SACRED HEART COUNSELING
of Catholic Charities of the Archdiocese of Denver

PSYCHOLOGY INTERNSHIP TRAINING PROGRAM

Internship Training Handbook
2018 - 2019
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Appendices (All online)

APA Documents

APA Ethical Principles and Code of Conduct (2002, Amended June 1, 2010)

APA Practice Guidelines
Including
Guidelines for the Practice of Parenting Coordination
Guidelines for Record Keeping
Guidelines for Child Custody Evaluations in Family Law Proceedings
Guidelines for Psychological Practice with Girls and Women
Guidelines for Psychological Practice with Older Adults
Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists
Practice Guidelines Regarding Psychologists’ Involvement in Psychopharmacological Issues
Guidelines for Psychological Evaluations in Child Protection Matters
Guidelines for Psychological Practice in Health Care Delivery Systems
Guidelines for Practice Parameters: Screening and Diagnosis of Autism
Guidelines for Test User Qualifications
Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients
Guidelines for Assessment of and Intervention with Persons with Disabilities
Guidelines for the Evaluation of Dementia and Cognitive Change

Postdoctoral and Licensure Information

Association of State and Provincial Psychology Boards:
http://www.asppb.net/i4a/pages/index.cfm?pageid=1

Appendix I: Excerpts from Catholic Charities Employee Handbook

This training handbook describes the post-doctoral and internship training program at Sacred Heart Counseling at Catholic Charities of the Archdiocese of Denver. Questions about the program are encouraged. This information is current and accurate at the time of printing but may be subject to revision.

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NON-DISCRIMINATION STATEMENT: See Sub-Appendix 1: Excerpts from Catholic Charities Employee Handbook

ACKNOWLEDGEMENTS
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OVERVIEW

MISSION

*Inspired by God’s love and compassion, Sacred Heart Counseling extends the healing ministry of Jesus Christ by bringing psychology to the service of the Church in the Archdiocese of Denver.*

INTRODUCTION

Sacred Heart Counseling (SHC) is a comprehensive, community-based psychological service program. SHC was designed and implemented through Catholic Charities of the Archdiocese of Denver in 2011 to initially serve individuals in the metropolitan area, and ultimately establish satellite offices throughout northern Colorado. Although mental health services are available to anyone regardless of religious affiliation, as a program within Catholic Charities it shares in the mission of the Catholic Church.

The goal of Sacred Heart Counseling is to ultimately provide psychological services throughout the Archdiocese of Denver, which comprises 40,154 square miles in northern Colorado. Within the archdiocesan boundaries there are 143 missions and parishes, 38 Catholic elementary schools, 2 diocesan high schools, 2 colleges/universities, and 2 seminaries. Four Catholic hospitals also operate within archdiocesan boundaries. There are 541,410 registered Catholics in the Archdiocese of Denver, served in parishes and other institutions by approximately 320 priests, 190 deacons, 15 religious brothers, and 272 religious sisters.

Sacred Heart Counseling, from its inception, was envisioned as a training Clinic focused on providing excellent community-based mental health services, as well as a means of forming outstanding mental health professionals.

Sacred Heart Counseling Internship Program consists of 8 possible outreach sites in the Denver area. All of the clinical services provided at the outreach sites operate under the direction of the Internship Training Director. Interns in the SHC Internship Program spend 5 days each week engaged in direct client care with time built in for clinical staffing and didactic seminars at Sacred Heart Counseling. These seminars are taught by various SHC psychologists, and affiliated professionals throughout the community.
INTERNSHIP SITES

Sacred Heart Counseling (SHC) offers psychological services – consultation, psychological testing and assessment, psychoeducation and psychotherapy - throughout the Denver Metropolitan area. Sacred Heart Counseling is based in Englewood, Colorado, with outreach services provided to: Samaritan House (a homeless shelter), Catholic Charities Headquarters, and nine Catholic schools (outreach to the schools does not constitute a separate program) throughout the Denver area. Pre-doctoral Interns may be placed at a site other than Sacred Heart Counseling for one day (8 hours) a week. While working at the site, their supervisor will be accessible to them via cell phone. If an emergency should arise, the supervisor will immediately go to the site and assist in resolution of the emergency situation.

Sacred Heart Counseling
750 W Hampden Ave, Suite 415
Englewood, CO  80110
720-377-1359
https://ccdenver.org/sacredheart/

Sacred Heart Counseling provides comprehensive psychological services in the Denver Metropolitan area. Although services are available to anyone regardless of religious affiliation, SHC therapists provide mental health services consistent with Catholic doctrine and moral teaching. Clinic-based services include therapy to adults, children and adolescents, couples, families, and groups. Psychological, academic, and religious vocational assessment is available, as well as consultation with priests, religious, and Catholic school personnel. In addition, clinicians at SHC welcome opportunities to speak with parish and Catholic school groups.

Outreach Service Sites

Samaritan House
2301 Lawrence Street
Denver, CO 80205
303-294-0241
Located in downtown Denver, Samaritan House was specifically designed and constructed for the homeless. It can accommodate over 320 men, women and children each night. Residents receive a bed, food, clothing and various services on site.

Catholic Charities Headquarters
6240 Smith Rd
Denver, CO  80216
303-742-0828
http://www.ccdenver.org

For academic year 2018-2019, four schools will receive services:

Christ the King Roman Catholic Elementary School
860 Elm Street
Denver, CO 80220
303-321-2123
http://www.ckrcs.org/tp40/Default.asp?ID=99587

Christ the King Roman Catholic School offers a faith-based preschool (3 year-olds) through eighth grade education emphasizing scholastic achievement and character development in a supportive student and family-centered community. Students at Christ the King Roman Catholic School excel in a rigorous curriculum focused on developing the skills necessary for critical-thinking, reading, writing, mathematics, science, language development and creative expression. Encouraging students to discover their talents and become well-rounded, contributing citizens extends beyond the classroom. Teachers and parents work together to provide an assortment of activities to develop capabilities and compassionate critical-thinking.
The mission of Our Lady of Fatima Catholic School is to educate children from Pre-Kindergarten through 8th Grade to become followers of Jesus Christ, outstanding leaders and stewards of our Christian faith. Our Lady of Fatima Catholic School is dedicated to providing a safe and caring environment in order to enrich our students’ lives through an academically challenging and structured curriculum. The high expectations of the students are equal to the high expectations of the teachers. These expectations include appropriate behavior, dress and compliance with the character values of respect, responsibility, self-control, honesty, compassion, generosity, reverence, tolerance and forgiveness. It is because of the desire to fulfill these expectations that constant relationship with parents is maintained, believing this unity is important to the proper education for all students.

Our Lady of Lourdes Catholic School offers a Classical Approach to Education to children from Pre-Kindergarten – 8th Grade. Our Lady of Lourdes is a member of the Archdiocese of Denver Catholic Schools and is nationally accredited by Advanced Ed (the National Accreditation Department). Lourdes offers rigorous academic formation that is rooted in the Catholic Faith. The teaching faculty incorporates technology into all of their lessons, and incorporates in-class instruction of technology that corresponds with their content area. The faculty also implements Andrew Pudewa’s “Excellence in Writing” program in 1st-8th grade and Saxon Math and Grammar programs in grades kindergarten and first grade. In addition to the academic excellence at Our Lady of Lourdes, a wide variety of co-curricular activities are offered to the students. The athletic department offers basketball, volleyball and cross country. Lourdes also has one of the only Performing Arts Programs in the diocese and presents two productions each year. A Great Books Program promotes reading and discussion of classical literature in each classroom. Students participate in speech team, choir, and annual science and art fairs, as well as Outdoor Lab trips to Keystone Science School and Estes Park.

