

2015-2016
University of Michigan Internship Consortium
INTERN HANDBOOK

The University of Michigan Internship Consortium is administered by the Consortium Committee, D. Nagata, Ph.D., Chair, and is accredited by the American Psychological Association.

Commission on Accreditation
Office of Program Consultation and Accreditation
Education Directorate
American Psychological Association
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The University of Michigan is committed to a policy of nondiscrimination and equal opportunity for all persons regardless of race, sex, color, religion, creed, national origin or ancestry, age, marital status, sexual orientation, gender identity, gender expression, disability.

A welcome to your internship from the Consortium Committee...

Welcome to the University of Michigan Consortium Internship. Since 1969, hundreds of Clinical Area students have received internship training in a changing mix of sites in the Ann Arbor and the greater Southeastern Michigan area, and gone on to careers of distinction in the field. You will be working with distinguished colleagues in learning a wide range of assessment and intervention skills. Every site and supervisor is committed to your learning.

We hope that this Handbook helps to answer some of your questions about the Michigan Consortium Internship. You will also be receiving other materials, and orientation, from your site.

All of us are very excited about the start of internship.

We hope that you will find your Consortium Internship to be rich and rewarding.

*Donna Nagata, Ph.D.
Chair, Consortium Committee*

Participating Sites:

Counseling and Psychological Services (CAPS)

Training Director: Karin Arizala, Ph.D.

Psychological Clinic

Training Director: Michelle van Etten-Lee, Ph.D.

University Center for the Child and the Family (UCCF)

Training Director: Cynthia Ewell Foster, Ph.D.

Intern Handbook

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Mission and Program of the Consortium

Internship Mission, Philosophy and Program

I. Internship Mission:

The University of Michigan Internship Consortium was created in 1969 in order to provide students enrolled in the UM Clinical Psychology program with a diverse array of clinical internship experiences which offer quality training in contemporary professional psychology. It was created with the explicit purpose of allowing UM students to receive professional field training experiences which could be closely integrated with the rest of their graduate school education. Unlike the typical internship model in which students must enter another highly competitive application process for a full-time national match internship, and re-locate themselves and their families away from university colleagues and mentors, the UM model allows students to remain on the Ann Arbor campus while completing their internship. This arrangement permits the development of professional clinical skills while remaining in close proximity with their research mentors. Consortium interns typically complete half-time rotations in two sites and are thus exposed to more varied experiences than would be possible if they received all of their training at a single internship site. Interns may participate in the training offerings at all Consortium sites; other training resources are also shared within the Consortium.

Students are eligible to be placed within the Michigan Consortium upon certification by the UM Clinical Psychology program as having achieved all academic program requirements, including all required practicum hours, and as being ready for internship by the Clinical Area Chair and the Consortium Committee. Students are placed into specific Consortium sites during the Consortium Internship Match which occurs at the beginning of each calendar year.

The University of Michigan Internship Consortium is administered by the Consortium Committee (CC). The current Chair of the CC, appointed by the Chair of the Psychology Department, is Donna Nagata, Ph.D.. Other members of the committee are the Training Directors of each site, and one student representative elected by the current Consortium interns.

II. Internship Philosophy:

The UM Internship Consortium fits within a “scientist-practitioner” training model. The Consortium believes that students are best trained through a series of intensive, graduated, and closely supervised set of training activities in contemporary practices grounded in current empirical research and theory. All interns are expected to develop the ability to conceptualize client issues broadly, with evident sensitivity to issues of culture and diversity, develop appropriate and strategic intervention strategies, and be able to implement these in a professional and ethical manner.

III. Internship Program Structure:

The internship program consists of a full-time placement in two Consortium sites¹. One of the rotations must be a Core Rotation located at either the Psychological Clinic (adult) or the University Center for the Child and Family (UCCF) (child). Each of these rotations covers all basic internship skill areas. The second Elective Rotation can be selected from one of the following sites: Counseling and Psychological Services (CAPS), Psychological Clinic, or UCCF. Interns are expected to assume increased levels of independence and responsibility as they progress through the internship.

Each half-time internship rotation requires approximately 22-24 hours per week, for a total of 44-48 hours fulltime. This time includes all clinical work, supervision, training activities and paperwork. Every site offers a range of clinical and training activities and each site offers a seminar series related to the population they serve and intervention modalities they employ. At least 500 direct contact hours must be completed before the end of internship. It is expected that these will be split equally across the 2 rotations (250 direct hours per rotation). Interns may petition the Consortium Committee to request a different balance across the two sites if necessary. Please note that 500 hours is the minimum. Interns are expected to engage in clinical work beyond that minimum and until the end of internship.

Interns are also required to attend Consortium intern training seminars (typically two to three times a month). The Consortium training seminars address a range of key professional issues. These include: ethics, supervision, program evaluation, evidence-based treatment, consultation, current controversies, and multiculturalism/diversity. Each Consortium intern is required to do a seminar case presentation during the year.

In addition to receiving the Consortium Internship Handbook, interns also receive a site-specific manual that describes more specific work expectations. Interns are assigned a primary supervisor who is responsible for coordinating, supervising and over-seeing each rotation. There is a Training Director at each site, who is responsible for the over-all internship program at their site. The Training Director is also a member of the Consortium Committee, which develops and monitors policies and procedures for the entire Consortium Internship. The U-M Internship Consortium is accredited by APA as an independent internship program. However, Consortium interns interact with other pre-doctoral psychology interns within their assigned sites and some Consortium Intern Seminars are held jointly with both groups of psychology trainees.

IV. Current Internship Sites:

The Michigan Consortium strives to maintain a diverse set of sites which allow students to receive intensive training with a wide range of populations utilizing empirically-based intervention strategies. All settings are multidisciplinary, and offer intensive supervision and didactic seminars.

Three clinical training sites currently participate in the University of Michigan Internship Consortium. As noted above, the Core Rotation is located at either the Psychological Clinic (adult) or UCCF (child). The Elective Rotation is located at one of the following sites: CAPS, Psychological Clinic, and UCCF. Specific descriptions of the sites follow:

Core Rotations:

Psychological Clinic

The Psychological Clinic (<http://mari.umich.edu/adult-psychological-clinic>) offers training in the evaluation and treatment of adult patients. The Clinic offers evaluation, testing and treatment to individuals and couples (18 and older) from the Ann Arbor Community and the University, including undergraduates, graduate students, staff and faculty. The Clinic offers training in a wide range of cognitive-behavioral, interpersonal, and brief psychodynamic psychotherapies as well as couples treatment, within an overall integrative model. Intensive supervision is emphasized. The Clinic has an active commitment to individual and cultural diversity in practice and as a focus in Clinic meetings and seminars. The Clinic works actively to create a supportive learning culture for its trainees and faculty. The Clinic has a substantial number of social work students in addition to the psychology internship and practicum programs.

Psychology Training Director: Dr. Michelle van Etten Lee (vanetten@umich.edu, 764-3471)

Training Director: Dr. Todd Favorite (tfavor@umich.edu, 764-3471)

University Center for the Child and Family (UCCF)

The University Center for the Child and Family (<http://mari.umich.edu/university-center-child-family>) provides assessment, treatment, and consultation services for children and families. Clinical training opportunities include 1) psycho-educational and diagnostic evaluations for children experiencing ADHD, learning disabilities, Autism Spectrum Disorders, or other concerns, 2) provision of a range of evidence-based psychotherapies, and 3) opportunities to participate in community education/outreach groups, such as our workshops for children grieving grandparent loss, families experiencing separation or divorce, or parents of children with attention and learning problems. Individual and group supervision is provided as well as multiple seminars, including our All Agency/Trainee Seminar and our Case Disposition seminar which focuses on case conceptualization and treatment planning for new clients. Best practice approaches are emphasized along with the need for individual tailoring based on family values and cultural considerations. At UCCF, we strive to provide excellent training opportunities in a caring supportive environment.

Training Director: Dr. Cynthia Ewell Foster (cjfooster@med.umich.edu, 764-3471)

Elective Rotations

Psychological Clinic (See description above) *¹

University Center for the Child and Family (UCCF) (See description above)*¹

¹ Interns who complete a core rotation at UCCF may elect to do an elective rotation at the Psychological Clinic. Similarly, interns who complete a core rotation at the Psychological Clinic may elect to do an elective rotation at the University Center for the Child and the Family. Under special circumstances, an intern may complete both rotations within one of the Core sites (Psych Clinic or UCCF).

Counseling and Psychological Services (CAPS)

Counseling and Psychological Services (<http://www.umich.edu/~caps>) is a campus service agency providing crisis intervention, emergency services, brief counseling and psychotherapy, and prevention and educational programming to the University's student body, as well as consultation and outreach to the broader campus community. Staff share a focus on short-term interventions and life-span development while utilizing multiple theoretical and intervention approaches.

Core intern service activities include First Appointments (a simultaneous process beginning assessment and early interventions) and brief individual counseling and psychotherapy. Client presenting symptomatology includes a wide range of DSM diagnoses. Consortium interns either co-facilitate process oriented or semi-structured groups, or participate on our on-call crisis intervention and consultation service, depending on interest and learning needs. Occasionally opportunities are available to participate in outreach activities, to provide conjoint services, or to undertake ADD/ADHD assessments. Specialty training in assessment protocols for substance use body image/eating patterns and personality disorders is provided.

Training Director: Dr. Karin Arizala (karizala@umich.edu, 764-8312)

Application and Selection Process

The U-M Internship Consortium is open only to University of Michigan clinical psychology graduate students. An informational meeting is held in the fall for all students eligible for internship. Minimum application eligibility requirements include:

- A minimum of 500 supervised practicum hours (of which at least 25% are direct contact hours). However, students are advised that successful applicants typically have more than 800 hours.
- A determination of readiness by the U-M Clinical Area Chair
- Completion of the Consortium Application form with accompanying materials and interviews at Consortium rotation sites of interest
- A determination of readiness by the Consortium Committee

The selection process by which students are placed into specific sites within the UM Consortium is referred to as "the Match". Students begin the Match process by completing the Consortium Application and Match forms and interviewing at sites where they are interested in placement. Completed applications are due in the Clinical Area office before December 1. Applicants indicate their rotation preferences at this time for the entire internship. The Consortium Committee reviews all application materials, ranking forms, and interview information to determine the readiness of each applicant for entering internship training. Next, the committee matches students deemed "ready" for training to specific sites, based on the student's application. The goal of the Match is to maximize the number of students placed into their highest ranked sites.

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Goals, Objectives, and Competencies

Internship Goals, Objectives, and Competencies

The overall goal of the UM Consortium Internship is to provide training to prepare the student for beginning levels of competence in five core areas of contemporary clinical psychology: assessment/diagnosis, intervention, diversity, supervision/self-evaluation and personal/professional development. Interns are expected to have mastered the core principles of effective diagnosis and treatment, including forming an effective alliance, formulating a treatment plan, learning to address core problems, developing core listening skills, learning to manage the patient's reactions within the treatment, dealing with crises and difficulties in treatment, maintaining ethical practice, evaluating outcomes, maintaining multicultural awareness in diagnosis & treatment, and developing effective use of self-evaluation and supervision. All of these skills should be embedded in an understanding of contemporary theory and research. All sites may not provide training in each of the following areas, but the student will have received training in every area by the end of their internship experience.

Specific goals, objectives and competencies are as follows:

Goal #1: Produce clinicians who are competent in clinical work
Objective(s) for Goal #1: Produce interns who demonstrate competence in assessment/diagnosis; intervention
Competencies Expected: Competence in assessment techniques: testing, report-writing; competence in forming effective therapeutic relationships; competence in formulating a treatment plan; competence in core listening skills; competence in delivering evidence-based interventions
Goal #2: Produce clinicians who demonstrate competence in their professionalism
Objective(s) for Goal #2: Produce interns who are knowledgeable about professional ethics; effectively utilize supervision; and maintain professional behaviors in their work
Competencies Expected: Knowledge/use of professional ethics; ability to use supervision effectively; ability to prepare/complete paperwork/documentation
Goal #3: Produce clinician professionals competent in addressing/considering cultural and individual diversity within their work
Objective(s) for Goal #3: Produce interns who are able to work in a multi-culturally sensitive manner with a range of different colleagues and clients
Competencies Expected: Ability to understand and work with the life/social/racial/ethnic circumstances of each client; competent in ability to be aware of one's own self-identity

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**Stipend, Calendar, Vacation, and Administrative
Support**

Stipend, Calendar, Vacation, and Administrative Support

Interns are paid a stipend of \$23,000 for a full-time year. They continue to receive other financial and benefit support from the Psychology Department during the period of their internship. The internship is for a full 12 month period, beginning on September 1, 2015 and ending on August 31, 2016 (for CAPS rotation: August 17, 2015 to August 5, 2016). Holidays typically follow the University of Michigan schedule; sites may also close on some additional days each year. Interns, in addition, receive a total 2 weeks' paid vacation time each internship year. Interns should carefully review and follow the specific procedures/guidelines for time-off specified by their respective sites. Halftime rotation interns receive one-half of the stipulated leave allocation for fulltime interns at that site. Requests for time-off and vacation must be pre-approved by the training director at both sites.

The Consortium Internship strives to provide work schedule flexibility and encourages interns to protect their non-intern lives. Efforts will be made to provide special accommodations for interns with young children, or those experiencing periods of personal difficulty.

The internship starts at the Psychological Clinic and UCCF September , 2015 and ends August 31, 2016. The internship rotation at CAPS begins August 17, 2015 and ends August 5, 2016. If you anticipate the need to move to a postdoc or other employment before the end of internship, you must contact the Consortium site training director as soon as possible to determine the feasibility of such a request. The director will then bring the matter to the Consortium Committee for discussion.

All Consortium interns have access to computers, copiers, and clerical and technical support staff to successfully conduct their duties.

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Legal/Ethical Documents

Legal and Ethical Issues

Interns are expected to demonstrate a commitment to the highest levels of professional and ethical practices during their internship. All of our work is guided and governed by the principles and rules in the following documents. Additional laws may be critical in particular settings; these will be provided to you, as needed.

1. APA Ethical Principles of Psychologists and Code of Conduct
2. APA Record Keeping Guidelines
3. APA Guidelines for Providers of Psychological Services to Ethnic, Linguistic and Culturally Diverse Populations
4. State of Michigan Child Protection Law.

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Evaluation Procedures/Forms

Evaluation

Mutual evaluation feedback between supervisors and interns is encouraged as a regular part of the Consortium Internship. Do let your supervisor(s) know about your special needs and goals, and how their approach could be most helpful to you. Likewise, supervisors will be providing you with regular feedback about their observations of your performance.

