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**GEO Care, Inc.**  
**South Florida State Hospital**

**Predoctoral Psychology**  
**Internship Policies and Procedures Manual**

**August 2010**

# **GEO Care Inc. /South Florida State Hospital**

## **Predoctoral Psychology Internship Policies and Procedures Manual**

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## **Introduction**

Welcome to GEO Care/South Florida State Hospital. We are happy to have you join the Department of Psychology and hope this internship year will be one of enjoyment as well as professional exploration and growth. Please note that this manual provides specific information necessary for all interns and is considered to be a supplement to, not a replacement of, the rules and guidelines contained in the GEO Care/South Florida State Hospital Employee Handbook and the American Psychological Association's Code of Ethics. Our program is accredited, on probation, by the American Psychological Association (APA) and the accreditation status of this program can be obtained from the APA Office of Program Consultation & Accreditation, 750 First Street NE, Washington, DC, 20002-4242, (202) 336-5979, and at its website [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation).

We are also a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). We abide by APA and APPIC policies as well as participate in the APPIC Internship Matching Program. Applications and the Applicant Agreement can be obtained from the APPIC Web site at [www.appic.org](http://www.appic.org). Our program code is 1211. We have three funded Internship positions. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

## **General Overview**

South Florida State hospital is a privately run 350-bed state psychiatric hospital. The emphasis of treatment here is Role Recovery, which focuses upon assisting the person served (patient) to find more adaptive and productive ways of interacting in and with the world. This psychiatric rehabilitation model stresses the active involvement of the person served as opposed to the traditional medical model that left the "patient" passive while the doctor and treatment team "acted" on his/her behalf. The staff's task in this treatment is to help persons served become motivated, clarify their values and make life choices based upon those values in order to reestablish their role in life outside of a psychiatric hospital. However, what is consistent with the traditional medical model is that the psychiatrist is the head of the treatment team and initiates the involvement of the Psychology Department through referrals. The psychology department then fulfills the roles of consultant, therapist, assessor, and behavioral analyst. We offer support to the treatment teams and the persons served.

## **Psychology Internship Mission**

Internship training takes place within the Scholar-Practitioner model with a goal of producing ethical clinicians who can integrate science with practice, are multiculturally sensitive, and provide quality assessment, diagnosis and empirically based interventions to a severely and persistently mentally ill adult inpatient population. Through didactic training and supervised practice, you will increase your knowledge and proficiency in the application of general psychological principles and will have an opportunity to work with a culturally diverse population. Through rotations, you will have the opportunity to build specialized skills in the areas of forensics, cognitive assessment, and specialized behavioral treatment plans.

Throughout training, you will be included as a contributing member of the hospital's multidisciplinary team. Responsibility for professional decision-making grows as your clinical skills are demonstrated and refined. However, your primary role remains that of trainee, and supervision and training is a top priority of this program.

## Stipend, Hours and Time Off

You are expected to begin your workday at 8:00 AM, conclude it at 4:30 PM and are entitled to 30 minutes of lunch in the middle of the day. You are expected to be at the hospital during these hours unless you have received explicit permission from the Director of Training and/or your Coordinating Supervisor. When you are sick or will otherwise be absent, you should directly notify your Coordinating Supervisor by telephone by 8:00 a.m. Make sure you speak to a live person when calling sick or running late. In addition, if you are running late and will be later than 8:15 a.m., please call your coordinating supervisor or training director to inform them of such. You are expected, of course, to act as the professionals you are and arrive on time.

Interns are considered temporary employees at Geo Care/SFSH and have a stipend of \$17,000 per year and are paid biweekly. Interns are eligible for health insurance benefits. It is expected that all interns will complete 2,000 hours onsite. You will receive all holidays observed by the hospital, 10 days of vacation, and up to six sick days. If additional leave is needed, this must be discussed with the Coordinating Supervisor and Director of Training, and you will be expected to make up the time lost during the internship year. You may choose to save some of your vacation days for the end of the internship year in case you choose to take time to interview for postdoctoral positions or jobs. All interns are given five days of professional leave (i.e., conferences), two of which can be allotted for dissertation defense, if applicable.

All time away from the hospital needs to be documented on a Time off Request sheet, submitted to the Coordinating Supervisor and approved by him/her.

## Orientation

You will be expected to attend the hospital orientation and the psychology orientation at the beginning of Internship. The hospital orientation takes place over several days and covers information necessary for safety and adequate work performance during the internship year.

You will also participate in a Psychology Department orientation presented by the Psychology Faculty. This orientation will provide an introduction to the program and an overview of some of the specific knowledge and skills, which will provide a strong foundation for growth and development during the year. You will then be assigned to a Coordinating Supervisor, with whom you will meet for an hour each week throughout the internship year. This supervisor will be your primary supervisor and will be responsible for collecting feedback from other supervisors and professional staff in order to provide evaluations to you and the director of training, whom will inform your home school.

After the orientations, you will be assigned an assessment case. You will spend the next week completing and interpreting a full psychological assessment battery with a person served while receiving close supervision from your Coordinating Supervisor and other psychology staff. This will allow supervisors to gain a clear view of your assessment strengths and weaknesses and will help you and the supervisor to construct, collaboratively, a set of goals tailored to your needs. Learning during the internship will occur in a developmental fashion. As the year progresses, your assignments will be increasingly complex and you will function with greater independence.

It is expected that during the first few weeks you will have many questions and/or concerns. Coordinating Supervisors and the Director of Training are always available outside formal supervision and training to answer any questions or concerns.

## Program Expectations

You will be expected to carry out the duties of the Department of Psychology as assigned to you by your Coordinating Supervisor, Rotation Supervisor or Adjunct Faculty. These duties include, but are not limited to, the following: individual and group therapy, consultations to the hospital units, full battery psychological assessments, and specialized behavioral plans. You may only take assignments/referrals from your supervisors and the Director of Training.

After the orientation phase is complete, each intern will begin the first of his or her three sixteen-week rotations, usually the first Monday in September. The rotations include a forensic rotation, a cognitive assessment rotation, and a specialized behavioral plan rotation. While on the rotation, you will meet for at least one hour of individual supervision per week with your rotation supervisor and will devote eight hours to that rotation's subspecialty.

