

Criterion VII. Structures and Models of Education and Training in the Specialty. The specialty has structures and models to implement the education and training sequence of the specialty. The structures are stable, sufficient in number, and geographically distributed. Specialty education and training may occur at the doctoral, postdoctoral, or both.

Commentary:

- A) Sequence of Training.** A petition describes a typical sequence of training, including curriculum, research, and supervision.
- B) History and Geographic Distribution.** A specialty has at least four identifiable psychology programs providing education and training in the specialty in more than one region of the country that are geographically distributed and which have produced an identifiable body of graduates over a period of years.
- C) Psychology Faculty.** Specialty programs have an identifiable psychology faculty responsible for the education and, training of students and their socialization into the specialty. The faculty has expertise relevant to the education and training offered. Faculty may include individuals from other disciplines as appropriate. Specialty programs also have a designated psychologist who is clearly responsible for the integrity and quality of the program and who has administrative authority commensurate with those responsibilities. This psychologist has credentials of excellence (e.g., the diplomate from one of the specialty boards affiliated with the American Board of Professional Psychology, or status as a fellow of the American Psychological Association or the Canadian Psychological Association, or other evidence of equivalent professional recognition) and a record of scholarly productivity as well as other clear evidence of professional competence and leadership.
- D) Procedures for Evaluation.** Specialty programs regularly monitor the progress of trainees to ensure the relevance and adequacy of the curriculum and integration of the various training components. Attention focuses on the continuing development of the trainee's knowledge, skills, attitudes, and values. Formal performance based feedback is provided to trainees in the program.
- E) Admission to the Program.** Program descriptions specify the nature and content of the program and whether they are designed to satisfy current licensing and certification requirements for psychologists as well as whether or not graduates can satisfy the education and training requirements for advanced recognition in the specialty. Postdoctoral programs have procedures that take into account the trainees' prior academic and professional record. These programs design an education and training experience that builds upon the doctoral program and internship and the professional experiences of the postdoctoral residents as they prepare for meeting the guidelines of preparation for the specialty.

Specialty training occurs at the doctoral including internship, and postdoctoral levels. Training is also available at the post-licensure level.

A. Sequence of Training

Doctoral

1. **How are education and training programs in the specialty recognized? How many programs exist in the specialty?**
 - a. Group Psychology and Group Psychotherapy foundational knowledge is usually taught in doctoral programs as a course or as part of a course, presented as a practicum offering/requirement where students are offered opportunities to lead or to co-lead a group under supervision together with some didactic presentations, case presentations, readings and other such materials. Among the group-related services and other requirements are didactics that are usually once a week that address group related topics such as ethics, culture and diversity, assessment, and evidence based interventions; readings such as a Journal Club;

individual and group supervision for leading groups, documentation of group provided services, planning and preparing for group; screening and orientation for prospective group members; follow-up, opportunities for self-reflection, case presentations, attending and participation in webinars or other forms of distant learning; and attending professional organization's workshops and conferences featuring group topics.

- b. There are 13 identified doctoral and internship programs presented here that have specialized training in Group Psychology and Group Psychotherapy. They are distributed in several regions across the country.

- c. Model Practicum

Supervised Practical Experiences

Supervised practical experience in providing psychological services is an integral part of the doctoral training program. Consistent with APA standards, each doctoral student must complete the following minimum requirements for practicum, clerkship/externship, and internship experiences; however, in order to be more competitive for APPIC- and APA-approved internships, students are encouraged to seek additional supervised clinical experience beyond these minimum requirements. A review of the APPIC Directory of Approved Internships (www.appic.org) provides a clear idea of total supervised practicum hours needed for a competitive applicant at internship sites.

To provide clinical service as either a practicum student or as an employed clerk, extern, or intern, students must be registered and supervised as noted below or licensed for unsupervised practice.

Psychology Practica

During the first year, all students enroll in a 3-credit-hour **Psych Practicum**, which will include weekly minimum of 1-2 client contact hours (15-24 hours per semester), one hour of individual supervision, and one hour group supervision. If minimum client load requirements are not satisfied, students will be required to extend or repeat practicum experience.

- During the second year in the PhD program, enrollment in a 3-credit-hour **Advanced Practicum 1 (section 1)** experience is required during each of the fall and winter semesters (total of 6 credits). This practicum experience will include a weekly minimum of 4-5 client contact hours (50-60 hours per semester), one hour of individual supervision, and one hour of group supervision. Students should complete at least 50 counseling hours each semester. If the minimum client load requirements are not satisfied and supervisor's evaluations are satisfactory, students may request instructor approval for a "T" grade and be required to extend or repeat the practicum experience spring and/or summer term(s). Students are also required to enroll in one or two semesters of **Advanced Practicum 1 (section 2)**, focused on gaining experience conducting psychological assessments.

During the third year of the doctoral program, students are required to enroll in a 3-credit-hour **Advanced Practicum 2** experience (during both the fall and winter semesters (total of 6.0 credits). This practicum experience will include a weekly minimum of 4-5 client contact hours (50-60 hours per semester), one hour of individual supervision, and one hour of group supervision. At least 50 hours per semester must be individual counseling. If the minimum client load requirements are not satisfied and supervisor's evaluations are satisfactory, students may request instructor approval for a "T" grade and be required to extend or repeat the practicum experience spring and/or summer term(s).

The individual supervisor will complete a "Practicum Student Evaluation Form" each semester, which

students are to provide, completed, to the practicum instructor who will bring it for program faculty review during the end-of-semester evaluation meeting.

If students have insufficient “client contact” hours or for other reason wish to continue practicum experience, they may notify the appropriate program staff.

Sample Practicum Training (Brigham Young University)

CPSE 679R	Counseling Psychology Practicum (3)
CPSE 776R (sec. 1)	Advanced Practicum I in Counseling Psychology (6)
CPSE 776R (sec. 2)	Advanced Practicum I in Counseling Psychology-Assessment (2) CPSE 777R Advanced Practicum II in Counseling Psychology (6)
CPSE 778R	Counseling Psychology Clerkship (6) CPSE 779R University Teaching Practicum (3)

Counseling Psychology Clerkship/Externship

Once students have completed practicum training, they are eligible to seek out clerkship/ externship training sites. Enrollment is required, as appropriate. This clerkship experience must include a weekly minimum of at least 4-5 client contact hours (50-60 hours per semester), one hour of individual supervision, and one hour of group supervision. If the minimum client load requirements are not satisfied, students will receive a “T” grade and will be required to extend or repeat the clerkship.

Off-campus clerkship placement sites include a variety of clinical settings, such as hospitals, community mental health centers, schools, residential treatment centers, and private practice settings. The placement sites must be approved by the Training Director.

Students enrolled in clerkship must attend a professional issues seminar as scheduled by the instructor. The professional issues seminar is taught by the training director and will: (a) orient students to the variety of professional psychology work settings; (b) address current issues in professional psychology; and (c) discuss students’ professional development in their respective clerkship settings. An evaluation of work during clerkship placements will be completed by the on-site supervisor each semester. Approved clerkship sites and supervisors will meet the following criteria:

- Provide one hour of individual one-on-one supervision each week;
- Meet their specialty’s criteria for eligibility to supervise (typically two years’ post-licensure experience);
- Attend an annual meeting to maintain currency with the training program and facilitate placement of clerkship applicants;
- Submit evaluations each semester for students under their supervision.

Sample Course Syllabi (Brigham Young University) (in order of appearance)

501 – Data Analysis in Psychological Research 1
502 – Data Analysis in Psychological Research 2
503 – Research Measurement
504 – Research Design

505 – Clinical Research
 510 – History and Systems of Psychology Gantt
 520 – Advanced Developmental Psychology
 540 – Personality Theory
 550 – Theory and Research in Social Psychology
 560 – Learning Theory
 583 – Biological and Health Psychology
 584 – Cognition, Affect and Brain Function
 585 – Human Neuropsychology
 609 – Professional and Ethical Issues in Clinical Psychology
 611 – Psychopathology
 612 – Developmental Psychopathology
 622 – Assessment 1: Intelligence
 623 – Assessment 2: Personality
 645 – Cultural Diversity and Gender Issues
 651 – Psychotherapy 1: Relationship and Psychodynamic Lambert
 652 – Psychotherapy 2: Cognitive-Behavioral
 653 – Psychotherapy 3: Child and Adolescent
 654 – Psychotherapy 4: Group
 680 – Clinical Neuropsychology Bigler
 687R – Seminar in Psychopharmacology
 711R – Advanced Child Assessment
 712R – Topics in Neuropsychology: Neuroanatomy Bigler
 712R – Topics in Neuropsychology: Adult Assessment Larson
 712R – Topics in Neuropsychology: Child Assessment Bigler
 740R – Neuropsychology Case Conference

Please see **Criterion VII. Appendix 1 for Sample Doctoral Curriculum.**

Internship

- a. The internship is a separate requirement that is usually completed at a different and/or separate site. The APA-accredited internship requires 2,000 hours (one calendar year) that primarily focuses on providing direct services. As with doctoral training, internship didactics are usually once a week and address topics such as: ethics; culture and diversity; assessment; and evidence-based interventions; readings; individual and group supervision for leading groups; documentation of group provided services; planning and preparing for group; screening and orientation for prospective group members; follow-up; opportunities for self-reflection; case presentations; attending and participation in webinars or other forms of distant learning; and attending professional organization's workshops and conferences featuring group topics.

Didactics (Sample): A variety of formal didactic and training activities are scheduled as a fundamental part of the training experience. Each specific training activity is designed to expand on an intern's prior knowledge and to provide new experiences that are sequential, cumulative and graded in complexity. All training activities including supervision are sequenced to present core information early in the internship and then to build on previous experiences throughout the training year. Training activities focus on goals and objectives of the internship and provide interns with knowledge necessary to obtain competency in these areas. In addition, each training activity is designed to correspond with or supplement the intern's comprehensive

clinical experiences. Each core training activity is described in the table later in this section. Interns participate in a two-hour (or more) weekly psychology didactic training seminar specifically designed to provide instruction and facilitated discussion regarding relevant clinical topics and treatment issues. The didactic training is conducted by the psychology staff members, multidisciplinary team members, and professionals with expertise in the community. A series of collaborative didactic seminars are held approximately once per month. Overall, the didactic training experience is designed to be developmentally structured and to reflect the interns' training needs. As a general rule, trainings initially focus on general issues and become more specific throughout the course of the training year. For example, topics generally presented in the first three months of the internship include Differential Diagnosis, Integrative Report Writing, Suicide Risk Assessment, Using Supervision Effectively, Group Psychotherapy, and training on a variety of assessment measures, while more detailed topics such as Post Traumatic Stress Disorder, Transsexual Issues, Substance Abuse/Dependence Treatment, the Role of Functional Neuroimaging in Clinical Neuropsychology, and a Professional Development seminar, are presented later in the training experience. Seminar topics address the program goal areas of the internship, including: 1) psychology as a theoretical, empirical, and applied discipline; 2) psychological assessment and treatment; 3) cultural and individual diversity issues; 4) ethical practice and professional integrity; and 5) socialization into the role of psychologist and developing a professional identity, and utilizing research to answer clinical questions pertaining to groups or individuals. In addition to the core trainings, interns are able to identify training areas of interest at the beginning of each internship year and efforts are made to accommodate these requests into the 12-month training schedule.

Formal Training Experiences and Seminars Sample (Utah State Hospital)

USH psychology faculty presents didactic seminars throughout the internship year, focused on various clinical topics, such as specialized assessment procedures, intervention techniques, ethical issues, and research updates. Consulting psychologists from other state and private agencies supplement didactic intern instruction. Seminars are designed to introduce interns to alternative theoretical orientations and approaches to clinical practice, diversity issues, and a host of other topic areas. A psychopharmacology seminar is also provided to interns by a psychiatrist on USH staff. Interns are expected to participate in weekly multidisciplinary DBT case consultation meeting. Interns are also encouraged to attend colloquia and continuing education activities sponsored by the hospital, and to attend at least one professional conference during the year, as approved by training faculty.

Each rotation lasts approximately 16 weeks each, providing each intern with three training rotations over the course of the internship. During the 16-week rotations, interns participate in psychological assessments, treatment team consultation, and other clinical activities. Some clinical experiences expand beyond the boundaries of a rotation, such as providing outcome assessment with the Brief Psychiatric Rating Scale, participating in behavioral management plans, and engaging in neurocognitive remediation. The training calendar structure allows for interns to follow individual therapy cases and observe patient progress throughout the year, in addition to facilitating group psychotherapy spanning the entire internship. Internship training begins with a mixture of didactic training, assessment of clinical abilities, expected readings, and clinical observation. Training within each rotation is guided by sequential experiences that are dynamically driven by the interaction between the clinical knowledge available in a substantive area and the intern's capabilities. The overall format for learning is primarily experiential in the context of a clinical mentor.

The three 16-week rotation sequence is well-suited to interns who wish to develop initial experiential skills in a specialty area (e.g., Forensic Psychology, Neuropsychology, Adult Clinical Psychology) while also being able to develop more general clinical psychology skills. Interns may select a rotation schedule that includes

experiences that enhance graduate training or compensate for omissions in prior training (e.g., an intern who has not had extensive experience in pediatric psychology may elect a rotation in pediatrics).

Intern Practicum Sample (Utah State Hospital)

The requirements for the internship specify completion of all formal coursework in a clinical or counseling doctoral program (APA-accredited programs preferred), at least 1000 hours of practicum experience including a minimum of 350 hours of intervention and assessment experience, and a minimum of three letters of professional recommendation. An emphasis is placed on intern applicants with sufficient clinical experience who are prepared for advanced training and whose goals for further professional development are consistent with the training experiences and supervision that the internship offers. Additional qualities include academic excellence, interpersonal maturity and sensitivity, a wide range of practical experiences, high ethical standards and professionalism, solid clinical judgment, ability to work as a team member, diagnostic and intervention experience and expertise, and experience conducting psychological assessment with at least 10 integrated reports preferably having been completed. Candidates with cultural or other types of personal diversity and/or experience with diverse groups are also highly valued.

Training Activities
Psychology Internship Orientation Manual: Section on Ethical Principles and Code of Conduct (available for viewing during the site visit).
Utah State Hospital Orientation: HR Presentations and training on HIPAA, Patient Privacy, and Legal Principles
Didactics Training Seminars addressing the application of psychological concepts and current scientific knowledge, principals and theories to the professional delivery of psychological services.
Formal Case Presentations (twice during internship interns locate and present relevant empirical literature to complement and inform their case presentations)
USH CME Training Seminars

Sample Didactics Training Schedule (Utah State Hospital)

DATE	TOPIC	Discussant
7/25/2016	Suicide Risk Assessment	Moss
8/1/2016	Differential Diagnosis	Sawicki
8/8/2016	Video Case Study – Brain Dysfunction (Visual Apperceptive Agnosia) through the Eyes of a Patient	Sawicki
8/15/2016	Pediatric Neuropsychology I	Howes
8/22/2016	Pediatric Neuropsychology II	Howes
8/29/2016	Pediatric Neuropsychology III	Howes
9/5/2016	Pediatric Neuropsychology IV	Howes
9/12/2016	Rorschach I	Crist
9/19/2016	Rorschach II	Crist
9/26/2016	Group Psychotherapy	Barlow & Burlingame
10/3/2016	Rorschach III	Crist

10/10/2016	Rorschach IV	Crist
10/17/2016	Dementing Disorders	Sawicki
10/24/2016	Neurobehavioral Effects of Traumatic Brain	Sawicki
10/26/2016	Personality Disorders & Interpersonal Reconstructive Therapy (At the University of Utah School of Medicine)	Benjamin

11/7/2016	Forensic Psychology I	Berge
11/15/2016	Forensic Psychology II	Berge
11/28/2016	“Attachment Disorders”	Forsythe
12/3/2016	PTSD Series (At the SLC VA--meet in main lobby of VA	Roberts, Mullin, Miller, & Romesser
12/5/2016	“Klinefelter’s Syndrome”	Morgan
12/12/2016	“Frontal Lobe Syndrome”	Rumble
12/19/2016	“Adult ADHD: Still on the Go”	Trotter

- b. There are 13 identified programs that exist in Group Psychology and Group Psychotherapy. No APA accredited postdoctoral programs are in place at this time. However, postdoctoral programs in the specialty are in place at Florida State University and the University of Nevada-Los Vegas. The training at this level is extended to deepen and broaden the material for the specialty that was presented at the doctoral and internship levels. Please refer to the Model for Postdoctoral programs in the appendix of Criterion VI.

A) History and Geographic Distribution

As evidenced in Criterion V, there are a number of schools, across all regions of the United States, that offer specialty Group Psychology and Group Psychotherapy training for doctoral students and interns. These programs include:

Doctoral

Brigham Young University – Salt Lake City, Utah
University of California at Davis – Davis, California
Kansas State University – Lawrence, Kansas
University of Kentucky – Lexington, Kentucky
Purdue – Indianapolis, Indiana
Oregon State University – Corvallis, Oregon
Stony Brook University – Stony Brook, New York
University of New Hampshire, Durham, New Hampshire
Ball State University – Muncie, Indiana

Internship

Colorado State University – Fort Collins, Colorado
Florida State University – Tallahassee, Florida
Illinois State University – Normal, Illinois
Utah State University – Logan, Utah

Identifiable Body of Graduates

Although not comprehensive, the following brief descriptions represent the breadth of the programs that provide doctoral and internship training in Group Psychology and Group Psychotherapy.

Doctoral

The BYU CAPS Psychology Internship, which began in 1989, is accredited by the American Psychological Association and provides supervised training experiences in a full range of psychological services. Interns function as colleagues of the professional faculty and staff and participate in all services and staff development activities of the Center.

Internship

The Utah State University internship has been APA-accredited for 14 years, providing training in eight competency areas: individual therapy; group therapy; assessment; outreach/consultation; provision of supervision; diversity; ethics; and professional development.

B) Psychology Faculty

3. Describe the qualifications necessary for faculty who teach in these programs. Describe the qualifications required for the director of such programs.

Doctoral Psychology Faculty

All professional staff must be from APA-accredited doctoral programs in psychology and have successfully completed APA-accredited internships. All faculty should have training and experience working in therapy-related setting (clinics, hospitals, universities, community-based organizations) and remain active in clinical, training and administrative aspects of providing counseling services. The program should make efforts to attract faculty/staff from diverse backgrounds into the program and retain them.

Psychology faculty are expected to maintain involvement in relevant professional organizations at local, state, and national levels, including leadership positions and/or presenting at conferences. Active involvement and affiliation with these organizations helps faculty to stay current with scientific development and issues within the field and become familiar with relevant literature and research. A list of organizations in which faculty are encouraged to be involved include: American College Counseling Association; American Group Psychotherapy Association; American Psychological Association; Association for University and College Counseling Center Directors; Association of Counseling Center Training Agencies; and state/localized Psychological Associations. Faculty are also encouraged to obtain their board certification, such as Group Psychologists by ABPP.

Faculty Psychologists

Group Psychology and Group Psychotherapy expects specific responsibilities of internships, such as: designated percentage of time spent on each of the teaching and research activities identified below, as needed.

Clinical services: Provide individual, group, and couples therapy, assessment, consultation, intake, and crisis interventions; prepare for sessions; and maintain accurate and up to date records of clinical services.

Outreach services: Prepare for and provide outreach presentations and workshops; participate on university committees; foster relationships with assigned liaisons; and attend liaison meetings and consultations with USU faculty, staff, and students.