There are also several times of formal evaluation during each rotation and internship. The following forms are used for these purposes:

1. Trainee Self Evaluation Form: this form is used at the beginning of each rotation to assess your level current clinical skills, and to highlight special areas of focus during the rotation.
2. Intern Evaluation Form: this form is used for an evaluation of your progress at mid-rotation and again at the end of rotation. Supervisors are required to discuss with you any areas in which they believe that you are not making appropriate progress. Appendix B lists the specific areas for evaluation as well as the minimal expected levels of competency for mid- and end of rotation points of evaluation.
3. Rotation Evaluation Form: this form is for your evaluation of your rotation. It is completed at the end of each rotation.
4. Consortium Committee Mid-Rotation and End of Rotation Feedback Forms: the CC will provide to interns after reviewing their mid- and end of rotation intern evaluations. This form summarizes the committee's general assessment of intern progress.
5. Intern Seminar Evaluation Form: this form is for your evaluation of the training seminar series. It is to be completed at the end of the year
7. End-of-Internship Form: this form is used to evaluate your achievement of each of the Consortium's goals and objectives.
8. Internship Evaluation Form: this form is for your evaluation of your internship. It is completed at the end of the internship experience.
9. Follow-up (Distal) Questionnaire: some time after the completion of your Consortium Internship, this form will be sent to you asking how well your Internship experience has served you. Your response to this form when it is sent to you is most appreciated.
10. Consortium Trainee Remediation Plan Form: this form is used to document a remediation plan used when an intern's performance falls below expected competencies

Trainee Self Evaluation Forms are presented to the Consortium Committee for review at the beginning of the internship year. Intern Evaluation Forms are also reviewed by the Consortium Committee. Committee review comments for these evaluations will then be conveyed to each intern via the Chair of the Consortium Committee.

Seminar Expectations:

- Interns are expected to attend all training seminars as an integral part of their professional responsibility during internship.

- Seminar faculty will take attendance at each meeting and notify the Consortium Chair of absences
- If an intern must miss a seminar, it is their responsibility to provide professional and timely notification to the seminar presenter.
- If an intern misses more than 2 seminar sessions, they will be expected to write a research paper related to the topic that was missed.
- If there is inconsistent seminar attendance, the Consortium Chair will alert the intern's site director and the site director will then talk with the intern.
- Problems concerning seminar attendance will be noted in the intern's CC evaluation

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Problem Resolution, Performance Difficulties, and Termination

University of Michigan Internship Consortium

PERFORMANCE DIFFICULTIES, UNSATISFACTORY PERFORMANCE AND TERMINATION OF INTERNSHIP

As a key part of our approach to training, the University of Michigan Internship Consortium faculty and staff make every effort to help interns identify and solve problems that arise in their work in the Consortium. As a training organization, we recognize that problems can arise as interns strive to master the complex issues involved in becoming a professional clinician, and the faculty supervisors and Directors, as indicated, will work with interns in this effort.

Interns having performance difficulties in the program are assisted by their supervisors to identify problems and to plan remedial learning strategies and/or support measures. These plans may include temporary modification of normative expectations. Temporary modifications to provide remedial assistance could include: reducing the student's case load; assigning or not assigning particular types of cases; adjusting the rate at which the student takes on new service delivery activities; providing remedial learning opportunities, including joint service delivery experiences with staff; additional supervision, instructional readings and/or recommending specific conference or workshop attendance. Issues at this level are also brought to the attention of the site director, who may also meet with the intern and/or intern and supervisor together.

If problems persist, or are more significant, a joint ad hoc committee composed of the intern's major supervisors at both units, the unit directors and the Consortium Training director will meet to evaluate the problems and develop a remediation plan. When personal issues appear to be impacting performance, interns are assisted in identifying the issues while maintaining the boundary between supervision and psychotherapy by referring the intern to psychotherapists who have no affiliation with the Consortium.

If, despite the efforts of the ad hoc committee and the training faculty, serious problems persist, and if the problems, in the considered opinion of the committee, constitute serious impediments to completing the internship in a satisfactory manner, the intern may be asked to take a leave until the problem has been addressed to our satisfaction, or may be suspended or terminated from the program. Some problems may be of sufficient seriousness as to warrant immediate dismissal from the internship. Examples of such problems would include sexual activity with a patient, theft, substance abuse, or serious breach of patient confidentiality. If the intern is asked to take a leave, or is dismissed from the internship, the intern will receive a written statement as to the nature of the problem, and an explanation of what steps have been taken to help the intern with the problem (if warranted), and an explanation of why, considering the problem, a leave or dismissal is required by the Institute staff. An appeal of this decision may be made to the intern's direct supervisors, the Training Director of each unit, and then the site director. Concerns which are still not resolved in this manner can be taken to the Chair of the Consortium Committee, from there to the Clinical Area Chair, and finally to the Graduate School. (See Rackham Academic Dispute Resolution Policy) located at www.rackham.umich.edu/StudentInfo/Publications/GSH/html/contents.html

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Consortium Supervisors

Consortium Supervisors

Consortium supervisors are a distinguished group of professionals from several different disciplines (psychology, social work, psychiatry, nursing and speech and language pathology). Your primary supervisor will always be a Fully Licensed Psychologist in the State of Michigan. Supervisors have expertise in a very wide variety of areas. All have extensive experience working with the populations served in your site, and in supervising students. You should also feel free to consult with any Consortium supervisor as you proceed through your internship.

Anupama Agrawal, MSW (Faculty, UCCF). Clinical social worker with expertise in early childhood mental health and early childhood evidence-based interventions. Specifically interested in the birth - 3 time period, attachment security and attachment - based interventions, supporting the parent-child relationship, working with diverse populations, and families who have experienced trauma.

Christine Asidao, Ph.D. (CAPS). Interests include: multicultural counseling, Asian Pacific American/International concerns, eating disorders and body image, and family-of-origin concerns.

Karin Arizala, Ph.D. (CAPS) multicultural counseling and identity development, the autism spectrum, ADHD, students with disabilities, chronic health conditions, sexual orientation and gender identity issues, graduate students, women's issues, relationship concerns, family-of-origin issues.

Jamye Banks, Ph.D. (CAPS). Relationship concerns, family-of-origin issues, identity development, adjustment, multicultural diversity, eating and body image, anxiety, perfectionism, stress management, grief and loss.

Eileen Bond, M.S.W. (UCCF). Clinical Social Worker with expertise in mind/body approaches to behavioral health including: imagination training, relaxation training, and stress management; parent education; family therapy; and the utilization of spirituality in psychotherapy.

Amanda Byrnes, L.L.M.S.W. (CAPS) Case management provides students with high quality referrals, coordination, and follow-up for mental health services both within and outside of the University. The Case Manager works collaboratively with students to attain resources that match students' needs. Interests include: impact of community/systems on mental health; identity and the feminist perspective; international service/aid/ empowerment.

Barbara Cain, M.S.W., A.C.S.W. (Psychological Clinic) Social Worker with expertise in adult psychotherapy. Special interests in divorce and supervision.

Dwayne Campbell, Ph.D. (CAPS). Interests include: Multicultural counseling (esp. Black student concerns), men's issues, identity issues, academic performance concerns, anxiety, depression, relationship difficulties and family.

Kristen Chapman, M.A. (UCCF) Speech & language pathologist specializing in disorders of speech, language, learning, social functioning and attention; expertise in consultation with education systems on behalf of children with these disorders.

La Reese Collins, Ph.D., L.M.S.W., A.S.C.W., B.C.D. in Social Work and Psychology (CAPS) Interests include: ACOA/dysfunctional families, alcohol and other drugs, anxiety and stress management, depression, grief and loss, minority/cross-cultural issues, relationship concerns, couples and marital

issues, sexual orientation issues, spiritual concerns.

Rachel Crutchfield, L.M.S.W. (CAPS) Interests include: working with trauma, abuse and sexual assault/ violence survivors; personality concerns; feminist and multicultural practice; self-esteem, identity and adjustment issues; eating/body image issues; relationship difficulties (couples and family-of- origin); depression.

Jim Dolan, Jr., Ph.D. (CAPS). Identity development, self-management, resilience and positive psychology, creating infrastructure for the delivery of counseling center services that allows for creative adaptation and change while holding the timeless needs of student development at the center of the work

Jerome Dowis, Ed.D. (CAPS) Interests include: anxiety disorders, procrastination and related academic blocks such as performance anxiety and public speaking anxiety, special issues of graduate students.

Todd Favorite, Ph.D. (Director & Faculty Psychological Clinic) Clinical Psychologist with expertise in a variety of evidence- based psychotherapies for adults; interest and expertise in trauma research and psychotherapy; certified in Cognitive Behavioral Analysis System of Psychotherapy (CBASP).

Cynthia Ewell Foster, Ph.D. (Director & Faculty UCCF). Clinical Child and Adolescent Psychologist with expertise in a variety of evidence-based psychotherapies for children and adolescents (e.g., parent behavior management training, cognitive-behavioral therapy for depression and anxiety, suicide risk assessment and management) as well as the development of family, community, and school supports for young people with emotional, behavioral, and learning problems.

Elizabeth Gonzales, LLMSW (CAPS). Interests include: Multicultural counseling, grief and loss, eating disorders and body image, survivors and perpetrators of sexualized violence (sexual assault, dating/domestic violence, stalking, sexual harassment, childhood sexual abuse), sexuality and sexual orientation concerns and first-generation college students. She is fluent in Spanish.

Victoria Hays, Ph.D. (CAPS) Interests include: issues that disproportionately affect women in our culture (e.g. abuse, depression, eating/body image concerns, relationships), issues of sexuality and sexual orientation, special issues of student-athletes.

Karen Henry, Psy.D. (CAPS). Anxiety, depression, family of origin, trauma, developmental challenges present during college, multicultural and social justice work, outreach interests include presentation anxiety, stress management, and school/life balance

Jody Hoffman, Ph.D. (Psychological Clinic). Clinical Psychologist with expertise in CBT, Acceptance and Commitment Therapy (ACT) & Interpersonal Psychotherapy (IPT).

Kiyana Horton, L.M.S.W. (CAPS): Interests include: family-of-origin issues, sexual orientation and gender identity concerns, spirituality and religious concerns, relationship difficulties, students of color and cross-cultural/multicultural issues.

Edward Huebner, L.M.S.W. (CAPS) Social worker with expertise in Men's Issues, Student Athlete Issues, spirituality and religious concerns, relationship difficulties, self-harming concerns and couples counseling.

Erin Hunter, Ph.D. (UCCF) Licensed Clinical Child and Adolescent Psychologist with expertise in a variety of evidence-based psychotherapies for children, adolescents, and families, including parent management training, cognitive behavioral therapy, and acceptance and mindfulness treatments.

Additional strong interests in supervision and the training of clinical psychological students. Research interests have focused on socioemotional development in at-risk youth, including youth exposed to intimate partner violence and depressed adolescents.

Emily Hyssong, LLMSW (CAPS) Performance (including performance anxiety and emotional expression, relationship difficulties, sexual orientation concerns, family of origin issues, anxiety, depression issues, self-esteem, eating and body image concerns.

Helen Kaplan, MSW (Faculty/Intake Coordinator, UCCF). Clinical Social Worker with expertise in school social work, group therapy for children including social skills training, devising behavior intervention plans for children, and a passion for evaluating and treating children who present with a variety of behavioral and emotional concerns.

Sheryl Kelly, Ph.D. (CAPS) Multicultural issues, working with students of color, eating and body image concerns, relationship difficulties, self-esteem/worth, adjustment issues, couples work, supervision, outreach.

Cheryl King, Ph.D. (Director of Mary A. Rackham Institute & Faculty UCCF) Clinical Child and Adolescent Psychologist with expertise in developmental psychopathology, family systems, parent behavioral management training, cognitive-behavioral therapies for child/adolescent depression and anxiety, social skills training, family interventions for parents and adolescents, suicide risk assessment, and suicide risk management.

Lawrence R. Kowalski, MS, BCBA (UCCF). MS Clinical Psychologist and Board Certified Behavior Analyst with expertise in diagnosis and treatment of Autism Spectrum Disorders (ASD), social skills training, Applied Behavior Analysis (ABA), and Behavioral Therapy with Traumatic Brain Injuries (TBI).

Fiona Miller, Ph.D. (UCCF). Clinical Psychologist with expertise in the diagnosis and treatment of Autism Spectrum Disorders, developmental assessments, parent consults, parent behavioral management training, and interventions for aggression and fire-setting in young children.

Laura Monschau, Ph.D. (CAPS) Interests include: Women's issues, trauma, sexualized violence (sexual assault, dating/domestic violence, stalking, sexual harassment, childhood sexual assault), issues of sexuality and sexual orientation, anxiety and depression concerns.

Patricia O'Malley, Psy.D. (CAPS) Interests include: Multicultural counseling, working with Asian/Pacific Islander American students, multi-racial and multi-cultural students, identity development, eating and body image concerns, women's issues, relationship and family of origin issues, anxiety, mindfulness, stress management, and wellness.

Shivaun Nafsu, LMSW (CAPS) Depression, international student concerns, anxiety, trauma, domestic/intimate partner violence, self-esteem, adjustment, relationships.

Mishelle Rodriguez, Ph.D. (CAPS) Students of color, particularly African American mental health, men's issues, graduate students, first-generation college students, student athletes, trauma-related issues, family of origin issues.

Todd Sevig, Ph.D. (Director, CAPS) Interests include: anxiety and depressive disorders, concerns of graduate students working on their dissertation, spiritual/meaning of life/existential issues (all of these within the context of multicultural counseling).

Junichi Shimaoka, Psy.D. (CAPS). Interests include: identity and existential concerns; couples, family-of-origin, and relational concerns; working with students of color, Asian/Pacific Islander American, and International students; sexuality and sexual orientation concerns; gender identity; cross-cultural/multi-cultural issues; grief and loss. He is fluent in Japanese.

Jeffrey Urist, Ph.D. (Psychological Clinic) Clinical Psychologist with expertise in adult psychotherapy and assessment, short-term psychotherapy, and therapy with adolescents.

Michelle van Etten-Lee, Ph.D. (Director of Psychology Training, Mary A. Rackham Institute & Faculty, Psychological Clinic) Clinical Psychologist with expertise in adult psychotherapy and assessment, with a focus on CBT and anxiety disorders.

Susan Watts, M.S.W. (Psychological Clinic) Social Worker with expertise in individual, couples and group therapy, and treatment of substance abuse.

Teri Wolf, MD (Psychological Clinic) Adult psychiatrist with interest in influence of medical conditions on mental health.

