



Predoctoral Internship Training Handbook

Introduction

Daily Behavioral Health is a small corporation that was created in September of 2004. We are a Christian pediatric behavioral health practice that provides psychological services for children and adolescents with various medical conditions, developmental disabilities, and other special needs. Our desire is to provide comprehensive treatment and specialized services for youth within the family, school, church, hospital, and community systems.

Daily Behavioral Health operates out of 6,000 square foot building that has 10 treatment rooms, multiple waiting rooms, and several large meeting rooms. Our staff includes 5 licensed psychologists, one postdoctoral fellow, and two predoctoral interns. We typically service over 500 families a year, with client ages ranging from 18 months to 21 years of age. Most of our patients are referred from community pediatricians, local hospitals, schools, and churches. In addition, Daily Behavioral Health works closely with Inner Health Ministries Child Center (IHM Child Center), which is Christian nonprofit 501(c) 3 organization that provides afterschool programs/social skills classes, summer treatment programs, and parenting workshops to families of children with autism spectrum disorders, disruptive behavior disorders, and other special needs. Both Daily Behavioral Health and IHM Child Center operate out of the same building and were founded and currently directed by the same Chief Psychologist, Dr. Cara Marker Daily.

Daily Behavioral Health offers a wide range of comprehensive research-based services, including:

- Psychological Assessment
- Individual and Family Treatment
- Group Treatment
- School, Hospital, and/or Church Consultations
- Educational Programs
- Research/Grant Writing
- Professional Presentations

We specialize in providing psychological services for:

- Autism Spectrum Disorders
- Acute and Chronic Pain
- Coping with Chronic Illness
- Adherence with Medications
- Sleep Difficulties
- Anxiety
- Stress Management
- Depression
- Parenting Skills
- ADHD and Disruptive Behavior Disorders
- Learning Disabilities

Autism Spectrum Disorders

Daily Behavioral Health's largest clientele population are children with autism spectrum disorders. All of our staff are trained in comprehensive diagnostic evaluations, which typically take six to eight hours. Our comprehensive evaluations include assessment of cognitive ability, academic achievement, behavioral and social-emotional functioning, and adaptive behavior in conjunction with specific autism rating and assessment scales.

Most of our staff also have expertise in special education law and regularly consult schools in comprehensive diagnostic evaluations, functional behavioral assessments, behavior consultation, Individualized Education Program (IEP) consultation, and compliance with special education law.

All of our psychologists are trained in behavior therapy, which is supported by research as being effective in teaching new skills to children with autism spectrum disorders. We offer intensive outpatient behavioral therapy services and home-based applied behavior analysis (ABA) programs. Other forms of treatment that we provide include social skills training and cognitive-behavioral therapy to teach stress and anger management. We also offer home-based behavior consultation services in addition to consultation in the school, church, and hospital settings.

Overview of Predoctoral Internship

Daily Behavioral Health offers a 12 month, 40-hour per week, predoctoral internship program specializing in pediatric, clinical, and school psychology. Interns will receive training in evaluation and treatment of children with chronic medical conditions, pervasive developmental disorders, and disruptive behavior disorders. Responsibilities include outpatient psychological assessment, individual and group treatment, and physician and school consultation. Opportunities for teaching and research are also available. The internship starts September 1st and will employ two interns. Interns are expected to complete 2000 hours of the internship program. After successful completion of the program, interns will receive a certificate of completion in "pediatric psychology". At this time, we are not an APPIC member, although we will be applying for membership during the 2009-2010 training year.

Internship Training Model

The predoctoral internship at Daily Behavioral Health is based on a scientist-practitioner model. Our mission is to train interns to use research-based practice in their day-to-day clinical work. This is accomplished through using scientifically valid methods and techniques with clients, and informing clients of scientifically-based findings and approaches to their problems. Conducting practice-based research is encouraged, although it is optional during the internship year so that interns have sufficient time to complete their doctoral dissertations.

