Easterseals Rehabilitation Center

Internship in Clinical Psychology

Policies & Procedures Manual

2019-2020
# TABLE OF CONTENTS

## Contents

- **INTRODUCTION** .................................................................................................................................................................................. 3  
- **TRAINING PROGRAM PHILOSOPHY** .................................................................................................................................................. 4  
- **GOALS, COMPETENCIES, AND OUTCOMES** ................................................................................................................................. 5  
- **TRAINING PROGRAM STRUCTURE** .................................................................................................................................................. 8  
- **CORE ROTATIONS** ................................................................................................................................................................................ 11  
- **INTERNSHIP TRAINING PROGRAM RESOURCES** ............................................................................................................................ 14  
- **SUPERVISION REQUIREMENTS FOR PSYCHOLOGY INTERNSHIP** .............................................................................................. 16  
- **REQUIREMENTS FOR SUCCESSFUL COMPLETION OF INTERNSHIP** ............................................................................................ 17  
- **INTERNSHIP EVALUATION PROCEDURE** .......................................................................................................................................... 18  
- **INTERN REMEDIATION PROCEDURE** ........................................................................................................................................... 28  
- **INTERNSHIP REMEDIATION PLAN** .................................................................................................................................................. 29  
- **EASTERSEALS PSYCHOLOGY INTERNSHIP REMEDIATION PLAN** .................................................................................................... 30  
- **GRIEVANCE PROCEDURES** ................................................................................................................................................................. 31  
- **CORRECTIVE ACTION, TERMINATION, AND DUE PROCESS** ........................................................................................................ 32  
- **INTERN EXPECTATIONS FOR CORE ROTATIONS** ............................................................................................................................. 33  
- **OFF-SITE ENGAGEMENTS DURING CORE AND ELECTIVE ROTATIONS** ...................................................................................... 35  
- **INTERNSHIP TRANSITION OF CARE PROCESSES** ....................................................................................................................... 36  
- **TIME OFF AND LEAVE POLICIES** ..................................................................................................................................................... 37  
- **INTERNSHIP LEADERSHIP** ............................................................................................................................................................... 43  
- **ACCEPTANCE AND APPOINTMENT OF INTERNS** ........................................................................................................................... 44  
- **STATEMENT OF NON-DISCRIMINATION** ........................................................................................................................................ 46  
- **FACULTY AND PROGRAM EVALUATION** ........................................................................................................................................ 48  
- **RECORDS RETENTION POLICY** ....................................................................................................................................................... 49  
- **COMMUNICATION WITH DIRECTORS OF CLINICAL TRAINING** ............................................................................................... 50
INTRODUCTION

The manual was completed in order to outline and organize the goals, objectives, principles, and competencies, in addition to the main policies and procedures, of the Psychology Internship Program. These policies and procedures have been developed and approved by the Internship Executive Committee in conjunction with the Psychology Training Faculty. If you as an intern have any concerns, questions, or needs as it relates to any of these items, please contact me immediately so these can be addressed in a manner that allows for successful completion of the experience.

Jim Schroeder, Ph.D., HSPP
Director of Training, Psychology Internship

The Easterseals Internship in Clinical Psychology Program is not currently accredited with the American Psychology Association (APA) or a member of the Association of the Psychology Postdoctoral Internship Centers (APPIC). However, all steps are being taken to pursue full membership and accreditation, and program leaders are working with training directors from APA-accredited programs to assure that the program will meet these standards. Our goal is to apply for membership and accreditation during the 2019-2020 term. We are currently working on our APA self-study and will be seeking to have an APA site visit during this academic term, but no guarantee is made that accreditation will be granted during this time. Questions about the program’s accreditation status should be taken to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 2002
Phone: 202-336-5979
Email: apaaccred@apa.org
TRAINING PROGRAM PHILOSOPHY

The philosophy of the Easterseals Internship in Clinical Psychology is consistent with the mission of Easterseals Rehabilitation Center and the Department of Psychology & Wellness, which is founded on three pillars. These pillars are to provide excellent, research-supported, holistic care to individuals regardless of means, provide excellent educational opportunities to future psychologists and mental health professionals, and to create innovative, research-supported community programs and initiatives that will have a widespread, positive impact. In regard to the educational pillar, the primary goal is to train psychologists in clinical psychology, who make use of the available research while also providing the most compassionate, empathetic care. During the internship year, trainees will be provided with numerous experiences designed to enhance their knowledge and empathy for those that they will serve both during their training year and in their career as psychologists.

The mission of the Easterseals Rehabilitation Center Department of Psychology & Wellness is as follows:

To treat each individual with a consideration of his or her unique set of needs, within a larger system of service and community needs, while utilizing all of the available resources to provide the best possible outcome; to provide a work environment which encourages and facilitates a balance between professional responsibilities and personal development, in the context of an ever-changing family; to blend both of these elements on a daily basis in a dynamic way, knowing that only when this happens is it possible to create a place of long-term stability, viability, and excellence.
GOALS, COMPETENCIES, AND OUTCOMES

Goal 1: To foster the development of trainees, in preparation for licensure and future practice, who are able to deliver high-quality, research-supported, compassionate services for individuals from diverse backgrounds

Competency A: Professional Conduct, Ethics, and Legal Matters

Objective 1: Develops professional and appropriate interactions with treatment teams, peers and supervisors and seeks peer support as needed
Objective 2: Seeks consultation or supervision as needed and uses it productively.
Objective 3: Demonstrates positive coping strategies with personal and professional stressors and challenges. Maintains professional functioning and quality patient care.
Objective 4: Demonstrates positive coping strategies with personal and professional stressors and challenges. Maintains professional functioning and quality patient care. Demonstrates positive coping strategies with personal and professional stressors and challenges. Maintains professional functioning and quality patient care.
Objective 5: Efficient and effective time management. Keeps scheduled appointments and meetings on time. Keeps supervisors aware of whereabouts as needed. Minimizes unplanned leave, whenever possible.
Objective 6: Demonstrates good knowledge of ethical principles and state law. Consistently applies these appropriately, seeking consultation as needed.
Objective 7: Demonstrates a growing ability to accomplish administrative tasks. Prioritizes appropriately. Shows a growing autonomy in management of larger administrative, research or clinical projects.

Competency B: Individual & Cultural Diversity

Objective 1: Consistently achieves a good rapport with patients.
Objective 2: Sensitive to the cultural and individual diversity of patients. Committed to providing culturally sensitive services.
Objective 3: Aware of own background and its impact on clients. Committed to continuing to explore own cultural identity issues and relationship to clinical work.

Competency C: Theories & Methods of Psychological Diagnosis and Assessment

Objective 1: Demonstrates a thorough working knowledge of psychiatric diagnostic nomenclature and DSM classification. Utilizes historical, interview and psychometric data to diagnose accurately.
Objective 2: Promptly and proficiently administers commonly used tests in his/her area of practice. Appropriately chooses the tests to be administered.
Demonstrates competence in administering intelligence tests and achievement tests, among other cognitive measures.

Objective 3: Interprets the results of psychological tests used in his/her area of practice. Demonstrates competence interpreting intelligence tests and achievement tests, among other cognitive measures.

Objective 4: Writes a well-organized psychological report. Answers the referral question clearly and provides the referral source with specific recommendations.

Objective 5: Plans and carries out a feedback interview. Explains the test results in terms the patient and/or caregiver can understand, provides suitable recommendations and responds to issues raised by patient or caregiver.

**Competency D: Theories and Methods of Effective Psychotherapeutic Intervention**

Objective 1: Effectively evaluates, manages and documents patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues. Collaborates with patients in crisis to make appropriate short-term safety plans, and intensify treatment as needed. Discusses all applicable confidentiality issues openly with patients.

Objective 2: Formulates a useful case conceptualization that draws on theoretical and research knowledge. Collaborates with patient to form appropriate treatment goals.

Objective 3: Interventions are well-timed, effective and consistent with empirically supported treatments.

Objective 4: Understands and uses own emotional reactions to the patient productively in the treatment.

Objective 5: Intervenes in group skillfully, attends to member participation, completion of therapeutic assignments, group communication, safety and confidentiality. If the group is psychoeducational, readies materials for group, and understands each session’s goals and tasks.

**Competency E: Scholarly Inquiry and Application of Current Scientific Knowledge to Practice**

Objective 1: Displays necessary self-direction in gathering clinical and research information practice independently and competently. Seeks out current scientific knowledge as needed to enhance knowledge about clinical practice and other relevant areas.

Objective 2: Develops and implements plan for research or other professional writing or presentation.
Competency F: Consultation and Interdisciplinary Skills

Objective 1: Performs an assessment of the patient referred for consultation, incorporating mental status exam, structured interview techniques or psychological assessment, as needed, to answer the referral question.

Objective 2: Gives the appropriate level of guidance when providing consultation to other health care professionals, taking into account their level of knowledge about psychological theories, methods and principles.

Competency G: Supervision

Objective 1: Demonstrates good knowledge of supervision techniques and employs these skills in a consistent and effective manner, seeking consultation as needed. Builds good rapport with supervisee.
TRAINING PROGRAM STRUCTURE

The Easterseals Rehabilitation Center Psychology Internship Program is located within the Department of Psychology & Wellness. Training sites include Easterseals Rehabilitation Center and Evansville Psychiatric Children’s Center, where a licensed psychologist from Easterseals is credentialed and onsite for clinical activities. All psychologists involved in the training program are licensed in the state of Indiana to practice psychology, have endorsements in Indiana as Health Service Providers in Psychology (HSPP), and have faculty appointments in the Department of Psychology.

