



# CENTER FOR BRIEF THERAPY

Specializing in cognitive  
behavioral therapy

Rowland Hall  
4190 City Avenue  
Philadelphia, PA  
19131

2024-2025  
Internship  
Handbook

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## **OVERVIEW OF THE DOCTORAL INTERNSHIP AT THE PCOM CENTER FOR BRIEF THERAPY**

The Doctoral Internship in Clinical Psychology at the PCOM Center for Brief Therapy is fully affiliated with the Psy.D. program in Clinical Psychology at PCOM. It is designed to train future psychologists to work as providers of comprehensive psychological services that reflect the integration of science and practice, with an emphasis on cognitive behavioral practice. The internship was established to provide organized, sequential learning experiences for psychology interns, ensuring an integrated training experience through shared standards, common procedures, and didactic learning programs which are consistent with the Standards of Accreditation of the American Psychological Association.

The internship has been designed to provide a broad-based clinical training experience which prepares interns to function ethically, competently and independently as professional psychologists by refining practice skills and developing a sense of professional identity. Experiential practice and didactic training provide an enriching learning environment which encourages interns to become analytical and critical consumers of current theory, practice and research, and develop a greater understanding of how the intersectionality of a variety of individual and culturally diverse factors influence human behavior. The internship is designed to prepare generalists who provide psychological services to diverse, underserved populations in both outpatient and integrated behavioral health care settings that emphasize interdisciplinary collaboration. Interns receive extensive experiential training in profession wide competencies, including research; ethical and legal standards; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional and interdisciplinary skills.

## **ACCREDITATION STATUS OF THE INTERNSHIP**

The internship is accredited by the Commission on Accreditation of the American Psychological Association, having received initial accreditation for seven years in August 2014 (the maximum at the time). It is a member of the Association of Postdoctoral and Psychology Internship Centers (APPIC) and uses the National Matching Service program to select interns in the annual match. The program's recent accreditation site visit occurred in May, 2023 with a recommendation for renewal of our full accreditation, for a 10 year period. The CoA will be meeting Summer 2024, and we expect formal and final notification at this time.

For general information about APA accreditation or specific information about the accreditation status of the internship at the PCOM Center for Brief Therapy, please contact:

Office of Program Consultation & Accreditation

American Psychological Association

750 First Street, NE

Washington, DC 20002-4242

202-336-5979

<http://www.apa.org/ed/accreditation>

## DESCRIPTION OF SPONSORING INSTITUTION

The Doctoral Internship in Clinical Psychology at the PCOM Center for Brief Therapy is a behavioral health training clinic at the Philadelphia College of Osteopathic Medicine that is an integral part of comprehensive health care services for the nearby community. The internship only considers and ranks applicants who are students that are enrolled in the Psy.D. Program in Clinical Psychology at the Philadelphia College of Osteopathic Medicine. The internship is designed to train future psychologists to work as providers of comprehensive psychological services that reflect the integration of science and practice, with an emphasis on cognitive behavioral practice. The doctoral program at PCOM with which it is affiliated is grounded in cognitive-behavioral practice, and the internship mirrors and extends the competencies gained in the doctoral program prior to internship. The doctoral curriculum trains students in the use of empirically supported assessment and interventions addressing the most current developments in psychology, with an emphasis on the intersection of psychology, behavioral health and primary care medicine, while enhancing learning through practical clinical applications. The internship emphasizes values of self-reflection, attention to diversity, advocacy and social justice.

## ADMINISTRATIVE LEADERSHIP STRUCTURE OF THE INTERNSHIP PROGRAM

The **Internship Director** is ultimately responsible for the quality and integrity of the internship training program. The Internship Director ensures that the training program maintains compliance with APA Standards of Accreditation, APPIC membership criteria and policies, and APA Ethical Principles, as well as state and local standards and requirements. The Internship Director arranges the intern didactic seminars.

**Clinical Supervisors** are licensed doctoral psychologists as regular faculty in the Psy.D. program in Clinical Psychology at the Philadelphia College of Osteopathic Medicine.

Supervisors at the Main Line Health sites are also credentialed as voluntary faculty in the School of Professional and Applied Psychology at PCOM.

The **Internship Training Committee** has the overall responsibility for reviewing progress of interns and provides input into the program for self-improvement and change. The Training Committee meets 2 times per month for 1 hour to discuss the internship and the interns' progress. The Training Committee consists of the Internship Director, the Director of Clinical Training, the Practicum Coordinator, and the Clinical Supervisors for the PsyD program in Clinical Psychology at PCOM as well as the designated MLH supervisor. The Internship Director serves as the chair of these meetings. Members discuss policies pertaining to training, address training issues, review Handbook changes and self-assessment results related to quality improvement, and review and discuss intern progress. The Internship Director also attends the bi-weekly zoom meetings with the supervising psychologists at Main Line Health.

The **PCOM Executive Administrative Leadership** consists of the Jay S. Feldstein, D.O.,

President and Chief Executive Officer; Kenneth J. Veit, DO, MBA, Provost, Senior Vice President for Academic Affairs and Dean; David F. Simon, JD, Chief Legal Affairs Officer; Melissa Terlecki, PhD, Professor & Dean, School of Professional and Applied Psychology; Stephanie H. Felgoise, Ph.D, ABPP, Professor & Director of Clinical PsyD Program, and Vice-Dean, School of Professional and Applied Psychology. This committee reviews budgetary needs and provides guidance on contract and legal issues, reviews requests for emergency funding and is apprised of any program changes or internship-specific concerns.

## **SUPERVISOR AND INTERN CONTRIBUTIONS**

Supervisors and interns consistently contribute to the planning and implementation of the internship training program. Supervisors meet bi-weekly to review intern progress and how the training program, including didactics and supervision, is progressing. As part of Group Supervision, Interns meet weekly as a group with the Internship Director to address administrative issues related to the implementation of the internship and any adjustments that may be recommended to maximize their training and learning experience. Interns also meet with the Internship Director at the mid-point and end of the internship year to provide feedback and input into the implementation of the training program, and suggest any changes that might be considered to enhance their training and learning, including content of didactic training. This input is collected by a formal assessment using the Intern Evaluation of the Internship form, as well as individual qualitative interviews at the end of the internship training year. This information is reflected back into the training plan, so that training uses continuous and ongoing quality assessment and improvement.

## **BASIC REQUIREMENTS OF THE INTERNSHIP**

The following requirements must be met to the satisfaction of the Internship Training Committee to receive satisfactory certification of internship completion:

1. The internship is a full-time internship that requires a total of 2000 hours. This time is split between supervised clinical work in the primary rotation at Center for Brief Therapy for two (2) days a week and a secondary rotation in an assigned integrated primary care center for two (2) day a week for a total of up to 16 hours each week. Finally, one (1) day a week is reserved at the Center for Brief Therapy for didactic seminars and administrative responsibilities. Interns who wish to concentrate their assessment training in neuropsychological assessment and testing may exchange one of their secondary rotation days in an integrated primary care center for a day in the PCOM neuropsychological assessment center. A minimum of 500 hours (25% of time on internship) in the provision of direct face-to-face clinical services is required. The internship may not be completed in less than 12 months or more than 24 months, in accordance with the standards of the Pennsylvania State Board of Psychology and the American Psychological Association.
2. The internship must be satisfactorily completed, as evidenced by a minimum competency rating level of 4 on all competencies by the completion of the internship, demonstrating readiness for entry-level practice and licensure eligibility, as rated on the Doctoral Internship Competencies Evaluation.
3. Attendance is required at all Internship Didactic Seminars, administrative group meetings, and seminars. Any seminars that are missed must be made up by participation in an



equivalent program, to be determined by the Internship Director. *If circumstances prohibit attendance to these lectures/didactic trainings or seminars in real time (such as conflicts with religious practices and/or holidays), they may be viewed on archived recordings (where possible), and then discussed in group supervision.*

4. Complete at least two comprehensive Psychological/Psychoeducational Evaluations with an integrated written report and feedback on the results of the evaluation to the patient, the referral source, and family members or other interested parties who have been identified with the patient's consent, as appropriate.
5. Present one formal case presentation as part of the didactic seminar series. Each presentation includes research literature related to the case, and a discussion of how the use of evidence-based practice was utilized and related to outcomes.
6. All assigned clinical documentation and administrative record keeping must be completed.

## PURPOSE OF THE INTERNSHIP PROGRAM

### Mission of the Internship

The mission of the Center for Brief Therapy is twofold: training and clinical service. As a fully affiliated internship site, the Center for Brief Therapy offers the opportunity for students in the APA accredited Psy.D. program in Clinical Psychology at the Philadelphia College of Osteopathic Medicine to hone and extend their competencies, with the goal of developing into compassionate, sensitive, and culturally aware Health Service Psychologists. Furthermore, as one of PCOM's patient service centers, the internship at the Center for Brief Therapy provides the opportunity to deliver high quality, affordable outpatient mental and behavioral health services to the community, especially those who typically suffer significant health disparities with restricted access to medical and behavioral health care. The provision of these services is integrally linked to the osteopathic vision of treating the whole person. We endeavor to reach a diversity of individuals including those who might not otherwise have access to these services.

### Aim of the Internship

The program's Aim for internship training is to prepare interns for successful independent practice of professional psychology in standard outpatient practices, integrated primary care medical practices, medical centers and hospitals, or community behavioral health settings that serve children, adolescents, adults, and older adults.

This Aim will be accomplished by the intern completing the program's training activities, demonstrating competency in the nine profession-wide competencies, and obtaining job placement and licensure after graduation. Training to develop the profession-wide competencies includes both experiential and didactic learning elements. The experiential opportunities are spent in direct contact with service recipients and include sufficient observation and supervision by licensed psychologist supervisors. All learning follows a logical training sequence that is sequential, cumulative, and graded in complexity.

The following nine competencies are required for all interns who graduate from doctoral psychology programs that are accredited in health service psychology. Opportunities are



provided throughout the training year for all interns to demonstrate they have met each required profession-wide competency.

By the end of the training year, all Interns must demonstrate competence in:

1. Research
2. Ethical and legal standards
3. Individual and cultural diversity
4. Professional values, attitudes, and behaviors
5. Communication and interpersonal skills
6. Assessment
7. Intervention
8. Supervision
9. Consultation and interprofessional/interdisciplinary skills

The expectation is that by the end of the training year, each intern will demonstrate competence in the above nine areas and will graduate from the internship program. Interns are also expected to complete at least two comprehensive psychological/psychoeducational test batteries. After graduating from the internship, distal expected outcomes include obtaining job placement in the field of psychology and licensure. Thus, the internship's aim of preparing interns for successful independent practice of health service psychology in the aforementioned settings directly aligns with the program's training activities and intended outcomes.

## **INTERNSHIP TRAINING MODEL**

The Doctoral Psychology Internship at the Center for Brief Therapy emphasizes the development of clinical competencies that prepare interns for entry level independent practice through supervised clinical experiences in the application of theoretical and empirical psychological knowledge. The program provides interns with a developmental continuum of clinical training opportunities in interdisciplinary clinical and primary care settings that trains them to think critically regarding the integration of scientific knowledge with current practice. We believe this model to be highly effective in preparing Interns for the successful practice of health service psychology. The developmental progression ranges from observation to increased autonomy. Throughout the year, interns are evaluated along a continuum according to their level of independence or supervision needed.

A core emphasis of the internship is extending proficiency in cognitive behavioral psychotherapy and the translation of cognitive behavioral interventions to mental health and health care settings that serve underserved populations. Clinical supervision relies heavily on direct observation through review of asynchronous videotaped sessions and corresponding case discussion, supervisory discussion of cases and areas of clinical strength and areas in need of development, skill development through role-play, and periodic live observation/co-therapy to foster mastery of core skills. Participation in group supervision and case conference, which always includes a discussion of evidence-based research on clinical topics of relevance to emphasize the integration of science and practice, and is accompanied by discussions of multicultural and ethical considerations, to provide Interns with an opportunity to not only discuss and critically evaluate the research, but also to hear how senior staff conceptualize their work. These research presentations and discussions help Interns become familiar with some of

the issues and challenges associated with each area of service provision. As Interns become more involved with service provision, group supervision and case conference provide multiple sources of input into their work.

## AIMS AND COMPETENCIES OF THE INTERNSHIP

As students in training, interns are provided with a supervised experiential and didactic training program that is designed to develop practice skills and provide opportunities for those skills and competencies to be assessed and monitored by designated supervisors. Program competencies include research, ethical and legal standards, individual and cultural diversity, professional values, attitudes and behaviors, communications and interpersonal skills, assessment, intervention, supervision, and consultation and interprofessional/interdisciplinary skills.

### **Research**

**Aim #1:** Interns will demonstrate independence in critically evaluating and disseminating research or other scholarly activities at the local, regional or national level.

#### **Competencies:**

- 1.1 Seek research information to enhance clinical practice by utilizing professional literature, data bases, seminars, and other resources
- 1.2 Demonstrate an understanding of applied research and program evaluation
- 1.3 Demonstrate ability to critically evaluate research in case discussions, seminars and consultations.
- 1.4 Independently apply relevant scholarly theoretical and research findings into professional activities
- 1.5 Utilize scientific knowledge to discuss relevant research in case discussions and presentations with peers and other professionals
- 1.6 Disseminate findings from relevant research in case discussions and presentations with peers and other professionals

### **Ethical and Legal Standards**

**Aim #2:** Interns will demonstrate compliance in consistently adhering to APA professional and ethical standards, and relevant laws and regulations governing health service psychology.

#### **Competencies:**

- 2.1 Discuss knowledge and acts in accordance with APA ethical principles and code of conduct
- 2.2 Discuss knowledge and acts in accordance with laws, regulations, rules and policies regarding health service psychology at the agency, local and national levels.
- 2.3 Express awareness of need to keep current and acts in accordance with relevant professional standards and guidelines
- 2.4 Recognize ethical issues as they arise
- 2.5 Apply ethical-decision making processes to resolve issues proactively
- 2.6 Conduct self in an ethical manner in all professional activities
- 2.7 Maintain professional functioning and quality client care

### **Individual and Cultural Diversity**

**Aim #3:** Interns will demonstrate knowledge, sensitivity and skills when working with diverse populations in professional activities.

**Competencies:**

- 3.1 Discuss sensitivity to how their own personal and cultural history, attitudes and biases may impact how they interact with those different from themselves
- 3.2 Discuss understanding the current theoretical and empirical literature related to addressing diversity in all professional activities
- 3.3 Apply knowledge of cultural differences by demonstrating ability to work with individuals whose differences in diversity may be in conflict with their own
- 3.4 Integrate awareness and knowledge of cultural differences in the conduct of professional roles
- 3.5 Demonstrate the ability to apply a framework to address salient diversity issues in the therapeutic relationship
- 3.6 Discuss awareness of social influences and contexts and their impact on client care
- 3.7 Independently apply current knowledge and approach when working with a range of diverse individuals, including use of self-reflection
- 3.8 Strive to learn more about individuals from diverse backgrounds through research, consultation, and group discussion

### **Professional Values, Attitudes and Behaviors**

**Aim #4:** Interns will demonstrate professional values, attitudes and behaviors in all professional activities

**Competencies:**

- 4.1 Attitudes and behaviors reflect a positive professional identity and desire to increase professional effectiveness
- 4.2 Attitudes and behaviors reflect values of psychology, including integrity, accountability and concern for the welfare of others
- 4.3 Demonstrate self-reflection regarding personal and professional functioning
- 4.4 Discuss understanding of the limits of own competency
- 4.5 Accurately self-evaluate and self-monitor strengths as well as areas in need of development
- 4.6 Demonstrate positive coping strategies when dealing with both personal and professional stressors
- 4.7 Actively demonstrate openness & responsiveness to feedback and supervision
- 4.8 Respond professionally in complex situations with an increasing degree of independence
- 4.9 Is prompt for scheduled hours and appointments
- 4.10 Write client notes and reports in a timely manner

- 4.11 Submit client documentation in a timely manner
- 4.12 Keep supervisors aware of whereabouts as needed

### **Communications and Interpersonal Skills**

**Aim #5:** Interns will demonstrate professional communication and interpersonal skills and respond professionally to complex situations **Competencies:**

- 5.1 Develop and maintain effective interpersonal relationships with peers, supervisors, staff, communities, organizations and clients (with all individuals within a professional context)
- 5.2 Professionally communicate ideas in oral, non-verbal and written form that are informative and well- integrated
- 5.3 Manage difficult communications and demonstrates effective interpersonal skills
- 5.4 Communicate with professional language and concepts
- 5.5 Describe awareness of impact of own personal issues and behaviors within a professional clinical setting
- 5.6 Manage own affect appropriately

### **Assessment**

**Aim #6:** Interns will demonstrate the ability to conduct evidence-based assessment consistent within the scope of health service psychology **Competencies:**

- 6.1 Select and apply assessments grounded in evidence-based practice and empirical literature
- 6.2 Accurately administer and score assessment instruments
- 6.3 Gather relevant history and utilize appropriate collateral information and methods relevant to the client
- 6.4 Assess clients' mental status and risk factors thoroughly and accurately (e.g., suicide, homicide, self-injury, alcohol and drug use, trauma, eating disorder)
- 6.5 Consider cultural factors during assessment and asks questions sensitive to clients' dynamics
- 6.6 Make accurate inferences and interpretations from data, following current research and professional standards and guidelines
- 6.7 Develop case conceptualization, classification and recommendations based on consideration of empirical and clinical information related to functional and dysfunctional abilities
- 6.8 Write accurate and concise reports sensitive to a range of audiences
- 6.9 Write reports and orally communicate findings that are grounded in consideration of client strengths as well as deficits/psychopathology
- 6.10 Demonstrate a thorough working knowledge of diagnostic nomenclature and DSM classification
- 6.11 Demonstrate knowledge of professional standards and issues in assessment

## **Intervention**

**Aim #7:** Interns will demonstrate the ability to apply evidence-based intervention within the scope of health service psychology

### **Competencies:**

- 7.1 Establish and maintain effective therapeutic alliances with clients
- 7.2 Develop evidence-based intervention plans informed by research, assessment data, diversity characteristics and contextual variables, specific to treatment goals
- 7.3 Implement interventions informed by research, assessment data, diversity characteristics and contextual variables
- 7.4 Apply relevant research to clinical decision making
- 7.5 Effectively modify and adapt evidence-based approaches when clear evidence-base is lacking
- 7.6 Monitor and evaluate progress toward treatment goals and adapt goals and methods as needed
- 7.7 Develop treatment goals that correspond to case conceptualization
- 7.8 Formulate useful case conceptualizations that draw from theoretical knowledge and research
- 7.9 Interventions are well-timed
- 7.10 Communicate empathy, warmth and genuineness
- 7.11 Demonstrate ability to handle intense client affect
- 7.12 Manage interpersonal boundaries with clients
- 7.13 Manage generalized personal feelings toward clients and generalized client feelings toward intern
- 7.14 Recognize and respond appropriately to client crises