Training services: Provide individual and group clinical supervision and training; prepare for meetings; review supervisees' clinical paperwork and session recordings; evaluate supervisees; provide meaningful feedback and letters of recommendation; and attend Training Committee meetings.

Other professional responsibilities: Practice all responsibilities in accordance with ethical and professional standards and state laws; understand and comply with CAPS and university policies and procedures; effectively participate in administrative and professional activities (e.g., staff and division meetings, case conferences, peer

consultations, professional development, reports, paperwork); foster excellent working relationships with co-workers; increase knowledge and develop new skills or abilities that contribute to effective service provision; contribute to the evaluation and improvement of CAPS.

Administrative assignment: Perform the duties required for one or two assigned position below:

Director
Training Director /Associate Director/Internship Coordinator
Practicum Coordinator
Peer/Outreach Coordinator Diversity Coordinator

Director Qualifications

The designated leader should be a doctoral level psychologist and a member of the core faculty. The Director's credentials and expertise must be in an area covered by accreditation and must be consistent with the stated goals of the program.

Postdoctoral Program Director

The postdoctoral program as a designated director who is a doctoral level psychologist responsible for the integrity and quality of the academic and experiential components of the program, has the administrative authority consistent with those responsibilities, and is licensed as a psychologist in the program's jurisdiction. The director should have expertise in group psychology and group psychotherapy as reflected in the credentials that should include substantial academic and experiential preparation in the group specialty. Ideally, the director should be recognized by either ABGP Board Certification, or as a Fellow in The Society of Group psychology and Group Psychotherapy (APA Division 49). The director should have an extensive record of active research productivity, or other evidence of professional competence and leadership.

Internship Psychology Faculty

Psychology staff members are expected to be graduates of APA-approved doctoral programs in professional psychology (i.e., educational, counseling, or clinical psychology programs), and licensed to practice psychology in the state of residence. All staff should be credentialed professional members of a local hospital and subscribe to a practitioner-scholar model of psychology. Psychology staff members will hold various professional memberships, such as APA, at state and national levels. Internship supervisors should be licensed two or more years and be able to independently provide formal supervision hours for licensure in the home state. Supervisors are clinically and legally responsible for all cases on which they provide supervision.

Interns receive modeling, mentoring, and collaborative interaction with staff members for optimal training. All psychology staff members strive to maintain professional and ethical conduct while conducting clinical and supervisory responsibilities and serve as professional role models to interns. Staff members and supervisors are visible on units in treatment team meetings, interacting with other staff and patients. Interns sit in on group therapy sessions and observe as supervisors provide consultation and conduct psychological evaluations. Exposure to competent, professional, and ethical psychologists ensures that interns are prepared to function independently as professional psychologists. Qualified adjunct staff/supervisors may augment and expand interns' training experiences, providing didactic seminars for interns.

Postdoctoral Program Faculty and Supervisors

Faculty: The program should have sufficient faculty with demonstrated competence in group psychology and group psychotherapy to meet the goals of the program, and who are licensed in the jurisdiction of the program. Programs should endeavor to provide diversity in the role models for the specialty program.

Supervisors: Primary supervisors are expected to be on-site, licensed in the jurisdiction, and have the necessary expertise in the specialty of group psychology and group psychotherapy. Supervisors will have the primary professional responsibility for residents' group services provided in the program, including attention to the diversity of the populations served.

C) Procedures for Evaluation

Please see **Criterion VII, Appendix 2, page 33, for sample evaluation forms.**

Doctoral

Please see Criterion VII, Appendix 2, page 33, for Doctoral Evaluation Sample.

Please see Criterion VI appendix 4 for postdoctoral evaluation sample

Competence

The focus of BYU students' education is on the development of the student rather than the completion of requirements. Academic evaluation uses a variety of assessments and metrics, depending upon the student's program, to evaluate student progress. The goal is to attain by graduation, at a minimum, those skills expected of a professional with that degree.

Grades and Performance

Graduate work that is awarded a grade of "B" is considered to be the lowest level of acceptable performance, and considered a marginal or warning grade. If it is received in a course that appears on the program of study, the class must be retaken in a subsequent semester, and the student may be subjected to a special faculty review. A grade of "B+" or better is considered a professional level performance. Graduate Studies requires students to maintain a minimum cumulative grade point average of 3.0.

Progress Reports

Graduate Studies maintains an individualized Graduate Progress Report for each student, which compares the study list with courses taken and summarizes student progress in terms of courses completed, current registration, courses deficient, courses taken which do not apply to program of study, and grade point average. In addition, the progress report alerts a student to possible problems with academic status, GPA, prerequisite degrees, minimum registration requirements, time limits, and outdated credits. Finally, the report identifies the chair and members of the student's committee and indicates whether or not a study list has been submitted.

Students may access Graduate Progress Reports through MyBYU at any time. Questions, concerns, and discrepancies should be addressed to Student Programs Coordinator, Executive Coordinator of Psychology, or to the faculty member most directly involved in the issue.

The Graduate Progress Report is considered carefully by the faculty in the annual and semi-annual evaluations of students. It is imperative that students take the initiative in correcting any errors that may appear in the report. Furthermore, students should submit the Request for Program of Study Change forms as often as needed to keep their study lists current.

Graduate Student Evaluation and Feedback

In compliance with graduate school policy, each student is evaluated formally by the program evaluation committee at least twice annually. Each program establishes its own evaluation criteria and standards, but students can expect to be evaluated on total academic performance, status in developing competencies expected of graduates, fulfillment of program requirements (program of study submitted, graduate committee constituted, courses completed on schedule, etc.), research progress, and professional/ethical behavior.

Students receive overall ratings of Satisfactory, Marginal, or Unsatisfactory twice each year that are entered into the University records database for submission to Graduate Studies. Students are also provided written performance feedback. When a student's progress is evaluated as Marginal, specific direction will be provided by Committee Chair, Graduate Coordinator, or Director of Clinical Training outlining steps to be taken to bring performance to a satisfactory level.

Clinical Psychology Annual Evaluations

Clinical Psychology students are evaluated by the Clinical Training Committee (minus student members) twice annually, briefly in December and extensively in June following completion of the academic year. In adherence to CoA guidelines and department training standards, clinical faculty meets during the summer to review progress of each student. In addition to considering progress since last review, they also evaluate student overall progress based on expected standard for the particular year of training. During this process, they consider data from multiple sources including course grades; reports from committee chairs; comments from practicum, clerkship, and externship supervisors; comprehensive examination results; and reports of individual student-faculty relationships that would contribute to a more complete understanding of student progress and personal needs. Particular attention is given to formal ratings of competence. In addition, students may receive additional feedback. At both evaluations, students receive overall ratings of Satisfactory, Marginal, or Unsatisfactory that are submitted to Graduate Studies through University records database.

In June each student is also rated in four areas including:

Academics: (Coursework)

Research: (Progress on dissertation, presentations at conferences, publications, and participation on research teams)

Clinical Practice: (Feedback from practicum, clerkship, and externship supervisors, and performance on oral comprehensive exams)

Professionalism: (Ethical and collegial relationships as well as personal discipline and commitment to the profession)

Each student is given one of four ratings for each of the above areas.

Outstanding: (Reserved for no more than one or two students per class who are making unusually excellent progress for their level of training)

Satisfactory: (Given to students who are making good progress and seem to be on target for successful completion of the program. Majority of students receive this rating)

Marginal: (Given to students who are showing significant problems that must be addressed)

Unsatisfactory: (Given to students who fail to remediate problems noted in a previous Marginal rating or who are showing serious problems that must be addressed)

Not Applicable: (Given to students who may have been on internship or who have completed their academic coursework, but have not yet obtained their degrees)

Students are encouraged to contact individual faculty members about possible questions regarding ratings, course work, or other topics. Following the brief December evaluation, all students are notified in writing of their overall ratings; only those students deemed to have problems are provided detailed information regarding faculty concerns. Following the summer evaluation, the Director of Clinical Training summarizes each student's review in a letter, and includes notification of ratings in the four areas as outlined above. Even in the case of Satisfactory ratings, the letters often draw attention to ways the student can move toward successful completion of the degree.

Students receiving anything less than a Satisfactory overall rating will be notified by the Director of Clinical Training with concerns delineated in writing. In most cases remediation is possible; thus, the written notification may include a remediation plan, with expectations that, when met, can remove the concern. A meeting is typically scheduled with the Director to assure the student understands the concerns, to help the student remediate those difficulties that were the basis for the less than satisfactory rating, and to clarify any questions about expected performance and outcomes that will remove the concern.

Intern Evaluation Sample

Please see Criterion VII, Appendix 3, page 63, for Sample Intern Evaluation.

Training Activity	Method of Evaluation of Intern Competency for this Activity
Orientation Assessment Training: Cultural and Individual Diversity Issues are Covered	Self-report, review of audiotapes in supervision, group supervision discussions, discussion during didactics, case presentations, and Intern Evaluation Form items 4, 6 - 8, 10, 12, 14 - 20.
Didactic: Prejudice/discrimination experiential training	Self-report, review of audiotapes in supervision, group supervision discussions, discussion during didactics, case presentations, and Intern Evaluation Form item 10.
Didactic: LDS Culture	Self-report, review of audiotapes in supervision, group supervision discussions, discussion during didactics, case presentations, and Intern Evaluation Form item 10.
Didactic: Enhancing Cultural Competencies in Providing Clinical Services to African American Clients	Self-report, review of audiotapes in supervision, group supervision discussions, discussion during didactics, case presentations, and Intern Evaluation Form item 10.

D) Admission to the Program

- 4. If programs are doctoral level, what are the requirements for admission? Provide sample evaluation forms.**

Doctoral Admissions Standards

- Applicants must be from an APA or CPA accredited counseling or clinical psychology doctoral program.
- Applicants must have completed a minimum of 500 AAPI Intervention and Assessment hours and 150 AAPI individual therapy hours with adults by the application deadline.
- Applicants must have passed their dissertation proposal defense and comprehensive exams by the application deadline.
- Applicants must complete all course work and a minimum of 3 years of graduate training before starting the internship.
- Applicants must submit three reference letters.

Please see **Criterion VII. Appendix 2, page 33**, for sample evaluation forms.

BYU uses a broad spectrum of indicators to select students, including GPA, GRE, courses completed, quality of undergraduate institution, research experience, clinical experience, letters of recommendation, personal statements, and day-long interviews. Minimum GPA of 3.0 and minimum GRE scores of 550 are expected, but exceptions are made in about 10% of cases because of other credentials, such as minority status. Most successful applicants' credentials are usually much higher than our minimums. Students are selected for past scholarly achievement and their promise for future achievement. Admission standards and methods select for students of good intellect, good character, strong background in undergraduate psychology, attitudes towards professionalism, service, and high ethical standards, and personal habits of responsibility, curiosity, hard work, and the like. Demographic characteristics may be considered in the interest of creating a balanced, diverse class of students each year. In communicating offers of admission and financial aid, BYU strictly follows APA guidelines for communicating acceptance. Objective admission indices reflect the quality of our students (GPA, GRE, undergraduate institution, completion of foundation courses), as does their performance in the Program and their culminating experiences (internship and dissertation) and post-graduation experiences.

Beyond admission standards, BYU is careful to select those applicants we believe will thrive in our Program based on at least three criteria: (a) their interests, at least to the level they are developed, are consistent with the goals of our Program and expertise of our faculty; (b) they are committed to the scientist-practitioner model, with an expectation regardless of their intended career path that scientific inquiry about meaningful clinical issues will guide both their learning and their subsequent professional lives; and (c) they have the personal skills for critical self-analysis and our mentored approach to learning. Whereas it is recognized that a majority of students will pursue careers in clinical practice, our approach prepares students for a wide variety of careers, from practice to research/consultation to academics and teaching.

Internship Admission Standards

The Internship Program accepts interns from clinical and counseling psychology training programs. Prospective interns should have completed all requirements for the doctoral degree, except dissertation and internship, including a minimum of 350 hours of appropriately supervised clinical intervention and assessment.

5. If programs are postdoctoral, what are the requirements for admission? Provide sample evaluation

forms.

a. Admission to the postdoctoral group specialty program requires the following prerequisites: a doctoral degree in a clinical, school, or counseling psychology APA-accredited program that included one to two courses about group or group-related materials, both practicum and internship experiences in group and, be licensure or licensure eligible.. Applicants who are deficient in any of the admission criteria, such as insufficient academic preparation at the doctoral level, can be admitted provisionally and provided a plan for remediation. For example, remediation of coursework could include additional courses, readings and discussion, webinars, workshops, conference attendance, or other activities that provide the necessary and basic instruction.

b. Evaluation forms are provided in Criterion VI, Appendix 5, Educational and Training Guidelines Postdoctoral Residency Programs.

6. Include or attach education and training guidelines, for this specialty as appropriate for doctoral training, postdoctoral training, or both. (In this context, education and training guidelines may be found in documents or websites including, but not limited to, those bearing such a title or as described in a variety of published textbooks, chapters, and/or articles focused on such contents.)

To facilitate continued development and refinement of clinical skills, interns should participate in a variety of training activities and supervised experiences, including conducting weekly initial consultations, writing intake reports, and presenting cases during clinical case staffing meetings. These experiences help interns refine their case disposition and referral skills. Clients are referred to the treatment modality (e.g., individual, group, or couple therapy) based on judgments of the intern (and sometimes the staff as a whole). The orientation process, staffing meetings, and supervision sessions provide avenues to help familiarize interns with options and available resources. Interns are expected to carry an individual and couple therapy caseload of approximately twelve hours per week. This includes opportunities to work with both short-term cases and a lesser number of longer-term clients. Interns typically spend 4 to 5 hours weekly in activities such as co-facilitating groups, conducting intake interviews, and seeing crisis and/or clinical consultation clients.

Group Psychology and Group Psychotherapy Education and Training Guidelines

Postdoctoral

Education and Training Guidelines for the postdoctoral residency program can be found at www.apa49.org.

Doctoral

Education and Training Guidelines – Group Psychology and Group Psychotherapy can be found at www.apa49.org. The major points in the guidelines are summarized below.

1. The program should have a training philosophy and purpose consistent with professional psychology standards and with the specialty's standards to emphasize the uniqueness of group psychology and group psychotherapy.
2. The program has a curriculum that ensures that the preparation includes sufficient knowledge, skills, and competencies at the doctoral level for the following topics.
 - The history and development of group psychology and group psychotherapy.
 - Theories and systems of group psychology and group psychotherapy.

- An understanding of group development theories and process.
- The role of group therapeutic factors for group members' healing, growth and development.
- Group leaders' skills, tasks and techniques.
- Empirically supported group interventions.
- The impact and roles for culture and diversity for group members, the group, and the leader.
- Group leaders' personal development, self-reflection, and monitoring of countertransference.
- Ethical, legal and professional standards relevant to group.
- Scholarly inquiry for groups that includes methods, data collection and analysis, and appropriate use for findings.
- Selection and use of assessment and measurement appropriate for groups.
- Group planning, facilitation, outcome assessment and follow-up.
- Applications for target audiences, settings and conditions. Examples include, but are not limited to, audiences such as children, adolescents, adults and older adults; for settings, such as inpatient, outpatient, schools, colleges and universities, business and industry; and for conditions such as medical illnesses mental and emotional disturbances, life transitions, personal development, and interpersonal relating and communication skill development.
- Supervised practice in leading groups.
- Consultation and supervision theories, issues and skills relevant for groups.

3. Additional provisions are in place to provide appropriate venues and considerations for obtaining the knowledge, skills, and experiences required in the curriculum. Provisions can include a combination of the following:

- Credit for previous formal learning experiences about group psychology and group psychotherapy such as doctoral level classes, practica, and internship.
- Documentation of supervised training, didactics, and the like during the APA approved internship.
- APA approved continuing educational units (CEU).
- Formal academic classroom instruction during doctoral level preparation.
- Supervised group leadership practice during doctoral level training, and/or the internship

4. The curriculum must include a minimum of 96 contact hours of approved didactic instruction. This is the equivalent of two university courses (48 hours each) and can be obtained in a variety of ways as described above.

Group leadership skills development can occur at the practicum and internship levels and are expected to total a minimum of 50 contact hours as a group leader during which time there is also a minimum of 30 supervision hours. The program must ensure that the supervisor had the appropriate training and/or credentials to function in this capacity.

All Group Psychology and Group Psychotherapy Guidelines follow the procedures detailed in Association Rule 30-8, as approved by the APA Council of Representatives as APA policy. APA Association Rule 30-8 defines guidelines as "pronouncements, statements or declarations that suggest or recommend specific professional behavior, endeavor or conduct for psychologists or for individuals or organizations that work with psychologists." Group Psychology and Group Psychotherapy doctoral guidelines emphasize training in eight basic areas of psychological practice in a counseling, clinical, or similar setting: 1) clinical/therapeutic skills

(individual therapy); 2) group therapy; 3) psychoeducational and psychological assessment; 4) outreach and consultation; 5) provision of clinical supervision; 6) awareness of and responsiveness to diversity issues; 7) ethical and professional behavior; and 8) professional development.

Furthermore, APA Education and Training Guidelines, concerning matters such as educational policy, assessment, program and curriculum development, and instruction, include the following:

- A taxonomy for education and training in professional psychology;
- Clinical supervision in health service psychology;
- Doctoral and postdoctoral level in consulting psychology/organizational consulting psychology;
- National standards: The teaching of high school psychology;
- Preparing high school psychology teachers: Course-based and standards-based approaches;
- Principles for quality undergraduate education in psychology;
- Trauma competencies for education and training; and
- Undergraduate psychology major.

As detailed in Criterion V, the Group Psychology and Group Psychotherapy training philosophy and purpose is consistent with professional psychology standards and with the specialty's standards to emphasize the uniqueness of group psychology and group psychotherapy, including Lewin's seven Principles within three facets of original group dynamic theory and research:

Facet 1: Multi-person Treatments

Principle One. Conduct pre-group preparation that sets treatment expectations, defines group rules, and instructs members in appropriate roles and skills needed for effective group participation and group cohesion.

Principle Two. Group leader should establish clarity regarding group processes in early sessions as higher levels of early structure are predictive of higher levels of disclosure and cohesion later in group.

Principle Three. Requires clinical judgment to balance intrapersonal (individual member) and intragroup (amongst group members) considerations, demonstrating the tension between attention to individual-member needs and group dynamics.

Facet 2: Verbal Interaction

Principle Four. The leader modeling real-time observations, guiding effective interpersonal feedback, and maintaining moderate levels of control and affiliation may positively impact cohesion.

Principle Five. Timing and delivery of feedback should be key considerations for leaders as they facilitate relationship-building, including developmental stage of the group and differential readiness of individual members to receive feedback.

Facet 3: Establishing and Maintaining an Emotional Climate

Management of the therapeutic relationship in multi-person treatments is directly related to success and failure of treatment. The two primary facets involve self-awareness and management of the leader's role in within multi-person therapeutic relationship and each of the members.

Principle Six. Group leader's presence affects the relationship with individual members as well as all

group members as they vicariously experience the leader's manner of relating; leader's management of his or her own emotional presence in service of others is critically important.

Principle Seven. A primary focus of the group leader should be on facilitating group members' emotional expression, the responsiveness of others to that expression, and the shared meaning derived from such expression.

