or his/her designee when the implementation of a remediation plan is under consideration.

Remediation plans will be reviewed at least once during their implementation and feedback on trainee progress will be communicated to the trainee, as well as the director of the internship, and the student school's DCT.

1. Schedule Modification is a time-limited, remediation-oriented, closely supervised period of training designed to return the trainee to a more fully functioning state. Modifying a trainee's schedule is an accommodation made to assist the trainee in responding to personal reactions to environmental stress, with the full expectation that the trainee will complete the traineeship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the director of the Friends Hospital internship. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:
 - a) increasing the amount of supervision, either with the same or additional supervisors;
 - b) change in the format, emphasis, and/or focus of supervision;
 - c) recommending personal therapy.
 - d) reducing the trainee's clinical or other workload;

e) requiring specific academic coursework.

The length of a schedule modification period will be determined by the supervising Psychologist/Director of Psychology and/or Clinical Services Director in consultation with the Friends Hospital Internship Director. The timeline of the schedule modification period will be set after discussions with the trainee, and the aforementioned staff. The trainee will also be informed that either a probation period or termination of the internship might be a consequence of an unsuccessful schedule modification and accommodation to the student.

2. Probation is also a time limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the trainee to complete the traineeship and to return the trainee to a more fully functioning state. Probation defines a relationship in which the specific site supervising Psychologist/Director of Psychology and/or Clinical Service Director systematically monitors for a specific length of time the degree to which the trainee addresses, changes and/or otherwise improves the behavior associated with the inadequate rating and/or identified problem behavior. The Friends Hospital Internship Director is involved in this process. This will include:

a) the specific behaviors associated with the unacceptable rating,

b) the remediation plan for rectifying the problem,

c) the time frame for the probation during which the problem is expected to be ameliorated, and

d) the procedures to ascertain whether the problem has been appropriately rectified.

If the supervising Psychologist/Director of Psychology and/or Clinical Service Director determines that there has not been sufficient improvement in the trainee's behavior to remove the probation or modified schedule, then the staff will discuss this with their Director of Psychology and/or Clinical Services Director, if applicable, and the Director of the Internship program possible courses of action to be taken. The site specific Director of Psychology/Director of Clinical Services will communicate in writing to the trainee that the conditions for revoking the probation or modified schedule have not been met. This notice may include a revised remediation plan, which may include continuation of the current remediation efforts for a specified time period or implementation of additional recommendations. Additionally, the site specific Director of Psychology/Director of Clinical Services will communicate that if the trainee's behavior does not change, the trainee will not successfully complete the training program.

3a. Dismissal from the Training Program involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the problem behavior or concerns, and the trainee seems unable or unwilling to alter her/his behavior; the supervising Psychologist/Director of Psychology and/or Clinical Service Director will discuss with the Internship Training Director the possibility of termination from the training program or dismissal from the agency. The site specific

Director of Psychology or The Director of Clinical Services will make the final decision about dismissal.

- 3b. Immediate Dismissal involves the immediate permanent withdrawal of all agency responsibilities and privileges. Immediate dismissal would be invoked, but is not limited to cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor. In addition, in the event a trainee compromises the welfare of a client(s) at one of the Friends Hospital internship sites or one the hospitals' communities by an action(s) which generates grave concern from the site specific Director of Psychology/Director of Clinical Services, the Director of the Internship may immediately dismiss the trainee from the Friends Hospital internship program. This dismissal may bypass steps identified in notification procedures (Section IIB) and remediation and sanctions alternatives (Section IIC). When a trainee has been dismissed, the site specific Director of Psychology/Director of Clinical Services and the Director of the Friends Hospital internship will communicate to the trainee's academic department that the trainee has not successfully completed the training program.

If at any time an trainee disagrees with the aforementioned sanctions, the trainee can implement *Appeal Procedures (Section II D)*.