The forensic rotation will give you the opportunity to evaluate and treat individuals who are Not Guilty by Reason of Insanity (NGI) or Incompetent to Proceed (ITP). You will perform competency evaluations and risk assessments, conduct competency and NGI groups, and will write reports to the court. The cognitive assessment rotation will be tailored to your interests, previous experience, and training needs. If you had training in neuropsychology and/or neuropsychological testing during graduate school, you will have the opportunity to do a number of full neuropsychological test batteries. If you have less background and/or interest in this area, you will focus more on cognitive screening and on learning a limited number of additional assessment instruments (e.g., the Wechsler Memory Scale). While on the specialized behavioral plan rotation you will learn to develop, implement, and track the effectiveness of individualized behavioral plans. You will help train staff in the implementation of the behavior plans. In addition, all interns will be conducting hospital-wide training twice a year, regarding implementation of behavior plans and interventions to decrease aggression among the mentally ill.

During the course of each rotation, you will also be expected to provide individual therapy (including DBT coaching) to 4-5 individuals (up to 5 hours of therapy per week), lead 2 groups, complete at least 3 assessment batteries, complete initial and annual psychological assessments, and develop and/or monitor specialized behavioral plans for persons served. In addition, you will be expected to provide consultations to the various hospital units as needed (mental status evaluation with a person served referred for psychological services).

Experience facilitating groups is a valuable and important training experience during the internship year. Thus, you will have the opportunity to have a variety of group experiences. While on the forensic rotation, you will co-lead groups for individuals who have been found Incompetent to Proceed and Not Guilty by Reason of Insanity. You will co-lead Dialectical Behavior Therapy groups when you are on the Specialized Behavior Plan Rotation. Finally, you will have the opportunity to lead a variety of psychotherapeutic groups or create a group, when you are on the Cognitive Assessment Rotation. In addition, you may lead other groups that will be determined based on your interests and the needs of the persons served in the hospital.

You will be able to spend up to two hours each week attending and participating in treatment team meetings on the various hospital units. This allows you to be an active participant in the multidisciplinary treatment process and to build on your clinical knowledge as well as your professional identity. An intern representative (on a rotating basis) comes to the psychology department meeting monthly. Also on a rotation basis, an intern runs a testing lab one half-day per week where objective personality tests are completed. Prior to the session, it is the referring psychology intern's responsibility to notify the intern in the testing lab what inventories will be completed and to make sure that arrangements are made to have their client transported to the testing session. The testing lab will run only when more than one person needs testing.

Thus, diversity of training is promoted through participation in three rotations, a variety of therapy and assessment experiences, interactions with the seven varied treatment units, and interaction with multiple supervisors and clinical staff throughout the hospital. You will have the opportunity to work with a diverse patient population and will be expected to show respect and sensitivity to individual differences involving culture, race, religion, and sexual orientation.

**The following is an approximation of a typical weekly schedule:**

- Monday Treatment team meetings, groups, specialized behavior plans, evaluations
- Tuesday 8-9: Case conference  
10-12 Treatment team meetings, behavior plans  
12:30-4:30 ½ day assessment  
(Every other Tuesday forensic group supervision for rotation intern ONLY)
- Wednesday (10:30 – 11:30 Grand Rounds when scheduled)  
11:45 – 12:15 DBT group supervision  
½ day assessment, ½ day rotation (including 1 hour supervision with rotation supervisor)
- Thursday 9-11:00 Seminar  
  
1/2 day rotation  
3:30 – 4:30 – cognitive assessment group supervision
- Friday 8:00 – 9:00 – behavior plan group supervision  
1 hr. individual supervision with coordinating supervisor  
Individual Therapy (4-6 hours)

**Supervision**

You will participate in at least two hours of individual face-to-face supervision with a licensed Psychologist each week. One hour will be with your Coordinating Supervisor, who will meet with you throughout the internship year to provide consistency and to allow for a perspective on your development over the year. All supervisors, including adjunct faculty will be responsible for your evaluation. You are expected to complete a weekly activity log and turn this in to your Coordinating Supervisor each week in supervision. In addition, you will provide written requests for time off to the Coordinating Supervisor. Collaboratively, you and the supervisor track the completion of clinical activities to make certain that you are keeping up with program requirements. Please bring the Rotation Tracking Sheet to each supervision session.

Another hour of individual supervision each week is provided by another psychologist and will emphasize the activities on your rotation. In addition, you will also receive two to three hours of group supervision (including a case conference and a DBT consultation meeting) and two hours or more of didactic training within the Psychology Department. The weekly didactic training covers a variety of subjects directly related to the field of Psychology. Some of the topics that will be taught in the didactic training include: multicultural education, research and practice; ethics; forensic psychology; neuropsychology; behavioral medicine; treatment strategies for severely and chronically mentally ill persons served; individualized behavioral planning; and personality assessment. An important part of this seminar is the examination and application of recent and relevant research articles to the practice of psychology. You are required to attend and **actively** participate in these important components of the internship program. Your level of participation will be evaluated at the end of each rotation. During the course of the year, you will frequently present cases (therapy, assessments, and behavior plans) at the case conference (at least one time every two months or so) and during group supervision. You will also present on a multicultural topic of your choice during the Psychology Seminar Series and will also choose, present, and critique a research article with an experimental design during one of the didactic trainings.

## Internship Training Goals

The primary goal of our internship program is fostering the development of psychologists who are competent to assess, diagnose, and treat adults with serious and persistent mental illness. Therefore, much of interns' time is spent in direct service to this population or in training focused on this topic. More specific goals, objectives and competencies include:

- Goal #1: To train interns to become competent and ethical professional psychologists who have the knowledge and skills to perform competent and ethical assessments with adults with serious and persistent mental illness in an inpatient setting. Objective: Interns will perform competent and ethical assessments.

Competencies Expected:

1. Interns will demonstrate intermediate to advanced skills in administering, scoring, interpreting, and writing integrative reports with individuals with serious mental illness.
2. Interns will demonstrate intermediate to advanced skills in making DSM-IV diagnoses with individuals with serious mental illness.
3. Interns will demonstrate intermediate to advanced skills in making coherent rationale for diagnosis.
4. Interns will demonstrate intermediate to advanced skills in noting and reporting based on an awareness of legal/ethical needs for documentation balanced by need for person served privacy.
5. Interns will demonstrate an awareness of ethical guidelines and concerns relating to standardized testing.

