Pre-Doctoral Psychology Internship

Philosophy

The Pre-Doctoral Psychology Internship program’s mission is to train advanced graduate students who emerge as entry-level psychology practitioners. Our program is designed sequentially to refine an intern’s professional identity while instilling competencies in delivery of services at a university-based mental health service with a primary focus on our mentor – apprenticeship supervisory model. This is accomplished through a combination of supervision with experienced clinicians and didactic modalities in a supportive, yet appropriately challenging, clinical learning environment. Our goal is the development of practitioners who can successfully transfer their skills to a variety of outpatient settings within the rapidly evolving healthcare field.

Interns are part of multidisciplinary treatment teams, using brief treatment modalities to address a wide range of diagnoses and presenting problems. These include intensive brief therapies for individuals, couples and groups; crisis intervention; on-call management of emergencies; behavioral medicine; psychological assessment; outreach/consultation; and when available, couples treatment, group treatment and supervision.

Applicants seeking to be part of a multiculturally sensitive environment while training with senior psychotherapists dedicated to healing pain and promoting clients’ personal growth will fit well into this program. Our brief, intensive therapy model allows us to help many more people in need and gives interns extensive experience with a wide variety of clients, diagnoses and treatment choices. Our diverse staff is committed to, and supportive of, interns’ growth and creativity. This is a therapy-focused learning environment for interns who wish to significantly strengthen their professional identities as effective clinicians.

About us

The University of Massachusetts Amherst is located in the Connecticut River valley of western Massachusetts. Amherst is a 30-minute drive from Springfield; about two hours from Boston and Albany, NY; and three hours from New York City. Bradley International Airport, in Windsor Locks, Conn., is about a one-hour drive, and is served by many major airlines.

Clinical services

University Health Services’ Center for Counseling and Psychological Health (CCPH) primarily provides brief and/or intermittent therapy, except during times of acute crisis, when more frequent contact may be necessary. Clinical services include individual therapy; behavioral medicine, such as biofeedback and clinical hypnosis; couples therapy; group therapy; and psychological assessment.

In addition to daily triage evaluations of all new clients, an emergency on-call service is maintained 24 hours a day, every day of the year. About 75 per year require inpatient care at psychiatric hospitals. Typical client complaints include academic problems, interpersonal crises, neurotic and characterological disorders, marital and family difficulties, affective disorders, eating disorders, acute panic, suicidal states, psychosomatic disorders, substance abuse and psychosis.

Generally speaking, treatment is a multi-modal integration of brief therapies. Depending on a client’s unique needs, the clinician’s orientation and supervision goals, a clinician may choose from brief psychodynamic, cognitive, behavioral, systemic, crisis intervention and/or psychopharmacologic approaches. About 10% of clients are seen in long-term therapy.

Consultation and education

The CCPH collaborates with other health professionals and campus community agencies. Ongoing consulting relationships include medical providers, minority student programs, the campus women’s and GLBTQ centers, campus police, residence hall staff, fraternities and sororities, and the international students’ office. Education efforts include peer counselor training, personal life issues workshops and stress management education.

Interns join staff in prevention-oriented outreach efforts, including workshops, newspaper articles and brochures on timely mental health issues, and also provide critical incident stress management in response to traumatic events affecting the campus community.
Quality assessment and research
Applied clinical research is encouraged, given available time and funds. Most research efforts are concerned with monitoring and improving the quality of our services; an annual review of clinical indicators helps identify service delivery areas that may require corrective action. During January and summer breaks, each intern chooses a quality improvement area of research or an area of specialized study. Current and past research includes studies of treatment outcomes; therapist-patient matches; consultation projects; client satisfaction; mental health-related needs of minority students; and quality assessment of brief psychotherapy. Interns usually find time available for dissertation work during semester break, spring vacation and the summer.

Training
The CCPH has trained professionals in the field since 1962. The Pre-Doctoral Psychology Internship program has been accredited by American Psychological Association (APA) since 1979. In addition, the CCPH hosts three full-time advanced interns from the Smith College School of Social Work and offers a postgraduate fellowship to qualified applicants.