Association of Psychology Postdoctoral and Internship Centers (APPIC) Internship Guidelines

Group Psychology and Group Psychotherapy is guided by APPIC Guidelines, which provide that internship training includes a range of psychological assessment and intervention activities conducted directly with recipients of psychological services, as follows:

Internship training in Psychology is primarily based on experiential learning, which:

- Provides psychological services directly to consumers in the form of psychological assessment, treatment, and consultation;
- Exposes interns to a variety of types of psychological services and consumers;
- Includes at least 25% of trainees' time in face-to-face psychological services to patients/clients;
- Provides interns with at least two hours per week in didactic activities, such as case conferences, seminars, in-service training, or grand rounds.

Psychology training programs should have scheduled didactic experiences to meet the training needs of their interns, including actual training opportunities beyond Intern Case Presentations. Internship training is at post-clerkship, post-practicum, and post-externship level, and precedes the granting of the doctoral degree. Guidelines further emphasize the following:

Group supervision:

- *Clinical Cases:* Clinical staff meet with students to discuss recent initial consultations, make case assignment and conduct utilization reviews for long-term clients.
- *Case Conference:* Group supervision strengthen students' conceptualization and intervention skills, with topics including individual therapy, group therapy, assessment, supervision and diversity.
- *Intern Supervision:* Group supervision provides professional development, which may include a peer support group and facilitate communication among the cohort.
- *Diversity:* Students receive didactic and experiential training in diversity issues and an opportunity to discuss with each other how cultural and individual differences impact clients and therapy.
- *Supervision of Supervision:* Group supervision allows for clinical supervision of practicum students.

Beyond regularly scheduled individual and group supervision, individual supervision is provided as needed, as well as consultations on assessment recommendations related to students with disabilities, health-related issues, and mental/ behavioral disorders.

Group Topics/Didactics:

- *Professional Issues Trainings:* Professional trainings topics determined based on students' needs and interests.

- *Conferences:* Students highly encouraged to attend local and regional conferences to advance knowledge and skill levels.

Experiential Activities:

- *Individual Therapy:* Caseload of approximately 12 hours per week is maintained, which may vary depending on clinical activities and client attendance.
- *Clinical Consultation and Crisis Appointment:* One hour of initial consultation appointments each week. Initial consultations average 30-minute triage meetings, Students conduct one hour of crisis appointment, reserved for clients with urgent needs.
- *Group therapy:* Students to co-lead/lead a minimum of one process-oriented group per semester and one psychoeducational group per year.
-
- *Psychoeducational/Psychological Assessment:* Students complete a minimum of 10 full-battery assessments and reports, with opportunities for neuropsychological screening and psychological assessments.
- *Provision of Supervision:* Students supervise a peer (psychology graduate student or graduate assistant therapist).
- *Outreach:* Students encouraged to dedicate minimum three hours per week for outreach programming and consultation.
- *Professional Development:* Professional development provided.
- *Summer Training.*

7. Provide sample curriculum expected of model programs.

Group Psychology and Group Psychotherapy Doctoral Curriculum

Please see Criterion VII. Appendix 1, page 20 for sample curriculum from Brigham Young University.

Group Psychology and Group Psychotherapy Internship Curriculum

Please see Criterion VII. Appendix 3, page 63, for sample curriculum from University State Hospital.

8. Select four exemplary doctoral and/or postdoctoral level geographically distributed, and publicly identified programs in psychology in this specialty and provide the requested contact information. If no example programs that are APA accredited are available, please complete the appropriate Attachment (A or B) for the level of the program. If the specialty education and training occurs at both the doctoral and postdoctoral level provide examples of both and not from the same institution

Program One

Doctoral

Postdoctoral

Both

Name of University, School, or Institution offering program: **Brigham Young University**

Name of Program: APA Doctoral Internship

Address, City/State/Zip: Provo, Utah 84602

Contact Person: David Kaiser, EDD, ATC, LAT, Health Professions Advisor

Telephone No. 801.422.8166

E-mail address: david_kaiser@byu.edu

Website: <https://caps.byu.edu/apa-internship-home> and <https://ccc.byu.edu/>

APA Accreditation: Yes

<u>Program Two</u>	Doctoral	Postdoctoral	Both
Name of University, School, or Institution offering program: Colorado State University			

Name of Program: APA Doctoral Internship

Address: Aylesworth Hall NW, 80 Meridian Drive

City/State/Zip: Fort Collins, CO

Contact Person: Carrie Haynes

Telephone No. (970) 491-6053

E-mail address: carrie.haynes@colostate.edu

Website: <http://health.colostate.edu/services/counseling-services/>

APA Accreditation: Yes

Program Three	Doctoral	Postdoctoral	Both
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Name of University, School, or Institution offering program: **University of California – Davis**
Name of Program: Clinical Psychology Training Program

Address: UC Davis Medical Center CAARE Center, 3671 Business Drive

City/State/Zip: Sacramento, CA 95820

Contact Person: Dawn Blacker, Co-training Director, Pre- and Post-Doctoral Training Program

Telephone No. 916-734-8396

E-mail address: dmblicker@ucdavis.edu

Website: http://www.ucdmc.ucdavis.edu/children/clinical_services/CAARE/internships.html

APA Accreditation: Yes

Program Four	Doctoral	Postdoctoral	Both
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Name of University, School, or Institution offering program: **Illinois State University**

Name of Program: Department of Psychology

Address: Campus Box 4620

City/State/Zip: Normal, Illinois 61790

Contact Person: Mark Swerdlik, Graduate Coordinator

Telephone No. (309) 438-5720

E-mail address: meswerd@ilstu.edu

Website: <http://counseling.IllinoisState.edu/> or <http://psychology.illinoisstate.edu/>

APA Accreditation: Yes

Please see **Criterion VII. Appendix 4, page 76, for additional model programs.**

Criterion VII

Appendices

Appendix 1: Sample doctoral curriculum for the specialty

Appendix 2: Sample evaluation forms, including postdoctoral

Appendix 3: Sample curriculum for internship – Utah State

Appendix 4: Additional model programs

Criterion VII. Appendix 1: Sample Doctoral Curriculum (Brigham Young University)

Brigham Young University Doctoral Training Program Curriculum

Program goals, objectives, competencies, evaluations, and outcomes.

Goal #1: Produce graduates with a broad and general foundation in the science of psychology and the underpinnings of the profession of clinical psychology.
Objective: Students are to acquire knowledge of psychology as a scientific discipline and of clinical psychology as a professional specialization.
Expected Competencies: Knowledge of the scientific bases of psychology, at least including cognitive/affective, social/cultural, biological, and developmental/individual differences bases, and history and systems; knowledge of the foundations of clinical psychology, at least including psychopathology, major theories and models of intervention, psychometrics, and ethics.
How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies: Courses for each of the above areas must be successfully completed. The minimum standard is a course grade of B for each. Understanding of foundational knowledge is assessed in comprehensive examinations. An extended alumni survey inquires about quality and long-term benefits of courses. Successful passage by graduates of the EPPP exam is monitored.
Goal #2: Produce graduates with knowledge and competence to skillfully provide clinical services within entry-level clinical positions.
Objective A: Students shall develop knowledge of intervention and assessment methods, and research regarding their efficacy.

Expected Competencies: For children, adolescents, and adults, students shall master a knowledge base of basic psychopathology, principles of assessment, major assessment methods and instruments, theories of intervention, foundational principles of client-therapist relationships, and methods of empirically supported interventions.
How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies: Courses for each of the above areas must be successfully completed. The minimum standard is a course grade of B for each. Knowledge areas are also assessed through comprehensive examinations and through supervisor feedback evaluated in periodic reviews.
Objective B: Students shall develop skills for engaging in evidence-based practice.
Expected Competencies: Students shall master methods for tracking client progress, adapting interventions to reflect client progress, and utilize data regarding their own development as therapists.
How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies: Evaluation of these competencies is at the core of mentors' ratings of student and of periodic review of students.
Objective C: Produce graduates with a wide range of clinical skills important in independent

clinical practice.
Expected Competencies: Students shall apply knowledge of psychopathology to client conceptualization and treatment choice; conduct diagnostic and evaluation interviews; administer and interpret major psychological assessment instruments in the domains of intelligence, achievement, personality/behavior, and psychopathology for varied populations; develop foundation skills for client relationships and case management; develop competence in applying major empirically supported interventions for children, adolescents and adults across a broad assortment of psychological/behavioral difficulties.
How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies: Evaluation of these competencies is at the core of mentors' ratings of student and of periodic review of students, based on practicum and internship performance. The level of competence is that expected of entry-level psychologists for professional positions.
Goal #3: Produce graduates who can independently contribute to the knowledge base of scientific psychology and are skilled in the interface between science, theory, and practice.
Objective A: Students shall develop the knowledge base and competencies required for conducting and publishing quality research through education in psychological methods and graduated mentored research activities leading to completed research projects.
Expected Competencies: Students shall develop skills for conducting literature reviews; selecting, recruiting, and managing subjects; designing research with an understanding of controls, threats to validity, strengths, and limitations; evaluating measures for their reliability, validity, and efficiency; understanding, selecting, and properly using inferential statistical methods, including multivariate methods; and presenting research in its various forms, including well-written manuscripts of publication quality.
How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies: Evaluation of these competencies is at the core of the Research Comprehensive Examination, the dissertation process, mentors' ratings of student, and the periodic review of students. Successful completion of the dissertation of a quality expected of published research. The level of competence is that expected of entry-level psychologists for professional positions.
Objective B: Students shall develop awareness of, appreciation for, and skills for using professional standards and applying research to clinical situations by mentoring and requiring such activities in supervised clinical activities.
Competencies Expected for these Objectives: Students shall utilize empirically-supported assessments and treatments and shall develop skills for translating research into clinical practice.
How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies: Student must successfully complete practica and internship using relevant empirically-supported methods, with application of scientific knowledge rated as adequate by supervisors.

Goal #4: Produce graduates who are aware of major sources of individual and group

variation, understand how such diversity affects processes, presentation, and responsiveness to intervention, and are prepared to effectively use this information
Objective: Students shall: develop an awareness of and appreciation for individual differences, including, among others, gender, socioeconomic status, disability, ethnicity, and culture; and develop tolerance, knowledge, and skills for appropriately respond to these difference.
Competencies Expected for these Objectives: Awareness of situation and attitudes regarding diversity, applies diversity knowledge to professional activities, and is able to work effectively with diverse clientele.
How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies: Successful completion of diversity course with grade of B or better; completion of University diversity training; satisfactory ratings by mentors of ratings reflecting sensitivity, knowledge, and skill in working with diverse groups.
Goal #5: Produce graduates who engage in all professional activities with commitment to ethical, legal, and professional standards.
Objective A: Students shall develop a knowledge of and positive attitude towards ethical thinking and behavior and skills for recognizing and critically evaluating ethically and legally sensitive situations.
Expected Competencies: Students shall develop ethical knowledge, be aware of and sensitive to ethical concerns, and demonstrate ability to practice ethically.
How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies: Students must demonstrate these skills in the Ethics and Professional Issues course; successfully complete the University's training in use of human subjects in research; achieve satisfactory ratings in ethical behavior from mentors.

The Program has developed a curriculum plan to accomplish these objectives and to develop within students those competencies expected of entry-level clinical psychologists. The curriculum plan is described in Table B.3 below. This table is largely derived from the *Handbook*. Elements not evident from course title or diffused across the curriculum are also articulated in the *Practicum Handbook*. The curriculum has five primary elements. *First*, students complete a clinical core, which provides training in the substantive areas of assessment, intervention, psychopathology, ethics and professional issues (including consultation and supervision). Although several perspectives are represented, a major emphasis is on empirically supported assessments and interventions and upon approaching the whole body of clinical practice as relying upon evidence-based methodologies. The Program has a particular strength in intervention efficacy research, and many students take advantage of advanced training and research in this area. *Second*, students complete a general core, which provides foundational training in foundational areas of psychology, including both core areas (biological bases of behavior, cognitive/affective bases of behavior, social aspects of behavior, history/systems, individual differences, and developmental bases of behavior) and methodologies (research design, quantitative methods, and psychometrics). Course work for the general core is selected for its centrality and breadth of the substantive area, and instructors are selected for the expertise in the area. *Third*, students engage in practicum and other clinical experiences beginning in the first semester with participation in a

practicum group (without seeing clients), followed by increasing involvement and complexity, and culminating

in the internship in the fifth year. Practicum continues through at least the third year, cumulatively exposing students to varied client types, varied supervisors, and varied intervention and assessment models. During the second and third years' minimum practicum case loads' are 3 – 5 psychotherapy clients (minimum of 3 client contacts per week) and 2 assessment clients per semester. Students selecting the child or neuropsychology tracks both obtain additional clinical experiences and are placed with some practicum clients reflecting their track. Clerkships place students in community mental health settings and further expose students to varied populations, methods, and supervisors. Although optional, essentially all students also participate in externship placements (most of which are paid and provide an important portion of student funding) which further expose students to supervised clinical practice. *Fourth*, students engage in research activity every semester of matriculation. Students are strongly encouraged to present and publish their work. To motivate students towards this goal, significant evidence of presentations and publications can result in waiving of the Research Comprehensive Examination if the faculty research mentors and the comprehensive examination committee judge that the student has demonstrated competence in research skills. The Program does not require a master's thesis or project (and does not award a master's degree to clinical students), but involvement in a research team and on research projects is required on an ongoing, escalating basis. *Fifth*, students may elect to complete an emphasis track: Child, Adolescent and Family; Clinical Neuropsychology; or Clinical Research. Students on such a track complete additional courses, complete clerkships and externships which complement their track, are likely to have somewhat more practicum cases which match their emphasis, and conduct research reflective of the research. Approximately three-fourths of the students select such an emphasis; the remainder selects electives to enrich their curriculum.

Courses within the curriculum plan are noted in Table B.3. Except as noted, all courses are required. Clinical core courses, practica, and clerkships may not be waived. A limited number of general core courses may be waived (up to 15 credit hours, but in practice rarely exceeds 6 credit hours); criteria for waiving is that the previously completed course is essentially equivalent in content, difficulty, and standards to our course, as judged by both our current instructor for the course and the Director of Clinical Training.

Table B.3. Curriculum plan for developing core competencies.

Curriculum Area:	Biological aspects of behavior
Required Academic/ Training Activity	Psych 687R, Seminar in Psychopharmacology (3 credits) and either Psych 583, Biological and Health Psychology (3 credits) or Psych 585, Human Neuropsychology (3 credits)
How competence is assessed	Passing grade (B or better).
Curriculum Area:	Cognitive aspects of behavior
Required Academic/ Training Activity	Psych 584 Cognition, Affect and Brain Function (3 credits)
How competence is assessed	Passing grade (B or better).
Curriculum Area:	Affective aspects of behavior
Required Academic/ Training Activity	Psych 584 Cognition, Affect and Brain Function (3 credits)
How competence is assessed	Passing grade (B or better).

Curriculum Area:	Social aspects of behavior
Required Academic/ Training Activity	Psych 550, Social Psychology (3 credits)
How competence is assessed	Passing grade (B or better).
Curriculum Area:	History and systems of psychology
Required Academic/ Training Activity	Psych 510, History and Systems of Psychology (3 credits)
How competence is assessed	Passing grade (B or better).
Curriculum Area:	Psychological measurement
Required Academic/ Training Activity	Psych 503, Research measurement (3 credits)
How competence is assessed	Passing grade (B or better); demonstrated competence in test administration/scoring/interpretation; supervisor ratings in practicum; demonstration of competence on Assessment Comprehensive Examination, periodic review of students.
Curriculum Area:	Research methodology
Required Academic/ Training Activity	Psych 504, Research Design (3 credits) and Psych 505, Clinical Research (3 credits) and Psych 799R, Dissertation (12 credits)
How competence is assessed	Passing grades (B or better) in required courses; quality of contribution on research team; ratings by research mentors; periodic review of students; presentations and publications of research work; passing of Research Comprehensive Examination; successful defense of research prospectus; successful defense of dissertation.
Curriculum Area:	Techniques of data analysis
Required Academic/ Training Activity	Psych 501, Data Analysis in Psychological Research (4 credits) and Psych 501, Data Analysis in Psychological Research (4 credits)
How competence is assessed	Passing grades (B or better) in required courses; quality of contribution on research team; ratings by research mentors; periodic review of students; presentations and publications of research work; passing of Research Comprehensive Examination; successful defense of research prospectus; successful defense of dissertation.
Curriculum Area:	Individual differences in behavior
Required Academic/ Training Activity	Psych 520, Advanced Developmental Psychology (3 credits) and Psych 540, Personality Theory (3 credits) and Psych 611, Psychopathology (4 credits) and Psych 645, Cultural Diversity and Gender Issues (3 credits)

How competence is assessed	Passing grades (B or better) in required courses; practicum supervisor's rating regarding ability to use and integrate content into clinical work; periodic review of students.
Curriculum Area:	Human development
Required Academic/ Training Activity	Psych 520, Advanced Developmental Psychology (3 credits)
How competence is assessed	Passing grades (B or better).
Curriculum Area:	Dysfunctional behavior or psychopathology
Required Academic/ Training Activity	Psych 611, Psychopathology (4 credits)
How competence is assessed	Passing grades (B or better); practicum supervisor's rating regarding ability to use and integrate content into clinical work; clerkship and externship supervisors' ratings; periodic review of students; passing of Assessment and Psychotherapy Comprehensive Examinations.
Curriculum Area:	Professional standards and ethics
Required Academic/ Training Activity	Psych 609, Professional and Ethical Issues (3 credits) also integrated within other courses
How competence is assessed	Passing grades (B or better); consistent demonstration of ethical and professional behavior across all domains; meeting academic, research, and clinical responsibilities in a timely and professional manner, including clinic records audits; clinical mentors' ratings; research mentors' ratings, including IRB and HIPPA compliance; period review of students.
Curriculum Area:	Theories and methods of assessment and diagnosis
Required Academic/ Training Activity	Psych 611, Psychopathology (4 credits) and Psych 622, Assessment I: Intelligence (3 credits) and Psych 623, Assessment II: Personality (3 credits) Psych 520, Developmental Psychopathology (optional, 3 credits) Psych 711R, Advanced Child Assessment (optional, 3 credits)
How competence is assessed	Passing grades (B or better) in required courses; clinical supervisors' ratings of assessment and diagnosis skills; passing the Assessment Comprehensive Examination; periodic review of students.
Curriculum Area:	Theories and methods of effective intervention

Required Academic/ Training Activity	Psych 651, Psychotherapy 1: Relationship/Psychodyn (3 credits) and Psych 652, Psychotherapy 2: Cognitive-Behavioral (3 credits) and Psych 653, Psychotherapy 3: Child and Adolescent (3 credits) and Psych 654, Psychotherapy 4: Group (3 credits) and Psych 740R, Case Conference (3 credits over 6 semesters) and Psych 741R, Integrative Practicum (19 credits over 3 years) and Psych 743R, Clerkship (2 at 1 credit each) Psych 700R, Externship (optional, variable credits)
How competence is assessed	Passing grades (B or better) in required courses; passing the Psychotherapy Comprehensive Examination; periodic review of students.
Curriculum Area:	Theories and methods of consultation
Required Academic/ Training Activity	Psych 741R, Integrative Practicum (19 credits over 3 years)
How competence is assessed	Clinical supervisors' ratings of assessment, diagnosis, and other consultation skills, with particular attention to experiences in which consultation activities are prominent; periodic review of students
Curriculum Area:	Theories and methods of supervision
Required Academic/ Training Activity	Psych 741R, Integrative Practicum (19 credits over 3 years) Psych 609, Professional and Ethical Issues (3 credits) also integrated within other courses
How competence is assessed	Passing grades (B or better) in required courses; clinical supervisor evaluations of advanced students' supervision of less experienced students; student's ability to use, benefit from, and contribute to clinical and research supervision.
Curriculum Area:	Theories and methods of evaluating the efficacy of interventions
Required Academic/ Training Activity	Psych 505, Clinical Research (3 credits) also integrated within other psychotherapy courses
How competence is assessed	Passing grade (B or better) in required course; clinical supervisors' ratings of ability to effectively use efficacy research and employ principles of evidence-based practice; passing the Psychotherapy Comprehensive Examination; periodic review of students.
Curriculum Area:	Issues of cultural and individual diversity that are relevant to all of the above
Required Academic/ Training Activity	Psych 645, Cultural Diversity and Gender Issues (3 credits) also integrated within other courses Clinical experiences with diverse populations within Practicum, Clerkships, and Externships
How competence is assessed	Passing grade (B or better) in required course; clinical supervisors' rating of ability to work with diverse clientele; periodic review of students, with special attention to faculty observation of student attitudes and respect for diverse persons and viewpoints.