St. Rose of Lima Catholic Academy is primarily Hispanic and its mission is to provide an authentic Catholic education focused on an individual learning environment that prepares students for college and life-long success. Specifically, St. Rose of Lima Catholic Academy desires to provide a state of the art model school that helps redefine Catholic education where students pursue rigorous academics they can apply to their community and become leaders of the future. The Academy also wishes to apply research-based teaching practices in preparation for college. Finally, the goal is to graduate students with a Catholic foundation who know, love, and serve God and are faithful to the teachings of the Catholic Church.
The Sacred Heart Counseling (SHC) Internship Program seeks to build on the skills developed during doctoral education and training in order to form competent entry-level clinical psychologists who can function in a variety of settings and continue to develop professionally throughout their careers. The philosophy of the internship program consists of three parts:

- A practitioner-scholar model (Peterson et al., 2010)
- An emphasis on a multiple site exposure
- A developmental philosophy (training that is sequential, cumulative, and graded in complexity)

The practitioner-scholar model (e.g., Peterson et al., 2010) may be described as near the midpoint of a continuum, with practitioner on one end, and scientist on the other. As practitioner-scholars, we emphasize the integration of practice with scientific inquiry, the use of existing research, the view that psychologists are consumers of research, the value of reflective and critical thinking, and the importance of evidence-based treatments. To those ends, interns devote 2 hours each week to research. This time may be spent on completing the doctoral paper, or it may be used to explore evidence-based therapies, or in other ways in which the intern chooses to integrate research with practice. It is the assumption of the SHC Internship Program that the use of evidence-based treatments was discussed during the intern’s academic training, and will be followed up on an ongoing basis in supervision. Interns are also required to be in communication with their dissertation director in regard to their dissertation. The practitioner-scholar model ensures that training in the Program focuses on the fact that psychological practice is based on the science of psychology which, in turn, is influenced by the professional practice of psychology.

The SHC Internship Program approach means that interns will be trained in a broad range of fundamental skills, with specialization areas available at the different sites. Each intern will benefit from exposure to other interns, professionals, issues, approaches, and ideas from the other sites on a weekly basis during the Friday seminars. It is hoped that the SHC Internship Program graduates will take their broad-based skills into a wide variety of jobs including private practice, community mental health agencies, university counseling centers, employee assistance programs, managed care groups, teaching, and forensic settings.

The developmental philosophy focuses on the professional growth of our interns over the course of the training year. Interns enter the program with a student status and exit as professional colleagues. At the beginning of the internship program, interns complete an Initial Assessment of Intern Competencies form as a starting point for forming goals and individual training plans for the year. Supervision and Friday training seminars tend to be more structured at the beginning of the year, with an emphasis on strengthening existing skills rather than on developing new ones. However, as the year goes on, the emphasis changes to more advanced skills and by the spring semester, interns are encouraged to take an active role in requesting topics for seminars. The various sites also take a developmental approach to administrative skills, with interns given more advanced tasks as the year progresses. Thus, the developmental approach ensures that training for practice is sequential, cumulative, and graded in complexity.
GOALS, OBJECTIVES AND COMPETENCIES

The SHC Internship Program has 3 goals, 11 objectives, 11 competencies, and related outcomes and threshold/exit criteria. (Please note that the Program competencies are based on the Competency Benchmarks Document [September, 2008], Assessment of Competencies Benchmark Work Group convened by the APA Board of Educational Affairs in Collaboration with the Council of Chairs of Training Councils [see Fouad et al., 2009]. Note also that competencies consist of knowledge, skills, and attitudes/values).

GOAL #1: To produce entry-level psychologists who practice from a foundation of well-developed professional and relational competencies.

OBJECTIVES:

To produce entry-level psychologists who are competent in Professionalism
(Professional values and ethics as evidenced in behavior and comportment that reflects the values and ethics of psychology, integrity, and responsibility)

To produce entry-level psychologists who are competent in Reflective Practice/Self-Assessment/Self-Care (Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care)

To produce entry-level psychologists who are competent in Relationships
(Relates effectively and meaningfully with individuals, groups, and/or communities)

To produce entry-level psychologists who are competent in Individual and Cultural Diversity (Awareness, sensitivity, and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal backgrounds and characteristics defined broadly)

To produce entry-level psychologists who are competent in Ethical/Legal Standards and Policy (Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations)

COMPETENCIES:

Professionalism
Integrity (Continually monitors and independently resolves situations that challenge professional values and integrity): Articulates professional values; Takes independent action to correct situations that are in conflict with professional values

Deporman (Consistently conducts self in a professional manner across settings and situations; Independently accepts personal responsibility across settings and contexts): Verbal and nonverbal communications are appropriate to the professional context including in challenging interactions; Works to fulfill client-provider contracts; Enhances productivity; Holds self accountable for and submits to external review of quality service provision

Concern for the welfare of others (Independently acts to safeguard the welfare of others): Communications and actions convey sensitivity to individual experience and needs while retaining professional demeanor and deportment; Respectful of the beliefs and values of colleagues even when inconsistent with personal beliefs and values; Acts to benefit the welfare of others, especially those in need

Professional identity (Consolidation of professional identity as a psychologist; Knowledgeable about issues central to the field; Evidence of integration of science and practice): Keeps up with advances in profession; Contributes to the development and advancement of the profession and colleagues; Demonstrates integration of science in professional practice

Reflective Practice/Self-Assessment/Self Care
Reflective practice (Reflectivity in context of professional practice [reflection-in-action]; Reflection acted upon; Self used as a therapeutic tool): Demonstrates frequent congruence
between own and others’ assessment and seeks to resolve incongruities; Models self-care; Monitors and evaluates attitudes, values, and beliefs towards diverse others; Systematically and effectively monitors and adjusts professional performance in action as situation requires; Consistently recognizes and addresses own problems, minimizing interference with competent professional functioning

**Self-assessment** (Accurate self-assessment of competence in all competency domains; Integration of self-assessment in practice): Accurately identifies level of competence across all competency domains; Accurately assesses own strengths and weaknesses and seeks to prevent or ameliorate impact on professional functioning; Recognizes when new/improved competencies are required for effective practice

**Self-care** (Attention to personal health and well-being to assure effective professional functioning; Self-monitoring of issues related to self-care and prompt interventions when disruptions occur): Anticipates and self-identifies disruptions in functioning and intervenes at an early stage with minimal support from supervisors; Models self-care

**Relationships**

**Interpersonal relationships** (Develops and maintains effective relationships with a wide range of clients, colleagues, organizations, and communities): Effectively negotiates conflictual, difficult, and complex relationships including those with individuals and groups who differ significantly from oneself; Maintains satisfactory interpersonal relationships with clients, peers, faculty, allied professionals, and the public

**Affective skills** (Manages difficult communication; Possesses advanced interpersonal skills): Seeks clarification in challenging interpersonal communications; Demonstrates understanding of diverse viewpoints in challenging interactions; Accepts, evaluates, and implements feedback from others

**Expressive skills** (Effective command of language and ideas): Demonstrates descriptive, understandable command of language, both written and verbal; Communicates clearly and effectively with clients