Training staff
All of our psychology staff are interested in and committed to training, so we have arranged that all psychologists are involved in some level of supervision and/or training (as either a primary, secondary or tertiary individual supervisor; an assessment supervisor; or a seminar leader). Supervisors who are not licensed psychologists come from the disciplines of social work, psychiatry and psychiatric nursing, and are licensed and credentialed as such in their respective fields. They are involved in the supervision of interns as psychotherapy group co-leaders, seminar facilitators, on-call co-therapists and/or consultants, and medication consultants/prescribers. All interns have licensed psychologists as their clinical supervisors for their psychotherapy caseloads, receiving at least three hours per week of individual supervision from licensed psychologists. In addition, each intern receives an hour per week of group supervision of psychological assessment from a licensed psychologist, as well as a number of other supervisory experiences by non-psychologists.

Psychology training staff
(Further information about training staff can be found on the University Health Services website at www.umass.edu/uhsex/aboutus/providers/meet)

- Linda D. Scott, Ph.D., Director of Training
- Jennifer Lexington, Ph.D., Coordinator of Pre-Doctoral Psychology Training
- Patricia Barrows, Ph.D., Coordinator of Post-Doctoral and Practicum Training
- Deborah Berkman, Ph.D.
- Bruce Bynum, Ph.D.
- Jennifer Lefort, Ph.D.
- Julia Moss, Ph.D., M.S.W.
- Joshua Relin, Psy.D.
- Harry Rockland-Miller, Ph.D., Director, CCPH
- Melissa Rotkiewicz, Psy.D., Assistant Director for Psychological Assessments

Facilities and resources
Our clinic is housed in two separate buildings on campus. The main facility, Hills North, is the location of all three pre-doctoral psychology interns’ offices. The secondary facility, Berkshire House, is the location of our psychological assessment program and behavioral medicine clinic. As part of providing the various clinical services, interns spend time in both buildings. Each intern has their own private office, as well as access to all other areas within each clinic. Both buildings have reception areas, waiting rooms, medical records storage, staff mailboxes, work spaces, meeting rooms and individual staff offices. As our training model is that of apprentice – mentor, we place a strong emphasis on close relationships between interns and supervisors. Settings are designed so that interns and supervisors work near each other and have frequent informal contact throughout the day. All supervisors foster an “open door” policy and invite interns in at any point to answer questions or concerns, even if they are not that intern’s specific supervisor. Given that we share so many spaces (staff room, medical records area, etc.) and that intern offices are interspersed with senior staff offices, our emphasis on and commitment to the apprentice – mentor training model is apparent.

All interns have access to the same clerical and technical support that permanent senior staff members do. Each intern is assigned to a transcriptionist for medical records, and has equitable access to the two receptionists and one office manager. In addition, each has a computer in their office, equipped with a webcam for supervision via use of video. They each have their own account on our server, with space to store and share files, and have access to our department’s technology consultants.
A variety of materials and equipment are used within our training program. We have ample materials and equipment associated with psychological assessment and behavioral medicine (BioGraph Infiniti software with electromyography, galvanic skin response and thermoregulation equipment). We also have more general materials and equipment, including a small library of relevant books and journals, stores of office paperwork and supplies, etc. Interns also receive copies of our internship manual, assessment manual and on-call book at the beginning of their intern year, all of which they are free to keep and mark up as they wish. Interns frequently receive handouts and readings as part of their various seminars. As noted above, each intern’s office is equipped with a desktop computer and webcam, telephone with confidential voicemail and a locking filing cabinet.

**Accreditation**

The Pre-Doctoral Internship in Psychology at the University of Massachusetts Amherst’s University Health Services is currently accredited by the American Psychological Association. It was originally accredited in 1979 and was granted reaccreditation in 2004 by the Commission on Accreditation of the American Psychological Association. The Commission on Accreditation can be contacted at (202) 336-5979, at www.apa.org/ed/accreditation, or at: The Office of Program Consultation and Accreditation American Psychological Association 740 First Street, NE Washington, DC, 20002-4242

**Internship experience**

**Overview**

Individual supervision is provided by licensed senior staff representing the disciplines of psychology, social work, psychiatry and nursing; primary individual therapy supervisors will always be staff psychologists. In addition, a variety of multidisciplinary seminars are offered that combine didactic presentations with group supervision of each intern’s clinical cases to provide a maximum integration of theory and practice. To assist in the transition between the roles of student and professional, the program offers gradually increasing responsibility and participation in all aspects of service. Supervision is actively supported for interns and staff, and is viewed as the means through which clinical experiences can be conceptualized and important learning incorporated. Interns evaluate supervisors, seminars and the overall program via formal evaluations. Regular intern group meetings with the training directors facilitate feedback and allow for adjustments to be made in the program.