Outcome Measurement:

1. Supervisor ratings of intern progress in assessment.
2. Complete a minimum of 10 integrative reports, which include at least 3 forensic assessments, 3 cognitive screenings, and 1 initial assessment. The initial assessment is observed by a supervisor.

3. Attend and participate in seminars, which include extensive discussion of assessment instruments and procedures.
  4. Attend and participate in weekly individual and group supervision to discuss assessment issues.
  5. Present cases during case conferences in an ethical and competent manner, which require the integration of assessment findings.
- Goal #2: To train interns to become competent and ethical professional psychologists who have the knowledge and skills to perform competent and ethical therapy with adults with serious and persistent mental illness in an inpatient setting.
  - Objective: Interns will conduct therapy in a competent and ethical manner.  
Competencies Expected:
    1. Interns will demonstrate intermediate to advanced skills in conducting individual therapy with individuals with serious mental illness.
    2. Interns will demonstrate intermediate to advanced skills in conducting group therapy with individuals with serious mental illness and ability to work effectively with group co-leader.
    3. Interns will demonstrate intermediate to advanced skills in establishing realistic goals for the person served and make appropriate referrals.
    4. Interns will demonstrate intermediate to advanced skills in the ability to research and apply empirically supported practices with their individual and group therapy cases.

Outcome Measurement:

1. Supervisor ratings of intern progress in individual and group psychotherapy.
  2. Maintain a caseload of at least 4 individual therapy cases throughout the internship year.
  3. Lead two groups per rotation (including at least one DBT group during the year)
  4. Progress notes reflect awareness of ethical/legal needs for documentation balanced by need for persons served privacy.
  5. Document therapy progress notes for all sessions and file notes in a timely manner.
  6. Attend and participate in weekly individual and group supervision to discuss therapy issues.
  7. Prepare and give formal case presentations (including case conceptualization and treatment rationale and outcome measures).
- Goal #3: To train interns to become competent and ethical professional psychologists who have the knowledge and skills to design and implement behavior modification plans for adults with serious and persistent mental illness in an inpatient setting. Objective: Interns will design and implement behavioral plans in a competent and ethical manner.

Competencies Expected:

1. Interns will demonstrate intermediate to advanced skills in conducting a functional analysis for individuals with serious mental illness.
2. Interns will demonstrate intermediate to advanced skills in developing behavioral plans with individuals with serious mental illness.
3. Interns will demonstrate intermediate to advanced skills in tracking the effectiveness of behavioral analyses.
4. Interns will demonstrate intermediate to advanced skills in utilizing ethical and legal interventions during behavioral plan implementation.

5. Interns will demonstrate intermediate to advanced skills in training hospital's staff in the behavioral principles and implementation of behavioral plans.
6. Interns will demonstrate intermediate to advanced skills in working with multidisciplinary treatment teams in the development, implementation and follow-up of behavioral plans.

Outcome Measurement:

1. Supervisor ratings of interns in specialized behavioral plans.
  2. Design at least 4 Specialized Behavioral Plans for individuals with behavior problems.
  3. Perform functional analyses of problem behaviors.
  4. Monitor and graph progress of target behaviors.
  5. Act as an ongoing consultant to treatment teams regarding the implementation of Specialized Behavioral Plans.
- Goal #4: To train interns to be sensitive to individual and cultural diversity. Objective: Interns will demonstrate knowledge and sensitivity about issues of diversity in all of their clinical work.

Competencies Expected:

1. Interns will demonstrate intermediate to advanced skills in awareness of cultural/diversity issues in relating to persons served (i.e., impact of person served and therapist race, ethnicity, gender, age, etc.).
2. Interns will demonstrate intermediate to advanced skills in awareness of cultural/diversity issues relating to assessment, diagnosis, and treatment.

Outcome Measurement:

1. Supervisor ratings of interns awareness of cultural/diversity issues.
  2. Attend and participate in weekly individual and group supervision to discuss diversity issues and discuss diversity topics in seminar.
  3. Make a formal presentation in seminar on a topic related to cultural diversity.
  4. Make two formal case presentations (in seminar and group supervision), which reflect knowledge about and sensitivity to individual and cultural diversity.
- Goal #5: To train interns to provide competent consultations in a multidisciplinary setting. Objectives: (1) Interns will demonstrate intermediate to advanced skills in providing timely, useful, and informative consults to hospital treatment teams. (2) Interns will participate appropriately and productively in hospital multidisciplinary treatment team discussions.

Competencies Expected:

1. Complete approximately one consultation per week.
2. Attend and participate in regular treatment team meetings for therapy, assessment and behavioral plan cases.
3. Maintain regular communication with treatment team staff for ongoing therapy, assessment, and behavioral plan cases.

Outcome Measurement:

1. Supervisor ratings (based partially on feedback from hospital professional staff).

The competency rating descriptors are as follows:

- 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.

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. The end of year evaluation should have at least 80% of competency areas 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 what 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., forensic rotation.

## Setting and Population

The 350-bed hospital, constructed in 2000, is made up of seven separate units with 45 to 55 beds each. The hospital campus is spread over 38 acres. The patients, referred to as "persons served," represent a broad spectrum of personal characteristics, backgrounds and mental health needs. Many persons served are members of chronically underserved populations due to their severe and persistent mental illness, cultural/ethnic heritages and rural or inner city living circumstances. Treatment planning for each person served is organized around the empirically based psychiatric rehabilitation concepts promulgated by William A. Anthony, Ph.D.

### Civil

GEO Care/South Florida State Hospital is a civil hospital that provides services to adults of all ages from many cultural backgrounds. Most of the persons served in this facility have been committed for treatment pursuant to Florida's civil commitment statute, known as the Baker Act. These persons served represent a broad spectrum of Axis I and Axis II disorders with the most frequent diagnoses being major thought and affective disorders, severe personality disorders (primary borderline) and substance abuse/dependence. Psychology staff and interns are responsible for assessment, individual and group psychotherapy, behavioral planning, training of and consultation with direct care staff, as well as participation in the interdisciplinary treatment teams.

A brief description of each of the units follows:

Las Olas, Okeechobee, Everglades and Tequesta are all 50+-bed general population male units. Royal Palm and Sanibel are both 50+ bed female general population unit.