The internship is a full 12 months, beginning on the first working day of July and continuing through the last working day of the following June. The training year is structured into three yearlong rotations and three 4 month rotations. To ensure breadth of training, interns are expected to complete yearlong rotations in both adult mental health/residential treatment, interdisciplinary evaluation, and youth outpatient services and three 4 month rotations in early childhood, assessment of residential youth, and group therapy. Please see page 11 for more detailed descriptions of core rotations.

Two positions are available, and both will be accepted into the developmental/child clinical psychology positions. Rotation schedules are set in the spring before internship, and will take into account each intern’s training objectives.

In addition to the rotations, interns attend a series of weekly didactics presented on a wide range of topics. Each week, interns are expected to attend didactics from 8-9 AM on Wednesday morning (except on the 3rd Wednesday of the month and unless otherwise designated) and 12-1 PM on Tuesday. The Wednesday morning didactic is entitled “Developmental Hour.” The purpose of this hour is as follows:

Development of communication and cognitive skills has a significant impact on social, emotional, and behavioral outcomes from birth to death. However, many psychologists and other medical professionals have limited training in the area of early cognitive, sensory, language, and motor development, and thus struggle to fully integrate these areas into their assessment and intervention. The purpose of the Developmental Hour is to provide psychology interns with advanced training in the normal and abnormal development of individuals across the lifespan, with specific focus on children and adolescents. This didactic is designed to utilize well-trained professionals from other disciplines, including speech/language pathologists, physical therapists, occupational therapists, early childhood specialists, and audiologists who
have extensive experience in both assessing and intervening regarding developmental abnormalities.

This training hour will combine presentation of scientifically-based research and practice with opportunities for discussion and application to clinical practice. Ultimately, this didactic is designed to provide psychology interns with enhanced education in the areas of communication, language, and motor development, and also encourage increased interdisciplinary practice as trainees and throughout their career as a professional. This knowledge will not only enhance their ability to practice competently, but also improve their ability as professionals to speak intelligently to clients and families about referrals made to other professionals.

The didactic hour from 12-1 PM on Tuesday is entitled “The Ins and Outs of Professional Psychology.” This training hour will utilize professionals in the field of psychology, medicine, and education, and was well as seminal research articles/chapters from the field of psychology and medicine. The purpose is to assist interns in acquiring a greater body of knowledge pertaining to the professional practice of psychology as they transition from graduate school to real-world practice. Emphasis will be placed only not only increasing their knowledge base as it relates to the practice of clinical psychology, but also be better versed in understanding other paradigms (e.g., educational law, medical practice) as it direct interacts and affects psychological practice.

A full didactics schedule updated for each academic year will be made available on the internship website

All interns also attend the Director’s conference weekly on Friday from 2-3:00 PM. This is an opportunity to for interns to have regularly scheduled time with the Director of Training and other faculty members, if needed.

Interns will also attend a monthly mental health seminar at Deaconess Cross Pointe from 12-1. Deaconess Cross Pointe is an inpatient facility in Evansville that services youth and adults in the region. The schedule varies each month and will be made available to interns by the Training Director as soon as is known.

Interns are expected to schedule an annual Learning Seminar (LS). Interns are required to develop one full day workshop or two half-day workshops in areas of interest specific to the intern class and the field of psychology. A full-day is defined as having a minimum of 6 hours of instruction/didactic activities. The interns should work with the Training Director to determine
appropriate areas of focus. Interns are urged to speak with the Training Director within the first two months of the training year to identify an area of interest for these seminars.

Interns are also encouraged to seek out other opportunities for learning throughout the training year, including local conferences, meetings, and seminars. All interns will be given 4 professional days (or the equivalent of 32 hours) to seek further continuing education.
CORE ROTATIONS

Clinical Child Outpatient Clinic

Supervisor(s): Dr. Jim Schroeder, Dr. Emma Nicholls
Length: Yearlong

The clinical child outpatient clinic takes place at Easterseals Rehabilitation Center (ESRC). ESRC has a longstanding reputation of providing the highest quality care to youth and adults in both an outpatient and residential setting. It offers a number of programs, including therapy (e.g., speech/language, occupational, physical, audiology), residential services for adults with severe disabilities, early childhood education, psychology services, assistive technology, and aquatic programs. ESRC is affiliated with national Easterseals organization, but is locally run and operated non-for-profit. It is strongly supported by many individuals and organizations in the community, and will provide services to anyone regardless of financial abilities.

The outpatient psychology clinic at ESRC offers outpatient evaluation, assessment, and therapy services. Clinicians specialize in the treatment of mood, anxiety, trauma-related, behavioral, familial, relational, and personality disorders in addition other areas. Youth are evaluated for a variety of diagnostic questions, including autism spectrum, learning disabilities, ADHD, affective disorders, and other developmental concerns.

Interns on this rotation perform clinical interviews and diagnostic assessments, provide individual and family psychotherapy, receive individual supervision, and may have the opportunity to work and supervise undergraduate students. Clients range from ages 2-17, and come from a variety of backgrounds and are physician referred.

Interdisciplinary Evaluation Clinic

Supervisor: Dr. Jim Schroeder, Dr. Emma Nicholls
Length: Yearlong

The interdisciplinary evaluation clinic takes place at ESRC. The clinic focuses on utilizing a multi-disciplinary assessment approach to provide comprehensive diagnostic assessments to children between the ages of 4-8. Interns will work as part of a team, which includes a physical therapist, speech/language therapist, and audiologist. A full day assessment will be done by the team on Monday, and the interns will meet with the team on the following Thursday morning to discuss the results of the evaluation. Interns will organize a team report with information from all disciplines and provide feedback to the parents after this is completed.
Early Childhood Rotation

Supervisor(s): Dr. Jim Schroeder
Length: 4 months

The early childhood rotation will take place at ESRC. The rotation will focus on providing evaluation, assessment, and parent training services for children ages 0-3. Clients will be referred through ESRC and the community for psychological concerns that may coincide with other developmental issues. The focus of this service line is to provide early identification and intervention services that can prevent more serious issues from developing and also intervening at a time in which research indicates that the most gains can be made.

Youth Residential Assessment Clinic

Primary Supervisor: Dr. Emma Nicholls
Secondary Supervisor: Dr. Shannon Jones
Length: 4 months

The youth residential assessment clinic will take place at Evansville Psychiatric Children’s Center. Opened in 1966, it is the only free-standing residential psychiatric center in the state. Each child has a major psychiatric diagnosis, has exhibited threats toward self and others, and is referred through the state mental health center. The center treats approximately 30-50 children a year, ages 5-13. Interns administer psychological assessments for newly admitted children, and also shadow a psychiatrist during weekly rounds and are involved in team meetings.

Pediatric Group Therapy Services

Supervisor: Dr. Jim Schroeder
Length: 4 months

The pediatric group services rotation is located in ESRC. Youth ages 5-19 are referred from the community or in the center for group services due to various conditions, including ADHD, autism spectrum, chronic illness, and anxiety concerns. Interns utilize a closed group, age-specific format in conjunction with empirically-supported group treatments to provide group services to clients and their parents.
**Adult Residential/Mental Health Services**

**Supervisor:** Dr. Jim Schroeder, Dr. Emma Nicholls  
**Length:** Yearlong

The adult residential/mental health services rotation is located within ESRC. ESRC residential services have a reputation of delivering the highest-quality, most compassionate services to those with intellectual disabilities (and other psychological, physical complications) in the community. Adults referred from ESRC residential housing or Waiver services are provided with direct intervention designed to improve social skills, improve behavioral management, and increase emotional regulation. All referred adults have a documented intellectual disability, and often have other physical or psychological comorbid conditions. Empirically-supported treatments derived from Applied Behavioral Analysis (ABA) and Dialectical Behavioral Therapy (DBT) specifically designed for adults with intellectual disabilities will be used. In addition to direct service, interns will also work with staff to improve their ability to work with residents in improving a number of social-emotional outcomes, including reduction of behavioral outbursts, improved conflict resolution, and increased emotional control. Finally, interns will work with staff on utilizing research-supported techniques to improve self-care, especially in managing the inherent stressors of working in a residential facility.

Interns will also receive outpatient referrals from physicians in the community for adults with general mental health concerns. This includes, but is not limited to, anxiety, depression, family related issues, and trauma. Focus will be on utilizing cognitive-behavioral, insight-oriented, and systems-based approaches to reduce concerns and improve functionality and quality of life.
INTERNSHIP TRAINING PROGRAM RESOURCES

Interns are provided with diverse patient populations and various programs within the Easterseals Rehabilitation Center and the ancillary sites noted.

All psychologists identified as training supervisors have faculty appointments within the Department of Psychology & Wellness and are licensed to practice psychology, with endorsements as Health Service Providers in Psychology (HSPP), in the state of Indiana.

The internship’s education coordinator, Ms. Janis Garrison, serves in a number of roles to support the internship. In addition to serving in a number of functions related to recruitment, applications, interviewing, and admission, her role also involves orientation of interns, regular attendance at internship meetings (including taking minutes), schedule/didactics coordination, data collection, and many other responsibilities. Ms. Garrison works directly with the training director to assure that all internship functions work smoothly, and also to troubleshoot issues, especially related to educational matters. She also works to make sure that yearly accreditation standards are met, and oversees the filing, record keeping, and distribution of materials as needed. Overall, Ms. Garrison provides general administrative support to interns for a variety of needs.

Interns receive a salary, which will be $25,000 for the training year. Benefits offered also include the following: health insurance for the intern and family, life insurance, malpractice coverage, vision and dental insurance, and free on-campus parking. Each intern is entitled to designated paid holidays (see time off and leave policies on page 37), 80 hours vacation time, and 5 days of paid sick time. Holiday time includes days off between Christmas and New Year’s, during which time all employees are paid in full. Interns are provided with 4 professional days as part of their training to be used for activities such as post-doctoral or job interviews, attendance at approved conferences (not part of the training program), and/or dissertation defense.