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Appendix A
Trainee Self Evaluation Form

APPENDIX A

TRAINEE SELF EVALUATION FORM

Trainee: _____	Date: _____	Signature: _____
Supervisor: _____	Date: _____	Signature: _____
Supervisor: _____	Date: _____	Signature: _____
Supervisor: _____	Date: _____	Signature: _____
Supervisor: _____	Date: _____	Signature: _____

Clinic(s)	<input type="checkbox"/> Psychological Clinic	<input type="checkbox"/> University Center for the Child and Family (UCCF)	<input checked="" type="checkbox"/> CAPS
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SELF-EVALUATION SCALE DESCRIPTIONS	
0	Not applicable
1	I feel quite confident about this area
2	This area should be a focus for continued work during the internship year
3	This area should be a special focus during the internship year

PROFESSIONAL SKILLS AND COMPETENCIES

A – COMPETENCY: DIAGNOSTIC AND ASSESSMENT SKILLS

Adult	Child/Fam	
		A1 - OBJECTIVE: DIAGNOSTIC SKILL
<input type="checkbox"/>	<input type="checkbox"/>	Ability to develop an assessment plan that addresses the clinical question and is appropriate to the setting/patient population. Utilizes data gathered from relevant medical, psychiatric, and social information to diagnose accurately. Has a thorough working knowledge of psychiatric diagnostic nomenclature and DSM classification.
		A2 - OBJECTIVE: DIAGNOSTIC INTERVIEWING
<input type="checkbox"/>	<input type="checkbox"/>	Application of diagnostic interviewing skills to effectively gather medical/biological, psychological, and social information to guide assessment planning, diagnostic reasoning, and case formulation. Ability to engage patient during the diagnostic interview in such a way that symptoms are elucidated in a manner that allows for accurate diagnosis.
		A3 - OBJECTIVE: RISK ASSESSMENT

Ability to incorporate risk assessment into the diagnostic interview, elicit risk/protective factors, suicidality, and obtain and integrate relevant collateral information into risk assessment as appropriate.

A4 - OBJECTIVE: PSYCHOLOGICAL TEST SELECTION AND ADMINISTRATION

Ability to select, administer, score a range of psychological instruments (i.e. personality, intellectual/cognitive) that effectively address the referral question.

A5 - OBJECTIVE: PSYCHOLOGICAL TEST INTERPRETATION

Interprets the results of psychological tests used in his/her area of practice. Demonstrates competence interpreting a broad range of psychological instruments.

A6 - OBJECTIVE: ASSESSMENT WRITING SKILLS (TESTING/DIAGNOSTIC EVALUATIONS)

Ability to integrate multiple levels of assessment information (including as appropriate, history, interview, medical observation, clinical knowledge base, test data) into a comprehensive, coherent and useful oral (or sign language) and written report that includes consideration of cultural factors.

A7 - OBJECTIVE: CASE FORMULATION

Ability to develop a useful biopsychosocial case formulation, incorporating multiple theoretical perspectives, and drawing on research knowledge. Conceptualizations integrate issues pertinent to a patient's culture, (race, ethnicity, language, national origin, religion, sexual orientation, disability, SES, gender, age) as appropriate.

A8 - OBJECTIVE: FEEDBACK REGARDING ASSESSMENT/DIAGNOSTIC EVALUATION

Plans and carries out a feedback interview. Explains findings in terms the patient and/or caregiver can understand, provides suitable recommendations and responds to issues raised by patient/caregiver. Gives appropriate feedback and consultation to referral sources/professionals based on the assessment findings.

A9 - OBJECTIVE: PRESENTATION SKILLS

Presents clear, concise overview of case in clinic forums (consultation groups; disposition meetings). Able to discuss and describe clinical decisions, interpretations, and formulation of findings. Engages group in thoughtful discussion of case formulation from multi-theoretical perspective.

B - COMPETENCY: TREATMENT AND CONSULTATION

B1 - OBJECTIVE: THERAPEUTIC RELATIONSHIPS

Consistently forms and maintains appropriate therapeutic relationships with patients from diverse backgrounds and across range of psychopathology/level of acuity. Integrates termination issues into therapy.

B2 - OBJECTIVE: TREATMENT PLANNING

Collaborates with patient to form appropriate treatment goals, identifying a patient's and/or family's treatment needs and strengths as the foundation of an appropriate treatment plan. Thoughtfully integrates assessment information and knowledge of

patient preferences and strengths/weaknesses in choosing intervention. Conducts ongoing assessment of treatment progress, obtaining input from the patient/family and collateral sources.

B3 - OBJECTIVE: PATIENT RISK MANAGEMENT

Collaborates with patients in crisis to make appropriate short-term safety plans with plan for ongoing assessment and intervention, and intensifies treatment as needed. Involves family/significant others in risk management plan as appropriate.

B4 - OBJECTIVE: COGNITIVE-BEHAVIORAL THERAPEUTIC INTERVENTIONS WITH INDIVIDUALS

Ability to conceptualize therapeutic interventions from a cognitive-behavioral perspective. Implements well-timed and effective cognitive-behavioral interventions that are developmentally and culturally appropriate, and are consistent with empirically supported treatments when indicated. Demonstrates motivation to increase knowledge of cognitive-behavioral approach and expand range of interventions through reading and consultation as needed.

B5 - OBJECTIVE: RELATIONAL/INTERPERSONAL THERAPEUTIC INTERVENTIONS WITH INDIVIDUALS

Ability to conceptualize therapeutic interventions from a relational/interpersonal perspective. Implements well-timed and effective interpersonal interventions that are developmentally and culturally appropriate and are consistent with empirically supported treatments when indicated. Attuned to the therapeutic alliance and impact on treatment process. Demonstrates motivation to increase knowledge and expand range of interventions through reading and consultation as needed.

B6 - OBJECTIVE: THERAPEUTIC INTERVENTIONS WITH COUPLES AND FAMILIES

Ability to conceptualize therapeutic interventions from a family systems perspective and to implement family interventions as appropriate. Demonstrates motivation to increase knowledge and expand range of interventions through reading and consultation as needed.

B7 - OBJECTIVE: THERAPEUTIC INTERVENTIONS WITH GROUPS

Intervenes in group skillfully, attends to member participation, completion of therapeutic assignments, group communication, safety and confidentiality. If the group has psychoeducational component, readies materials for group, and understands each session's goals and tasks

B8 - OBJECTIVE: EFFECTIVE USE OF EMOTIONAL REACTIONS (TRANSFERENCE AND COUNTERTRANSFERENCE)

Recognizes client's transferences and understands and uses own emotional reactions to the patient productively in the treatment.

B9 - OBJECTIVE: CONSULTATIVE GUIDANCE

Understands the role of the consultant and gives the appropriate level of guidance when providing consultation to other health or mental health care professionals or

school systems, taking into account their level of knowledge about psychological theories, methods and principles.

B10 -OBJECTIVE: SEEKING CONSULTATION

Appropriately evaluates the need for consultation with other health or mental health care professionals, or school systems, to enhance client care. Consistently seeks consultation as appropriate. Incorporates information and feedback from consultation into clinical care.

B11 - OBJECTIVE: EVALUATION

Understands & implements methods for outcome evaluation of treatment or a designated program. Understands principles and methods of evaluation; Applies evaluation method effectively.

PROFESSIONAL STANDARDS AND BEHAVIOR

C - COMPETENCY: ETHICAL UNDERSTANDING AND BEHAVIOR

C1 - OBJECTIVE: KNOWLEDGE OF ETHICS AND LAW

Demonstrates good knowledge of ethical principles and state law. Consistently applies these appropriately to all realms of professional practice, seeking consultation as needed.

C2 - OBJECTIVE: SENSITIVITY TO PATIENT DIVERSITY

Sensitive to the many elements of human diversity (cultural, linguistic, social, spiritual, etc.) Committed to providing culturally informed and sensitive services. Self-aware of one's own identities and values as they impact care.

C3 - OBJECTIVE: PROFESSIONAL RESPONSIBILITY IN DOCUMENTATION

Executes professional responsibilities (e.g., appointments, paperwork) in a complete and timely fashion. All patient contacts, including scheduled and unscheduled appointments and phone or e-mail contacts are well documented. Records include all pertinent information and little extraneous information.

D - COMPETENCY: PROFESSIONAL DEVELOPMENT AND Demeanor

D1 - OBJECTIVE: PROFESSIONAL INTERPERSONAL BEHAVIOR

Professional and respectful interactions with patients, families, treatment teams, staff, peers and supervisors. Seeks input and support as needed. Works collaboratively with other disciplines and peers

D2 - OBJECTIVE: SUPERVISION

Seeks supervision as needed, identifying needs and questions about clinical and professional issues. Consistently comes prepared to discuss cases and professional issues. Effectively presents cases in accurate, clear, and organized manner. Openly reflects on own clinical strengths and weakness, and areas in need of growth. Open to feedback, and integrates input into existing knowledge base and clinical strategies.

D3 - OBJECTIVE: USES POSITIVE COPING STRATEGIES

Demonstrates positive coping strategies with personal and professional stressors and challenges. Maintains professional functioning and quality patient care. Actively aware of personal issues that may influence patient care or carrying out professional duties.

D4 - OBJECTIVE: ADMINISTRATIVE SKILLS

Demonstrates ability to manage the administrative tasks of professional life, including participation in administration at the program/organization level.

D5 - OBJECTIVE: INDUSTRY AND INITIATIVE IN THE TRAINING PROCESS

Demonstrates industry and initiative in the training process. Displays necessary self-direction in accessing current scientific knowledge to inform clinical practice. Development of identity as a psychologist and early career focus, including specification of individualized goals for training and what is required to attain those goals. Gives constructive feedback about the training experience.

ACADEMIC COMPETENCIES

E - COMPETENCY: TEACHING, SCHOLARSHIP, and SUPERVISION

E1 - OBJECTIVE: TEACHING PRESENTATION SKILLS (POSTDOC)

Demonstrates interest and ability to effectively present clinical information in didactic setting. Appropriately shares professional and clinical knowledge and consistently contributes to others' learning. Seeks and incorporates feedback from diverse groups on presentation skills.

E2 - OBJECTIVE: PARTICIPATION AND ENGAGEMENT

Consistently and meaningfully participates in didactic seminars, meetings, and case discussions. Appropriately shares professional and clinical knowledge and experiences that may be useful to discussion. Displays openness and appreciation of diverse opinions and interpretations of clinical material.

E3 - OBJECTIVE: SCHOLARSHIP

Demonstrates the ability to be an educated consumer of empirical research and to apply scientific knowledge to the clinical setting. May contribute to research, clinical improvement and or/ program evaluation, and may develop and disseminate scholarship.

E4 - OBJECTIVE: SUPERVISORY SKILLS (POSTDOC)

Fosters a supervisory environment that is both supportive and challenging, and facilitates growth; Offers practical instruction and experiential wisdom on psychopathology, case formulation, intervention selection, and therapeutic technique; Provides useful verbal and written feedback on trainee's reports and documentation; Fosters development of trainee's own therapeutic style and ability to conceptualize and make treatment decisions; Models professionalism with reliability, preparedness, and diplomatic provision of feedback. Seeks consultation/supervision on the supervisory process.

E5 - OBJECTIVE: PEER SUPERVISORY SKILLS (INTERN)

- Effectively employs knowledge of supervision techniques in a consistent and effective manner, facilitating the development of the supervisee. Shares own experiences, perspectives, and suggestions in a helpful, supportive manner. Offers practical instruction and experiential wisdom on psychopathology, case formulation, intervention selection, and therapeutic technique. Models professionalism with reliability, preparedness, and diplomatic provision of feedback. Thoughtfully navigates supervisory process attending to dual peer relationship with supervisee. Seeks consultation/supervision on the supervisory process.**

E6 – OBJECTIVE: KNOWLEDGE OF THEORY/MODELS OF SUPERVISION

- Demonstrates knowledge of theory and models of supervision, including how to appropriately respond to individual and cultural differences. Knowledgeable of various supervision techniques; seeks out and uses scientific literature on supervisory practices.**

E7 - OBJECTIVE: OUTREACH (POSTDOC)

- Demonstrates good knowledge base and effective communication skills in provision of seminars, workshops, and outreach activities; Demonstrates ability to engage audience and tailor learning material to the developmental level and/or needs of the audience. Adequately prepares for presentations that utilize current research when appropriate.**

E8 - OBJECTIVE: LEADERSHIP SKILLS (POSTDOC)

- Actively seeks out opportunities for leadership roles (e.g. leading projects, teaching, volunteering for outreach opportunities, etc); Informally and formally establishes self as mentor and leader among other trainees (e.g. offers informal case consultations); Demonstrates ability to initiate, lead and manage special projects; Establishes expertise/area of specialization (e.g. patient population, therapeutic approach).**

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Appendix B
Consortium Intern Evaluation Form

TRAINEE EVALUATION FORM

Trainee:	Clinic:	
	Midyear	Final
Supervisor(s)		
Time Period Covered		
Date Completed		
Intern Signature		
Supervisor Signature		
Supervisor Signature		
Supervisor Signature		

Evaluation is based upon observations in (check all that apply):

Mid-Year	End of Year		Mid-Year	End of Year	
<input type="checkbox"/>	<input type="checkbox"/>	Direct Observation	<input type="checkbox"/>	<input type="checkbox"/>	Review of Written Work
<input type="checkbox"/>	<input type="checkbox"/>	Videotape	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Activity
<input type="checkbox"/>	<input type="checkbox"/>	Seminar/Meeting Interactions	<input type="checkbox"/>	<input type="checkbox"/>	Discussion of Clinical Interaction
<input type="checkbox"/>	<input type="checkbox"/>	Case Presentation	<input type="checkbox"/>	<input type="checkbox"/>	Comments from Other Staff

COMPETENCY RATINGS DESCRIPTIONS

A Advanced specialized skills

Rating reflects exceptional, specialized competency and ability to consistently practice independently. This rating may be achieved in select areas after specialized residency or postdoctoral training.

L Skills comparable to autonomous practice at the full licensure level.

High level of competency fitting independent practice. This rating is often achieved by the completion of residency or postdoctoral training.

HI High Intermediate

Competency attained in all but the most complex cases; trainee demonstrates sophisticated and refined clinical skills. Supervisor provides overall management of trainee's activities; depth of supervision varies as clinical needs warrant. This rating is often achieved by the completion of internship training/beginning of residency or fellowship training.

I Intermediate

Basic competencies in place; continued supervision of clinical activities with a focus on refining and expanding skills. This is a common rating throughout the internship.

E Entry level

Routine, intensive, supervision needed to support the trainee as he/she develops competencies. This is a common rating at the beginning of internship.

R Needs remedial work

Intensive supervision required to attain basic level of competency. Implementation of an action plan with measurable objectives to guide the acquisition of requisite skills.

NA Not applicable for this training experience/Not assessed during training experience

Intern Expectations: Midyear: All competencies rated at “E” or above, or remedial plan will be established; End of Year: All competencies rated at “I” or above.

Postdoc Expectations: Midyear: All competencies rated at “HI” or above, or remedial plan will be established; End of Year: All competencies rated at “L” or above, select competencies rated “A” or above.

PROFESSIONAL SKILLS AND COMPETENCIES

A – COMPETENCY: DIAGNOSTIC AND ASSESSMENT SKILLS

A1 - OBJECTIVE: DIAGNOSTIC SKILL

Ability to develop an assessment plan that addresses the clinical question and is appropriate to the setting/patient population. Utilizes data gathered from relevant medical, psychiatric, and social information to diagnose accurately. Has a thorough working knowledge of psychiatric diagnostic nomenclature and DSM classification.