Curriculum Area:	Attitudes essential for lifelong learning, scholarly inquiry, and professional problem-solving
Required Academic/ Training Activity	Psych 609, Professional and Ethical Issues (3 credits) also integrated within other courses
How competence is assessed	Passing grade (B or better) in required course; involvement in Program activities and in professional/service organizations and developmental opportunities; periodic review of students.

Although our curriculum includes a required course in gender and cultural diversity, as noted in Table B.3, we see this competency as broader than the course, and hence seek to refer to these issues often in other course work and experiences. Although the observations of mentors on this dimension are often encompassed by a single rating, it is given particular attention and involves attention to broad performance. This generality also applies to attitudes of learning, inquiry, and problem-solving. Critical thinking, readiness to learn, and all of the attendant elements are emphasized less by course work on the matter, and more by our encouragement to attend conferences and produce scholarly work for publication and presentation, our expectation of clinical work informed by research and evolving professional standards, and our data-driven approach to problem-solving.

Practical clinical experiences are central to the Program's goals. These occur in the form of practica, clerkships, and optional externships, as described in the third element of B.3 above. These are explained in some detail in the *Practicum Handbook*. Students' development of clinical competencies is rated on an on-going basis in all clinical training activities, with an expectation that minimum competencies are fully at the pre-internship level prior to entering the internship and at the level of entry into the profession at the time of graduation.

Practicum takes place in the University's Comprehensive Clinic, which has its own staff and extensive training facilities (1 – 2 advanced students per year are instead trained in the University's Counseling and Career Center). The Clinic exists explicitly to train graduate students in three of the University's mental health graduate programs: Clinical Psychology, Marriage and Family Therapy, and Social Work. The Clinic offers very low cost services to the community, with all clinic costs borne by the University; the University views this as a service to needy in the community who might otherwise not receive services, and as a form of fostering an attitude of service within student trainees. Clients and their presenting problems are quite varied, but cases are screened specifically for their appropriateness for training. Supervision is provided by Program faculty, often supplemented by supervision from other licensed Department faculty members (particularly, Erin Bigler, a clinical neuropsychologist, and Brent Slife, a clinical psychologist and former DCT). Practicum supervision is at least weekly, at least of a ratio of one hour per three client hours, in both group and individual format as needed. Case load, record keeping, and the development of assessment, intervention, supervision, and consultation skills are closely monitored by supervisors, and students are formally rated on their development at least yearly. Group supervision includes 3 – 4 students per group, and level of student is intentionally mixed in groups to allow senior students to supervise and younger students to observe more advanced skills. Students share their training needs and expectations with the Associate DCT, who has specific responsibility over practicum, including the placement of students with supervisors. The practicum experience in the Counseling and Career Center, which serves students and University personnel, parallel those of the clinic. Students are also free at any time to seek consultation from other faculty mentors after obtaining approval from their assigned supervisors; this allows student to take advantage of special faculty expertise and helps to foster attitudes towards and skills of consultation. Also, the students meet weekly in Case Conference (Psych 740R)

where issues of clinical significance are presented by community and University professionals and students engage in open discussion.

The settings in which additional clinical experiences occur are provided in Table 2 below. These settings are selected on the basis of (a) serving populations appropriate for clinical training using empirically-supported interventions; (b) commitment to adequate supervision and training of students; and (c) having methods in place for connecting students to clinical work, monitoring students, and assuring quality of clinical services. Clerkships (Psych 743R) are designed to add breadth to the students' clinical experience. Students are placed in community settings, under close supervision of psychologists committed to providing training experiences to students. Students observe psychologists at work, and engage in supervised activities such as interviews, testing, brief interventions, and consultation, all of which are designed to vary across sites. Each student completes two such clerkships, assigned by the Executive Coordinator after consultation with the DCT and the student. To the extent possible, clerkship sites are selected to complement the student's career goals and particular developmental needs observed by the faculty.

Externships (Psych 700R) are experiences for students wishing additional clinical experience and training. Although optional, nearly all students engage in externships, which often form the basis of specialized skills that lead to particular internships and post-graduate employment. They are typically paid experiences requiring from 10 to 20 hours of commitment per week, and are a major method by which advanced student receive financial support. Students engage in clinical work, such as assessment intervention, and consultation services, closely supervised by on-site psychologists. The nature of the work varies significantly from site to site, with placement by the Executive Coordinator, after discussion with the student and the DCT, based on career goals and training needs. When placing students, considerable attention is given to matching the nature and demands of the work to the level of skill the student possesses so that students are challenged without being overwhelmed. The Executive Coordinator and the DCT are in regular communication with community supervisors and receive regular evaluations from both supervisors and students.

A one-year, full-time, pre-doctoral internship is required of all students. This is usually completed in the fifth year. Students are eligible to apply only after all comprehensive examinations are complete and the dissertation prospectus is approved. It is expected that students will only apply to and attend accredited internships, but special exceptions can be granted for compelling reasons. Interns enroll for internship course credit to maintain full-time status in the University. To further enhance clinical skills and promote professional involvement, the Program also provides support to students for attending workshops and conferences.

Collectively, these experiences make our students strong candidates for externships and for employment after graduation. Supervisors, internship directors, and later employers often comment on the strong clinical skills our students possess. Both faculty and external supervisors, at the time of beginning the internship, consistently rate our students as being fully prepared for the internship. The development of students' clinical skills is a major focus of our periodic reviews, with particular attention to whether all competencies are on-track for the internship and whether students are receiving adequate feedback about their development. The Program faculty specifically considers whether students in their first year are ready to see clients in practicum, and whether it can certify students entering their fourth year as ready to apply for the internship. Whenever deficiencies are noted, remedial programs are instituted and progress more closely monitored. Although not formally part of our rating system, the minimum standards outlined various competency documents (e.g., the 2007 *Competency Benchmarks* from the Assessment of Competency Benchmarks Work Group convened by the APA Board of Educational Affairs in collaboration with the Council of Chairs of Training Councils) are well known to the

faculty and commonly a point of reference.

national presentations have been made by hospital staff at conferences sponsored by these agencies to share our outcome measurement system with hospitals from all 50 states). Our system of outcome measurement forms the foundation of practice-based evidence which our interns are able to use in their provision of service to our patients.

Within each rotation, psychological assessments are approached gradually, with discussions about 3level of prior training and experience, and comfort level with types of assessments, populations assessed, and prior assessment contexts. Discussion of familiarity with specific psychological instruments also takes place between supervisor and intern to clarify areas in which increased training and supervision would be desired or necessary. The supervisor is able to work with the intern to determine the most appropriate level of supervision needed initially (e.g., didactic-like training of a novel measure, reviewing assessment manuals or other assessment materials, allowing for practice administrations, allowing the intern to observe and/or be observed in conducting diagnostic interviews and/or test administrations, providing any needed training and feedback regarding assessment interpretation, case conceptualization, report writing, etc.). The level of oversight is gradually adjusted according to the need, ability, and comfort level of the intern.

Informal feedback occurs on a regular basis, with formal written feedback occurring at the mid-point and end of the rotation, or more often if indicated. During the second and third rotation experience, interns bring with them a significant degree of “carry over” in their knowledge base and experience that can be applied to the new rotation, resulting in less intensive supervisory oversight being indicated as they increase in confidence and ability, and progress towards greater professional independence.

The group therapy component of training also involves a graded approach. Interns are provided with materials to review as deemed indicated, followed by the opportunity to observe their supervisor conduct group therapy. Subsequently, the intern runs the group therapy with his or her supervisor observing and providing feedback, with the goal of working towards the intern being able to effectively conduct group therapy more independently, with the supervisor taking more of a consultant role. The aforementioned basic process is applied in other areas of internship training in a similar fashion.

Throughout the year, intern responsibilities are designed to follow a logical progression from intense supervision and didactic training, through moderate clinical decision-making experiences, culminating in guided practice and consultation. Initially, interns spend significant time shadowing supervisors, observing experienced staff members, and attending training sessions designed to prepare them for service delivery with a challenging inpatient population. Expected initial competencies include: accurate test administration, appropriate scoring of all procedures, and the ability to establish and maintain rapport with diverse patients. Basic competencies must be mastered before training moves to more complex issues. These activities evolve into clinical experiences in which the intern assists the supervisor or works under supervisory observation. Later, interns perform assessment and intervention responsibilities with supervisory consultation only, in regularly scheduled supervision sessions. Ultimately, the internship experience is designed to help interns become competent to respond to referrals, assess cases, plan treatment, deliver appropriate interventions and consultation to multidisciplinary teams independently, with supervisory assistance functioning mainly to corroborate clinical decisions and encourage professional identity and confidence.

The program specifies education and training objectives in terms of the competencies expected of its graduates. Those competencies must be consistent with the program’s philosophy and training model; and

substantive area(s) of professional psychology for which the program prepares its interns for the entry level of practice.

Competencies are formally evaluated at mid- and end-points during each of the three rotations using the USH Internship in Psychology Program Intern Evaluation Form (see Appendix D).

Name of setting	Year(s) in which setting was used (list, begin with earliest)	Highest degree of supervisor	Credentials of that supervisor	Number of students placed each year in that setting	Type of setting (use setting code)	Services provided (use activity codes)	Types of clients served
Alliance Behavioral Psychology Orem, Utah	2003 to 2007	Ph.D.	Licensure	1	1	4	Adolescents and adults
Assessment and Psychotherapy Associates Salt Lake City, Utah	Prior to 1992 to 2007	Ph.D.	Licensure	1 to 2	14	2	Children, adolescents, and adults
Barley Psychological Services Orem, Utah	1996 to 2008	Ph.D.	Licensure	1	14	2, 4	Adolescents and adults
Brigham Young University Comprehensive Clinic Provo, Utah	1980 to present	Ph.D.	All are licensed	33 (2 to 4 per supervisor)	33 – University Training Clinic	2, 3, 4, 5, 6, 7	All ages
Brigham Young University Comprehensive Clinic Intake Provo, Utah	1980 to present	Ph.D.	Licensure	2 to 3	33 – University Training Clinic	2?	All ages
Brigham Young University Counseling and Career Center Provo, Utah	Prior to 1992 to present	Ph.D.	Licensure	4 to 6	12	4, 5	University students

Brigham Young Univ, Hawaii Student Counseling Services Laie, Hawaii	1995 to present	Ph.D.	Licensure	1	12	2, 3, 4, 7	University students and adolescents
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Brigham Young University Accessibility Center Provo, Utah	1998 to present	Ph.D.	Licensure	2 to 5	33 – University center for students with disabilities	2	University students
Center for Change Orem, Utah	1993 to present	Ph.D.	Licensure	1 to 2	8	2, 4	Adolescents and adults
Children's Justice Center Provo, Utah	1998 to present	LCSW	Licensure	1	33 – Sexual Abuse	4	Children and adolescents
Intermountain Neuro Rehabilitation (Cottonwood Hospital) Salt Lake City, Utah	2000 to present	Ph.D.	Licensure	1 to 3	5	2, 3, 4	Children, adolescents, and adults
CY Roby and Associates Orem, Utah	2001 to present	Ph.D.	Licensure	1 to 2	33 – Psychosexual Consulting / Assessment	2	Adolescents and adults
Erin Bigler, Ph.D., & Anne Russo, Ph.D. Provo, Utah	1994 to present	Ph.D.	Licensure	1 to 2	33 – Neuropsych Consulting / Assessment	2, 3	Children, adolescents, and Adults
Family Academy Provo, Utah	1993 to present	Ph.D.	Licensure	1	33 – High Conflict Divorce	2, 3, 4	Children, adolescents, and adults
Jon Skidmore, Psy.D. Orem, Utah	1998 to present	Psy.D.	Licensure	1	33 – Peak Performance	2, 3, 4	Children, adolescents, and adults
Jordan Resource Center Jordan, Utah	2001 to 2006	Ph.D.	Licensure	1 to 2	11	2, 4	Adolescents
Project Reality Provo, Utah	2008 to present	LCSW	Licensure	1 to 2	1 Drug & Alcohol	4	Adults
Cross Creek Programs LaVerkin, Utah	2001 to 2006	Ph.D.	Licensure	1 to 2	33 - RTC	2	Adolescents
Kids on the Move Orem, Utah	2007 to present	Ph.D.	Licensure	1	1 Special Needs	4	Children, Parents

LDS Family Services	1991 to 2005	Ph.D.	Licensure	1	33 – Church Social	4	Children, adolescents, and
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Provo, Utah					Services Agency		adults
LDS Hospital Rehabilitation Services Salt Lake City, Utah	1994 to present	Ph.D.	Licensure	1 to 2	5	2, 3, 4	Adolescents and adults
Maddy Liebing, PhD/ Marina Starling, Ph.D Springville, Utah	1996 to 2008 (cont'd under other names)	Ph.D.	Licensure	1 to 4	33 – RTC	2, 4	Children and Adolescents
Mountainlands Community Health Center Provo, Utah	1999 to present	Ph.D.	Licensure	1 to 3	1	2, 4	Adult
Nebo School District Springville, Utah	1998 to present	M.Ed.	Certified as a School Psychologist	1 to 3	11	2, 3	Children and adolescents
NeuroDevelopment Resource Center Salt Lake City, Utah	2008 to present	Ph.D.	Licensure	1	33 – Neuropsych Consulting / Assessment	2	Children, adolescents, and adults
New Haven Residential Treatment Center Spanish Fork, Utah	2005 to present	Ph.D.	Licensure	1 to 2	14 – Independent Practice	2	Adolescents
Preferred Family Clinic Provo, Utah	Prior to 1992 until present	Ph.D.	Licensure	2 to 3	1	2, 3, 4	Children, adolescents, and adults
The Journey Provo, Mona, Vernal, Utah	2008 to present	Ph.D.	Licensure	2 to 4	33 – RTC	2, 4	Adolescents
Utah Psychological Services Richfield, Eagle Mountain, Provo, Utah	2008 to present	Ph.D.	Licensure	2 to 4	33 – Court & School Consultation / Assessment	2, 4	Children and adolescents
Utah State Hospital Provo, Utah	Prior to 1992 to present	Ph.D.	Licensure	2 to 3	9	2, 3, 4, 5	Children, adolescents, and adults

Utah State	Prior to	Ph.D.	Licensure	2 to 6	10	2, 3, 4	Adults
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Prison Bluffdale, Utah	1992 to present						
Utah Valley Regional Medical Center, Behavioral Medicine Provo, Utah	Prior to 1992 until present	Ph.D.	Licensure	1	3	2, 4	Children, adolescents, and adults
Utah Valley Regional Medical Center Neuro Rehabilitation Provo, Utah	1998 to present	Ph.D.	Licensure	2 to 4	5	2, 3, 4	Adolescents and adults
Valley Mental Health Salt Lake City, Utah	2005 to 2007	Ph.D.	Licensure	1	1	2	Adolescents and adults
Vineyard Elementary School Autistic Class Orem, Utah	1998 to 2005	M.S.	Certified Special Education	1 to 2	11	33 [assisting]	Children
Vista Magna, Utah	1994 to 2009	Ph.D.	Licensure	1	33 – RTC	2, 4	Adolescents
West Ridge Academy West Jordan, Utah	2009 to present	Ph.D.	Licensure	1	33 – RTC	2	Adolescents

Criterion VII. Appendix 2: Doctoral Student Evaluation Sample - BYU

STUDENT THERAPIST EVALUATION FORM Counseling and Psychological Services

Student _____ Date of Evaluation _____
Supervisor _____ Student's Program Counseling Clinical

The purpose of the Student Evaluation Form is to help trainees achieve continued growth and progress toward meeting competencies established for professional practice in Psychology. The evaluation is intended to accomplish the following:

- A. Outline criteria for competent practice of Psychology as defined for the CAPS placement.
- B. Carefully evaluate trainee's current level of practice according to the criteria.
- C. Use the evaluation as a forum to give honest and helpful feedback to the trainee.
- D. Identify and revise the student therapist's goals based on feedback and student needs for training.
- E. Monitor progress toward established goals and plan remediation where needed for growth and development.

Please rate the student with the following in mind:

- (1) These are doctoral students. They *should* have a great deal of room for growth.
- (2) Please consider their progress this semester on any goals that you may have set with them.
- (3) Give them honest, open feedback regarding their skills. Let them know where you see them and how they can improve.

Since this is a criterion referenced scale, ranging from Inadequate to Expert, ratings will be lower than on the old form.

Rating Scale

1) INADEQUATE

Performance is **inadequate** in this area. Trainee will require intense supervision in this area.

Criteria:

- a) Shows **insufficient knowledge, understanding and/or skills** in this area
- b) **Does not differentiate** between **important and unimportant details** and issues
- c) Demonstrates a **simplistic and/or rigid approach** to helping clients or in consultation.
- d) **Does not understand** the process of change.
- e) **Lacks** understanding and flexibility in **attitudes and/or awareness**, including self-awareness **needed to improve** performance well in this area.

2) NOVICE

Performance is **fair** in this area. Trainee will require careful supervision in this area.

Criteria:

- a) Shows **limited knowledge, understanding and/or skills** in this area
- b) **Differentiation** between **important** and **unimportant details** and issues is **uneven and unpredictable**.

- c) **Understanding** of the **dynamics and complexity** of clinical work is **limited**.
- d) Has **little understanding** of the **process of change**.
- e) Is **inflexible at times** in **attitudes or awareness**, including self-awareness needed to improve performance well in this area.

3) INTERMEDIATE

Performance is **satisfactory** in this area. Trainee will require ongoing supervision in this area.

Criteria:

- a) Demonstrates **sufficient knowledge, understanding, and/or skills** in this area
- b) **Differentiates appropriately most of the time** between important and unimportant details and issues.
- c) Shows a **sufficiently complex and flexible approach** to clients' issues, challenges, and/or consultation.
- d) Shows **sufficient, but perhaps superficial understanding** of the **process of change**.
- e) Demonstrates **increasingly flexible attitudes and awareness**, including self-awareness to perform well and continue improvement.

4) ADVANCED

Performance is **good** in this area. Continued support is needed to guide performance in this area.