Interns are provided with appropriate office space, personal desktop computers, printers, telephones, and copiers and scanners as needed. Computers include ability to access the EHR, all needed software and/or online access to programs such as Microsoft Office, Excel, Outlook, Power Point, and other programs. Interns also have access to audio/visual equipment that provides for supervision opportunities.
Full clerical support is available to assist with patient scheduling and support. IT support is available during all working hours.

All interns are provided with email accounts. They will have full access to wired internet connections at all sites and wireless internet in most situations.
SUPERVISION REQUIREMENTS FOR PSYCHOLOGY INTERNSHIP

Interns must have a minimum of 2 hours of individual, regular supervision per week that is provided by training faculty who are doctoral level and individually licensed in the state of Indiana.

Interns must have a minimum of 4 hours of total supervision a week. Beyond the individual hours, 2 hours per week can be informal (e.g., “curbside”) staffing or group supervision. The additional 2 hours can be provided by a professional beyond a psychologist (e.g., psychiatrist, board certified behavioral analysis). However, in order to be counted, the supervisor needs to be formally approved in this capacity by the Internship Executive Committee.

Supervision is defined as a direct, interactive experience between the intern and supervisor. This means that co-therapy and observation, although potentially useful from a training capacity, do not count as supervision hours.

Some direct observation (e.g., live observation, direct recording) must occur at some point during the supervision process.

Supervision must occur in a hierarchical, formal process in which evaluation of skills and expertise does occur. This denotes that simply having a discussion with a professional who is not in an evaluative relationship with the intern (e.g., professional not affiliated with the internship program) does not count as supervision.

In situations where there is more than one supervisor on a rotation, it is necessary that a particular supervisor be named as primary. The primary supervisor has the responsibility of making sure that the intern has at least 4 hours of supervision per week.

Supervisors should record time spent in supervision even though interns do track their hours for supervision.
REQUIREMENTS FOR SUCCESSFUL COMPLETION OF INTERNSHIP

By the end of the internship year, interns are expected to either have a rating of **(A)** Advanced/Skills (comparable to autonomous practice at the licensure level) or **(HI)** High (Intermediate/Occasional supervision needed) in 80% of areas where applicable. HI is a common rating given at the completion of internship whereas A is considered to reflect advanced skills more consistent with the completion of postdoc. No competency areas will be rated as R or E. Note: exceptions would be specialty area rotations that would take a more intensive course of study to achieve this level of competency and the major supervisor, training director and trainee agree that a level of I is appropriate for that particular rotation (e.g., an early childhood rotation for someone with no previous experience in this area. Please see evaluation procedures and forms starting on pages 18 as well as program goals, competencies, and outcomes outlined on pages 5.

Acceptable progress during the internship program will be defined as accomplishing a minimum rating of I (**Intermediate/Should remain a focus of supervision**) in all applicable areas of competency by 6 months into the internship although in specified areas, in which it was agreed by the supervisor and intern that this was an entirely new skill, then E (**Entry level/Continued intensive supervision is needed**) is acceptable. If adequate progress is not made (as designated by an R [**Needs remedial work**] rating), a remediation plan will be orchestrated (please see remediation procedures beginning on page 28).

Adherence to all other ESRC policies, APA ethics code, and Indiana Law requirements must occur (see internal policies available online through each of these entities).

Completion of all required rotations must occur as designated by the internship training schedule.

An intern must complete 1-year of full-time training (40 hours per week – 2,000 hours total), and a minimum of 400 hours of direct patient contact. The training begins on the first working day of July, and continues until the last working day of June, with the exception as noted in the Time Off & Leave policies included in this manual starting on pages 37.

Experience must include 4 hours of supervision per week, including 2 regularly scheduled, individual, face-to-face meetings with a core or secondary supervisor. See supervision guidelines on page 16 for more information.

Interns also must attend at least 80% of mental health seminars at Deaconess Cross Pointe.

Attendance at Director’s Conference is mandatory unless leave has been approved consistent with the Internship Leave of Absence Policy.
INTERNSHIP EVALUATION PROCEDURE

1. All rotation supervisors will complete the Core Competency Form at the end of 4 month rotations (and at 6 months, where applicable, for yearlong rotations).

2. Each of these forms will be reviewed with the intern by the supervisor, and then both will sign the form during the last supervision of that rotation.

3. All supervisors (primary and secondary) of the interns for that rotation will attend an Internship Planning Meeting at the end of each rotation with the Director of Training. The objective is to provide comprehensive feedback for the psychology intern at the end of each rotation that includes input from all involved.

4. Each intern will review the Core Competency Form with the director of training, and then this will be signed by the Director of Training in addition to previous signatures noted.

5. Data from the Core Competency Form will be entered into a Summation Table in order to allow progress from one rotation to the next to be easily tracked. This will facilitate a determination of whether goals for the program are being achieved.

6. A final Core Competency Form will be completed just prior to the overall completion of the internship year. A feedback meeting with all supervisors will be conducted in order to provide feedback on the completion of this form.
EASTERSEALS CORE COMPETENCY FORM FOR TRAINEES

Trainee ___________________  Supervisor ___________________

Training Year ___________  Training Experience __________________________________________

ASSESSMENT METHOD(S) FOR COMPETENCIES

_____ Direct Observation  _____ Review of Written Work
_____ Videotape  _____ Review of Raw Test Data
_____ Audiotape  _____ Discussion of Clinical Interaction
_____ Case Presentation  _____ Comments from Other Staff

COMPETENCY RATINGS DESCRIPTIONS

NA  Not applicable for this training experience/Not assessed during training experience
A  Advanced/Skills comparable to autonomous practice at the licensure level.
   Rating expected at completion of postdoctoral training. Competency attained at full psychology staff privilege level, however as an unlicensed trainee, supervision is required while in training status.
HI  High Intermediate/Occasional supervision needed.
   A frequent rating at completion of internship. Competency attained in all but non-routine cases; supervisor provides overall management of trainee’s activities; depth of supervision varies as clinical needs warrant.
I  Intermediate/Should remain a focus of supervision
   Common rating throughout internship and practica. Routine supervision of each activity.
E  Entry level/Continued intensive supervision is needed
   Most common rating for practica. Routine, but intensive, supervision is needed.
R  Needs remedial work
   Requires remedial work if trainee is in internship or post-doc.

GOAL: COMPETENCE IN PROFESSIONAL CONDUCT, ETHICS AND LEGAL MATTERS

OBJECTIVE: PROFESSIONAL INTERPERSONAL BEHAVIOR
Professional and appropriate interactions with treatment teams, peers and supervisors, seeks peer support as needed.

A  Smooth working relationships, handles differences openly, tactfully and effectively.
HI  Actively participates in team meetings. Appropriately seeks input from supervisors to cope with rare interpersonal concerns.
I  Progressing well on providing input in a team setting. Effectively seeks assistance to cope with interpersonal concerns with colleagues.
E  Ability to participate in team model is limited, relates well to peers and supervisors.
R  May be withdrawn, overly confrontational, insensitive or may have had hostile interactions with colleagues.

OBJECTIVE: SEeks CONSULTATION/SUPERVISION
Seeks consultation or supervision as needed and uses it productively.

A  Actively seeks consultation when treating complex cases and working with unfamiliar symptoms.
HI  Open to feedback, shows awareness of strengths and weaknesses, uses supervision well when uncertain, occasionally over or under-estimates need for supervision
I  Generally accepts supervision well, but occasionally defensive. Needs supervisory input for determination of readiness to try new skills.
E  Needs intensive supervision and guidance, difficulty assessing own strengths and limitations.
R  Frequently defensive and inflexible, resists important and necessary feedback.
OBJECTIVE: USES POSITIVE COPING STRATEGIES
Demonstrates positive coping strategies with personal and professional stressors and challenges. Maintains professional functioning and quality patient care.

A Good awareness of personal and professional problems. Stressors have only mild impact on professional practice. Actively seeks supervision and/or personal therapy to resolve issues.

HI Good insight into impact of stressors on professional functioning, seeks supervisory input and/or personal therapy to minimize this impact.

I Needs significant supervision time to minimize the effect of stressors on professional functioning. Accepts reassurance from supervisor well.

E Personal problems can significantly disrupt professional functioning.

R Denies problems or otherwise does not allow them to be addressed effectively.

OBJECTIVE: PROFESSIONAL RESPONSIBILITY AND DOCUMENTATION
Responsible for key patient care tasks (e.g. phone calls, letters, case management), completes tasks promptly. All patient contacts, including scheduled and unscheduled appointments, and phone contacts are well documented. Records include crucial information.

A Maintains complete records of all patient contacts and pertinent information. Notes are clear, concise and timely. Takes initiative in ensuring that key tasks are accomplished. Records always include crucial information.

HI Maintains timely and appropriate records; may forget some minor details or brief contacts (e.g. phone calls from patient), but recognizes these oversights and retroactively documents appropriately. Records always include crucial information.

I Uses supervisory feedback well to improve documentation. Needs regular feedback about what to document. Rarely, may leave out necessary information, and occasionally may include excessive information. Most documentation is timely.

E Needs considerable direction from supervisor. May leave out crucial information.

R May seem unconcerned about documentation. May neglect to document patient contacts. Documentation may be disorganized, unclear or excessively late.

OBJECTIVE: EFFICIENCY AND TIME MANAGEMENT
Efficient and effective time management. Keeps scheduled appointments and meetings on time. Keeps supervisors aware of whereabouts as needed. Minimizes unplanned leave, whenever possible.