**Activities**

**INTAKE:** At the CCPH, about 60 – 70 new clients are triaged each week and are assigned to intake teams, giving interns a good deal of choice in selecting the type of clients they treat. An intern adds approximately two to four new clients each week; interns see approximately 100 new cases per year. Cases are discussed during individual supervision hours, with emphasis placed on developing rapid evaluation skills using the clinical interview.

**INDIVIDUAL PSYCHOTHERAPY:** A staff psychologist assigned as the primary supervisor meets with the intern for one to two hours per week throughout the year; secondary supervisors meet with the intern for one to two hours per week during the year. Interns also choose several clinical areas of concentration for which additional supervision could be provided.

Interns conduct approximately 12 – 16 hours of individual therapy per week during the first half of the year and approximately 14 – 16 hours the second half. The majority of cases require brief psychotherapy or crisis intervention; the intern will also see several cases for the entire year in long-term treatment.

**COUPLES PSYCHOTHERAPY:** Interns may have an opportunity to engage in couples therapy, generally working with a staff co-therapist if couples present for therapy.

**GROUP THERAPY:** Interns may participate as a co-therapist in one of our group programs; opportunities are contingent on adequate group enrollment. Topics vary; some recent groups have focused on relationship skills, grief, self-esteem, early sobriety, eating disorders, family issues, LGBTQ identity, graduate students, mindfulness-based stress reduction and anxiety/stress management. Supervision is provided either by the staff co-therapist, within a group therapy seminar or by the group therapy coordinators.

**PSYCHodiagnostic ASSESSment:** Interns typically have two to four assessment cases per year, most of which center around a referral question of ADHD. The assessment supervisor oversees all assignments. Emphasis is on brief, useful reports addressing the treating clinician’s and the client’s referral questions in a practical, focused manner. Interns and the assessment supervisor discuss cases in a group supervision format, and didactic training is also a component of those meetings. The assessment supervisor also provides individual supervision on report writing.
CRISIS INTERVENTION: The CCPH maintains a 24-hour emergency on-call service every day of the year. Initially, interns participate with their primary supervisor, taking a 24-hour on-call shift approximately every ninth day. After a time determined by the supervisor and the intern, interns assume a primary role with the supervisor observing; in late January, the intern assumes first on-call responsibilities, with a supervisor providing backup for consultation. Staff prescribers provide daily second on-call and are consulted with for medication, inpatient admissions and second opinions in complex clinical situations.

Core seminars
The program combines the following core seminars with brief programs offered throughout the year:

Brief treatment
The brief treatment seminar is a case-oriented approach to the principles and practice of short-term multimodal treatments. Major objectives are to develop an understanding of diagnosis and client selection using brief treatment modalities, the importance of active dynamic interpretations and the special considerations of integrating multimodal therapies to fit each client’s unique requests and diagnostic picture. Theoretical and clinical readings provide a basis for the weekly discussion of interns’ ongoing cases. Each clinician involved in training provides a unique perspective, derived from their personal theoretical orientation and experience in the delivery of brief treatment. Topics have included motivational interviewing; transpersonal psychology; multicultural perspectives; eating disorders; mindfulness; and psychodrama.

Crisis intervention
Critical aspects of crisis intervention are presented during the fall semester, including a review of general goals and discussion of demographic, historical and diagnostic risk factors for suicidal and homicidal behavior. Other topics include strategies for de-escalating crisis situations, appropriate use of consultation, differential treatment selection in a crisis context and factors unique to the university setting; documentation and risk management concerns are also discussed. In addition, basic elements of Critical Incident Stress Management are taught.

