



SPECTRUM HEALTH

Internship Program in Professional Psychology (SHIP³)

Training Manual – 2017-2018



Spectrum Health Butterworth Hospital, Downtown Grand Rapids

Psychiatry and Behavioral Medicine
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I. Introduction

A. About Grand Rapids



Grand Rapids is a thriving city holding several titles, including #1 [Best City to Raise a Family](#), one of [America's Best Towns for Families](#), and Beer City USA for two years in a row (2012 – 2013).

Grand Rapids is only three hours from Chicago, and about 45 minutes from Lake Michigan, providing access to larger cities, beautiful beaches, and year-round outdoor activities. The Gerald R. Ford Airport, Amtrak, and Megabus provide transportation options which make it easy to stay connected locally and nationally. Day trips to neighboring cities, such as [Holland](#) and [Grand Haven](#) provide opportunities to see and experience local culture.

For entertainment, Grand Rapids is home to [Art Prize](#), the world's largest art competition, which takes over the city for several weeks in the early fall. A multitude of [summer festivals](#), [concerts](#), [theater](#), and other activities keep the city hopping. Grand Rapids also has several professional sports teams, including the [Whitecaps](#) (baseball) and the [Griffins](#) (hockey).

Grand Rapids offers a wide variety of [dining options](#) including farm to table restaurants, breweries, and other unique dining environments. A yearly [Restaurant Week](#) highlights local venues at reasonable prices. Additionally, the [Downtown Market](#) offers a farmer's market during the summer and an indoor market year round.

Grand Rapids has also made a name for itself in the craft brewing industry. Fifteen breweries alone are located in the immediate area, with several others located in nearby Western Michigan cities. Staff favorites include [Brewery Vivant](#), [Hop Cat](#), [Founders](#), and many more with options for [guided tours](#). Additionally, Northern Michigan is a three hour drive away and is home to [excellent wineries](#) and gorgeous scenery.

Interns living in Grand Rapids will have a wide range of neighborhoods to choose from. Those looking for walking access to nightlife, restaurants, and entertainment venues can find both [traditional apartment living](#) and [loft style](#) contemporary environments. Other notable neighborhoods include East Grand Rapids, which houses both Gas Light Village and Easttown. [Gas Light Village](#) offers a cozy neighborhood with fun restaurants, shopping, and access to Reed's Lake and a bike path/trail. [Easttown](#) provides an eclectic and diverse neighborhood that is rapidly changing and growing. Many other neighborhoods and sections of the city can be referenced here: <http://www.grar.com/neighborhoods>.

Given the accessibility of major roads and highways, commuting is relatively easy and significant traffic jams a rarity. The [cost of living](#) in Grand Rapids is lower than the national average, making it easy to find an affordable and safe place to call home.

B. About Spectrum Health

Spectrum Health's vision is to be the national leader for health care by 2020, and we are on the right track. Spectrum is the largest not-for-profit health care system in West Michigan with 11 hospitals, 181 service locations, and 2,075 licensed beds system-wide. We are the largest employer in West Michigan with more than 24,000 employees, and 1,300 physicians and advanced practice providers. Four of our specialties were [ranked by U.S. News & World Report in 2014-15](#), and many others are recognized as high-ranking. We are also focused on caring for our community, with nearly \$300 million in community benefit provided in fiscal year 2015 alone.

Spectrum Health offers a stimulating environment that rewards talent and provides opportunities for professional advancement and personal growth. We're a nationally recognized health care system with a reputation as a teaching hospital that provides world-class care. Our commitment to maintaining our status as an employer of choice

makes Spectrum Health a great place to work. Our goal is to invest in the success of our 24,000 employees who create exceptional value for patients and business partners. Our investment begins with a commitment to mission, leadership, core values and a progressive plan that outlines future goals and direction. This plan incorporates our leader status in health care value, delivering the finest combination of quality, service, access and cost in Michigan. Our preferred employer initiative promotes market competitive compensation and benefit programs as the right thing to do. Equally important is support for a proper balance of work and family life. Spectrum Health places great value on quality of life during and after work hours. Becoming a preferred employer does not happen by accident. We achieve results by challenging ourselves, our processes and systems to reflect strategic business goals. We seek to balance the conflicting needs of our diverse constituencies, remaining focused on clinical excellence and the comfort of world-class care.

Leading the Way

Formed by the merger of two highly respected community hospitals, each with more than a century of health care excellence, Spectrum Health is known for its high-quality care. Financially stable and growing, we offer advantages and leading-edge technology in a stimulating environment where each individual is valued. We provide advanced treatments for a comprehensive range of medical conditions. There are continuous opportunities for growth, education and career advancement within our expanding system.

Quality & Awards

Spectrum Health is a leader in health care quality and value. As we grow, we continue to focus on achieving higher levels of excellence. Spectrum Health is the only health system in Michigan to be named one of the nation's 15 Top Health Systems® by Truven Health Analytics for 2015. This is the fourth time the organization has received this recognition.

Magnet Recognition® Status



Spectrum Health Blodgett, Butterworth and Helen DeVos Children's hospitals earned Magnet Recognition status by the American Nurses Credentialing Center (ANCC). Magnet Recognition is considered to be one of the highest honors bestowed upon a health care organization. Only five percent of hospitals in the country receive the prestigious designation. It recognizes health care organizations that provide the very best in nursing care and promote professionalism in nursing practice.

C. Training Sites

Integrated Care Campus at East Beltline (ICC-B)

The ICC-B is located at 2750 E. Beltline Avenue NE, and serves as the primary hub for the Psychiatry and Behavioral Medicine Division (PBM). PBM is situated on the third floor of a busy building which houses 15 specialty practices including primary care, urgent care, neurology, and physical therapy. The ICC-B sees more than 1,000 patients per day and gives patients an opportunity to have many of their needs met in one location. Both the Outpatient Psychotherapy Rotation and Psychological Evaluation Rotation will be located here.



Bariatrics at 4100 Lake Drive

The Bariatrics Office is located at 4100 Lake Drive, Suite B01 and is one of four area locations that provides bariatric surgery and/or associated services. This rotation will give interns the opportunity to complete pre-surgical psychological evaluations for

patients considering bariatric surgery, with additional shadowing opportunities including a support group and observing surgery.

D. Faculty

1. Core Program Faculty

Lyndsay Volpe-Bertram, PsyD, ABPP (C), Director of Clinical Training, Supervisor

Education: PsyD in Clinical Psychology from the Chicago School of Professional Psychology, Chicago Campus. Pre-doctoral internship at the Youth Opportunity Center in Muncie, IN; post-doctoral experience at Child Focus, Inc. in Cincinnati, OH.

Theoretical Orientation: Cognitive-behavioral

Interests: Trauma and post-traumatic stress disorder, ADHD evaluations, mood disorders

Rebecca Preston, PsyD, Psychologist, Supervisor

Education: PsyD in Clinical Psychology at Loyola University Maryland. Pre-doctoral internship (Clinical Psychology) at Captain James A. Lovell Federal Health Care Center in North Chicago, Illinois and post-doctoral fellowship (emphasis in Integrated Care/Behavioral Medicine) at Edwards Hines, Jr. VA Hospital in Hines, Illinois.

Theoretical Orientation: Cognitive-behavioral, interpersonal

Interests: Bariatric surgery, weight loss and weight management interventions, adjustment to chronic health conditions

Jared L. Skillings, PhD, ABPP (C, CH, CBT), Chief Psychologist, Supervisor

Education: PhD in Clinical Psychology at the University of Toledo. Pre-doctoral internship at the University of Miami (FL)/Jackson Memorial Hospital; post-doctoral fellowship in Clinical Health Psychology at the Consortium for Advanced Psychology Training through Michigan State University College of Human Medicine

Theoretical Orientation: Cognitive-behavioral with humanistic philosophical roots

Interests: Pre-surgical psychological evaluations, Solid organ transplantation, Evidence-based assessment and psychotherapies

Lisa Vroman, PhD, Psychologist, Supervisor

Education: PhD in Clinical Psychology at Michigan State University in East Lansing. Pre-doctoral internship in clinical health psychology at West Virginia University School of Medicine, Charleston Division, Department of Behavioral Medicine and Psychiatry; post-doctoral experience in pediatric behavioral sleep medicine and child psychology at Spectrum Health Division of Psychiatry and Behavioral Medicine in Grand Rapids, MI.

Theoretical Orientation: Cognitive-behavioral

Interests: Child and adolescent psychotherapy utilizing individual and parent guidance approaches to the treatment of both internalizing and externalizing behavior disorders, child and adolescent assessment, pediatric behavioral sleep medicine.

2. Other Affiliated Faculty

Kiran Taylor, MD, Psychiatrist, Psychiatry and Behavioral Medicine Division Chief

Education: MD at University of Michigan Medical School. Residency in the Department of Psychiatry at the University of Michigan Health System in Ann Arbor, MI.

Theoretical Orientation: Cognitive-behavioral, acceptance and commitment therapy, meaning-centered therapy

Interests: Psycho-oncology and supportive care

Leisha Cuddihy, PhD, CBSM, Psychologist

Education: PhD in Clinical Psychology at the University of Arizona in Tucson. Pre-doctoral internship in behavioral medicine at the Alpert Medical School of Brown University in Providence, RI; post-doctoral fellowship in behavioral sleep medicine at the University of Michigan in Ann Arbor, MI.