Criteria:

- a) Knowledge, understanding and/or skills in this area are **good** and allow **more independent** practice.
- b) Approaches **new and challenging situations** with **skill and flexibility** and **begins to generalize skills and knowledge** to a variety of clinical and professional situations.
- c) **Attitudes and awareness**, including self-awareness **enhances practice** and consultation.
- d) Demonstrates **deeper and more complex conceptualization** and approach to **client change** and other professional issues.

5) PROFICIENT

Performance is **very good** in this area. Trainee will require some supervision in this area, but supervision is more collegial.

Criteria:

- a) Demonstrates **deeper and more integrated knowledge and skills** in this area that facilitates **independent functioning**.
- b) Shows **very good** ability to **generalize** understanding and skills to new and challenging situations.
- c) **Attitudes and awareness**, including self-awareness are **mature and flexible** and enhance practice.
- d) **Very good** ability to **articulate** issues and **complex approaches** to intervention/ problem solving/**client change**.

6) EXPERT

Performance is **excellent** in this area. Supervision becomes more collegial and trainee will require only occasional supervision in this area.

Criteria:

- a) **Knowledge and skills** are **deep and integrated** in this area and practice is **very independent**.
- b) **Generalization** of skills and understanding to new and challenging situations is **excellent**.
- c) Demonstrates **exceptional maturity and flexibility in skills, attitudes, and awareness** needed for the

wide variety of professional situations.

- d) **Excellent** ability to **articulate** issues and **complex approaches** to intervention / problem solving/**client change** for this level of training.

Student Therapist Goals

[illegible]

Agreement about the nature of clinical supervision to help student achieve training goals:

Individual Therapy

Interpersonal Skills

1) Takes a respectful, helpful professional approach to clients.	1 2 3 4 5 6
2) Forms a strong working alliance.	1 2 3 4 5 6
3) Ability to deal with conflict, negotiate differences.	1 2 3 4 5 6
Please comment on any Item given a rating of "1":	

Assessment/Diagnostic/Intake Skills

1) Able to quickly establish rapport with client	1 2 3 4 5 6
2) Distinguishes between intake interview and counseling	1 2 3 4 5 6
3) Asks relevant questions for intake purposes	1 2 3 4 5 6
4) Arrives at appropriate therapy contract with clients.	1 2 3 4 5 6
5) Utilizes systematic approaches to gathering data to inform clinical decision	1 2 3 4 5 6
6) Ability to formulate and apply diagnoses; to understand the strengths and limitations of current diagnostic approaches	1 2 3 4 5 6
7) Ability to formulate and conceptualize cases	1 2 3 4 5 6
Please comment on any Item given a rating of "1":	

Non-Specific Intervention Skills

1) Understands and maintains appropriate professional boundaries	1 2 3 4 5 6
2) Appropriate use of self-disclosure	1 2 3 4 5 6
3) Effective use of silence in therapy	1 2 3 4 5 6
4) Aware of and uses non-verbal cues	1 2 3 4 5 6
5) Deals appropriately with termination issues	1 2 3 4 5 6
6) Maintains an adequate caseload	1 2 3 4 5 6
Please comment on any Item given a rating of "1":	

Specific Intervention Skills

1) Develops and implements treatment plans	1 2 3 4 5 6
2) Knowledge of psychotherapy theory, research and practice and linking of this knowledge to conceptualization and treatment planning	1 2 3 4 5 6
3) Use of a wide range of developmental, preventative, and "remedial" intervention skills including psychotherapy, psycho educational interventions, and appropriate crisis intervention skills	1 2 3 4 5 6
4) Ability to assess treatment progress and outcomes	1 2 3 4 5 6
5) Clear on own philosophy of change process	1 2 3 4 5 6
6) Appropriately makes referrals	1 2 3 4 5 6
Please comment on any Item given a rating of "1":	

Crisis Intervention

1) Identifies a crisis situation and distinguishes between crisis intervention and	1 2 3 4 5 6
2) Takes necessary steps to arrange for help and is aware of resources	1 2 3 4 5 6
3) Follows BYU and CAPS procedures for crisis intervention including notification of key administrators and agencies	1 2 3 4 5 6
4) Consults with other professionals in CAPS as needed	1 2 3 4 5 6
5) Understands ethical issues involved in crises and acts accordingly	1 2 3 4 5 6
Please comment on any Item given a rating of "1":	

College Student Development

1) Is familiar with developmental theories of college student development	1 2 3 4 5 6
2) Able to apply a developmental theory to help client assess and understand developmental issues	1 2 3 4 5 6
3) Helps client distinguish between developmental and psychopathological issues	1 2 3 4 5 6
4) Able to make counseling interventions to help the client move toward further development	1 2 3 4 5 6
5) Provides a balance of support and challenge to facilitate development in clients	1 2 3 4 5 6
Please comment on any Item given a rating of "1":	

Couples Therapy

Couples Therapy Conceptualization and Intervention Skills

1) Able to form a therapeutic alliance with the couple and manage sessions in ways in which each partner feels safe, heard, and understood	1 2 3 4 5 6 N/A
2) Able to understand and reflect the central dilemmas and problematic cycles the couple is facing, including issues which are specific to the	1 2 3 4 5 6 N/A
3) Able to conceptualize a treatment approach based on couples' therapy models, such as EFCT, IMAGO, Gottman's Relational Model, etc.	1 2 3 4 5 6 N/A
4) Able to effectively intervene in ways, which help the couple to address and reformulate their thoughts and emotions about their relationship	1 2 3 4 5 6 N/A
5) Ability to be direct and interrupt couple when needed.	1 2 3 4 5 6
6) Able to examine his or her own limitations and personal process in the countertransference experienced as a couples' therapist	1 2 3 4 5 6 N/A
Please comment on any Item given a rating of "1":	

Use of Supervision

Working Relationship

1) Collaborates with supervisor to set appropriate goals for supervision and to work to achieve goals	1 2 3 4 5 6
2) Prepares for supervision: Bringing cued video, thoughtful questions about	1 2 3 4 5 6
3) Participates effectively with supervisors in evaluation of own performance.	1 2 3 4 5 6
Please comment on any Item given a rating of "1":	

Openness/Reflective Ability

1) Ability to self-reflect and self-evaluate regarding clinical skills and use of supervision, including using good judgment as to when supervisory input is	1 2 3 4 5 6
2) Discusses and shares concerns, questions, limitations, difficult or dangerous cases, ethical dilemmas and perceived mistakes	1 2 3 4 5 6
3) Open to and receives feedback, suggestions, and correction from supervisors in a non- defensive manner	1 2 3 4 5 6
Please comment on any Item given a rating of "1":	

Diversity

Individual and Cultural Differences

1) Respect for individual and cultural autonomy and differences	1 2 3 4 5 6
2) Knowledge of one's own beliefs, values, attitudes, stimulus value and related strengths/limitations as one works in a clinical setting with diverse others	1 2 3 4 5 6
3) Knowledge about the nature and impact of diversity in working with specific racial/ethnic/religious populations	1 2 3 4 5 6
4) Ability to work effectively with diverse others in assessment, treatment and consultation	1 2 3 4 5 6
Please comment on any Item given a rating of "1":	

Religious/Spiritual Issues in Counseling

1) Values and understands how religious/spiritual issues are an aspect of diversity and enables the therapist to gain a deeper understanding of the client	1 2 3 4 5 6
2) Respects and attempts to understand the religious/spiritual worldview of each	1 2 3 4 5 6
3) Is familiar with and follows the APA ethical guidelines on religion and spirituality: In particular, therapist allows their clients the rights to "self-determination" concerning religious/spiritual concerns (Principle E: APA	1 2 3 4 5 6
4) Is aware of own religious/spiritual perspectives and the accompanying assumptions and possible biases	1 2 3 4 5 6
5) Appropriately and ethically uses religious/spiritual interventions as deemed helpful to the client	1 2 3 4 5 6
Please comment on any Item given a rating of "1":	

Professional, Ethical, and Legal Practices

1) Follows APA Ethical Standards and legal statutes and regulations	1 2 3 4 5 6
2) Recognizes and analyzes ethical and legal issues and consults appropriately	1 2 3 4 5 6
3) Prompt completion of and appropriately written case notes and reports	1 2 3 4 5 6
4) Distinguishes between personal and client needs and maintains professional relationship	1 2 3 4 5 6
5) Self-identifies personal distress and seeks resources for healthy functioning during personal distress, particularly as it relates to clinical work	1 2 3 4 5 6
Please comment on any Item given a rating of "1":	

Professionalism

1) Relates professionally and respectfully with professional and support staff	1 2 3 4
2) Keeps appointments and presents self in a professional manner for delivery of psychological services (e.g., punctual, appropriate dress, etc.)	1 2 3 4 5 6
3) Is on time for supervision and does not miss without proper reason and advance notice to supervisor	1 2 3 4 5 6
4) Works well with colleagues, to give and receive support	1 2 3 4
5) Gives and receives helpful feedback to peers non-defensively	1 2 3 4
6) Understands and observes CAPS operating procedures	1 2 3 4
7) Participates in furthering the work and mission of CAPS	1 2 3 4
Please comment on any Item given a rating of "1":	

Other Comments:

Plans for Remediation:

Student Therapist

Date

CAPS Supervisor

Criterion VII. Appendix 2: Sample Evaluation Forms

FSU pp. 41 -

Florida State University

University Counseling

Center

Intern:

Semester:

Year:

Primary Supervisor:

Overall description of intern activities:

Individual therapy hours per week: 10-15 hours

Individual face to face supervision with primary supervisor (hours per week): 2 hours

Individual supervision of process group with Director of Group Programs
(hours per week): 1 hour

Individual supervision of supervision (hours per week, Spring semester only)- 1 hour

Group supervision of group therapy (hours per week): 1 hour

Group supervision of individual therapy clients, policy, and professional
development (hours per week): 1 hour

Group Administration hours per week: 1 hour

Name of Group(s) co led this semester: 1) _____
2) _____

Total hours of group therapy per week: _____

UCC Committees this semester: 1) _____
2) _____

Liaison experience this semester: _____

Other professional activities (FPA meetings, CE events, conferences, multicultural
events, completion of Global Partner Certificate, Safe Zone training, etc.)

Outreaches participated in this semester: 1) (title) _____
(co-presenter) _____
2) (title) _____
(co-presenter) _____

Assessment instruments administered this semester (name and #):

40

General comments regarding these areas of participation (optional):

Describe individualized goals of supervision for this semester:

Evaluation of specific areas of intern functioning

The rating scale for all the evaluative items is as follows:

N/A= No opportunity to assess

- 1 = Not Proficient**- Major deficit in the competency area which will be accompanied by a written remediation plan signed by both the intern, primary supervisor, and Director of Training.
- 2 = Minimally Proficient**- The competency will be an area of focus requiring closer supervision and monitoring
- 3 = Satisfactorily Proficient**- The intern demonstrates this competency effectively most of the time and continues to benefit from supervision and guidance in this area. This level indicates the intern is on target for their developmental level.
- 4 = Highly Proficient and Autonomous**- The intern consistently demonstrates this competency independently

Minimum Thresholds for Achievement for Expected Competencies:

Approval to pass the internship requires that an intern receives no rating of 1 and no more than three ratings of 2 (with all other ratings being 3 “satisfactorily proficient” or above) for every item on the primary supervisor’s end-of-year evaluation. The primary supervisor’s evaluation has integrated and included feedback on the intern’s performance from all members of Intern Committee, thus, end-of-year competency rating is based on primary supervisor’s evaluation.

I. Clinical Skills and Professional Competence

A. Management of Administrative and Organizational Obligations

- ___ 1. Completes required case documentation promptly and accurately and manages task list in a timely manner. All direct and indirect client contact including phone contacts, case management, and consultations are well documented.**
- ___ 2. Demonstrates good time management in scheduling clients, prioritizing weekly responsibilities, and being on time for meetings and appointments**
- ___ 3. Consistently and accurately applies Internship and UCC policy and procedures**

Comments and Recommendations:

B. Evidence-based Assessment and Conceptualization

- ☐ 1. Conducts initial assessments during walk in and intake sessions that integrate risk factors, current behavior and symptom presentation, relevant background information, and diversity variables
- ☐ 2. Accurately identifies on DSM Worksheets current DSM and/or IDC Diagnoses and Codes. Is able to discuss differential diagnosis considerations.
- ☐ 3. Case conceptualization is based on theory, evidence-based research, and multicultural variables impacting the issues.

Comments and Recommendations:

Intern:

Semester:

Year:

Assessment Coordinator:

(continued) I.B. Evidence-based Assessment and Conceptualization

- ☐ 4. Articulates the strengths and limitations of various assessment instruments as they relate to different clients, symptom presentations, and cultural groups
- ☐ 5. Demonstrates competence in selecting appropriate measures for a testing battery based on client presentation, cultural factors, and the referral question
- ☐ 6. Demonstrates competence in interpreting test data, integrating multiple assessments, and identifying major themes
- ☐ 7. Writes testing reports that reflect accurate interpretations, grounded conclusions, and thoughtful recommendations related to the referral question and major themes discovered during the testing process.
- ☐ 8. Provides appropriate and clear assessment feedback to the client

Assessment Coordinator Comments and Recommendations:

Assessment Coordinator
Intern Response and Comments:

Date

Intern
The Group Specialty Council/SGPGP

Criterion VII

Date

C. Evidence-based Intervention Skills

- ___ 1. Individual- Establishes and maintains positive therapeutic alliances with a wide variety of clients and diverse populations
- ___ 2. Individual- Effectively utilizes varied and flexible evidence-based interventions which are intentional and guided by theoretical rationale
- ___ 3. Individual- Develops treatment plans consistent with cultural and diversity issues of client
- ___ 4. Individual- Makes appropriate referrals to other professionals
- ___ 5. Individual- Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures
- ___ 6. Individual- Is able to effectively explore and respond to both affective and narrative content presented by clients
- ___ 7. Individual- Effectively manages emotional (counter-transference) reactions to client issues
- ___ 8. Couple- Assesses for appropriateness for couple therapy
(e.g. risk assessment for emotional, physical, sexual, or verbal abuse; assessment of level of risk for depression, SI/HI, and/ or self-injurious behavior which would indicate priority of individual therapy before beginning couple therapy; assess for mutual goals and motivation)
- ___ 9. Couple- Couple interventions are intentional and guided by theoretical rationale
- ___ 10. Couple- Works effectively and collaboratively with licensed co-therapist
- ___ 11. Crisis Intervention- Effectively evaluates, manages, and documents client risk by assessing immediate concerns such as suicidality, homicidality, psychosis, and any other safety issues. Seeks consultation appropriately.
- ___ 12. Crisis Intervention- Collaborates with clients in crisis to make appropriate short-term safety plans, is able to use crisis management techniques (e.g. containment, grounding techniques, affect regulation), and makes appropriate referrals
- ___ 13. Crisis Intervention- Manages own affective reactions during crisis session

Comments and Recommendations:

Intern:

Semester:

Year:

Director of Group Programs:

(continued) I.C. Evidence-based Intervention Skills

- ___ 14. Group- Effectively assesses and screens for appropriateness for group therapy (e.g. recognizes individuals who may benefit from group therapy; prepares clients for initial stages of treatment)

- ___ 15. Group-- Demonstrates developmentally appropriate skill in developing group interventions
- ___ 16. Group-- Demonstrates developmentally appropriate skill in managing and intervening with individuals within the group as well as with the group as a whole (e.g. recognizes when to use these interventions differentially and most effectively)
- ___ 17. Group- Identifies and articulates how to use outcome measures to evaluate group therapy progress and effectiveness

Director of Group Programs Comments and Recommendations:

Director of Group Programs

Date

Intern Response and Comments:

Intern

Date

D. Self-Assessment of Clinical Skills (an awareness of competence level)

- ___ 1. Self-assessment of strengths and weaknesses comes close to congruence with assessment by peers and supervisors
- ___ 2. Accurately identifies areas requiring further professional growth (an awareness of limits of knowledge/skills)
- ___ 3. Actively seeks means to enhance knowledge and skills
(e.g. supervision, consultation, review of literature, continuing education)

Comments and Recommendations:

Intern: Semester: Year:

Supervision Supervisor:

I. E. Supervision Competencies

- ___ 1. Articulates a philosophy or model of supervision and reflects on how this model is applied in practice, including integrated contextual, legal, and ethical perspectives
- ___ 2. Demonstrates knowledge of limits of competency to supervise and uses supervision to address limited competency
- ___ 3. Clearly articulates how to use the supervisory relationship to promote development of supervisee and his/her clients
- ___ 4. Builds trusting supervisory relationships that facilitate honest and candid

44

- exchange of thoughts and feelings
- ___ 5. Demonstrates knowledge of intersecting dimensions of diversity in the context of supervision practice
 - ___ 6. Articulates and engages in reflection on how one's culture and values influence the supervision process
 - ___ 7. Articulates and uses diversity appropriate skills and techniques in the supervision process
 - ___ 8. Demonstrates awareness, respect, openness, curiosity, and competence toward all aspects of diversity and the impact on the supervisory process
 - ___ 9. Spontaneously and reliably identifies complex ethical and legal issues in supervision, and analyzes and proactively addresses them
 - ___ 10. Consistently presents in a manner that meets professional standards
(timely documentation, accurate account of case material, seeks input, openness to feedback, awareness of practicum student demands, etc.)