Group therapy
This seminar is designed around intern needs, interests and experience, and addresses group theory, dynamics and practice skills. Topics may include co-leadership, group design, screening techniques, stages of group development, process skills and specialty group topics. This seminar provides an opportunity for group supervision focusing on that semester’s current intern-led groups. Periodic reading assignments provide an in-depth understanding of short-term group therapy.

Psychodiagnostic assessment
Emphasis is on the practical application of psychological tests in a brief treatment setting and using assessment as a therapeutic intervention, rather than simply an information-gathering tool. Assessment questions are explored with a variety of measures, including interviews, self-administered tests and personality measures. Possible assessment tools include the Personality Assessment Inventory; the Rorschach (Exner scoring system); the Thematic Apperception Test; projective drawings; the Behavioral Rating Index of Executive Function; the Clinical Assessment of Attention; Barkley’s ADHD questions; the Dissociative Experiences Scale; the Multidimensional Inventory of Dissociation; the Structured Clinical Interview for DSM-IV Dissociative Disorders; and the Dissociative Disorders Interview Schedule. Other measures may be incorporated, as relevant. Interns need not have extensive assessment experience before beginning the internship, but are expected to be familiar with test theory, administration, scoring, interpretation and report writing, with both projective and objective measures. Regular group supervision with the assessment supervisor consists of didactic training regarding the tools used; interpretation and integration of test data; writing brief, useful reports; and giving therapeutically meaningful feedback to both the referral source and the client.

Biofeedback/behavioral medicine
This year-long seminar focuses on the treatment of psychosomatic and stress-related symptoms and dysfunctions, and its integration with psychotherapy. Sessions include clinical theory, assessment procedures and direct supervised experience with computerized EMG, EDG, EEG and thermoregulation equipment. Ongoing weekly supervision is provided by a clinical psychologist with national certification in biofeedback.

Clinical hypnosis
This six-week seminar addresses the theory and offers experiential practice in hypnotic induction and therapeutic application. Interns may also have the opportunity to apply the techniques learned in the seminar in the treatment of various psychological and psychosomatic conditions, such as insomnia, chronic pain and anxiety, as well as assisting clients in habit reversal, such as smoking cessation.
Brief seminars

**Professional issues**
This seminar offers a discussion of ethics, legal issues, professional identity development and political involvement in psychology and mental health administration.

**Intake and assessment skills**
This seminar focuses on the CCPH's current intake practices, including rapid assessment, differential diagnosis, contracting for focused treatment goals, dictating and recordkeeping.

**Psychopharmacology**
This seminar provides a comprehensive overview of our clinic's most commonly prescribed psychiatric medications, as well as discussion of the integration of the physiology underlying medication treatment in combination with talk therapy. Collaboration among interns, our psychiatrists and psychiatric clinical nurse specialists is integral.

**Clinical concentrations**
An individualized program of clinical concentration is offered for each intern after the first third of the internship year. Interns are encouraged to formulate and pursue their own special professional interests.

This often takes the form of intensive supervised work in one or several clinical areas such as crisis intervention skills, couples therapy, consultation and education, biofeedback, hypnosis, psychological assessment, supervision of a clinical psychology graduate student (when available) or mental health administration. Interns can also elect to concentrate on working with specific populations (e.g., women, Latinos, LGBTQ clients, etc.), or on a particular diagnostic syndrome (e.g., eating disorders, borderline personality disorder, etc.).

**Meetings**
Interns participate in several weekly meetings, each with a specific focus. The hour-long CCPH staff meeting provides time for announcements, identifying critical cases and communication among all staff. Staff and interns meet for one hour per week in small clinical conference groups that provide supportive peer supervision. Clinical presentations by both senior staff and interns are followed by discussion of theoretical formulations, exploration of transference/countertransference issues and future directions for treatment. Staff and interns also meet twice weekly in small intake teams where new cases are distributed and medication consults occur. Peer supervision focuses on diagnosis, treatment planning and disposition.

Each intake team is comprised of staff from each discipline – psychologists, social workers and prescribers. All teams see a variety of clientele and presenting problems. Interns also meet once every other week with the postgraduate fellow to share their experiences at the CCPH and develop plans around changes they would like to see occur in the training program. This multidisciplinary group includes three psychology interns and two social work interns.