## **Supervision**

**Aim #8: Applies competencies in the role of a Supervisor in direct or simulated practice with junior supervisees/trainees** Competencies:

- 8a Apply competencies in the role of a Supervisor with junior supervisees**
  - 8.1 Applies knowledge of supervision in direct or simulated practice with other trainees
  - 8.2 Provides useful direction, information and feedback for other trainees and/or healthcare professionals, including agenda-setting, psychoeducation, and use of cognitive and behavioral interventions
  - 8.3 Demonstrates sensitivity to diversity while providing supervision
  - 8.4 Effectively manages conflict and challenges to learning in junior supervisees/trainees

**8b Utilizes supervision and feedback as a Supervisee in a consistent and effective manner**

- 8.5 Comes prepared to participate in supervision with an agenda
- 8.6 Keeps supervisor apprised of relevant clinical issues
- 8.7 Demonstrates sensitivity to diversity as related to supervision
- 8.8 Demonstrates receptivity to new ideas and integrates supervisor feedback 8.9
- Seeks supervision/consultation as necessary for complex cases

**Consultation and Interprofessional/Interdisciplinary Skills**

**Aim #9: Intern will demonstrate knowledge of models of consultation and interprofessional / interdisciplinary skills when addressing problems, sharing information and engaging in professional activities with professionals in health services psychology.**

**Competencies:**

- 9.1 Demonstrates respect and knowledge for the role, boundaries of competence, and perspectives of other professionals in consultation relationships
- 9.2 Applies knowledge of consultation models when consulting with all appropriate parties including individuals, families, professionals and related health systems
- 9.3 Communicates effectively and efficiently with patients (and their families when appropriate), professionals and related health systems regarding the outcome of a behavioral health consultation
- 9.4 Demonstrates awareness and knowledge of key roles and functions about other disciplines (e.g., primary care medicine, nursing, etc.) on an interdisciplinary team
- 9.5 Communicates appreciation for the influence of individual and cultural diversity factors in consultations
- 9.6 Communicates awareness of models of mental health consultation, including awareness of the dimensions of case versus administrative consultation, and client versus consultee focus

**MINIMAL LEVELS OF ACHIEVEMENT TO MAINTAIN GOOD STANDING AND PROGRESS SATISFACTORILY**

By the end of the first six months of internship, interns are expected to have earned minimum ratings of **3** on 100% of the items on the Doctoral Internship Competency Evaluation. A rating of **3** indicates that the Intern **MEETS STANDARDS** (Intern Intermediate level) – common rating throughout internship. Any items with a rating of **2** will result in a meeting between the intern, supervisors, and the Internship Director, to discuss any barriers to progress and develop a remediation plan. A rating of **2** indicates that the intern's competencies are **BELOW STANDARDS** (Intern entry level). Intern progress and potential barriers to attainment of competencies are discussed at bi-monthly Supervisor Meetings, and formative feedback is



routinely given so that the intern is given every opportunity to attain and refine skills and competencies on an ongoing basis.

By the end of the internship, interns are expected to have earned minimum ratings of **4**, which indicates that the intern's competencies are **ABOVE STANDARDS (Intern exit level/post-doc entry level)** on 100% of the items on the Doctoral Internship Competency Evaluation. With a rating of **4**, the intern demonstrates more sophisticated skills that exceed the Meets Standards level (rating of 3). While the intern who achieves this rating demonstrates readiness for entry-level practice and licensure eligibility, they may still require supervision for more complex cases. Exceptionally advanced performance is noted in ratings of **5**, which indicates that the intern's competencies are **FAR ABOVE STANDARDS**, with skills/competencies that are very well developed. In this case, the intern's functioning is comparable to autonomous practice at the license-eligible level without any further supervisory input. Interns who achieve this rating interact with supervising faculty in a peer-to-peer consultative role, which is the highest level of competency development, rather than a supervisee-to-supervisor role with occasional input from the supervisor on more complex cases.

## LEARNING ELEMENTS OF THE INTERNSHIP PROGRAM

The internship training program is designed to build on the training interns received in their doctoral program. As such, the program is designed to provide significant opportunity for direct clinical services with close supervision and opportunity for additional training, including didactics. The training takes place in the outpatient clinic on the PCOM campus and in a secondary primary care setting, with the intern providing direct service to patients. Direct service may include individual, couples, family and group psychoeducational therapy as well as psychological, educational, and neuropsychological assessments. During the COVID-19 pandemic, many of these services were provided via HIPPA compliant telehealth platforms. Regardless of method of service delivery, all interns provide services under close supervision by licensed doctoral supervisory staff. Interns are expected to complete 2000 psychological service hours by the end of the training year. A minimum of 25% of that time must be spent providing direct service; given the structure of the program, it is anticipated that interns actually spend 50% or more of their time in direct service delivery. Interns are also expected to complete at least 2 integrated psychological/psychoeducational assessments over the course of the internship.

### Research

Interns are not only consumers of research who practice evidence-based interventions under supervision, they also practice the dissemination of research in formal and informal presentations and consultations with not only other psychologists and their peers, but also with other health care providers. Specific learning activities may include: (1) Formal presentations at local, regional or national conferences and meetings, such as the Pennsylvania Psychological Association, the Association of Behavioral and Cognitive Psychotherapies (ABCT) or the American Psychological Association, as well as required participation in PCOM's Annual Research Day, where each intern submits a poster on their dissertation research to the

interdisciplinary community of students and faculty in psychology, family medicine, physician assistant studies, forensic medicine, and other disciplines; (2) Interns at the Center for Brief Therapy also conduct informal presentations of research-based practice in interdisciplinary consultations with their health care team members in primary care settings, and periodically engage in psychoeducational lectures with physicians and residents; (3) Interns present a lecture once a year to Psy.D. students in the first year Behavioral Medicine course on topics of how various chronic illnesses impact psychological and physical well-being, and the evidence-based intervention strategies that can be used to improve functioning and adjustment; and (4), Interns meet in group supervision every week, and take turns presenting cases to their peers accompanied by the research related to their case, including the recent research and how it informs their assessment, diagnosis, and intervention with the case that they are discussing; a special topic of their interest, with a review and a critical analysis of a peer-reviewed research article related to that topic; and a critical analysis of a peer-reviewed research article of interest that may be unrelated to a case or special topic.

### **Ethical and Legal Standards**

Interns discuss current ethical issues and dilemmas in group supervision and intern meetings, as well as with individual supervisors to help recognize ethical issues as they arise. Additionally, interns are expected to identify and discuss professional issues and ethical problems they are currently facing or have already faced in the clinical setting. Specific learning activities include: (1) Participation in didactic seminars, which incorporate the APA ethics code and include discussion of common ethical dilemmas faced by psychologists. Presentation topics are broad and include, but are not limited to, assessment and interventions for suicidality, Motivational Interviewing, DBT, ACT, women's health, interventions with medical non-adherence, sleep disorders, addictive disorders, assessment and interventions with impaired professionals, DSM-5 cultural formulation and interview, licensure and board certification, and current issues in community mental health, and program development and evaluation; (2) Participation in five (5), 2 hour didactics on ethical and legal standards throughout the year. These seminars provide clinical psychology interns with: a) an understanding of the ethical issues and dilemmas they will be confronted with during their training and subsequent career, b) the intellectual tools for anticipating, identifying and resolving ethical issues and dilemmas and, c) a practical application of the APA's Code of Ethics and legal mandates set forth in state licensing laws and regulations for Psychologists. During the sessions, interns will actively engage in an open dialogue in which they will apply the principles, theories, concepts and mandates discussed in the readings to clinical cases.

### **Individual and Cultural Diversity**

Interns utilize individual supervision, group supervision, and intern meeting every week to discuss sensitivity to how their own personal and cultural history, attitudes and biases may impact interactions with those different from themselves. Learning activities include: (1) Interns review videotaped individual sessions with clients in the Center for Brief Therapy with individual supervisors and openly discussing cultural differences seen within the session; (2) In group supervision and intern meetings every week, a case, article, and/or special topic are presented and discussed through a cultural lens; (3) Didactics about various cultural issues and cultural

sensitivity are also provided to interns, such as didactics on topics on multicultural issues in psychotherapy, spirituality and psychotherapy with the African-American population, gender-affirming care, treatment of older adults, and a 10 hour mandatory APA approved home study program, *A Cultural Competency Training Program for Psychologists: Clinical and Supervisory Practices with Latino Culture and Language*, by Marie Weil, Psy.D., ABPP and Bruce Zahn, Ed.D., ABPP. Every effort is made to have culturally, racially and ethnically diverse presenters as well, to model inclusiveness amongst the didactic faculty.

### **Professional Values, Attitudes, and Behaviors**

Professional values, attitudes and behaviors are foundational to the practice of health service psychology and therefore cut across all other competency domains. Consequently, interns participate in specific learning activities, including: (1) participation in individual and group supervision, didactic training meetings, and weekly administrative supervision meetings with internship director, while demonstrating positive professional identity, self-reflection, openness and responsiveness to feedback and supervision, timeliness in all meetings and documentation, and responding professionally in increasingly complex situations, and (2) participation in assessment, intervention, consultation, research, supervision and teaching in the outpatient Center for Brief Therapy and primary care/family medicine settings, while demonstrating positive professional identity, self-reflection, openness and responsiveness to feedback and supervision, timeliness in all meetings and documentation, and responding professionally in increasingly complex situations.

### **Communication and Interpersonal Skills**

Similar to professional values, attitudes and behaviors above, communication and interpersonal skills are foundational to the practice of health service psychology and are common to all other competency domains. Interns engage in specific learning activities by: (1) delivering psychological services including assessment, intervention, consultation, research, supervision and teaching in the outpatient Center For Brief Therapy and primary care/family medicine settings, demonstrating respectful and effective interpersonal relationships with peers, supervisors, staff, communities, organizations and clients; (2) engaging in professional communication in oral, non-verbal and written format; managing difficult communications with sensitivity and professionalism and demonstrating effective interpersonal skills; (3) communicating with professional language and concepts that are in jargon-free plain language; (4) describing awareness of personal issues, biases, attributions, and behaviors within the professional clinical setting in individual and group supervision sessions; and (5) appropriately regulating personal affect in all settings.

### **Assessment**

Interns develop competencies in assessment and evaluation of clients through both interviewing techniques and formal psychological assessments. Learning activities include: (1) Participation in didactics on evidenced- based assessment tools and rationale for test battery selection and construction based on the reason for referral, administration, scoring,

interpretation and report writing; (2) conducting clinical interviews with the client and family members who participated in the evaluation; (3) researching the literature on cultural differences pertaining to presenting problem of client; (4) identifying current literature to support findings from assessment data; (5) reviewing and assessing current literature to provide additional support for case conceptualization and inform recommendations for treatment; (6) role play information to be presented during feedback session with supervisors and peers; and (7) reviewing and discussing the ethical decision-making model processes with individual supervisors, in intern meeting, in-group supervision related to psychological assessment.

## Psychotherapeutic Interventions

The settings for application of psychotherapeutic interventions occur at the Center for Brief Therapy in the delivery of standard outpatient services, and in integrated primary care/family medicine centers where brief models of behavioral health education and intervention are used. In addition to using standard delivery of psychotherapy and psychoeducation, Interns have the opportunity to participate in wellness education programs in the PCOM Family Medicine clinic, led by a licensed psychologist on staff including, for example, shared medical appointments for diabetes, community education programs regarding pain management, *A Healthier You* and the *Happier You* programs, among others.

Cognitive and behavioral models of case conceptualization and associated clinical interventions are utilized and reinforced, including third wave cognitive-behavioral evidence-based practices. Interns also learn how to quickly accept warm hand-offs in the primary care setting, develop a pragmatic list of presenting problems and make clinical decisions regarding interventions, use problem-solving in complex referrals, and explain a rationale for interventions that enhance motivation to participate in care. Broadly speaking, learning activities include: (1) discussions of relevant clinical topics; (2) modeling and role-playing of intervention techniques; (3) reading and discussing professional articles; (4) application of knowledge via clinical vignette exercises; and (5) case presentation/discussion.

Specifically, cognitive-behavioral case conceptualization models, such as those by Judith Beck, Jacqueline Persons, Nezu and Nezu's Problem-Solving model and the Functional Analysis of Behavior, are utilized in planning interventions. Third wave approaches including Acceptance and Commitment Therapy, Dialectical Behavior Therapy and Motivational Interviewing are used as clinical interventions for patients with an array of diagnoses, ethnicities, and contextual variables for the patients who are seen at the outpatient Center for Brief Therapy and the primary care medical settings. Interns learn how to effectively diagnose, implement evidence-based techniques, write up effective treatment plans, and provide warm hand-offs to health care providers with an array of learning activities during the internship year.

Specific learning activities include: (1) Participation in Didactics and supervision pertaining to evidence-based interventions for an array of medical diagnoses and behavioral health comorbidities that may be encountered in the primary care setting, as well as those that are seen in standard outpatient counseling; (2) Participation in client case discussions during group supervision, individual supervision, and consultation to strengthen and maintain effective therapeutic alliances and implementation of evidence-based interventions; (3) Development of

evidence-based intervention plans informed by researching evidence-based techniques for an array of diagnoses, ethnicities, and contextual variables at outpatient agencies and primary care centers; (4) Modeling and role-playing evidence-based techniques during individual supervision, group supervision, and Didactics; (5) Teaching evidence-based interventions to 2nd year Clinical Psychology students in the Psy.D. program at PCOM through demonstrations, role-playing, and discussions; (6) Educating 1st year clinical psychology students about evidence-based interventions for an array of medical diseases and their adjoining psychological difficulties in Interprofessional Education (IPE) seminars; (7) Participation in Didactics pertaining to providing quick and salient information (Warm hand-offs) to health-care providers at primary care centers, and modeling role-playing of warm hand offs during group and individual supervision; and (8) Monitoring and evaluating progress towards treatment goals by utilizing evidence-based mood instruments such as the BDI, BAI, PHQ, Columbia Suicide Scale, etc., discussing progress and feedback on the working alliance with clients, and discussing progress during case presentations during individual and group supervision.

### Supervision Skills

Interns participate as a **Supervisor** with junior supervisees (Master's level psychology practicum students) during group supervision, providing knowledge, skills, and constructive feedback for assessment and psychotherapy and as **Supervisee** during their own individual supervision with licensed psychologists who are their primary individual supervisors in addition to feedback from a licensed psychologist/clinical supervisor who attends the group supervision that the interns provide to the practicum students. Additionally, interns teach, role-play and supervise evidence-based interventions with 2nd year clinical psychology students to further advance the students' knowledge and skill acquisition to provide evidence-based interventions. Specific learning activities as a **Supervisor** include: (1) Providing direction, constructive feedback, and knowledge during group supervision with junior supervisees including agenda setting, psychoeducation, and evidence-based cognitive behavioral interventions; (2) Managing and directing client case discussions, role-plays, discussions of current and relevant research of evidence-based interventions, and topics of interest with junior supervisees during group supervision; (3) Managing conflict and challenges that arise through clinical cases, chart notes, and ethical dilemmas with junior supervisees; Specific learning activities as a **Supervisee** include: (4) Being receptive to constructive feedback provided by the supervisor, and integrating that feedback when necessary; (5) Coming well-prepared to individual supervision with an agenda, case-log activity sheet, clinical cases of discussion, articles of discussion, and relevant chart notes; (6) Coming prepared during individual supervision to discuss and problem solve complex cases; (7) Coming prepared to evaluate progress towards treatment goals during individual supervision.

### Consultation and Interprofessional/Interdisciplinary Skills

Interns learn and practice how to participate as an active member of the psychology team and the interdisciplinary health care team, including how to deliver timely and informative consultations that explain cognitive and behavioral case conceptualizations that are concise and free of jargon. Learning the importance of timely and thorough follow-ups in order to "close the loop" on consultations and referrals is also emphasized. Learning activities include:

(1) Working with other professionals, including medical and clerical staff, to facilitate warm hand offs and consultations; (2) Providing concise feedback to medical doctors and residents in healthcare settings to ensure efficient use of time; (3) Providing immediate feedback to doctor at healthcare setting; (4) Participating in didactics on consultation and integrated care; (5) Taking into consideration cultural preferences when working with individuals on a consultation basis; (6) Role playing consultation strategies with peers; and (7) Providing peer consultation and provisional consultation to other trainees during group supervision.

## STRUCTURE OF TRAINING ACTIVITIES

The doctoral internship in clinical psychology at the PCOM Center for Brief Therapy is designed to train future psychologists to work in health care settings that focus on interdisciplinary collaboration and treatment. The internship emphasizes direct clinical practice, and the integration of science and practice, informed by the local clinical scientist model, and with an emphasis on cognitive behavioral practice. The internship stresses foundational competency development and consolidation in the areas of relationship, diversity, and applied ethics, and specific competency development in knowledge, skills and attitudes involving assessment, diagnosis, case conceptualization, treatment planning, intervention, consultation, supervision, and research and education. Interns also represent the role of psychology while working within an interdisciplinary team of health care professionals. All training, both direct service and didactics, is grounded in the most recent research literature.

As an integral component of the health care training and delivery services at PCOM, the Doctoral Psychology Internship program emphasizes the development of clinical skills that prepare the intern for post-doctoral entry through supervised clinical experiences in the application of theoretical and empirical psychological knowledge. The program provides interns with a continuum of clinical training opportunities within a broad range of interdisciplinary clinical settings. Our training curriculum strives to be relevant to the current demands of practicing psychologists and the populations they serve. The activities of the internship are designed to teach and develop professional competence, through didactic instruction, modeling, experience, case discussion and supervision. The internship emphasizes the provision of service to culturally diverse communities, as well as the treatment of underserved populations with significant health disparities.