Mid-Year

Final

- A** Independent diagnostician. Comprehensive knowledge of psychiatric classification, excellent ability to access and integrate information from collateral sources, and makes consistently accurate diagnoses. Smoothly incorporates the influence of cultural factors on the evaluation process and its outcomes.
- L** Thorough knowledge of psychiatric classification, solid ability to access and integrate information from collateral sources to make accurate diagnoses. Routinely considers the influence of cultural factors on the evaluation process.
- HI** Sophisticated working knowledge of psychiatric diagnoses. Thoroughly considers relevant patient data. Diagnostic decision-making process is well-thought through and accurate. Occasional supervision focuses on: complicated cases, multiple or unusual diagnoses, complex cultural factors, or changes in clinical presentation during ongoing case.
- I** Understands diagnostic nomenclature to accurately diagnosis many psychiatric problems. Supervision focus is on refining one (or more) of the following areas: integrating all relevant patient data, integrating collateral information (e.g., medical/education/employment/legal records), considering alternative diagnoses/identifying rule out diagnoses, diagnostic decision-making in complex cases, considering cultural or contextual factors
- E** Supervision supports accurate DSM-5 diagnoses and focuses on skill development including some of the following: Integrating all relevant patient data, integrating collateral information, considering alternative diagnoses/identifying rule out diagnoses, diagnostic decision-making in complex cases, considering cultural or contextual factors (e.g., medical/education/employment/legal records)
- R** Supervision required, with measurable objectives, to focus on the diagnostic process and identifying and developing skill in several of the following: understanding the psychiatric classification system, using DSM-5 criteria to develop an accurate diagnostic conceptualization acquiring or using important collateral contacts / information, identifying and synthesizing relevant patient information which includes cultural factors.
- N
A** Not applicable / not assessed

Goals / additional focus areas:

A2 - OBJECTIVE: DIAGNOSTIC INTERVIEWING

Application of diagnostic interviewing skills to effectively gather medical/biological, psychological, and social information to guide assessment planning, diagnostic reasoning, and case formulation. Ability to engage patient during the diagnostic interview in such a way that symptoms are elucidated in a manner that allows for accurate diagnosis.

Mid-

Final

A Independent diagnostic interviewer. Demonstrates excellent diagnostic interviewing skills with all types of patients, flexibly adapting style to fit the patient/family and context. Consistently engages all types of patients throughout the diagnostic interview such that relevant data is gathered to inform accurate diagnosis. Well-timed interpretations and empathic reflections.

L Diagnostic interviewing skills are consistent across most patients. Able to generally adapt style to fit with the patient/family's needs/context. Generally able to engage most patients in diagnostic interview. Consistently makes empathic reflections. Supervision may focus on refining skills with new populations or in new settings/contexts, and/or other focus: _____

HI Sophisticated ability to conduct a diagnostic interview. Able to flexibly follow a logical and appropriate plan to gather relevant data. Demonstrates skilled active listening skills, including empathic reflections that facilitate rapport. Occasional supervision may focus on: balance between following patient's lead and adhering to planned structure, engaging patient in diagnostic interview, and/or other focus: _____

I Good ability to follow a logical format to obtain information, demonstrating empathy for patient via nonverbal behavior and reflections, and avoiding jargon. Supervision focus is on refining one (or more) of the following areas: input on strategies to engage difficult patients (e.g., overly talkative, reticent), adapting interviewing style to cultural context, developmentally appropriate language, balancing patient's lead and adhering to planned structure. And/or other focus: _____

E Supervision supports development of a plan for the diagnostic interview and focuses on skill development including some of the following: using open-ended or structured questions or stems, avoiding jargon, using developmentally appropriate language, establishing rapport, gaining diagnostic information from challenging patients, talking to patients about difficult or sensitive topics, empathic reflections, nonverbal communication. And /or other focus: _____

R Supervision required, with measurable objectives, for development of a diagnostic plan and implementation and /or interpretation of the diagnostic interview process. Supervision focuses on identifying and developing several of the following: providing structure and following a logical format for an organized, logical gathering of information, following up on important leads or disclosures, facilitating rapport, engaging the patient, expressing verbal and non-verbal communication of empathy and/or genuineness, identifying and gathering important data.

N
A Not applicable / not assessed

Goals / Additional Focus Areas

A3 - OBJECTIVE: RISK ASSESSMENT

Ability to incorporate risk assessment into the diagnostic interview, elicit risk/protective factors, suicidality, and obtain and integrate relevant collateral information into risk assessment as appropriate.

- | <u>Mid-</u> | <u>Final</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A/L Independently conducts risks assessment. Effectively integrates risk assessment for suicidality early in the clinical interview; elicits/identifies risk and protective factors and suicidality during interview and using collateral information; skillfully conducts risk assessment across diverse clinical settings. Documentation of risk assessment is clear. |
| <input type="checkbox"/> | <input type="checkbox"/> | HI Sophisticated ability to conduct risk assessment with good attention to risk/protective factors, judgment of risk, obtaining relevant collateral information, and documentation. Occasional supervision may focus on how best to integrate risk assessment into clinical interview and/or other focus:
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I Conducts risk assessment with solid clinical judgment. Supervision focus is on refining one (or more) of the following areas: interviewing style related to risk assessment, clear or comprehensive documentation of risk, confidence.
And/or other focus: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | E Supervision supports development of skills for risk assessment. Supervision focuses on identifying and developing some of the following: incorporating risk assessment into diagnostic interview, eliciting risk/protective factors, assessing suicidality, obtaining and integrating collateral information, clear and thorough documentation.
And/or other focus: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | R Supervision required, with measurable objectives, for development of skills for risk assessment. Supervision focuses on identifying and developing several of the following: incorporating risk assessment into a clinical interview, understanding of risk assessment process, assessing suicidality directly, clinical judgment of risk, obtaining and integrating collateral information, documentation of risk assessment.
And/or other focus: _____ |

NA Not applicable / not assessed

Goals / Additional focus areas

A4 - OBJECTIVE: PSYCHOLOGICAL TEST SELECTION AND ADMINISTRATION
Ability to select, administer, score a range of psychological instruments (i.e. personality, intellectual/cognitive) that effectively address the referral question.

- | <u>Mid-</u> | <u>Final</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A Independently selects and administers psychological tests appropriate to the referral question. Consistently proficient in the selection and administration of tests in specialized settings (primary care, inpatient medical, cultural background of the patient, etc.). |
| <input type="checkbox"/> | <input type="checkbox"/> | L Sophisticated ability to select and administer psychological tests. Occasional supervision may focus on complex cases or referral question. |
| <input type="checkbox"/> | <input type="checkbox"/> | HI Strong ability to select and administer psychological tests appropriate to referral questions. Supervision focus is on refining one (or more) of the following areas: fine points of test administration, reassurance that selected tests are appropriate, learning new tests, complex cases or referral questions. And/or other focus:
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I Good ability to select and administer psychological tests. Supervision focus is on refining one (or more) of the following areas: administration of common assessments/tests, determining appropriate tests for referral questions, integrating the role of culture in test selection, scoring procedures.
And/or other focus: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | E Supervision supports development of test selection and administration skills. Supervision focuses on identifying and developing some of the following: administration of common assessments/tests, determining appropriate tests for referral questions, understanding the role of culture in test selection, test scoring procedures. And/or other focus: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | R Supervision required, with measurable objectives, in the development of test selection and administration skills: Supervision focuses on identifying and developing several of the following: learning appropriate tests for referral questions, decision process for test selection, administration of common assessments/tests, basic scoring procedures. And/or other focus: _____ |
| _____ | _____ | |

N
A Not applicable / not assessed

Goals / Additional Focus Areas:

A5 - OBJECTIVE: PSYCHOLOGICAL TEST INTERPRETATION

Interprets the results of psychological tests used in his/her area of practice.
Demonstrates competence interpreting a broad range of psychological instruments.

- | <u>Mid-</u> | <u>Final</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | A/L Independently interprets a variety of tests. Skillfully and efficiently interprets tests autonomously. Makes accurate independent diagnostic formulations on a variety of disorders. Consistently and accurately interprets and integrates results. |
| <input type="checkbox"/> | <input type="checkbox"/> | HI Sophisticated ability to interpret test results. Occasional supervision may focus on complex questions/cases, scoring for novel tests, complicated conclusions or recommendations.
And/or other focus: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I Competent ability to interpret tests. Supervision focus is on refining one (or more) of the following areas: handling difficult patients, interpreting unusual findings or novel tests, use of computerized scoring packages, recommendations that stem from interpretations of results.
And/or other focus: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | E Supervision supports development of test interpretation skills. Supervision focuses on identifying and developing some of the following: handling difficult patients, interpreting unusual findings or novel tests, accuracy of conclusions, use of computerized packages, recommendations that stem from interpretations of results.
And/or other focus: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | R Supervision required, with measurable objectives, in the development of test interpretation skills: Supervision focuses on identifying and developing several of the following: understanding test interpretation, handling difficult patients, interpreting unusual findings or novel tests, accuracy of conclusions, use of computerized packages, recommendations that stem from interpretations of results.
And/or other focus: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | NA Not applicable / not assessed |

Goals / Additional Focus Areas:

A6 - OBJECTIVE: ASSESSMENT WRITING SKILLS (TESTING/DIAGNOSTIC EVALUATIONS)

Ability to integrate multiple levels of assessment information (including as appropriate, history, interview, medical observation, clinical knowledge base, test data) into a comprehensive, coherent and useful oral (or sign language) and written report that includes consideration of cultural factors.

Mid-

Final

A Independently writes a comprehensive testing and/or diagnostic report. Reports are consistently clear and thorough, follow a coherent outline, are an effective summary of major relevant issues, and well written. Relevant test results are integrated as supportive evidence. Recommendations are specific and related to referral questions.

L Reports are comprehensive and integrate cultural factors and collateral information. Supervision focus may include suggestions for organization and clarity, and/or other focus: _____.

HI Sophisticated ability to write testing and/or diagnostic reports. Occasional supervision may focus on cohesiveness of all elements of the report, organization or other writing refinements, recommendations, cultural factors. And/or other focus: _____

I Competent ability to write testing and/or diagnostic reports. Supervision focus is on refining one (or more) of the following areas: determining important points to highlight, cohesiveness of all elements of the report, organization or other writing refinements, recommendations, cultural factors.

And/or other focus: _____

E Supervision supports development of writing skills for testing and/or diagnostic reports. Supervision focuses on identifying and developing some of the following: determining important points to highlight, cohesiveness of all elements of the report, organization, grammar or other writing refinements, recommendations, cultural factors. And/or other focus: _____

R Supervision required, with measurable objectives, in the development of writing skills for testing and/or diagnostic reports: Supervision focuses on identifying and developing several of the following: determining important points to highlight, addressing the referral question, cohesiveness of all elements of the report, organization, grammar or other writing refinements, recommendations, cultural

_____ factors. And/or other focus: _____.

N
A

Not applicable / not assessed

Goals / Additional Focus Areas:

A7 - OBJECTIVE: CASE FORMULATION

Ability to develop a useful biopsychosocial case formulation, incorporating multiple theoretical perspectives, and drawing on research knowledge. Conceptualizations integrate issues pertinent to a patient's culture, (race, ethnicity, language, national origin, religion, sexual orientation, disability, SES, gender, age) as appropriate.

Mid-Year

Final

A/L

Independently formulates a biopsychosocially informed case conceptualization. Routinely incorporates multiple theoretical perspectives with high degree of sophistication. Attentive to pertinent cultural issues. Routinely uses case conceptualization to inform diagnosis and treatment but also demonstrates a consistent ability to revise the case formulation based on patient presentation and response to treatment.

HI

Sophisticated ability to formulate biopsychosocial case conceptualizations, incorporating a multi-theoretical perspective. Occasional supervision may focus on incorporating patient's culture, integrating additional theoretical perspectives or biopsychosocial factors, applying the formulation to the treatment. And/or other focus: _____

I

Good ability to formulate biopsychosocially informed case conceptualizations from a multi-theoretical perspective. Supervision focus is on refining one (or more): integration of one the cultural issues, integration of additional theoretical perspectives, a component of biopsychosocial/systemic issues, sophistication of formulation, applying or revising conceptualization to ongoing treatment. And/or other focus: _____

E

Supervision supports formulation of biopsychosocially informed case conceptualizations from a multi-theoretical perspective. Supervision focuses on identifying and developing some of the following: integration of cultural issues, integration of various theoretical perspectives, components of biopsychosocial/systemic issues, sophistication of formulation, applying or revising conceptualization to ongoing treatment. And/or other focus: _____

R Supervision required, with measurable objectives, in the formulation of biopsychosocially informed case conceptualizations from a multi-theoretical perspective. Supervision focuses on identifying and developing several of the following: theoretical understanding of biopsychosocial formulation, development of a case formulation, integration of cultural issues, components of biopsychosocial/systemic issues, integration of multiple theoretical orientations, sophistication of formulation, applying or revising conceptualization to ongoing treatment.
And/or other focus: _____

NA Not applicable / not assessed

Goals / Additional Focus Areas:

A8 - OBJECTIVE: FEEDBACK REGARDING ASSESSMENT/DIAGNOSTIC EVALUATION

Plans and carries out a feedback interview. Explains findings in terms the patient and/or caregiver can understand, provides suitable recommendations and responds to issues raised by patient/caregiver. Gives appropriate feedback and consultation to referral sources/professionals based on the assessment findings.

Mid- Final
 A/L Independently plans and implements the feedback session. 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 Sophisticated ability to develop and implement a plan for the feedback session. Occasional supervision may focus on anticipating and identifying challenges in the feedback session. And /or other focus: _____

I Good ability to plan and conduct feedback session. Supervision focus is on refining one (or more): planning effective feedback for complex cases, communicating clearly when addressing complicated diagnostic issues or recommendations, responding to challenges during feedback, communication with referral sources or other professionals/agencies, integrating strengths.
And/or other focus: _____

E Supervision supports formulation planning and implementing the feedback session and focuses on identifying and developing some of the following: planning effective feedback, communicating clearly when addressing diagnostic issues or recommendations, responding to challenges, communication with referral sources or other professionals/agencies, integrating strengths, maintaining therapeutic position, managing affect (self/others).

_____ And/or other focus: _____

R Supervision required, with measurable objectives, in the planning and implementing the feedback session and focuses on identifying and developing several of the following: planning effective feedback, communicating clearly when addressing diagnostic issues or recommendations, responding to challenges, communication with referral sources or other professionals/agencies, integrating strengths, maintaining therapeutic position, managing affect (self/others), incorporating supervisory input. And/or other focus: _____

NA Not applicable / not assessed

Goals / Additional Focus Areas:

A9- OBJECTIVE: PRESENTATION SKILLS

Presents clear, concise overview of case in clinic forums (consultation groups; disposition meetings). Able to discuss and describe clinical decisions, interpretations, and formulation of findings. Engages group in thoughtful discussion of case formulation from multi-theoretical perspective.

Mid- **Final**
A/L Very Strong presentation skills. Concisely presents cases and clinical material in an organized fashion. Able to clearly describe assessment process, clinical decisions, interpretations, and formulation. Fields questions from audience confidently and in a thoughtful manner.