Internship Training Goal and Objectives

The goal of the predoctoral internship program at Daily Behavioral Health is for interns to be prepared for the practice of professional psychology by demonstrating competency in four major areas: assessment, treatment, consultation, and professional development. The objectives of the program include:

- Objective 1: Intern will gain experience and competency in comprehensive assessment, including:
- ADHD Assessment
 - Social-Emotional Personality Assessment
 - Autism Assessment
 - Infant and Preschool Assessment
 - Pediatric/Health Assessment

Objective 2: Intern will gain experience and competency in research-based treatment, including:

- Behavioral Treatment
- Cognitive-Behavioral Treatment
- Family Therapy
- Group Therapy/Social Skills Training

Objective 3: Intern will gain experience and competency in school and physician consultation

Objective 4: Intern will gain experience and competency in ethics, diversity issues, and other professional topics, including, but not limited to:

- Special Education Law
- Life Threatening Cases
- Cultural Diversity Issues
- Supervisee/Supervisor Relationship

Objective 5: Intern will gain optional experience in research and teaching

All training experiences will be provided in the same outpatient setting, although interns will be exposed to school and hospital settings as a result of school and physician consultation. Interns will receive 2 hours of didactic courses a week, three to four hours of supervision (with a minimum of two hours one-on-one), and four hours of protected research time to complete their dissertation or other research projects.

Didactic Courses

All didactic courses are two hours long and are held every Friday from 12noon to 2pm in the conference room. A tentative schedule for the 2010-2011 training year is below.

- Assessment
 - Sept 3 – Business Meeting - 12noon – Introduction of Predoctoral Interns to All Staff
 - Sept 3 – Understanding Private Practice and CPT Codes – Dr. Daily
 - Sept 10 – DSM-IV – Dr. Pohlman
 - Sept 17 – ADHD/LD Assessment – Dr. Emick
 - Sept 24 - Social-Emotional/Personality Assessment – Dr. Cunningham
 - Oct 1 – Business Meeting
 - Oct. 8, 15, 22, 29 - Autism Assessment – Dr. Daily and Dr. Cunningham
 - Rating Scales (CARS, GARS, GADS) and ADOS – Dr. Daily
 - Additional Instruments/Procedures (IQ, Achievement, Observations, Adaptive Behavior, etc.) – Dr. Cunningham
 - Nov 5 – Business Meeting
 - Nov 12, 19 - Infant and Preschool Assessment – Dr. Emick
 - Battelle Developmental Inventory
 - DAS-II
 - Additional Screeners/Instruments (SB-V, Denver, Bayley)
 - Dec. 3 – Business Meeting
 - Dec. 10 - Pediatric/Health Assessment – Dr. Pohlman
 - Jan. 7, 2011 – Business Meeting
 - Treatment/Consultation
 - Jan. 14 – CBT Treatment –Dr. Emick
 - Jan 21, 28 - Autism Treatment – Dr. Daily and Dr. Cunningham
 - researched based therapy (e.g., ABA, PECS/speech therapy, etc.) – Dr. Daily

- social skills training- Dr. Cunningham
 - Feb. 4 – Business Meeting
 - Feb. 11 – Controversial Autism Therapies – Dr. Daily
 - Feb. 18 - School/Physician Consultation – Dr. Emick
 - Feb. 25 - Biofeedback – Dr. Pohlman
 - March 4 – Business Meeting
 - March 11 - Solution-Focused Family Therapy – Dr. Pohlman
- Ethics/Diversity/Professional Issues
 - March 18 - Special Education Law – Dr. Emick
 - March 25 - Life Threatening Cases – Abuse, Suicide, Homicide Issues – Dr. Pohlman
 - April 1 – Business Meeting
 - April 8 – Diversity Issues/Integrating Faith in Your Professional and Personal Life – Dr. Daily
- Research/Teaching
 - April 15 - Supervisor/Supervisee Relationships – Dr. Cunningham
 - April 22 – Good Friday – No Meeting
 - April 29 - Teaching Tips – Dr. Emick
 - May 6 – Business Meeting
 - May 13 - Research in the Clinical Setting – Dr. Cunningham
 - May 20 – Psychopharmacological Interventions – Dr. Purses
 - May 27 – No meeting
- Additional and/or Requested Topics (e.g., OCD, Tourettes/Tics, Sleep Issues, Toileting Issues)
 - June and July – Dr. Pohlman and Dr. Cunningham
- Predoctoral Interns and Postdoctoral Fellows Presentation of Dissertations/Research Projects
 - August