Supervision Supervisor Comments and Recommendations:

Supervision Supervisor

Date

Intern Response and Comments:

Intern

Date

II. Self-Understanding and Professional Identity

A. Reflective Practice (Practice conducted with personal and professional self-awareness and reflection, acts

upon reflection, utilizes self-monitoring and necessary self-care; effective participation in supervision)

- ___ 1. Demonstrates awareness of the impact of self on colleagues, clients, public, and profession across different settings and diverse populations
- ___ 2. Displays the ability to adjust professional performance and use self-monitoring as situation requires
(e.g. intern receives feedback in supervision, reflects on feedback and makes changes in behavior; intern receives nonverbal feedback from peers and/or colleagues in a professional meeting, reflects, and makes changes to behavior; intern is aware of counter transference in session with a client, reflects, and makes changes to behavior when appropriate)
- ___ 3. Anticipates and self-identifies disruptions in functioning and uses appropriate self-care to ensure effective functioning
- ___ 4. Comes prepared for supervision
(e.g. reviews and cues video, identifies high risk cases, identifies topics for discussion)
- ___ 5. Seeks supervision to improve performance
(e.g. seeks supervisor's perspective on client progress, willingness to admit errors, incorporates feedback into conceptualizations and therapeutic strategies)
- ___ 6. Provides timely, clear, and respectful feedback about supervisory process to allow for effective discussion and satisfactory resolution of challenges/issues

Comments and Recommendations:

B. Professional Role-Ethical and Legal Standards (knowledge of ethical, legal and professional standards and guidelines, awareness and application, ethical conduct)

- ___ 1. Demonstrates knowledge and application of the APA Ethical Principles and Code of Conduct, and other relevant ethical/professional codes, standards and guidelines; as well as relevant laws, statutes, rules, and regulations
- ___ 2. Maintains confidentiality and standards of clinical practice
(e.g. maintains appropriate, confidential, and secure client records)
- ___ 3. Recognizes ethical dilemmas when they arise and resolves them appropriately
- ___ 4. Aware of own limits of competence and knows when to refer, seek supervision, and consult with other professionals
(e.g. actively consults with supervisor to act upon ethical and legal aspects of practice)
- ___ 5. Maintains professional boundaries and is aware of dual relationships, power differentials, and potential conflicts of interest
- ___ 6. Able to identify situations that are reportable, consults with licensed supervisors, and follows UCC policy when reporting abuse

Comments and Recommendations:

46

C. Professional Values and Attitudes

- ___ **1. Conducts themselves professionally in all contexts of work**
(e.g. communication and language, demeanor, physical conduct, and attire)
- ___ **2. Demonstrates accountability and reliability in carrying out all professional tasks**
(e.g. policies and procedures, COD responsibilities, outreach commitments, etc.)
- ___ **3. Acts to understand and safeguard the welfare of others (e.g. by displaying courtesy and respect in interpersonal interactions with others including those from divergent perspectives or backgrounds)**
- ___ **4. Receptive to feedback suggestions, and when needed, is able to share, discuss and address failures and lapses in adherence to professional values with supervisor, Training Director, or other staff**

Comments and Recommendations:

D. Communication and Interpersonal Skills

- ___ **1. Forms and maintains productive and respectful relationships with clients. Is able to form effective working alliances with most clients. Consistently addresses diversity issues affecting client problem**
- ___ **2. Forms and maintains productive and respectful relationships with peers, colleagues, and supervisors, including those who have different professional models or perspectives. Contributes to a positive interpersonal environment.**
- ___ **3. Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively**
(e.g. seeks clarification in challenging interpersonal communications, acknowledges own role in difficult interactions, efforts do not provoke negative affect among the parties involved, etc.)
- ___ **4. Maintains affective equilibrium and focus on therapeutic task in the face of client distress**
- ___ **5. Expresses self clearly in verbal discussions, presentations, and outreaches**
(e.g. uses professional terms and concepts appropriately and clearly, presents in succinct, organized, and well-summarized way, etc.)
- ___ **6. Expresses self clearly in written case notes, assessments, emails, etc.**

Comments and Recommendations:

E. Interprofessional Competencies, Consultation, and Outreach

- ___ **1. Forms and maintains productive and respectful relationships with professionals from other disciplines, and collaborates effectively with other health care providers or systems of care**
(e.g. UHS Treatment Teams, Eating Disorder Treatment Teams, University Committees, Dean of Students, etc.)
- ___ **2. Considers medical, social, and cultural aspects of health and behavior during consultations and when conceptualizing treatment planning**
(e.g. knowledge and appreciation of medical conditions which may mimic mental health issues, concurrent medical conditions, medication side effects, cultural factors, etc.)

47

- ___ **3. Makes appropriate case dispositions and/or referrals based on**

conceptualizations; utilizes community referral resources appropriately

- ___ 4. Outreach- Works collaboratively with staff on creating and presenting outreach activities
- ___ 5. Outreach- Demonstrates sensitivity to diversity issues in developing and implementing outreach activities
- ___ 6. Outreach- Presents information during outreach activities in a clear and understandable manner

Comments and Recommendations:

III. Integration of Science and Practice

A. Application of Science and Theory to the Practice of Psychology

- ___ 1. Articulates relevant research and demonstrates critical scientific thinking skills
(e.g. critically evaluates scientific literature to inform discussions in supervision)
- ___ 2. Articulates college student developmental issues/trends reported in the scientific literature and their impact on clinical practice
- ___ 3. Accesses and applies scientific knowledge and skills appropriately to practice and the solution of issues
(e.g. applies scientific knowledge, such as the biological and cognitive-affective bases of behavior, in developing treatment plans and implementing interventions; displays scientific mindedness when discussing solutions in staff or committee meetings)
- ___ 4. Demonstrates knowledge, understanding, and application of the concept of evidence-based practice
(e.g. applies EBP in case conceptualization, treatment planning, and interventions in consultation with supervisor; exhibits initiative in researching new EBP approaches, etc.)

Comments and Recommendations:

B. Commitment to Scholarly Inquiry and Professional Continuing Education

- ___ 1. Presents and accurately evaluates scientific literature regarding clinical issues during monthly Wednesday Specialty Seminars
(e.g. demonstrates a developmentally appropriate knowledge of core science and the scientific bases of behavior when presenting and discussing articles and/or data in Diversity Seminar, Group Seminar, Supervision Seminar, and Assessment Seminar)
- ___ 2. Pursues continuing education training opportunities
(e.g. local FPA early career activities, CE events, conferences, multicultural events, workshops for Global Partner Certificate, Safe Zone training, etc.), and will be able to discuss in supervision expanding knowledge of core science

Comments and Recommendations:

C. Research/Evaluation

- ___ 1. Articulates a scientific approach to knowledge generation by discussion in Research Seminar of applying and evaluating research relevant to the practice of psychology including program evaluation

(e.g. actively participates in discussions: using Titanium data to inform programmatic changes in clinical services at the UCC; using qualitative research to improve outreach and services to FSU international students; using client satisfaction surveys to inform programmatic changes at the UCC; using national survey of UCC Directors to inform programmatic changes in the Group Therapy Program; using Pre and Posttests from Resident Assistants who are receiving Suicide Prevention Training to inform programmatic changes, etc.)

___ **2. Applies scientific methods of evaluating practices, interventions, and programs**

(e.g. compiles and analyzes client outcome data on own clients to assess change and inform treatment planning; contributes to discussions in UCC Committees on using findings from outcome evaluations to alter UCC intervention strategies and outreach activities, etc.)

___ **3. Demonstrates the substantially independent ability to critically evaluate and**

disseminate research or other scholarly activities (e.g. presentation of case conference for FSU UCC; any publications or presentations at local, regional, or national level)

Comments and Recommendations:

IV. Awareness and Sensitivity to Issues of Diversity

A. Relationship of Diversity to Practice of Professional Psychology

___ **1. Gathers and integrates relevant data regarding cultural and individual differences into meaningful/coherent conceptualizations**

___ **2. Articulates cultural issues and biases in psychological assessment and evaluation**

___ **3. Appreciates, monitors, and responds effectively to diversity issues as they affect the client-therapist interaction**

___ **4. Appreciates, monitors, and responds effectively to diversity issues in all professional activities and interactions**

(e.g. supervision, consultation, training, outreach, etc.)

Comments and Recommendations:

B. Integration of Self-awareness and Knowledge of Diversity

___ **1. Initiates discussion of intern's emotional responses to the range of diverse individuals and groups encountered during internship whose backgrounds are culturally, ethnically or otherwise divergent from their own background. This also includes the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.**

___ **2. Discusses new knowledge, self-awareness, and insights gained from participation in campus and community activities involving diverse populations**

Comments and Recommendations:

V. Specific Intern Strengths/Areas of Growth

Supervisor

Date

VI. Intern Response and Comments on Evaluation:

Intern

Date

Evaluation of Group Supervisor by Supervisee

The purpose of this evaluation is to provide a means for trainees to give feedback regarding their group supervision.

Please place an X on each characteristic to rate the supervisor's ability to demonstrate the following:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	NA
Promotes a learning environment that is supportive.						
Promotes a learning environment that is appropriately challenging.						
Utilizes effective aids (e.g., articles, role-play, in supervision as needed.						
Uses supervision time effectively.						
Provides guidance and information about group administrative tasks.						
Accurately assesses the trainee's strengths and areas for growth.						
Gives timely and appropriate feedback to the trainee.						
Invites and receives feedback about trainee's experience and needs in group supervision.						
Processes co-leader relationship as it impacts both the group and the co-leaders.						
Models effective interventions during group sessions.						
Attends to power, status, and cultural differences between co-leaders.						
Helps develop self-confidence in the trainee.						
Facilitates trainee assuming a more egalitarian leadership role in group.						
Models and teaches the skills for building group cohesion.						
Explores ideas and techniques for working with each group member.						
Explores trainee's personal reactions to member(s) or group dynamics.						
Challenges and supports the trainee to experiment with new skills/behaviors.						
Provides conceptualizations and rationale for interventions based on theory, research, and clinical practice.						

Shows enthusiasm for group therapy.						
Owens his or her mistakes.						
Demonstrates sensitivity and skill in responding to individual and cultural differences in group.						
Provides guidance in identifying and dealing effectively with ethical or legal issues which arose in group.						

What has been the most helpful learning experience in supervision? (Please be specific).

How might supervision be augmented or improved?

List any other comments here:

(Group & Co-leader Names)

(Trainee's Signature)

(Date)

(Supervisor/co-leader's Signature)

(Date Reviewed With Supervisor/co-leader)

(Created collaboratively by the counseling centers at Auburn University, Penn State University, and Utah State University; Adapted from the evaluations at the counseling centers at University of North Carolina [Charlotte], Virginia Commonwealth University, and Baylor University.)

GROUP THERAPY EVALUATION

(see rating scale on back)

Evaluation Time (circle one): Mid-Year Final

Intern: _____ Supervisor: _____

The development of entry-level group therapy competencies.

_____ **1. General Group Skills**
/12

- _____ Identifies and refers potential group members
- _____ Evaluates and prepares a prospective group member during pre-group meeting/screens
- _____ Consults with referring individual therapist
- _____ Writes accurate and thoughtful case notes in timely manner
- _____ Facilitates group cohesion
- _____ Establishes positive rapport with clients during group sessions
- _____ Fosters appropriate boundaries within group
- _____ Effectively manages flow of the session (e.g., starting, ending)
- _____ Collaborates with a co-leader and takes on an egalitarian leadership role
- _____ Provides timely feedback to a co-leader and attends to the relationship
with each other during debriefing sessions
- _____ Demonstrates understanding of ethical issues that are unique to group work
- _____ Identifies the impact of diversity issues on group process, dynamics and leadership

_____ **2. Process Groups: (Group; _____, Co-leader; _____)**
/11

- _____ Articulates how group can help specific client issues (i.e., group therapy conceptualization)
- _____ Conducts pre-group meetings effectively to assess potential members' fit for a particular group and adequately prepare them for group participation
- _____ Provides interventions based on theory, research, and clinical conceptualizations.
- _____ Uses interventions effectively to match the stage of group and to facilitate the group and individual development
- _____ Attends to group dynamics (e.g., subgroups) and processes taking place at different levels (e.g., intrapersonal, group-as-a-whole)
- _____ Responds effectively to microaggressions occurring in the group
- _____ Promotes spontaneous member-to-member, rather than member-to-leader, interactions
- _____ Facilitates members to explore and express their feelings
- _____ Provides well-timed feedback by sharing specific and honest reactions to members' behavior or here-and-now events in the group
- _____ Monitors one's reactions to group process and their impact on his/her role as a leader
- _____ Discusses one's reactions to group process and members openly and appropriately with co-leader during debriefing

_____ 3. ***Psychoeducational/Structured Groups*** (Group; __, Co-leader; _____)
/4

- _____ Articulates how the specific structured group can help an individual
- _____ Teaches information effectively by using multiple modalities (e.g., lecturettes, exercises, readings, examples, homework, discussions).
- _____ Balances the amount of member participation with the group objectives
- _____ Balances the didactic, experiential and process components to fit with the group objectives

_____ 4. ***Use of Group Supervision/Consultation***
/4

- _____ Examines and critiques one's own work
- _____ Demonstrates openness to evaluation and feedback from supervisor
- _____ Demonstrates openness to feedback from fellow trainees
- _____ Actively engages with fellow trainees by asking questions, offering feedback, and sharing one's own reactions

Progress/Strengths:

Goals/Growth areas:

Trainee signature: _____

Supervisor signature: _____

Date: _____

Rating Scale

N/D No data or no opportunity to assess (If this is given, please explain why).

- 1 Remedial Level:** Intern lacks understanding and demonstrates minimal evidence of the knowledge, awareness, and/or skill; or intern demonstrates problematic or harmful behavior requiring immediate attention. Extra supervision and remedial work are needed. A written remediation plan is required if this rating is given for a main category.
- 2 Beginning/Pre-Internship Level:** Intern has demonstrated emerging knowledge, awareness, and/or skill. Performance is inconsistent. Extra supervisory attention and remedial work are required.
- 3 Intermediate/ Internship Level:** Intern has shown some evidence of the knowledge, awareness, and/or skill. Performance is somewhat inconsistent. Attention in supervision is necessary to help intern move toward a higher competency level prior to the completion of internship. This is appropriate rating at the beginning and middle of internship.
- 4 High Intermediate/Post-doctoral Level:** Intern has shown evidence of the knowledge, awareness and/or skill. Performance is mostly consistent and demonstrated in all but non-routine cases. Supervisor provides overall management of intern's activities. Depth of supervision depends on clinical needs, and supervision may be moving toward a consultation model. Intern must receive this rating on each main category for successful completion of internship.
- 5 Advanced/Licensure Level:** Intern has shown strong evidence of the knowledge, awareness, and/or skill. Performance is consistent across settings/situation. Intern has reached the level appropriate for independent practice with no supervision. (although they must receive supervision until they become licensed). Intern has reliable awareness and judgment to assess when they need to seek consultation.

STUDENT THERAPIST EVALUATION FORM
Counseling and Psychological Services

Student _____ Date of Evaluation _____
Supervisor _____ Student's Program Counseling Clinical

The purpose of the Student Evaluation Form is to help trainees achieve continued growth and progress toward meeting competencies established for professional practice in Psychology. The evaluation is intended to accomplish the following:

- A. Outline criteria for competent practice of Psychology as defined for the CAPS placement.
- B. Carefully evaluate trainee's current level of practice according to the criteria.
- C. Use the evaluation as a forum to give honest and helpful feedback to the trainee.
- D. Identify and revise the student therapist's goals based on feedback and student needs for training.
- E. Monitor progress toward established goals and plan remediation where needed for growth and development.

Please rate the student with the following in mind:

- (1) These are doctoral students. They *should* have a great deal of room for growth.
- (2) Please consider their progress this semester on any goals that you may have set with them.
- (3) Give them honest, open feedback regarding their skills. Let them know where you see them and how they can improve.

Since this is a criterion referenced scale, ranging from Inadequate to Expert, ratings will be lower than on the old form.

Rating Scale

1) INADEQUATE

Performance is **inadequate** in this area. Trainee will require intense supervision in this area.

Criteria:

- a) Shows **insufficient knowledge, understanding and/or skills** in this area
- b) **Does not differentiate** between **important and unimportant details** and issues
- c) Demonstrates a **simplistic and/or rigid approach** to helping clients or in consultation.
- d) **Does not understand** the process of change.
- e) **Lacks** understanding and flexibility in **attitudes and/or awareness**, including self-awareness **needed to improve** performance well in this area.

2) NOVICE

Performance is **fair** in this area. Trainee will require careful supervision in this area.

Criteria:

- a) Shows **limited knowledge, understanding and/or skills** in this area
- b) **Differentiation** between **important** and **unimportant details** and issues is **uneven and unpredictable**.

- c) Understanding of the **dynamics and complexity** of clinical work is **limited**.
- d) Has **little understanding** of the **process of change**.
- e) Is **inflexible at times** in **attitudes or awareness**, including self-awareness needed to improve performance well in this area.

3) INTERMEDIATE

Performance is **satisfactory** in this area. Trainee will require ongoing supervision in this area.

Criteria:

- a) Demonstrates **sufficient knowledge, understanding, and/or skills** in this area
- b) **Differentiates appropriately most of the time** between important and unimportant details and issues.
- c) Shows a **sufficiently complex and flexible approach** to clients' issues, challenges, and/or consultation.
- d) Shows **sufficient, but perhaps superficial understanding** of the **process of change**.
- e) Demonstrates **increasingly flexible attitudes and awareness**, including self-awareness to perform well and continue improvement.

4) ADVANCED

Performance is **good** in this area. Continued support is needed to guide performance in this area.

Criteria:

- a) Knowledge, understanding and/or skills in this area are **good** and allow **more independent** practice.
- b) Approaches **new and challenging situations** with **skill and flexibility** and **begins to generalize skills and knowledge** to a variety of clinical and professional situations.
- c) **Attitudes and awareness**, including self-awareness **enhances practice** and consultation.
- d) Demonstrates **deeper and more complex conceptualization** and approach to **client change** and other professional issues.

5) PROFICIENT

Performance is **very good** in this area. Trainee will require some supervision in this area, but supervision is more collegial.

Criteria:

- a) Demonstrates **deeper and more integrated knowledge and skills in** this area that facilitates **independent functioning**.
- b) Shows **very good** ability to **generalize** understanding and skills to new and challenging situations.
- c) **Attitudes and awareness**, including self-awareness are **mature and flexible** and enhance practice.
- d) **Very good** ability to **articulate** issues and **complex approaches** to intervention/ problem solving/**client change**.

6) EXPERT

Performance is **excellent** in this area. Supervision becomes more collegial and trainee will require only occasional supervision in this area.

Criteria:

- a) **Knowledge and skills** are **deep and integrated** in this area and practice is **very independent**.
- b) **Generalization** of skills and understanding to new and challenging situations is **excellent**.
- c) Demonstrates **exceptional maturity and flexibility in skills, attitudes, and awareness** needed for the **wide variety of professional situations**.
- d) **Excellent** ability to **articulate** issues and **complex approaches** to intervention / problem solving/**client change** for this level of training.