The internship offers two simultaneous rotations, such that each intern is assigned to spend the equivalent of 2 days a week in the on-campus outpatient clinic, the Center for Brief Therapy, performing psychological testing and traditional outpatient psychotherapy, and the equivalent of 2 full days (16 hours a week) in one of the PCOM-owned and operated neighborhood health care centers or an affiliated health care site at Main Line Health where they serve on the integrated health care team. On the fifth day, Friday, all interns are expected to be at the Center for Brief Therapy, either for didactic seminars, participation in administrative responsibilities such as documentation, and/or seeing patients. Interns may substitute one-primary health care day with a neuropsychology day, if they have expressed interest in the neuropsychology. In each rotation, the intern will be assigned to supervising clinical psychologists who are responsible for the intern's clinical activities within that clinical setting. The supervising psychologists serve as role models and mentors, supervising the intern for the range of psychological services provided within that rotation. Supervisors review with interns



the general and specific competencies they must develop as an ongoing function of supervision. They provide frequent and ongoing formative feedback in addition to participating in a summative evaluation process at 6 months and at the end of the internship year. All supervisors have PCOM appointments as clinical faculty.

Interns attend individual, face-to-face supervision, 1-hour each, with at least two different doctoral level psychologists on our staff for a combined two hours each week and this supervision is organized around specific goals and objectives developed collaboratively over the course of the year. When individual, face-to-face supervision is not possible, such as during the COVID-19 pandemic, synchronous telesupervision may be substituted. In addition, interns also attend weekly group supervision and case consultation for an equivalent of two hours per week, as well as individual assessment/psychology testing supervision when testing. In addition, Interns also attend one, 30 minute, weekly, administrative supervision meeting with the Director of Internship to review any administrative issues. Interns attend didactic seminars with the entire intern cohort, exposing them to a variety of opportunities for didactic instruction, practice, empirically-supported treatment approaches, and discussion aimed at integrating learning and competency attainment related to a broad array of populations and presenting issues in clinical practice within the health care milieu. In addition, interns attend other supervised training experiences such as case conferences, multidisciplinary team meetings, group supervision, and educational seminars. These activities occur for the equivalent of at least 2 hours per week.

## **Developmental Focus**

The internship at the PCOM Center for Brief Therapy is developmentally planned and sequentially organized. Interns begin the year with an orientation that is aimed at helping them to transition into the training clinic and the medical practices at PCOM, to become part of the interprofessional training staff, and to begin assuming the role of intern. The internship program operates under the assumption that many interns will have had relatively minor experience in the provision of integrated health services in a medical system and/or primary care setting. Consequently, the training program begins with an orientation to the scope of psychologist-physician collaboration, the culture of family medicine/primary care setting, service to culturally diverse populations, and policies and procedures related to the referral, triage and case assignment process. Issues such as the delivery of confidential services in a medical/primary care setting and HIPAA requirements are covered, the context and ethics of telehealth services, as well as topics related to Occupational Safety and Health Administration (OSHA) policies and procedures, such as workplace safety. At orientation, Interns also receive training in documentation requirements, billing and agency protocol.

Before beginning training, interns perform a self-assessment using the PCOM Clinical Psychology Doctoral Psychology Internship Competencies Evaluation to establish a baseline measure of self-perceived skill level in each of the critical competency areas. Next, interns review their responses on the Internship Competencies Evaluation with their supervisors and discuss and complete their individualized learning goals using the Intern Competency Learning Agreement, which serves as a template for all training and supervision activities. Interns and their supervisors review this agreement in conjunction with their mid-year and final Internship Competencies Evaluation. If any adjustments to the agreement are necessary to maximize the training experience, they may be made at any time during the internship.



Supervision is dedicated to the process of formulating and applying efficient cognitive behavioral conceptualization of cases, considering relevant background, automatic thoughts and associated emotions, behaviors, intermediate assumptions, core beliefs, compensatory strategies, and alternative beliefs. Following this, training and supervision focuses on how to engage the patient during a “warm hand-off,” and how to educate the patient about the behavioral health consultant (BHC) model and the cognitive-behavioral model (including how to set an agenda, structure an intervention session in the fast-paced milieu of the medical setting, and assess outcomes) and how to communicate with other health care professionals as a training member of the interprofessional health care team.

Supervision is informed by a developmental approach, in that the supervisor initially takes a greater role in structuring the agenda and guiding the intern through competency development in assessment, case conceptualization, use of evidence-based interventions, diversity issues, consultation, applied ethics, and reflection on the dynamics of the therapeutic relationship. As interns progress in the training year, they are expected to assume greater autonomy. They are given continuous formative feedback in supervision, and they are rated accordingly on the summative mid-year and final Internship Competencies Evaluation. The didactic seminars that support these training activities are intentionally organized with a schedule that is developmentally sequential, cumulative, and graded in complexity. The initial seminars are organized to teach and reinforce a foundational grounding in knowledge, skills and attitudes related to diversity, professionalism, ethics, relationship, motivation, and assessment.

Throughout the internship, interns are also challenged to consider diversity issues that directly or indirectly inform their work as a member of an interdisciplinary health care team serving underserved populations. Toward the end of internship, interns are expected to assume greater autonomy in guiding the content and process of supervision such that the supervisor moves from a primarily didactic function to that of a consultant.

## **Didactic Training**

In accordance with APPIC internship criteria and APA Standards of Accreditation, all interns are required to participate in regularly scheduled didactic training seminars at the internship site for an equivalent of 2 hours a week. These training seminars are designed to ensure an experience of developmental learning and permit adequate socialization as an internship cohort.

Interns participate on average in two hours of didactics weekly, designed to augment the training received through direct service. Didactics focus on assessment, intervention, supervision, ethics, diversity, and professional issues, with specific emphasis on professional issues in community mental health and integrated primary care psychology. Didactics are provided by faculty in the Psy.D. program in Clinical Psychology in the PCOM School of Professional and Applied Psychology, adjunct faculty, and community partners. The seminars integrate clinical data, research findings, supervisory input and group discussion. The didactic schedule is provided at the beginning of the internship training year and associated readings are provided throughout the year. In addition to scheduled didactics, the School of Professional and Applied Psychology offers continuing education programs for psychologists, including the Rovinsky Family Lectureship series, and programs that are hosted at PCOM through the Philadelphia Society of Clinical Psychologists and the Philadelphia Behavior Therapy Association throughout the year, which Interns are welcome to attend.

The didactic training seminars at the Center for Brief Therapy focus on a broad variety of professional issues including assessment techniques, psychological testing, clinical health psychology, empirically supported interventions, ethical issues in treatment, cultural diversity issues, case conceptualization, professional issues including legal/risk management, models of psychological consultation, dealing with difficult patients, medical non-adherence, clinical supervisory issues, and methods of office-based research. As areas of need for additional training are identified over the course of the year by interns and supervisors, they are incorporated into the curriculum wherever possible. Interns are given the opportunity to lead a discussion of a research-based topic in group seminars and to present their own cases to foster professional development and growth through peer consultation and feedback.

An important emphasis of didactic training in the internship is in ethics and professionalism. As such, Interns are required to participate in a series of five Ethics and Professionalism didactic seminars during the year, led by Alex M. Siegel, J.D., Ph.D., an attorney and psychologist who specializes in regulatory and licensure issues in the professional practice of psychology, and the Director of Professional Affairs (DPA) at the Association of State and Provincial Psychology Boards (ASPPB). These seminars provide clinical psychology interns with 1) an understanding of the ethical issues and dilemmas they will likely be confronted with during their training and subsequent career, 2) the knowledge, skills and attitudes for anticipating, identifying and resolving ethical issues and dilemmas, and 3) practical applications for utilizing the APA Code of Ethics, Pennsylvania Psychology Practice Act and Regulations and other legal standards to help resolve ethical conflicts. During these seminars, interns are expected to actively engage in open dialogues in which they will apply the principles, theories, concepts, and mandates discussed in the readings to clinical cases.

## **Supervision of Interns**

Supervision is central to the training program and follows a developmental model allowing Interns to progress through graduated learning experiences. The process of supervision provides the context, security and reassurance, which promotes self-examination, reflection and openness while stimulating the practice, extension and translation of competencies acquired in doctoral training to the clinical milieu. The general purpose of supervision is to provide opportunities for interns to learn, practice and refine skills, gain competence in the delivery of clinical services as future health service psychologists in health care settings, and consolidate a sense of professional identity.

Interns receive training and supervision in as broad a range of professional activities as possible, including: behavioral assessment, psychodiagnostics (including cognitive and personality testing); psychoeducational evaluations; clinical interventions (including individual, group psychoeducational psychotherapy, crisis intervention, milieu therapy, and work with families); consultation; applied clinical research (including clinical outcome research); and case management (including serving on treatment teams and developing prescriptive treatment programs), as appropriate. In addition, interns gain experience in supervision of Master's level psychology practicum students and multidisciplinary consultation with health care providers in a variety of contexts. Each intern is supervised by 2 separate supervisors for at least 1 hour each

in individual, face-to-face supervision per week, for a total of 2 hours of individual face-to-face supervision per week, in addition to 2 hours of group supervision from the Director of Internship, and for 30 minutes for individual administrative supervision by the Director of Internship, and for at least 1 hour of individual supervision from their supervisor at the secondary site of training. Again, where live face-to-face supervision is not possible, synchronous face-to-face supervision may be substituted.

### **Individual Supervision**

Each intern receives a minimum of 2 hours of individual supervision weekly from their primary supervisors, who are licensed doctoral psychologists (one hour minimum with each supervisor). These primary supervisors maintain full responsibility for each intern's work. Supervisors are responsible for direct observation of the intern's work through co-therapy or viewing and processing video or audio recordings of sessions or synchronous telehealth sessions, reviewing and signing off on all notes. Any supervision sessions that are cancelled due to scheduling conflicts, emergencies, illness, etc., are expected to be rescheduled and made up within the week. In the case of a supervisor being unavailable for a prolonged time (illness, vacation, conference attendance, etc.), another supervisor will be assigned to cover the intern's patients. All such coverage arrangements are proposed and approved by the Internship Director. Each also meets individually with the Internship Director for 0.5 hours a week for Administrative supervision.

### **Group Supervision**

Interns participate in group supervision with the Internship Director (2.0 hour a week). Topics typically include issues related to administrative and operational issues, quality performance issues, supervision of Master's psychology practicum students, and current topics in professional practice and research.

## **FEEDBACK AND EVALUATION OF INTERNS**

### **Intern Evaluation**

Supervisors submit a semi-annual formal evaluation of each intern's progress. Interns are evaluated after they have completed six months of their internship training and at the end of the year. A link to the Doctoral Internship Competency Evaluation form is sent electronically to each supervising psychologist that invites commentary on both specific areas of skill, as well as general professional demeanor. These evaluation forms are discussed with the interns and then signed by both the intern and the supervisor(s). Interns are given the opportunity to respond to any comments made by the supervisor with which they disagree and to have the response included with the evaluation. Evaluations should be based on an accurate picture of each intern's work, including director observation via viewing video recordings, listening to audiotapes of sessions, co-therapy, or shared telehealth sessions on a regular basis. There should be clear on-going communication between interns and their supervisors throughout the year on areas of strength and weakness. Interns should never be surprised by the feedback they receive on the formal evaluation because they should be obtaining this information over the course of the year in supervision.

The Internship Director will receive and read these forms. If the evaluation reveals that an intern is having minor difficulties at the internship site, the Internship Director may: (a) obtain more information from each supervisor and/or (b) discuss the difficulties with the intern. If an intern appears to have significant difficulties, the procedures regarding Problematic Behaviors and Insufficient Competencies may be invoked.

## CODE OF CONDUCT

### Statement on Student Conduct

In addition to the College policy, students enrolled in any of the graduate programs in psychology at Philadelphia College of Osteopathic Medicine are expected to adhere to a standard of behavior and conduct consistent with the standards of the professional community. Individuals who are entering into a professional field should have developed qualities of maturity, including an awareness of the concepts of honor and integrity, and all conduct in relationship to their professional education should be guided by such values.

In addition to behaving consistently with the principles set forth in the APA Ethics Code (2010, 2016), a critical aspect of training in professional psychology is the relationship aptitude competency. The capacity to develop and maintain constructive working relationships with clients and colleagues is a foundation for all other competencies needed for successful practice in clinical, school, or community settings. Although an in-depth discussion of the relationship competency is beyond the scope of this handbook, critical elements of the relevant knowledge, skills, and attitudes associated with the relationship competency are summarized below:

- Knowledge base that encompasses three distinct domains: (a) expert knowledge of a relevant portion of the psychological data base, (b) knowledge of self, and (c) knowledge of others.
- Skills that are broadly defined within the rubric of interpersonal behavior, including the ability to (a) communicate empathy, (b) engage others, (c) set others at ease, (d) establish rapport, and (e) communicate a sense of respect.
- Attitudes and values that include, but are not limited to, (a) intellectual curiosity and flexibility, (b) open-mindedness, (c) psychological health, (d) belief in the capacity for change in human attitudes and behaviors, (e) appreciation of individual and cultural diversity, (f) personal integrity and honesty, and (g) respect for others.

Interns at the Center for Brief Therapy are expected to take responsibility for their own learning, as evidenced in multiple ways, including, but not limited to:

- Maintaining communication with faculty, supervisors and colleagues (e.g., checking e-mail and campus mailboxes on a regular basis, confirming appointments, following up on agreements).
- Taking initiative regarding participation in all training activities and attending to issues related to self-care and personal well-being, including utilizing available PCOM resources such as the Work Life Services and an Employee Assistance Program through Carebridge Corporation, wellness coaches and/or health advocate; or personal therapy, tutoring, etc.

- Maintaining a professional appearance and manner in accordance with reasonable expectations for appropriateness in specific settings (e.g., didactic trainings, clinical placements, formal academic meetings, etc.).

## **BREACH OF THE CODE OF CONDUCT**

Breach of the Code of Conduct will result in a Student Progress Evaluation Committee Student Action meeting (see above). However, the Department reserves the right to recommend action through PCOM's Discipline Policy and Procedures.

## **INTERNSHIP POLICY FOR DEALING WITH PROBLEMATIC BEHAVIORS AND INSUFFICIENT COMPETENCIES**

The process articulated below ensures that decisions about Interns are not arbitrary or personally based. It requires that the Internship Program identifies specific evaluative procedures which are applied to all trainees and provides appropriate appeal procedures available to the Intern. All steps need to be appropriately documented and implemented, and include:

During the orientation period, interns are presented, in writing, the program's expectations related to professional functioning. This will be discussed in both group and individual settings.

1. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
2. Articulating the various procedures and actions involved in making decisions regarding the problem behavior or concerns.
3. Communicating, early and often, with the graduate program designated training director about any suspected difficulties with Interns and when necessary, seeking input from the academic program about how to address such difficulties.
4. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
5. Providing a written procedure to the intern which describes how the Intern may appeal the program's action. Such procedures are included in the PCOM Internship Handbook which is provided to Interns and reviewed during orientation.
6. Ensuring that interns have sufficient time to respond to any action taken by the program.
7. Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance.
8. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.
9. The intern's supervisors and Internship Director for the PCOM Center for Brief Therapy are responsible for clearly documenting significant problem areas of the intern's

- performance as soon as they are noted, discussing these with the intern, and working with the intern and other supervising faculty to correct the problems. The intern's supervisors and Internship Director discuss the specific problem(s), determine how and by whom the intern will be informed of the problem, and by whom efforts to correct the problem will be initiated.
10. A meeting may be held between the intern, supervisor and the Internship Director to gather information and evaluate options for resolving the problem. Depending on the seriousness of the issues, remedial options may be developed in consultation with the Internship Training Committee and the Chair of the PCOM Student Progress Evaluation Committee. Following this meeting, a letter is sent to the intern, with a copy to the Intern's file, the intern's primary supervisor, the Internship Director, and the PCOM Director of Clinical Training of the doctoral program, outlining the concerns identified in the meeting and recommendations for corrective actions.

All interns at the PCOM Center for Brief Therapy are expected to maintain conduct that is consistent with the professional ethical codes and standards established by the American Psychological Association, state and local ethical codes and standards, and the Philadelphia College of Osteopathic Medicine, to successfully complete the internship. To safeguard student rights and to ensure the standards of the profession and the school, the PCOM Center for Brief Therapy has established policy and guidelines for discontinuance of a student from the internship.

## DEFINITION OF PROBLEMATIC BEHAVIOR

Problematic behavior is defined broadly as an interference in professional functioning. Concerns of sufficient magnitude to warrant consideration of remediation, sanction or termination of a psychology intern include, but are not limited to: a) incompetence to perform typical psychological services in this setting and an inability to attain competence during the course of the internship (ratings below Intermediate, above); b) violation of the American Psychological Association Ethical Principles of Psychologists and Code of Conduct (2010, 2016) or of laws governing the practice of psychology established by the Commonwealth of Pennsylvania; or c) other behaviors which are judged as unsuitable and which hamper the intern's professional performance. For example, an intern who is unable to manage personal stress, strong emotional reactions, and/or psychological dysfunction to a degree that interferes with professional functioning may be recommended for termination. When an intern's behavior is considered problematic is a professional judgment. Trainees may exhibit behaviors, attitudes or characteristics which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. However, should those behaviors attitudes or characteristics interfere with professional functioning, the intern may be temporarily removed from direct clinical care during any investigation of problematic behaviors or serious insufficiencies in competencies if it is deemed necessary to protect clients.

## REMEDIATION, SANCTION ALTERNATIVES, TERMINATION

It is important to have meaningful ways to address problematic behavior once it has been identified. In implementing remediation or sanction interventions, the training staff must be

mindful and balance the needs of the Intern, the clients involved, members of the intern training group and staff.