Theoretical Orientation: Cognitive-behavioral

Interests: Sleep and sleep disorders, cognitive-behavioral therapy for insomnia, motivational interviewing, acceptance and commitment therapy, mindfulness

Shawn Hondorp, PhD, Psychologist

Education: PhD in Clinical Psychology at Drexel University in Philadelphia. Pre-doctoral internship; post-doctoral fellowship in clinical health psychology at Rush University Medical Center in Chicago, IL.

Theoretical Orientation: Cognitive-behavioral

Interests: Weight management including surgical (i.e., bariatric surgery) and behavioral approaches, treatment of stress-related and/or binge eating

Allison Ilem, PhD, BCBA, Psychologist

Education: PhD in Clinical Psychology (with curricular emphasis in Geropsychology) at University of Colorado at Colorado Springs. Pre-doctoral internship (Clinical Psychology) and post-doctoral fellowship (Geropsychology) at VA Puget Sound Health Care System, American Lake Division in Seattle, WA.

Theoretical Orientation: Cognitive-behavioral, interpersonal

Interests: Non-pharmacological approaches to managing challenging behavior in persons with dementia, aging and disability, end-of-life care, interdisciplinary teams

Sylvia Malcore, PhD, Psychologist

Education: PhD in Clinical Psychology at Detroit Mercy in Detroit, MI. Pre-doctoral internship at John D. Dingell VA Medical Center in Detroit, MI; post-doctoral

fellowship in clinical health psychology at Genesys Regional Medical Center through the Consortium for Advanced Psychology Training program associated with Michigan State University/Flint Area Medical Education (MSU/FAME) in Flint, MI.

Theoretical Orientation: Cognitive-behavioral

Interests: Pain management, coping with chronic health conditions, and psychological pre-surgical evaluations.

Antú Shamberger, PsyD, Psychologist

Education: PsyD in Clinical Psychology at Roosevelt University in Chicago. Pre-doctoral internship in clinical psychology at the Clement J. Zablocki VA Medical Center in Milwaukee, WI; post-doctoral fellowship in health psychology at the John D. Dingell VA Medical Center in Detroit, MI.

Theoretical Orientation: Cognitive-behavioral, interpersonal

Interests: Health psychology, health promotion and disease prevention, pain management, multiculturalism, Spanish-speaking population

Aaron George, LMSW, CAADC Psychotherapist

Education: Clinical MSW at Loyola University, Chicago

Theoretical Orientation: Cognitive-behavioral, dialectical-behavioral

Interests: specializing in treatment of personality disorders, emotional dysregulation, and substance use disorders

Michelle McMahon, LMSW, Psychotherapist

Education: Clinical MSW at the University of Michigan, Ann Arbor

Theoretical Orientation: Cognitive-behavioral, dialectical-behavioral

Interests: Substance use disorders and behavioral addictions, personality disorders, perinatal mood disorders, trauma

Kimberly Reynolds, LMSW, ACSW, Psychotherapist

Education: MSW at the University of Michigan, Ann Arbor

Theoretical Orientation: Cognitive-behavioral, Family Systems, Brief Solution Focused, Integrative

Interests: Marriage/Family, Divorce/Blended Family, Pre/Postnatal, End of Life, Medical

Martha Van Dyken, LMSW, Psychotherapist

Education: Clinical MSW Michigan State University

Theoretical Orientation: Cognitive-behavioral, Advance Generalist Perspective

Interests: mental health disorders in patients within an oncology setting, dementia, mental health disorders in patients with a neurological disorders.

II. Internship Training

A. *Philosophy and Goals*

Consistent with the overall mission of the Spectrum Health System, the Spectrum Health Internship Program in Professional Psychology (SHIP³) is designed to promote the establishment and refinement of interns' knowledge and competencies in five important areas: (1) the practice of evidence-based clinical psychology (assessment, psychotherapy, inter-disciplinary healthcare, supervision), (2) the evaluation and utilization of clinically-relevant research, (3) the appreciation of individual and cultural diversity, (4) the development of professional and ethical conduct, and (5) the development of interpersonal and communication skills. SHIP³ offers education and training in accordance with the APA (2006) *Guidelines and Principles for Accreditation*. The internship program prepares interns for the practice of health service psychology with a diverse patient population, particularly in integrated care environments.

B. *Training Model*

The training philosophy of our program is scientist-practitioner. Our faculty believes that good clinical practice is based largely on the science of psychology. In turn, clinical psychological science should be influenced by the experience of working with patients, families, and interdisciplinary colleagues within health/delivery systems. Therefore, our training approach encourages clinical practice that is evidence-based, while simultaneously recognizing the limitations of the breadth, depth, and applicability of our empirical base. Our didactic and experiential training both emphasize clinical science and clinical care within an interprofessional delivery system. Our hope is that our graduates will practice from a scientific basis, and do scientific work with a clinical sensibility.

C. *Program Goals, Objectives, and Competencies*

SHIP³ goals and objectives are based on best practice guidelines published by the American Psychological Association (Fouad, et al., 2009). They are divided into foundational and functional competencies. Foundational competencies refer to knowledge, skills, attitudes, and values that serve as the foundation for the psychologists' practice. They include goals such as professionalism, ethics, and self-care. Functional competencies refer to the major functions psychologists perform, and include things such as assessment and intervention. Specific goals and objective within the foundational and functional competencies are listed in Appendix B.

D. *Detailed Training Experiences*

Interns are assigned to two rotations per 6-month period, for a total of 36 hours per week of clinical experience. They are expected to spend at least 32 hours per week in direct patient care; two hours per week will be used for individual supervision, and two for documentation. Documentation hours will not necessarily be scheduled; we anticipate that variability in clinic schedules (caseload, no-shows, cancelations) will

allow at least two hours per week that can be used for documentation. These hours will be accumulated by providing services in two rotations:

1. Outpatient Psychotherapy Rotation

The outpatient psychotherapy rotation will be located at the [Spectrum Health Integrated Care Campus on the Beltline](#). Interns will perform psychological diagnostic assessments and intervention for a range of behavioral health concerns, including depressive disorders, anxiety disorders, and trauma and stress-related disorders. Interns will also have an opportunity for enhanced training in their supervisor's specific areas of expertise, including trauma, child and adolescent psychology, and health psychology. Because this rotation is year-long, interns will have the opportunity to utilize both extended and brief psychotherapy treatment models. The recommended textbook for this rotation is [Clinical Handbook of Psychological Disorders: A Step-by-Step Treatment Manual \(5th Edition\)](#) by Barlow (2014). This rotation will be two and a half days (20 hours) per week for the entire internship year. The outpatient psychotherapy rotation will be supervised by Drs. Lyndsay Volpe-Bertram and Lisa Vroman.

2. Psychological Evaluation Rotation

The psychological evaluation rotation will be located at the [Spectrum Health Integrated Care Campus on the Beltline](#). Interns will learn evidence-based methods for conducting psychological assessments, including pre-surgical and complex diagnostic psychological evaluations. Depending on prior experience, interns will be able to learn basic to advanced skills on this rotation. Evaluations may include bariatrics, solid organ transplantation, plastic surgery, pain procedures, AD/HD, complex diagnostic presentations, and others. The recommended textbook for this rotation is [Presurgical Psychological Screening](#) by Block & Sarwer (2012). This rotation will be two days (16 hours) per week for half of the entire internship year. The psychological evaluation rotation will be supervised by Dr. Jared Skillings.

3. Bariatrics

The bariatrics rotation will be located at 4100 Lake Drive, Suite B01 and will be supervised by Dr. Rebecca Preston. Interns will conduct comprehensive and efficient pre-surgical psychological evaluations for patients pursuing bariatric surgery. The assessment will include a comprehensive clinical interview, a standardized personality measure, and validated symptom assessments (e.g., PHQ-9, GAD-7, and Binge Eating Scale). Interns will complete written reports based on a synthesis of available data and provide tailored feedback to each patient, both verbally and in writing. The intern will also learn how to work collaboratively within an interdisciplinary team, providing clear and effective recommendations to the treatment team (e.g., physician assistants, surgeons, dietitians, medical assistants) best patient outcome. Additionally, the intern may have the opportunity to observe a bariatric surgery during this rotation. This rotation will be two days per week for half of the internship year.

E. Didactics

Internship didactic training will include weekly lecture/discussion, monthly Psychiatry and Behavioral Medicine Grand Rounds, and monthly Journal Club. Didactics will occur on Wednesday mornings between 8:00 a.m. and 12:00 p.m.

1. Lectures

Weekly lectures/ group discussion will focus on evidence-based practices in six major content areas: Psychological Assessment, Psychological Intervention, Health Psychology & Integrated Care, Individual and Cultural Diversity, Ethical Decision-Making and Legal Standards, and Professional Development. A preliminary schedule of topics is presented in Appendix A.

2. Psychiatry and Behavioral Medicine Grand Rounds

Interns will attend Psychiatry and Behavioral Medicine Grand Rounds on the first Wednesday of every month. Content presented in Grand Rounds will span a wide range of topics relevant to the practice of psychiatry and psychology. Didactic lecture topics will be coordinated with Grand Rounds topics to provide a cohesive training experience.