Vizcaya is the geriatric coed unit. It houses the elderly and some physically vulnerable persons served. Due to the physical limitations of the persons served and the difficulty ambulating to the Town Center, programs (such as music and art therapy) are usually offered on the unit. This unit offers opportunities to conduct neuropsychological batteries that help elucidate the nature of cognitive deficits and help the treatment team design effective recovery plans. The 10-bed Medical wing is located in this building and is used for acute medical conditions. Generally, persons served are here for brief periods of illness, although sometimes they have conditions that prevent them from returning to the general units. Psychology staff and interns conduct individual therapy with few of the persons served and help the staff provide support and comfort to the persons served housed there.

## Forensic

There are 55 step-down beds allocated for forensic persons served at GEO Care/ South Florida State Hospital. Generally, the persons served are from the 13 county service area and have been stepped-down from a secure forensic facility to this civil hospital, because they are regarded as no longer in need of a high security placement. There is no specific forensic unit, and the persons served are dispersed throughout the hospital units based on level of functioning and behavior.

The forensic persons served have been committed by the state criminal courts as Incompetent to Proceed (ITP) or as Not Guilty By Reason of Insanity (NGI). A variety of Axis I and Axis II disorders are seen with the most frequent diagnoses being major thought and affective disorders, severe personality disorder (primarily antisocial and borderline), and substance abuse/dependence. Many of the ITP persons served have significant cognitive impairment that prevents them from being restored to competency. Neuropsychological testing opportunities exist to help the treatment team determine each persons served's cognitive strengths deficits.

The Forensic Service is responsible for the court-ordered evaluations and the competency restoration and NGRI groups, as well as providing reports to the committing courts. While on this rotation, you will also have an opportunity to attend court hearings and write reports to the court. In addition, you will provide group and individual psychotherapy designed to restore competency and/or decrease risk factors for violent behavior in the community.

## Programs

The programs offered at GEO Care/SFSH are based on the Role Recovery Approach. They are designed to help and encourage persons served to make choices for themselves that will allow them to lead healthier and more productive lives outside of a hospital setting. The majority of these programs are located in the Town Center in the center of the hospital campus. All persons served are encouraged to attend programs, and every effort is made to find a good match between what is available and the needs of the person served. You will have an opportunity to participate in Role Recovery Programs during the psychology orientation and throughout the internship year.

The four programs are: Career and Community Development (CD), Readiness Center, Engagement and Achieving. Supplementary programs include the Co-occurring Disorders Program, and Enrichment. The Readiness Center focuses on teaching the person served the skills they will need to interact socially with others. The Role Recovery Specialists in this program act as educators who offer alternative ways of

thinking and behaving in society. They work to foster change in the way the persons served see themselves and their place in the world.

Career and Community Development offers persons served the opportunity to work part-time while they are in the hospital. The jobs are generally low stress, but serve to build confidence in the persons served and give them the chance to succeed at something valued outside the hospital. Additionally, there is a school in the Career and Community Development building. Persons served can go there to work on their GED or to get training in specialties such as computers, clerical skills or kitchen work.

Quite often substance abuse is associated with mental illness. Therefore, GEO Care/ SFSH has the Co-occurring Disorders Program, which is a substance abuse recovery program. While this is not a drug rehabilitation hospital, the need to help persons served deal with and recover from addiction is a high priority. All persons served are screened for any history of substance abuse and referrals are made to this program when deemed necessary. Persons served are educated on the problems of substance use, including nicotine. They are provided with institutional and off campus AA and NA meetings. Additionally, all persons served are offered substance abuse education.

The Engagement Center and Enrichment Program are designed to engage persons served who may not have sufficient social skills to interact effectively with others. It is meant to provide for persons served who are not ready to participate in other programs. It offers recreational activities that require less intellectual functioning than would a more educational setting. Persons served can play sports, engage in music therapy or art therapy, or just relax while in the presence of their peers. Additionally, the Enrichment Program provides music and art therapy for the higher functioning persons served. The staff works to develop social skills through entertainment and social interactions by providing low demand, high interest activities used to engage persons served into the treatment process.

## Professional Behavior

Always wear your identification badge clearly visible when on the SFSH campus. When entering a unit through a locked door, be sure to lock it behind you. All staff and vendors are to utilize the side office door to enter/exit the residential units. The only exceptions are staff transporting persons served, staff/vendors with carts such as housekeeping, maintenance, central supply, dietary, laundry, etc. When staff are transporting persons served back to the unit or staff/vendors are with carts, it is mandatory that the door bell be utilized for unit assistance in removing persons served out of the way of potential harm.

Once on the unit, be sure to introduce yourself to the charge nurse or other staff. Let them know who you are and why you are there. This is more than just a courtesy; it is for your safety. Ask the staff about any behavioral problems that the person served you are seeing has had in the past 24 hours. Always tell the unit staff, preferably the charge nurse, where you are going on the unit and with which persons served. Do not go into a person served's room, especially one of the opposite sex. Work in rooms with windows so that staff can see what is going on in the room. This will enable staff to assist you in case the person served becomes destructive or aggressive and will reduce the likelihood of the person served making allegations of abuse against you. It is also advisable to keep yourself closest to the door rather than allow the person served to sit or stand between you and the exit. Always try to be aware of what is happening behind you on the unit. If you are removing a person served from an unit, make sure you inform the unit staff about where you are planning to be.

Professional and ethical standards suggest that you make every effort to avoid dual role relationships and boundary violations. For example, do not give personal information about yourself to persons served, do

not perform favors for persons served, do not hug persons served or initiate physical contact, do not buy gifts or food for persons served. If you have any questions about these issues, please consult with your Coordinating Supervisor.

## **DRESS CODE**

You are expected to dress in a professional and safe manner while on the campus of GEO Care/SFSH. Jeans, denim pants, and shorts should not be worn but dress jeans may be worn on Fridays. Opened-toe shoes, platform soles, high heels, ties and scarves, and long dangling earrings must not be worn as they present too great a risk of injury. Clothing that might be considered provocative should be avoided as well. While long hair is acceptable, it should be worn in such way as to avoid presenting an attractive handle. Consider what jewelry you wear. Fragile objects or loose fitting ones can be broken or lost very easily. Some jewelry could be used as a weapon against you or someone else. Cell phone use is not permitted on the hospital grounds or buildings except in your office.