A Efficient in accomplishing tasks without prompting, deadlines or reminders. Excellent time management skills regarding appointments, meetings and leave.

HI Typically completes clinical work/patient care within scheduled hours. Generally on time. Accomplishes tasks in a timely manner, but needs occasional deadlines or reminders.

I Completes work effectively and promptly by using supervision time for guidance. Regularly needs deadlines or reminders.

E Highly dependent on reminders or deadlines.

R Frequently has difficulty with timeliness fashion. Or tardiness or unaccounted absences are a problem.

OBJECTIVE: KNOWLEDGE OF ETHICS AND LAW
Demonstrates good knowledge of ethical principles and state law. Consistently applies these appropriately, seeking consultation as needed.

A Spontaneously and consistently identifies ethical and legal issues and addresses them proactively. Judgement is reliable about when consultation is needed.

HI Consistently recognizes ethical and legal issues, appropriately asks for supervisory input.

I Generally recognizes situation where ethical and legal issues might be pertinent, is responsive to supervisory input.

E Often unaware of important ethical and legal issues.

R Disregards important supervisory input regarding ethics or law.

OBJECTIVE: ADMINISTRATIVE COMPETENCY
Demonstrates a growing ability to accomplish administrative tasks. Prioritizes appropriately. Shows a growing autonomy in management of larger administrative, research or clinical projects.
A Independently assesses the larger task to be accomplished, breaks the task into smaller ones and develops a timetable. Prioritizes various tasks and deadlines efficiently and without need for supervisory input. Makes adjustments to priorities as demands evolve.

HI Identifies components of the larger task and works independently on them. Needs some supervisory guidance to successfully accomplish large tasks within the timeframe allotted. Identifies priorities but needs input to structure some aspects of task.

I Completes work effectively, using supervision time to identify priorities and develop plans to accomplish tasks. Receptive to supervisory input to develop own skills in administration.

E Trainee takes on responsibility, then has difficulty asking for guidance or accomplishing goals within timeframe.

R Deadline passes without task being done. Not receptive to supervisory input about own difficulties in this process.

GOAL: COMPETENCE IN INDIVIDUAL AND CULTURAL DIVERSITY

NA OBJECTIVE: PATIENT RAPPORT
Consistently achieves a good rapport with patients.
A Establishes quality relationships with almost all patients, reliably identifies potentially challenging patients and seeks supervision.
HI Generally comfortable and relaxed with patients, handles anxiety-provoking or awkward situations adequately so that they do not undermine therapeutic success.
I Actively developing skills with new populations. Relates well when has prior experience with the population.
E Has difficulty establishing rapport.
R Alienates patients or shows little ability to recognize problems.

NA OBJECTIVE: SENSITIVITY TO PATIENT DIVERSITY
Sensitive to the cultural and individual diversity of patients. Committed to providing culturally sensitive services.
A Discusses individual differences with patients when appropriate. Acknowledges and respects differences that exist between self and clients in terms of race, ethnicity, culture and other individual difference variables. Recognizes when more information is needed regarding patient differences and seeks out information autonomously. Aware of own limits to expertise.
HI In supervision, recognizes and openly discusses limits to competence with diverse clients.
I Has significant lack of knowledge regarding some patient groups, but resolves such issues effectively through supervision. Open to feedback regarding limits of competence.
E Is beginning to learn to recognize beliefs which limit effectiveness with patient populations.
R Has been unable or unwilling to surmount own belief system to deal effectively with diverse patients.

NA OBJECTIVE: AWARENESS OF OWN CULTURAL AND ETHNIC BACKGROUND
Aware of own background and its impact on clients. Committed to continuing to explore own cultural identity issues and relationship to clinical work.
A Accurately self-monitors own responses to differences, and differentiates these from patient responses. Aware of personal impact on clients different from self. Thoughtful about own cultural identity. Reliably seeks supervision when uncertain.
HI Aware of own cultural background. Uses supervision well to examine this in psychological work. Readily acknowledges own culturally-based assumptions when these are identified in supervision.
I Uses supervision well to recognize own cultural background and how this impacts psychological work. Comfortable with some differences that exist between self and clients and working well on others. May occasionally deny discomfort with patients to avoid discussing relevant personal and patient identity issues.
E Growing awareness of own cultural background and how this affects psychological work. Can make interpretations and conceptualizations from culturally-based assumptions. Responds well to supervision.
R Has little insight into own cultural beliefs even after supervision.
GOAL: COMPETENCE IN THEORIES AND METHODS OF PSYCHOLOGICAL DIAGNOSIS AND ASSESSMENT

NA OBJECTIVE: DIAGNOSTIC SKILL
Demonstrates a thorough working knowledge of psychiatric diagnostic nomenclature and DSM classification. Utilizes historical, interview and psychometric data to diagnose accurately.
A Demonstrates a thorough knowledge of psychiatric classification, including multiaxial diagnoses and relevant diagnostic criteria to develop an accurate diagnostic formulation autonomously.
HI Has a good working knowledge of psychiatric diagnoses. Is thorough in consideration of relevant patient data, and diagnostic accuracy is typically good. Uses supervision well in more complicated cases involving multiple or more unusual diagnoses.
I Understands basic diagnostic nomenclature and is able to accurately diagnosis many psychiatric problems. May miss relevant patient data when making a diagnosis. Requires supervisory input on most complex diagnostic decision-making.
E/R Has significant deficits in understanding of the psychiatric classification system and/or ability to use DSM-IV criteria to develop a diagnostic conceptualization.

NA TOTAL NUMBER OF ASSESSMENTS COMPLETED THIS EVALUATION PERIOD ______

NA OBJECTIVE: PSYCHOLOGICAL TEST SELECTION AND ADMINISTRATION
Promptly and proficiently administers commonly used tests in his/her area of practice. Appropriately chooses the tests to be administered. Demonstrates competence in administering intelligence tests and achievement tests, among other cognitive measures.
A Proficiently administers all tests. Completes all testing efficiently. Autonomously chooses appropriate tests to answer referral question.
HI Occasional input needed regarding fine points of test administration. Occasionally needs reassurance that selected tests are appropriate.
I Needs continued supervision on frequently administered tests. Needs occasional consultation regarding appropriate tests to administer.
E/R Test administration is irregular, slow. Or often needs to recall patient to further testing sessions due to poor choice of tests administered.

NA OBJECTIVE: PSYCHOLOGICAL TEST INTERPRETATION
Interprets the results of psychological tests used in his/her area of practice. Demonstrates competence interpreting intelligence tests and achievement tests, among other cognitive measures.
A Skillfully and efficiently interprets tests autonomously. Makes accurate independent diagnostic formulations on a variety of syndromes. Accurately interprets and integrates results prior to supervision session.
HI Demonstrates knowledge of scoring methods, reaches appropriate conclusions with some support from supervision.
I Completes assessments on typical patients with some supervisory input, occasionally uncertain how to handle difficult patients or unusual findings. Understands basic use of tests, may occasionally reach inaccurate conclusions or take computer interpretation packages too literally.
E/R Significant deficits in understanding of psychological testing, over-reliance on computer interpretation packages for interpretation. Repeatedly omits significant issues from assessments, reaches inaccurate or insupportable conclusions.

NA OBJECTIVE: ASSESSMENT WRITING SKILLS
Writes a well-organized psychological report. Answers the referral question clearly and provides the referral source with specific recommendations.
A Report is clear and thorough, follows a coherent outline, is an effective summary of major relevant issues. Relevant test results are woven into the report as supportive evidence. Recommendations are related to referral questions.
HI Report covers essential points without serious error, may need polish in cohesiveness and organization. Readily completes assessments with minimal supervisory input, makes useful and relevant
recommendations.
I Uses supervision effectively for assistance in determining important points to highlight.
E/R Inaccurate conclusions or grammar interfere with communication. Or reports are poorly organized and require major rewrites.

NA OBJECTIVE: FEEDBACK REGARDING ASSESSMENT
Plans and carries out a feedback interview. Explains the test results in terms the patient and/or caregiver can understand, provides suitable recommendations and responds to issues raised by patient or caregiver.
A Plans and implements the feedback session appropriately. Foresees areas of difficulty in the session and responds empathically to patient or caregiver concerns. Adjusts personal style and complexity of language and feedback details to accommodate patient or caregiver needs.
HI With input from supervisor, develops and implements a plan for the feedback session. May need some assistance to identify issues which may become problematic in the feedback session. May need intervention from supervisor to accommodate specific needs of patient or family.
I Develops plan for feedback session with the supervisor. Presents basic assessment results and supervisor addresses more complex issues. Continues to benefit from feedback on strengths and areas for improvement.
E Supervisor frequently needs to assume leadership in feedback sessions to ensure correct feedback is given or to address emotional issues of patient or caregiver.
R Does not modify interpersonal style in response to feedback.

GOAL: COMPETENCE IN THEORIES AND METHODS OF EFFECTIVE PSYCHOTHERAPEUTIC INTERVENTION

NA OBJECTIVE: PATIENT RISK MANAGEMENT AND CONFIDENTIALITY
Effectively evaluates, manages and documents patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues. Collaborates with patients in crisis to make appropriate short-term safety plans, and intensify treatment as needed. Discusses all applicable confidentiality issues openly with patients.
A Assesses and documents all risk situations fully prior to leaving the worksite for the day. Appropriate actions taken to manage patient risk situations (e.g. escorting patient to ER) are initiated immediately, then consultation and confirmation of supervisor is sought. Establishes appropriate short-term crisis plans with patients.
HI Aware of how to cope with safety issues, continues to need occasional reassurance in supervision. Asks for input regarding documentation of risk as needed. Sometimes can initiate appropriate actions to manage patient risk, sometimes needs input of supervisor first. May occasionally forget to discuss confidentiality issues promptly.
I Recognizes potentially problematic cases, but needs guidance regarding evaluation of patient risk. Supervision is needed to cope with safety issues; afterwards trainee handles them well. Can be trusted to seek consultation immediately if needed, while patient is still on site. Needs to refine crisis plans in collaboration with supervisor. Needs input regarding documentation of risk. Occasionally needs prompting to discuss confidentiality issues with patient.
E Delays or forgets to ask about important safety issues. Does not document risk appropriately. But does not let patient leave site without seeking “spot” supervision for the crisis. Does not remember to address confidentiality issues, needs frequent prompting. Fear may overwhelm abilities in patient crises.
R Makes inadequate assessment or plan, then lets patient leave site before consulting supervisor.