3. Journal Club

The third Wednesday of each month, interns will participate in Psychiatry and Behavioral Medicine Journal Club. Members of the Psychiatry and Behavioral Medicine division will select and distribute a recently published research article to summarize and present to their peers for review, analysis, and discussion. Interns will be expected to present at least one article each per year.

4. DCT meetings

The fifth Wednesday of the month, when applicable, the Director of Clinical Training will meet with the interns as a group to provide an opportunity for interns to address any thoughts, concerns, problems, or successes during their internship experience.

F. Supervision

1. Individual Supervision

Interns will have one hour per week of individual supervision per rotation (two hours weekly). Interns' clinic schedules will be blocked at a regular time each week as determined by the supervisor.

2. Group Supervision

a. Case Conference

Interns will be required to learn and implement a semi-structured style of case presentation. The goal of case presentation is to develop skills in differential diagnosis, case conceptualization, and treatment planning. Interns will choose a case from one of their rotations to present every other week. For the first half of the internship year, one hour will be allotted for each case presentation, including time for questions, discussion, and feedback. The second hour of group supervision will consist of informal case presentation, ethical concerns or

dilemmas, or other concerns related to clinical practice. Interns are expected to advance in familiarity with the case presentation model and in their clinical skill level; therefore, for the second half of the year, 30 minutes will be allotted for each case presentation (including questions, discussion, and feedback).

b. Meta-Clinic

During the second half of the internship year, interns will complete a meta-clinic presentation on a monthly basis. The goals of meta-clinic are to develop competence in interdisciplinary healthcare, understand how process variables impact clinical services, and understand the importance of maintaining self-care (Sternlieb, 2008). A meta-clinic presentation will consist of a brief review of a half day of outpatient cases. The intern will be expected to identify and describe process variables that impacted their delivery of clinical care throughout the day. Some of these variables may include scheduling errors, staff conflict, and/ or difficult patient encounters. The meta-clinic facilitator will provide feedback in relation to how process variables can impact interdisciplinary healthcare and self-care. The group will brainstorm methods for improved self-care and clinical service delivery. One hour will be allotted for meta-clinic presentations.

c. Behavioral Medicine Case Rounds

The first and third Wednesday of each month, interns will participate in Behavioral Medicine Case Rounds in lieu of one hour of group supervision. During Behavioral Medicine Case Rounds, behavioral health providers throughout the Spectrum Health System engage in informal case presentation and feedback about how to manage difficult cases with complex presentations spanning the biopsychosocial spectrum. Participants include psychologists and social workers in the Division of Psychiatry and Behavioral Medicine, in addition to social workers embedded in medical clinics throughout the Spectrum Health System.

G. Intern Responsibilities: Sample Weekly Schedule

	<u>Monday</u> Evaluation Rotation	<u>Tuesday</u> Psychotherapy	<u>Wednesday</u> Psychotherapy	<u>Thursday</u> Psychotherapy	<u>Friday</u> Evaluation Rotation
8 to 9	Psych Eval 1 Patient and Report Writing	Therapy 1	Didactics/ Group Supervision	Therapy 11	Supervision
9 to 10		Therapy 2		Therapy 12	Psych Eval 3 Patient and Report Writing
10 to 11		Therapy 3		Therapy 13	
11 to 12		Therapy 4		Therapy 14	
12 to 1	Lunch	Lunch	Lunch	Lunch	Lunch
1 to 2	Psych Eval 2 Patient and Report Writing	Therapy 5	Therapy 8	Supervision	Psych Eval 4 Patient and Report Writing
2 to 3		Therapy 6	(Documentation)	Therapy 15	
3 to 4		(Documentation)	Therapy 9	Therapy 16	
4 to 5		Therapy 7	Therapy 10	Therapy 17	

	<u>Monday</u> Bariatrics	<u>Tuesday</u> Bariatrics	<u>Wednesday</u> Psychotherapy	<u>Thursday</u> Psychotherapy	<u>Friday</u> Psychotherapy
8 to 9	Eval	Eval	Didactics/ Group Supervision	Therapy	Therapy
9 to 10				Supervision	Therapy
10 to 11		Therapy			Therapy
11 to 12	Lunch	Lunch	Lunch	Lunch	Lunch
12 to 1		Therapy	Therapy	Therapy	
1 to 2		Therapy	(Documentation)	Therapy	Therapy
2 to 3		Therapy	Therapy	Therapy	Therapy
3 to 4	Eval	Eval	Therapy	Therapy	Therapy
4 to 5				Therapy	Therapy

III. Evaluation

A. *Supervisor Evaluation of Intern*

Intern evaluations will be completed four times throughout the internship year. Within the first month of training, the intern will complete a self-evaluation and each supervisor will complete an initial evaluation of the intern's performance. These evaluations will serve as a baseline assessment of the intern's competence and will help inform goals of training/supervision and identify strengths and weaknesses early on. Thereafter, self- and supervisor evaluations will be completed quarterly (September, December, March, and June) to ensure the intern's progression in training and continue to monitor areas for improvement. Evaluations will be based on the SHIP³ goals and objectives. A copy of the Supervisor Evaluation of Intern form can be found in Appendix B (the intern will use the same form for self-evaluation).

Intern skill level is rated on a 1-5 scale. A rating of "1" indicates that the intern demonstrates unsatisfactory skill in the area being rated, and requires very frequent or intensive supervision. This rating implies significant remediation and development will be required in this area to successfully complete the internship program. A rating of "2" indicates that the intern requires regular supervision to adequately support their activities and development in the skill being rated. This level of competence represents both the expected modal and minimum level of skill for new interns. A rating of "3" indicates that the intern is moderately advanced in the skill being rated, and their level of practice is adequately supported by occasional supervision from their supervisor. This level of skill is expected to be achieved in most areas by the end of the first half of the internship year. A rating of "4" indicates that the intern demonstrates largely satisfactory skill in the area being rated, needing only infrequent supervision or guidance to practice competently. This represents the expected level of development attained by an intern by the end of the internship year. A rating of "5" indicates that the intern is particularly advanced in the area being rated, does not require supervision, and is practicing at or above the level expected of a newly-licensed psychologist. This represents a level of skill development that notably exceeds expectations for the internship year. Each intern will have the opportunity to review his or her evaluation with both his or her supervisor and the training director to discuss goals, progress, and/or areas for improvement.

B. *Intern Evaluation of Program*

1. Evaluation of Supervisor

Interns will have the opportunity to evaluate their supervision quarterly. They will be asked to complete the Intern Evaluation of Supervisor form (see Appendix C), which assesses the supervisor across four domains: supervisory relationship, process of training, knowledge and skills, and professionalism and conduct. Evaluation forms will be submitted to the Director of Clinical Training, and will be kept confidential (in the instance that the DCT is the supervisor, forms will be submitted to the Chief Psychologist). In the event that there is a concern about any aspects of supervision, the DCT may serve as a mediator to resolve concerns as quickly as possible (the Chief Psychologist will perform this role if the DCT is the supervisor).

2. Evaluation of Program

Interns will have the opportunity to provide an overall evaluation of the program on a quarterly basis. They will complete the Intern Evaluation of Program form (see Appendix D), which assesses program-level professionalism, supervision and teaching. Interns will also be asked to provide their most positive and negative experiences of the internship, and will be asked to suggest didactic topics not covered that they feel would be helpful in their training or in the training of future interns. Program evaluations will be submitted to the Director of Clinical Training, and any problems identified over the course of the internship year will be addressed as needed.

3. Evaluation of Didactics

Interns will have the opportunity to evaluate each didactic seminar in terms of its applicability, content, delivery, and correlation with clinical competencies (see Appendix E). These evaluations will be submitted to the Director of Clinical Training and used primarily to inform didactic training for future interns.

C. *Training Committee*

The Training Committee will consist of the Internship Director, Chief Psychologist, and at least one additional core faculty member. For academic year 2017-18, this will be Dr. Lyndsay Volpe-Bertram, Dr. Jared Skillings, Dr. Lisa Vroman, and Dr. Rebecca Preston.

IV. Due Process and Grievance Guidelines for Interns

A. *Purpose*

This section provides interns and faculty with guidelines on how to identify and formally resolve problematic behaviors. Informal discussion and communication are encouraged to resolve matters as they arise; however, in the event that is not possible, the guidelines delineated here should be followed. Guidelines were developed in accordance with the American Psychological Association's accreditation standards and are consistent with the Spectrum Health Code of Excellence (<http://www.spectrumhealth.org/documents/CodeofExcellence.pdf>) and Policy on Performance Correction and Internal Review.

B. *Due Process Definition*

The purpose of the grievance and due process guidelines is to ensure that decisions regarding intern performance are fair and reasonable. These guidelines require SHIP³ faculty to follow standardized procedures for all intern concerns about their performance evaluations. They also provide a formal mechanism for interns to challenge faculty decisions.