**Individual and Cultural Diversity**

**Self as shaped by individual and cultural diversity** (e.g., Cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status; and Context [Independently monitors and applies knowledge of self as a cultural being in assessment, treatment and consultation]): Independently articulates, understands, and monitors own cultural identity in relation to work with others; Regularly uses knowledge of self to monitor and improve effectiveness as a professional; Critically evaluates feedback and initiates consultation or supervision when uncertain about diversity issues

**Others as shaped by individual and cultural diversity** (e.g., Cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and Context [Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation]): Independently articulates, understands, and monitors cultural identity in work with others; Regularly uses knowledge of others to monitor and improve effectiveness as a professional; Critically evaluates feedback and initiates consultation or supervision when uncertain about diversity issues with others
Interaction of self and others as shaped by individual and cultural diversity (e.g., Cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and Context [Independently monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation]): Independently articulates, understands, and monitors multiple cultural identities in interactions with others; Regularly uses knowledge of the role of culture in interactions to monitor and improve effectiveness as a professional; Critically evaluates feedback and initiates consultation or supervision when uncertain about diversity issues with others

Applications based on individual and cultural context (Applies knowledge, skills, and attitudes regarding intersecting and complex dimensions of diversity, for example, the relationship between one’s own dimensions of diversity and one’s own attitudes towards diverse others to professional work); Articulates an integrative conceptualization of diversity as it impacts clients, self, and others (e.g., organizations, colleagues, systems of care); Habitually adapts one’s professional behavior in a culturally sensitive manner, as appropriate to the needs of the client, that improves client outcomes and avoids harm; Articulates and uses alternative and culturally appropriate repertoire of skills and techniques and behaviors; Seeks consultation regarding addressing individual and cultural diversity as needed; Uses culturally relevant best practices

Ethical Legal Standards and Policy
Knowledge of ethical, legal, and professional standards and guidelines (Routine command and application of the APA Ethical Principles and Code of Conduct and other relevant and ethical, legal, and professional standards and guidelines of the profession): Spontaneously and reliably identifies complex ethical and legal issues, analyzes them accurately and proactively addresses them; Aware of potential conflicts in complex ethical and legal issues and seeks to prevent problems and unprofessional conduct; Aware of the obligation to confront peers and/or organizations regarding ethical problems or issues and to deal proactively with conflict when addressing professional behavior with others

Awareness and application of ethical decision making (Commitment to integration of ethics knowledge into professional work): Applies applicable ethical principles and standards in professional writings and presentations; Applies applicable ethics concepts in research design and subject treatment; Applies ethics and professional concepts in teaching and training activities; Develops strategies to seek consultation regarding complex ethical and legal dilemmas

Ethical conduct (Independently and consistently integrates ethical and legal standards with all foundational and functional competencies): Integrates an understanding of ethical-legal-standards policy when performing all functional competencies; Demonstrates awareness that ethical-legal-standards policy competence informs and is informed by all foundational competencies; Takes responsibility for continuing professional development

PROCESSES:
Interns receive training in these areas at their sites (through supervised clinical experience) and in Friday seminars (Professional Issues Seminar; Multicultural Seminar)

OUTCOMES:

Proximal
Outcomes for interns are measured by written evaluations three times/year (completed by primary supervisors with input from secondary supervisors, along with separate evaluations that are completed by practicum student supervisees).
Outcomes for the Program in this area are gathered by the Internship Training Director when she meets with the interns individually and as a group three times/year to receive verbal feedback. In addition, supervisors are evaluated in writing by interns three times a year, with these reports going to each intern’s respective academic sites.

Distal
Outcomes for interns are measured by licensure rates and employment data.
Outcomes for the Program are measured by anonymous training evaluations given to the interns, site supervisors, and Friday seminar leaders at the end of the training year, and on anonymous training evaluations of alumni before every accreditation site visit.

**THRESHOLD/EXIT CRITERIA:**

For interns to graduate from the Program, they must complete 2000 hours (including leave), and receive a “3” (“demonstrates readiness for entry to practice”) on all competency areas of each of the 5 Objectives on the final written evaluation by their primary supervisor (with input from secondary supervisors). In addition, completion of the requirements in any developmental or probation plan must be met prior to graduation.

**Goal #2:** To produce entry-level psychologists who exhibit functional skills in applied areas of psychology.

**OBJECTIVES:**

To produce entry-level psychologists who are competent in *Assessment* (Assessment and diagnosis of problems, capabilities, and issues associated with individuals, groups, and/or organizations)

To produce entry-level psychologists who are competent in *Intervention* (Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations)

To produce entry-level psychologists who are competent in *Consultation* (The ability to provide expert guidance or professional assistance in response to a client’s needs or goals)

To produce entry-level psychologists who are competent in *Supervision* (Supervision and training in the professional knowledge base and evaluation of the effectiveness of various professional activities)

**COMPETENCIES:**

*Assessment*

*Measurement and psychometrics* (Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups and context); Demonstrates awareness and competent use of culturally sensitive instruments, norms; Seeks consultation as needed to guide assessment; Demonstrates limitations of assessment data clearly reflected in assessment reports

*Evaluation methods* (Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning); Selection of assessment tools reflects a flexible approach to answering the diagnostic questions; Comprehensive reports include discussion of strengths and limitations of assessment measures as appropriate; Interview and report leads to formulation of a diagnosis and the development of appropriate treatment plans

*Application of methods* (Independently selects and administers a variety of assessment tools and integrates results to accurately evaluate presenting question/s appropriate to the practice site and broad area of practice); Independently selects assessment tools that reflect awareness of client population served at practice site; Interprets assessment results accurately, taking into account limitations of the evaluation method/s; provides meaningful, understandable and useful feedback that is responsive to client need

*Diagnosis* (Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity); Treatment plans incorporate relevant developmental features and clinical symptoms as applied to presenting problem; Demonstrates awareness of DSM and relation to ICD codes; Regularly and independently identifies problem areas and makes a diagnosis
Conceptualization and recommendations (Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment): Independently prepares reports; Administers, scores, and interprets test results; Formulates case conceptualizations incorporating theory and case material

Communication of findings (Communication of results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner): Writes an effective comprehensive report; Effectively communicates results verbally; Reports reflect data that has been collected via interview and its limitations

Intervention
Knowledge of interventions (Applies knowledge of evidence-based practice, including empirical bases of intervention strategies, clinical expertise, and client preferences): Writes a case summary incorporating elements of evidence-based practice; Presents rationale for intervention strategy that includes empirical support

Intervention planning (Independent intervention planning, including conceptualization and intervention planning specific to case and context): Accurately assesses presenting issues, taking into account the larger life context, including diversity issues; Conceptualizes cases independently and accurately; Independently selects an intervention or range of interventions appropriate for the presenting issues

Skills (Clinical skills and judgment): Develops rapport and relationships with wide variety of clients; Uses good judgment about unexpected issues, such as crises, use of supervision, confrontation; Effectively delivers intervention

Intervention implementation (Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate): Independently and effectively implements a typical range of intervention strategies appropriate to practice setting; Independently recognizes and manages special circumstances; Terminates treatment successfully; Collaborates effectively with other providers or systems of care

Progress evaluation (Evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures): Independently assesses treatment effectiveness and efficiency; Critically evaluates own performance in the treatment role; Seeks consultation when necessary

Consultation
Role of Consultant: Recognizes situations in which consultation is appropriate; Demonstrates capability to shift functions and behavior to meet referral needs