NA OBJECTIVE: CASE CONCEPTUALIZATION AND TREATMENT GOALS
Formulates a useful case conceptualization that draws on theoretical and research knowledge. Collaborates with patient to form appropriate treatment goals.
A Independently produces good case conceptualizations within own preferred theoretical orientation, can also draw some insights into case from other orientations. Consistently sets realistic goals with patients.
HI Reaches case conceptualization on own, recognizes improvements when pointed out by supervisor.
Readily identifies emotional issues but sometimes needs supervision for clarification. Sets appropriate
goals with occasional prompting from supervisor, distinguishes realistic and unrealistic goals.

I  Reaches case conceptualization with supervisory assistance. Aware of emotional issues when they are
clearly stated by the patient, needs supervision for development of awareness of underlying issues.
Requires ongoing supervision to set therapeutic goals aside from those presented by patient.

E/R  Responses to patients indicate significant inadequacies in theoretical understanding and case formulation.
Misses or misperceives important emotional issues. Unable to set appropriate treatment goals with patient.

NA  OBJECTIVE: THERAPEUTIC INTERVENTIONS
Interventions are well-timed, effective and consistent with empirically supported treatments.

A  Interventions and interpretations facilitate patient acceptance and change. Demonstrates motivation to
increase knowledge and expand range of interventions through reading and consultation as needed.

HI  Most interventions and interpretations facilitate patient acceptance and change. Supervisory assistance
needed for timing and delivery of more difficult interventions.

I  Many interventions and interpretations are delivered and timed well. Needs supervision to plan
interventions and clarify interpretations.

E/R  Most interventions and interpretations are rejected by patient. Has frequent difficulty targeting
interventions to patients’ level of understanding and motivation.

NA  OBJECTIVE: EFFECTIVE USE OF EMOTIONAL REACTIONS IN THERAPY (COUNTERTRANSFERENCE)
Understands and uses own emotional reactions to the patient productively in the treatment.

A  During session, uses countertransference to formulate hypotheses about patient’s current and historical
social interactions, presents appropriate interpretations and interventions. Able to identify own issues that
impact the therapeutic process and has ideas for coping with them. Seeks consultation as needed for
complex cases.

HI  Uses countertransference to formulate hypotheses about the patient during supervision sessions. Can
identify own issues that impact therapeutic process. Interventions generally presented in the following
session.

I  Understands basic concepts of countertransference. Can identify own emotional reactions to patient as
countertransference. Supervisory input is frequently needed to process the information gained.

E  When feeling anger, frustration or other intense emotional response to the patient, blames patient at times.
Welcomes supervisory input and can reframe own emotional response to the session.

R  Unable to see countertransference issues, even with supervisory input.

OBJECTIVE: GROUP THERAPY SKILLS AND PREPARATION
Intervenes in group skillfully, attends to member participation, completion of therapeutic
assignments, group communication, safety and confidentiality. If the group is psychoeducational,
readies materials for group, and understands each session’s goals and tasks.

A  Elicits participation and cooperation from all members, confronts group problems appropriately and
independently, and independently prepares for each session with little or no prompting. Can manage
group alone in absence of cotherapist/supervisor with follow-up supervision later.

HI  Seeks input on group process issues as needed, then works to apply new knowledge and skills. Needs
occasional feedback concerning strengths and weaknesses. Generally prepared for group sessions.

I  Welcomes ongoing supervision to identify key issues and initiate group interaction. Actively working on
identifying own strengths and weaknesses as a group leader. Identifies problematic issues in group process
but requires assistance to handle them. May require assistance organizing group materials.

E  Has significant inadequacies in understanding and implementation of group process. Unable to maintain
control in group sufficient to cover content areas. Preparation is sometimes disorganized.

R  Defensive or lacks insight when discussing strengths and weaknesses. Frequently unprepared for content or
with materials.

GOAL: COMPETENCE IN SCHOLARLY INQUIRY AND APPLICATION OF CURRENT
SCIENTIFIC KNOWLEDGE TO PRACTICE

OBJECTIVE: SEeks CURRENT SCIENTIFIC KNOWLEDGE

24
Displays necessary self-direction in gathering clinical and research information practice independently and competently. Seeks out current scientific knowledge as needed to enhance knowledge about clinical practice and other relevant areas.

A Fully dedicated to expanding knowledge and skills, independently seeks out information to enhance clinical practice utilizing available databases, professional literature, seminars and training sessions, and other resources.

HI Shows initiative, eager to learn, beginning to take steps to enhance own learning. Identifies areas of needed knowledge with specific clients. Asks for and responsive to supervisor’s suggestions of additional informational resources, and pursues those suggestions.

I/E Open to learning, but waits for supervisor to provide guidance. When provided with appropriate resources, willingly uses the information provided and uses supervisor’s knowledge to enhance own understanding.

R Unwilling to acquire or incorporate new information into practice. Resists suggestions to expand clinical perspective. Procrastinates on readings assigned by supervisor.

OBJECTIVE: DEVELOPS AND IMPLEMENTS RESEARCH PLAN
Develops and implements plan for research or other professional writing or presentation.

A Develops research plan alone or in conjunction with a colleague. Is a full and equal participant in the project.

HI Provides substantive input into the plan. Demonstrates ability to execute at least one aspect of the project independently.

I/E Provides helpful suggestions regarding design and implementation of a colleague’s plan. Provides significant assistance in the accomplishment of the project.

R Does not follow through with responsibilities in development or implementation of plan.

GOAL: COMPETENCE IN PROFESSIONAL CONSULTATION

OBJECTIVE: CONSULTATION ASSESSMENT
Performs an assessment of the patient referred for consultation, incorporating mental status exam, structured interview techniques or psychological assessment, as needed, to answer the referral question.

A Chooses appropriate means of assessment to respond effectively to the referral question; reports and progress notes are well-organized and provide useful and relevant recommendations with minimal supervisory input.

HI Occasional input is needed regarding appropriate measures of assessment and effective write-up of report or progress notes to best answer the referral question

I/E Needs continued supervision regarding appropriate assessment techniques to complete consultations as well as input regarding integration of findings and recommendations.

R Consultation reports and progress notes are poorly written and/or organized. Fails to incorporate relevant information and/or use appropriate measures of assessment necessary to answer the referral question.

OBJECTIVE: CONSULTATIVE GUIDANCE
Gives the appropriate level of guidance when providing consultation to other health care professionals, taking into account their level of knowledge about psychological theories, methods and principles.

A Relates well to those seeking input, is able to provide appropriate feedback.

HI Requires occasional input regarding the manner of delivery or type of feedback given.

I/E Needs continued guidance. May need continued input regarding appropriate feedback and knowledge level of other professionals.

R Unable to establish rapport.

GOAL: COMPETENCE IN SUPERVISION

OBJECTIVE: SUPERVISORY SKILLS
Demonstrates good knowledge of supervision techniques and employs these skills in a consistent and effective manner, seeking consultation as needed. Builds good rapport with supervisee.

A Spontaneously and consistently applies supervision skills. Supervisee verbalizes appreciation of trainee’s input.

HI Consistently recognizes relevant issues, needs occasional guidance and supervisory input. Well thought of by supervisee. Supervisee recognizes at least one significant strength of trainee as a supervisor as documented on evaluation form.

I Generally recognizes relevant issues, needs guidance regarding supervision skills. Supervisee finds input helpful. Trainee is rated by supervisee at the satisfactory or higher level in all areas.

R Unable to provide helpful supervision.

SUPERVISOR COMMENTS

SUMMARY OF STRENGTHS

AREAS OF ADDITIONAL DEVELOPMENT OR REMEDIATION, INCLUDING RECOMMENDATIONS
CONCLUSIONS

REMEDIAL WORK INSTRUCTIONS
In the rare situation when it is recognized that a trainee needs remedial work, a competency assessment form should be filled out immediately, prior to any deadline date for evaluation, and shared with the trainee and the director of training. In order to allow the trainee to gain competency and meet passing criteria for the rotation, these areas must be addressed proactively and a remedial plan needs to be devised and implemented promptly.

GOAL FOR INTERN EVALUATIONS DONE PRIOR TO 12 MONTHS
All competency areas will be rated at a level of competence of I or higher. No competency areas will be rated as R or E. Exceptions are areas in which it was agreed by the supervisor and intern (at the beginning of year or rotation) that this was an entirely new skill, then E (Entry level/Continued intensive supervision is needed) is acceptable.

GOAL FOR INTERN EVALUATIONS DONE AT 12 MONTHS
At least 80% of competency areas will be rated at level of competence of HI or higher. No competency areas will be rated as R or E. Note: exceptions would be specialty area rotations that would take a more intensive course of study to achieve this level of competency and the major supervisor, training director and trainee agree that a level of I is appropriate for that particular rotation, e.g. a neuropsychology rotation for a general track trainee.