Supervision

Interns will receive supervision from a minimum of three supervisors. Supervision will typically include 3 to 4 hours a week of individual supervision conducted by a licensed psychologist and then one hour of group supervision a week conducted by either a postdoctoral fellow or through peer group supervision. The ultimate clinical responsibility for cases lies upon the interns' identified licensed psychologist supervisors who will review and sign all progress notes, treatment plans, psychological evaluations, and other documents. All supervisors will observe at least one clinic visit with the interns' assigned patients. The supervisor's name is on all documents, including the interns' business cards. Interns will also have the opportunity for informal supervision from other professionals. For example, their group therapy rotation is supervised by a licensed psychologist, although their day to day interactions with clients in group therapy/social skills training is supervised by a masters level professional.

Supervisors: Cara Daily, Ph.D.
 Jessica Emick, Ph.D.
 Kristen Pohlman, Ph.D.
 Wendy Cunningham, Psy.D.

Dissertation/Research

Interns receive 4 hours of protected time a week for research. This will allow for interns to have time to complete their dissertations (if needed) or participate in other research projects. Interns are also encouraged to participate in local, state, or national conferences (e.g., APA, NASP, Ohio Psychological Association, Cleveland Psychological Association, etc.).

Major Rotations

Interns will complete two major rotations, one in assessment and one in treatment/consultation. Both rotations will occur simultaneously, with a heavier assessment focus during the first four months of the internship. From September to December, interns will spend approximately 8 to 12 hours a week in an assessment rotation, 6 hours a week conducting group therapy, and four to 8 hours a week in a treatment/consultation rotation. In January, the interns will add an additional 4 hours of treatment to the schedule in place of four hours of assessment. Interns will spend approximately 35% to 55% of their time in face-to-face psychological services to patients.

Sample Weekly Schedule

September - December

Monday	Tuesday	Wednesday	Thursday	Friday
1 hour supervision	1 hour supervision	1 hour supervision	1 hour supervision	2 hours didactic
4 hours assessment rotation	4 hours treatment rotation	4 hours assessment rotation	4 hours assessment or treatment rotation	1 hour group supervision
2 hours group therapy	2 hours group therapy	2 hours group therapy	Professional Time	4 hours research

January - August

Monday	Tuesday	Wednesday	Thursday	Friday
1 hour supervision	1 hour supervision	1 hour supervision	1 hour supervision	2 hours didactic
4 hours assessment rotation	4 hours treatment rotation	4 hours assessment or treatment rotation	4 hours assessment or treatment rotation	1 hour group supervision
2 hours group therapy	2 hours group therapy	2 hours group therapy	Professional Time	4 hours research

Compensation/Benefits

Interns will be compensated for their work through a stipend. The amount of the stipend and the availability of health benefits are reviewed for each internship year. Interns will be compensated on a bi-weekly basis. Half of the internship is funded through Daily Behavioral Health and the other half is funded through Inner Health Ministries Child Center (IHM Child Center). Each intern is responsible for submitting a weekly log of their internship hour to the internship Training Director, Dr. Cara Daily. Stipends are taxable based on applicable tax laws.

2009-2010 Stipend: \$12,000.

Other Benefits:

Vacation: 2 weeks (10 days) + Holidays

Sick Leave: PRN

Comp Time: PRN

Dissertation Release Time: PRN - 4 hours per week of protected time

Licensing Exam Release Time: PRN

Professional Development Time: 2 hours per week of protected time

Other: No Health/Dental Benefits

Due Process

Daily Behavioral Health adheres to the following guidelines regarding due process for predoctoral interns. This document will serve to outline guidelines for the evaluation of interns, grievance procedures and possible remediation plans for areas which have been identified to be problematic.