C. *Procedures for Identifying Problematic Behaviors*

Per Spectrum Health System policy, the severity of the problematic behavior will dictate if/when steps are implemented. More severe behaviors may indicate a need for rapid or significant intervention, all of which will be clearly communicated to the intern. Detailed

below are the steps faculty will take to inform the intern and/or the Training Director of problematic behaviors:

1. Performance feedback with the intern will occur on an informal basis during the course of supervision. Faculty will maintain documentation of supervision if/when it includes a review of problematic behaviors or failure to adequately progress in training.
2. If the problematic behaviors continue, the supervising faculty psychologist(s) will notify the intern and Training Director in writing.
3. The Training Director will meet with the intern to gather information and understand the intern's perspective about the situation, behaviors, performance concern, etc. Depending on the seriousness of the situation, the Training Director is empowered to attempt to resolve the situation. If the Training Director believes that disciplinary action seems necessary, this decision must be reviewed by the Training Committee.
4. The Training Committee will review the information provided by the intern and Training Director and/or faculty determine whether disciplinary action is warranted. Disciplinary action may include the following:
 - a. Issue a *Performance Correction Notice*. This is a formal statement which acknowledges that the issue was brought to the intern's attention and that the Training Committee is concerned about the behavior(s) in question. The Training Committee will identify an appropriate faculty member to work closely with the intern to address the problematic behavior or deficient skills through a learning plan for a specified period of time. The intern will sign a copy of the *Performance Correction Notice* indicating receipt.
 - b. Issue a *Probation Notice* and place the intern on Probation Status. The *Probation Notice* is a formal statement identifying serious issue(s) agreed upon by the Training Committee. It stipulates that the intern will be actively and systematically monitored for a specified period of time by his/her supervisor(s) and the Training Director to determine if he/she makes needed changes to the addressed behaviors or deficient skills. This notice will identify specific ways to assess if the problem has been appropriately resolved. The intern will sign a copy of the *Probation Notice*, indicating receipt.
 - c. Issue a *Suspension* from work-related duties. If the identified situation/ behaviors are sufficiently heinous, threatening, or negligent, the Training Committee (in partnership with the Chief Psychologist and Division Chief), has the authority to immediately suspend an intern from all work-related duties. The Training Committee may recommend that the intern be terminated from their position and may take necessary steps to do so. A formal review by the Spectrum Health Human Resources Department will occur as soon as possible. The intern's graduate program would be informed immediately and formally in writing. If the intern is not terminated from their position, the Training Committee will determine what disciplinary action, if any, is appropriate.

If the Training Committee determines that a Performance Correction, Probation Notice, or Suspension is warranted, the Training Director will inform the intern of this decision. The intern can decide to either accept the decision and outlined conditions or choose to appeal the action by following the appropriate Grievance Procedures.

If Probation Status is determined, the Training Director will provide written notification to the intern's graduate program. This letter will detail the problematic behaviors or deficient skills, the actions of the Training Committee, and the rationale for these actions. The intern will receive a copy of this letter. The Training Committee and/or Training Director will complete the actions outlined in the plan by the date specified. If at the end of the specified time frame the intern has met the expectations of the plan, probation status will be withdrawn. The appropriate parties will be informed and no further action will be taken.

D. Failure to Correct Problematic Behaviors

In the event that problematic behaviors or deficient skills are not resolved within the designated timeframes or an intern appears unable or unwilling to change his/her behavior, additional action may be taken. If the conditions of the *Probation Notice* are not met by the designated review date, the Training Committee and Training Director will meet to conduct a formal review and inform the intern in writing within five business days of their decision to continue Probation Status. At this time, the Training Committee/Director will elect to pursue appropriate action, which may include:

1. Continue *Probation Status* for an additional, specified period of time.
2. Suspend the intern from some/all professional activities until there is evidence that the problem behaviors have been resolved. This information will be provided to the intern and their graduate program in writing.
3. Informing the intern and intern's graduate program that if the identified behaviors or deficient skills have not improved by a certain date, the intern will not complete the internship.
4. The Training Committee may recommend that the intern be terminated from their position and may take necessary steps to do so.

Any and all of the above steps will be communicated, documented, and initiated in ways consistent with the Due Process procedures. Interns will be educated in grievance procedures to challenge Training Committee/Director decisions.

E. Grievance Process

1. In the event that an intern encounters difficulties or problems (e.g., disagreement regarding competency evaluations, poor supervision, unavailability of supervisor(s), workload issues, personality clashes, other conflicts) during his or her training program, an intern should:
 - a. Discuss the issue with the faculty member(s) involved. In accordance with the Ethical Principles of Psychologists and Code of Conduct (2002), interns should attempt to informally resolve conflicts and/or ethical violations with supervisors,

staff, and fellow interns. It is the expectation that such issues will be addressed in a timely manner (preferably within the same week that the problem occurred).

- b. If the issue cannot be resolved informally, the intern should discuss the concern with the Training Director (or Chief Psychologist if the concerns involve the Training Director).
- c. If the intern is not satisfied with the decision and/or conclusion of the Training Director, they can file a formal grievance within five (5) business days, in writing with any supporting documents, to the Chief Psychologist. The Chief Psychologist will review the grievance and offer a written conclusion to the intern and Training Committee within five (5) business days. The intern will be asked to sign a copy of this decision, indicating receipt.
- d. If the intern is not satisfied with the decision and/or conclusion (or if the grievance directly involves the Chief Psychologist), they can file a formal grievance within five (5) business days, in writing with any supporting documents, to the Division Chief. The Division Chief will review the grievance and offer a written conclusion to the intern, Chief Psychologist, and Training Committee within five (5) business days. The intern will be asked to sign a copy of this decision, indicating receipt.

2. Appeal Procedures

In the event the intern does not agree with the decisions/outcomes of the Division Chief or Training Committee, they can appeal the decision by requesting that a Review Panel be convened. A Review Panel must be requested within five (5) business days of the interns' receipt of the Training Committee/ Division Chief's decision. The Review Panel will be composed of three (3) psychologists practicing at Spectrum Health, listed under "Other Affiliated Faculty". If desired, the intern will select two panel members; the Chief Psychologist will choose the third Panel member to chair the Panel. (If the Chief Psychologist is directly implicated by the grievance, the Training Director or an objective faculty member will choose the third Panel member.). The purpose of this Panel is to review all documentation and perspectives related to the grievance, hold a timely hearing at which all parties (intern, faculty, Training Director, Chief Psychologist, and/or Division Chief) will have the opportunity to present their case, and ultimately arrive at an unbiased conclusion to uphold or reverse the Training Committee/ Division Chief's decision. The conclusions of this Review Panel will be final.

V. Policies, Procedures, and General Administrative Issues

A. *Terms of Employment*

1. Spectrum Health Equal Opportunity Employment Policy

It is Spectrum Health's policy to grant equal employment opportunity to all qualified persons without regard to race, religion, color, national origin, citizenship, sex, sexual orientation, gender identity, veteran status, age, disability, or any other legally protected category. This policy applies to hiring, training, promotion, wages, benefits and all other privileges, terms, and conditions of employment. Any

employee who experiences or becomes aware of a violation of this policy should report it immediately to any member of Human Resources. All such reports will be treated discretely, and no employee will experience any retaliation for making a good faith report. Spectrum Health will take prompt remedial action to correct any violation of this policy, including performance correction up to termination.

2. Spectrum Health Statement on Inclusion and Diversity

Spectrum Health is committed to creating an inclusive and diverse workplace for our employees. We recognize that a diverse team is imperative for delivering culturally appropriate care to our patients, members and families. More information on inclusion and diversity can be found at:

<http://www.spectrumhealth.org/careers>

<http://www.spectrumhealth.org/visitors-and-families/nondiscrimination-notice>

3. Intern Qualifications and Selection Process

Interns will be selected according to the guidelines set forth by the National Matching Service (NMS; <https://www.natmatch.com/>) and the Association of Psychology, Postdoctoral, and Internship Centers (APPIC; <https://www.appic.org/>).

All applicants are required to be enrolled in an APA- or CPA-accredited or APPIC-listed doctoral program in clinical, counseling, or school psychology and are expected to have completed by the internship's starting date: all doctoral course work; qualifying examinations; and required practica (a minimum of 500 direct hours and 1000 total hours). The dissertation proposal must be approved before the ranking deadline.

Electronic applications should include:

- A cover letter articulating how you believe your learning goals would be met through our internship at Spectrum Health.
- A completed APPI, including a letter of recommendation from your Director of Clinical Training.
- Updated Curriculum Vitae.
- At least two additional letters of recommendation using the APPIC Standardized Reference Form (SRF), including one from your primary advisor/mentor. At least one of the letters should describe your recent clinical skills. It is acceptable to send three letters of recommendation if desired.

4. Duration of Internship

SHIP³ is a full-time (40 hours per week), 12-month program.

5. Stipend and Benefits

The 2017-18 stipend for psychology interns is \$25,000; Federal and state taxes and social security deductions are withheld from this amount. Interns are entitled to the same [benefits](#) of all full-time employees of Spectrum Health, including medical, dental, vision, and more. Interns accrue 4.9 hours per pay period of paid time off during the internship year, in addition to the 6 holidays recognized by Spectrum Health. Administrative support will be provided by the Spectrum Health Department of Psychiatry and Behavioral Medicine.