______ The trainee HAS successfully completed the above goal. We have reviewed this evaluation together.

______ The trainee HAS NOT successfully completed the above goal. We have reviewed this together.

Supervisor ______________________________ Date ___________

Supervisor ______________________________ Date ___________

Supervisor ______________________________ Date ___________

INTERN COMMENTS REGARDING COMPETENCY EVALUATION (IF ANY):

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Trainee ______________________________ Date ___________
INTERN REMEDIATION PROCEDURE

1. A formal remediation plan will be implemented at six months into the position if an intern is not meeting goals as specified on the competency evaluation
   a. Any rating below an “I” on the competency evaluation upon the 6-month evaluation will lead to a remediation plan except as designed by the supervisor and Training Director as a specialized area of skill with previous limited experience by the intern

2. A formal remediation plan may also be requested at any point during the training year if a supervisor has particular concerns and informal attempts to resolve these issues have been unsuccessful.
   a. A supervisor should bring these concerns to the Training Director. If it is agreed that a remediation plan is needed, it will be developed at this time
   b. If there is not agreement between the Training Director and supervisor, this will be brought to the Internship Executive Committee to facilitate a further decision in the matter

3. A formal remediation plan can also be requested if a particularly grave incident occurs in which remediation is warranted prior to any informal means being used.
   a. The supervisor should bring this concern to the Training Director. If it is agreed that a remediation plan is warranted, it will be developed at this time
   b. If an agreement between the Training Director and supervisor cannot be reached, the concern will be brought to the internship Executive Committee

4. Any formal remediation plan that is developed will include documentation of the response/progress of the intern in writing. This should occur at least monthly until it is determined that the remediation plan has been successfully completed, or a new remediation plan has been implemented.

5. In severe cases in which program completion is doubtful, the Internship Executive Committee will meet to determine the appropriate course of action.
INTERNSHIP REMEDIATION PLAN

Intern: _________________________________________________________

Rotation: _________________________________________________________

Supervisor: _______________________________________________________

Date of Enactment: ________________________________________________

Issues to be addressed by this plan:

Specific objectives and timeline for meeting goals:
1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________
4. ______________________________________________________________

Supervisor and/or program interventions to help the intern in meeting these objectives:

Intern Signature: _________________________________________________

Supervisor: _______________________________________________________

Director of Training: ______________________________________________
EASTERSEALS PSYCHOLOGY INTERNSHIP REMEDIATION PLAN - PROGRESS UPDATE

Intern: __________________________________________________________

Rotation: _______________________________________________________

Supervisor: _____________________________________________________

Date of Enactment: ______________________________________________

Date of Update: _________________________________________________

Progress toward objectives:

Have objectives been met?

If objectives are not met, specific objectives to still be attained and timeline for meeting goals:

1. 

2. 

3. 

4. 

If objectives are not yet met - supervisor and/or program interventions to assist the intern in meeting these goals:

Intern Signature: ________________________________________________

Supervisor: _____________________________________________________

Director of Training: ____________________________________________
GRIEVANCE PROCEDURES

1. If a concern or disagreement is levied by an intern toward a supervisor or another intern that cannot be resolved informally, this should be brought to the training director.

2. The training director will determine what next steps are taken depending on the nature of the grievance.
   a. A meeting may be scheduled with some or all involved to resolve the issue.
   b. A meeting may be arranged with the Internship Executive Committee and training director.

3. If an intern has a disagreement or concern with the Training Director, they should bring this concern to another member of the Internship Executive Committee (other than the training director), which includes members outside the psychology department, if the intern would prefer this do the particular nature of the grievance.
CORRECTIVE ACTION, TERMINATION, AND DUE PROCESS

If it is determined by the Internship Executive Committee that a concern of sufficient gravity has occurred to warrant formal disciplinary action, including suspension or termination, a meeting will be arranged to include the Training Director, Internship Executive Committee, and all relevant supervisors to determine appropriate steps taken to communicate and enact these sanctions.

Circumstances that would lead to implementation of these sanctions would include the following types of actions:

1. Violation of code of conduct for Easterseals Rehabilitation Center, which is included in the organizational handbook that can be found in print or online
2. Behavior that threatened the safety of staff, visitors, or clients
3. Actions that involved serious legal or ethical violations

A formal appeal can be made by an intern to the Internship Executive Committee. A written appeal should be submitted to the Committee to begin this process.
INTERN EXPECTATIONS FOR CORE ROTATIONS

1. Interns are expected to be onsite Monday through Friday for complete workdays unless it is an official Easterseals holiday or they are taking declared sick, vacation, or professional days. Face-to-face hours with clients will vary depending on the rotation cycle. However, it is generally expected that interns will have between 12-17 face-to-face hours each week. A sample weekly schedule with rotation cycle is included here for both interns, with a key at the bottom. However, it should be noted that depending on specific intern/client needs and availability, slight modifications will be made as needed while keeping the structure of the rotations intact.
Further expectations are as follows:

a. The general guidelines are that interns will be present at least from 8:00 AM to 5:00 PM with an hour lunch break. However, this schedule can be modified if agreed upon by an intern and supervisor. It is important that interns work as designated both to provide for full training experience and meet hour requirements for licensure in most states.

b. Client care responsibilities will occasionally lead to the need to be at work later than expected. When this occurs, supervisors will collaborate with an intern to ensure that their workweek does not exceed 40 hours as a result.

c. In the situation that an intern needs to leave earlier or arrive later than the aforementioned standard, the intern should discuss this in advance with their supervisor, and determine how this time will be accounted for. An intern should be prepared to take PTO for any absence that is two hours or more.

d. Interns who encounter any emergencies that do not allow for prior planning should contact their supervisor as immediately as possible to inform them of a need to change the schedule, and possibility of not being available for future work responsibilities.

e. If interns find that they have unexpected “free time”, they should speak with their supervisor about additional activities that may provide for a good training experience. Leaving early is not allowed, even when work is completed, without an arrangement made between the intern and supervisor.

2. Interns are to check their organizational email accounts and phone messages at least twice a day, including upon arriving in the morning and before leaving in the evening, on every day that they are scheduled in the office. They are expected to respond to any messages and emails that require a response before leaving for the day.
3. Interns will be required to log their time in the Accel Trax system utilized by all employees of Easterseals Rehabilitation Center. Total time each day should be logged in at the end of the business day, or within at least 48 hours of the day in which it was last logged.

4. Client concern calls should be returned within 24 hours. Documentation should be completed according to a specified time frame by each supervisor.

**OFF-SITE ENGAGEMENTS DURING CORE AND ELECTIVE ROTATIONS**

In the event that a supervisor is involved in an off-site activity, such as a meeting or seminar that is related to an intern’s rotation, the intern may participate in the event as part of that rotation without taking vacation time under the following conditions:

1. The supervisor must be directly involved in the activity, which would not include a conference or other engagement that is of interest to an intern, but for which the supervisor is not attending.

2. The supervisor must initiate the offering to the intern as interns are not necessarily allowed to participate as part of a rotation. The supervisor ultimately makes the decision about which opportunities are available for the intern to participate.

3. Approval is not needed from the training director or Internship Executive Committee as long as the activity does not interfere with any ongoing rotation.
   a. If the activity would impact any rotation, the supervisor involved is asked to speak and get approval from any other supervisors whose rotations would be impacted.
   b. If the activity is more than one day, this would need to be approved by both the affected supervisor and the training director.
INTERNERSHIP TRANSITION OF CARE PROCESSES

1. For all rotations, it is presumed that care of clients will be transferred to another intern, or provider if needed, at the end of each rotation. Exceptions to this policy will be in situations where clients participate in a close-ended group, provide only psychological assessments (e.g., at Evansville Children’s Psychiatric Center) as part of rotation, or if clients have improved to the point of treatment no longer being needed.

2. When ongoing treatment is needed at the end of the rotation, transfer of any client will involve the following procedure

   a. At least two weeks prior to the completion of the rotation, each intern will complete a transfer of care form for each client currently under their care with the following information included
      i. Identifying information that includes name, date of birth, and medical record number
      ii. Primary care physician (and referring physician, if different)
      iii. Diagnosis and current status of the patient
      iv. Recent circumstances that may require additional action (e.g., additional testing, communication with various individuals)
      v. Alteration in patient status that may require specific interventions

   b. If there is question about which clients currently qualify for a transfer of care form, supervisors should assist the intern in determining this

   c. The intern finishing the rotation should meet with the “receiving” provider to review these forms. This meeting will be arranged by the training director at a time that will not interfere with patient care or the normal didactic schedule. It may be beneficial for supervisor(s) involvement to occur

3. If the clients are to be transferred to an incoming intern who is not yet on campus, the formal transfer of care should be done with the supervising provider. This provider will communicate this information to the incoming intern as soon as possible, thus facilitating an expedient transfer of care.
TIME OFF AND LEAVE POLICIES

PAID TIME OFF (PTO)

Interns will receive paid time off provisions that are largely consistent with ESRC policy. Interns are encouraged to utilize all time available to maximize their physical and psychological health, and minimize the likelihood of “burnout.” Through use of generous paid time off provisions, ESRC strives to maintain a healthy workplace, where all employees can maximize performance and well-being at work, home, and in other endeavors.

HOLIDAYS

Interns are eligible for full pay on the following holidays:

- Good Friday
- Independence Day
- Thanksgiving Day
- Memorial Day
- Labor Day
- Thanksgiving Friday
- Christmas Day through New Year’s Day is also an observed Holiday.

If Independence Day falls on a Saturday, it will be observed on the preceding Friday; if it falls on Sunday, it will be observed on the following Monday.