## **ADMINISTRATIVE ASSISTANCE**

You will be assigned an office equipped with a desktop computer. You will have access to the hospital information system, which consists of an Intranet, as well as an Internet connection and an electronic record keeping system (TIER). A unique computer account is set up for you during orientation and you will have ample access to computer workstations throughout the hospital. Training in the TIER system is provided during the hospital's orientation as well as psychology orientation. Further computer training or remedial instruction is provided on an as needed basis throughout the year. To address problems with the TIER system or IT problems in general, contact extension 3029 or Arlene Casas via email, to issue a ticket. Due to our presentations and behavior plans, photocopying is part of our jobs. Our building has a copier, but if not available, the mailroom is another option to make copies.

## **TIER**

The hospital has initiated a paperless chart system (TIER). Progress Notes are done on the computer through a series of drop down menus and checklists. All progress notes must be labeled with that day's date and time unless the note is also labeled "late entry." In addition, you must **ALWAYS** end the note with your name, highest degree attained and current title (e.g. Psychology Intern). All progress notes will need to be reviewed and approved by your supervisor and then saved in TIER. Your Coordinating Supervisor will advise you about how to do progress notes on the TIER system. More specific information concerning TIER will be provided during the psychology orientation.

## **Charting**

Progress notes must be written in TIER **weekly** for individual therapy and monthly for group therapy and behavior plans. Notes must also be written to document assessments and specialized behavior plans. However, you should keep your own notes from each session so that you may use these during supervision. Of course, these notes must be secured in a confidential and locked place and shredded when no longer needed. You should document any special circumstances or occurrences when they occur (e.g. the person served reports suicidal ideation in session or an intention to commit self-injury in some way). **NOTE:** If at any time a person served reports suicidal ideation/homicidal ideation (SI/HI), plans to leave hospital grounds without authorization, or self-injurious behaviors (SIBs) it is **NOT only** sufficient to make a note in the chart about such circumstance. It is imperative that you also immediately inform the charge nurse or

psychiatrist directly to be certain that the person served is protected. You must notify your direct supervisors immediately, as well.

## **Objectives**

All assigned cases (individual and group) must have an objective developed by the clinician. The psychology intern must write an objective to the recovery plan after the initial session. This objective must be measurable, achievable and precise. Further, the objective must be referenced in each progress note in the DAP progress note format.

### DAP Progress Notes

All progress notes must be written in DAP format. “DAP” is an acronym for Data, Assessment and Plan. The **Data** section should contain any information you, the writer, observed about the person served, including an example of what the person served said and what happened during the session or interaction. This section must be plainly labeled with a “D”, either in the margin next to the note or in the body of the note. Individual therapy notes must contain the following information: level of alertness, level of orientation, mood and affect, behavior, thought processes, positive and negative symptoms, suicidal or homicidal ideation, and any self injurious behaviors.

The **Assessment** section should contain your assessment of the person served’s progress or lack of progress, his/her reaction to treatment, and changes since the last session. This section must be plainly labeled with an “A”, either in the margin next to the note or in the body of the note. It should also include the circumstances that brought the p/s to the hospital and any progress regarding that issue.

The **Plan** section should contain your plan for continuing treatment, transferring the person served to a new therapy, or terminating treatment. It may contain the frequency and duration of the sessions. This section must be plainly labeled with a “P”, either in the margin next to the note or in the body of the note.

## **THE EVALUATION PROCESS**

You can best understand the evaluation process by referring to a copy of the evaluation form (Appendix A). The psychology internship program assesses your performance and conduct on an ongoing basis. Feedback from your supervisors facilitates your professional growth by acknowledging strengths and identifying performance or conduct that needs improvement.

A weekly supervisors’ meeting will be held to discuss training issues and performance. At the end of each of the rotations, the Coordinating Supervisor along with your other supervisors and professional staff, completes a written evaluation. The Coordinating Supervisor, Training Director and Rotation Supervisor will meet with you to discuss your performance. In this feedback session, differences between your views and your supervisor’s appraisals may surface and in most cases are resolved through discussion. You and the supervisor sign the written evaluation to acknowledge that the evaluation has been discussed and then forward it to the Training Director. Based on the evaluations, you and your Coordinating Supervisor may modify your training plan to better meet your training needs and the training program’s requirements. If you disagree with the evaluation, you can put your objection in writing. Your response will be attached to the evaluation in your file and will be presented to the Training Director and your graduate program. You will also be asked to evaluate the program and your supervisors at the end of each rotation.

The Training Director is responsible for communicating with your home graduate program about your activities and progress. Early in the year, the graduate program receives information about your training activities. At the end of the internship year, the academic program receives copies of supervisors' evaluations of your skills and professionalism. At any time, if problems arise, your graduate program will be notified.

## **DUE PROCESS IN EVALUATION AND REMEDIATION**

The training program follows due process guidelines to ensure that decisions are not arbitrary or discriminatory. The program uses the same procedures to evaluate all interns and the due process guidelines include the following:

1. You will receive written information regarding program expectations for professional functioning.
2. Evaluation procedures are clearly stipulated, including when and how evaluations will be conducted.
3. The procedures and actions for making decisions about problematic performance or conduct are outlined in written statements given to you.
4. Remediation plans are outlined for identified inadequacies, and the plans include time frames for remediation and specify consequences for failure to rectify the inadequacies.
5. You will receive a written description of procedures you may use to appeal the program's actions.
6. Decisions or recommendations regarding your performance or conduct are based on input from multiple professional sources.
7. Program actions and their rationale are documented in writing to all relevant parties.