HI Strong presentation skills. Organized and concise presentation of cases and clinical materials. Occasional supervision may focus on effectively presenting assessment process, clinical decision making, interpretation of findings, case formulation, or engaging audience in discussion.

I Good presentation skills. Organized presentation of cases and clinical materials. Increasingly displays confidence during presentations. Supervision focus is on refining presentation of one (or more) of the following: assessment process, clinical decisions, interpretations, and formulation.
And/or other focus: _____

E Supervision supports development of presentation skills Supervision focuses on the following: organizing material for presentation; clearly and concisely presenting clinical information, decision making, and formulation; engaging audience in discussion and fielding questions.
And/or other focus: _____

R Supervision required, with measurable objectives, in the development of presentation skills. Supervision focuses on increasing ability to organize presentation, and present material concisely. Supervision also necessary to address ability to choose appropriate material for presentation, and preparing summary of treatment, clinical decisions, and formulation. Supervision also addresses how to engage audience. And/or other focus: _____

NA Not applicable / not assessed

Goals / Additional Focus Areas:

COMPETENCY: DIAGNOSTIC AND ASSESSMENT SKILLS

Goals Summary for next training interval:

B - COMPETENCY: TREATMENT AND CONSULTATION

B1 - OBJECTIVE: THERAPEUTIC RELATIONSHIPS

Consistently forms and maintains appropriate therapeutic relationships with patients from diverse backgrounds and across range of psychopathology/level of acuity. Integrates termination issues into therapy.

<u>Mid-</u>	<u>Final</u>	
<input type="checkbox"/>	<input type="checkbox"/>	A Consistently establishes quality relationships with patients, reliably identifies potentially challenging patients and seeks supervision. Works skillfully and collaboratively with patients presenting with severe psychopathology and/or safety concerns and their family members/significant others. Effectively and sensitively facilitates the termination process.

<input type="checkbox"/>	<input type="checkbox"/>	L Builds therapeutic rapport easily with most patients. Works collaboratively with patients and smoothly facilitates the termination process. Supervision may focus on refinement of therapeutic relationship-building with new patient populations/contexts. And/or other focus: _____
--------------------------	--------------------------	--

<input type="checkbox"/>	<input type="checkbox"/>	HI Establishes quality relationships with almost all patients and seeks supervision for
--------------------------	--------------------------	--

complex situations with potentially challenging patients. Generally comfortable and relaxed with patients, handles anxiety-provoking or awkward situations with ease. Demonstrates sophisticated understanding of termination process. Uses supervision well to process affective responses to patients presenting with severe psychopathology/suicidality or other complex issues.
 And/or other focus: _____

I Actively refining skills with new populations. Exhibits solid clinical skill when has prior experience with the population. Supervision focuses on processing issues related to working with patients with severe psychopathology or suicidality or other complex issues and refining ability to develop a plan for an effective, sensitive termination process. And/or other focus: _____

E Supervision supports development of some of the following: Quickly establishing rapport, using empathic reflections and clarifications, managing own anxiety when working with patients with severe psychopathology or suicidality, developing and understanding of termination issues.
 And/or other focus: _____

R Supervision required, with measurable objectives, in the development of a therapeutic relationship, including a focus on several of the following: developing ability establish rapport, respond empathically, manage high levels of anxiety / affect when working with patients with safety concerns or severe psychopathology, develop the ability to recognize the emotional impact of termination and recognize the importance of providing other therapeutic/supportive resources to patients/families.
 And/or other focus: _____

N
A Not applicable / not assessed

Goals / Additional Focus Areas:

B2 - OBJECTIVE: TREATMENT PLANNING

Collaborates with patient to form appropriate treatment goals, identifying a patient's and/or family's treatment needs and strengths as the foundation of an appropriate treatment plan. Thoughtfully integrates assessment information and knowledge of patient preferences and strengths/weaknesses in choosing intervention. Conducts ongoing assessment of treatment progress, obtaining input from the patient/family and collateral sources.

Mid-Year

Final

A/L Independently able to develop a treatment plan that complements and enhances that of the referring professional. Consistently sets realistic, measurable goals with patients. Skillfully and thoughtfully selects interventions. Consistently able to flexibly adapt the plan in response to changes in patient's presentation. Conducts

- _____ ongoing assessment of progress toward goals. Effectively addresses obstacles to treatment progress.
- HI** Sophisticated ability to develop a comprehensive treatment plan, including appropriate and realistic goals. Thoughtfully selects appropriate intervention. Occasional supervision focuses on assessing responses to treatment, and determining how best to address barriers in order to maximize progress. And/or other focus: _____
- I** Good ability to identify appropriate therapeutic intervention. Supervision focus is on refining ability select treatment approach, set therapeutic goals, and to monitor treatment progress. And/or other focus: _____
- E** Supervision supports some of the following: thoughtful selection of treatment intervention, identification of specific and measurable treatment goals, assessment of progress toward goals, and barriers to treatment. And/or other focus: _____
- R** Supervision required, with measurable objectives, in the treatment planning and assessment of progress, including focus on several of the following: developing a treatment plan that is consistent with diagnosis/case conceptualization, selective appropriate interventions, setting appropriate treatment goals with patient, recognizing obstacles to treatment. And/or other focus: _____
- NA** Not applicable / not assessed

Goals / Additional Focus Areas:

B3 - OBJECTIVE: PATIENT RISK MANAGEMENT

Collaborates with patients in crisis to make appropriate short-term safety plans with plan for ongoing assessment and intervention, and intensifies treatment as needed. Involves family/significant others in risk management plan as appropriate.

- Mid- Final **A/L** Consistent ability to independently develop a written crisis response plan that assures safety ensures patient’s immediate safety. Coordinates and works collaboratively with other service providers to develop a plan that addresses immediate, acute and continuing suicidal ideation and risk for suicidal behavior. 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.

HI Initiates appropriate actions to manage patient risk. Consistently demonstrates the ability to coordinate with other service providers to assess and plan for acute and continuing risk of suicidality. Occasional supervision sought regarding complex issues and/or for follow-up planning.
And/or other focus: _____

I Supervision focuses on refining skills in one (or more) of the following areas: assessment of risk, development of crisis plans to address immediate, acute, and continuing suicidal ideation, determining what additional resources are needed to monitor and mitigate risk.
And/or other focus: _____

E Supervision needed to support some of the following areas: assessment of risk, development of a crisis response plan, managing and planning for patients at high risk during session (including contacting supervisor before allowing patient to leave session, if needed), handling own anxiety regarding high-risk / crisis situations without becoming overwhelmed .
And/or other focus: _____

R Supervision required, with measurable objectives, in all aspects of risk assessment and management, including several of the following areas: adequate assessment of risk, adequate crisis response (including managing in-session crisis situations), adequate development of a crisis response / risk management plan. And/or other focus: _____

NA Not applicable / not assessed

Goals / Additional Focus Areas:

B4 - OBJECTIVE: COGNITIVE-BEHAVIORAL THERAPEUTIC INTERVENTIONS WITH INDIVIDUALS

Ability to conceptualize therapeutic interventions from a cognitive-behavioral perspective. Implements well-timed and effective cognitive-behavioral interventions that are developmentally and culturally appropriate, and are consistent with empirically supported treatments when indicated. Demonstrates motivation to increase knowledge of cognitive-behavioral approach and expand range of interventions through reading and consultation as needed.

Mid-Year

Final

A Able to independently conceptualize individual treatment from a cognitive-

behavioral perspective, and very effectively implements cognitive-behavioral interventions of various complexity. . Strong skill in orienting patient to cognitive-behavioral model and explaining treatment rationale. Flexibly delivers evidence-based cognitive-behavioral treatments, effectively adapting them to the patient's context. Interventions and interpretations facilitate patient acceptance and change. Shows creativity and thoughtfulness in determine effective behavioral interventions.(e.g. exposures) Where necessary, works closely with systems to ensure that skills learned in the therapy session are generalized and reinforced in other settings.

L Able to independently conceptualize individual treatment from a cognitive-behavioral perspective. Skillful implementation of cognitive-behavioral interventions. Able to orient patient to cognitive-behavioral model and provide meaningful treatment rationale. Occasional supervision to aid in developing cognitive-behavioral intervention for more complex cases. Flexibly delivers evidence-based cognitive-behavioral treatments, effectively adapting them to the patient's context. Interventions and interpretations facilitate patient acceptance and change. Where necessary, works closely with systems to ensure skills learned in the therapy session are generalized and reinforced in other settings.

HI Exhibits sophisticated cognitive-behavioral therapy skills, demonstrates skill in being able to orient patient to cognitive-behavioral model. Interventions and interpretations generally facilitate patient acceptance and change. Occasional supervision focuses on refining skills in: timing and delivery of more complex cognitive-behavioral interventions, adhering to plan for session and maintaining appropriate focus, tailoring manualized interventions to individual patients, and generally incorporating evidence-based approaches into clinical work.

I Many cognitive-behavioral interventions and interpretations are delivered and timed well. Supervision may focus on one (or more) of the following: orienting patients to cognitive-behavioral model, developing plans for sessions, maintaining focus in session, determining when to change plan to respond to patient agenda, individualizing manualized interventions.
And / or other focus: _____

E Supervision supports delivery of cognitive-behavioral interventions, including some of the following: development of an appropriate plan for the therapy session and ability to maintain focus, orienting patient to treatment, connecting session plans to treatment goals, using patient's context to teach and reinforce skills/themes, decreasing reliance on treatment manual and increasing ability to individualize treatment to the individual. And/or other focus: _____

R Supervision required, with measurable objectives, in delivery of cognitive-behavioral interventions and developing skill in several of the following: planning interventions and making appropriate and clinically relevant interpretations, orienting patients to

treatment, targeting interventions to patients' level of development, understanding and motivation, improving timing of interventions, developing focus and/or flexibility in sessions, facilitating interventions that are consistent with conceptualization and treatment plan. And / or other focus: _____

N
A Not applicable / not assessed

Goals / Additional Focus Areas:

B5 - OBJECTIVE: RELATIONAL/INTERPERSONAL THERAPEUTIC INTERVENTIONS WITH INDIVIDUALS

Ability to conceptualize therapeutic interventions from a relational/interpersonal perspective. Implements well-timed and effective interpersonal interventions that are developmentally and culturally appropriate and are consistent with empirically supported treatments when indicated. Attuned to the therapeutic alliance and impact on treatment process. Demonstrates motivation to increase knowledge and expand range of interventions through reading and consultation as needed.

Mid-Year

Final

A Able to independently conceptualize individual treatment from a relational/interpersonal perspective, and very effectively implements interpersonal interventions of various complexity. Strong skill in orienting patient to interpersonal theory and model. Flexibly delivers evidence-based interpersonal treatments, effectively adapting them to the patient's context. Interventions and interpretations facilitate patient acceptance and change. Consistently attune to therapeutic alliance and relational factors in the therapy room, and highly effective in processing with client. Works closely with systems to ensure skills learned in the therapy session are generalized and reinforced in other settings.

L Able to independently conceptualize individual treatment from a relational/interpersonal perspective. Effectively able to orient patient to interpersonal theory and model. Skillful implementation of relational/interpersonal interventions. Able to orient client to interpersonal theory and model. Occasional supervision to aid in developing interpersonal intervention for more complex cases. Flexibly delivers evidence-based interpersonal treatments, effectively adapting them to the patient's context. Interventions and interpretations facilitate patient acceptance and change. Generally attune to therapeutic alliance and relational factors in the therapy room, and effectively able to process with client. Works closely with systems to ensure that skills learned in the therapy session are generalized and reinforced in other settings.

HI Exhibits sophisticated relational/interpersonal therapy skills, demonstrates skill in being able to orient clients to interpersonal theory and model. Interventions and interpretations generally facilitate patient acceptance and change. Generally attune to therapeutic alliance and relational factors in the therapy room. Occasional supervision focuses on refining skills in: timing and delivery of more complex interpersonal interventions, exploring therapeutic alliance as it relates to treatment, adhering to plan for session and maintaining appropriate focus, tailoring manualized interventions to individual patients, and generally incorporating evidence-based approaches into clinical work.

I Many interpersonal interventions and interpretations are delivered and timed well. Supervision may focus on one (or more) of the following: orienting clients to interpersonal theory and model, exploring therapeutic alliance as it relates to treatment, developing plans for sessions, maintaining focus in session, determining when to change plan to respond to patient agenda, individualizing manualized interventions. And/or other focus: _____

E Supervision supports delivery of interpersonal interventions, including some of the following: development of an appropriate plan for the therapy session and ability to maintain focus, orienting client to treatment, attending to therapeutic alliance, targeting connecting session plans to treatment goals, using client's context to teach and reinforce skills/themes, decreasing reliance on treatment manual and increasing ability to individualize treatment to the individual. And/or other focus: _____

R Supervision required, with measurable objectives, in delivery of relational/interpersonal interventions and developing skill in several of the following: planning interventions and making appropriate and clinically relevant interpretations, orienting clients to treatment, attending to therapeutic alliance, targeting interventions to patients' level of development, understanding and motivation, improving timing of interventions, developing focus and/or flexibility in sessions, facilitating interventions that are consistent with conceptualization and treatment plan. And/or other focus: _____

**N
A** Not applicable / not assessed

Goals / Additional Focus Areas:

B6 - OBJECTIVE: THERAPEUTIC INTERVENTIONS WITH COUPLES AND FAMILIES

Ability to conceptualize therapeutic interventions from a family systems perspective and to implement family interventions as appropriate. Demonstrates motivation to increase knowledge and expand range of interventions through reading and consultation as needed.

- | <u>Mid-</u> | <u>Final</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | A/L Independently able to assess the need for individual, couple, or family therapy and provide multiple modalities with the same case as needed and appropriate. |
| <input type="checkbox"/> | <input type="checkbox"/> | HI Sophisticated ability to plan and implement interventions and interpretations that facilitate patient acceptance and change. Occasional supervisory assistance for timing and delivery of more difficult interventions. |
| <input type="checkbox"/> | <input type="checkbox"/> | I Has good understanding of therapeutic interventions and interpretations, which are delivered and timed well. Supervision focus is on refining ability to plan interventions and clarify interpretations. And/or other focus: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | E Supervision supports the development of interventions and interpretations that incorporate family, systemic, or ecological factors, including some of the following: engaging more than one person in treatment process, add systemic perspective to case conceptualization, planning interventions, and clarifying interpretations. And / or other focus: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | R Supervision required, with measurable objectives, in delivery of therapeutic interventions and developing skill in several of the following: planning systems-based interventions and making appropriate and clinically relevant interpretations, developing focus and/or flexibility in sessions, facilitating interventions that are consistent with conceptualization and treatment plan. And / or other focus: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | NA Not applicable / not assessed |

Goals / Additional Focus Areas:

B7 – OBJECTIVE: THERAPEUTIC INTERVENTIONS WITH GROUPS

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

- | <u>Mid-</u> | <u>Final</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A/L 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 co- |

therapist/supervisor with follow-up supervision later.