Evaluation

Interns are formally evaluated by each supervisor at 6 months and 12 months during the training year or more frequently as needed if a supervisor has significant concerns. Supervisors are encouraged to provide informal feedback on a trainee's progress on a regular basis during individual supervision sessions. Additionally, trainees are encouraged to communicate their individual needs for feedback to their primary supervisor throughout the training year and again formally at 6 months and 12 months during the training year. The intern is evaluated using the evaluation form created by Janet Willer, Ph.D. at VA Chicago Health Care System. This form is attached is Appendix A.

Professional Standards

Interns are 12 month employees of Daily Behavioral Health and are expected to act at all times within the bounds of the APA Ethical Principles of Psychologists and Codes of Conduct and within the bounds of the laws and regulations of the State of Ohio. Interns must demonstrate adequate proficiency in all competency areas defined in the intern's designated evaluation form. If an intern does not demonstrate adequate proficiency then the Guidelines for Responding to Trainee Competency and/or Performance Concerns should be followed.

Guidelines for Responding to Trainee Competency and/or Performance Concerns

Trainee competency and/or performance concerns may be identified by any of the intern's supervisors at any point during the training year. Any concerns about an intern's behavior should first be discussed directly with the intern and then the Training Director should be informed about the discussion. If a significant concern is brought to the attention of one of the Training Directors and it is assessed that remedial action is necessary, then the intern will be asked to meet with their supervisor and training director to discuss the concern and to reach an agreement as to what action should be taken. The intern may invite another staff member to the meeting to act as an advocate for the intern. A written remedial plan of what the concerns are, the steps in which the intern must take to resolve the concerns, a timeline for those steps, and a method of evaluation to assess the intern's progress towards change will be produced during the discussion. Both the training director and intern are to sign the written statement, a copy is to be given to the intern, and a copy is to be placed in the intern's file.

Probation

Formal probation of an intern may be implemented when serious concerns emerge about an intern's competence, professionalism, emotional stability, or ethics. The most common reasons for probation may include failure to make adequate progress on the written remedial document, significant emotional instability, or a serious violation against APA Ethical Principles of Psychologists and Codes of Conduct or the laws and regulations of the State of Ohio. In this event, the intern will be placed on probation for a specified period of time during which his/her behavior will be closely monitored by the primary supervisor in consultation with the rest of the training staff. Probation will be decided upon by the Co-Training Director, the intern's supervisor, and Chief Psychologist, after a meeting with the intern. A written remedial plan will be created as described above. Regularly scheduled evaluation sessions with the intern, supervisor, Co-Training Director, and Chief Psychologist will be scheduled. Removal of the intern from probation will be contingent upon progress toward the written remedial plan and based upon the meeting of those involved in the evaluation sessions. The intern's home program shall be notified in writing of this remedial plan and the intern's probation status. Failure to

make progress toward the written remedial plan can result in continued probation status, negative evaluation of the intern, suspension or dismissal.

Suspension or dismissal

In cases that involve illegal and/or unethical activity (severe violations of APA Ethical Principles of Psychologists and Codes of Conduct or the laws and regulations of the State of Ohio) decisions of suspension or dismissal will be made by the entire training staff and subject to the approval of the Co-Training Director and Chief Psychologist. Written documentation will be given to the intern. The intern will be notified immediately and will be provided with a copy of the documentation and informed of grievance and appeal procedures. If the decision is made to suspend the intern, one of the Directors of Training will send written notification of this action to the intern's home training program within two working days of the decision and also contact the student's advisor by phone. Suspension would take the form of a required leave of absence from the Center; dismissal means that the intern would be terminated from the training program. In either case, Daily Behavioral Health will make recommendations to the home training program regarding further remediation and/or a career shift.

Due Process

If the intern is in disagreement with any aspect of the written remedial plan, probation, suspension, or dismissal procedures, she/he may utilize the designated intern grievance procedures.

Grievance Procedures

If an intern has any concerns with a staff member, supervisor, or a policy during the training year, the intern is expected to address that concern directly to the person(s) involved. If the intern is still dissatisfied or unable to resolve the concern through a discussion with that person, then one of the Training Directors will meet with both parties to provide mediation and a plan for resolution. If one of the Training Directors is the person who the concern is with, then the other Training Director or Chief Psychologist will meet with both parties to provide mediation and a plan for resolution. The intern may invite another staff member to the meeting to act as an advocate for the intern.