## **DEFINITION OF PROBLEMATIC PERFORMANCE AND/OR CONDUCT**

Problem behaviors are those behaviors that supervisors perceive as disrupting the quality of clinical services, your relationships with peers, supervisors or other staff, or your ability to comply with appropriate standards of professional and/or ethical behavior. Some examples of problematic behaviors include the following (Note: this list is not exhaustive. Problematic behaviors also include all behaviors discouraged by this internship's program guidelines, the hospital's policies and procedures, and APA's Ethical Guidelines):

1. Engaging in dual role relationships
2. Violating confidentiality of persons served
3. Not respecting appropriate boundaries
4. Failing to identify and report high risk behaviors of persons served (such as suicidality, homicidality, SIB, and elopement).
5. Leaving hospital grounds or being absent from hospital grounds without supervisor's approval (includes lunch).
6. Failing to inform supervisor of activities
7. Repeated tardiness
8. Placing work in medical record without prior supervisor approval
9. Failing to acknowledge or correct a problem that has been identified by a supervisor
10. Not adhering to deadlines for written work as delineated by a supervisor and/or program guidelines
11. Plagiarizing or giving your work to someone else to do
12. Treating peers, persons served and/or supervisors in a disrespectful or unprofessional manner
13. Using personal cell phone/making personal calls in public areas

Consistent with GEO Care/SFSH policy, the internship program uses a progressive discipline procedure in instances where an intern engages in problem behavior.

1. If you display behaviors that concern your supervisor, but do not meet the criterion for verbal counseling (see below), your supervisor will discuss the issue with you in supervision. If the problem improves, no further action will be taken. If the problem is not resolved, verbal counseling will be instituted. The Director of Training will be informed of the situation and may notify the concerns to your training program.
2. In cases where unintentional carelessness and/or minor instances of misconduct or performance are identified, your Coordinating Supervisor and the Director of Training will meet with you to discuss the proper action to correct the problem and/or ensure that it will not reoccur. The supervisor will document the verbal counseling, and your training program and the Human Resources Director will be informed.
3. If the problem behavior occurs again or if an initial problem behavior is considered by the supervisor to be of a more serious nature, a written warning will be initiated. When this takes place, a Disciplinary Action Recommendation will be prepared and entered into your file. When a written warning is issued, you will be given the opportunity to respond in writing. All written warnings will have a specified time frame for improvement. Your training program will receive a copy of the Disciplinary Action Recommendation.
4. Failure to achieve improvement within the specified time frame or continued problem behavior could result in termination from the internship program. Serious misconduct and/or repeated violations can also result in termination from the internship program. If the misbehavior was unusually egregious, the Director of Training will involve your doctoral program and the Human Resources Department immediately to discuss termination.
5. When, as a result of disciplinary proceeding, a termination has been recommended by the supervisor and Director of Training, you have the right to an administrative review of the disciplinary process by the Hospital Administrator, or his designee. A ruling on the review is the final step in the process.

## INTERN GRIEVANCE PROCEDURE

If you have a grievance of any kind, including a conflict with a peer or other hospital staff, you can take your concerns to your Coordinating Supervisor. He or she will try to resolve the problem. If this intervention fails, or if the conflict is with the Coordinating Supervisor, the next step would be to approach the Director of Training. If the problem is still not resolved to your and/or the Director of Training's satisfaction, the Human Resources department will be contacted in order to take any necessary steps to bring about resolution. At any point, the Director of Clinical Training at your doctoral program may be consulted.

## A Final Note

This year will be full of new opportunities and challenges. **Please keep your supervisors aware of your questions and concerns as they arise.** Do not wait until time for your evaluation to give us feedback! In addition to your scheduled supervision sessions, internship supervisors are available on a daily basis for consultation, support, and advice as you develop your professional identity and clinical skills. Once again, Welcome to GEO Care/SFSH and we look forward to a productive and enjoyable year with you.

I have received a copy of the GEO Care/SFSH Predoctoral Psychology Internship Policy and Procedures Manual, which includes information on the Evaluation Process, Due Process in Evaluation, and Remediation, and Intern Grievance Procedure. I understand that the internship will begin on \_\_\_\_\_ and will end on \_\_\_\_\_.

Signature of Intern \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

**APPENDIX A**  
**PSYCHOLOGY TRAINEE COMPETENCY ASSESSMENT FORM**  
**GeoCare/South Florida State Hospital 2010-2011**

Trainee \_\_\_\_\_ Supervisor(s) \_\_\_\_\_ Date \_\_\_\_\_

Training Year \_\_\_\_\_ Rotation \_\_\_\_\_

**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.

**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 to ensure 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.

**NA 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. Or, tardiness and/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 situations 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: DEPARTMENT**

**Consistently conducts self in a professional manner across all settings and situations.**

- A Most of the time, verbal and nonverbal communications are appropriate to the professional context including during challenging interactions.
- HI Independently identifies behavior that could impact clients, public or the profession. Consistently utilizes appropriate language and demeanor in professional relationships with little supervision required.
- I Demonstrates awareness of the impact behavior has on client, public and profession. Utilizes appropriate language and demeanor in professional communications. Demonstrates appropriate physical conduct, including attire, which is consistent with context.
- E Overall, demonstrates appropriate hygiene and attire. Usually distinguishes between appropriate and inappropriate language and demeanor in professional contexts.
- R Trainee has to be consistently guided about appropriate and inappropriate language, demeanor and/or attire and needs supervision to act professionally.

**NA OBJECTIVE: PROFESSIONAL IDENTITY**

**Consolidation of professional identity as a psychologist; knowledgeable about issues central to the field; evidence of integration of science and practice.**

- A** Contributes to the development & advancement of the profession and colleagues, by keeping up with advances in the profession and independently and consistently sharing it with others.
- HI** Independently attends professional workshops, conferences or local colloquia and brings information to colleagues. Active participation in the program's case conferences, seminars and grand rounds.
- I** Attends grand rounds, workshops, conferences, colloquia and consults literature relevant to client care. Needs prompting or encouragement to participate actively in hospital's professional development activities.
- E** Has active membership in professional organizations and demonstrates knowledge of the program and profession.
- R** Has a rather passive role in the profession, does not actively seek research information that would be beneficial to clients, does not belong to professional organizations.

**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          |

**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 in session with patients when appropriate. Acknowledges and respects differences that exist between self and clients in terms of races, 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.

## 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

### 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 diagnose 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 and personality tests.**

- 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 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 for further testing session(s) due to poor choice of tests administered and/or excessive mistakes during test administration as to make the assessment invalid.

#### NA **OBJECTIVE: PSYCHOLOGICAL TEST INTERPRETATION**

**Interprets the results of psychological tests used in his/her area of practice. Demonstrates competence interpreting intelligence and personality tests.**

- 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, and 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 interference 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 empathetically 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.