- | | | | |
|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | HI | Sophisticated ability to plan and implement group interventions, and able to engage group members effectively. Occasional supervisory assistance to provide input on group process issues as needed. Works to apply new knowledge and skills. Generally prepared for group sessions. |
| <input type="checkbox"/> | <input type="checkbox"/> | I | Has good understanding of group interventions. 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | E | Supervision supports development of understanding and implementation of group interventions. Supervision focuses on maintaining control and focus in group, implement interventions in group format, and ensuring sufficient coverage of content areas. Preparation is sometimes disorganized. |
| <input type="checkbox"/> | <input type="checkbox"/> | R | Supervision required, with measurable objectives, in delivery of group interventions, and developing skill in several of the following: maintaining control and focus in group, attending to group processes, managing multiple clients in group format, implementing interventions in group format ensuring sufficient coverage of content areas, presenting material in organized fashion, collaborating with co-therapist. May be frequently unprepared for content or with materials. |
| <input type="checkbox"/> | <input type="checkbox"/> | NA | Not applicable / not assessed |

Goals / Additional Focus Areas:

B8 - OBJECTIVE: EFFECTIVE USE OF EMOTIONAL REACTIONS (TRANSFERENCE AND COUNTERTRANSFERENCE)

Recognizes client's transferences and understands and uses own emotional reactions to the patient productively in the treatment.

- | | | | |
|--------------------------|--------------------------|------------|---|
| <u>Mid-</u> | <u>Final</u> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | A/L | Consistent ability recognize transference and countertransference, and use to formulate hypotheses about patient's current and historical social interactions, present appropriate interpretations and interventions. Able to effectively explore transference with client. Able to identify own issues that impact the therapeutic process and has ideas for coping with them. Seeks occasional consultation for |

_____ complex cases / issues.

HI Has a sophisticated understanding of transference and countertransference. Occasional supervision focuses on exploring client transference and how to use in therapy process, and the ability to use understanding of countertransference to formulate hypotheses about the patient and/or identifying own issues that impact therapeutic process, And/or other focus: _____

I Good understanding of the basic concepts of transference and countertransference. Supervision focus is on refining one (or more) of the following: exploring client transference and how to use in therapy process, identifying own emotional reactions to patient as countertransference, processing the information gained in session in the context of countertransference, reframing own emotional response to the patient. And/or other focus: _____

E Supervision supports the understanding and identification of transference and countertransference issues. Supervision focus includes some of the following: identifying and responding to client transference, avoiding blaming the patient when feeling anger, frustration or other intense emotional responses, reframing own emotional responses to the session, and accepting supervisor input into these issues. And/or other focus: _____

R Supervision required, with measurable objectives, to develop a working understanding of transference and countertransference and how it impacts the patient / therapist relationship. Supervision focuses on several of the following: gaining ability to identify and respond to client transference, gaining the ability to identify countertransference issues ability to reframe own emotional response to the session, refraining from placing blame on the patient when feelings of anger or frustration arise, accepting supervisor input into these issues. And/or other focus: _____

NA Not applicable / not assessed

Goals / Additional Focus Areas:

B9 -OBJECTIVE: CONSULTATIVE GUIDANCE

Understands the role of the consultant and gives the appropriate level of guidance when providing consultation to other health or mental health care professionals or school systems, taking into account their level of knowledge about psychological theories, methods and principles.

Mid-; Final **A** Independent consultant. Demonstrates expertise in providing input and appropriate

- _____ _____ feedback across diverse settings with a wide range of providers. Able to skillfully educate others about symptoms, diagnoses, psychological approaches in a manner that is well-received.
- L** Relates well to those seeking input and is able to provide appropriate feedback across diverse settings. Able to educate others about symptoms, diagnoses, psychological approaches. Supervision may focus on how to tailor feedback to best fit the setting/type of provider.
- HI** Exhibits sophisticated consultation skills. Occasional supervision focuses on refining skills regarding the manner of delivery or type of feedback given.
- I** Recognizes information that would be helpful to other professionals. Supervision focus is on refining one (or more) of the following: determining how to effectively communicate information, communicating precisely and succinctly without jargon, refining skills in delivering feedback in diverse settings, understanding and considering the level of knowledge of other professionals when giving feedback.
- E** Supervision supports the development of effective consultation relationships and skills. Supervision focus includes some of the following: provision of appropriate feedback, taking into consideration the knowledge level of other professionals, developing confidence in ability to share knowledge with other professionals, delivering relevant and concise feedback. And/or other focus: _____
- R** Supervision required, with measurable objectives, in the development of basic consultation skills and relationships. Supervision focuses on several of the following: understanding the role of the consultant, establishing effective consultation relationships to provide input and feedback, learning about the differing levels of knowledge among other professionals, providing helpful and appropriate contributions / feedback that are appropriately timed and delivered in an effective manner.
And/or other focus: _____
- N**
A Not applicable / not assessed

Goals / Additional Focus Areas:

B10 -OBJECTIVE: SEEKING CONSULTATION

Appropriately evaluates the need for consultation with other health or mental health care professionals, or school systems, to enhance client care. Consistently seeks consultation as appropriate. Incorporates information and feedback from consultation into clinical care.

Mid-Year

Final

- A/L** Actively seeks consultation when treating complex cases and working with unfamiliar symptoms. Consistently identifies when consultation with other providers is necessary, appropriately discusses and obtains releases from client, and engages in consultation that aids in client care. Highly effective in incorporating information gain from consultation into clinical care.
- HI** Identifies need for consultation with other providers and follows up with other providers to enhance care. Incorporates feedback/information into clinical care. Supervision may focus on determining questions/issues to discuss with consultant, and using consultation in a way that enhances treatment.
- I** Recognizes when consultation may be useful, as well as type of information to seek from consultants. Supervision focus is on refining one (or more) of the following: initiating consultation and formulating appropriate questions for other providers, incorporating feedback/information into treatment plan.
- E** Supervision supports the development of recognizing the need for consultation, and initiating consultation from other providers when appropriate. Supervision focus includes some of the following: determining when to seek consultation with other providers, initiating consultation, discussing with patient the recommendation for consultation/collaboration with other providers, and formulating appropriate questions for other providers that will enhance care. And/or other focus: _____
- R** Supervision required, with measurable objectives, in the development of basic consultation seeking skills. Supervision focuses on several of the following: understanding when consultation is necessary to enhance care, initiating consultation, discussing with patient the recommendation for consultation/collaboration with other providers, and formulating appropriate questions for other providers that will enhance care. And/or other focus: _____
- NA** Not applicable / not assessed

Goals / Additional Focus Areas:

B11 - OBJECTIVE: EVALUATION

Understands & implements methods for outcome evaluation of treatment or a designated program. Understands principles and methods of evaluation; Applies evaluation method effectively.

Mid- Final

A/L Independently engages in evaluation of outcomes. Demonstrates expertise in determining relevant outcomes to monitor as they relate to treatment/program goals, and skillfully chooses appropriate tools/measures and methods of evaluation. Monitors outcomes consistently, and in an organized fashion, throughout the evaluation process. Able to synthesize, summarize, and present outcome findings as necessary.

HI Exhibits sophisticated skill in evaluation of outcomes. Good understanding of evaluation methods and relevant outcome measures. Occasional supervision focuses on refining evaluation skills, and may focus on synthesizing, summarizing, and presenting findings from evaluation.

I Good understanding of evaluation of outcomes. Supervision focus is on refining one (or more) of the following: increasing knowledge of evaluation methods, determining relevant outcome measures in light of program/treatment goals, critical analysis of evaluation findings, and synthesizing, summarizing, and presenting findings from evaluations.

E Supervision supports the development of skills/understanding of evaluation of outcomes. Supervision focus includes some of the following: increasing knowledge of evaluation methods, determining relevant outcome measures in light of program/treatment goals, critical analysis of evaluation findings, and synthesizing, summarizing, and presenting findings from evaluations.

R Supervision required, with measurable objectives, to develop a working understanding of evaluation of outcomes. Supervision focuses on several of the following: developing knowledge of evaluation methods, determining relevant outcome measures in light of program/treatment goals, critical analysis of evaluation findings, and synthesizing, summarizing, and presenting findings from evaluations.

NA Not applicable / not assessed

Goals / Additional Focus Areas:

COMPETENCY: TREATMENT AND CONSULTATION

Goals Summary for next training interval:



PROFESSIONAL STANDARDS AND BEHAVIOR

C - COMPETENCY: ETHICAL UNDERSTANDING AND BEHAVIOR

C1 - OBJECTIVE: KNOWLEDGE OF ETHICS AND LAW

Demonstrates good knowledge of ethical principles and state law. Consistently applies these appropriately to all realms of professional practice, seeking consultation as needed.

- | <u>Mid-</u> | <u>Final</u> | | |
|--------------------------|--------------------------|------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A/L | Spontaneously and consistently identifies ethical and legal issues (including those related to suicide, protection of patient records/right to privacy) and addresses them independently and proactively. Judgment is reliable about when consultation is needed. |
| <input type="checkbox"/> | <input type="checkbox"/> | HI | Exhibits a sophisticated understanding and recognition of ethical and legal issues and appropriately asks for occasional supervisory input. Protects patient records and rights to privacy and confidentiality. And/or other focus: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I | Generally recognizes situations where ethical and legal issues might be pertinent. Supervision focus is on refining one (or more) of the following: knowledge of how to apply state laws and ethics guidelines pertaining to suicide and other complex situations, identifying when supervisor input is needed, And /or other focus: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | E | Supervision supports awareness of important ethical and legal issues. Supervision focuses on some of the following: how to discuss confidentiality with patients, clarification on when releases of information are required, understanding legal and ethical issues in the practice of psychology. And/or other focus: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | R | Supervision required, with measurable objectives, in the development of ethical |

understanding and practice. Supervision focuses on several of the following: considering important supervisory input regarding ethics and law, basic legal and ethical guidelines, confidentiality, releases of information, identifying when to seek supervision. And/or other focus: _____

NA Not applicable / not assessed

Goals / Additional Focus Areas:

C2 - OBJECTIVE: SENSITIVITY TO PATIENT DIVERSITY

Sensitive to the many elements of human diversity (cultural, linguistic, social, spiritual, etc.) Committed to providing culturally informed and sensitive services. Self-aware of one's own identities and values as they impact care.

- | <u>Mid-</u> | <u>Final</u> | | |
|--------------------------|--------------------------|------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | A/L | Consistently addresses diversity issues pertaining to patients, colleagues, and others. Demonstrates insight into the influences of culture, race, social and educational background, etc., on one's own perceptions and thought processes. Self-aware of own identifies and values and how these impact treatment. Independently gathers information as needed to effectively address diversity issues in professional activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | HI | Demonstrates good awareness of diversity issues in professional activities, including self-awareness of one's own biases linked to culture, race, social and educational background, etc. Gathers or properly utilizes information needed to effectively address diversity issues with patients, colleagues, and others. And/or other focus: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I | Supervision needed to expand awareness and effective practice in relation to diversity issues. Consistently working on enhancing self-awareness of own identities and values, and their impact on treatment. Open and responsive to feedback on this topic.
And/or other focus: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | E | Important diversity issues are introduced via supervision. Learning needs are evident on some common diversity topics. Incorporation of diversity information and sensitivity in clinical practice, as well as self-reflection on own biases, requires guidance.
And/or other focus: _____ |

R Intensive supervision is required, with measurable objectives, to properly address diversity issues in clinical practice and/or professional relations, and foster greater self-awareness.
And/or other focus: _____

NA Not applicable / not assessed

Goals / Additional Focus Areas:

C3 - OBJECTIVE: PROFESSIONAL RESPONSIBILITY IN DOCUMENTATION

Executes professional responsibilities (e.g., appointments, paperwork) in a complete and timely fashion. All patient contacts, including scheduled and unscheduled appointments and phone or e-mail contacts are well documented. Records include all pertinent information and little extraneous information.

<u>Mid-</u>	<u>Final</u>	
<input type="checkbox"/>	<input type="checkbox"/>	A Maintains complete records of all patient contacts and pertinent information. Notes are clear, concise and timely. Independently ensures that routine and non-routine tasks are accomplished as required. Records always include pertinent information for collaborating professionals. Demonstrates sensitivity in documentation practices that patients may have access to medical records.

<input type="checkbox"/>	<input type="checkbox"/>	L Records are comprehensive and timely. Supervision may focus on minor suggestions/reminders regarding anticipatory documentation. And/or other focus: _____
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<input type="checkbox"/>	<input type="checkbox"/>	HI Maintains timely and appropriate records that nearly always are in full compliance with laws and policies. Any oversights are minor and rectified quickly and proactively with minimal supervision And/or other focus: _____
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<input type="checkbox"/>	<input type="checkbox"/>	I Most documentation is timely and the content is satisfactory. Supervision focuses on judgment regarding information inclusion/exclusion; less often on timeliness or other fundamental matters. And/or other focus: _____
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<input type="checkbox"/>	<input type="checkbox"/>	E Supervision focuses on several aspects of documentation, including content and timeliness. And/or other focus: _____
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<input type="checkbox"/>	<input type="checkbox"/>	R Considerable supervision is required, with measurable objectives, structure, and timelines, to address fundamental aspects of documentation, including content and timeliness. And/or other focus: _____
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N
A Not applicable / not assessed

Goals / Additional Focus Areas:

COMPETENCY: ETHICAL UNDERSTANDING AND BEHAVIOR

Goals Summary for next training interval:

D - COMPETENCY: PROFESSIONAL DEVELOPMENT AND Demeanor

D1 - OBJECTIVE: PROFESSIONAL INTERPERSONAL BEHAVIOR

Professional and respectful interactions with patients, families, treatment teams, staff, peers and supervisors. Seeks input and support as needed. Works collaboratively with other disciplines and with peers.

Mid-

Final

A/L

Consistently forges smooth and effective working relationships, even with difficult people. Handles differences openly, tactfully, and effectively. Shares constructive feedback regularly and effectively with peers and supervisors.

HI

Reliably establishes smooth and effective working relationships with almost all people. Appropriately seeks input from supervisors on those rare occasions when interpersonal concerns do arise.

And/or other focus: _____

I

Typically establishes smooth and effective working relationships. Supervision supports refinement of interpersonal skills, especially with more challenging people. Demonstrates emerging ability to share constructive feedback with others, including peers and supervisors.

And/or other focus: _____

E

Relates well to peers and supervisors. Supervision focuses on transferring general interpersonal skills to the work environment and a broad array of people.

Demonstrates developing insight into origins and resolution of interpersonal challenges. . And/or other focus: _____.

R Supervision is required, with measurable objectives, focusing on interpersonal matters within or affecting the workplace. And/or other focus: _____.