1. **Verbal Warning** to the intern emphasizes the need to discontinue the inappropriate behavior under discussion. No record of this action is kept.
2. **Written Acknowledgment** to the intern formally acknowledges:
  - a) That the Internship Director, the Director of Clinical Training for the Psy.D. in Clinical Psychology program, and the Chair of the PCOM Psy.D. in Clinical Psychology program's Student Progress and Evaluation Committee (SPEC) are aware of and concerned with the performance rating,
  - b) That the concern has been brought to the attention of the intern,
  - c) That the Internship Director, the Director of Clinical Training for the Psy.D. in Clinical Psychology program, and the Chair of the PCOM Psy.D. in Clinical Psychology program's Student Progress and Evaluation Committee (SPEC) will work with the intern to rectify the problem or skill deficits, and
  - d) That the behaviors associated with the rating are not significant enough to warrant more serious action.
3. The written acknowledgment will be maintained in the intern's file and will be noted when it is resolved, including the date of resolution. If a **Written Acknowledgement** does not resolve the problem then, a **Written Warning** is the next step. A **Written Warning** to the intern indicates the need to discontinue an inappropriate action or behavior. This letter will contain:
  - a) A description of the Intern's unsatisfactory performance;
  - b) Actions needed by the Intern to correct the unsatisfactory behavior;
  - c) The timeline for correcting the problem;
  - d) What action will be taken if the problem is not corrected; and
  - e) Notification that the Intern has the right to request a review of this action.
4. If a **Written Warning** is not sufficient to correct the problem, the next step in the process of Interventions consists of **Schedule Modification**. **Schedule Modification** is a time-limited, remediation-oriented closely supervised period of training designed to return the Intern to a more fully functioning state. Modifying an intern's schedule is an accommodation made to assist the intern in responding to personal reactions to environmental stress, with the full expectation that the intern will complete the internship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the Internship Director, the Director of Clinical Training for the Psy.D. in Clinical Psychology program, and the Chair of the PCOM Psy.D. in Clinical Psychology program's Student Progress and Evaluation Committee (SPEC). Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:
  - a) Increasing the amount of supervision, either with the same or other supervisors;



- b) Change in the format, emphasis, and/or focus of supervision;
- c) Reducing the Intern's clinical or other workload;
- d) Requiring specific didactic coursework.
- e) Recommending an independent psychological or psychiatric evaluation or personal therapy;

The length of a schedule modification period will be determined by the Internship Director, the Director of Clinical Training for the Psy.D. in Clinical Psychology program, and the Chair of the PCOM Psy.D. in Clinical Psychology program's Student Progress and Evaluation Committee (SPEC). The termination of the schedule modification period will be determined, after discussions with the Intern, Internship Director, the Director of Clinical Training for the Psy.D. in Clinical Psychology program, and the Chair of the PCOM Psy.D. in Clinical Psychology program's Student Progress and Evaluation Committee (SPEC).

5. *If **Schedule Modification** is not sufficient to correct the problem, the next step in the process of interventions consists of a notice of **Probation**. **Probation** is a time limited, remediation oriented, more closely supervised training period. Its' purpose is to assess the ability of the Intern to complete the internship and to return the Intern to a more fully functioning state. Probation defines a relationship that the Internship Director, the Director of Clinical Training for the Psy.D. in Clinical Psychology program, and the Chair of the PCOM Psy.D. in Clinical Psychology program's Student Progress and Evaluation Committee (SPEC) systematically monitor for a specific length of time the degree to which the intern addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The intern is informed of the probation in a written statement which includes:*
  - a) The specific behaviors associated with the unacceptable rating;
  - b) The recommendations for rectifying the problem;
  - c) The time frame for the probation during which the problem is expected to be ameliorated, and
  - d) The procedures to ascertain whether the problem has been appropriately rectified.

If the Internship Director, the Director of Clinical Training for the Psy.D. in Clinical Psychology program, and the Chair of the PCOM Psy.D. in Clinical Psychology program's Student Progress and Evaluation Committee (SPEC) determine that there has not been sufficient improvement in the intern's behavior to remove the probation or modified schedule, then they will discuss possible courses of action to be taken (see below).

The Chair of the PCOM Psy.D. in Clinical Psychology program's Student Progress and Evaluation Committee (SPEC) will communicate in writing to the intern that the conditions for revoking the probation or modified schedule have not been met. This notice will include the course of action the Student Progress and Evaluation Committee (SPEC) has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of another alternative. Additionally, the Chair of the PCOM Psy.D. in Clinical Psychology program's Student Progress and Evaluation Committee (SPEC) will

communicate to the Internship Director that if the Intern's behavior does not change, the Intern will not successfully complete the internship.

6. If **Probation** is not sufficient to resolve the problem, the next step in the process of interventions consists of **Suspension of Direct Service Activities**. **Suspension of Direct Service Activities** requires a determination that the welfare of the intern's client or consultee has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the Internship Director, the Director of Clinical Training for the Psy.D. in Clinical Psychology program, and the Chair of the PCOM Psy.D. in Clinical Psychology program's Student Progress and Evaluation Committee (SPEC). At the end of the suspension period, the intern's supervisor, in consultation with the Internship Director, the Director of Clinical Training for the Psy.D. in Clinical Psychology program, and the Chair of the PCOM Psy.D. in Clinical Psychology program's Student Progress and Evaluation Committee (SPEC) will assess the intern's capacity for effective functioning and determine when direct service can be resumed.
7. If **Suspension of Direct Service Activities** is not sufficient to resolve the problem, the next step in the process of interventions consists of **Administrative Leave**. **Administrative Leave** involves the temporary withdrawal of all responsibilities and privileges in the agency. If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the internship, this will be noted in the Intern's file and the Intern's academic program will be informed.
8. If **Administrative Leave** is not sufficient to resolve the problem, the next step in the process of interventions consists of **Dismissal from the Internship**. **Dismissal from the Internship** involves the permanent withdrawal of all clinical responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the problem behavior or concerns and the trainee seems unable or unwilling to alter her/his behavior, the Internship Director, the Director of Clinical Training for the Psy.D. in Clinical Psychology program, and the Chair of the PCOM Psy.D. in Clinical Psychology program's Student Progress and Evaluation Committee (SPEC) will meet to discuss the possibility of termination from the internship and training program. In addition, the Association of Postdoctoral and Psychology Internship Centers (APPIC) Executive Director will be notified in writing via email of the program, with the goal of seeking consultation and sharing information regarding the nature of the problem. Either administrative leave or dismissal would be invoked in cases of serious violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client, faculty, staff or fellow intern is a major factor, or the intern is unable to complete the internship due to physical, mental or emotional illness. In all cases, no final action on dismissal from the internship will take place without prior consultation and approval from APPIC. When an intern has been recommended for dismissal, the Internship Training Director will communicate to the Psy.D. Program Director and the Dean of the School of Professional and Applied Psychology that the Intern has not successfully completed the internship.

## PROCEDURES FOR DEALING WITH PROBLEMATIC BEHAVIORS AND INSUFFICIENT COMPETENCIES

The intern may challenge and request a review of evaluative actions. The steps involved in this procedure include:

### Notice

The intern is first given Notice that there is a specific set of concerns about the intern's performance and has conveyed that to the intern with a written plan of action.

### Hearing

Once Notice is given, the intern will have an opportunity to hear and respond to concerns. The intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern. If the intern requests a formal hearing, the intern may do so in writing to the Internship Director. If a Hearing is requested, the following procedures apply:

1. Within five (5) workdays of receipt of the written request, a hearing will be conducted in which the challenge is heard and relevant material presented. A Review Panel, consisting of 3 clinical faculty from the PCOM Psy.D. program in Clinical Psychology who are not direct supervisors of the intern, and one faculty from another academic department at PCOM will be convened. The specific composition is at the discretion of the Director of the Psy.D. program in Clinical Psychology, with the exception that no one involved in the original action may be on the Review Panel. The Internship Director will represent the position of the Internship Program. The Intern will present the appeal.
2. Within three (3) workdays of the completion of the review, the Review Panel will submit a written report to the Internship Director, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.
3. Within three (3) workdays of receipt of the recommendation, the Internship Director will either accept or reject the Review Panel's recommendations. If the Internship Director rejects the Panel's recommendations due to an incomplete or inadequate evaluation of the dispute, the Internship Director may refer the matter back to the Review Panel for further deliberation and revised recommendations or may make a final decision.
4. If referred back to the Review Panel, the Review Panel will report back to the Internship Director within five (5) workdays of the receipt of the Internship Director's request for further deliberation. The Internship Director then makes a final decision regarding what action is to be taken.
5. The Internship Director will inform the Intern and appropriate supervisors and if necessary, members of the training staff, of the decision and any action taken or to be taken.

## Subsequent Appeal

The intern will have an opportunity to appeal evaluative actions taken by the Internship program through submission of a letter to the Dean of the School of Professional and Applied Psychology within five days of notification of the Hearing's decision. The Dean of the School of Professional and Applied Psychology will then collaborate with the Internship Director, Director of the Psy.D. program in Clinical Psychology and the academic program's Director of Clinical Training to determine whether to take an alternate course of action or maintain the hearing's decision. Formal documentation will occur of the appeal decision.

## Disposition

If the recommendation to terminate the internship is made, the Internship Director will first consult with the APPIC Executive Director to review this decision. If the APPIC Match Coordinator agrees, after speaking with the intern and the Director of Clinical Training for the Psy.D. program in Clinical Psychology, that termination is warranted, the Internship Director will direct PCOM Human Resources to terminate the intern's appointment. If the decision is for continuation, the Internship Director, the intern's primary supervisors, and the intern are responsible for negotiating an acceptable training plan for the balance of the internship year. The APPIC Executive Director will be kept apprised of all outcomes and decision.

## GRIEVANCE RESOLUTION PROCEDURES FOR PSYCHOLOGY INTERNS:

The Internship Director and supervisors associated with the internship at the PCOM Center for Brief Therapy strive to maintain an environment in which Interns learn and grow professionally with a minimum of conflict and stress. Occasionally, however, situations may arise that call for informal or formal resolution using an established procedure. This policy provides resolution procedures that promote a positive training atmosphere and follow the APA Ethical Principles of Psychologists and Code of Conduct, while respecting PCOM's organizational structure and processes. The guidelines, though not exhaustive, assist interns in resolving grievances or conflicts between interns and supervisory psychologists. Situations falling outside these guidelines should be discussed with the Internship Director or the Director of the Psy.D. program in Clinical Psychology.

As in other organizations, we attempt to resolve grievances or conflicts at the employee-supervisor level. Thus, in most cases, the intern begins by discussing the issue with the supervisor. Conflicts of a relatively minor nature involving the supervisor and Intern, such as workload, client selection, or performance evaluation, are often resolved quickly and collaboratively without involving the Internship Director. If this process fails however, or if the grievance involves an issue of a more significant nature, such as a supervisor's misconduct toward the intern, the intern should consult with the Internship Director directly and without delay (or with the Director of the Psy.D. program in Clinical Psychology, if the concern is with the Internship Director).

Some matters should be taken up with the Internship Director or Director of the Psy.D. program in Clinical Psychology immediately. These include:

- Grievances involving the Internship program itself, such as the evaluation procedure; and
- A faculty or staff member's misconduct toward an intern, such as harassment or unethical conduct involving the Intern. For issues concerning the training program, prior consultation with the PCOM Director of Clinical Training for the Psy.D. program in Clinical Psychology and/or the training supervisor may also be in order.

If the intern has attempted to resolve the matter unsuccessfully or believes he or she is unable to do so without the assistance of an external party, the intern is encouraged to proceed through as many of the following steps as may be necessary for the resolution of the problem.

1. Discuss the issue with the Internship Director. In some cases, this contact may be sufficient to resolve the complaint. Given the understanding that confidentiality does not pertain to the supervision process, discretion will be used in holding these conversations. That said, it is conceivable that there might be some situations that would require the Internship Director to take responsibility for direct action, even if the Intern prefers to withdraw the concern or expresses not being comfortable with formally bringing the concerns to the attention of the Internship Director.
2. If necessary, the Internship Director may, perform an informal investigation which may include interviewing the parties involved or any party who has evidence concerning the validity of the complaint.
3. If this informal investigation fails to lead to the resolution of the grievance, the Internship Director will assist the grievant in formulating a plan of action. This plan of action may take the form of utilizing the grievance procedure.
4. If such procedures are used and are unsuccessful in resolving the complaint in the eyes of the student, then a formal meeting of a Grievance Panel will review the complaint. Such a review is formal and requires a written complaint on the part of the intern. The Grievance Panel will be composed of three clinical supervisors for the internship and an additional member, typically the intern's supervisor. If the supervisor is already on the Panel, a member will be chosen randomly from the clinical psychology faculty. The Grievance Panel will render a decision about the complaint that will be communicated in writing to all parties involved.
5. If it is impossible to resolve the matter at this level, the student may appeal to the Student Progress Evaluation Committee.
6. If the decision involves the withdrawal of the Intern from the site, or if the student wishes to make an appeal, the complaint will be reviewed by the Dean of the School of Professional and Applied Psychology at PCOM.

A final appeal may be made to the Provost and Senior Vice President for Academic Affairs and Dean of the Philadelphia College of Osteopathic Medicine.

## APPLICATION REQUIREMENTS

**Statement on Equal Opportunity and Non-discrimination:** Philadelphia College of Osteopathic Medicine endeavors to provide an environment that respects, encourages and promotes the talents and contributions of all. The College values a community with a shared sense of purpose where people demonstrate mutual respect and appreciation for one another. Philadelphia College of Osteopathic Medicine values diversity that honors and includes all persons in the working environment and in the daily life of the College community.

PCOM strongly seeks and values diverse experiences and backgrounds as the building blocks of a rich training environment. As such, the Center for Brief Therapy emphasizes respect for trainees without regard to age, race, color, gender, gender identity and expression, national origin, ancestry, sexual orientation, religion, creed, disability, genetic information or marital status in accordance with applicable federal, state and local laws. PCOM complies with applicable state and local laws governing non-discrimination in employment in every location in which the company has facilities. Interns are entitled to equal treatment in selection decisions and freedom from harassment or unfair treatment. The program seeks to obtain a diverse intern class while selecting the most qualified candidates. Applicants from individually and culturally diverse backgrounds are particularly encouraged to apply.

### ***Participation in APPIC:***

The PCOM Center for Brief Therapy is a member of the Association of Psychology Postdoctoral Internship Centers (APPIC). The internship is fully affiliated with the Psy.D. program in Clinical Psychology at the School of Professional and Applied Psychology at the Philadelphia College of Osteopathic Medicine. Internships are offered through APPIC National Computer Match process. Instructions for the APPIC – Match Procedures are found on the APPIC website at [www.appic.org/match](http://www.appic.org/match).

The PCOM Center for Brief Therapy follows the current APPIC Match Policies. “This internship site agrees to abide by the APPIC policy that no person at this training site will solicit, accept, or use any ranking-related information from any intern applicant.” The PCOM Center for Brief Therapy is a participant in the APPIC Internship Matching Program. The PCOM Center for Brief Therapy APPIC Member Number is 1936. Applicants must register for the Matching Program in order to be eligible to Match with The PCOM Center for Brief Therapy.

### ***Required doctoral program preparation and experiences:***

Applicants to the internship must be in good standing in the Psy.D. program in Clinical Psychology at PCOM and must have successfully completed all three components of the comprehensive examinations. They must also have completed all core courses other than electives at the time of application and must have successfully defended their dissertation proposal prior to September 1. Finally, applicants must have successfully completed each term of Practicum up to the time of application.

## APPLICATION REQUIREMENTS:

Applicants to the PCOM Center for Brief Therapy must be in good standing in the APA accredited Psy.D. program in Clinical Psychology at the Philadelphia College of Osteopathic Medicine and complete the AAPI Online application. The AAPI Online application can be accessed through <https://www.appic.org>.

**The deadline for application to The PCOM Center for Brief Therapy internship program is December 2, 2024. For the internship year 2024-2025, five (5) internship slots are expected to be filled in the internship match.** Clearances are required for Pennsylvania, the state in which the applicant lives. Failure to pass background checks or provide required documentation at any time may result in denial or later revocation of internship position.

An onsite interview is preferred, while virtual interviews are an option. Applicants are notified by email of their interview status by December 6, 2024. Interviews are conducted from mid-December, 2024 through mid-January, 2025. The interviews include an individual interview with a member of the supervising faculty, an interview with the Internship Director, a group interview with a supervisor and the current interns, and a case for discussion and role-play.

## ADMINISTRATIVE AND FINANCIAL ASSISTANCE

### Intern Stipend

The Center for Brief Therapy is a not-for-profit clinic that is dedicated to serving the underserved in urban health centers in Philadelphia. The annual stipend for interns for 2024-2025 is US\$27,600, paid in increments on a bi-monthly basis. It is anticipated that the same stipend amount will be available for internship year 2025-26. Appointments to the regular employee staff are offered once satisfactorily passing the required criminal background checks and other onboarding requirements.

### Benefits

While all interns are considered to be employees of the Philadelphia College of Osteopathic Medicine, health benefits are not funded by PCOM or by the Center for Brief Therapy. Interns may purchase their own private health insurance. If they do not show proof of insurance, they will be automatically enrolled in PCOM's health insurance at their own expense <https://www.pcom.edu/about/departments/human-resources/benefits.html>. Interns have access to mental health services free of charge through the PCOM EAP service, *Carebridge* <https://www.pcom.edu/student-life/student-affairs/counseling/>. Whenever there is a prolonged absence, the Internship Director and Assistant Internship Director will discuss the impact on training, caseload and accumulation of internship hours with the intern. This will also be discussed at the biweekly Supervisor's Meeting to determine disposition. Interns are also entitled to free student parking on campus.

### Sick and Vacation Days

Interns are provided 2 weeks of paid vacation/personal days per year, to be used with permission from the supervisor and Internship Director. Interns also earn 5 sick days per year and are entitled to three days of paid conference time. Interns are not paid at the end of the



internship for any unused sick or vacation days. In addition, interns are given the same holidays that PCOM staff receives.

## **Attendance**

Interns are expected to maintain consistent attendance during their internship experience. Poor attendance (unexcused absences, leaving early, etc.) in the internship experience may result in the Intern failing to meet the academic and clinical requirements, including hours, for successful completion of the program. It is recognized however, that there may be instances necessitating brief periods of time away, such as sickness or other personal matters. These situations should be discussed with the Internship Director prior to absences so that it is a collaborative decision, with a clear plan for resuming training once the intern is able, including tracking hours to completion of the internship.

## **Disclosure**

Interns are discussed among the PCOM Center for Brief Therapy Training Committee, as well as other supervisors. Internship files will also be shared with APPIC for the renewal of membership, as requested, and APA site visitors during future accreditation visits.

## **Disability and Accommodation Policy**

In compliance with the Americans with Disability Act (ADA) of 1990, as amended, the PCOM Center for Brief Therapy is committed to providing equal access and opportunity with respect to educational programs and activities and will provide reasonable accommodations in compliance with applicable law. All PCOM admitted applicants and current/enrolled students (candidates) are required to attest at the time they accept an offer to matriculate that they meet the Technical Standards, with or without reasonable accommodations. They must attest on an annual basis that they continue to meet the standards. These standards are not intended to deter any candidate who might be able to complete the requirements of the curriculum or internships with reasonable accommodations. Since the internship is fully affiliated with the Psy.D. program in Clinical Psychology at PCOM, all interns must go through this process or reattestation through the Office of Admissions. If any intern who is not matriculated in the School of Professional and Applied Psychology at PCOM matches with the Center for Brief Therapy in the APPIC Match, they are subject to these same standards, and must attest at the beginning of the internship.