Student Therapist Goals

[illegible]

Agreement about the nature of clinical supervision to help student achieve training goals:

[illegible]

Individual Therapy

Interpersonal Skills

1) Takes a respectful, helpful professional approach to clients.	1 2 3 4 5 6
2) Forms a strong working alliance.	1 2 3 4 5 6
3) Ability to deal with conflict, negotiate differences.	1 2 3 4 5 6
Please comment on any Item given a rating of "1":	

Assessment/Diagnostic/Intake Skills

1) Able to quickly establish rapport with client	1 2 3 4 5 6
2) Distinguishes between intake interview and counseling	1 2 3 4 5 6
3) Asks relevant questions for intake purposes	1 2 3 4 5 6
4) Arrives at appropriate therapy contract with clients.	1 2 3 4 5 6
5) Utilizes systematic approaches to gathering data to inform clinical decision	1 2 3 4 5 6
6) Ability to formulate and apply diagnoses; to understand the strengths and limitations of current diagnostic approaches	1 2 3 4 5 6
7) Ability to formulate and conceptualize cases	1 2 3 4 5 6
Please comment on any Item given a rating of "1":	

Non-Specific Intervention Skills

1) Understands and maintains appropriate professional boundaries	1 2 3 4 5 6
2) Appropriate use of self-disclosure	1 2 3 4 5 6
3) Effective use of silence in therapy	1 2 3 4 5 6
4) Aware of and uses non-verbal cues	1 2 3 4 5 6
5) Deals appropriately with termination issues	1 2 3 4 5 6
6) Maintains an adequate caseload	1 2 3 4 5 6
Please comment on any Item given a rating of "1":	

Specific Intervention Skills

1) Develops and implements treatment plans	1 2 3 4 5 6
2) Knowledge of psychotherapy theory, research and practice and linking of this knowledge to conceptualization and treatment planning	1 2 3 4 5 6
3) Use of a wide range of developmental, preventative, and "remedial" intervention skills including psychotherapy, psycho educational interventions, and appropriate crisis intervention skills	1 2 3 4 5 6
4) Ability to assess treatment progress and outcomes	1 2 3 4 5 6
5) Clear on own philosophy of change process	1 2 3 4 5 6
6) Appropriately makes referrals	1 2 3 4 5 6
Please comment on any Item given a rating of "1":	

Crisis Intervention

1) Identifies a crisis situation and distinguishes between crisis intervention and	1 2 3 4 5 6
2) Takes necessary steps to arrange for help and is aware of resources	1 2 3 4 5 6
3) Follows BYU and CAPS procedures for crisis intervention including notification of key administrators and agencies	1 2 3 4 5 6
4) Consults with other professionals in CAPS as needed	1 2 3 4 5 6
5) Understands ethical issues involved in crises and acts accordingly	1 2 3 4 5 6
Please comment on any Item given a rating of "1":	

College Student Development

1) Is familiar with developmental theories of college student development	1 2 3 4 5 6
2) Able to apply a developmental theory to help client assess and understand developmental issues	1 2 3 4 5 6
3) Helps client distinguish between developmental and psychopathological issues	1 2 3 4 5 6
4) Able to make counseling interventions to help the client move toward further development	1 2 3 4 5 6
5) Provides a balance of support and challenge to facilitate development in clients	1 2 3 4 5 6
Please comment on any Item given a rating of "1":	

Couples Therapy

Couples Therapy Conceptualization and Intervention Skills

1) Able to form a therapeutic alliance with the couple and manage sessions in ways in which each partner feels safe, heard, and understood	1 2 3 4 5 6 N/A
2) Able to understand and reflect the central dilemmas and problematic cycles the couple is facing, including issues which are specific to the	1 2 3 4 5 6 N/A
3) Able to conceptualize a treatment approach based on couples' therapy models, such as EFCT, IMAGO, Gottman's Relational Model, etc.	1 2 3 4 5 6 N/A
4) Able to effectively intervene in ways, which help the couple to address and reformulate their thoughts and emotions about their relationship	1 2 3 4 5 6 N/A
5) Ability to be direct and interrupt couple when needed.	1 2 3 4 5 6
6) Able to examine his or her own limitations and personal process in the countertransference experienced as a couples' therapist	1 2 3 4 5 6 N/A
Please comment on any Item given a rating of "1":	

Use of Supervision

Working Relationship

1) Collaborates with supervisor to set appropriate goals for supervision and to work to achieve goals	1 2 3 4 5 6
2) Prepares for supervision: Bringing cued video, thoughtful questions about	1 2 3 4 5 6
3) Participates effectively with supervisors in evaluation of own performance.	1 2 3 4 5 6
Please comment on any Item given a rating of "1":	

Openness/Reflective Ability

1) Ability to self-reflect and self-evaluate regarding clinical skills and use of supervision, including using good judgment as to when supervisory input is	1 2 3 4 5 6
2) Discusses and shares concerns, questions, limitations, difficult or dangerous cases, ethical dilemmas and perceived mistakes	1 2 3 4 5 6
3) Open to and receives feedback, suggestions, and correction from supervisors in a non- defensive manner	1 2 3 4 5 6
Please comment on any Item given a rating of "1":	

Diversity

Individual and Cultural Differences

1) Respect for individual and cultural autonomy and differences	1 2 3 4 5 6
2) Knowledge of one's own beliefs, values, attitudes, stimulus value and related strengths/limitations as one works in a clinical setting with diverse others	1 2 3 4 5 6
3) Knowledge about the nature and impact of diversity in working with specific racial/ethnic/religious populations	1 2 3 4 5 6
4) Ability to work effectively with diverse others in assessment, treatment and consultation	1 2 3 4 5 6
Please comment on any Item given a rating of "1":	

Religious/Spiritual Issues in Counseling

1) Values and understands how religious/spiritual issues are an aspect of diversity and enables the therapist to gain a deeper understanding of the client	1 2 3 4 5 6
2) Respects and attempts to understand the religious/spiritual worldview of each	1 2 3 4 5 6
3) Is familiar with and follows the APA ethical guidelines on religion and spirituality: In particular, therapist allows their clients the rights to "self-determination" concerning religious/spiritual concerns (Principle E: APA	1 2 3 4 5 6
4) Is aware of own religious/spiritual perspectives and the accompanying assumptions and possible biases	1 2 3 4 5 6
5) Appropriately and ethically uses religious/spiritual interventions as deemed helpful to the client	1 2 3 4 5 6
Please comment on any Item given a rating of "1":	

Professional, Ethical, and Legal Practices

1) Follows APA Ethical Standards and legal statutes and regulations	1 2 3 4 5 6
2) Recognizes and analyzes ethical and legal issues and consults appropriately	1 2 3 4 5 6
3) Prompt completion of and appropriately written case notes and reports	1 2 3 4 5 6
4) Distinguishes between personal and client needs and maintains professional relationship	1 2 3 4 5 6
5) Self-identifies personal distress and seeks resources for healthy functioning during personal distress, particularly as it relates to clinical work	1 2 3 4 5 6
Please comment on any Item given a rating of "1":	

Professionalism

1) Relates professionally and respectfully with professional and support staff	1 2 3 4 5 6
2) Keeps appointments and presents self in a professional manner for delivery of psychological services (e.g., punctual, appropriate dress, etc.)	1 2 3 4 5 6
3) Is on time for supervision and does not miss without proper reason and advance notice to supervisor	1 2 3 4 5 6
4) Works well with colleagues, to give and receive support	1 2 3 4 5 6
5) Gives and receives helpful feedback to peers non-defensively	1 2 3 4 5 6
6) Understands and observes CAPS operating procedures	1 2 3 4 5 6
7) Participates in furthering the work and mission of CAPS	1 2 3 4 5 6
Please comment on any Item given a rating of "1":	

Other Comments:

Plans for Remediation:

Student Therapist

Date

CAPS Supervisor

Date

Criterion XII. Appendix 2:

Example of Specific ABGP Examination Procedures

Clear guidelines are available in narrative form in the ABGB Examination Manual. Below is the scoring grid used by examiners, which briefly illustrates competency area scoring criteria.

CANDIDATE NAME	PRACTICE		ORAL	
<i>Foundational</i>				
1. SCIENCE KNOWLEDGE AND METHODS COMPETENCE				
Uses evidence bases and theory to inform activities as a group psychologist				
Evaluates research critically				
Demonstrates attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to the application of the science base to practice and the contribution to the science base				
2. INDIVIDUAL AND CULTURAL DIVERSITY COMPETENCE				
Conveys knowledge about individual and cultural diversity				
Demonstrates genuine dedication to understanding the knowledge base for peoples, cultures, ideas that might be different from the candidate's				
Demonstrates sensitivity and responsiveness to individual and cultural diversity in each competency domain				
3. RELATIONSHIP COMPETENCE				
Demonstrates awareness of self that permits effective functioning through affective and expressive communication with others				
Demonstrates an awareness of the needs, feelings, and reactions of others is the present and promotes effective functioning in each competency domain.				
Conveys sensitivity to the welfare, rights, and dignity of others				
4. ETHICS AND LEGAL FOUNDATIONS COMPETENCE				
Demonstrates knowledge about ethical standards and applies this knowledge to perform in an ethical fashion				
Demonstrates knowledge about legal standards and applies this knowledge				
Demonstrates professionalism and awareness of professional standards in presentation of the written submission (e.g., use of APA references, attention to editing demands, etc.)				
5. GROUP PROFESSIONAL IDENTIFICATION COMPETENCE				
Demonstrates active participation in the profession of Groups				

Criterion XII. Provider Identification and Evaluation

Demonstrates a familiarity with current significant issues facing the profession and the implication of these issues in Group Psychology				
Seeks consultation and supervision when needed				
Obtains ongoing training and education in Group Psychology				
Demonstrates professionalism and awareness of professional standards in presentation of the written submission (e.g., use of APA references, attention to editing demands, etc.)				
6. REFLECTIVE PRACTICE/SELF-ASSESSMENT/SELF-CARE				
Demonstrates ability and willingness to consider congruence between own and others assessment and seeks to resolve incongruence				
Accurately assesses areas of own competence, while consistently recognizing own problems without minimization				
Models self-care by routinely assessing strengths and weakness, addressing these, and taking time out for growth				
7. INTERDISCIPLINARY SYSTEMS				
Demonstrates the ability to work successfully with many kinds of professionals by systematically collaborating at many levels				
Appreciates and demonstrates such appreciation of various contributions from other professionals involved in client welfare				
<i>Functional</i> (See Pages 26-40 for full explanation of these)				
8. ASSESSMENT /DIAGNOSIS/CONCEPTUALIZATION				
Demonstrates awareness and/or conducts assessments and evaluations with skill and appropriate attitude using extant knowledge base for Group Psychology				
Demonstrates awareness and/or interprets assessment and evaluations findings accurately and use these to inform conceptualization				
Demonstrates awareness and/or applies assessment and evaluation data to the development of recommendations in Group Psychology				
Demonstrates awareness and/or communicates results with useful Outcomes for Group Members				
Demonstrates attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to assessment				
9. INTERVENTION COMPETENCE				
Demonstrates awareness and/or manages contract issues responsibly				
Demonstrates awareness and/or chooses procedures appropriate for group client or patient and situation				

Criterion XII. Provider Identification and Evaluation

Demonstrates awareness and/or applies interventions with skills and knowledge and appropriate attitude				
Demonstrates attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to intervention				
10. CONSULTATION COMPETENCE				
Demonstrates awareness and/or uses procedures appropriate for context				
Demonstrates awareness and/or gathers appropriate information as background for the consultation				
Demonstrates awareness and/or conducts consultations with skill and knowledge and appropriate attitude				
Demonstrates attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to consultation in groups				
11. SUPERVISION COMPETENCE (if applicable, otherwise write N/A)				
Supervision – Uses existing theory and research to conduct supervision with skill and appropriate attitude				
Teaching – Uses existing theory and research to teach with skill and appropriate attitude				
Demonstrates attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to supervision				
12. RESEARCH AND EVALUATION (if applicable)				
Demonstrates clear ability to apply scientific method to problems that arise in group setting				
Demonstrates commitment to reading professional group journals and contributing to them to strengthen group evidence bases				
Clearly and carefully evaluates programs and activities				
Demonstrates participation in the provision and/or receipt of external peer review (e.g., publications, poster sessions, oral presentations, grants, dissertation committees, etc.)				
Demonstrates ability to navigate the peer-review process				
13. TEACHING/MANAGEMENT/ADMINISTRATION				
Demonstrates knowledge of outcome assessment of teaching effectiveness				

Criterion XII. Provider Identification and Evaluation

Evaluates the effectiveness of learning/teaching strategies addressing key skill sets.				
Manages direct delivery of professional services, and demonstrates awareness of basic principles of resource allocation and oversight.				
Develops a mission, set goals, implement systems to accomplish.				
Demonstrates awareness of the principles of policy and procedures manuals of organization, programs, and agencies; awareness of basic business, financial and fiscal management issues.				
1. ADVOCACY				
Engages with groups with differing viewpoints around an issue to promote change				
Promotes client self-advocacy, and engages in relevant groups and individuals towards that end				

Criterion VII. Evaluation of Competencies – Doctoral and Internship Levels

A 5-point scale is used, with ratings defined as follows:

Goal #1: Acquire experience and knowledge of psychology as a theoretical, empirical, and applied discipline.
Objective(s) for Goal #1: Engage in clinical work throughout the internship, demonstrating evidence-based practice and appropriate standard of care for the discipline. Attend formal didactic training, and be prepared to discuss relevant points during supervision. Demonstrate adept case conceptualization abilities, taking into account various data points, such as clinical presentation, clinical history, data from corroborative sources, and results from formal psychological testing.
Competencies Expected: a. Knowledge of psychological theories and professional literature applied to evidence-based interventions and assessment.
Evaluation Forms Used for Expected Competencies: a. See USH Internship in Psychology Program Intern Evaluation Form in the Psychology Internship Handbook.
How Outcomes are Measured and Minimum Thresholds for Achievement for Expected Competencies: . Outcomes are measured via the USH Internship in Psychology Program Intern Evaluation Form, Items 4, and 6 - 13. . As described in the paragraph immediately preceding this table, outcomes are measured on a 5-point scale, with a minimum threshold for achievement rating being an average of “3” across items. c. Intern would also attend at least 80 hours of formal didactic training during the internship.
Goal #2: Become proficient in the assessment and treatment of those with severe mental illness.
Objective(s) for Goal #2: . Learn to establish rapport and a solid therapeutic relationship with a variety of patients. . Demonstrate the ability to collaborate with patients to establish realistic and clinically meaningful treatment goals as part of effective treatment planning. . Proficiently determine appropriate assessment batteries, administer, score, and interpret assessment measures, and integrate the findings with other relevant data (e.g., clinical history, current presentation, input from other individuals, etc.). . Offer appropriate and useful treatment recommendations to patients and their treatment teams, which take into account the patient’s perspective and input. . Skillfully write well-organized, conceptually clear and clinically meaningful assessment reports and other clinical documentation.
Competencies Expected: a. Aptitude in conducting complex integrated psychological assessments and appropriate psychotherapeutic interventions with individuals experiencing severe mental illness.
Evaluation Forms Used for Expected Competencies: a. See USH Internship in Psychology Program Intern Evaluation Form in the Psychology Internship Handbook.

How Outcomes are Measured and Minimum Thresholds for Achievement for Expected Competencies: - Outcomes are measured via the USH Internship in Psychology Program Intern Evaluation Form, Items 4, and 6 – 20. - As described in paragraph immediately preceding this table, outcomes are measured on 5-point scale, with minimum threshold for achievement rating being average of “3” across items.
Goal #3: Develop an awareness of cultural and individual diversity issues relevant to clinical practice.
Objective(s) for Goal #3: - Participate in diversity training seminars. - Demonstrate awareness of own diversity background, biases and experiences, and how these factors may impact therapy; show sensitivity to diversity issues of others, particularly to those receiving clinical services from the intern. Complete professional readings as indicated related to diversity issues. d. Identify, monitor, and appropriately address transference and countertransference issues when they emerge to maximize the likelihood of therapeutic benefits and minimize potential negative impact on clinical work.
Competencies Expected: a. Awareness of and sensitivity to diversity issues, and ability to channel this awareness and sensitivity in therapeutically beneficial ways.
Evaluation Forms Used for Expected Competencies: a. See USH Internship in Psychology Program Intern Evaluation Form in the Psychology Internship Handbook.
How Outcomes are Measured and Minimum Thresholds for Achievement for Expected Competencies: - Outcomes are measured via the USH Internship in Psychology Program Intern Evaluation Form, Items 4, 7 – 10, 12, 13, 18, and 20. - As described in the paragraph immediately preceding this table, outcomes are measured on a 5-point scale, with a minimum threshold for achievement rating being an average of “3” across items. - Outcome for this goal would also be measured by the interns’ performance on the two formal clinical case presentations given during the internship, which are evaluated using the Case Presentation Feedback Form; ratings would need to average “3” or higher across items and raters.
Goal #4: Learn to think and act in a manner consistent with ethical practice and professional integrity.
Objective(s) for Goal #4: - Become familiar with ethical principles of psychologists via review of APA Ethics Code. - Attend USH new employee orientation during which staff from HR discusses the privacy act, patient rights, HIPAA, release of information, and other legal issues. Attend didactics on ethical, legal, and professional issues. d. Bring any questions or concerns about ethical issues to supervision on an ongoing basis throughout the internship.

Competencies Expected: a. Follow ethical, legal, and professional guidelines while practicing psychology, with a gradual progression toward independent decision making (i.e., less reliance on supervision).
Evaluation Forms Used for Expected Competencies:
a. See USH Internship in Psychology Program Intern Evaluation Form in the Psychology Internship Handbook.
How Outcomes are Measured and Minimum Thresholds for Achievement for Expected Competencies: . Outcomes are measured via the USH Internship in Psychology Program Intern Evaluation Form, Items 1, 8, 10, 11, 13, 20 – 23, 25, and 26. . As described in the paragraph immediately preceding this table, outcomes are measured on a 5-point scale, with a minimum threshold for achievement rating being an average of “3” across items.
Goal #5: Become socialized in the role of psychologist and develop a professional identity.
Objective(s) for Goal #5: . Develop a professional self-concept in role as a mental health provider, while recognizing the benefits available from supervision during the internship; utilize supervision effectively and accept feedback non-defensively. . Provide regular feedback and input to the psychology faculty in helpful ways that can improve the training program and internship experience. c. Demonstrate appropriate case management skills, and stay abreast of required paperwork. . Contribute to a supportive and positive work environment through interactions with other staff. . Participate in didactic and other training experiences related to professional development.
Competencies Expected: a. Function as a member of USH’s clinical provider staff, while developing a professional identity as a psychologist. Fulfill professional duties and responsibilities. c. Engage in the training process, and contributing to the betterment of the internship and facility as a whole.
Evaluation Forms Used for Expected Competencies: a. See USH Internship in Psychology Program Intern Evaluation Form in the Psychology Internship Handbook.
How Outcomes are Measured and Minimum Thresholds for Achievement for Expected Competencies: . Outcomes are measured via the USH Internship in Psychology Program Intern Evaluation Form, Items 2, 3, 5, 11, 18, and 20 – 26. . As described in the paragraph immediately preceding this table, outcomes are measured on a 5-point scale, with a minimum threshold for achievement rating being an average of “3” across items. Intern obtains a professional position or postdoctoral residency in psychology. Intern participates in a professional psychology organization post internship.
Goal #6: Review professional literature and/or help to conduct small- or large-scale research to answer clinical questions pertaining to groups or individuals.

Objective(s) for Goal #6: . Gain an understanding of professional literature by consulting professional sources, completing assigned readings, and/or engaging in research activities. . Participate in didactic seminars and be prepared to discuss key points during supervision. . Discuss professional literature as related to cases reviewed during case conceptualization supervision. . Make two formal case presentations during the internship to psychology staff, during which relevant professional literature is summarized and discussed as related to the case(s) being highlighted.
Competencies Expected: a. Demonstrate knowledge and application of evidence-based interventions and assessments, integrating research into practice.
Evaluation Forms Used for Expected Competencies: a. See USH Internship in Psychology Program Intern Evaluation Form in the Psychology Internship Handbook.
How Outcomes are Measured and Minimum Thresholds for Achievement for Expected Competencies: . Outcomes are measured via the USH Internship in Psychology Program Intern Evaluation Form, Items 4, 8, and 10. . As described in the paragraph immediately preceding this table, outcomes are measured on a 5-point scale, with a minimum threshold for achievement rating being an average of “3” across items. . Outcome for this goal would also be measured by the interns’ performance on the two formal clinical case presentations given during the internship, which are evaluated using the Case Presentation Feedback Form; ratings would need to average “3” or higher across items and raters.

The internship is an organized program. It consists of a properly administered, planned, structured, and programmed sequence of professionally supervised training experiences that are characterized by greater depth, breadth, duration, frequency, and intensity than practicum training. The training program includes the following:

The program’s training activities are structured in terms of their sequence, intensity, duration, and frequency as well as planned and programmed in the modality of the training activities and their content.