Addressing Referral Questions: Demonstrates ability to gather information necessary to answer referral question; Clarifies and refines referral question based on analysis/assessment of question

Communication of Findings: Prepares clear, useful consultation reports and recommendations to all appropriate parties; Provides verbal feedback to consultee of results and offers appropriate recommendations

Application of Methods: Identifies and implements consultation interventions based on assessment findings; Identifies and implements consultation interventions that meet consultee goals

Supervision
Expectations and roles (Understands complexity of the supervisor role including ethical, legal, and contextual issues): Articulates a philosophy or model of supervision and reflects on how this model is applied in practice, including integrated contextual, legal, and ethical perspectives

Processes and procedures (Knowledge of procedures and practices of supervision): Prepares supervision contract; Demonstrates knowledge of limits of competency to supervise (assesses meta-competency); Constructs plans to deal with areas of limited competency
Skills development (Engages in professional reflection about one’s clinical relationships with supervisees, as well as supervisees’ relationships with their clients): Clearly articulates how to use supervisory relationships to leverage development of supervisees and their clients

Awareness of factors affecting quality (Understanding of other individuals and groups and intersection dimensions of diversity in the context of supervision practice; Able to engage in reflection on the role of one’s self on therapy and in supervision): Demonstrates integration of diversity and multiple identity aspects in conceptualization of supervision process with all participants (client/s, supervisee/s, supervisor/s); Demonstrates adaptation of own professional behavior in a culturally sensitive manner as appropriate to the needs of the supervision context and all parties in it; Articulates and uses diversity appropriate repertoire of skills and techniques in supervisory process; Identifies impact of aspects of self in therapy and supervision

Participation in supervision process (Provides supervision independently to others in routine cases) Provides supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting

Ethical and legal issues (Command of and application of relevant ethical, legal, and professional standards and guidelines): Spontaneously and reliably identifies complex ethical and legal issues in supervision, and analyzes and proactively addresses them; Demonstrates awareness of potential conflicts in complex ethical and legal issues in supervision

PROCESSES:

Interns receive training in these areas at their sites (through supervised clinical experience) and in Friday seminars (Professional Issues Seminar; Assessment Seminar)

OUTCOMES:

Proximal
Outcomes for interns are measured by written evaluations three times/year (completed by primary supervisors with input from secondary supervisors and Friday Seminar leaders, along with separate evaluations that are completed by practicum student supervisees).

Outcomes for the program in this area are gathered by the Internship Training Director when she meets with the interns individually and as a group three times/year to receive verbal feedback, and during the twice/year Consortium retreats that include site liaisons and supervisors, and Friday seminar leaders. In addition, supervisors are evaluated in writing by interns three times a year.

Distal
Outcomes for interns are measured by licensure rates and employment data.

Outcomes for the program are measured by anonymous training evaluations given to the interns, site supervisors, and Friday seminar leaders at the end of the training year, and on anonymous training evaluations of alumni before every accreditation site visit.

THRESHOLD/EXIT CRITERIA:

For interns to graduate from the Program, they must complete 2000 hours (including leave) and receive a “3” (demonstrates readiness for entry to practice) on all competency areas of each of the 4 Objectives on the final written evaluation by their primary supervisor (with input from secondary supervisors and Friday Consortium seminar leaders, including confirmation from the Assessment Seminar co-leaders that they have participated in a satisfactory manner in that Friday seminar). In addition, completion of the requirements in any developmental or probation plan must be met prior to graduation.

GOAL #3: To produce entry-level psychologists who possess and utilize a solid foundation in the scientific/scholarly foundation that underlies professional psychology.
OBJECTIVES:

To produce entry-level psychologists who are competent in Scientific Knowledge and Methods (Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan; Respect for scientifically derived knowledge)

To produce entry-level psychologists who are competent in Research/Evaluation (Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities)

COMPETENCIES:

Scientific Knowledge and Methods
Scientific mindedness (Independently applies scientific methods to practice): Independently accesses and applies scientific knowledge and skills appropriately and habitually to the solution of problems; readily presents own work for the scrutiny of others

Scientific foundation of psychology (Knowledge of core science): Demonstrates advanced level of knowledge of and respect for scientific knowledge of the bases for behaviors

Scientific foundation of professional practice (Knowledge and understanding of scientific foundations independently applied to practice): Reviews scholarly literature related to clinical work and applies knowledge to case conceptualization; Applies evidence-based practice (EBP) concepts in practice; Compares and contrasts EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment planning

Research/Evaluation
Scientific approach to knowledge generation (Generation of knowledge): Engages in systematic efforts to increase the knowledge base of psychology through implementing and reviewing research; Uses methods appropriate to the research question/s, setting, and/or community; Consults and partners with community stakeholders when conducting research in diverse communities

Application of scientific method to practice (Evaluation of outcomes): Evaluates the progress of own activities and uses this information to improve own effectiveness; Describes how outcomes are measured in each practice activity

PROCESSES:

Interns receive training in these areas at their sites (through supervised clinical experience) and in Friday Seminars (Professional Issues Seminar; Research Seminar)

OUTCOMES:

Proximal
Outcomes for interns are measured by written evaluations three times/year (completed by primary supervisors with input from secondary supervisors and Friday Seminar leaders, along with separate evaluations that are completed by practicum student supervisees).

Outcomes for the program in this area are gathered by the Internship Training Director when she meets with the interns individually and as a group three times/year to receive verbal feedback, and during the twice/year Consortium retreats that include site liaisons and supervisors, and Friday seminar leaders. In addition, supervisors are evaluated in writing by interns three times a year.

Distal
Outcomes for the program are measured by licensure rates and employment data.

Outcomes for the program are measured by anonymous training evaluations given to the interns, site supervisors, and Friday seminar leaders at the end of the training year, and on anonymous training evaluations of alumni before every accreditation site visit.
THRESHOLD/EXIT CRITERIA:

For interns to graduate from the Program, they must complete 2000 hours (including leave) and receive a “3” (demonstrates readiness for entry to practice) on all competency areas of both of the Objectives on the final written evaluation by their primary supervisor (with input from secondary supervisors and Friday Consortium seminar leaders, including confirmation from the Research Seminar co-leaders that they have participated in a satisfactory manner in that Friday seminar). In addition, completion of the requirements in any developmental or probation plan must be met prior to graduation.

Graduates will receive a certificate of internship completion stating that the individual has completed a doctoral psychology internship.

TRAINING STAFF

Supervisors

Michelle Connor Harris, Psy.D.
Clinical Director, Sacred Heart Counseling of Catholic Charities
University of Denver
Theoretical orientation/Areas of Special Interest: Trauma-informed-treatment, Eye Movement Desensitization and Reprocessing, psychological assessment and organizational health

Rebecca Showalter, Psy.D.
Director of Assessment Center, Sacred Heart Counseling of Catholic Charities
Institute for the Psychological Sciences
Theoretical orientation/Areas of Special Interest: Interpersonal Process Therapy, trauma-informed treatment, school psychology, psycho-educational assessment. integration of Catholic anthropology and psychology

Jim Langley, Psy.D.
Executive Director, Sacred Heart Counseling of Catholic Charities
University of Denver
Theoretical Orientation/Areas of Special Interest: Family therapy, school psychology, psychological assessment, learning disorders and ADHD, integration of Catholic anthropology and psychology

Matthew McCall, Psy.D.
Licensed Psychologist, Sacred Heart Counseling of Catholic Charities
Institute for the Psychological Sciences
Theoretical Orientation/Areas of Special Interest: Intensive Short-Term Dynamic Psychotherapy, mindfulness-based approaches, psychological assessment.