NA Not applicable / not assessed

Goals / Additional Focus Areas:

D2 - OBJECTIVE: SUPERVISION

<u>Mid-Year</u>	<u>Final</u>	
<input type="checkbox"/>	<input type="checkbox"/>	A/L Proactively seeks supervision when complex or unfamiliar cases/situations arise. Comes prepared and effectively presents case and related questions or concerns. Anticipates and structures optimal use of supervision time. Effectively integrates input/feedback. Uses supervision to refine and consolidate professional identity.
<input type="checkbox"/>	<input type="checkbox"/>	HI Always open and responsive to feedback. Routinely proactive in seeking supervision when complex or unfamiliar cases/situations arise. Generally comes prepared with questions and concerns well-thought out. Demonstrates clear awareness of strengths and weaknesses to a degree that broad, close supervisory oversight isn't needed. Uses supervision to address issues related to professional identity. And/or other focus: _____
<input type="checkbox"/>	<input type="checkbox"/>	I Routinely prepared for supervision with agenda of questions/issues to discuss. Generally cognizant of strengths and weaknesses and open to such discussion. Supervisor input clearly enhances skill set and general professional development. Demonstrates application of supervisor feedback in subsequent work. And/or other focus: _____
<input type="checkbox"/>	<input type="checkbox"/>	E Is developing awareness and skills around optimal use of supervision time. Needs some assistance identifying or prioritizing supervisory needs. Supervision around many aspects of clinical work and professional development is necessary. Awareness of professional strengths and weaknesses is emerging. And/or other focus: _____
<input type="checkbox"/>	<input type="checkbox"/>	R Supervision requires considerable structure and incremental, measurable objectives about when/how to use supervision. Needs some support reflecting on professional strengths and weaknesses. May have difficulties with receiving and/or integrating

_____ feedback.
And/or other focus: _____

NA Not applicable / not assessed

Goals / Additional Focus Areas:

D3 - OBJECTIVE: USES POSITIVE COPING STRATEGIES

Demonstrates positive coping strategies with personal and professional stressors and challenges. Maintains professional functioning and quality patient care. Actively aware of personal issues that may influence patient care or carrying out professional duties.

Mid-;

Final

A Effectively separates any personal stressors from professional practice. Actively aware of impact personal issues may be having on work. Seeks additional supports as needed.

L Clear awareness of personal and professional challenges/needs that may impact work functioning. Stressors rarely, if ever, impact professional practice and never in a serious way. Actively seeks supervision and other supports needed to resolve such problems.

HI Demonstrates insight regarding impact of stressors on professional functioning. Stressors rarely have significant impact on work functioning. Seeks or is open to supervision and other supports needed to address such problems.

I Supervision occasionally needed to address the effect of stressors on professional functioning or develop insight and skills around this topic. And/or other focus:

E Supervision often needs to address the effect of stressors on professional functioning or develop insight and skills around this topic. And/or other focus:

R Frequent supervision is required, with considerable structure and incremental measurable objectives, to address the effect of stressors on professional functioning and/or supervision in this regard.

And/or other focus: _____

NA Not applicable / not assessed

Goals / Additional Focus Areas:

D4 - OBJECTIVE: ADMINISTRATIVE SKILLS

Demonstrates ability to manage the administrative tasks of professional life, including participation in administration at the program/organization level.

<u>Mid-</u>	<u>Final</u>		
<input type="checkbox"/>	<input type="checkbox"/>	A	Independently contributes to organizational effectiveness participating in program or process improvements. May provide leadership or significant contribution to program development and/or evaluation activities.
<input type="checkbox"/>	<input type="checkbox"/>	L	Manages personal administrative tasks (i.e., caseload management) and is developing the ability to effectively participate in administrative tasks at the organizational level. May contribute to program development and/or evaluation activities through leadership or scholarly foci.
<input type="checkbox"/>	<input type="checkbox"/>	HI	Manages professional responsibilities independently with little or no supervision. Demonstrates fully competent time management skills. May demonstrate interest or skills in program or process improvements, program development, and/or evaluation activities through leadership or scholarly foci. And/or other focus: _____
<input type="checkbox"/>	<input type="checkbox"/>	I	Modest supervisory oversight needed to ensure that caseload requirements and priorities are being properly addressed. Usually completes work effectively and in a timely manner. Receptive to supervisory input regarding administration skills. May demonstrate interest in program or process improvements, program development, and/or evaluation activities through leadership or scholarly foci. And/or other focus: _____
<input type="checkbox"/>	<input type="checkbox"/>	E	Supervision often focuses on managing caseload requirements and/or further development of time management skills. Reminders and deadlines are helpful in the supervisory process. May demonstrate interest in program or process improvements, program development, and/or evaluation activities through leadership or scholarly foci. And/or other focus: _____
<input type="checkbox"/>	<input type="checkbox"/>	R	Intensive supervision is required, with measurable objectives, structure, and timelines to ensure that caseload requirements are managed properly. May demonstrate interest in program or process improvements, program development, and/or evaluation activities through leadership or scholarly foci. And/or other focus: _____
_____	_____		

NA Not applicable / not assessed

Goals / Additional Focus Areas:

D5 - OBJECTIVE: INDUSTRY AND INITIATIVE IN THE TRAINING PROCESS

Demonstrates industry and initiative in the training process. Displays necessary self-direction in accessing current scientific knowledge to inform clinical practice. Development of identity as a psychologist and early career focus, including specification of individualized goals for training and what is required to attain those goals. Gives constructive feedback about the training experience.

<u>Mid-Year</u>	<u>Final</u>	
<input type="checkbox"/>	<input type="checkbox"/>	A Demonstrates a commitment to continuing professional education. Independently obtains information to enhance clinical practice, including evidence-based research. Elucidates clear and appropriate professional training goals. Has developed a solid and comfortable professional identity.
<input type="checkbox"/>	<input type="checkbox"/>	L Consistently demonstrates industry and initiative in the training process. Seeks out additional experiences that will augment current knowledge and skill set. Supervision may focus on refining professional development goals.
<input type="checkbox"/>	<input type="checkbox"/>	HI Shows initiative in pursuing training experiences that will expand/enhance professional development. Has an emerging sense of professional goals and identity and is actively working toward clarifying that identity and building upon the necessary skill set. And/or other focus: _____
<input type="checkbox"/>	<input type="checkbox"/>	I Shows emerging ability to be self-directed in the continuing professional education learning process. Demonstrates good awareness of professional strengths and areas for improvement. Supervision focuses on suggesting avenues and topics for continued learning. Follows up on such suggestions. And/or other focus: _____
<input type="checkbox"/>	<input type="checkbox"/>	E Supervision regularly focuses on exploring and defining professional strengths and areas for improvement and continued learning. When provided with appropriate resources, willingly uses the information provided and supervisor's input to enhance professional knowledge and competencies. And/or other focus: _____
<input type="checkbox"/>	<input type="checkbox"/>	R Intensive supervision is required, with measurable objectives, regarding professional development and related training issues. And/or other focus: _____
<input type="checkbox"/>	<input type="checkbox"/>	NA Not applicable / not assessed

Goals / Additional Focus Areas:

COMPETENCY: PROFESSIONAL DEVELOPMENT AND Demeanor

Goals Summary for next training interval:

ACADEMIC COMPETENCIES

E - COMPETENCY: TEACHING, SCHOLARSHIP, and SUPERVISION

E1 - OBJECTIVE: TEACHING PRESENTATION SKILLS (POSTDOCTORAL)

Demonstrates interest and ability to effectively present clinical information in didactic setting. Appropriately shares professional and clinical knowledge and consistently contributes to others' learning. Seeks and incorporates feedback from diverse groups on presentation skills.

**Mid-
;**

Final

A/L Demonstrates confidence and effectiveness in sharing professional knowledge among diverse clinical groups Demonstrates ability to tailor presentation style depending on purpose of presentation and the needs/level of clinical experience of the audience. Engages audience in discussion of material and provides thoughtful responses to audience questions. Formal evaluations of presentation skills , where available, consistently convey positive reviews. Seeks and incorporates feedback.

HI Demonstrates confidence and effectiveness in sharing professional knowledge with diverse groups. May contribute to formal teaching /training in the clinic via presentation at at case conferences, didactic seminars, or departmental talks. . Generally able to engage audience in discussion. Formal evaluations of presentation/participation skills convey mostly positive reviews. Accepts and incorporates suggestions/ feedback. And/or other focus: _____

I Willing and capable when sharing professional knowledge with peers in settings such as team meetings and seminars. Supervision focuses on doing so more concisely and effectively. Where possible, takes advantage of opportunities to share professional knowledge in formal settings, demonstrating emerging ability to do so effectively. Formal evaluations of presentation skills , if any, convey positive

____ reviews, on average and feedback informs skill development.
And/or other
focus: _____

E Willing to share professional knowledge informally with peers or other professionals in informal settings such as team meetings and seminars. Supervision focuses on doing so more spontaneously, concisely and/or effectively. And/or other focus: _____

R Considerable supervision is required, with measurable objectives, to prompt and/or shape useful contributions to peer discussions in team meetings, seminars and/or case conferences.
And/or other
focus: _____

NA Not applicable / not assessed

Goals / Additional Focus Areas:

E2 - OBJECTIVE: PARTICIPATION AND ENGAGEMENT

Consistently and meaningfully participates in didactic seminars, meetings, and case discussions. Appropriately shares professional and clinical knowledge and experiences that may be useful to discussion. Displays openness and appreciation of diverse opinions and interpretations of clinical material.

Mid- Final
 A/L Demonstrates confidence and effectiveness in participating in seminars and case discussions. Readily shares knowledge and clinical experiences to enrich discussion. Often a leader in clinical case discussions, expressing interest in hearing perspectives of others. Values and appreciates diverse opinions and interpretations of clinical material

HI Demonstrates confidence and effectiveness in participating in seminars and case discussions. Shares knowledge and clinical experiences in thoughtful manner. Frequent discussant in didactic and seminar forums. Values and appreciates diverse opinions and interpretations of clinical material

I Willing and capable of meaningfully participating in seminars and case discussions. Takes advantage of most opportunities to share knowledge, experiences, and opinions in seminar or didactic forum. Makes thoughtful comments, suggestions, and ideas that enrich conversation. Supervision may focus on more consistent participation or taking more opportunities to engage in discussion.

E Willing and capable of participating in seminars and case discussions. Takes advantage of some opportunities to share knowledge, experiences, and opinions in seminar or didactic forum. Comments generally enrich discussion. Supervision focuses on participating more frequently and/or effectively. And/or other focus: _____

R Considerable supervision is required, with measurable objectives, to prompt and/or shape useful contributions to discussions in team meetings, seminars and/or case conferences. And/or other focus: _____

NA Not applicable / not assessed

Goals / Additional Focus Areas:

E3 - OBJECTIVE: SCHOLARSHIP

Demonstrates the ability to be an educated consumer of empirical research and to apply scientific knowledge to the clinical setting. May contribute to research, clinical improvement and or/ program evaluation, and may develop and disseminate scholarship.

Mid- Final **A/L** Demonstrates knowledge and independent use of current scientific literature in clinical practice. Engages in mentored or independent research scholarly projects with realistic goals and foci consistent with setting and timeframe. Development and dissemination may include manuscripts, publications, and poster presentations at local or national professional meetings or similar settings.

HI Demonstrates growing ability to seek out and use scientific literature in clinical practice, with supervision as well as independently. Engages in mentored scholarship /scholarly project, but may also focus on other research projects. Disseminates through organizational and informative presentations in formal settings such as professional meetings, Departmental “capstone” events or poster sessions. Completes in allotted timeframe. Mentorship/supervision focus: _____

I Uses scientific literature frequently in clinical practice and with input from supervision. Scholarship focuses on a mentored project that is disseminated through structured opportunity (i.e., ‘capstone’ event) in the program. Mentorship/supervision focus: _____

- | | | | |
|--------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | E | Supervisor initiated focus on incorporating scientific literature into clinical practice. Supervision/mentorship focuses on supporting several components of scholarship such as ‘capstone’ presentation or other skills. And/or other focus: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | R | Considerable supervision is required to incorporate scientific literature into practice and to develop and / or disseminate scholarship or other similar project. And/or other focus: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | NA | Not applicable / not assessed |

Goals / Additional Focus Areas:

E4 - OBJECTIVE: SUPERVISORY SKILLS (POSTDOCTORAL)

Fosters a supervisory environment that is both supportive and challenging, and facilitates growth; Offers practical instruction and experiential wisdom on psychopathology, case formulation, intervention selection, and therapeutic technique; Provides useful verbal and written feedback on trainee’s reports and documentation; Fosters development of trainee’s own therapeutic style and ability to conceptualize and make treatment decisions; Models professionalism with reliability, preparedness, and diplomatic provision of feedback. Seeks consultation/supervision on the supervisory process.

- | | | | |
|--------------------------|--------------------------|------------|---|
| <u>Mid-Year</u> | <u>Final</u> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | A/L | Spontaneously and consistently applies supervision skills and theory to facilitate supervisee’s skill and professional development. Sensitive to developmental stages of trainee. Supervision sessions evidence structure but also flexibility in light of trainee-specific needs or learning objectives. Consistently recognizes and addresses relevant trainee development needs, even when trainee does not. Reliably seeks guidance and consultation regarding special issues or challenges. Supervisee(s) regularly express positive views of supervision abilities both informally and in formal evaluations. |
| <input type="checkbox"/> | <input type="checkbox"/> | HI | Demonstrates competent application of supervision skills and theory to support supervisee’s skill development. Effectively learns and applies skills gained through supervision-of-supervision. Recognizes and addresses trainee(s) more overt developmental needs; benefits from input regarding supervisee’s more subtle needs. Supervisee(s) usually express positive views of supervision abilities both informally and in formal evaluations. And/or other focus: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I | Supervision focuses on openly sharing own experiences, making suggestions to colleagues in a supportive, helpful manner. Provides positive and constructive feedback to others. Formal supervision responsibilities possible but unlikely at this level; if arranged, shows emerging supervisory abilities. And/or other focus: _____ |

E Supervision sometimes focuses on when and how to effectively share own experiences or offer suggestions or resources to peers. May need occasional input from supervisor on how to deliver feedback in a more supportive, constructive manner. And/or other focus: _____

R Supervision required, with measurable objectives, focusing on when and how to effectively share own experiences or offer suggestions or resources to peers. Supervision also needed regarding how to deliver feedback in a more supportive, constructive manner. And/or other focus: _____

NA Not applicable / not assessed

Goals / Additional Focus Areas:

E5 - OBJECTIVE: PEER SUPERVISORY SKILLS (INTERN)

Effectively employs knowledge of supervision techniques in a consistent and effective manner, facilitating the development of the supervisee. Shares own experiences, perspectives, and suggestions in a helpful, supportive manner. Offers practical instruction and experiential wisdom on psychopathology, case formulation, intervention selection, and therapeutic technique. Models professionalism with reliability, preparedness, and diplomatic provision of feedback. Thoughtfully navigates supervisory process attending to dual peer relationship with supervisee. Seeks consultation/supervision on the supervisory process.