D. Appeal Procedures

In the event that a trainee does not agree with any of the aforementioned notifications, remediation, sanctions, or with the handling of a grievance; the following appeal procedures should be followed:

1. The trainee should file a formal appeal in writing with all supporting documents, with the Director of Clinical Services at his or her site. The trainee must submit this appeal within 5 work days from their notification of any of the above (notification, remediation or sanctions, or handling of a grievance).
 - a. In the event that a trainee's grievance is with the Director of Clinical Services at his or her site , the appeal will be filed with the Director of the internship training program.
 - b. In the event that the grievance concerns the Director of the internship training program , the appeal will be filed with the director of clinical services at Friends Hospital and vice versa.
2. Within (5) five work days of receipt of a formal written appeal or grievance from a trainee, the Director of Clinical Services at his or her site will consult with the Director of the internship program and the Internship expansion supervisor team (at least one representative from each site) and then decide whether to implement a Review Panel or respond to the appeal without a Panel being convened. The Friends Human Resources department may be consulted at this stage depending on the nature of the appeal.
3. Review Panel. When needed, a Review Panel will be convened within 5 working days of the decision to convene the panel. The Director of Clinical Services from the trainee's site will convene the panel who will be tasked to make a recommendation about the appropriateness of a Remediation Plan/Sanction for a Trainee's Problematic Behavior OR to review a grievance filed by the trainee.
 - a. The review panel will involve a member of the Friends Hospital human resources department , either the Director of the internship or the Director of Clinical services at

Friends Hospital , the Director of Psychology/Director of Clinical Services at the trainee's site , if possible a member of the Human resources department of the trainee's site if different than Friends Hospital, and the trainee. If the appeal or grievance pertains to any of the above mentioned individuals, this individual will be present at the hearing , but not be a decision making member of the review panel. Another member of the internship expansion committee will fill his/her place.

- b. In cases of an appeal, the trainee has the right to hear the expressed concerns of the training program and have an opportunity to dispute or explain the behavior of concern.
- c. In response to a grievance, the trainee has a right to express concerns about the training program or internship staff member/student and the Friends Hospital internship staff member or student has the right and responsibility to respond.
- c. The review panel, if convened, has 10 working days to submit its findings in writing and any recommendations to the trainee and his/her site supervisor. Recommendations made by the Review Panel will be made by majority vote if a consensus cannot be reached.
- d. Either party may appeal the decision of the Appeals Review Panel to the CEO of the trainee's respective site within 5 working days.
- e. Review by the CEO will only be allowed on the grounds of significant procedural error or inadequate consideration, as assessed by the CEO. If the CEO deems the appeal appropriate, he or she will determine the method and depth of the review. The CEO will issue a written decision within a timely manner notifying the trainee and appropriate other parties involved in the appeal. Decisions of the CEO are final.

Note: The trainee as well as the internship site directors and staff always have the opportunity to contact the Association of Post-doctoral and internship Centers (APPIC). APPIC has established both an Informal Problem Consultation process and a Formal Complaint process in order to address issues and concerns that may arise during the internship or postdoctoral selection process or training year. Information on this process can be found here : <http://www.appic.org/Problem-Consultation> .

III. Grievance Procedures

The internship grievance procedure is a mechanism for the trainee to raise his or her concerns about internship related problems, such as poor supervision, unavailability of supervisor(s), workload issues, personality clashes, and/or other staff conflicts. If a trainee has received a poor performance evaluation, this issue will be addressed under section 2B, and trainee's can appeal these decisions or actions by the program as outlined 2D.

A. In the event a trainee encounters difficulties or problems with or during his/her internship, a trainee should within a reasonable time frame :

1. Discuss the issue with the staff member(s) involved. This is an informal step that is not documented;
2. If the issue cannot be resolved informally, the trainee should discuss the concern with the supervising psychologist/director of psychology who may then consult with the director of the internship, other staff members, other internship expansion members, or the Director of Clinical Services at the intern's site, if needed. (If the concerns involve the supervising psychologist/director of psychology or the internship director, the trainee can consult directly with the Director of Clinical Services at his/her respective site). This is a formal step and should be documented as a grievance;
3. The supervising psychologist/director of psychology, director of the internship and/or Director of Clinical Services at the intern's site will attempt to solve the grievance in a reasonable time frame . Within 10 working days, the trainee should be informed of the progress and/or result/decision on the formal grievance filed. If the trainee does not accept the progress or result/decision made, or the situation cannot be resolve to the satisfaction of trainee, the trainee can file an appeal within 5 working days to the Director of Clinical Services at the respective site. This appeal to the grievance decision should be made in writing with all supporting documents.
4. Within (5) five work days of receipt of a formal written appeal to a grievance from a trainee, the Director of Clinical Services at his or her site will consult with the Director of the internship program and the Internship expansion supervisor team (at least one representative from each site) and then decide whether to implement a Review Panel, or respond to the appeal without a Panel being convened. The Friends Human Resources department may be consulted at this stage depending on the nature of the appeal.

C. Review Procedures / Hearing

The Friends Hospital review procedures/hearing process is outlined under 2. D. 3.