## **Non-Discrimination/Harassment/Retaliation**

The Center for Brief Therapy maintains an internship experience that is free from unlawful harassment, discrimination, intimidation, violence and/or retaliation. Further, the Internship will not engage in nor tolerate such unlawful harassment, discrimination, intimidation, violence and/or retaliation.

## **Administrative Support**

All interns are assigned an individual office in the Center for Brief Therapy. All offices are equipped with a desk, a telephone with voicemail, a computer with internet connection and email, and a wall-mounted video camera to record sessions with patient consent, for the purposes of supervision. Interns have full access to all services at PCOM, including the state-of-the-art electronic library, which includes full-text APA journals through PsychINFO, as well as

numerous holding and resources in medical, individual and cultural diversity, forensic, and ethical fields of inquiry, to just name a few.

## **Maintenance of Trainee Records**

The internship at the Center for Brief Therapy documents and maintains accurate records of each intern's education and training experiences, evaluations, and any grievances/appeals for evidence of the intern's progression through the internship and for future reference and credentialing purposes. Records are permanently retained in individual confidential files that are kept in a clearly designated locked file cabinet in Rowland Hall, Suite 505. These files may be accessed by the Internship Director and his/her designee for the purposes of quality control. Only the Internship Director has access to these files; the Internship Director follows all College protocol for storage and back up of electronic data files. Should an Intern need copies of their records, the intern can contact the Internship Director directly. Should the current Internship Director leave the position, the incoming Internship Director will be made aware of the location of all records and procedures for storage, back-up, and disposal.

## **INTERN WORK SCHEDULE**

The Center for Brief Therapy is open Monday through Thursday, 8:00 a.m. to 8:00 p.m., and Friday, 8:00 a.m. to 3:00 p.m. Interns are expected to work within those hours unless other arrangements are made with the Internship Director. In addition, Interns may sometimes be required to work outside of the traditional Monday through Friday, schedule. Interns attend CBT 2 days per week for clinical services, attend HCC 2 days per week, and attend CBT 1 day per week for didactics and administrative time. For those interns electing a concentration in neuropsychology, 1-day at an HCC may be substituted for 1-day at CBT for neuropsychological assessments.

## **INTERNSHIP ACTIVITIES**

### **Clinical Services at the Center for Brief Therapy**

The Center for Brief Therapy offers comprehensive psychological evaluations as well as psychological interventions for children and adolescents, adults and older adults. The Center specializes in cognitive-behavioral therapy, a short-term treatment orientation with an impressive history of research support. This orientation has been shown to result in significant improvements in the quality of life for individuals with a wide range of emotional and behavioral problems as well as difficulties related to medical problems. All services provided at the Center for Brief Therapy are strictly confidential. Interns are trained to adhere to confidentiality guidelines set forth by the American Psychological Association which respect and protect the confidentiality of all of clients.

Therapy at the Center for Brief Therapy may focus on a wide variety of psychosocial or medical issues which can affect personal, interpersonal, educational, and/or daily functioning.

## **Mental Health Related Issues**

- Depression
- Anxiety
- Adjustment Difficulties
- Child-family conflicts
- Parenting issues
- Relationship difficulties
- Reaction to traumatic experiences
- Grief, bereavement
- Occupational or academic stress
- Eating disorders
- Substance abuse disorders

## **Physical Health Related Issues**

- Chronic pain
- Sleep disorders
- Stress
- Chronic fatigue
- Weight management problems
- Adjustment to medical conditions such as cancer, diabetes stroke, heart conditions
- Caregiver stress
- Gastrointestinal disorders, including irritable bowel syndrome
- Medical treatment adherence difficulties
- Smoking cessation

## **ROTATIONS**

In addition to serving 3 days a week onsite at the Center for Brief Therapy as a Primary rotation (including didactics), interns are assigned to serve 2 days a week at a Secondary rotation. Secondary rotations may include one of PCOM's urban family medicine health care centers, a family medicine clinic at Main Line Health, or a psychological/neuropsychological assessment service for Interns who wish to concentrate on extending their neuropsychological assessment competencies under the supervision of a neuropsychologist. Secondary rotations are discussed and negotiated with the Internship Director prior to orientation and are based on the intern's interests and goodness of fit in terms of prior preparation and training goals. All interns are supervised by licensed psychologists who have clinical faculty appointments in the School of Professional and Applied Psychology at PCOM.

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Community Health Care Centers

*PCOM's Health Care Centers were established to serve the medical needs of our community by providing a variety of quality, easily accessible health care services in one convenient location.*

### **PCOM City Avenue Division**

4190 City Avenue, Philadelphia, PA 19131



### **PCOM Lancaster Avenue Division**

4148 Lancaster Avenue, Philadelphia, PA 19104



*Health care services include:*

- Family Medicine, Geriatrics, Gynecology
- Internal Medicine
- Osteopathic Manipulative Medicine (OMM)
- Psychology
- Surgery

*Health care services include:*

- Psychology
- Gynecology
- Pediatrics
- Family Planning Services
- Dermatology
- Nephrology (kidneys)
- Rheumatology (arthritis and gout)
- Child Health Monitoring for WIC Participants  
Women, Infants and Children (WIC) located on site
-

**PCOM Cambria Division**

2100 W. Cambria Street, Philadelphia, PA 19132

**PCOM Psychological and Neuropsychological Assessment Service**

*Health care services include:*

- Family Medicine
  - Psychology
  - Gynecology
  - Pediatrics
  - Podiatry
  - Dermatology
  - Nephrology (kidneys)
  - Rheumatology (arthritis and gout)
- located on site*

This service rotation of the Center for Brief Therapy affords Interns to participate in a range of psychological and neuropsychological assessments for one day a week, including:

- Personality assessment
- Intellectual assessment
- Attention, learning, and/or adjustment issues
- Memory and Dementia
- Evaluation associated with injury or disease of the brain

All supervision for this service is provided by a PCOM core faculty who is a licensed psychologist and practicing neuropsychologist. The Psychological and Neuropsychological Assessment rotation is designed to prepare interns to be eligible for post-doctoral fellowships that meet the criteria identified by the Houston Conference, leading to eligibility for Board Certification in Neuropsychology.

## Bryn Mawr Family Practice and Residency Program

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*135 South Bryn Mawr Avenue, Suite 200  
Bryn Mawr, PA 19010*

**Behavioral health services** – Bryn Mawr Family Practice provides interdisciplinary care to treat patients' physical and mental health needs. Patients can schedule appointments with a licensed doctoral psychologist or doctoral psychology intern for depression, stress, anxiety, grief and bereavement, coping with chronic health conditions, family counseling, and caretaker support. Mental health care needs are assessed for referral to an appropriate specialist as needed. Additionally, the psychologist or doctoral psychology intern may see a patient side-by-side with a family physician to provide comprehensive primary care.

### **Residency program**

Bryn Mawr Family Practice is also a residency program, educating graduate physicians to become specialists in Family Medicine. Medical residents see patients in the office, providing comprehensive care regardless of their age or disease. They are supervised by experienced Family Medicine faculty, including a licensed staff psychologist and/or doctoral psychology intern. Together, medical residents and faculty provide a sophisticated level of knowledge, skill, and clinical experience, as well as a personal concern for the patient.

## Lankenau Medical Associates

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*Lankenau Medical Center, Ground Floor, Suite B11  
100 East Lancaster Avenue  
Wynnewood, PA 19096*

**Preventive health** – Lankenau Family Practice provides interdisciplinary care to treat patients' physical and mental health needs. Patients can schedule appointments with a licensed doctoral psychologist or doctoral psychology for depression, stress, anxiety, grief and bereavement, coping with chronic health conditions, family counseling, and caretaker support. Mental health care needs are assessed for referral to an appropriate specialist as needed. Additionally, the psychologist or doctoral psychology intern may see a patient side-by-side with a family physician to provide comprehensive primary care. Typical behavioral health issues include wellchild care, geriatric assessments, well-woman exams, contraceptive maintenance, weight-loss guidance and other risk behavior reductions such as smoking cessation.

**Chronic disease management** – Patients may also access the psychologist on staff or a doctoral psychology intern for behavioral health services such as management of high blood pressure, high cholesterol, COPD, diabetes, hypothyroidism, depression, anxiety, allergies, asthma and complex disabilities.

## **ADVANCED TRAINING AND APPLICATION OF EMPIRICALLY SUPPORTED INTERVENTIONS**

The supervising faculty at the PCOM Center for Brief Therapy consists of highly experienced licensed doctoral psychologists who are members of the core faculty in the APA-accredited doctoral program in Clinical Psychology at the Philadelphia College of Osteopathic Medicine. While the aims and objectives of internship are to train psychologists who are skilled generalists, the overarching theoretical philosophy and practice of all supervising faculty in the program is rooted in cognitive and behavioral practice. Since this internship is fully affiliated with the Psy.D. program in Clinical Psychology at the Philadelphia College of Osteopathic Medicine, interns are expected to have basic assessment, conceptualization and intervention competencies in cognitive and behavioral practice upon beginning the internship. Over the course of the training year, they are expected to refine these competencies by translating empirically supported cognitive behavioral skills in their work with a variety of patients across a wide range of individual and cultural diversity variables, as well as socioeconomic status, age, gender, gender identity, and ability, in both the outpatient counseling center at the Center for Brief Therapy and in the primary care medical practices. The commitment to training interns to think like scientists is a core value of training in psychology at PCOM, and interns are expected to learn and refine their use of empirically supported interventions for a variety of presenting problems such as depression, anxiety, anger, pain, traumatic stress, etc. The PCOM Library maintains reserve holdings for many empirically supported cognitive and behavioral treatment manuals for a variety of disorders by authors including Edna Foa, David Barlow, Stuart Agras, Arthur Freeman, Michelle Craske, Dennis Turk, Robert Leahy, and Mark Gilson, just to name a few. These resources are available to interns through loan from the Library, and are used in supervision via teaching, modeling, and role-playing.

## **COMPREHENSIVE PSYCHOLOGICAL ASSESSMENT SERVICE**

The Center for Brief Therapy provides comprehensive psycho-educational and psychological evaluations for both adults and children at an affordable price. Evaluations such as these can help determine an individual's level of intellectual functioning, unique learning style, personality characteristics, present academic achievement, career and vocational interests and aptitudes, and social/emotional needs, while incorporating the impact of situational and environmental factors. Interns collaborate with the referral source, educational institution, parents/guardians, and treating clinicians during the assessment process. Interns are trained to utilize current research findings published by the National Institute of Health & Human Services (NIH) in their conceptualization and diagnosis. Clients are often impressed by the thoroughness of the report, which includes clear, "user friendly" recommendations targeted to improve the client's learning, attention, interpersonal, emotional, behavior and/or academic success.

Issues for which interns may conduct psychological testing and assessment include:

1. Learning disorders, school failure, achievement problems
2. Attention-deficit hyperactivity disorder
3. Evaluations of gifted students
4. Evaluations of patients with medical disorders and co-occurring psychological or mental health issues



## 5. Personality evaluation

## 6. Motivational assessment

Interns are expected to complete a minimum of 2 comprehensive psychological test batteries a year, including administration, scoring interpretation, report writing, and giving feedback to the client, to ensure competency in the assessment of a range of psychopathologies and medical problems with co-morbid mental health issues. Psychological testing occurs with populations across the lifespan, and often focuses on specific learning disorders, testing for ADHD, and assessment of a variety of psychopathologies for the purpose of differential diagnosis, case conceptualization and treatment planning. The Center for Brief Therapy maintains a wide variety of the most current instruments and assessment tools, including instruments used in cognitive assessment, health assessment, achievement testing, objective and projective assessment, and vocational assessment. Interns are also guided in the skill of providing feedback to consumers of psychological testing and milieu consultation, where appropriate. In addition, Interns use a variety of mood and health assessments in daily supervised clinical practice in each of the settings in which they function, as part of their training to be psychologists whose practice is grounded in clinical outcomes assessment and treatment planning.

Evaluations are written to conform to state and federal guidelines, such as the IDEIA (Individuals with Disabilities Education Improvement Act), ADA (American Disabilities Act), and Section 504 of Rehabilitation Act, and adhere to specifications set forth by most post-secondary institutions in determining eligibility for educational accommodations.

All psychological testing, from administration and scoring, to interpretation, written report and client feedback session are closely supervised by licensed doctoral psychologists, and formative feedback is given throughout the process. Client feedback sessions for test results and treatment planning occur with the supervisor as co-leader in the office of the session.

## **COLLABORATION WITH PRIMARY CARE PHYSICIANS**

In addition to the Primary rotation at the Center for Brief Therapy for three (3) days a week, interns serve an additional rotation in the PCOM neighborhood family health care centers at one of three potential locations: Main Line Health, the Cambria Street Center, or the New Lancaster Avenue practice, two days a week, for a total of 16 hours per week. These centers serve an urban, lower socioeconomic, culturally diverse population that are typically underserved recipients of mental health and medical care. While on rotation in these neighborhood health care centers, interns are expected to work closely with family practice physicians and medical residents to collaborate on assessment and intervention with patients, utilizing the bio-psycho-social model. Behavioral health consultation sessions are conducted at the neighborhood health care centers, while standard outpatient psychotherapy sessions are conducted at the Center for Brief Therapy on the PCOM campus. In addition to assessment and intervention, psychoeducational services may be provided to the general community, including such diverse activities as smoking cessation groups, medication adherence groups, weight management groups, anger control, parent effectiveness training, relapse prevention for substance abuse, etc. Referrals are often made for these psychoeducational services based on close collaboration with primary care physicians in the PCOM neighborhood health care practices.



## BEHAVIORAL HEALTH CONSULTATION

Interns at the PCOM Center for Brief Therapy provide Behavioral Health Consultation (BHC) services as members of the interdisciplinary health care team in primary care medical practices. Each Intern is assigned to one health care center for 16 hours a week total. Interns who wish to emphasize advanced competencies in neuropsychological assessment and testing may substitute, in consultation with the Internship Director, 1 day of their secondary rotation in the primary care setting for 1 day of experience in the Neuropsychology Assessment Center, for the duration of the year. Interns typically stay at their assigned primary care medical center for the duration of the year, so that they have an opportunity to become adjusted to the center and become integrated as part of the health care team. BHC consultation and brief interventions are provided for problems for a variety of medical and psychological issues.

## STAFF CONSULTATION

Interns at the Center for Brief Therapy are expected to provide consultation services in the HCC in which they are providing services. Consultation services include individual and a small group training of professional medical staff in issues related to applied behavioral assessment, implementation of cognitive-behavioral interventions based on empirically-supported treatment packages, and in-service training seminars related to prevention and early identification and intervention of behavioral health problems.

## CHILD AND ADOLESCENT SERVICES

Our Center for Brief Therapy offers child and adolescent therapy services to children and their families that are of high quality psychological care aimed to treat a wide range of emotional and behavioral difficulties. Some of the issues treated at the PCOM Center for Brief Therapy include depression, ADHD, social adjustment, school-related difficulties, oppositional behavior, parenting and coping skills. We use a child-friendly approach to engage children in the process, often including activities and games to enhance the sessions. Cognitive behavioral therapy (CBT) is our primary modality of treatment. CBT tends to be present-centered and direct with a focus on the connection between feelings, thoughts and behaviors. CBT has received empirical support for treating a variety of childhood disorders. Interns are trained to work together with children as coaches, helping them to more effectively cope with the difficulties they are experiencing.

## CENTER FOR ACADEMIC RESOURCES AND SUPPORT (C.A.R.E.S)

Center for Brief Therapy also serves as the primary referral resource for the C.A.R.E.S. program, as a means of assessment for academic support to the PCOM medical and graduate student community.

### Study Skills

Study skills sessions cover the topics listed below. The times of the sessions vary each month. Pre-registration is required. Students should bring a notebook, pencil, and pen with them. This program is open to the public.

Topics Covered:

- Organizational Skills
- Improving your Memory
- Test Taking
- Stress Management

## TRAINING IN THE SUPERVISION COMPETENCY

All interns at the Center for Brief Therapy serve as a formal “supervisory consultant” to a Master’s level practicum trainee for tiered supervision. Interns also receive weekly supervision from a licensed psychologist who is on the core faculty and who oversees their clinical and supervisory practice.

## ADMINISTRATIVE PRACTICES

Interns are expected, periodically, to engage in primary triage activities at the Center for Brief Therapy. These duties include responding to telephonic referral inquiries, conducting intake interviews, obtaining necessary information to make a clinical determination regarding level of service and appropriateness for service, and assisting with community resources for support. Interns perform quality improvement activities and policy and procedure setting roles, as assigned throughout the training year. Interns also discuss administrative issues for the Center for Brief Therapy at regularly scheduled clinical team meetings with the Internship Director.

## TEACHING

In support of the teaching competency, interns will teach behavioral skills training techniques to second year doctoral students in clinical psychology at PCOM as a lab portion of these students’ coursework. The emphasis is on instruction, demonstrations, role-plays, and feedback, using standardized measures.

## SUPERVISING PSYCHOLOGISTS

**DAVID RUBENSTEIN, Psy.D.**

**Licensed Psychologist, Supervisor**

**Internship Director, Professor**

**Education and Training:** Dr. Rubenstein earned his Psy.D. in Clinical Psychology at the Illinois School of Professional Psychology in 1994. He completed his APA accredited doctoral internship at University of Rochester School of Medicine and Dentistry. He received his Master’s Degree in Social Work at Loyola University of Chicago in 1989.

**Areas of Interest:** Dr. Rubenstein a long history of clinical practice and management and supervision of psychological services in both clinical and educational settings. He has been Vice President for Student Wellness at Rowan University and most recently, Executive Director of Health and Wellness Center at Lehigh University. He has previously been an Adjunct Clinical Professor at PCOM since 2014 and Adjunct Clinical Associate Professor of Psychiatry and Psychology at Drexel. Prior to his work at Rowan University, Dr. Rubenstein directed the outpatient substance abuse clinic and ambulatory primary care HIV/AIDS mental health and substance abuse services at Drexel University College of Medicine. Dr. Rubenstein also

managed and supervised clinical services in the mental health and substance abuse programs at PATH CMHC in Philadelphia and served as staff psychologist at Eagleville Hospital. Dr. Rubenstein's research and supervisory interests lie within the realm of adult outpatient psychotherapy, and include: integrating theoretical modalities of treatment (CBT, psychodynamic, MI, DBT, ACT, and Family Systems) towards efficacious change in working with challenging patients, application of motivational interviewing and management of obstacles to change, substance abuse assessment and treatment, development of the therapeutic alliance across professional disciplines, and mentorship of student trainee pathways towards professional growth, development and leadership. He has published, been involved with media, testified legislatively, and presented at the local, regional, national and international level.