Mid-Year

Final

A/L Spontaneously and consistently applies supervision skills and theory to facilitate supervisee’s skill and professional development. Sensitive to developmental stages of supervisee. Supervision sessions evidence structure but also flexibility in light of supervisee’s needs or learning objectives. Consistently recognizes and addresses relevant trainee development needs, even when trainee does not. Reliably seeks guidance and consultation regarding special issues or challenges. Supervisee(s) regularly express positive views of supervision abilities both informally and in formal evaluations.

HI Demonstrates competent application of supervision skills and theory to support supervisee’s skill development. Effectively learns and applies skills gained through supervision-of-supervision. Recognizes and addresses supervisee(s) more overt developmental needs; benefits from input regarding supervisee’s more subtle needs.

Attuned to dual peer relationship. Supervisee(s) usually express positive views of supervision abilities both informally and in formal evaluations.

And/or other focus: _____

I Supervision focuses on openly sharing own experiences, making suggestions to colleagues in a supportive, helpful manner. Provides positive and constructive feedback to others. Shows emerging supervisory abilities that make suitable for serving as peer supervisor. May need some assistance from supervisor navigating dual role with supervisee. And/or other focus:

E Supervision sometimes focuses on when and how to effectively share own experiences or offer suggestions or resources to peers. May need occasional input from supervisor on how to deliver feedback in a more supportive, constructive manner. Further supervisory skill development necessary before formally taking on role of supervisor.

And/or other focus: _____

R Supervision required, with measurable objectives, focusing on when and how to effectively share own experiences or offer suggestions or resources to peers. Supervision also needed regarding how to deliver feedback in a more supportive, constructive manner. Further supervisory skill development necessary before formally taking on role of supervisor. And/or other focus: _____

NA Not applicable / not assessed

Goals / Additional Focus Areas:

E6 – OBJECTIVE: KNOWLEDGE OF THEORY/MODELS OF SUPERVISION

Demonstrates knowledge of theory and models of supervision, including how to appropriately respond to individual and cultural differences. Knowledgeable of various supervision techniques; seeks out and uses scientific literature on supervisory practices.

Mid-

Final

A/L Highly sophisticated knowledge of concepts of supervision, including various models, theories, and research findings. Expert knowledge in this area, understanding of a wide variety of supervision techniques and models.

HI Good knowledge of concepts of supervision, including various models, theories, and

- | | | | |
|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | | research findings. Solid knowledge in this area, understanding of multiple supervision techniques and models. |
| <input type="checkbox"/> | <input type="checkbox"/> | I | Growing knowledge of concepts of supervision, including various models, theories, and research findings. May be new area of study. Expanding knowledge of a few supervision techniques and models. |
| <input type="checkbox"/> | <input type="checkbox"/> | E | Minimal knowledge of concepts of supervision, including models, theories, and research findings. May have some familiarity with models of supervision through didactic trainings, but has not been a focus of study. Supervision regularly focuses on increasing knowledge and understanding of supervision models and theory. |
| <input type="checkbox"/> | <input type="checkbox"/> | R | No working knowledge of models or theories of supervision. Intensive supervision required to attain competent knowledge in this area. |
| <input type="checkbox"/> | <input type="checkbox"/> | NA | Not applicable / not assessed |

Goals / Additional Focus Areas:

E7 - OBJECTIVE: OUTREACH (POSTDOCTORAL)

Demonstrates good knowledge base and effective communication skills in provision of seminars, workshops, and outreach activities; Demonstrates ability to engage audience and tailor learning material to the developmental level and/or needs of the audience. Adequately prepares for presentations that utilize current research when appropriate.

- | | | | |
|--------------------------|--------------------------|------------|--|
| <u>Mid-Year</u> | <u>Final</u> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | A/L | Highly skilled in presentation of material in outreach/seminar/workshop settings. Independently prepares presentation that reflects good knowledge base and current research. Strong communication skills that engage audience in presentation. Effectively tailors presentation to needs and developmental level of audience. Skillfully collaborates and coordinates with community/university organizers, when appropriate. |
| <input type="checkbox"/> | <input type="checkbox"/> | HI | Skillful presentation of material in outreach/seminar/workshop settings. Occasional supervision may focus on preparation of presentation that is tailored to audience and reflects current research, or responding to /coordinating with community/university organizers. Generally able to communicate material well and engage audience in presentation. |
| <input type="checkbox"/> | <input type="checkbox"/> | I | Actively refining presentation skills for the purpose of seminars, workshops, and |

outreach activities. Supervision focuses on one (or more) of the following: increasing knowledge base of relevant topics, tailoring material to audience, improving communication skills, engaging audience during presentation, responding to and coordinating outreach efforts with community/university organizers.

E Supervision supports development of presentation skills, and focus is on preparing for role of presenter in workshop/seminar/outreach activities. Supervision focuses on increasing knowledge base of relevant topics, tailoring material to audience, improving communication skills, engaging audience during presentation, coordinating with community/university organizers.

R Supervision required, with measurable objectives, for the development of communication and presentation skills needed to take on role of presenter in workshop/seminar/outreach activities. Supervision focuses on increasing knowledge base of relevant topics, tailoring material to audience, developing communication skills, engaging audience during presentation, and coordinating with community/university organizers in a professional manner.

NA Not applicable / not assessed

Goals / Additional Focus Areas:

E8 - OBJECTIVE: LEADERSHIP SKILLS (POSTDOCTORAL)

Actively seeks out opportunities for leadership roles (e.g. leading projects, teaching, volunteering for outreach opportunities, etc); Informally and formally establishes self as mentor and leader among other trainees (e.g. offers informal case consultations); Demonstrates ability to initiate, lead and manage special projects; Establishes expertise/area of specialization (e.g. patient population, therapeutic approach).

Mid-Year Final **A/L** Independently seeks out leadership positions. Regularly serves as mentor for several trainees, fostering warm and open environment in which trainees feel comfortable seeking consultation. Initiates and leads several projects that enrich professional environment and strengthen clinic's delivery of services. Expert in one or more areas of specialization, and readily consults with other clinicians as part of this role.

HI Strong leadership skills. Occasional supervision may involve encouragement to take on leadership role or initiate special projects. Actively developing as leader in the clinic setting, and developing area of expertise.

I Emerging leadership skills. Supervision focuses on one (or more) of the following:

developing mentorship skills/fostering strengths of other trainees, development of administrative skills necessary to carry out special projects, developing a specialization, and exploring future leadership positions.

E Supervision focuses on the development of leadership skills. Supervision focus on several of the following: developing mentorship skills, learning administrative skills necessary to carry out special projects, developing a specialization, and exploring future leadership positions.

R Not currently demonstrating leadership skills. Supervision required, with measurable objectives, for the development of leadership skills. Supervision focuses on developing many of the following: basic leadership skills, mentorship abilities, administrative skills necessary to carry out special projects, area of specialization.

NA Not applicable / not assessed

Goals / Additional Focus Areas:

COMPETENCY: TEACHING, SCHOLARSHIP AND SUPERVISION

Goals Summary for next training interval:

SUPERVISOR COMMENTS

SUMMARY OF STRENGTHS

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AREAS OF ADDITIONAL DEVELOPMENT, INCLUDING RECOMMENDATIONS

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Appendix C

U-M Consortium Interns Seminar- 2015-2016

SEPTEMBER 2015		Presenter(s)	Time	Location
9/1- 9/4	MARI sites orientation	MARI staff	8:00-5:00	MARI Large Conference Room
9/9	Consortium Internship Orientation	D. Nagata	9:00-10:00	2267 East 9Hall
9/10	MARI sites orientation (cont.)	MARI staff	12:00-2:00	MARI Large Conference Room
OCTOBER 2015				
10/2 (Fri)				
10/9 (Fri)	Consortium Chair Check-in	D. Nagata	8:10- 8:50	1120 MARI
10/16 (Fri)				
10/23	Cultural Relations	S. Kelly (CAPS)	8:00-8:45	1120 MARI
10/30				
NOVEMBER 2015				
11/6 (Fri)	Getting the Most Out of Internship	E. Czyz & E. Geiss	3:30-4:15	1120 MARI
11/13 (Fri)				
11/20 (Fri)				
DECEMBER 2015				
12/1 (Tues))	Integrating Science and Practice (Jt. w/ MARI)	C. King	12:00-1:00	MARI Large Conference Room
12/11 (Fri)	Self-Care (Jt. w/ MARI)	F. Miller	8:00-8:45	1120 MARI
12/18 (Fri)	Consortium Chair Check-in	D. Nagata	8:10-8:50	1120 MARI
JANUARY 2016				
1/5 (Tues)	Program evaluation strategies	C. King	12:00-1:00	MARI

1/8 (Fri)				
1/15 (Fri)				
1/22				
FEBRUARY 2016				
2/5				
2/11 (Thurs)	Transgender Issues	K. Arizala	3:30-4:15	1120 MARI
2/18 (Thurs)	Consortium Chair Check-in	D. Nagata	3:30-4:15	1120 MARI
2/26				
MARCH 2016				
3/4				
3/11				
3/18				
3/26				
APRIL 2016				
4/				
4/7 (Thurs)	Consortium Chair Check-in	D. Nagata	3:30-4:15	1120 MARI
4/15				
4/22				
4/29				
MAY 2016				
5/6				
5/13				
5/20(Fri)				
5/27				
JUNE 2016				
6/3 (Fri.)				
6/10				
6/17				
6/23 (Thurs)	Consortium Chair Check-in	D. Nagata	3:30-4:15	1120 MARI
6/26				

JULY 2016				
7/1				
7/5	Preparing for the EPPP	Erin Hunter	12:00-1:00	
7/14				
7/21				
7/28				
AUGUST 2016				
8/4				
8/11 (Thurs)	Consortium Chair Year-End Review	D. Nagata	3:30-4:15	1120 MARI
8/18				
8/25				

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Appendix D
Consortium Trainee Performance Policy and
Remediation Plan Form

University of Michigan Internship Consortium

PERFORMANCE DIFFICULTIES, UNSATISFACTORY PERFORMANCE AND TERMINATION OF INTERNSHIP

As a key part of our approach to training, the University of Michigan Internship Consortium faculty and staff make every effort to help interns identify and solve problems that arise in their work in the Consortium. As a training organization, we recognize that problems can arise as interns strive to master the complex issues involved in becoming a professional clinician, and the faculty supervisors and Directors, as indicated, will work with interns in this effort.

Interns having performance difficulties in the program are assisted by their supervisors to identify problems and to plan remedial learning strategies and/or support measures. These plans may include temporary modification of normative expectations. Temporary modifications to provide remedial assistance could include: reducing the student's case load; assigning or not assigning particular types of cases; adjusting the rate at which the student takes on new service delivery activities; providing remedial learning opportunities, including joint service delivery experiences with staff; additional supervision, instructional readings and/or recommending specific conference or workshop attendance. Issues at this level are also brought to the attention of the site director, who may also meet with the intern and/or intern and supervisor together.

If problems persist, or are more significant, a joint ad hoc committee composed of the intern's major supervisors at both units, the unit directors and the Consortium Training director will meet to evaluate the problems and develop a remediation plan. When personal issues appear to be impacting performance, interns are assisted in identifying the issues while maintaining the boundary between supervision and psychotherapy by referring the intern to psychotherapists who have no affiliation with the Consortium.

If, despite the efforts of the ad hoc committee and the training faculty, serious problems persist, and if the problems, in the considered opinion of the committee, constitute serious impediments to completing the internship in a satisfactory manner, the intern may be asked to take a leave until the problem has been addressed to our satisfaction, or may be suspended or terminated from the program. Some problems may be of sufficient seriousness as to warrant immediate dismissal from the internship. Examples of such problems would include sexual activity with a patient, theft, substance abuse, or serious breach of patient confidentiality. If the intern is asked to take a leave, or is dismissed from the internship, the intern will receive a written statement as to the nature of the problem, and an explanation of what steps have been taken to help the intern with the problem (if warranted), and an explanation of why, considering the problem, a leave or dismissal is required by the Institute staff. An appeal of this decision may be made to the intern's supervisors, the Training Director of each unit, and then the site director. Concerns which are still not resolved in this manner can be taken to the Chair of the Consortium Committee, from there to the Clinical Area Chair, and finally to the Graduate School. (See appendix A, "Academic Grievance Procedures" in the Rackham Student Handbook of Policies and Procedures located at: www.rackham.umich.edu/StudentInfo/Publications/GSH/html/contents.html.)

U-M Internship Consortium Trainee Remediation Plan

Date of Remediation Plan Meeting:

Name of Trainee:

Primary Supervisor/Advisor:

Names of All Persons Present at the Meeting:

All Additional Pertinent Supervisors/Faculty:

Date for Follow-up Meeting(s):

Circle all competency domains and list competency items for which the trainee's performance does not meet the benchmark:

I. Assessment /Diagnosis

- A. Relationship Building/Information Gathering
- B. Assessment
- C. Conceptualization/Diagnosis/Goal Planning
- D. Report Preparation/Presentation

II. Intervention/Treatment Skills

- A. Ability to Implement Treatment Methods
- B. Creating & Maintaining a Therapeutic Alliance
- C. Consultation
- D. Evaluation

III.Diversity

IV. Supervision & Self Evaluation

V. Personal and Professional Development

- A. Documentation
- B. Professional Role & Relationships
- C. Ethics & Legal Issues

Description of the problem(s) in each competency domain circled above:

Date(s) the problem(s) was brought to the trainee's attention and by whom:

Steps already taken by the trainee to rectify the problem(s) that was identified:

Steps already taken by the supervisor(s)/faculty to address the problem(s):

Remediation Plan

<u>Competency Domain/ Essential Components</u>	<u>Areas for Improvement</u>	<u>Expectations for Acceptable Performance</u>	<u>Trainee's Responsibilities/ Actions</u>	<u>Supervisors'/ Faculty Responsibilities/ Actions</u>	<u>Timeframe for Acceptable Performance</u>	<u>Assessment Methods</u>	<u>Dates of Evaluation</u>

I, _____, have reviewed the above remediation plan with my primary supervisor/advisor, any additional supervisors/faculty, and the director of training. My signature below indicates that I fully understand the above. I agree/disagree with the above decision (please circle one). My comments, if any, are below (*PLEASE NOTE: If trainee disagrees, comments, including a detailed description of the trainee's rationale for disagreement, are REQUIRED*).

Trainee Name Date

Training Director Date

Trainee's comments (Feel free to use additional pages):

All supervisors/ faculty with responsibilities or actions described in the above remediation plan agree to participate in the plan as outlined above. Please sign and date below to indicate your agreement with the plan.

Remediation Plan Continued

SUMMATIVE EVALUATION OF REMEDIATION PLAN

Follow-up Meeting(s):

Date (s):

In Attendance:

<u>Competency Domain/ Essential Components</u>	<u>Expectations for Acceptable Performance</u>	<u>Outcomes Related to Expected Benchmarks (met, partially met, not met)</u>	<u>Next Steps (e.g., remediation concluded, remediation continued and plan modified, next stage in Due Process Procedures)</u>	<u>Next Evaluation Date (if needed)</u>