**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          |

**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 intensifies 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 are initiated immediately, then consultation and confirmation of supervisor is sought. Establishes appropriate short-term crisis plan 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. 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 leave worksite for the day without seeking “spot” supervision for the crisis. Does not remember to address confidentiality issues; needs frequent prompting. Fear may overwhelm abilities in patient crisis.
- R** Makes inadequate assessment or plan; then leaves work site for the day 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 patient's emotional issues but sometimes needs supervision for clarification. Sets appropriate goals with occasional prompting from supervisor; distinguishes realistic from 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 reaction 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 responses 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 prepare 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 for group.

**ASSESSMENT METHOD(S) FOR COMPETENCIES**

- |   |   |
|---|---|
| <input type="checkbox"/> Direct Observation | <input type="checkbox"/> Review of Written Work             |
| <input type="checkbox"/> Videotape          | <input type="checkbox"/> Review of Raw Test Data            |
| <input type="checkbox"/> Audiotape          | <input type="checkbox"/> Discussion of Clinical Interaction |
| <input type="checkbox"/> Case Presentation  | <input type="checkbox"/> Comments from Other Staff          |

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

### OBJECTIVE: SCIENTIFIC FOUNDATION OF PROFESSIONAL PRACTICE

#### **Knowledge and understanding of scientific foundations independently applied to practice.**

- A** Reviews scholarly literature related to clinical work and applies knowledge independently to case conceptualization. Applies evidenced-based practice (EBP) in clinical work. Compares and contrasts EBP.
- HI** Applies EBP concepts in case conceptualization, treatment planning, and interventions, with little guidance from supervisor. Compares and contrasts EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment planning.
- I/E** Understands the development of EBP as defined by APA. Displays understanding of scientific foundations of the functional competencies. Cites scientific literature to support an argument. Evaluates scholarly literature on a practice-related topic.
- R** Unwilling to acquire or incorporate new information into practice. Resists suggestions to expand clinical perspective. Procrastinates on readings assigned by supervisor.

## GOAL: COMPETENCE IN PROFESSIONAL CONSULTATION

### NA OBJECTIVE: CONSULTATION ASSESSMENT

#### **Performs an assessment of the patient referred for consultation, incorporating mental status exam and structured interview techniques to answer the referral questions.**

- A** Chooses appropriate means of assessment to respond effectively to the referral questions; reports and progress notes are well-organized and provide useful and relevant recommendations with minimal supervisory input.
- HI** Occasional input is needed regarding assessment techniques 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 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.

### NA OBJECTIVE: INITIAL ASSESSMENT (PSYCHOLOGY INTAKES)

#### **Demonstrates a thorough understanding of psychological intake assessments. Has adequate interviewing skills. Makes accurate diagnostic impressions and appropriate recommendations for treatment considering patient's strengths/weaknesses.**

- A** Rapidly assesses client's strengths and problem areas. Independently arrives at probable diagnosis and decides appropriate referral(s), as needed.
- HI** Requires occasional consultation to discuss differential diagnosis. Asks appropriate questions to gather enough information and history.
- I** Performs adequate mental status exam and assessment for suicidal and homicidal ideation. With supervision, is able to identify possible diagnoses and makes appropriate recommendations for treatment.
- E** Establishes rapport easily and is able to gather information and history, with guidance from supervisor. Knowledge of DMS-IV nomenclature, but needs supervision to reach a conclusion regarding possible diagnosis(es).
- R** Difficulty establishing rapport with person served. Lacks understanding of basic DSM-IV differential diagnosis literature. Lacks adequate interviewing skills and needs constant supervision in order to gather the needed information.

## ASSESSMENT METHOD(S) FOR COMPETENCIES

<input type="checkbox"/> Direct Observation	<input type="checkbox"/> Review of Written Work
<input type="checkbox"/> Videotape	<input type="checkbox"/> Review of Raw Test Data
<input type="checkbox"/> Audiotape	<input type="checkbox"/> Discussion of Clinical Interaction
<input type="checkbox"/> Case Presentation	<input type="checkbox"/> Comments from Other Staff

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, but 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, but 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.

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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 share 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 PRACTICUM EVALUATIONS

All competency areas will be rated at a level of E or Higher. No competency areas will be rated as R.

### 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.

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 what 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., forensic rotation.

\_\_\_\_\_ 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 made a joint written remedial plan as attached, with specific dates indicated for completion. Once completed, the rotation will be re-evaluated using another evaluation form, or on this form, clearly marked with a different color ink. We have reviewed this evaluation together.

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

TRAINEE 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 \_\_\_\_\_



13. The relationship I have with my supervisor is characterized by acceptance, trust, and respect.....1...2...3...4...5
14. My supervisor creates an environment where I feel comfortable in questioning or challenging my supervisor's opinion..... 1...2...3...4...5
15. My supervisor admits errors or limitations without undue defensiveness 1...2...3...4...5
16. My supervisor's feedback encourages me to keep trying to improve. ....1...2...3...4...5
17. Supervision helps me see my mistakes as learning experiences.....1...2...3...4...5
18. The modeling of my supervisor helps me learn more about therapy.....1...2...3...4...5
19. Self-disclosure by my supervisor helps to my normalize experience as a therapist.....1...2...3...4...5
20. My supervisor helps me to be open and receptive to supervision.....1...2...3...4...5
21. I feel comfortable sharing my perceived weaknesses and failures with my supervisor.....1...2...3...4...5
24. Supervision helps me develop specific skills that make me a more effective therapist.....  
1...2...3...4...5
23. Supervision helps me better understand and facilitate effective therapy outcomes with my persons served.....1...2...3...4...5
24. As a result of supervision, I feel more confident and comfortable in working with my therapy cases.....1...2...3...4...5
25. Overall, I feel satisfied with my supervision. ....1...2...3...4...5
26. I feel that supervision is contributing to my overall effectiveness in my therapy cases. ....1...2...3...4...5

What are this supervisor's strongest assets?

What do you think this supervisor needs to improve?



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PSYCHOLOGY SEMINAR EVALUATION FORM

Topic \_\_\_\_\_

Date \_\_\_\_\_

Presenter \_\_\_\_\_

5 = strongly agree

4 = agree

3 = neither agree nor disagree

2 = disagree

1 = strongly disagree

The presentation was well-organized \_\_\_\_\_

The presentation increased my understanding of this topic \_\_\_\_\_

The presenter kept my attention and engaged me in discussion \_\_\_\_\_

The presenter was receptive to my questions \_\_\_\_\_

What did you like most about the presentation?