If resolution still has not been achieved, the intern may request a grievance committee, composed of three staff members or supervisors, one chosen by the intern. Within 30 days, the grievance committee will gather information regarding the grievance, inform the intern of their findings, and offer recommendations to one of the Directors of Training (or the Chief Psychologist if the Director of Training is involved in the issue). Should the intern disagree with the decision, he/she can take the issue to the Chief Psychologist who will review the information and make a final decision.

Staff Information

Chief Psychologist/Training Director

Cara Marker Daily, Ph.D.

Dr. Cara Marker Daily currently serves as the training program director and is licensed in the state of Ohio. Dr. Daily is on-site more than 20 hours a week and directs and organizes the training program and its resources, is responsible for the selection of interns, monitors and evaluates the training programs' goals and objectives, and documents and maintains intern's training records.

Full-Time Licensed Doctoral Level Psychologists on Staff

Cara Marker Daily, Ph.D.; Ohio License #5969 – Chief Psychologist/Training Director

Dr. Daily is a licensed Pediatric Psychologist and owner of Daily Behavioral Health, Inc. She is also the founder and executive director of Inner Health Ministries Child Center. Dr. Daily received her Ph.D. in School

Psychology at the University of South Carolina, and completed an internship in Pediatric Psychology at the Children's Hospital of Philadelphia and a postdoctoral fellowship in Pediatric Psychology at The Children's Hospital at The Cleveland Clinic. Dr. Daily is a member of the Department of Pediatrics at Fairview Hospital and a member of the American Psychological Association, the Ohio Psychological Association, the Society of Pediatric Psychology, and the Christian Association of Psychological Studies.

Jessica Emick, Ph.D.; Ohio License #6467 – Co-Training Director for 2009-2010

Dr. Jessica Emick is a licensed Pediatric Psychologist. She received her Master of Arts degree in Neuropsychology from the University of Northern Colorado and her Ph.D in School Psychology from the University of Maryland, College Park. Dr. Emick completed her predoctoral internship at Clark County School District with specialties in autism and second language learners. She completed a one year post-doctoral fellowship in Pediatric Psychology at Daily Behavioral Health. She is a consultant for Riverside Publishing Company and frequently presents on topics related to assessment and early childhood development. Her clinical areas of interest include Anxiety Disorders, Autistic Spectrum Disorders, Attention Deficit Hyperactivity Disorder, and behavioral disorders. She is a member of the American Psychological Association, the Ohio Psychological Association, and Ohio Women in Psychology.

Wendy Cunningham, Psy.D.; Illinois License #71007421, Ohio License # TBA – Co-Training Director for 2010-2011

Dr. Wendy Cunningham is a licensed clinical psychologist. She received her Masters of Arts and Doctor of Psychology degrees in Clinical Psychology from the Illinois School of Professional Psychology with a specialization in Child and Adolescent Development. In addition to degrees in psychology, she also has received a degree in medical science. Dr. Cunningham completed her internship with Franciscan Hospital for Children in Boston and her postdoctoral fellowship with Edward Hospital/Linden Oaks in Naperville, Illinois. She has experience working with a diverse population of children and families in a wide range of settings, including medical and rehabilitation hospitals in Chicago and Boston, specialization medical/psychological clinics such as Children's Research Triangle, therapeutic and public schools, and private practice. She specializes in working with children and adolescents presenting with a wide range of developmental, learning, social, and emotional problems. Additional activities and areas of interest include creating training and staff development programs, teaching, and research. She has presented in various settings on topics such as prenatal substance exposure, effects of trauma on brain development and learning, and Pervasive Developmental Disorders. She also has formal training and has been active in curriculum development for intervention/prevention programs. She is currently a member of the American Psychological Association.