The primary training method is experiential (i.e., service delivery in direct contact with service recipients). The experiential training component includes socialization into the profession of psychology and is augmented by other appropriately integrated modalities, such as mentoring, didactic exposure, role-modeling and enactment, observational/vicarious learning, supervisory or consultative guidance;

Curriculum Area:	<i>Theories and methods of assessment and diagnosis</i>
Required Training Activity	Interns receive didactic instruction regarding assessment and diagnosis early in the training seminars and throughout the year. Assessment trainings initially focus on the specific purpose of a test, administration issues and development of an appropriate test battery to answer specific referral concerns, and later address more complex assessment issues including differential diagnosis. Examples of topics specifically covered include Differential Diagnosis, Integrative Report Writing, Psychological and Neuropsychological Assessment Measures, Child, Adolescent and Adult/Geriatric Assessment, and assessment of Autism Spectrum Disorders. Individual and group supervisors provide intensive supervision on the administration, scoring, interpretation and report writing of the psychological assessments. For tests unfamiliar to the interns, they are required to familiarize themselves with the test manual, administration and scoring, and to practice giving the test prior to administration.
Competencies Expected	On each rotation, interns typically complete one psychological evaluation every couple of weeks. These assessments are based on data integrated from multiple sources and include written reports with diagnostic impressions and treatment recommendations. In order to achieve this requirement, interns must develop and demonstrate proficiency in the administration, scoring and interpretation of commonly used intelligence tests, behavioral measures, affective measures, personality, neuropsychology and projective measures.
How Outcomes are measured and minimum thresholds for achievement	Interns receive feedback informally on an ongoing basis during each rotation. Formal written evaluation takes place at the midpoint and end of each rotation with respect to their competencies in assessment and diagnosis (See Internship in Psychology Program Intern Evaluation Form in Appendix B). Minimum thresholds for achievement are an average of three across items measuring these domains (Intern Evaluation Form). Interns must demonstrate an understanding of child, adolescent and adult psychopathology and the ability to make appropriate differential diagnoses using the current version of the DSM, the ability to select an appropriate psychological assessment battery based on a specific referral question, the ability to administer, interpret and integrate a variety of assessment measures from multiple sources, and the ability to develop an appropriate diagnostic formulation and to link assessment data to treatment recommendations, communicate results and to prepare a quality written report.

Curriculum Area	<i>Theories and methods of effective intervention</i>
Required Training Activity	Evidence-based intervention approaches are introduced, discussed and reviewed in the ongoing didactic trainings, case presentations, staff meetings and individual and group supervision. Interns are encouraged to use research to guide interventions and to utilize empirically supported treatments with all of their clinical cases. Examples of the topics covered in supervision and other aspects of training include the following: Group Psychotherapy Approaches, Treatment of PTSD, Establishing Appropriate Treatment Goals, Cognitive-Behavioral Therapy, and Dialectical Behavior Therapy. Furthermore, interns receive additional training and supervision in the weekly individual psychotherapy supervision, where audiotapes of the interns' therapy sessions are reviewed and discussed to enhance the supervision process and enhance learning. This promotes an open dialogue regarding therapeutic interventions, strategies and issues. Clinical cases are carefully selected for the interns to provide an adequate breadth and depth of clinical experiences. Training supervisors provide supervision of all interns' clinical cases. In formal and informal supervision sessions, case material is discussed and reviewed.
Competencies Expected	Throughout the internship experience, interns are expected to be able to provide direct psychological services including individual and group psychotherapy. An intern's caseload typically includes two individual patients (an adult long-term therapy patient and a pediatric cognitive remediation patient), and one to two psychotherapy groups, and is designed to maximize the training experience. Interns are expected to develop competency working with a variety of clinical populations, diagnoses and treatment modalities.
How Outcomes are measured and minimum thresholds for achievement	At the midpoint and conclusion of each rotation, interns are evaluated on their ability to (1) establish and maintain solid therapeutic relationships, (2) utilize a theoretical framework to develop an accurate case conceptualization, (3) select and implement appropriate empirically-supported psychotherapeutic interventions based on a patient's specific therapeutic needs, and (4) formulate appropriate treatment plan and obtainable therapeutic goals and interventions. (See Intern Evaluation Form in Appendix B, p. x, items x – x). Minimum thresholds for achievement are an average score of 3 across items covering this domain (Intern Evaluation Form).
Curriculum Area	<i>Theories and methods of empirically based / supported treatments</i>

Required Training Activity	Empirically supported treatment approaches are introduced, discussed and reviewed in the ongoing didactic trainings, case presentations, staff meetings and individual and group supervision. Interns are encouraged to use research to guide approaches to treatment and to utilize empirically supported treatments with all of their clinical cases. Examples of the topics covered in training include working effectively with individuals diagnosed with Mood and Anxiety Disorders, Posttraumatic Stress Disorder, Dually-Diagnosed Persons with Substance Abuse/Dependence Diagnoses, and Pediatric Patients with Neurocognitive Deficits. Furthermore, interns receive additional training and supervision in the weekly individual psychotherapy supervision, where audiotapes of the interns' therapy sessions are reviewed and discussed to enhance the supervision process and enhance learning. This promotes an open dialogue regarding therapeutic interventions, strategies and issues. Clinical cases are carefully selected for the interns to provide an adequate breadth and depth of clinical experiences. Training supervisors provide supervision of all interns' clinical cases. In formal and informal supervision sessions, case material is discussed and reviewed.
Competencies Expected	Interns are expected to be able to provide direct psychological services including individual and group psychotherapy and neurocognitive remediation. In addition, they are expected to be able to work effectively with individuals with a variety of diagnostic issues including mood and anxiety disorders, attachment disorders, parent-child relational problems, marital distress and substance abuse as well as personality disorders. An intern's caseload typically includes two individual patients (an adult long-term therapy patient and a pediatric cognitive remediation patient), and one to two psychotherapy groups, and is designed to maximize the training experience. Interns are expected to develop competency working with a variety of clinical populations, diagnoses and treatment modalities.
How Outcomes are measured and minimum thresholds for achievement	At the midpoint and conclusion of each rotation, interns are evaluated on their ability to (1) establish and maintain solid therapeutic relationships, (2) utilize a theoretical framework to develop an accurate case conceptualization, (3) select and implement appropriate empirically-supported psychotherapeutic interventions based on a patient's specific therapeutic needs, and (4) formulate appropriate treatment plan and obtainable therapeutic goals and interventions. (See Intern Evaluation Form in Appendix B, p. x, items x – x). Minimum thresholds for achievement are an average score of 3 across items covering this domain (Intern Evaluation Form).
Curriculum Area	<i>Theories and/or methods of consultation</i>

Required Training Activity	Interns gain experience in performing consultations in all training rotations. For example, each intern meets regularly with multidisciplinary treatment teams to discuss their therapy cases and to provide input on the cases of other clinicians. They also consult regularly with the hospital unit staff regarding psychological assessment results, behavioral interventions for a specific patient or to address milieu issues on the units. Interns receive training in the role of psychology consultant and the process of providing consultation during case conceptualization supervision, and informally during rotation- and psychotherapy-specific supervision as relevant. Interns must reach intermediate to advanced levels of competency in the area of consultation and are evaluated on their ability to consult, collaborate and communicate within a multidisciplinary treatment team setting and with other professionals as appropriate to patient care. (See Intern Evaluation Form in Appendix B page(s) #-#).
Competencies Expected	The intern is able to demonstrate the ability to consult, collaborate, and communicate within a multidisciplinary treatment team setting, and to with other professionals as appropriate to patient care.
How Outcomes are measured and minimum thresholds for achievement	Outcomes are measured via direct observation and via informal feedback from USH staff members involved on treatment teams with the consulting intern. Outcomes are also measured on the Intern Evaluation Form in Appendix B, page #, item #. The minimum threshold for achievement is a score of 3 (Intern Evaluation Form).
Curriculum Area	<i>Theories and/or methods of evaluation</i>
Required Training Activity	Interns play a key role in the evaluation of the internship program by providing formal and informal feedback throughout the year. Interns complete an evaluation of each formal didactic training experience, rotation and supervisor following each rotation and a year-end evaluation of the internship experience as a whole; as part of the annual training program review, interns provide verbal and written feedback about the internship as a whole. Interns also are invited to provide feedback about their rotations, the internship, or supervision during weekly group and individual supervision, as well as with the Training Director during regularly scheduled case conceptualization supervision sessions or at any time on an as-needed basis. Interns are invited to attend at least six psychology staff meetings during the internship, during which they may provide feedback and voice any concerns to the training committee (or sooner for issues that require immediate attention or change). Interns are also involved in evaluating internship applicants during the portion of the interview process in which applicants view and discuss
Competencies Expected	Interns will follow through with didactic, rotation, supervisor, and internship evaluations, and become comfortable with giving constructive feedback that emphasizes both strengths and any needed areas for improvement.

How Outcomes are measured and minimum thresholds for achievement	The interns are expected to complete didactic, rotation, internship feedback in a timely manner (e.g., within a week of when the evaluation is due). Outcomes are formally measured on the Internship in Psychology Program Intern Evaluation Form in Appendix B, item 3, page #. The minimum threshold for achievement is a score of 3 (Intern Evaluation Form).
Curriculum Area:	<i>Theories and/or methods of supervision</i>
Required Training Activity	Interns learn about supervision by observing and discussing the supervision process with their various supervisors in the internship program. New for the 2008 group of interns, was a formal didactic training focused on using supervision effectively, which describes roles of supervisors and supervisees in the supervision process, as well as includes readings related to theories of supervision.
Competencies Expected	It is expected that interns attends didactic training on supervision, complete assigned readings, and work with their supervisors to discuss their goals, experiences, perceptions, and expectations related to the supervision process. They are expected to adequately prepare for supervision, attend supervision punctually and provide appropriate feedback. Interns are also expected to be open to feedback from their supervisors and complete formal feedback pertaining to their rotation supervisor at the end of each rotation experience (Supervisor Evaluation: Summary by Supervisee).
How Outcomes are measured and minimum thresholds for achievement	The competencies identified above are measured on the Internship in Psychology Program Intern Evaluation Form in Appendix B, pages #-#, items 3, ##22, 23, and 24. The minimum threshold for achievement is an average score of 3 across the aforementioned items. The form interns use to evaluate their supervisors is also located in Appendix B, pages #-#.
Curriculum Area:	<i>Strategies of scholarly inquiry</i>
Required Training Activity	Relevant research articles and books supplement the rotations, many of the didactic training activities, and supervision. Training seminars generally include a review of the empirical basis for the intervention or assessment procedures being presented. Interns are expected to integrate the science of psychology into their clinical work. They are expected to familiarize themselves with the empirical basis of assessment and intervention procedures they use.

	Interns are often asked to perform a literature review and/or seek additional information on a diagnosis, assessment instrument or therapeutic intervention. Through the supervision process, interns learn to refine their ability to utilize scientific methods in clinical practice. Twice during the internship, each intern performs a thorough literature review related to an aspect of his or her formal case presentation. As a function of the internship's consistent emphasis on the integration of these principles, interns are expected to demonstrate the ability to competently use science to inform practice by the completion of the internship. Participation in research within the hospital is not required, but is strongly supported; although the primary focus of our training program is the development of applied skills, interns may become involved in a variety of research projects.
Competencies Expected	Interns are evaluated on, and must demonstrate, knowledge of current scientific literature/research and the ability to integrate psychological research and theory into clinical practice, as well as behaviors reflective of inquisitiveness and a desire for professional growth (i.e., scholarly inquiry, participation in supervision, seminars and training, knowledge of current research articles, and self-motivation).
How Outcomes are measured and minimum thresholds for achievement	The competencies identified above are measured on the Internship in Psychology Program Intern Evaluation Form. The Case Presentation Feedback Form is used to evaluate each of the intern's formal case presentations, and items specific to scholarly inquiry are items 2a, 2b, 2c, and 2d. The minimum threshold for achievement is an average score of 3 across items.
Curriculum Area:	<i>Issues of cultural and individual diversity</i>
Required Training Activity	The training program is designed to provide interns with relevant knowledge and experiences regarding the role of cultural and individual diversities in psychological phenomena and professional practice. The program emphasizes sensitivity to and ability to work effectively with individual and group difference in every aspect of professional functioning. Essential elements of all training activities are attention and sensitivity to individual and group differences. The internship provides specific trainings in issues of diversity and multicultural competence utilizing a variety of models and approaches. Formal didactic trainings are offered with regard to general multicultural counseling, the area's dominant religion (The Church of Jesus Christ of Latter-day Saints), gay, lesbian, bisexual and transgender issues, and therapeutic issues with Eastern Indian, African American, Hispanic and Native American populations.

	Issues of diversity are also woven into other didactic training topics including psychological and neuropsychological assessment, individual and group therapy, and clinical interviewing. In addition, issues of diversity (ethnicity, race, gender, level of acculturation, language barriers, religious beliefs, sexual orientation) are consistently discussed and addressed on an informal basis in the context of supervision, staff meetings, and treatment team meetings. Interns are also encouraged to explore their own personal and professional experiences and beliefs to enhance self-awareness and maximize effectiveness in all aspects of clinical work.
Competencies Expected	Interns gain extensive clinical experience with a broad range of diversity during their internship. The patient population is diverse with regard to gender, language, psychopathology, age, racial/ethnic background, socioeconomic status, religious affiliation and sexual orientation. It is expected that by the end of the year interns will have developed the level of sensitivity and skill with regard to multicultural issues that is necessary for professional functioning.
How Outcomes are measured and minimum thresholds for achievement	At the midpoint and conclusion of each rotation, interns are evaluated on their awareness and sensitivity to issues of diversity, understanding of the potential impact of individual differences on clinical work, and the ability to address the therapeutic needs of diverse populations. The outcomes identified above are measured on the Internship in Psychology Program Intern Evaluation Form, and on the Psychology Internship Program Case Presentation Feedback Form. The minimum threshold for achievement is an average score of 3 across the aforementioned items.

Criterion VII. Appendix 4: Additional Model Programs

1. APA Doctoral Internships

<u>Program</u>	Doctoral	Postdoctoral	Both
Name of University, School, or Institution offering program: Kansas State University			
Name of Program: Department of Psychological Services			
Address: 492 Bluemont Hall			
City/State/Zip: Manhattan, Kansas 66506			
Contact Person: Dr. Gary Brase			
Telephone No.: (785) 532-0609			
E-mail address: gbrase@ksu.edu			
Website: https://www.k-state.edu/psych/graduate/application/procedures.html			

2. Program

<u>Program</u>	Doctoral	Postdoctoral	Both
Name of University, School, or Institution offering program: University of Kentucky			
Name of Program: College of Arts and Sciences Psychology			
Address: 106-B Kastle Hall			
City/State/Zip: Lexington, KY 40506			
Contact Person: Melanie Kelley			
Telephone No.: 859-257-9640			
E-mail address: mkkell5@email.uky.edu			
Website: https://psychology.as.uky.edu/graduate-program			

3. <u>Program</u>	Doctoral	Postdoctoral	Both
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Name of University, School, or Institution offering program: **Purdue**

Name of Program: Psychological Sciences

Address: Department of Psychological Sciences, Graduate Office, 703 Third Street,

City/State/Zip: West Lafayette, IN 47907

Contact Person: Christopher Eckhardt

Telephone No.: (765) 494-6996

E-mail address: eckhardt@psych.purdue.edu

Website: <http://www.purdue.edu/hhs/psy/graduate/>

4. <u>Program</u>	Doctoral	Postdoctoral	Both
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Name of University, School, or Institution offering program: **Oregon State University**

Name of Program: School of Psychological Science

Address: Reed Lodge 131, 2950 SW Jefferson Way

City/State/Zip: Corvallis, OR 97331

Contact Person: Ashleigh Anderson

Telephone No. 541-737-2311

E-mail address: ashleigh.anderson@oregonstate.edu

Website: <http://liberalarts.oregonstate.edu/psychology/academic-programs/graduate-psychology>

5. <u>Program</u>	Doctoral	Postdoctoral	Both
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Name of University, School, or Institution offering program: **Stony Brook University**

Name of Program: Department of Psychology

Address: Dept. of Psychology, Stony Brook University

City/State/Zip: Stony Brook, NY 11795
Contact Person: Sheri Levy

Telephone No. 631-632-7855

E-mail address: sheri.levy@stonybrook.edu

Website: <http://www.stonybrook.edu/commcms/psychology/>

6. <u>Program</u>	Doctoral	Postdoctoral	Both
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Name of University, School, or Institution offering program: **University of New Hampshire**

Name of Program: Department of Psychology

Address: McConnell Hall, 15 Academic Way

City/State/Zip: Durham, NH 03824

Contact Person: Robin Scholefield

Telephone No 603-862-2360

E-mail address: robin.scholefield@unh.edu

Website: <http://cola.unh.edu/psychology/graduate-programs>

7. <u>Program</u>	Doctoral	Postdoctoral	Both
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Name of University, School, or Institution offering program: **Ball State University**

Name of Program: Department of Psychology

Address: Teachers College, Room 605, Ball State University

City/State/Zip: Muncie, IN 47306-0585

Contact Person: Tricia Hanley

Telephone No. 765-285-8040

E-mail address: cpsy@bsu.edu

Website: <http://cms.bsu.edu/academics/collegesanddepartments/counselingpsych/academic/phdprog>

78

Criterion VII. Appendix 3: Sample Curriculum (Utah State Hospital)

Utah State Hospital Internship Program

The Internship Program in Clinical Psychology is a formal training program with the intent of preparing students who wish to go on to Postdoctoral Fellowships in the specialty areas of Pediatric Neuropsychology, Forensic Psychology, and Clinical Psychology. The training model is defined as being “practitioner-scholar” in nature, and the primary method of training is experiential. Interns are provided with a graded sequence of experiences, with increasing levels of responsibility commensurate with the intern's demonstrated comfort and competency. The internship is deliberately structured to provide supervised experience working with patients of different ages, backgrounds and ethnicity, with diverse presenting problems and varying degrees of symptomatic severity. Rotations last approximately 16 weeks each, providing each intern with three training rotations over the course of the internship. The mandatory therapy component is designed to run an average of 3 to 4 hours per week, and span the entire internship year. The supervisor serves as a role model to challenge and guide, as well as to enhance skills needed to meet clinical demands. The intern is expected to apply graduate training to “real world” clinical situations. This philosophy emphasizes the development of professional skills, critical thinking ability, and professional ethics. Thus, as interns progress through the training program they are expected to broaden and deepen their clinical knowledge and demonstrate increased independence, in a manner consistent with the Hospital’s mission of providing excellent inpatient psychiatric care.

As part of the requirements for successful completion, interns provide two clinical-academic case presentations (one during the first half of internship and one during the second half). The Case Presentations allow the intern to demonstrate the skills that have been acquired in clinical case conceptualization, and provide the faculty an opportunity to evaluate and guide the intern’s clinical conceptual skills in a collegial conference atmosphere during which the faculty can evaluate the way in which an intern applies research to clinical practice. The faculty also uses the opportunity to enhance the intern’s awareness of the utility of research for clinical practice.

Another requirement during internship is to learn, administer and interpret outcome testing with our patient population (i.e., the Brief Psychiatric Rating Scale-Expanded Version). As part of the formalized training with instrumentation used for outcome testing, interns view multiple clinical vignettes and rate them to ensure their ratings are within an acceptable range when compared to consensus ratings. Then, interns co-rate an actual patient alongside of a supervisor, while the supervisor conducts the outcome assessment; following this experience, any discrepant ratings are discussed to further facilitate training of the intern. The next step in training is to have the intern conduct the outcome testing with a supervisor present to co-rate the patient’s responses, and, again, discrepant ratings are discussed. Once the supervisor determines that the intern has a solid grasp of

the outcome testing and the intern expresses a sense of readiness, the intern is able to administer outcome testing on his or her own and consult with the supervisor on an as-needed bases. The supervisor remains available for consultation, supervision, and to review and provide feedback on outcome assessment write-ups produced by the intern. The Utah State Hospital's outcome rating program is considered "best practice" by both SAMHSA and The Joint Commission (invited