B. Dress Code

Dress code guidelines apply to all physicians/advanced practice providers (APP), employees, support employees and administrative employees. All Spectrum Health Physician Practice employees represent the organization and project its image to our customers. Respect for our customers will be reflected through courteous, helpful behavior and a standard of dress and personal appearance that represents and promotes professionalism. All clothing must be in good repair and ironed or dry-cleaned. Faded, wrinkled, torn or stained clothing is not acceptable. Interns are expected to dress in business-casual attire and wear Spectrum Health identification at all times. Details of the Spectrum Health Dress Code can be found on the Spectrum Health intranet (InSite) at: <https://community.spectrumhealth.org/docs/DOC-29319>.

C. Michigan Psychology Licensing

In order to provide patient care as a predoctoral intern with SHIP³, a Master's Educational (Temporary) Limited License (TLLP) is required. The application materials for a TLLP are available here:

https://www.michigan.gov/documents/lara/Psychology_Examination_456046_7.pdf

We strongly recommend you review the full application materials and submit the required documentation as soon as possible, as this will allow enough time for the State of Michigan to issue your TLLP license prior to your start date. **Due to the required second step of a fingerprint background check, we recommend you submit your application materials to the State no later than May 1.**

Also, please note:

- The application instructions for the TLLP are on Page 3. Disregard the next three pages, which contain instructions for other levels of licensure.
- You are responsible for paying your own license and fingerprinting fees.
- The application includes two forms that will require others' assistance to complete: a Certification of Psychology Education Form, which must be completed by your Training Director, and Supervision Confirmation Form, which can be completed by a practicum supervisor. For a practicum to qualify for the Supervision form, it must have totaled a minimum of 500 on-site work hours (i.e., not only direct patient

contact hours). For reference, a 9-month practicum at which you worked for two days per week (16 hours) would total 624 hours.

After receiving your materials, you will need to complete a fingerprint background check with Identogo (Site: <http://www.identogo.com/>). Documentation to facilitate this process will be sent to you after the State receives your application. If you are not living in an area serviced by Identogo (see website) this process will take more time, as you will need to request the fingerprint cards be mailed to you, complete them at your local police station, and then mail them back.

D. Requesting Time Off

Interns are permitted two weeks of paid time off during the internship year, to be approved by the Internship Director. Time off requests should be made to the Internship Director, Practice Manager, and individual supervisor(s). Additionally, interns will receive paid time off for 6 holidays (Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas, and New Year's Day). Scheduling of holiday time off can be flexible due to religious belief or personal preference.

E. Intern Supervision/Timekeeping Logs

Interns are expected to keep track of clinical and supervision hours to qualify for psychology license. SHIP³ will provide access to Time2Track (<https://time2track.com/>) accounts for interns.

F. Maintenance of Internship Records

Evaluation forms will be completed electronically and saved in .pdf format. Forms will be submitted via e-mail to the Director of Clinical Training (or the Chief Psychologist if the DCT is being evaluated). Files will then be saved in a restricted-access folder on a network drive. In addition to evaluation forms, aggregate data from these forms and distal data regarding interns' post-graduate professional activities will also be saved in this folder. Access to this drive is regulated by Spectrum Health Information Services, and is limited to current supervisors, the DCT, and the Chief Psychologist. If a faculty member terminates their affiliation with the program, access to the folder will be rescinded effective on the date they leave the program. Additions to the faculty will be granted access to the folder effective on their start date with the program.

REFERENCES

- American Psychological Association (2006). Guidelines and Principles for Accreditation of Programs in Professional Psychology (G&P). Retrieved from <http://www.apa.org/ed/accreditation/about/policies/guiding-principles.pdf>.
- Fouad, N.A., Grus, C.L., Hatcher, R.L., Kaslow, N.J., Hutchings, P.S., Madson, M.B., Collins, F.L., and Crossman, R.E. (2009). Competency Benchmarks: A Model for Understanding and Measuring Competence in Professional Psychology across Training Levels. *Training and Education in Professional Psychology*, Vol. 3, No. 4 (Suppl.): S5-S26.

Sternlieb, J. (2008). Teaching Housekeeping: Learning to Manage the Emotional Impact of Patient Care. *Families Systems & Health* 26(3):356-364.

APPENDIX A: Sample Schedule of Didactic Seminars

**Spectrum Health Internship Program in
Professional Psychology**

Didactic Schedule

Month	Date	Topic	Training Goals	Presenter(s)
July, 2017	5	Welcome/ Orientation to Didactic Seminars		Leisha Cuddihy, PhD, CBSM
	12	Psychological Assessment: Case Conceptualization and Presentation	Goal #8	Jared Skillings, PhD, ABPP
	19	Ethical Decision Making & Legal Standards: Recognizing Ethical Dilemmas and Seeking Consultation	Goal #6	Antu Chamberger, PsyD
	26	Professional Development: Using Supervision Effectively & Models of Providing Supervision to Others	Goal #10	Shawn Katterman, PhD
August	2	Psychological Assessment: Differential Diagnosis of Psychiatric Illness in the Context of Medical Illness	Goal #8	Leisha Cuddihy, PhD, CBSM
	9	Health Psychology: Introduction to Collaborative Care Model	Goals #7 & 4	Jared Skillings, PhD, ABPP
	16	Epic Training 8 am – 12 pm. No lecture.		
	23	Psychological Intervention: Recognizing the Impact of Therapeutic Process on Treatment Outcomes	Goals #2 & 9	Grant Heller, PhD
	30	Professional Development: Self-Care for Psychologists	Goal #2	Leisha Cuddihy, PhD, CBSM; Shawn Katterman, PhD
September	6	Psychological Assessment: Crisis Management in Medical and Mental Health Settings	Goal #8	Ryan Marin, MD; Grant Heller, PhD
	13	Psychological Intervention: Identifying and Managing Treatment-Interfering Behaviors Occurring In-Session	Goal #9	Lyndsay Volpe-Bertram, PsyD, ABPP
	20	Professional Development: Finding and Applying for a Post-Doctoral Fellowship	Goal #1	Lisa Vroman, PhD
	27	Individual and Cultural Diversity: The Role of Race and Ethnicity in Healthcare	Goal #5	Leisha Cuddihy, PhD, CBSM
October	4	Health Psychology: Psychological Issues in Cardiovascular Disease	Goals #8, 9, & 7	Jared Skillings, PhD, ABPP
	11	Health Psychology: Psychological Issues in Pain and Musculoskeletal Disorders; CBT for Pain Management	Goals #8, 9, & 7	Sylvia Malcore, PhD
	18	Psychiatry & Behavioral Medicine (PBM) Journal Club (8 - 9 am)		
		Psychological Intervention: What is Evidence-Based Practice? (10-11 am)	Goal #9	Jared Skillings, PhD, ABPP
	25	Professional Development: Careers in Clinical Work (Organizational and Private Practice)	Goal #1	Suzanne Ogland-Hand, PhD; Lyndsay Volpe-Bertram, PsyD, ABPP

November	1	PBM Grand Rounds (8-9 am)		
		Psychological Intervention: Acceptance and Commitment Therapy (10-11 am)	Goal #9	Leisha Cuddihy, PhD, CBSM
	8	Ethical Decision Making & Legal Standards: HIPAA in the Context of Collaborative Care	Goal #6	Rebecca Preston, PsyD
	15	PBM Journal Club (9-8 am)		
		Psychological Intervention: Exposure-Based Treatment of Post-Traumatic Stress Disorder (10-11 am)	Goal #9	Lyndsay Volpe-Bertram, PsyD, ABPP
	22	Health Psychology: Psychological Issues in Neurological Conditions; Treatment of Psychogenic Non-Epileptic Seizures	Goals # 8, 9, & 7	Jared Skillings, PhD, ABPP
29	Psychopharmacology for Psychologists	Goals #4 & 7	Kiran Taylor, MD	
December	6	PBM Grand Rounds (8-9 am)		
		Psychological Intervention: Motivational Interviewing (10-11 am)	Goal #9	Leisha Cuddihy, PhD, CBSM
	13	Psychological Assessment: Mental Status, Capacity Evaluation and Decision-Making	Goal #8	David Bertram, PsyD, ABPP
	20	Ethical Decision Making & Legal Standards: Michigan Psychology Regulations and Ethics	Goal #6	Jared Skillings, PhD, ABPP
	27	Holiday Break – No Didactics		
January, 2018	3	PBM Grand Rounds (8-9 am)		
		Health Psychology: Managing Psychological Problems in Primary Care (10-11 am)	Goals #8, 9, & 7	Julia Craner, PhD
	10	Psychological Intervention: Exposure and Response Prevention (ERP) for Obsessive-Compulsive Disorder	Goal #9	Jared Skillings, PhD, ABPP
	17	PBM Journal Club (8-9 am)		
		Individual and Cultural Diversity: Defining Sexual Identity and Orientation (10-11 am)	Goal #10	Cesar Gonzalez, PhD, ABPP
	24	Individual and Cultural Diversity: Psychology Practice with Ethnically Diverse Patients	Goal #5	Antu Schamberger, PsyD
	31	PBM Grand Rounds (8-9 am)		
Professional Development: The Psychologist as a Consultant in Inpatient and Outpatient Settings (10-11 am)		Goals #4, 7, & 8	Grant Heller, PhD	
February	7	Individual and Cultural Diversity: Standards of Care and APA Practice Guidelines for Treatment of Sexually Diverse Patients	Goal #10	Cesar Gonzalez, PhD, ABPP; Julia Craner, PhD
	14	PBM Journal Club (8-9 am)		
		Psychological Intervention: Cognitive Behavioral Therapy for Depression (10-11 am)	Goal #9	Antu Schamberger, PsyD
	21	Professional Development: Preparing for Post-Doctoral Fellowship; Seeking Board Certification	Goal # 1	Julia Craner, PhD
	28	PBM Grand Rounds (8-9 am)		
Health Psychology: The Practice of Behavioral Sleep Medicine		Goals #8, 9, & 7	Leisha Cuddihy, PhD, CBSM	
March	8	Individual and Cultural Diversity: Mental Health in Older Adults	Goal #5	Allison Ilem, PhD, BCBA