VACATION

Interns will be provided with 80 vacation hours (in addition to time off for holidays) upon starting their term. Vacation can be used for any personal use, including dissertation defense, and any other activities that are not specifically approved as professional time or educational activity within the internship program. As noted prior, interns are provided with 4 professional days as part of their training to be used for activities such as post-doctoral or job interviews, attendance at approved conferences (not part of the training program), and/or dissertation defense.

Except in emergency circumstances, all vacation time must be approved at least 4 weeks in advance by the intern’s supervisor and Director of Training. This is especially important for any requests made for during the last two weeks of the intern’s term, as it is important to ensure that an intern is not concluding their appointment prior to the end of a 12-month training period. Interns must be present at least two days during the last week of internship.
It is presumed that all interns will be present and active in their duties until the last working day in June. Any unused vacation time will not be paid out at the end of the term.

SICK LEAVE POLICY

Interns are given 5 paid sick days per year. Paid Sick Leave is for your personal sickness, trips to a physician’s appointment, or to care for the sickness of a member of your immediate family. If all available sick leave is exhausted, interns may use vacation time for to provide for paid sick leave. If available sick and vacation time has been exhausted, interns may take unpaid leave (see policy below) if approved by the training director and the Vice President of Human Resources.

LEAVE OF ABSENCE

Medical leave may be requested either consecutively or intermittently. Interns who will be absent more than five (5) days should contact the Human Resource Department in order to receive appropriate leave forms. Every effort will be made to reinstate the intern to the same position.

One week of available sick hours and/or all available vacation hours will be substituted before being eligible for unpaid leave. Please refer to the sections regarding Sick Time and Vacation. If an intern participates in the group health insurance plan, they are advised to provide for the retention of this coverage by arranging with the Human Resource Department to pay the premium contributions during the unpaid leave. See the section titled “Eligibility for Insurance Continuation during Family Medical Leave or Personal Leave of Absence”.

If an intern elects not to return to work upon completion of an approved unpaid leave, benefit entitlements based upon length of service will be calculated as of the last paid work day prior to the start of the unpaid leave.

FAMILY AND MEDICAL LEAVE

The family and/or medical leave of absence is an approved absence available to employees who have been employed for at least twelve (12) months and who have worked at least 1250 hours during the twelve month period preceding the commencement of the leave. Up to twelve (12) workweeks of unpaid leave may be taken in the event of the birth of an employee’s child, upon the placement of a child with the employee for adoption or foster care, when the employee is needed to care for a child, spouse, or parent who has a serious health condition, or because of an employee’s own serious health condition which renders an employee unable to perform the functions of an employee’s position. In most situations, this will not apply to an intern given his or her year term.
One week of available sick hours and/or all available vacation hours will be substituted for unpaid family medical leave (Short Term Disability may be available via the Short Term Disability per the ESRC short-term disability policy).

The Easterseals Rehabilitation Center Family Medical Leave Policy is based on a rolling twelve month period, counting backwards. The ESRC will require medical certification to support a claim for leave for an intern’s own serious health condition, or to care for a seriously ill child, spouse or parent. For an intern’s own medical leave, the certification must include a statement that an intern is unable to perform the essential functions of the position. For leave to care for a seriously ill child, spouse or parent, the certification must include an estimate of the amount of time needed for an intern to provide care. The ESRC will provide the health certification forms. At its discretion, the ESRC may require a second medical opinion and periodic re-certification at its expense.

If medically necessary for a serious health condition, leave may be taken on an intermittent or reduced leave schedule. Spouses who are both employed by the ESRC are entitled to a total of twelve work weeks of leave for the birth or adoption of a child or for the care of a sick parent. When the need for leave is foreseeable, such as the birth or adoption of a child, or planned medical treatment, an intern must provide reasonable prior notice and make efforts to schedule leave so as not to disrupt our operations.

This information is only a summary of the Family and Medical Leave Act Policy. Interns will receive a copy of the Easterseals Rehabilitation Center Family Medical Leave Policy upon starting the term; however, anyone may contact the Human Resources Department for a copy of the policy and the forms to request leave.

MILITARY FMLA ENTITLEMENTS

MILITARY FAMILY EXIGENCY LEAVE
Eligible interns with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their twelve week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, parental care leave (permits eligible employees to take Leave to care for a military member’s parent when necessitated by the military member’s active duty), addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.
Eligible interns who are family members of Armed Forces, National Guard and Reserves personnel can qualify for Leave if the military member is deployed to a foreign country in support of a contingency operation. Eligible interns are permitted a maximum of fifteen days for rest and recuperation with a military member who is a spouse, son, daughter, or parent. To qualify, interns must present, to the Vice President of Human Resources, military documentation establishing the dates of the military member’s leave. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness. Eligible employees can contact the Vice President of Human Resources or training director for the appropriate forms.

MILITARY LEAVE (CALLED TO ACTIVE DUTY)

Military Leave will be granted to an intern who enlists in the armed forces, regardless of the employee’s status. Reservists, National Guardpersons, and those volunteering for or called to active military duty will receive reemployment rights with the ESRC upon their return from duty in full compliance with all applicable federal and state laws. An intern must request reemployment within thirty (30) days of their return from active duty, and arrangements must be made with the training director and the Vice President of Human Resources to complete their 12-month term appropriately. The Easterseals Rehabilitation Center Military Leave Policy is available upon request from the Human Resource Department.

EXTENDED MEDICAL LEAVE OF ABSENCE

Although the Easterseals Rehabilitation Center cannot offer an unlimited Medical Leave of Absence, as a reasonable accommodation, ESRC may approve an extended Medical Leave of Absence based on physician certification regarding an intern’s ability to return to work. All requests for extended medical leaves should be made to the Vice President of Human Resources in conjunction with the training director.

PERSONAL LEAVE

A personal leave of absence is any leave which is requested for reasons other than medical or military leave. At the start of a personal leave, any available vacation hours must be used. Once vacation hours are depleted, the personal leave of absence becomes an unpaid leave. A personal leave of absence cannot exceed thirty (30) days. It should be requested at least two
(2) weeks in advance. The request must be made through and approved through the training director and the VP of human resources. Approval will be based on the needs of the department. There may be times when personal leave requests are denied or modified. Reinstatement is not guaranteed, however every effort will be made to reinstate the intern to the same position if business conditions permit. If an intern does take a leave of absence for any reason, all efforts will be made to arrange an extended term that would allow for 12 months of training, and make up for missed time. This arrangement would be discussed with the Internship Executive Committee, in conjunction with the intern, to determine how this would occur.

**ELIGIBILITY FOR INSURANCE CONTINUATION DURING FAMILY MEDICAL LEAVE OR PERSONAL LEAVE OF ABSENCE**

An intern is eligible to continue insurance premiums during Family Medical Leave (FML) or if an intern does not qualify for FML during an approved thirty (30) day Personal Leave of Absence (LOA).

Coverage will end on the last day of the month in which FML ends or the last day of the Personal LOA. If an intern is unable to return to work at the end of FML or the Personal LOA, the intern is offered COBRA. The intern will have sixty-three (63) days to elect COBRA. If COBRA is elected, coverage will retro to the first day of the month following the loss of coverage. If an intern chooses not to elect COBRA, the intern is not covered during the period in which COBRA has been declined.

During unpaid FML or an unpaid LOA, insurance premiums are due one (1) week following the pay date in which the premiums would have been payroll deducted. Remittance of the balance due is subject to the term of coverage as stated in the Plan Document. If an intern gives their resignation while on FML or LOA, the intern is covered through the end of the month in which the notice is given.

**BEREAVEMENT**

Up to 24 hours, paid absence may be authorized for interns after thirty (30) days of service following a death in his or her spouse/domestic partner’s immediate family (spouse/domestic partner, parent, sibling, or child). In cases of death outside of the immediate family, arrangements must be made for an authorized absence (either paid or unpaid) with the training director and the Vice President of Human Resources. Up to 8 hours paid absence may be
authorized for an intern after thirty (30) days of service for the funeral of an employee or spouse/domestic partner’s grandparent.

JURY DUTY

An intern who is absent from scheduled work because of jury duty must sign over the court check to ESRC and are paid their regular salary up to a maximum of ten (10) days per year. Documentation must be provided indicating the hours served and the pay received. There will be no loss of vacation and sick hours during this time.

LACTATION POLICY FOR BREAST FEEDING MOTHERS

The Easter Seals Rehabilitation Center provides a supportive environment to enable breastfeeding employees to express their milk during work hours. All interns who breastfeed their child, and who need to express milk during the working day, will work with their supervisor and the Human Resource Department to determine how best to accommodate the needs of the mother while still accomplishing the objectives of the internship. A private room will be made available or if an intern prefers they may also express breast milk in their own private office, or in other comfortable locations agreed upon in consultation with the intern’s supervisor. Milk should be labeled with the mother’s name and date. Each intern is responsible for proper storage of her milk. Expressed milk may be stored in company refrigerators. Supervisors may consider flexible working arrangements. Breaks to express milk should not exceed thirty (30) minutes. If an intern needs more than two breaks during the work day to express milk, the employee will need to use personal time (lunch, vacation).
INTERNSHIP LEADERSHIP

Jim Schroeder, Ph.D./HSPP, is the Director of Training for the ESRC Internship Program. Janis Garrison is the Educational Coordinator for the program.

Internship Executive Committee

The Internship Executive Committee (IEC) is composed of supervisors for each training rotation, the Training Director, and one intern (interns will rotate for six months on the committee). It is led by the Training Director.

The objective of the IEC is to provide organizational and administrative guidance for the internship program. The IEC meets every other month to review the operations and revise and implement program directives and procedures as needed. The IEC also assists with application review and admissions.

The IEC is also designed to review the progress of each intern and in needed situations, resolve areas of conflict between interns and faculty members consistent with the grievance procedure. The IEC also has the authority to develop remediation plans for an intern as noted in remediation guidelines outlined prior.