Friday Seminar Leaders

The supervisors listed above will be leading the Friday Seminars this year. There may be additional presenters scheduled during the year according to their availability and/or presentations/workshops attended in the Denver area.
COMPENSATION AND BENEFITS

Each intern is expected to complete 2000 total hours, with 25% of these hours accounted for by direct client service. Due to the nature of the internship program, interns are not allowed to have outside employment.

Stipend

The stipend for interns is $25,000.00. Each pre-doctoral intern is formally titled "Intern" at all sites. Positions require a minimum 40 hours per week and include the benefits listed below:

Benefits

- **Vacation:** Interns receive annual vacation days consistent with the PAL program at Catholic Charities. The site supervisors must be notified in advance of vacation plans. A leave form needs to be submitted to and approved by the primary individual supervisor with a copy given to the Internship Training Director. (See Share Point)

- **Sick Leave:** Sick leave is also consistent with PAL regulations.

- **Holidays:** Also consistent with PAL regulations.

- **Professional Leave:** Two days of professional leave are provided for interns as approved by their supervisors to attend conventions, workshops, job interviews, dissertation defenses, or approved professional development activities. A leave form needs to be signed by the primary supervisor with a copy to the Internship Training Director.

- **Workshop reimbursement:** Interns are allowed $250 to attend professional workshops/meetings.

- **Research:** Interns are allowed 2 hours per week for dissertation. These hours may be accrued for no more than one month at a time.

- **Health Insurance:** Interns are eligible for medical care through the agency insurance plan at Catholic Charities. Human Resources will be happy to explain individual eligibility.

FACILITIES

Each full-time intern has her/his own office, which is furnished similarly to the offices of professional staff. Offices contain a desk, desk chair, telephone, side chairs, and other typical office accessories. Secretarial support services and office supplies are available as needed. Each intern has access to computers and the internet.
SELECTION

SELECTION CRITERIA

Overall criteria for the Consortium

Applicants must have completed formal coursework at a degree-granting institution in professional psychology (clinical, counseling, school). Internship training is designed for students at the post-practicum and post-externship level, and precedes the granting of the doctoral degree.

Academic Record: Preference for 3.5 GPA and above in their graduate course

Clinical/Counseling Experience: Preference for 800+ advanced practicum hours (prefer to have at least some hours in a relevant site); 2+ integrated assessment reports

Scholarship: Fit with practitioner-scholar model; dissertation proposal must be accepted prior to the internship

Diversity/Multicultural interest/experience: Must have completed the diversity course work.

Match with site: Must show evidence of desire to train with site; preference for previous related experience; preference for desire to work in a related setting

Writing skills: Preference for evidence of excellent writing skills (professional, organized, articulate) as shown in application materials

Letters of recommendation: Must have three letters of recommendation (at least one from a professor or instructor and at least one from a field supervisor); prefer candidates who are “recommended highly without any reservations”

Intangibles: Prefer students who are flexible, team players, mature, and open to feedback. Students who can speak a second language, have won special awards and honors, and/or who show apparent personality strengths are also preferred in the selection process

SELECTION PROCEDURES

The SHC Internship Program plans to apply for APPIC membership in the spring of 2018. If granted membership the Program will participate in the 2018 APPIC national match (using National Matching Services). All selection procedures will be conducted within the guidelines of APPIC. Applications must include:

Completed APPIC Application for Psychology Internship (AAPI) available online at http://www.appic.org

The selection committee consists of the senior staff. All candidates who appear to be a fit for the SHC Internship Program will be interviewed. Interview times, format, and questions will be determined by the selection committee. Candidates will also be encouraged to talk with current interns about their training experiences on an “off the record” basis. Current interns will not be part of the selection committee and will have no selection authority. When interviews are concluded, supervisors will submit confidential rank order lists to be submitted into the APPIC computer system.

The SHC Internship Program will make consistent and sincere efforts to recruit, select, and retain diverse intern candidates. In all selection activities, attempts will be made to support the principles of diversity.

The Program will avoid recruiting or selecting intern candidates who might have multiple role relationships with the site staff where conflicts of interests are to the detriment of the student. The internship is committed to upholding the APA Ethical Principles and Code of Conduct.

The Program follows all APPIC procedures.
The internship lasts a full calendar year, beginning on August 1st, and ending July 31st.

MULTIPLE RELATIONSHIPS

“Generally, multiple role relationships arise when an individual participates simultaneously or sequentially in two or more relationships with another person. Harmful multiple role relationships typically arise when there are substantial differences or conflicts between the two roles.” (Kitchener, 1999, p. 111).

Whenever possible, interns will supervise practicum students who were not close cohorts from the same doctoral program. It will not be permissible for the intern and practicum student to have any social ties with each other (e.g., no friendship, academic relationship, etc.).

Any Senior Supervisor involved with the Program will be clear about their roles.

The SHC Internship Program adheres to the APA Ethical Standards as well as all relevant local and national laws.

DISCLOSURE STATEMENT/BACKGROUND CHECKS

Internship applications may be discussed among the SHC staff as well as various staff members at the member sites. If selected into this program, internship files (including application, written evaluations, etc.) will be shared with APA site visitors during any accreditation visits.

COMMUNICATION WITH ACADEMIC PROGRAM

During the intern selection process, verification of intern candidates’ readiness for internship is required from the Director of Clinical Training which is consistent with APPIC guidelines.

Following a candidate’s match with the SHC Internship Program, the Internship Training Director writes a formal letter of acceptance which is placed in the intern’s file. This letter includes a list of the other accepted interns and outlines formal procedures for apprising the Academic Program Director of the student’s progress with the internship site.

During the internship, the Internship Training Director is in regular contact with the Program sites, the Friday seminar leaders, and the academic program director. If interns have problems with the training program, they are instructed to first go to their site supervisor and/or the Internship Training Director before contacting their Academic Program Director. A Student Advocate is always available to interns on a confidential basis. If sites have problems with interns, the Internship Training Director assists them in developing an informal plan, or a formal developmental or probation plan if necessary. Copies of written plans are shared with the academic program.

The Internship Training Director keeps copies of all written evaluations, and shares these with the Academic Program Director as needed.
TRAINING AND SUPERVISION

ORIENTATION

Each site is responsible for orienting its interns within the first two weeks of the training year. In addition, the Internship Training Director organizes a one-week orientation during the first week of the internship year attended by all interns as well as the Friday seminar leaders and other relevant staff members.

Interns are also required to attend the Catholic Charities agency orientation. Each intern must also attend the Called to Protect training and receive a certification.

SUPERVISION

The SHC Psychology Internship Program takes a developmental approach to training and supervision. Interns are viewed as colleagues-in-training, with consideration for each intern’s individual needs and skill level. The internship year is viewed as a transitional one in which interns move from the role of student to that of a professional. SHC staff members are committed to helping that transition be as stress-free as possible. Interns are encouraged to use the internship year to challenge themselves in the supportive environment of the training program.

The Internship Program supports variety in therapeutic approaches within a framework that maintains the therapist-client relationship as central to effective intervention. Similarly, the supervisor-intern relationship is central to effective supervision. If the intern and the supervisor are to grow professionally and personally, this relationship must be one of mutual trust, respect, honesty, and commitment to sustaining the relationship.