Part-Time Licensed Doctoral Level Psychologists on Staff

Farrah Thomas, Psy.D.; Ohio License #6366

Dr. Farrah Thomas is a licensed Clinical Psychologist. She received her Psy.D. in Clinical Psychology from The Chicago School of Professional Psychology in 2005. Dr. Thomas completed a pre-doctoral rotating health psychology internship (Cardiology/Transplant/Bioethics, Pain Management, and General Medicine) at Louis Stokes Cleveland Department of Veterans Affairs. She recently completed a 2 year post-doctoral fellowship in Health Psychology at The Cleveland Clinic (Department of Neurology - Multiple Sclerosis and Epilepsy). Dr. Thomas is a member of the American Psychological Association and is recognized by the National Register of Health Service Providers in Psychology. She is also a member of the Department of Pediatrics at Fairview Hospital. Her clinical areas of interest included children and adolescents with chronic physical illnesses, Autistic Spectrum Disorders, Attention Deficit Hyperactivity Disorder, and behavioral disorders.

Part-Time Board Certified Psychiatrists on Staff

Jennifer Purses, D.O.

Dr. Purses is a board certified psychiatrist who is also board eligible in child & adolescent psychiatry. She received her D.O. from Chicago College of Osteopathic Medicine at Midwestern University in 2004. Dr. Purses completed both her residency in general psychiatry and her fellowship in child & adolescent psychiatry at the Institute of Living/Hartford Hospital in Hartford, CT where she served as chief resident in the child & adolescent program. Dr. Purses is a member for the American Academy of Child & Adolescent Psychiatry where she serves on the Committee on Psychotherapy, the American Psychiatric Association, and the Christian Medical and Dental Association. Her professional and academic interests include psychotherapy, anxiety disorders, and issues of trauma, grief, and loss.

Other Professionals

Kristen Pohlman, Ph.D.; Ohio License # TBA

Dr. Kristen Pohlman is currently finishing a two-year clinical fellowship at Daily Behavioral Health and plans to be licensed as a clinical psychologist at Daily Behavioral Health in the fall of 2009. She received her undergraduate degree from Ohio University, her master's degree from Xavier University and her Ph. D. in Clinical Psychology from the University of Detroit Mercy in Detroit Michigan. Dr. Pohlman completed an APA approved Health Psychology internship at Henry Ford Hospital with specialties in the areas of transplant medicine and general consultation- liaison services. Her dissertation research was in the area of sibling helping behavior.

Susan Frantz, M.A. – Afterschool Program/Social Skills Training Coordinator

Application Process

Application Due Date: December 1st

Applicant Requirements:

- Comprehensive Exam Passed
- Dissertation Proposal Approved
- Minimum of 1200 Total Practicum Hours

Required Application Materials:

- Cover Letter
- Curriculum Vitae
- AAPI (APPIC Application for Psychology Internship)
- Graduate School Transcript(s)
- Director of Training Letter of Eligibility and Readiness
- 3 Letters of Recommendation
- Sample Psychological Evaluation Report of ADHD, LD, or PDD

Interested applicants should the required application materials to: Dr. Cara Marker Daily, Daily Behavioral Health, 14538 Grapeland Avenue, Cleveland, Ohio 44111, caradaily@gmail.com, or fax to 216-252-1409. For further information, call 216-252-1399 or visit our website: dailybh.com.

Applications will be reviewed by the Internship Training Director and at least one other training supervisor, who will rank order applicants based upon their training experiences and overall fit for the internship program at Daily Behavioral Health. Applicants will then be notified via email on or before December 15th as to whether they have been selected for an interview. Interviews will be conducted on Friday, January 8th. If applicants are unable to attend interview day, phone interviews can be conducted. Daily Behavioral

Health adheres to the APPIC Internship Matching Program Policies regarding the selection and notification of applicants.

**APPENDIX A
PSYCHOLOGY TRAINEE COMPETENCY ASSESSMENT FORM**

Trainee _____ Supervisor _____ Rotation 1 2 3 OR Sept-Feb Mar-Aug
 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.

NA 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.

NA 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. Judgment 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.

NA 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.

- E Receptive to supervisory input to develop own skills in administration.
- R 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 multiaxial 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 MMPI-2.

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 MMPI-2.

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.

NA 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

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.

NA 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

NA 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.

- NA 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

- NA 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