Regarding intern remediation, issues of disciplinary action/termination, and resolving complaints levied by an intern, decisions of the IEC will be determined by a majority vote with each member having one vote. If the conflict involves the Training Director or any other member of the IEC, he or she will abstain from voting in this dispute.

The proceedings of the IEC will be documented in regular minutes which will be provided for members of the IEC and other internship faculty members and supervisors.
ACCEPTANCE AND APPOINTMENT OF INTERNS

Graduate students who apply for acceptance to the Psychology Internship Program must come from an APA accredited doctoral program in Clinical, Counseling, or School Psychology. Applicants must have completed a minimum of three years of graduate training, which has included formal clinical and educational experiences in evaluation, assessment, and intervention as well as relevant experience with research.

Applicants are required to complete the AAPI, provide the appropriate transcripts documenting their graduate education in psychology, and three letters of recommendation. An applicant’s Director of Training must indicate on the AAPI that the applicant is prepared to apply for internship. Deadline for submission of materials is November 15th of each year.

Applications are firstly reviewed by the Training Director and Supervisors to ascertain whether minimal requirements noted above are met. Applications are then reviewed by the Internship Executive Committee (IEC). A majority vote is utilized to determine which applicants will progress to the next stage of recruitment.

The IEC meets at the end of November to determine which applicants will be invited for interviews. All qualified applicants of an under-represented group will be offered an interview in an attempt to ensure ideal diversity of our internship class.

For those applicants offered an interview, they will be given a choice of two dates in January to come to Easterseals Rehabilitation Center to meet with faculty and tour the training facilities. Each applicant will engage in individual interviews with at least two faculty members who will complete formal evaluations after this occurs.

After the interviews are completed, the IEC will meet to discuss the applicants and develop rank order lists for the internship slots. All actions of the IEC will be consistent with APPIC policies, which are reviewed prior to the start of the admissions cycle. Interns who are accepted into the program will receive an appointment with Easterseals Rehabilitation Center (ESRC) for 12 calendar months starting on July 1st and ending on June 30th. Consistent with ESRC policies, all interns will be responsible for completing the following items upon acceptance of the internship opportunity.

POST ACCEPTANCE

1) Complete and sign the employment application
2) Complete and sign disclosures authorizing ESRC to conduct background and reference checks
3) Provide a current copy of your curriculum vitae
4) Provide a list of references to include personal, professional, and employer references

PRE-HIRE SCREENING

A member of the Human Resources team will work with the intern candidate to schedule an appointment time for all pre-hire screenings, which will include a TB test, drug screen, nursing assessment, and Pre-Work screen. A list of immunizations will also be required. In most cases, screenings are completed at ESRC facilities. In the event the onsite drug screen is inconclusive, interns will be sent to an offsite facility for further testing. Completion of all pre-screenings with a passed result is a prerequisite for continuation in the hiring process.

ORIENTATION

Upon successful completion of the pre-hire process, interns will be scheduled for an Orientation. Interns will need to bring the following items with them to their scheduled date:

1) Employment verification documents from the list provided.
2) Copy of diploma
3) Voided check for inclusion with direct deposit
4) Copy of transcripts

During their term, intern clinical activities conducted as part of their training will be covered by liability insurance maintained by ESRC. Interns will be paid 25,000 dollars per year, provided with health insurance, vision and dental insurance for the intern and family members, life insurance, short-term disability, and free on-campus parking. Termination of appointment will end at 12 months or when the training is deemed complete by the provision of the training and alternate plan, due to extenuating circumstances such as a leave. Early termination of the term may be accomplished as noted in the Corrective Action, Due Process, and Termination policy.
STATEMENT OF NON-DISCRIMINATION

As a means of creating an environment rich in knowledge, compassion, and empathy, the internship program actively seeks to recruit trainees from diverse backgrounds in addition to recruiting and retaining diverse faculty members over the long-term. The Easterseals Psychology Internship Program maintains the non-discrimination policies of ESRC and its affiliates, and does not engage in discrimination based on attributes of race, color, religion, national origin, sex, age, sexual orientation, gender identity and expression, or physical or mental disability. Further details can be found in the Affirmative Action/Equal Employment Opportunity statement in the ESRC handbook.

The Psychology Internship Training program adheres to the Americans with Disabilities Act of 1990 and will provide adaptations to interns consistent with the ESRC policies so that they can perform the essential functions of their job. It is the Easter Seals Rehabilitation Center policy not to discriminate against qualified individuals with disabilities in regard to application procedures, hiring, advancement, discharge, compensation, training, or other terms, conditions, and privileges of employment. Additionally, the Americans with Disabilities Act (ADA) requires employers to reasonably accommodate qualified individuals with disabilities. It is the policy of the ESRC to comply with all federal, state, and local laws concerning the employment of persons with disabilities.

The Psychology Internship program is focused on achieving as much diversity as possible in each of the internship terms. Emphasis will be placed on creating a supportive environment that maximizes opportunities for interns from a diverse background to succeed.

Further ESRC policies on these matters include the following:

EQUAL EMPLOYMENT OPPORTUNITY

The Easter Seals Rehabilitation Center and its affiliates prohibit discrimination against employees and applicants for employment. The ESRC does not discriminate based on race, color, religion, sex, sexual orientation, age, national origin, physical or mental disability, military status, disabled military status or any other basis prohibited by law. In compliance with the law, the ESRC will make reasonable accommodations for employees with mental or physical disabilities. This policy also protects gender identity and expression.

SERVICE NONDISCRIMINATION
The Easter Seals Rehabilitation Center provides services without regard to race, color, religion, sex, sexual orientation, age, national origin, physical or mental disability (within the scope of our services), military status, disabled military status or any other basis prohibited by law as well as gender identity and expression.

CULTURAL COMPETENCY AND DIVERSITY PLAN

The Easter Seals Rehabilitation Center values and respects the diversity of our communities and recognizes that this diversity enriches our lives and the lives of our clients, consumers, employees, and other stakeholders. It is our intention to recognize, respect and address the needs, worth, customs, beliefs and values of all clients, consumers, employees, and other stakeholders. There are numerous areas of diversity; however, for the purpose of this plan diverse needs will be based on consideration of the following: age, gender, gender identity, color, sexual orientation, religion, socio-economic status, language, disability, national origin, race, marital status, and personal characteristics.

We as an agency have created a Cultural Competency & Diversity Plan that addresses our goal to increase awareness of cultural diversity within our agency and promote policies and practices that lead our organization in the direction of equality and accessibility. The Cultural Competency & Diversity Plan addresses cultural competency within the agency and staff by utilizing the following guiding elements:

Diversity of Employees

The ESRC does not discriminate with regards to culture, age, gender, sexual orientation, spiritual beliefs, and socio-economic status. The ESRC ensures there is training for staff to improve understanding of and sensitivity to our culturally diverse population, and increase competency in serving those individuals.

Education

Employees will receive ongoing education regarding the Cultural Competency Program through their initial and annual training.

Linguistic Services

The ESRC will identify individuals that have potential language issues for which alternative communication methods are needed. Staff will use Relay Indiana to communicate with the hearing impaired when needed. When necessary, individuals may receive interpreter services at no cost. Interpreter services available include verbal translation, verbal interpretation for those with limited English proficiency, and sign language for the hearing impaired. These services will be provided by qualified vendors.
FACULTY AND PROGRAM EVALUATION

Consistent, formal evaluation of the Psychology Internship Program will occur to ensure sustained, highly-quality programmatic goals and a clear commitment and respect for diversity. Interns will complete a formal, written evaluation of all supervisors, rotations, and each didactic training activity. Each intern will also be expected to complete an evaluation of the Training Director and the entire internship at the end of the training year.

All evaluations will be regularly reviewed by the Internship Executive Committee. Information from these reviews, including summary evaluation data, will be utilized by the faculty to make suitable changes to the combined structure of the internship, including rotations, educational components, policies, and procedures.

Individual faculty evaluations are considered confidential. They are only made available to that particular faculty member, members of the Internship Executive Committee, the Training Director, and the Vice President of the Department of Psychology & Wellness. Information received from these evaluations will be utilized to continue to help faculty members improve in their role as educators and supervisors.
RECORDS RETENTION POLICY

Accurate records of the interns training experience, including evaluations and certificates of completion, will be kept in the Department of Psychology & Wellness at Easterseals Rehabilitation Center. This record-keeping is designed to provide verification of an intern’s training experience, including evaluations and other important documents, for purposes of licensure and credentialing issues.

Hard copies of the files will be kept for 2 years. At the same time, all records will be kept electronically indefinitely. Records will be retained in a relational database, accessed through a cloud-based app. Documents will be uploaded to this database as they are created and tied both to employees and to specific assessment items. Assessment items will carry additional metadata such as scores, review dates, location of original paper documents, etc.

This arrangement provides for robust security and backup features: the app is accessed via https encrypted protocol, with credentials managed by Windows Active Directory. Security features on the app include the ability to restrict users to viewing only appropriate information about students, according to that user’s role with regard to the program. Restrictions on which students may be viewed are also available. The server for this app is located on-premises and backed up daily both to a backup server and to tape. Every week, tapes are cycled between two locations in the city to provide for disaster recovery readiness.
COMMUNICATION WITH DIRECTORS OF CLINICAL TRAINING

A formal update with the Directors’ of Clinical Training (DCT) at the interns' home doctoral program will occur at a minimum of twice a term, including during mid-term and end of training. This will occur in the form of a written evaluation sent to the DCT. Other communications will occur in whatever form is needed if concerns arise, at a frequency that matches the particular needs of the situation.