The primary supervisor for each intern is a licensed psychologist who carries clinical responsibility for the intern's cases. One major training role of the primary supervisor is to insure quality of care in service delivery. All areas of the interns’ work are discussed in supervision, including intakes, counseling/psychotherapy, consultation/outreach, crisis intervention/emergency coverage, diagnostic assessment and testing, ethics, work with diverse populations, applied research, and paperwork. The supervisor also serves as advocate and consultant and assists the intern in decisions related to professional development. The Internship Training Director is responsible for documenting and maintaining all records related to each intern’s training.

Each intern receives a minimum of 2 hours of face-to-face individual supervision each week with two different licensed senior staff psychologists. Interns are matched with individual supervisors at the beginning of the training year based on site and areas of concentration. In addition to individual supervision, interns receive a minimum of 1 hour of group supervision each week.

It is also expected that interns will interact with the permanently employed staff members on a regular basis, both at Sacred Heart Counseling as well as their outreach site. For instance, interns may co-lead a therapy group with another staff member. Interns are exposed on a regular basis to a range of role models and theoretical orientations. This encourages interns to expand their perspectives and to better define the conceptualizations that fit for them.

It is recognized that interns experience new stressors as they cope with transitions in their professional lives. All clinic staff seek to be supportive of interns during this process. Recommended reading for all staff include articles related to the developmental stresses of internship training (Kaslow & Rice, 1985; Lamb et. al. 1983).
Interns may also provide 1-2 hours per week of supervision to practicum students, depending on the number of practicum students. In any case, interns may not supervise practicum students with whom they have had or are likely to have any personal or social relationship.

Supervisory Checklist

When the following items have been covered in supervision, the intern is ready to receive case assignments:

- DSM-V review.
- Review of all forms (depending on site) including: receipts, scheduling, leave request, intake forms, consultation packets, progress notes, psychiatric referral forms, emergency forms, termination summary, release of information forms, etc.
- Intake procedures: Interns should observe a training staff member (live or on tape), and then tape an intake session (or audio or role-play) for their supervisor to observe. Supervisees should discuss disclosure, fees, groups, confidentiality, therapy model, etc.
- Assessment of Competencies Form should be filled out with a copy given to the Internship Training Director.
- Discussion of multicultural issues in supervision needs to be completed.
- Completion of disclosure statement with the following information:
  
  Heading: Disclosure Statement
  
  Name
  
  Title
  
  Education
  
  Licenses (if any)
  
  Experience (brief description)
  
  Name and license number of supervisor

Ongoing Supervisory Responsibilities

- Monitor scheduling on a weekly basis.
- Co-sign all chart notes, intake evaluations, case closing summaries, psychological testing reports, etc.
- Review audio and/or videotapes, or participate in live observation (at least twice/month).
- Supervise all clinical and nonclinical work.
- Monitor use of vacation time, sick days, and professional leave (with copies of all leave forms to the Internship Director).
- Ensure that all evaluations are completed in a timely manner.
FRIDAY TRAINING SEMINARS

Professional Issues Seminar meets for two hours every week and is led by a variety of speakers from SHC, the Program sites, and other local and national psychologists and professionals. Topics covered include: licensure, ethics, job-search strategies, evidence-based practice, private practice considerations, supervision, and other Program-appropriate topics.

Intern Lunch is held one hour each week. The interns meet with each other for lunch and bonding purposes.

CASE PRESENTATION GUIDELINES

These guidelines are for formal case presentations (e.g., during Professional Issues Seminars), provided by interns twice during the internship year.

Supervision case presentation guidelines:

- Questions for participants
- Brief description of supervisee (age, year in school, academic program, prior experience doing psychotherapy, etc)
- Brief description of supervisor's experience doing supervision
- Identified goals for supervision
- Theory of supervision (mini lit review)
- Supervisory relationship
- Multicultural issues
- Ethical concerns
- Show tape
- Discussion: integration of theory, research, practice

Clinical case presentation guidelines:

- Questions for participants
- Demographic data (pseudonym, age, race, marital status, sex, housing, parental status, etc)
- Presenting problem(s) (include symptoms, precipitating factors)
- Mental status (appearance, affect, behavior, speech, cognition, memory)
- Suicide/homicide/lethality risks
- Brief history
- Medical conditions and drug/alcohol concerns
- Cultural issues
- Support system
- Strengths
- Diagnosis
- Prognosis
- Brief theoretical conceptualization of case
- Treatment plan
- Course of treatment
- Therapeutic relationship
- Ethical concerns
- Show tape
- Discussion: integration of theory, research, practice
RESEARCH

The practitioner-scholar model is greatly valued by the Internship Program. Interns are encouraged and supported in their research efforts.

Interns are also encouraged to attend at least one workshop or conference per year. The Internship Program also supports interns' attendance and presentations at local and national conferences. Limited financial assistance ($250.00 per intern) is available for these activities.

EVALUATION

Evaluation in the SHC Internship Program is to be a collaborative process designed to facilitate growth, to pinpoint areas of strength and difficulty, and to refine goals. It is a tool for evaluation performance and also a vehicle for change.

Interns complete the "Assessment of Competencies" form at the beginning of the training year, which helps supervisors respond to specific needs. Interns are formally evaluated three times a year by primary individual supervisors (with input from secondary supervisors and Friday seminar leaders), and by their practicum student supervisees (usually in December, May, and August).

Supervisors are also formally evaluated by interns three times a year. Interns give verbal feedback to the Academic Program Director at the end of each semester. Interns also have an exit interview with the Internship Training Director and complete the anonymous "Evaluation of Training Program" at the conclusion of the internship year. After graduating from the Internship Program, former interns are asked to complete the "Evaluation of Training Program" form again every seven years to see if their perspectives have changed after graduation. Revisions to the training program are constantly being made on the basis of this feedback.

Serious deficiencies in an intern's skill development and/or professional progress are communicated to the intern orally and in writing as soon as the deficiencies come to the attention of the training staff. The Academic Program Director is notified of the problem(s). A plan is then established jointly by the Internship Training Director, site supervisors, and the intern for remediation of the deficiencies. See the section in this manual on Grievance Procedures for further details.

Interns at various sites may be evaluated by clients on forms as provided by those sites.

ETHICAL STANDARDS

The SHC Internship Program adheres to ethical and legal standards in all areas including direct service, training, and research. This commitment is woven into every aspect of the training program. All site staff members are expected to be thoroughly familiar with the APA Ethical Principles of Psychologists and Code of Conduct, related professional guidelines, and Colorado and Federal Statutes (including HIPAA) which apply to the practice of psychology.

Familiarity with codes of ethics and statutes is not enough to insure ethical behavior by psychotherapists. Kitchener (1986) stated that counselors should be equipped with the cognitive tools that allow them to critically evaluate and interpret codes to which they have agreed to adhere. They must also be able to evaluate their feelings as appropriate or inappropriate for ethical behavior.