March (cont'd)	14	PBM Journal Club (8-9 am)		
		Health Psychology: Psychological Issues in Pulmonary Disease (10-11 am)	Goals #8, 9, & 7	Julia Craner, PhD
	21	Psychological Intervention: Treatments for Somatization Disorders	Goal #9	Jared Skillings, PhD, ABPP
	28	Psychological Intervention: Cognitive Behavioral Therapy and Other Treatments for Eating Disorders	Goal #9	Shawn Katterman, PhD
April	4	PBM Grand Rounds (8-9 am)		
		Psychological Assessment: Differential Diagnosis of Substance Use Disorders	Goal #8	Adam Miller, MD
	11	Psychological Assessment: Pre-surgical Evaluations and the Role of Validated Measures (10-11 am)	Goal #8	Rebecca Preston, PsyD
	18	PBM Journal Club (8-9 am)		
		Psychological Assessment: Personality Assessment (10-11 am)	Goal #8	Jared Skillings, PhD, ABPP
25	Psychological Intervention: Mindfulness-Based Therapies	Goal #9	Shawn Katterman, PhD	
May	2	PBM Grand Rounds (8-9 am)		
		Intern Presentations (10-11 am)	Goal #1	Interns
	9	Psychological Intervention: Models of Care for Substance Use Disorders	Goal #9	Adam Miller, MD
	16	PBM Journal Club (8-9 am)		
		Intern Presentations (10-11 am)	Goal #1	Interns
	23	Ethical Decision Making & Legal Standards: Considerations for Ethical Decision-Making	Goal #6	Allison Ilem, PhD, BCBA
30	Psychological Intervention: Child and Adolescent-Focused Cognitive Behavioral Therapy	Goal #9	Lisa Vroman, PhD	
June	6	PBM Grand Rounds (8-9 am)		
		Psychological Intervention: Brief Psychodynamic Psychotherapy	Goal #9	Grant Heller, PhD
	13	Professional Development: Leadership and Advocacy	Goals #1 & 11	Jared Skillings, PhD, ABPP
	20	PBM Journal Club (8-9 am)		
		Professional Development: The Role of Social Work in the Healthcare Setting (10-11 am)	Goals #4, 7 & 11	Martha VanDyken, LMSW; Darius Randall, LMSW; Aaron George, LMSW; Kim Reynolds, LMSW
27	Wrap-up and Year-End Evaluations		Lyndsay Volpe-Bertram, PsyD ABPP	



APPENDIX B: Supervisor Evaluation of Intern

**Spectrum Health Internship
Program in Professional Psychology**

Supervisor Evaluation of Intern

Name of Intern: _____ **Rotation:** _____

Supervisor: _____ **Supervision Dates:** _____

Evaluation Process:

Intern evaluations will be completed quarterly by the intern's current supervisor to ensure the intern's progression in training and identify any areas for improvement. Evaluations will be based on the SHIP³ goals and objectives as outlined in the Intern Handbook and reiterated below. Each intern will have the opportunity to review his or her evaluation with both his or her supervisor and the training director to discuss goals, progress, and/or areas for improvement.

Rating Scale for Skill Level:

- (1) Requires remedial work** – The intern demonstrates unsatisfactory skill in this area, and requires very frequent or intensive supervision. This rating implies significant remediation and development will be required in this area to successfully complete the internship program.
- (2) Needs regular supervision** – The intern requires regular supervision to adequately support their activities and development in this skill. This level of competence represents both the expected modal and minimum level of skill for new interns.
- (3) Needs occasional supervision** – The intern is moderately advanced in this skill, and their level of practice is adequately supported by occasional supervision from their supervisor. This level of skill is expected to be achieved in most areas by the end of the first half of the internship year.
- (4) Ready for postdoctoral practice** – The intern demonstrates largely satisfactory skill in this area, needing only infrequent supervision or guidance to practice competently. This represents the expected level of development attained by an intern by the end of the internship year.
- (5) Ready for autonomous practice** – The intern is particularly advanced in this area, does not require supervision, and is practicing at or above the level expected of a newly-licensed psychologist. This represents a level of skill development that notably exceeds expectations for the internship year.

Rating Scale for Performance:

- (1) Poor Performance**
- (2) Fair Performance**
- (3) Good Performance**
- (4) Very Good Performance**
- (5) Excellent Performance**

Foundational Competencies

Goal #1: Professionalism – Increase intern’s professional behavior, integrity and responsibility.						
Objective 1.1: Deportment: The intern demonstrates professionally appropriate communication, physical conduct, and attire in different professional settings.						
<i>Competencies expected:</i>	<i>Rating:</i>	1	2	3	4	5
1.1.A: Demonstrates appropriate physical conduct, including attire, consistent with context.						
1.1.B: Utilizes appropriate language and demeanor in professional communications, including with others who have diverse viewpoints.						
Objective 1.2: Accountability: The intern is honest, reliable and accepts responsibility for actions.						
<i>Competencies expected:</i>	<i>Rating:</i>	1	2	3	4	5
1.2.A: Completes required patient care documentation promptly and accurately.						
1.2.B: Completes internship requirements and meets deadlines.						
1.2.C: Acknowledges errors, and utilizes supervision to strengthen effectiveness/efficiency.						
Objective 1.3: Professional Identity: The intern demonstrates emerging professional identity as a psychologist and uses resources for professional development.						
<i>Competencies expected:</i>	<i>Rating:</i>	1	2	3	4	5
1.3.A: Demonstrates knowledge of competency-based training/learning.						
1.3.B: Consults literature relevant to patient care or professional activities.						
1.3.C: Develops personalized goals for professional development, including postdoctoral training, board certification, and leadership.						

Goal #2: Reflective Practice and Self-Care – Increase intern’s skill in self-monitoring and reflection on professional behavior and practice, and increase awareness/utilization of self-care.						
Objective 2.1: Self-monitoring: The intern demonstrates broadly accurate self-assessment of competence and consistent monitoring and evaluation of own practice activities.						
<i>Competencies expected:</i>	<i>Rating:</i>	1	2	3	4	5
2.1.A: Identifies personalized learning goals/objectives for internship training.						
2.1.B: Completes a statement of short and long-term professional goals/objectives.						
2.1.C: Recognizes impact of own behavior/attitude on patients, peers, staff, supervisors, public, and professional psychology.						
2.1.D: Identifies areas requiring further professional growth.						
Objective 2.2: Reflective Practice: The intern utilizes self-monitoring and feedback from others to adjust behavior and professional practice, as appropriate.						
<i>Competencies expected:</i>	<i>Rating:</i>	1	2	3	4	5
2.2.A: Completes four instances of patient care directly observed by supervisor; reviews own performance, and accepts feedback non-defensively from supervisor(s).						
2.2.B: Responsively utilizes supervision to enhance professional practice.						
2.2.C: Demonstrates ability to self-monitor and adjust professional behavior in the moment.						

Objective 2.3: Self Care: The intern monitors issues related to self-care and demonstrates understanding of the role of self-care to effective psychological practice.						
<i>Competencies expected:</i>	<i>Rating:</i>	1	2	3	4	5
2.3.A: Demonstrates awareness of self-care needs and works with supervisor(s), peers, and/or other social support persons to monitor own needs.						
2.3.B: Takes action recommended by supervisor for self-care, if necessary, to ensure effective training or patient care.						

Goal #3: Scientific Knowledge, Methods, and Applications – Increase intern’s understanding of research, research methods, and applications of evidence-based practice methods.						
Objective 3.1: Scientific Mindedness: The intern evaluates and critiques psychological and health research, and applications to professional practice.						
<i>Competencies expected:</i>	<i>Rating:</i>	1	2	3	4	5
3.1.A: Demonstrates intermediate-level knowledge of and respect for research methods and techniques of data analysis.						
3.1.B: Performs critique of psychological and/or health literature. Presents in Psychiatry and Behavioral Medicine Journal Club at least once.						
3.1.C: Formulates appropriate empirical questions regarding case conceptualization, treatment planning, assessment, and interventions.						
3.1.D: Generates hypotheses regarding intern’s impact on therapeutic process and outcome, and develop method for testing them.						
Objective 3.2: Scientific Foundation of Professional Practice: The intern demonstrates knowledge, understanding, and application of evidence-based practice (EBP).						
<i>Competencies expected:</i>	<i>Rating:</i>	1	2	3	4	5
3.2.A: Compares and contrasts EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment planning.						
3.2.B: Applies EPB concepts in case conceptualization, treatment planning, assessment, and intervention.						