**BARBARA A. GOLDEN, Psy.D., ABPP**

**Licensed Psychologist, Supervisor**

**Professor (Diplomate in Clinical Psychology)**

**Education and Training:** Dr. Golden received her PsyD in clinical psychology from Loyola College in Baltimore in 2001 and completed an APA accredited internship at University of Medicine and Dentistry of New Jersey in 2000. She completed her post-doctoral fellowship at Robert Wood Johnson Medical School in 2001.

**Areas of Interest:** As the Director of the Center for Brief Therapy since 2001, Dr. Golden has expanded services from the PCOM Center for Brief Therapy on-campus offices to the PCOM neighborhood Healthcare Centers and other affiliated rotations. In keeping with the mission of PCOM, these healthcare centers offer service to people around the city and neighboring communities which otherwise may not receive them. In addition to the neighborhood Healthcare Centers, the psychology students work in Geriatrics, Internal Medicine and Pediatrics and in Philadelphia Senior Centers. Psychology students have the opportunity to work with medical students, medical residents and family medicine physicians to offer behavioral health care to a wide variety of populations. In addition to direct service, the psychology students under Dr. Golden's supervision offer in-service training to other social service agencies, schools and churches. As a member of the American Psychological Association and the Pennsylvania Psychological Association, Dr. Golden has presented at annual conventions with Center for Brief Therapy interns. These presentations have included topics of psychology and primary care, psychology and chronic medical illness, chronic and acute pain management, and psychology in urban healthcare settings. Dr. Golden has collaborated with PCOM's Department of Family Medicine on several multidisciplinary research projects. Her publications include topics related to non-pharmacology and chronic pain management.

**ROBERT A. DITOMASSO, Ph.D., ABPP**

**Licensed Psychologist, Professors and Supervisor**

**School of Professional and Applied Psychology (Diplomate in Clinical Psychology)**

**Education and Training:** Dr. DiTomasso graduated with a BA in psychology magna cum laude in 1973 from La Salle University and completed an MS degree in general-experimental psychology from Villanova University in 1975. He completed a PhD program in ProfessionalScientific Psychology at the University of Pennsylvania in 1980. He completed his internship at the Behavior Therapy Unit, Eastern Pennsylvania Psychiatric Institute, Temple

University School of Medicine, Department of Psychiatry, under the direction of Joseph Wolpe, MD, in 1980.

**Areas of Interest:** Dr. DiTomasso, Dean of the School of Professional and Applied Psychology, is Professor of Psychology (tenured) and Director of Institutional Outcomes Assessment. He is board certified in clinical psychology by the American Board of Professional Psychology, a Fellow of the Academy of Clinical Psychology, a Founding Fellow of the Academy of Cognitive Therapy, and a licensed psychologist in Pennsylvania and New Jersey. He has extensive experience in cognitive behavioral therapy, graduate-level teaching in psychology, graduate medical education, research and outcomes assessment, psychological research/program evaluation, psychometrics/test development and psychological consultation in medical settings. Dr. DiTomasso has served as an editorial reviewer for the Journal of Behavioral Therapy and Experimental Psychiatry and the Journal of Consulting and Clinical Psychology and has been consulting editor and book review editor of Medical Psychotherapy: An International Journal. He has published 59 book chapters and articles and has delivered 45 professional presentations locally, regionally, national and internationally. He has also published four books including Specialty Competencies in Clinical Psychology, New York: Oxford University Press; The Handbook of Cognitive Behavioral Approaches in Primary Care, New York: Springer; Comparative Treatments for Anxiety Disorders. New York, Springer; and, Anxiety Disorders: A Practitioner's Guide to Comparative Treatments. He also continues to be actively involved in the development of educational outcome assessments and processes and serves as chairman of the college-wide Student Learning Outcomes Committee.

#### **STEPHANIE H. FELGOISE, Ph.D., ABPP**

**Licensed Psychologist, Supervisor**

**Professor and Director, Psy.D. Program in Clinical Psychology (Diplomate in Clinical Psychology)**

**Education and Training:** Dr. Felgoise earned her MA and PhD in clinical psychology from Hahnemann University in 1998, after completing an APA-accredited internship in Clinical/Community Psychology at UMDNJ-Robert Wood Johnson Medical School, in 1998. Her postdoctoral training was in Health Psychology and Research at Hahnemann University Hospital in 1999.

**Areas of Interest:** Dr. Felgoise joined the faculty of PCOM in July 1999. She mentor students in clinical work, research, scholarship and professional affiliation. Dr. Felgoise earned her diplomate in clinical psychology by the American Board of Professional Psychology and is a Fellow of the American Academy of Clinical Psychology. Dr. Felgoise teaches doctoral courses in Research Methods; Problem-Solving Therapy for Medical Patients; Grief, Loss and Bereavement; Practicum; and Qualitative Methodology, among others. She teaches informally via mentoring and supervising students for clinical and research work. Dr. Felgoise's research focuses on quality of life in, and psychosocial aspects of, ALS (Lou Gherig's Disease) and Long QT Syndrome (LQTS, a life-threatening cardiac arrhythmia condition). Research on these topics have emphasized factors relating to quality of life, social problem solving, coping and adjustment, resilience factors (hope, optimism, spirituality), and comorbid psychological conditions (i.e., anxiety, depression). ALS research has focused on adults and their lay caregivers; LQTS research focuses on children and adolescents and their parental caregivers, adults with LQTS, interdisciplinary care of LQTS patients, physicians' decision making, and emergency care. Her work has been grant supported in part by the Pennsylvania Department of

Health, and the Center for Chronic Disorders of Aging. Other research projects have been funded by the ALS Association and the Christopher Reeves Foundation, and presented at the Heart Rhythm Society, Society of Behavioral Medicine, and Association for Behavioral and Cognitive Therapies, among others. Dr. Felgoise has been a co-principal investigator for several studies and a program of research focusing on quality of life issues for persons with ALS and their family caregivers. She and her collaborators have published their works in the *Annals of Behavioral Medicine*, *Neurology*, and *Quality of Life* journals. Students are always involved in these research projects, which often serve as sources for dissertation topics, multidisciplinary team experience, and clinical exposure to these populations.

Dr. Felgoise has also co-authored numerous national conference presentations in her areas of research, and previously on coping with cancer, including a book published by the American Psychological Association, *Helping Cancer Patients Cope: A Problem-Solving Approach*. She is also an associate editor and author for the *Encyclopedia of Behavioral and Cognitive Therapies* by Kluwer, and co-author of a graduate textbook, *Clinical Psychology: Integrating Science and Practice*. Dr. Felgoise also involves students in her role as Associate Editor for *Journal of Clinical Psychology* (Wiley & Sons), Consulting Editor for *Journal of Consulting and Clinical Psychology* (APA), and Consulting Editor for *Professional Psychology: Research and Practice* (APA). She also serves as an ad-hoc reviewer for Psycho-Oncology and others.

**SCOTT GLASSMAN, Psy.D.****Licensed Psychologist, Supervisor****Clinical Assistant Professor**

**Education and Training:** Dr. Glassman completed his BA in psychology and MS.Ed. in psychological services at the University of Pennsylvania. He received his PsyD in clinical psychology from the Philadelphia College of Osteopathic Medicine in 2013, and completed his doctoral internship in 2013 and his post-doctoral residency in 2014, both at the PCOM Center for Brief Therapy.

**Areas of Interest:** Dr. Glassman is a member of the Motivational Interviewing Network of Trainers and a consultant for the Family Medicine department at PCOM, assisting with the integration of behavioral health in primary care. He has presented on brief adaptations of motivational interviewing at the Pennsylvania Osteopathic Medical Association's Annual Clinical Assembly and Mercy-Fitzgerald Hospital Grand Rounds. Dr. Glassman trains DO students in patient-centered communication and has developed patient-centered medical home initiatives at PCOM that foster collaboration between counseling and psychology students and healthcare professionals. His areas of interest include primary care psychology, the patient-centered medical home, positive emotions in motivational interviewing, cognitive behavioral approaches, psychological consultation, recovery-oriented models of care, and statistical methods.

**ELIZABETH A. GOSCH, Ph.D., ABPP****Licensed Psychologist, Supervisor****Professor (Diplomate in Clinical Child and Adolescent Psychology)**

**Education and Training:** Dr. Gosch received her BA in 1987 from Grinnell College and her doctorate in Clinical Psychology in 1997 from Temple University. Her internship was completed at the Institute of Pennsylvania Hospital in 1996.

**Areas of Interest:** Dr. Gosch is Director of the MS Program in Counseling and Clinical Health Psychology and a core faculty member of the PsyD program in Clinical Psychology. A licensed clinical psychologist, she is board certified by the American Board of Clinical Child and Adolescent Psychology. Dr. Gosch is a nationally recognized expert on clinical child psychology, anxiety disorders, and cognitive behavioral therapy (CBT) with youth. She has published on several topics but is best known for co-editing *Anxiety Disorders: A Practitioner's Guide to Comparative Treatments* and articles on the treatment of internalizing disorders in children. Dr. Gosch is currently on the editorial board of *Clinical Psychology: Science and Practice*. She serves as a reviewer for the *Journal of Consulting and Clinical Psychology*, *Cognitive and Behavioral Practice*, and *The Behavior Therapist*. She has served on the Publications Committee of the Association for Advancement of Behavior Therapy. She was a co-principal investigator of a NIMH-funded study (NIMH-64484-01A1) of therapeutic process and alliance in the treatment of children with anxiety disorders.

#### **DONALD MASEY, Psy.D.**

**Licensed Psychologist, Supervisor**

**Clinical Associate Professor**

**Education and Training:** Dr. Masey received his PsyD in clinical psychology from Indiana University of Pennsylvania in 1993 and completed an APA-accredited internship at the Temple University Hospital and Medical Center in 1993. He went on to complete a post-doctoral fellowship in clinical neuropsychology at Bryn Mawr Rehabilitation Hospital in 1994.

**Areas of Interest:** As a licensed psychologist, Dr. Masey's clinical and scholarly work focuses on neuropsychology, psychological assessment, hospital consultation and liaison, and behavioral medicine. Dr. Masey is a member of the American Psychological Association, National Academy of Neuropsychology, and the Pennsylvania Psychological Association. He provides presentations to various organizations on topics relating to dementia, psychological practice in general hospital settings, professional relationships with physicians, and topics in neuropsychology.

#### **SUSAN PANICHELLI-MINDEL, Ph.D**

**Licensed Psychologist, Supervisor**

**Assistant Professor, Director of Clinical Research**

**Education and Training:** Dr. Mindel received her BA in psychology from Brandeis University and her MA and PhD in Clinical Psychology from Temple University in 1998. She completed her internship at the APA-accredited Behavioral Therapy Service of the Institute of Pennsylvania Hospital in 1997 and post-doctoral training at Children's Hospital of Philadelphia in 1999. **Areas**

**of Interest:** Dr. Mindel is a licensed psychologist with extensive experience in the delivery of cognitive-behavioral evidence-based treatments in children and adolescents. She has served as a therapist trainer and supervisor at Temple University's Child and Adolescent Anxiety Disorders Clinic, participated as a member of the treatment development staff at the Center for Psychotherapy Research at the University of Pennsylvania and served as a research consultant and clinical coordinator for the Cannabis Youth Treatment Cooperative Agreement, an NIMH multi-site funded project. She is also affiliated with the Center for Management of ADHD at the Children's Hospital of Philadelphia. Dr. Mindel's research interests include issues in clinical child psychology, with an emphasis on the prevention and treatment of anxiety disorders, and



diagnostic differences and treatment of subtypes of ADHD. Furthermore, her interests branch out to broader areas including child psychopathology as related to parenting variables, comorbidity, social behavior patterns, coping, and treatment responsiveness. She has served as an ad-hoc reviewer for the *Journal of Consulting and Clinical Psychology*, *Journal of Clinical Psychology*, *Cognitive Therapy and Research*, and as Notes and Announcements editor for *Cognitive Therapy and Research*.

**BRAD ROSENFELD, Psy.D.****Licensed Psychologist, Supervisor****Assistant Professor**

**Education and Training:** Dr. Rosenfield received his bachelor's degree from Temple University and completed his master's degree at Chestnut Hill College. He received his doctorate in Clinical Psychology at Philadelphia College of Osteopathic Medicine in 2005. Dr. Rosenfield completed his internship at the PCOM Center for Brief Therapy in 2005, and post-graduate training at the University of Pennsylvania's Adult ADHD Treatment and Research Program of the Center for Cognitive Therapy in 2006.

**Areas of Interest:** Dr. Rosenfield is active in the fields of cognitive therapy, motivational interviewing and behavior modification as a lecturer, researcher, writer, and clinician. He is the current Practicum Coordinator and an assistant professor in the Clinical PsyD program at PCOM. Dr. Rosenfield has published numerous peer-reviewed journal articles and book chapters, including coauthoring a chapter in Beck, Davis and Freeman's seminal work: "Cognitive Therapy of Personality Disorders," often referred to as "the bible of personality disorders." He has also presented numerous invited lectures and workshops both within the United States and abroad. Dr. Rosenfield's clinical experience includes pre- and post-doctoral training at the University of Pennsylvania's Center for Cognitive Therapy and the Adult ADHD Treatment and Research Program, in the Department of Psychiatry, where he is currently a clinical associate. In clinical practice, he specializes in supervising doctoral interns and treating complex and challenging cases encompassing a diverse client population including individuals with ADHD, sleep disorders, MCI/dementia, substance use disorders and disorders of mood, anxiety and/or personality. Dr. Rosenfield is also a supervisor/consultant and seminar-leader for the Beck Institute for Cognitive Behavior Therapy. His current research, CBT for Dementia Prevention, in collaboration with A.T. Beck, the Beck Institute for Cognitive Behavior Therapy and Aaron T. Beck Psychopathology Research Center, hopes to create a multidisciplinary intervention to ameliorate the progression of mild cognitive impairment and Alzheimer's Disease.

**ALEXA BONACQUISTI, PhD, PMH-C****Licensed Psychologist, Supervisor****Assistant Professor**

**Education and Training:** Dr. Bonacquisti received her MS and PhD in clinical psychology from Drexel University, with a concentration in health psychology. She completed an APA-accredited internship in clinical psychology at the University of North Carolina School of Medicine in Chapel Hill, specializing in women's mental health and behavioral medicine. Her postdoctoral training focused on reproductive psychology and perinatal mental health at Drexel University's Women's Health Psychology Lab and

Mother Baby Connections program. Dr. Bonacquisti is certified as a perinatal mental health specialist (PMH-C).

**Areas of Interest:** Dr. Bonacquisti is a licensed psychologist with expertise in the delivery of evidence-based interventions, including cognitive-behavioral and acceptance-based behavioral treatments, to address a wide range of clinical concerns. Her clinical and research work focuses on health psychology and behavioral medicine, specifically reproductive psychology and women's mental health. Dr. Bonacquisti regularly provides clinical training workshops and presentations on Acceptance and Commitment Therapy (ACT) and has published on the use of ACT with perinatal populations. She has authored 14 peer-reviewed publications and five book chapters, and she has delivered nearly 80 conference presentations at local and national conferences.

**Megan Amatrudo, Psy.D.**

**Licensed Psychologist**

**Supervisor of Clinical Services in Primary Care**

**Education and Training:** Dr. Amatrudo earned her Psy.D. in Clinical Psychology at Philadelphia College of Osteopathic Medicine in 2018. She completed her APA accredited doctoral internship at Geisinger (Pediatric Psychology track). She received her Master's Degree in Counseling and Clinical Health Psychology at Philadelphia College of Osteopathic Medicine in 2013.

**Areas of Interest:** Dr. Amatrudo has a decade of experience working with children, adolescents, and adults in hospital and other health care settings, including CHOP, Cooper, and Geisinger. She has worked in private practice settings in general outpatient therapy as well. Over the past 5 years, Dr. Amatrudo has stepped into supervisory and teaching roles. A year ago, she was hired as a faculty member here and began supervising the Behavioral Health Consultation Service team at PCOM's Family Medicine. Aside from Health Psychology, Dr. Amatrudo has particular clinical interests and experience in risk assessment and management, the implementation of exposure-based treatments, use of components of Motivational Interviewing to promote behavioral change, and synthesizing components of CBT and ACT to work with challenging patients. Dr. Amatrudo works with patients from a strengths-based orientation which transfers to her supervisory relationships. She enjoys training and mentoring students, particularly with regard to strengthening their clinical intuition and development of their professional identity.

**Ruta Clair, PsyD**

**Licensed Psychologist**

**Associate Professor**

**Education and Training:** Dr. Clair earned her doctoral degree in school psychology from Philadelphia College of Osteopathic Medicine in 2017. She completed a predoctoral internship in neuropsychology at Kessler Institute for Rehabilitation. Her postdoctoral fellowship was completed at RSM Psychology and Sports Concussion Center.

**Areas of Interest:** Dr. Clair's clinical and research interests fall under the umbrella of health-related quality of life, development, and social factors. Her postdoctoral fellowship at RSM Psychology and Sports Concussion Center focused on neuropsychology across the lifespan, concussion recovery, and mental health for children and adults. She was the chair of the department of psychology and social work at Cabrini University. Her research addresses topics such as pediatric quality of life during concussion recovery, understanding of concussion risks



and symptoms, impact of social isolation on stress and health, impact of mindset on learning, and coping in the face of stressors and trauma. She is dedicated to providing assessment and clinical care that considers biopsychosocial factors.

## **ADJUNCT SUPERVISING PSYCHOLOGISTS**

**KELLY CAMPANILE, Psy.D. Licensed**

**Psychologist**

**Clinical Assistant Professor**

**Director, Integrated Behavioral Health Program - Main Line Health/Bryn Mawr Family Medicine Residency Program**

**Education and Training:** Dr. Campanile completed her PsyD in clinical psychology from the Philadelphia College of Osteopathic Medicine in 2014. She completed her doctoral internship in 2014 at the PCOM Center for Brief Therapy, and her post-doctoral residency in 2015 at the Bryn Mawr Family Medicine Residency Program.