How would you improve the presentation?

Suggestions for future topics.

**APPENDIX D**  
Geo Care/SFSH Internship Evaluation  
2010-2011

**The goal of this internship is to train interns to become competent and ethical professional psychologists who will work with adults with serious and persistent mental illness in an inpatient setting. Through experience, supervision and didactic training interns are expected to develop their skills to become competent and ethical psychologists, proficient in empirically-validated assessment, diagnosis, behavior planning, therapy, and consultation.** On a scale of 1 to 5 (where 1=not at all and 5=completely) to what extent do you feel that the program has prepared you for this goal? \_\_\_\_\_

Is there anything that you would like to add or change about the internship program?

What did you like best about this internship?

Please comment on any other areas that you believe are relevant.

## Appendix E

### Rotation Activity Tracking Sheet

Intern Name: \_\_\_\_\_

Coordinating Supervisor's Name: \_\_\_\_\_

Rotation: \_\_\_\_\_

Dates of Rotation: \_\_\_\_\_

	Expectation/Rotation	Completed (specify)
Individual Therapy And DBT coaching	Up to 5 hours of therapy	P/S initials: 1. _____ 5. _____ 2. _____ 6. _____ 3. _____ 7. _____ 4. _____ 8. _____
Groups	2-3 Groups	Name of Group: 1. _____ 2. _____
Consultations	Depends on need (equally distributed)	P/S initials and Date completed:
Behavioral Plans	Depends on rotation	P/S initials: 1. _____ 3. _____ 2. _____ 4. _____
Initial Assessments	Depends on number of admissions per month (equally distributed)	P/S initials and date completed
Annual Assessments	Depends on number of p/s retained per year (equally distributed)	P/S initials and date completed
Psychological Evaluations	3 minimum	P/S initials & date completed:  1. _____ 2. _____ 3. _____ 4. _____

**Appendix F**  
TESTING MATERIALS AVAILABLE  
REVISED June 2010

Advanced Clinical Solutions (ACS)  
Beck Anxiety Inventory  
Beck Depression Inventory-2 (English and Spanish)  
Beck Suicide Scale  
Beck Hopelessness Scale  
Boston Naming Test  
Cognistat  
Cognistat (Spanish version)  
COWA  
DAPS  
Dementia Rating Scale –2  
Finger Tapping Test  
Fuld Object memory Evaluation  
Grooved Pegboard  
HCR-20  
Hooper Visual Organization Test  
Independent Living Scales (ILS)  
M-FAST  
MCMI  
MMPI-2  
MMPI2-RF  
MMSE  
Personality Assessment Inventory (PAI)  
PANSS  
PPVT-IV  
RBANS  
Rey Auditory Verbal Learning Test  
Rey Complex Figure  
Rorschach  
SIB-R  
Severity of Psychiatric Illness Scale-Adult Version  
SCID I  
SCID II  
SIRS  
Stroop Color and Word Test  
TAT  
Trailmaking test  
TOMM  
TONI-3  
TSI  
Vineland  
WASI  
WAIS-III (Spanish version – Spain edition)  
WAIS-IV  
Wisconsin Card Sorting Test  
WMS-III  
WMS-IV  
WRAT-4

Appendix G

Name: \_\_\_\_\_

**Time Off Request -- Professional Leave (Maximum 5 days)**

<b>Dates Requested</b>	<b>Reason for Time Off</b>	<b>Date Request Submitted</b>	<b>Approved</b>	<b>Days Used to Date</b>	<b>Days This Request</b>	<b>Days Left</b>

Name: \_\_\_\_\_

**Time Off Request -- Vacation Leave (Maximum 10 days)**

Dates Requested	Reason for Time Off	Date Request Submitted	Approved	Days Used to Date	Days This Request	Days Left

Name: \_\_\_\_\_

**Time Off Request -- Sick Leave (Maximum 6 days)**

<b>Dates Requested</b>	<b>Reason for Time Off</b>	<b>Date Request Submitted</b>	<b>Approved</b>	<b>Days Used to Date</b>	<b>Days This Request</b>	<b>Days Left</b>

Name: \_\_\_\_\_

**Time Off Request -- Dissertation Defense Leave (Maximum 2 days)**

Dates Requested	Reason for Time Off	Date Request Submitted	Approved	Days Used to Date	Days This Request	Days Left

## Appendix H

### TIMELINES FOR WRITTEN WORK

**CONSULTS:** Initial response within 72 hours of the date that the consult was written.

**THERAPY and ASSESSMENT:** Initial session within one week of the date that the consult was assigned.

**ASSESSMENTS:** First draft within one week of completion of testing to supervisor. Subsequent drafts within 48 hours of receiving feedback from supervisor. Feedback to the client and team on after the assessment is discussed in supervision. Minimum of 10. Assessments should be completed within 4 weeks.

**BEHAVIOR PLANS:** Meet with team, complete functional analysis, and draft behavior plan within 2 weeks of assignment. Behavior plan in chart and progress note that indicates that plan was discussed with team within 30 days of assignment. At the end of each quarter, the intern on this rotation will have an opportunity to collect data for performance improvement monitoring. The intern will be responsible for charting and collect the PI data.

**TIER NOTES:** Weekly during the first two months of admission and monthly thereafter. Submit weekly or monthly notes to your coordinating supervisor. Notes could be written any time during the month, but the same date needs to be consistent throughout the year (e.g., If you decide to write notes on the 15<sup>th</sup> of each month, it has to be the same all year long). Behavior plan notes must be completed at the end of each month. Contact notes after each assessment/behavior plan contact. After the supervisor signs the note, it goes in the medical record.

#### Consult procedure:

- Consults are received through the Psychology console in the EMR. Dr. Karilshadt will assign the consult to one of the psychology staff (e.g., interns, practicum students, psychologists).
- Email the completed consult to Dr. Karilshadt for supervision within 72 hours of the date the consult was written. After the consult is reviewed and approved, save it in the EMR. The consult will then be assigned to a psychology staff for completion of the assessment, therapy or behavior plan by the supervisors.