Based on Kitchener's recommendation to learn about ethics on an on-going basis, the SHC Internship Training Program members are dedicated to helping interns to recognize and grapple with ethical dilemmas related to their clients. Ethical issues and Colorado statutes are directly addressed during orientation, in training seminars, and throughout the training year. In these sessions, principles and standards are carefully reviewed and applied. During individual and group supervision, ethical principles and behaviors are frequently reviewed as they relate to the intern's caseload. Ethical issues related to assessment are also discussed. Interns are exposed to discussions in staff meetings where staff members share legal and ethical concerns they confront in day-to-day work. Group discussion of ethical and legal issues encourages the consideration of different perspectives and helps generate creative and ethically defensible solutions to ethical dilemmas.
Interns are expected to:

Form an awareness and understanding of the following codes of ethics and professional guidelines:

APA Ethical Principles and Code of Conduct (2002, Amended June 1, 2010)

APA Practice Guidelines
Including
- Guidelines for the Practice of Parenting Coordination
- Record Keeping Guidelines
- Guidelines for Child Custody Evaluations in Family Law Proceedings
- Guidelines for Psychological Practice with Girls and Women
- Guidelines for Psychological Practice with Older Adults
- Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists
- Practice Guidelines Regarding Psychologists’ Involvement in Psychopharmacological Issues
- Guidelines for Psychological Evaluations in Child Protection Matters
- Guidelines for Psychological Practice in Health Care Delivery Systems
- Practice Parameters: Screening and Diagnosis of Autism
- Guidelines for Test User Qualifications
- Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients
- Guidelines for Assessment of and Intervention with Persons with Disabilities
- Guidelines for the Evaluation of Dementia and Cognitive Change

Form an awareness and understanding of the following statutes and legal decisions:

Colorado Department of Regulatory Agencies (Psychology): http://www.dora.state.co.us/mental-health/psy/licensing.htm (Including Colorado State Board of Psychologist Examiners Rules, Colorado Mental Health Statute)
Colorado Involuntary Commitment Proceedings:
http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheadername1=Content-Disposition&blobheadername2=Content-Type&blobheadervalue1=inline%3B+filename%3D%22Behavioral+Health+Emergency+and+Involuntary+Commitment+Process+Program+Profile.pdf%22&blobheadervalue2=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251694195238&ssbinary=true
Tarasoff versus Regents of University of California, 13 C. 3d 177, 529 P.2d 533, 118 Cal. Rptr.129 (1974)
Child Protection Act of 1975: Legal responsibilities in instances of child abuse
HIPAA (Health Insurance Privacy and Portability Act) http://www.hhs.gov/ocr/privacy/

Review the site’s legal and ethical statement with clients during intake sessions and provide appropriate disclosure statements.

Demonstrate appropriate concern and advocacy for client welfare and conduct themselves in an ethical manner at all times.
Interns experience significant developmental transitions during the training period. One aspect of the training process involves the identification of growth and/or problem areas of the intern. A problem is defined as a behavior, attitude, or other characteristic, which, while of concern and requiring remediation, is not excessive, or outside the domain of behaviors for professionals in training (Lamb, D. H., Baker, J. M., Jennings, M.I. & Yarris, E., 1983). Problems are typically amenable to management procedures or amelioration. While professional judgment is involved in deciding the difference between impaired and problem behavior, impairment can be broadly defined as interference in professional functioning which is reflected in one or more of the following ways:

1) An inability or unwillingness to acquire and integrate professional standards into one's repertoire of professional behaviors;

2) An inability to acquire professional skills in order to reach an acceptable level of competency; and/or

3) An inability to control personal stress, psychological dysfunction, and/or strong emotional reactions which interfere with professional functioning. Specific evaluative criteria, which link this definition of impairment to particular professional behaviors, are incorporated in the evaluation forms completed by supervisors.

More specifically, problems will typically become identified as impairments if they include one or more of the following characteristics (Lamb et al., 1987):

- The intern does not acknowledge, understand, or address the problem when it is identified.
- The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training.
- The quality of services is sufficiently negatively affected.
- The problem is not restricted to one area of professional functioning.
- A disproportionate amount of attention by training staff is required, and/or;
- The intern's behavior does not change as a function of feedback, remediation efforts, and/or time.

At any time during the year a site staff member or Friday seminar leader may designate some aspect of an intern's performance as inadequate or problematic. By the same token an intern may take issue with a staff member regarding a particular behavior or pattern of behaviors or with the entire staff regarding policy or procedure.

It is expected that in either case, the complainant will first take the issue directly to the person(s) with whom they take issue and that the parties will work to resolve the issue in a manner satisfactory to both.

In the event that either party feels dissatisfied with the outcome, the following grievance procedures are established to aid in the resolution of problems.
Grievance procedures initiated by an intern:

As noted above, for informal dispute resolution, wherein an intern has a problem with or complaint about a supervisor, seminar leader, or staff person, the intern should first attempt to address the issue with that individual directly. If a lack of resolution remains after speaking with the staff member directly, the intern should then discuss the issue with their clinical supervisor. When the dispute involves the clinical supervisor or is not resolved at the level of the clinical supervisor, the Internship Training Director should be included in an attempt to have the issue resolved. If the person with whom the intern has a problem is the Internship Training Director, the Clinic Director will then be included in the mediation process. If the problem or dispute is resolved at this level, no further action will be taken. If the issue remains unresolved at that level, a formal grievance should be submitted by the intern.

Notice:
A formal grievance by an intern should be submitted to the Internship Training Director in writing, when possible within 5 days of the event in question or since the last attempt at informal resolution was made.

Formal Hearing:
A three-person committee composed of training staff, including the Training Director, one chosen by the intern, and another staff member chosen by the Training Director. If the grievance directly involves the Internship Training Director, the Clinic Director will be included as well. This committee will, in a timely fashion (1-2 weeks), gather information regarding the grievance by meeting formally with relevant parties, come to a decision, inform the intern of its decision, and offer recommendations to the Internship Training Director (or the Clinic Director, if the dispute involves the Internship Training Director). The intern will be given this information in writing. At this level of mediation, the intern’s Academic Program will also be notified of the situation, and relevant documentation provided.

Appeal:
Should the intern contest the decision made at this level, s/he can file a written appeal, submitted to the Clinic Director within 5 working days of being informed of the committee’s findings and recommendations. The Clinic Director will then conduct a hearing involving all relevant parties to the grievance within 5 working days of receiving the written appeal. A final decision will then be made on the matter, and all relevant parties informed of the decision in writing, including associated recommendations, within 5 working days of the appeal hearing.

It should be noted that during Orientation, interns are informed of their right to contact the HR Department at Catholic Charities if they have any grievance that is employment-related, rather than specifically training-related. This is particularly the case with grievances that may involve legal ramifications. Should the intern have grievance with either of the processes discussed above, s/he will be directed to pursue it with the Director of the HR Department at Catholic Charities.

Grievance initiated by a staff member toward an intern:

Notice:
Should a site staff person feel that an intern is not performing in an appropriate/professional manner, it is the staff person’s responsibility to provide that feedback to the intern about expectations for behavior at that site. The intern’s clinical supervisor will be informed about the recommendation in order to maintain clear communication about an intern’s performance across sites. The intern will be given coaching and an opportunity to remedy the behavior before escalating to the level of a hearing. The clinical supervisor will address concerns about performance in the same manner if he/she is the one to notice the breach in behavior. The formal evaluation process may also serve as notice of poor performance, which would include coaching on ways for the intern to improve performance moving forward. It is possible that the formal evaluation would trigger a hearing, should the evaluation reflect prior notice of behavior that went unchanged.