**Areas of Interest:** Clinical Health Psychology; Faculty of Behavioral Science, Director-Integrated Behavioral Health Program.

**BARBARA CAFFERY, Psy.D.**

**Licensed Psychologist**

**Supervisor**

**Psychologist, Pain Management Program and Integrated Behavioral Health – Main Line Health**

**Education and Training:** Dr. Caffery completed her PsyD in clinical psychologist from the Minnesota School of Professional Psychology in 2007. She completed her doctoral internship at The Institute of Living/Hartford Health Care in Hartford, CT.

**Areas of Interest:** Treatment of chronic pain, mood disorders, and personality disorders.

**KATHLEEN MCGANN, Psy.D.**

**Licensed Psychologist**

**Clinical Assistant Professor, Supervisor**

**Lead Supervising Psychologist, Behavioral Health Consultant - Main Line Health/Riddle Hospital**

**Education and Training:** Dr. McGann completed her PsyD in clinical psychology from Indiana University of Pennsylvania in 2018. She completed her doctoral internship at Mid-Ohio Psychological Services in 2018 and stayed on as a post-doctoral fellow there in 2018-19. **Areas of Interest:** Treatment of anxiety, depression, grief, caregiver stress, and interpersonal challenges.

**Julian Malys-Gordon, Psy.D.**

**Licensed Psychologist**

**Integrated Behavioral Health Psychologist - Main Line Health (Adult Medicine and Family Medicine in Bryn Mawr, Comprehensive Gender Care)**

**Education and Training:** Dr. Malys-Gordon completed his PsyD in clinical psychology from PCOM in 2021. He completed his doctoral internship at PCOM and Main Line Health and his post-doctoral fellowship at Springfield Psychological. **Areas of Interest:** Gender dysphoria, pre-surgical assessment, OCD, and anxiety disorders.

**David Charny, Psy.D.**

**Main Line Health Care Integrated Behavioral Health**

**Behavioral Science Faculty Psychologist, Internal Medicine Residency, Lankenau Medical Associates.**

**PCOM Clinical Instructor**

**Education and Training:** Dr. Charny completed his PsyD in clinical psychology from Philadelphia College of Osteopathic Medicine in 2020. He completed his doctoral internship at ChristianaCare in 2020 and post-doctoral fellowship at Cooper University HealthCare in 2021. **Areas of Interest:** Health Psychology, Integrated Primary Care, Diabetes, Population Health, Grief/Loss and Social Determinants of Health

**Jennie Rodgers, Psy.D., MBA-HCM**

**Licensed Psychologist**

**Main Line Health Care Primary Care in Delaware County and MLHC Primary Care in Concordville**

**Education and Training:** Dr Rodgers completed her graduate education in both clinical psychology and business administration at Widener University with commencement in June 2017. She had concentrations in Health Psychology, Child/Adolescent and Family Therapy, and Healthcare Management. She has been working in integrated primary care settings since 2019 and is passionate about this interdisciplinary approach to patient care. **Areas of Interest:** self-care, chronic health management, panic attacks, mindfulness, attachment relationships, emotional eating.

**Becky Walter, PhD**

**Licensed Psychologist**

**Main Line Health Care**

Dr. Walter earned her PhD in Clinical Psychology from The Catholic University of America in 2006. She has enjoyed a range of clinical experiences working in private practice, at university counseling centers, outpatient eating disorder and mental health treatment facilities within various levels of care. She enjoys the privilege of integrating her interests in teaching and mentorship by providing clinical supervision to graduate students and postdoctoral residents. She provides an integrative treatment approach that is client-centered and trauma-informed, utilizing a variety of empirically supported treatment approaches including mind-body interventions informed by the neurobiology of stress and trauma, as well as CBT, DBT, and ACT. Clinical areas of interest include anxiety, trauma, grief/loss, and eating disorders.

**THERESA MOLONY, Psy.D.**

**Licensed Psychologist, Supervisor**

**Clinical Assistant Professor**

**Education and Training:** Dr. Molony completed her doctorate in School Psychology Philadelphia College of Osteopathic Medicine, Philadelphia, PA in 2008. She completed her doctoral internship at the PCOM Center for Brief Therapy, from 2004-2006, and her Postdoctoral residency at the Center for Brief Therapy from 2009-2011.

**Areas of Interest:** Psychological testing; school psychology, assessment of learning disorders and ADHD; parent support for learning disordered children and adolescents.

## Verification of Receipt

## PCOM CENTER FOR BRIEF THERAPY DOCTORAL INTERNSHIP IN CLINICAL PSYCHOLOGY HANDBOOK

I \_\_\_\_\_, hereby acknowledge that I have received the PCOM Center for Brief Therapy in Clinical Psychology Handbook, including the Policies and Procedures governing Grievances and Dealing with Problematic Behaviors and Insufficient Competencies contained herein, and agree to abide by its contents in its entirety. This Internship Handbook was provided to me at the beginning of the internship orientation.

\_\_\_\_\_  
*Intern signature*

\_\_\_\_\_  
*Date*

*Witnessed:*

\_\_\_\_\_  
*Internship Director*

\_\_\_\_\_  
*Date*

## INTERN DIDACTIC SEMINARS 2024-2025

Date	Room	Hours	Time	Leader	Topic
Monday 7/1/24	Rowland Hall 424A	9:00 AM – 12:00 PM	6.5	David Rubenstein, Psy.D.	Orientation to Policies, Procedures, and Practice at the PCOM Center for Brief Therapy
		1:00 PM – 4:30 PM			APA Internship Competencies and Learning Goals
Tuesday 7/2/24	Rowland Hall 424A	9:00 AM – 12:00 PM	3.0	David Rubenstein, Psy.D.	Orientation to Policies, Procedures, and Practice at the PCOM Center for Brief Therapy EMS and NextGen
		1:00 PM – 3:00 PM	2.0	David Rubenstein, Psy.D.	Didactic: Getting Started with Patients and Maximizing the Therapeutic Alliance: The Clinical Interview
Monday 7/8/24	Main Line Health	9:00 AM – 3:30 PM	6.5	Kate McCann, Psy.D.	Main Line Health Orientation
Friday 7/12/24	Rowland Hall 424A	10:00 AM – 12:00 PM	2.0	Elizabeth Gosch, Ph.D.	Child and Adolescent Assessment and Psychotherapy – Part I
Friday 7/19/24	Rowland Hall 424A	9:00 AM – 11:00 AM	2.0	David Rubenstein, Psy.D.	Dialectical Behavior Therapy - Part - 1
Friday 7/26/24	Rowland Hall 424A	10:00 AM – 12:00 PM	2.0	Ashley Poole, Psy.D.	A Multidisciplinary Approach to Pain Management
Friday 8/2/24	Rowland Hall 424A	10:00 AM – 1:00 PM	3.0	Terry Molony, Psy.D.	Introduction to Assessment in the CBT

Friday 8/9/24	Rowland Hall 424A	10:00 AM – 1:00 PM	3.0	Terry Molony, Psy.D.	Assessment of ADHD, Executive Functioning, NEPSY, D-K, Rating Scales, Case Conceptualization
		2:00 PM – 4:00 PM	2.0	Barb Golden, Ph.D., ABPP	Integrated Care
Friday 8/16/24	Rowland Hall 424A	10:00 AM – 1:30 PM	3.5	Brad Rosenfield, Psy.D.	Assessment and Cognitive Behavioral Interventions for Sleep Disorders
Friday 8/23/24	Rowland Hall 424A	9:00 AM – 11:00 PM	2.0	Dr. Rubenstein	Dialectical Behavior Therapy - Part- II
Friday 8/30/2024	Rowland Hall 424A	9:00 AM – 11:00 PM	2.0	Dr. Rubenstein	Dialectical Behavior Therapy - Part - III
Monday 9/6/2024	Rowland Hall	10:00 AM – 1:00 PM	3.0	Terry Molony, Psy.D.	Report Writing and Feedback Sessions
Friday 9/13/24	Rowland Hall 424A	9:00 AM – 12:00 PM	3.0	Scott Glassman, Psy.D.	Motivational Interviewing, Part I
Friday 9/20/24	Rowland Hall 424A	9:00 AM – 12:00 PM	3.0	Scott Glassman, Psy.D.	Motivational Interviewing, Part II
	NONE: LABOR DAY WEEKEND				
Friday 9/27/24	Rowland Hall 424A	9:00 AM – 11:00 PM	2.0	David Rubenstein	Integrating Motivational Interviewing with other Treatment Approaches
Friday 10/4/24	Rowland Hall 424A	10:00 AM – 12:00 PM	2.0	Alex M. Siegel, J.D., Ph.D.	Ethics and Professionalism Part I
Friday 10/11/24	Bryn Mawr	9:00am – 12:00 AM	3.0	Alexa Bonacquisti, Ph.D.	Application of ACT in Psychotherapy - Part - 1
Friday 10/18/24	Rowland Hall 424A	11:00 AM – 2:00 AM	3.0	Dr. Robertsl	Social Media and Adolescent Mental Health
Friday 10/25/23	Rowland Hall 424A	9:00 AM – 12:00 PM	3.0	Alexa Bonacquisti	Application of ACT in Psychotherapy - Part 2

Friday 11/1/24  <b>SUPERVISOR TRAINING DAY</b>	<b>Evans Hall Zedeck Auditorium</b>	<b><u>Sessions:</u></b>  <b>Morning</b> 9:00 AM – 12:00 PM  <b>Afternoon</b> 1:00 PM – 4:00 PM	6.0	Multiple Presenters	<b><u>Two Topics:</u></b>  <b>Supervision</b>  <b>Motivational Interviewing with Youth</b>
Friday 11/8/24	Rowland Hall 424A	10:00 AM – 12:00 PM	2.0	David Rubenstein	Application of Structural Family Therapy
Friday 11/15/24	Rowland Hall 424A	10:00 AM – 12:00 PM	2.0	Alex M. Siegel, J.D., Ph.D.	<i>Ethics and Professionalism - Part 2</i>
Friday 11/22/24	Rowland Hall 424A	9:00 AM – 12:00 AM	3.0	Robert DiTomasso, Ph.D., ABPP	Treatment Adherence and Non-adherence
Friday 12/6/24	Rowland Hall 424A	12:30 PM – 2:30 PM	2.0	Tamika Thomas, Psy.D.	Faith, Spirituality and Religion in Clinical Practice with African American Patients
Friday 12/13/24	Rowland Hall 424A	10:00 AM – 1:00 PM	3.0	Michelle R. Lent, Ph.D.	Application of Medical Marijuana
Friday 12/20/24	Rowland Hall 424A	10:00 AM – 12:00 PM	2.0	Suzie Mindel, Ph.D.	Child and Adolescent Psychotherapy
<b>CBT CLOSED</b>		<b>12/25/2023 – 1/1/2024</b>			
Friday 1/10/25	Rowland Hall 424A	9:00 AM – 12:00 PM	3.0	David Rubenstein, Psy.D.	Integration of CBT, MI, DBT, ACT in Clinical Care
Friday 1/17/25	Rowland Hall 424A	10:00 AM – 12:00 PM	2.0	David Rubenstein, Psy.D.	Substance Use Disorders: Epidemiology, Etiology, & Treatment



Friday 1/24/25	Rowland Hall 424A	10:00 AM- 12:00 PM	2.0	Alex M. Siegel, J.D., Ph.D.	Ethics and Professionalism Part III
Friday 1/31/25	Rowland Hall 424A	10:00 AM- 2:30 PM	4.5	Bruce Zahn, Ed.D., ABPP	CBT with Older Adults
2/7/25	Rowland Hall 424A	10:00 AM- 2:30 PM	4.5	Chris Famiglietti, LCSW	Gender Affirming Care
Friday 2/14/25	Rowland Hall 424A	10:00 AM – 2:30 PM	4.5	Elizabeth Gosch, Ph.D., ABPP	Assessment and Treatment of Anxiety Disorders in Children
Friday 2/21/25	Rowland Hall 424A	9:00 AM – 3:00 PM	6.0	Dr. Amy Hoch	Management of Trauma
Friday 2/28/25	Rowland Hall 424A	10:00 AM- 12:00 PM	2.0	Brad Rosenfield, Psy.D.	MI and CBT Integration with Complex and Challenging Patients
Friday 3/7/25	Rowland Hall 424A	10:00 AM – 2:30 AM	4.5	Stephanie Felgoise, Ph.D., ABPP	Couples Counseling Assessment and Intervention
Friday 3/14/25	Rowland Hall 424A	10:00 AM – 12:00 PM	2.0	Kristen Hawk- Purcell, Psy.D	"Dos and Don'ts" for the EPPP
3/21/25	Rowland Hall	10AM- 2:00PM	4.0	David Rubenstein, Psy.D.	Treatment of Personality Disorders
3/28/25	Rowland Hall	10AM-12PM	2.0	Angela Abraham	TBD
4/4/25	Rowland Hall	10am-12pm	2.0	Kaitlyn O'Neil	TBD
4/11/25	Rowland Hall	10am-12pm	2.0	Farren Landes	TBD
4/18/25	Rowland Hall	10am-12pm	2.0	Keena Stewart	TBD
4/25/25	Rowland Hall	10am-12pm	2.0	Kylie Hastings	TBD
5/2/25	Rowland Hall	10am-1pm	3.0	Paulina Syracuse, Psy.D.	Assessment and Treatment of Eating Disorders
Friday 5/9/25	Rowland Hall 424A	9:00 AM – 12:00 PM	2.0	Alex M. Siegel, J.D., Ph.D.	Ethics and Professionalism Part IV

Friday 5/16/25	Rowland Hall 424A	9:00 AM – 12:00 PM	2.0	Alex M. Siegel, J.D., Ph.D.	Ethics and Professionalism Part V
5/23/25	Rowland Hall	10am-12pm	2.0	Jessica Lamont- George, Psy.D.	Working with Children and Adolescents in a Primary Healthcare Setting
5/30/25	Rowland Hall	10a,-12pm	2.0	Alexa Bonacquisti, Ph.D.	Women's Health
6/6/25	Rowland Hall	10am-12pm	2.0	David Rubenstein, Psy.D.	Developing the Professional Self and Maintaining Work/Life Balance
<b>Total didactic hours = 143.5</b>					

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## APPENDIX B

### CLINICAL (Individual), ADMINISTRATIVE, RESEARCH, and CASE-BASED GROUP SUPERVISION

DATE

TIME

HOURS

AGENDA

See Attached Schedule for 2023-24 year:

## INDIVIDUAL SUPERVISION WITH INTERNSHIP DIRECTOR

Weekly 0.5 hours per intern = 25 hours/year

### Total Supervision hours

1 hour each with 2 different supervisors = 100 hours per year	2 hours/week
1 hour each with supervisor from HCC= 50 hours per year	1 hour/week
Group supervision/week = 100 hours per year	2 hours/week
Administrative supervision with Internship Director each week = 25 hours per year	0.5 hours/week
Total supervision hours/week	275 hours/5.5 hours per week

\*\*\* Plus Psychological Testing Supervision

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# APPENDIX C

## DOCTORAL PROGRAM IN CLINICAL PSYCHOLOGY DEPARTMENT OF PSYCHOLOGY PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE

### SEMINAR on ETHICS & PROFESSIONALISM 2024-2025

#### Faculty

Alex M. Siegel, J.D., Ph.D. Adjunct  
Faculty  
[asiegel@asppb.org](mailto:asiegel@asppb.org) 610 724 3555

**Dates:** October 4, 2023; November 15, 2023; January 1, 2025, May 9, 2025, May 16, 2025.

**Time:** 10:00 to 12:00

**Location:** Rowland Hall 424A

#### Description

This seminar will provide clinical psychology interns with 1) an understanding of the ethical issues and dilemmas they will be confronted with during their training and subsequent career, 2) a means for anticipating, identifying and resolving ethical issues and dilemmas and 3) a practical way to utilize the APA Code of Ethics, Pennsylvania Psychology Practice Act and Regulations and other legal standards to help resolve ethical conflicts. During the sessions, interns will actively engage in discussions by bring in clinical material and learn how to apply the psychological principles and legal concepts to their clinical work.

#### Requirements

1. Attendance, active participation and completion of all assigned readings.
2. Case Presentations:
  - A. Assigned Topic: Interns will be assigned a session at which they will be responsible for presenting a case and lead the clinical, ethical and legal discussion to articulate the potential problems, approaches to resolve the problems and the implementation and resolution of the problems. The case presentation can come from their clinical work.

#### Session 1: Ethical Theory & Professionalism

After participating in this session, the clinical psychology intern will be able to:

1. Identify and define the General Principles set forth in the APA Code of Ethics and other key ethical theories and principles relevant to the practice of Psychology
2. Describe and apply a process for analyzing and resolving ethical issues and dilemmas.
3. Identify the obligations of Psychologists as set forth in the APA Code of Ethics and Pennsylvania's licensing statute and regulations.
4. Identify typical ethical issues confronting Psychology interns.
5. Identify how to get licensed in Pa. and use the PA Practice Act and Regulations

Readings:

1. American Psychological Association Code of Ethics
2. Pennsylvania Professional Psychologists Practice Act
3. Pennsylvania State Board of Psychology Regulations

**Session 2: Informed Consent, Privacy, Confidentiality and Privilege Communication**

After participating in this session, the clinical psychology intern will be able to:

1. Identify and explain the fundamental components of assent and informed consent.
2. Identify the types of services, interventions, assessments and situations for which Psychologists are ethically and legally obligated to obtain assent or informed consent.
3. Identify strategies for maintaining confidentiality.
4. Describe clients' rights and psychologists' obligations under the Pennsylvania Advance Directive for Mental Health Act.