Goal #4: Professional Relationships – Increase intern’s ability to relate effectively with individuals, groups, and/or communities.						
Objective 4.1: Interpersonal Relationships: The intern forms and maintains productive and respectful relationships with patients, peers, supervisors, and professionals from other disciplines.						
<i>Competencies expected:</i>	<i>Rating:</i>	1	2	3	4	5
4.1.A: Forms and maintains an effective working alliance with patients.						
4.1.B: Forms and maintains effective working alliance with peers.						
4.1.C: Forms and maintains an effective working alliance with supervisor(s); works collaboratively to enhance learning and provide quality patient care.						
4.1.D: Forms and maintains an effective working alliance with professionals from other disciplines.						

Objective 4.2: Affective & Expressive Skills: The intern demonstrates clear communication, manages conflict satisfactorily, provides effective feedback to others, and receives feedback non-defensively.						
<i>Competencies expected:</i>	<i>Rating:</i>	1	2	3	4	5
4.2.A: Demonstrates appropriate emotional control and non-defensiveness in interactions with others.						
4.2.B: Demonstrates active problem solving in interactions with others.						
4.2.C: Acknowledges own role in interpersonal interactions, especially difficult ones.						
4.2.D: Provides feedback to supervisor(s) and peers regarding supervisory/ learning process, including challenges.						

Goal #5: Individual and Cultural Diversity – Increase intern’s awareness, sensitivity, and clinical skills with diverse/multicultural individuals, groups, and communities.						
Objective 5.1: Increase awareness of self as shaped by individual/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): The intern monitors and applies knowledge of self as a cultural being in professional roles.						
<i>Competencies expected:</i>	<i>Rating:</i>	1	2	3	4	5
5.1.A: Understands and monitors own cultural identities in interactions with others.						
5.1.B: Uses knowledge of self to monitor and improve effectiveness as a professional.						
Objective 5.2: Increase awareness of others as shaped by individual/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): The intern applies knowledge of others as cultural beings in professional roles.						
<i>Competencies expected:</i>	<i>Rating:</i>	1	2	3	4	5
5.2.A: Understands multiple cultural identities in interactions with others.						
5.2.B: Uses knowledge of others’ cultural identities to develop relationships and monitor effectiveness as a professional.						
5.2.C: Initiates supervision about multicultural/diversity issues in patient care and staff interactions.						
Objective 5.3: Applications based on individual/cultural context: The intern applies knowledge, sensitivity, and understanding regarding individual/cultural diversity issues to work effectively with diverse others in supervision/consultation, assessment, treatment, and integrated care contexts.						
<i>Competencies expected:</i>	<i>Rating:</i>	1	2	3	4	5
5.3.A: Demonstrates knowledge of individual/cultural diversity literature and APA policies, including guidelines for practice with diverse individuals, groups, and communities.						
5.3.B: Critically evaluates literature and clinical feedback in light of multiculturalism and diversity.						
5.3.C: Demonstrates awareness of individual/cultural diversity issues across professional settings and activities.						

Goal #6: Ethical Decision-making and Legal Standards – Increase intern’s awareness and appropriate applications of ethical decision-making and ethical/legal professional standards.						
Objective 6.1: Increase knowledge of ethical, legal, and professional standards: The intern demonstrates knowledge of the APA Ethical Principles and Code of Conduct and other relevant professional codes, laws, statutes, and regulations.						
<i>Competencies expected:</i>	<i>Rating:</i>	1	2	3	4	5
6.1.A: Demonstrates knowledge of professional ethics/values, and identifies ethical/legal/moral dilemmas effectively.						
6.1.B: Actively consults with peers and supervisor(s) to act upon ethical and legal aspects of practice.						
6.1.C: Recognizes and discusses limits of own ethical and legal knowledge.						
Objective 6.2: Ethical Decision-Making: The intern applies an appropriate ethical decision-making model to a dilemma.						
<i>Competencies expected:</i>	<i>Rating:</i>	1	2	3	4	5
6.2.A: Demonstrates knowledge of an appropriate ethical decision-making model.						
6.2.B: Uses an ethical decision-making model when reviewing cases in supervision.						
6.2.C: Identifies ethical implications in cases and discusses ethical dilemmas and decision-making in supervision, presentations, and group settings.						
Objective 6.3: Ethical Conduct: The intern demonstrates knowledge of his/her own ethical values as integrated into professional practice, and behaves ethically.						
<i>Competencies expected:</i>	<i>Rating:</i>	1	2	3	4	5
6.3.A: Articulates knowledge of own ethical values/moral principles in discussions with supervisors and peers about ethical issues.						
6.3.B: Identifies overlap and differences in personal and professional ethical/moral values.						
6.3.B: Behaves in accordance with APA ethics code and all applicable legal standards in professional practice.						

Goal #7: Interdisciplinary Systems – Increase intern’s knowledge of integrated care service provision with other health-related disciplines.						
Objective 7.1: Functioning in interdisciplinary contexts: The intern demonstrates awareness of differing professional guidelines, roles, and professional standards, and demonstrates knowledge of strategies that promote interdisciplinary collaboration.						
<i>Competencies expected:</i>	<i>Rating:</i>	1	2	3	4	5
7.1.A: Reports observations of commonality and differences among professional roles, behavior, ethics, and standards.						
7.1.B: Demonstrates awareness of medical culture and medical training models.						
7.1.C: Demonstrates interdisciplinary skills that support efficient care and evidence-based practice.						

Functional Competencies

Goal #8: Psychological Assessment – Increase intern’s effectiveness and efficiency of assessment for strengths and problems of individuals and/or groups.						
Objective 8.1: Evaluation/measurement Methods: The intern selects and administers assessment measures with attention to strengths and limitations based on reliability, validity, and diversity.						
<i>Competencies expected:</i>	<i>Rating:</i>	1	2	3	4	5
8.1.A: Collects relevant data from clinical interviews.						
8.1.B: Accurately and consistently selects, administers, scores, and interprets psychological tests or other measures (e.g., questionnaires).						
8.1.C: Selection and utilization of assessment tools reflects flexibility answering diagnostic questions, while appreciating their strengths and limitations.						
8.1.D: Adapts environment and materials according to patient and situational needs (e.g., lighting, privacy, ambient noise).						
Objective 8.2: Diagnosis, Case Conceptualization, & Treatment Planning: The intern applies concepts of normal/abnormal behavior, human development, and individual/cultural diversity to diagnosis, case conceptualization, and treatment planning.						
<i>Competencies expected:</i>	<i>Rating:</i>	1	2	3	4	5
8.2.A: Identifies patient strengths and problem areas, and uses DSM/ICD guidelines for differential diagnosis.						
8.2.B: Conceptualizes clinical cases using principles from psychological theory, evidence-based practice, human development, and diversity.						
8.2.C: Develops recommendations/treatment plans in consideration of diagnosis and case conceptualization.						
Objective 8.3: Communication of Assessment Results: The intern provides useful and therapeutic feedback to patients and interdisciplinary staff, and writes assessment reports and progress notes.						
<i>Competencies expected:</i>	<i>Rating:</i>	1	2	3	4	5
8.3.A: Presents cases to supervisor(s) and peers with differential diagnosis, case conceptualization, and treatment planning.						
8.3.B: Provides understandable and therapeutic feedback that is responsive to patient needs.						
8.3.C: Provides understandable and succinct feedback about patient care to interdisciplinary staff, when appropriate.						

Goal #9: Psychological Intervention – Increase intern’s awareness and applications of evidence-based interventions to promote health and to reduce psychological symptoms and functional difficulties.						
Objective 9.1: Knowledge of Interventions: The intern demonstrates knowledge of scientific, theoretical, empirical, and contextual bases of intervention, including theory, research and practice.						
<i>Competencies expected:</i>	<i>Rating:</i>	1	2	3	4	5
9.1.A: Demonstrates knowledge of interventions and explanations for their use, based on psychological theory and principles of evidence-based practice.						
9.1.B: Demonstrates ability to select interventions for different problems and patients related to practice setting, developmental level, diversity, etc.						
9.1.C: Reviews literature to identify or improve upon use of evidence-based treatment strategies.						
9.1.D: Writes a one-page statement of intern’s preferred theoretical perspective regarding intervention strategies.						

Objective 9.2: Intervention Planning: The intern formulates and conceptualizes cases and plans interventions utilizing at least one evidence-based, theoretical model.						
<i>Competencies expected:</i>	<i>Rating:</i>	1	2	3	4	5
9.2.A: Articulates an evidence-based, theoretical model from which interventions can be planned, carried out, and measured.						
9.2.B: Articulates a theory of change and identifies specific interventions to help patients implement change.						
9.2.C: Writes understandable treatment plans that incorporate evidence-based practices.						
Objective 9.3: Intervention Implementation: The intern implements evidence-based interventions that take into account empirical support, psychological theory, clinical judgment, and diversity.						
<i>Competencies expected:</i>	<i>Rating:</i>	1	2	3	4	5
9.3.A: Consistently applies evidence-based interventions.						
9.3.B: Presents cases to supervisor(s) and peers that demonstrate use of EBP.						
Objective 9.4: Progress Evaluation: The intern evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures.						
<i>Competencies expected:</i>	<i>Rating:</i>	1	2	3	4	5
9.4.A: Assesses and documents treatment progress and outcomes.						
9.4.B: Updates treatment plans based upon changes in treatment course.						