Hearing:
If problematic behavior continues unchanged, the clinical supervisor will implement one of the “Remedial Consequences” listed below will apply. The intern will be provided a time frame for problem remediation as well as potential consequences if unresolved. The Internship Training Director will be notified, and directly involved if the consequence is at the level of Developmental Plan or higher.
Appeal:
The intern has the right to contest the process of remediation. The appeal must be submitted in writing and submitted to the Clinic Director within 5 working days of being informed of the Remedial Consequence chosen. The Clinic Director will then conduct a hearing involving all relevant parties within 5 working days of receiving the written appeal. A final decision will then be made on the matter, and all relevant parties informed of the decision in writing, including associated recommendations, within 5 working days of the appeal hearing.

Should an intern commit a felony, have sexual contact with a client, or perform any other serious violation of ethical conduct that may involve legal ramifications, s/he will be placed on suspension immediately, with further disposition determined by Internship Director and Internship Program staff. This may include reporting the incident to the Director of the HR Department at Catholic Charities and relevant outside agencies.

Levels of Remedial Consequences:

Once a problem has been identified in the intern's functioning and/or behavior, it is important to have meaningful ways to remediate the particular difficulty. The following represents several possible levels of consequences in order of the severity of the problem or impairment under consideration.

Verbal Warning
A verbal warning to "cease and desist" the inappropriate behavior represents the lowest level of possible remedial action. This consequence is designed to be primarily educative in nature and typically will occur in the context of the intern’s supervision. Depending on the nature of the problem, supervision time might be increased and/or changed in format or focus and case responsibilities may be changed.

Developmental Plan
This written remedial plan will include a list of the competencies under consideration, the date/s the problem/s was/were brought to the intern’s attention and by whom, the steps already taken by the intern to rectify the problem/s, the steps already taken by staff/faculty to rectify the problem/s, the expectations required, the intern’s responsibilities, the staff/faculty responsibilities, the time frame for acceptable performance, the assessment methods, the dates of evaluation, and the consequences of unsuccessful remediation.

Probation Plan
If the intern fails to remediate a developmental plan, or if the performance problem is too severe for a developmental plan, a probation plan will be written. This remediation plan is similar to the developmental plan (see above) but failure to remediate may lead to the extension of the internship, or dismissal from the program.

Extension of the Internship and/or Recommendations for a Second Internship
In situations where the intern has made some but insufficient progress prior to the end of the internship, the intern may be required to extend his/her stay at the internship site in order to complete the requirements. In some cases, the intern may be recommended to complete part or all of a second internship. In both cases, the intern must demonstrate a capacity and willingness for full remediation, and their academic program will be notified and consulted.

Suspension and Dismissal
In cases involving severe violations of the APA Code of Ethics, where imminent harm to a client is a salient concern, where there is a preponderance of unprofessional behavior, or lack of change in behaviors for which an intern has been placed on probation, suspension of agency privileges may be a recommended consequence. The intern will be notified immediately, and will be provided with a copy of the documentation and reminded of grievance and appeal procedures. If the decision is made to suspend the intern, the Internship Training Director will send written notification of this action to the intern’s academic program within two working days of the decision and also contact the student's advisor. Suspension may take the form of either a required leave of absence from the agency or recommendation that the intern be terminated from the
training program. In the latter case, the SHC Internship Program will make recommendations to
the academic program regarding further remediation and/or a career shift.

Temporary Reduction or Removal of Case Privileges
At any point during this process, if it is determined that the welfare of the intern and/or the client
has been jeopardized, the intern's case privileges will either be significantly reduced or removed
for a specified period of time. At the end of this time, the intern's primary supervisor, in
consultation with the site training staff, will assess the intern's capacity for effective functioning
and determine whether or not the intern's case privileges are to be reinstated. The intern’s
academic program will be notified if such action is taken.

RIGHTS AND RESPONSIBILITIES

Expectations of SHC interns include the following:

- To behave according to the APA Ethics Code and other APA practice guidelines.

- To behave in accordance with the laws and regulations of the State of Colorado and with
  HIPAA.

- To act in a professionally appropriate manner that is congruent with the standards and expectations
  of each internship site (including a reasonable dress code), and to integrate these standards as a
  professional psychologist into a repertoire of behaviors, and to be aware of the impact of behaviors
  upon other colleagues.

- To responsibly meet training expectations by fulfilling goals and exit criteria.

- To make appropriate use of supervision and other training formats (e.g., seminars) through such
  behaviors as arriving on time and being prepared, taking full advantage of the learning
  opportunities, as well as maintaining an openness to learning and being able to effectively accept
  and use constructive feedback.

- To be able to manage personal stress, including tending to personal needs, recognizing the
  possible need for professional help, accepting feedback regarding this, and seeking that help if
  necessary.

- To give professionally appropriate feedback to peers and training staff regarding the impact of
  their behaviors, and to the training program regarding the impact of the training experience.

- To actively participate in the training, service, and overall activities of the SHC Internship
  Training Program, with the end goal of being able to provide services across a range of clinical
  activities.

In general, the SHC Internship Program will provide interns with the opportunity to work in a setting
conducive to the acquisition of skills and knowledge required for a beginning professional.

More specifically, the rights of interns will include:

- The right to a clear statement of general rights and responsibilities upon entry into the internship
  program, including a clear statement of goals of the training experience.

- The right to clear statements of standards upon which the intern is to be evaluated three times a
  year.

- The right to be trained by professionals who behave in accordance with the APA Ethics Code and
  other APA practice guidelines.
• The right and privilege of being treated with professional respect as well as being recognized for the training and experience attained prior to participation in the SHC Internship Training Program.

• The right to ongoing evaluation that is specific, respectful, and pertinent.

• The right to engage in ongoing evaluation of the training experience.

• The right to initiate an informal resolution of problems that might arise in the training experience through request(s) to the individual concerned, the Internship Training Director, and/or the training staff as a whole.

• The right to due process to deal with problems after informal resolution has failed, or to determine when rights have been infringed upon (see Due Process section in this handbook).

• The right to request assistance in job search and application (for interns).

• The right to privacy and respect of personal life.

• The right to expect that the training staff will try to make accommodations to meet any special training needs.
POLICY ON SOCIAL MEDIA AND ANSWERING MACHINES

Interns who use social media (e.g., Facebook) and other forms of electronic communication should be mindful of how their communication may be perceived by clients, colleagues, faculty, and others. As such, interns should make every effort to minimize material that may be deemed inappropriate for a psychologist in training. To this end, interns should set all security settings to “private” and should avoid posting information/photos or using any language that could jeopardize their professional image. Interns should consider limiting the amount of personal information posted on these sites, and should never include clients as part of their social network, or include any information that might lead to the identification of a client, or compromise client confidentiality in any way.Greetings on voicemail services and answering machines used for professional purposes should also be thoughtfully constructed. Interns are reminded that, if they identify themselves as an intern in the program, the Internship Program has some interest in how they are portrayed. If interns report doing, or are depicted on a website or in an email as doing something unethical or illegal, then that information may be used by the Program to determine probation or even retention. As a preventive measure, the SHC Internship Program advises that interns (and staff) approach social media carefully. In addition, the American Psychological Association’s Social Media/Forum Policy may be consulted for guidance: [http://www.apa.org/about/social-media.aspx](http://www.apa.org/about/social-media.aspx)

(Note: this policy is based in part on the policies developed by the University of Albany, Michael Roberts at the University of Kansas, and Elizabeth Klonoff at San Diego State University)

REFERENCES