Reading:

1. Pennsylvania Advance Directive for Mental Health Act
2. ACLU Handout on Minors' Access to Confidential Health Care in Pennsylvania
3. Pennsylvania Allowing Minors to Consent to Medical Care Act

**Sessions 3 & 4: Duty to Report and Duty to Warn**

After participating in this session, the clinical psychology intern will be able to:

1. Discuss the benefits to individual clients and society when privacy is protected, and the harms to individual clients and society when confidentiality is breached.
2. Identify and discuss the circumstance when a Psychologist is required to disclose private information without consent, including child/elder abuse or neglect and threats of serious imminent harm.
3. Identify and discuss the circumstances when a Psychologist may be required to disclose private information without consent in response to court orders, subpoenas or release of record authorizations (e.g., disability assessments).
4. Identify and discuss the obligations to disclose private information within the context of multi-disciplinary teams/Patient Centered Medical Homes, and the limits to those obligations. Readings:

1. Emerich v. Philadelphia Center for Human Development (AEHC)
2. Pennsylvania Confidentiality of HIV-Related Information Act
3. Pennsylvania Child Protective Services Act

#### 4. Pennsylvania Mental Health Procedures Act

**Session 5: Boundaries, Dual Relationships, Telepsych and PSYPACT Services** After participating in this session, the clinical psychology intern will be able to:

1. Define the concept of “professional boundary” and describe the various types of boundary violations that can occur in a Psychologist-client relationship.
2. Define the concept of “dual relationships” and describe the professional obligations that can be compromised from dual relationships.
3. Apply strategies for maintaining appropriate professional boundaries and avoiding dual relationships. Readings:
  1. Gottlieb, M. C. (1993). Avoiding Exploitive Dual Relationships: A Decision-making Model. *Psychotherapy*. 30: 41-48.
  2. Gutheil, T. G., Gabbard, G. O. (1993). The Concept of Boundaries in Clinical Practice: Theoretical and Risk-Management Dimensions. *American Journal of Psychiatry*. 150: 188-196

# APPENDIX D

## DOCTORAL PSYCHOLOGY INTERN COMPETENCY EVALUATION

Name of Intern:

Date:

Clinical Supervisor:

Clinical Supervisor's License #:

Term: \_\_ July-December, 20\_\_

\_\_ January-June, 20\_\_

### Evaluation criteria

PLEASE EVALUATE THE INTERN USING THE SCALE BELOW. PLEASE INDICATE THE NUMBER THAT ***BEST*** DESCRIBES YOUR OBSERVATIONS OF THE INTERN'S COMPETENCE. SUPERVISORS ARE EXPECTED TO BASE THEIR RATINGS ON THE INTERN'S DEVELOPMENTAL LEVEL OF COMPETENCE COMPARED TO EXPECTED LEVELS OF COMPETENCE FOR SIMILAR INTERNS AT THE EQUIVALENT LEVEL OF TRAINING.

- 5- **FAR ABOVE STANDARDS: (Typical rating at the post-doctoral level).** Skills/competencies are very well developed, and intern's functioning is comparable to autonomous practice at the license-eligible level *without any further supervisory input*. Interns who achieve this rating interact with supervising faculty in a *peer-to-peer consultative role*, which is the highest level of competency development, rather than a *supervisee-to-supervisor role* with occasional input from the supervisor on more complex cases.
- 4- **ABOVE STANDARDS: (Intern exit level/post-doc entry level) Expected Minimal Level of Achievement (MLA) at end of the internship.** Intern demonstrates more sophisticated skills that exceed the *Meets Standards* level. While the intern who achieves this rating demonstrates readiness for entry-level practice and licensure eligibility, they may still require supervision for more complex cases.
- 3- **MEETS MINIMAL STANDARDS: (Intern Intermediate level) – Expected Minimal Level of Achievement (MLA) at mid-year of the internship.** Intern is able to perform a wide range of tasks that require basic skills, but still needs supervision for more complex cases.
- 2- **BELOW STANDARDS: (Intern entry level).** Intern requires close supervision for basic tasks.
- 1- **FAR BELOW STANDARDS: Requires supplemental and/or remediation work.** Intern requires constant supervision and shadowing and does not perform even the most basic tasks independently.



**-NA- NOT APPLICABLE:** The competency or skill set is not applicable to the intern, the internship does not provide the opportunity to evaluate the skill, and/or the skill was not assessed during this period.

### Research

**Aim #1: Intern will demonstrate independence in critically evaluating and disseminating research or other scholarly activities at the local, regional or national level.**

	Competencies	1	2	3	4	5	N/A
1.1	Seeks research information to enhance clinical practice by utilizing professional literature, data bases, seminars, and other resources						
1.2	Demonstrates an understanding of applied research and program evaluation						
1.3	Demonstrates ability to critically evaluate research in case discussions, seminars and consultations.						
1.4	Independently applies relevant scholarly theoretical and research findings into professional activities						
1.5	Utilizes scientific knowledge to discuss relevant research in case discussions and presentations with peers and other professionals						
1.6	Disseminates findings from relevant research in case discussions and presentations with peers and other professionals						

### ASSESSMENT METHOD(S) FOR COMPETENCIES

\_\_\_\_\_ *Direct Observation*

\_\_\_\_\_ *Videotape*

\_\_\_\_\_ *Audiotape*

\_\_\_\_\_ *Case Presentation*

\_\_\_\_\_ *Other (describe)*

\_\_\_\_\_ *Review of Written Work*

\_\_\_\_\_ *Review of Raw Test Data*

\_\_\_\_\_ *Discussion of Clinical Interaction*

\_\_\_\_\_ *Communication from Other Staff*

Comments:

**Ethical and Legal Standards**

**Aim #2: Intern will demonstrate compliance in consistently adhering to APA professional and ethical standards, and relevant laws and regulations governing health service psychology.**

	Competencies	1	2	3	4	5	N/A
<b>2.1</b>	Discusses knowledge and acts in accordance with APA ethical principles and code of conduct						
<b>2.2</b>	Discusses knowledge and acts in accordance with laws, regulations, rules and policies regarding health service psychology at the agency, local and national levels.						
<b>2.3</b>	Expresses awareness of need to keep current and acts in accordance with relevant professional standards and guidelines						
<b>2.4</b>	Recognizes ethical issues as they arise						
<b>2.5</b>	Applies ethical decision-making processes to resolve issues proactively						
<b>2.6</b>	Conducts self in an ethical manner in all professional activities						
<b>2.7</b>	Maintains professional functioning & quality client care						

**ASSESSMENT METHOD(S) FOR COMPETENCIES**\_\_\_\_\_ *Direct Observation*\_\_\_\_\_ *Videotape*\_\_\_\_\_ *Audiotape*\_\_\_\_\_ *Case Presentation*\_\_\_\_\_ *Other (describe)*\_\_\_\_\_ *Review of Written Work*\_\_\_\_\_ *Review of Raw Test Data*\_\_\_\_\_ *Discussion of Clinical Interaction*\_\_\_\_\_ *Communication from Other Staff*

Comments:

**Individual and Cultural Diversity**

**Aim #3: Intern will demonstrate knowledge, sensitivity and skills when working with diverse populations in professional activities.**

	Competencies	1	2	3	4	5	N/A
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<b>3.1</b>	Discusses sensitivity to how their own personal and cultural history, attitudes and biases may impact how they interact with those different from themselves						
<b>3.2</b>	Discusses understanding the current theoretical and empirical literature related to addressing diversity in all professional activities						
<b>3.3</b>	Applies knowledge of cultural differences by demonstrating ability to work with individuals whose differences in diversity may be in conflict with their own						
<b>3.4</b>	Integrates awareness and knowledge of cultural differences in the conduct of professional roles						
<b>3.5</b>	Demonstrates the ability to apply a framework to address salient diversity issues in the therapeutic relationship						
<b>3.6</b>	Discusses awareness of social influences and contexts and their impact on client care						
<b>3.7</b>	Independently applies current knowledge and approach when working with a range of diverse individuals, including use of self-reflection						
<b>3.8</b>	Strives to learn more about individuals from diverse backgrounds through research, consultation, and group discussion						

**ASSESSMENT METHOD(S) FOR COMPETENCIES**

☐ *Direct Observation*  
☐ *Videotape*  
☐ *Audiotape*  
☐ *Case Presentation*  
☐ *Other (describe)*

☐ *Review of Written Work*  
☐ *Review of Raw Test Data*  
☐ *Discussion of Clinical Interaction*  
☐ *Communication from Other Staff*

Comments:

**Professional Values, Attitudes and Behaviors**

**Aim #4: Intern will demonstrate professional values, attitudes and behaviors in all professional activities.**

	Competencies	1	2	3	4	5	N/A
4.1	Attitudes and behaviors reflect a positive professional identity and desire to increase professional effectiveness						
4.2	Attitudes and behaviors reflect values of psychology, including integrity, accountability and concern for the welfare of others						
4.3	Demonstrates self-reflection regarding personal and professional functioning						
4.4	Discusses understanding of the limits of own competency						
4.5	Accurately self-evaluates and self-monitors strengths as well as areas in need of development						
4.6	Demonstrates positive coping strategies when dealing with both personal and professional stressors						
4.7	Actively demonstrates openness & responsiveness to feedback and supervision						
4.8	Responds professionally in complex situations with an increasing degree of independence						
4.9	Is prompt for scheduled hours and appointments						
4.10	Writes client notes and reports in a timely manner						
4.11	Submits client documentation in a timely manner						
4.12	Keeps supervisors aware of whereabouts as needed						

**ASSESSMENT METHOD(S) FOR COMPETENCIES**

\_\_\_\_\_ *Direct Observation*  
 \_\_\_\_\_ *Videotape*  
 \_\_\_\_\_ *Audiotape*  
 \_\_\_\_\_ *Case Presentation*  
 \_\_\_\_\_ *Other (describe)*

\_\_\_\_\_ *Review of Written Work*  
 \_\_\_\_\_ *Review of Raw Test Data*  
 \_\_\_\_\_ *Discussion of Clinical Interaction*  
 \_\_\_\_\_ *Communication from Other Staff*

Comments:

**Communications and Interpersonal Skills**

**Aim #5: Intern will demonstrate professional communication and interpersonal skills and respond professionally to complex situations**

	Competencies	1	2	3	4	5	N/A
5.1	Develops and maintains effective interpersonal relationships with peers, supervisors, staff, communities, organizations and clients (with all individuals within a professional context)						
5.2	Professionally communicates ideas in oral, non-verbal and written form that are informative and well-integrated						
5.3	Manages difficult communications and demonstrates effective interpersonal skills						
5.4	Communicates with professional language and concepts						
5.5	Describes awareness of impact of own personal issues and behaviors within a professional clinical setting						
5.6	Manages own affect appropriately						

**ASSESSMENT METHOD(S) FOR COMPETENCIES**\_\_\_\_\_ *Direct Observation*\_\_\_\_\_ *Videotape*\_\_\_\_\_ *Audiotape*\_\_\_\_\_ *Case Presentation*\_\_\_\_\_ *Other (describe)*\_\_\_\_\_ *Review of Written Work*\_\_\_\_\_ *Review of Raw Test Data*\_\_\_\_\_ *Discussion of Clinical Interaction*\_\_\_\_\_ *Communication from Other Staff*

Comments:

**Assessment**

**Aim #6: Intern will demonstrate the ability to conduct evidence-based assessment consistent within the scope of health service psychology.**

	Competencies	1	2	3	4	5	N/A
6.1	Selects and applies assessments grounded in evidencebased practice and empirical literature						
6.2	Accurately administers and scores assessment instruments						

<b>6.3</b>	Gathers relevant history and utilizes appropriate collateral information and methods relevant to the client						
<b>6.4</b>	Assesses clients' mental status and risk factors thoroughly and accurately (e.g., suicide, homicide, selfinjury, alcohol and drug use, trauma, eating disorder)						
<b>6.5</b>	Considers cultural factors during assessment and asks questions sensitive to clients' dynamics						
<b>6.6</b>	Makes accurate inferences and interpretations from data, following current research and professional standards and guidelines						
<b>6.7</b>	Develops case conceptualization, classification and recommendations based on consideration of empirical and clinical information related to functional and dysfunctional abilities						
<b>6.8</b>	Writes accurate and concise reports sensitive to a range of audiences						
<b>6.9</b>	Writes reports and orally communicates findings that are grounded in consideration of client strengths as well as deficits/psychopathology						
<b>6.10</b>	Orally communicates accurate and effective assessment feedback to clients, collaterals, other health professionals as necessary						
<b>6.11</b>	Demonstrates a thorough working knowledge of diagnostic nomenclature and DSM classification						
<b>6.12</b>	Demonstrates knowledge of professional standards and issues in assessment						

**ASSESSMENT METHOD(S) FOR COMPETENCIES**

☐ *Direct Observation*  
☐ *Videotape*  
☐ *Audiotape*  
☐ *Case Presentation*  
☐ *Other (describe)*

☐ *Review of Written Work*  
☐ *Review of Raw Test Data*  
☐ *Discussion of Clinical Interaction*  
☐ *Communication from Other Staff*

Comments:

**Intervention**

**Aim #7: Intern will demonstrate the ability to apply evidence-based intervention within the scope of health service psychology.**

	Competencies	1	2	3	4	5	N/A
7.1	Establishes and maintains effective therapeutic alliances with clients						
7.2	Develops evidence-based intervention plans informed by research, assessment data, diversity characteristics and contextual variables, specific to treatment goals						
7.3	Implements interventions informed by research, assessment data, diversity characteristics and contextual variables						
7.4	Applies relevant research to clinical decision making						
7.5	Effectively modifies and adapts evidence-based approaches when clear evidence-base is lacking						
7.6	Monitors and evaluates progress toward treatment goals and adapt goals and methods as needed						
7.7	Develops treatment goals that correspond to case conceptualization						
7.8	Formulates useful case conceptualizations that draw from theoretical knowledge and research						
7.9	Interventions are well-timed						
7.10	Communicates empathy, warmth and genuineness						
7.11	Demonstrates ability to handle intense client affect						
7.12	Manages interpersonal boundaries with clients						
7.13	Manages generalized personal feelings toward clients and generalized client feelings toward intern						
7.14	Recognizes and responds appropriately to client crises						

**ASSESSMENT METHOD(S) FOR COMPETENCIES**\_\_\_\_\_ *Direct Observation*\_\_\_\_\_ *Videotape*\_\_\_\_\_ *Audiotape*\_\_\_\_\_ *Review of Written Work*\_\_\_\_\_ *Review of Raw Test Data*\_\_\_\_\_ *Discussion of Clinical Interaction*



\_\_\_\_\_ *Case Presentation*  
 \_\_\_\_\_ *Other (describe)*

\_\_\_\_\_ *Communication from Other Staff*

Comments:

### Supervision

**Aim #8: Intern will demonstrate the ability to: 8a) apply competencies in the role of a Supervisor with junior supervisees/trainees, and 8b) utilize supervision and feedback as a Supervisee in a consistent and effective manner.**

	Competencies	1	2	3	4	5	N/A
<b>8a</b>	<b>Applies competencies in the role of a <u>Supervisor</u> in direct or simulated practice with junior supervisees/trainees</b>						
<b>8.1</b>	Applies knowledge of supervision in direct or simulated practice with other trainees						
<b>8.2</b>	Provides useful direction, information and feedback for other trainees and/or healthcare professionals,						
	including agenda-setting, psychoeducation, and use of cognitive and behavioral interventions						
<b>8.3</b>	Demonstrates sensitivity to diversity while providing supervision						
<b>8.4</b>	Effectively manages conflict and challenges to learning in junior supervisees/trainees						
<b>8b</b>	<b>Utilizes supervision and feedback as a <u>Supervisee</u> in a consistent and effective manner</b>						
<b>8.5</b>	Comes prepared to participate in supervision with an agenda						
<b>8.6</b>	Keeps supervisor apprised of relevant clinical issues						
<b>8.7</b>	Demonstrates sensitivity to diversity as related to supervision						
<b>8.8</b>	Demonstrates receptivity to new ideas and integrates supervisor feedback						
<b>8.9</b>	Seeks supervision/consultation as necessary for complex cases						

**ASSESSMENT METHOD(S) FOR COMPETENCIES**☐ *Direct Observation*☐ *Videotape*☐ *Audiotape*☐ *Case Presentation*☐ *Other (describe)*☐ *Review of Written Work*☐ *Review of Raw Test Data*☐ *Discussion of Clinical Interaction*☐ *Communication from Other Staff*

Comments:

**Consultation and Interprofessional/Interdisciplinary Skills**

**Aim #9: Intern will demonstrate knowledge of models of consultation and interprofessional / interdisciplinary skills when addressing problems, sharing information and engaging in professional activities with professionals in health services psychology.**

	Competencies	1	2	3	4	5	N/A
9.1	Communicates knowledge of models of mental health consultation, including awareness of the dimensions of case versus administrative consultation, and client versus consultee focus						
9.2	Demonstrates respect and knowledge for the role, boundaries of competence, and perspectives of other professionals in consultation relationships						
9.3	Applies knowledge of consultation models when consulting with all appropriate parties including individuals, families, professionals and related health systems						
9.4	Communicates effectively and efficiently with patients (and their families when appropriate), professionals and related health systems regarding the outcome of a behavioral health consultation						
9.5	Demonstrates knowledge of key roles and functions about other disciplines (e.g., primary care medicine, nursing, etc.) on an interdisciplinary team						
9.6	Communicates knowledge of the influence of individual and cultural diversity factors in consultations in an efficient and effective manner						

**ASSESSMENT METHOD(S) FOR COMPETENCIES**

☐ *Direct Observation*  
☐ *Videotape*  
☐ *Audiotape*  
☐ *Case Presentation*  
☐ *Other (describe)*

☐ *Review of Written Work*  
☐ *Review of Raw Test Data*  
☐ *Discussion of Clinical Interaction*  
☐ *Communication from Other Staff*

Comments:

Please comment below on any areas and/or skill sets not addressed by the above criteria, but which may be internship-specific (e.g., primary care behavioral health consultation, behavioral health assessment, etc.):

Please comment below on the intern's exceptional strengths relative to expected performance at this level of training:

Please comment below on any areas of significant deficit for the intern with recommendations for how this will be remediated in the learning goals plan (such as enhanced supervision, readings, self-reflection, etc.)

Intern's comments related to this evaluation and period of training.

NAME OF INTERN:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CLINICAL SUPERVISOR:

\_\_\_\_\_

Name: \_\_\_\_ License #: Signature: \_\_\_\_ Date: \_\_\_\_\_

CLINICAL SUPERVISOR:

\_\_\_\_\_

Name: \_\_\_\_ License #: Signature: \_\_\_\_ Date: \_\_\_\_\_

ASSESSMENT/TESTING SUPERVISOR:

\_\_\_\_\_

Name: \_\_\_\_ License #: Signature: \_\_\_\_ Date: \_\_\_\_\_

INTERNSHIP DIRECTOR:

\_\_\_\_\_

Name: \_\_\_\_ License #: Signature: \_\_\_\_ Date: \_\_\_\_\_

The above signatures indicate that the intern has read this feedback form and that the supervisors and intern have discussed it verbally. The signatures do not necessarily imply total agreement on the intern's performance.