Goal #10: Supervision – Increase intern’s supervision skills and awareness of the need for lifelong professional supervision/ consultation.						
Objective 10.1: Expectations, Goals, and Procedures: The intern demonstrates knowledge of goals, expectations, and procedures in supervision/consultation.						
<i>Competencies expected:</i>	<i>Rating:</i>	1	2	3	4	5
10.1.A: Identifies roles and responsibilities in the supervision process.						
10.1.B: Sets goals for supervision and professional development during internship.						
10.1.C: Develop goals for postdoctoral training and potential first job.						
10.1.D: Develop 5-year plan for future competency development and lifelong learning.						
Objective 10.2: Participation in Supervision Process: The intern observes and participates in supervision/consultation process with faculty and peers.						
<i>Competencies expected:</i>	<i>Rating:</i>	1	2	3	4	5
10.2.A: Forms and maintains effective supervisory relationships, with increasing self-monitoring and responsibility during the internship.						
10.2.B: Participates in individual and group supervision and didactic training about supervision models/methods.						
10.2.C: Seeks supervision to improve performance; presents work for feedback, and integrates feedback into performance.						
Objective 10.3: Awareness of Factors Affecting Supervision Quality: The intern demonstrates knowledge of factors that impact effectiveness of supervision.						
<i>Competencies expected:</i>	<i>Rating:</i>	1	2	3	4	5
10.3.A: Demonstrates knowledge of literature regarding supervision models and pros/cons based on goals, setting, diversity issues, etc.						
10.3.B: Demonstrate awareness of how social roles and power differentials impact supervision/consultation process.						

Goal #11: Integrated Care and Advocacy – Increase intern’s awareness of evidence and methods for integrated care services, including advocacy to reduce healthcare disparities.						
Objective 11.1: Integrated Care: The intern is knowledgeable about integrated care methods and integrates information from medical record and multidisciplinary staff into patient care.						
<i>Competencies expected:</i>	<i>Rating:</i>	1	2	3	4	5
11.1.A: Demonstrates knowledge of methods for providing psychological care in integrated care settings.						
11.1.B: Integrates biopsychosocial history from EMR into patient care.						
11.1.C: Communicates with multidisciplinary staff about mutual patients, and integrates this information into patient care.						
Objective 11.2: Health care Disparities: The intern uses awareness of the psychological, social, political, economic, or cultural factors that lead to health care disparities, and seeks to minimize or correct such disparities when possible.						
<i>Competencies expected:</i>	<i>Rating:</i>	1	2	3	4	5
11.2.A: Identify barriers to patient care for patients and/or populations.						
11.2.B: Assists patients in development of self-advocacy plans to improve care.						
11.2.C: Provides feedback to peers, supervisor(s) or training director about systemic barriers or health disparities for underserved patients.						

Comments about Foundational Competencies:

Comments about Functional Competencies:

Overall Comments:

Signature of Supervisor: _____

Date: _____

Signature of Intern: _____

Date: _____

APPENDIX C: Intern Feedback to Supervisor

**Spectrum Health System
Internship Program in Professional Psychology**

Intern Evaluation of Supervisor

Name of Intern: _____ **Rotation:** _____

Supervisor: _____ **Supervision Dates:** _____

The purpose of this form is to provide feedback about the performance of your supervisor, to ensure a continued high level of training for future Spectrum Health interns. Feedback will be provided to supervisors anonymously (when possible), and in aggregate across multiple review periods or years.

Please circle the number that best represents your experiences with your supervisor in the following domains:

SD – Strongly Disagree D – Disagree N – Neutral A – Agree SA – Strongly Agree

Supervisory Relationship

In my relationship with my supervisor...

	SD	D	N	A	SA	N/A
1. We have established a comfortable working rapport.	1	2	3	4	5	N/A
2. The supervisor is involved and committed to the process of supervision.	1	2	3	4	5	N/A
3. Communication feels open and unrestricted.	1	2	3	4	5	N/A
4. I am treated with respect.	1	2	3	4	5	N/A
5. I have received both positive and constructive feedback.	1	2	3	4	5	N/A
6. I feel comfortable discussing areas requiring personal or professional growth.	1	2	3	4	5	N/A
7. I discuss both professional and clinical concerns.	1	2	3	4	5	N/A

Process of Training

This supervisor...

	SD	D	N	A	SA	N/A
1. Keeps appointments and arrives on time.	1	2	3	4	5	N/A
2. Is accessible between scheduled supervision for questions and/or urgent concerns.	1	2	3	4	5	N/A
3. Responds to e-mail in a timely fashion.						
4. Is transparent and communicative about goals and expectations for training and supervision.	1	2	3	4	5	N/A
5. Provides me with timely feedback on notes and reports.	1	2	3	4	5	N/A

6. Provides me with clear feedback about the development of my competencies and skills.	1	2	3	4	5	N/A
7. Provides me with at least the minimum of 1-hour of one-on-one supervision each week	1	2	3	4	5	N/A
8. Helps me to achieve my learning goals.	1	2	3	4	5	N/A
9. Puts my training goals above other goals (clinic, revenue, etc.)	1	2	3	4	5	N/A

Knowledge and Skills

With respect to knowledge and skills, this supervisor...

	SD	D	N	A	SA	N/A
1. Has a strong grasp of therapeutic skills and techniques in their specialty.	1	2	3	4	5	N/A
2. Provides resources from the empirical literature to inform my training and practice.	1	2	3	4	5	N/A
3. Demonstrates a strong grasp of diversity/multicultural awareness, knowledge, and skill.	1	2	3	4	5	N/A
4. Provides helpful feedback on documentation (notes and reports).	1	2	3	4	5	N/A
5. Can effectively conceptualize patients' needs and problems.	1	2	3	4	5	N/A
6. Is aware of current professional issues in psychology.	1	2	3	4	5	N/A

Professionalism and Conduct

This supervisor...

	SD	D	N	A	SA	N/A
1. Emphasizes adherence to ethical standards.	1	2	3	4	5	N/A
2. Expects a sense of professional decorum and dress.	1	2	3	4	5	N/A
3. Provides guidance in consultations with providers in other disciplines.	1	2	3	4	5	N/A
4. Uses supervision time constructively, and was primarily focused on my needs as a psychologist-in-training.	1	2	3	4	5	N/A
5. Has promoted my professional development towards becoming a licensed psychologist.	1	2	3	4	5	N/A

Additional Comments:

Signature of Intern: _____

Date: _____

APPENDIX D: Intern Feedback to Training Director

**Spectrum Health System
Internship Program in Professional Psychology**

Intern Evaluation of Program

Name of Intern: _____

The purpose of this form is to provide feedback about the SHIP³, to ensure a continued high level of training for future Spectrum interns. Feedback will be provided to program leadership anonymously, and in aggregate across multiple years.

Please circle the number that best represents your experience as an intern in the following domains:

SD – Strongly Disagree D – Disagree N – Neutral A – Agree SA – Strongly Agree

Professionalism

	SD	D	N	A	SA	N/A
1. My intern colleagues behave in a professional manner.	1	2	3	4	5	N/A
2. The internship faculty behave in a professional manner.	1	2	3	4	5	N/A
3. The internship faculty are reliable and dependable.	1	2	3	4	5	N/A
4. The Program Director is supportive of the internship program.	1	2	3	4	5	N/A
5. The Program Director is approachable.	1	2	3	4	5	N/A

Supervision and Teaching

	SD	D	N	A	SA	N/A
1. I was exposed to an appropriate range of quality and diversity of psychopathology.	1	2	3	4	5	N/A
2. My supervisors provided feedback in a timely manner.	1	2	3	4	5	N/A
3. I had sufficient opportunity to evaluate my supervisors through confidential evaluations.	1	2	3	4	5	N/A
4. Case Conferences were a good use of time and helpful in learning how to conceptualize cases.	1	2	3	4	5	N/A
5. Mega-Clinic was a good use of time and helpful in learning how different aspects of my experience affect patient care.	1	2	3	4	5	N/A
6. The internship program provided formal evaluations of my performance.	1	2	3	4	5	N/A

Please list the three most valuable educational experiences of the internship:

- 1.
- 2.
- 3.

Please list any bad educational experiences of the internship. For each listed item, please also include a recommendation on how you would improve the experience.

Please list any topics that you feel need to be covered with future lectures/ seminars.

Please list any comments on other aspects of the internship program that you think deserve special recognition.

Please list any concerns you have that are not covered in another area of this survey.

Signature of Intern: _____

Date: _____

APPENDIX E: Intern Evaluation of Didactic Seminar

**Spectrum Health Internship
Program in Professional Psychology**

Didactic Presentation Evaluation

Presentation Title: _____

Presenter: _____

Please complete the form below to indicate how you would rate the following individual aspects of the presentation:

	Poor	Fair	Good	Excellent
Clinical Applicability of Topic				
Quality of Content				
Quality of Delivery				
Clinical Competencies:				
Did the presentation effectively address these clinical competencies?	Yes		No	
Presentation Objectives:				
Were these objectives met?	Yes		No	
Were there any specific elements of this presentation that were particularly interesting or useful?				
How could this presentation have been improved?				
Other comments:				