**In-service education**
Consultants are invited to the CCPH on a monthly basis to conduct workshops on topics of interest to staff and interns. Also, staff members present their various specializations in a grand rounds format.

**Internship goals, objectives and competencies**
Each of the goals that we set for interns is consistent with our program philosophy and training model, and has the overarching purpose of preparing interns to emerge as entry-level psychology practitioners capable of successfully transferring their skills to a variety of outpatient settings. For each goal, consistent with APA

---

### Weekly schedule

<table>
<thead>
<tr>
<th>Hours</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 – 14 hours</td>
<td>Individual, couples, crisis intervention</td>
</tr>
<tr>
<td>4 – 6 hours</td>
<td>Clinical concentration</td>
</tr>
<tr>
<td>8 – 10 hours</td>
<td>Emergency on-call (average on-call rotation is one 24-hour shift per nine days)</td>
</tr>
<tr>
<td>3 hours</td>
<td>Individual supervision with primary and secondary supervisors</td>
</tr>
<tr>
<td>2 – 4 hours</td>
<td>Additional supervision for concentrations, on-call and clinical team supervision</td>
</tr>
<tr>
<td>5 – 7 hours</td>
<td>Seminars</td>
</tr>
<tr>
<td>3 – 5 hours</td>
<td>Staff meetings (intake team, clinical group, administrative staff, intern administrative group)</td>
</tr>
</tbody>
</table>

**TOTAL 38 – 49* HOURS PER WEEK (outside estimate based on busy on-call)**
guidelines, we have delineated the objectives and competencies required to demonstrate successful attainment of the goal.

With respect to demonstrating competency, each intern is evaluated by the training program through a series of formal and informal written and verbal processes. Specifically, the training director coordinates two formal written evaluation processes per year during which supervisors, major seminar leaders and staff co-therapists evaluate each intern. Supervisors review the contents of the evaluations with their interns.

Further, the training staff meets as a group once every six weeks to evaluate the progress and difficulties of each intern. Feedback is provided to interns informally in the context of supervision by their respective supervisors and suggestions for remediation and improvement are discussed. Additionally, in this context, areas in which interns show considerable strength and/or demonstrate that they are making progress toward individually identified goals are elaborated upon and supported.

With respect to each goal and objective, interns must achieve the minimum threshold score of “3” in all applicable areas of written evaluations, as well as obtain mutual agreement by all staff involved in training that the intern is demonstrating an acceptable level of competency.

**Goal #1: Interns will demonstrate competency in initial assessment of clinical cases for brief treatment.**

**Objectives:**
- Establish rapport with client.
- Obtain thorough initial assessment.
- Accurately assess nature and severity of presenting problem.
- Form appropriate diagnostic impressions.
- Develop appropriate disposition/formulate initial treatment plan.
- Consider diversity issues in assessment and disposition.

**Competencies:**

1a. Engage in a collaborative working relationship with client.
1b. Ensure client safety in treatment process.
2a. Gather information regarding presenting problem.
2b. Explore relevant psychosocial, medical, family and educational/academic history.
2c. Accurately determine current level of functioning and intervene if need be (i.e., recognize that client is a danger to self/others and initiate hospitalization).
3a. Effectively assess mental status and be able to articulate, both in writing and verbally.
3b. Develop a comprehensive picture of symptom presentation, in particular assessing safety issues (e.g., risk to self/others, substance abuse and eating disordered pathology that may represent medical risk).
4a. Formulate a full five-axis diagnostic impression with appropriate assignment of DSM-IV labels.
4b. Articulate, both verbally (to clients and colleagues) and in writing, a comprehensive case conceptualization that takes into account all relevant history, DSM-IV diagnoses, and current status and functioning.
5a. Engage in a collaborative treatment planning process with client, with a focus on goal-setting for brief therapy.
5b. Articulate, both verbally (to clients and colleagues) and in writing, a comprehensive initial treatment plan, with clearly defined goals for treatment and objectives required in order to meet such goals.
5c. Work collaboratively with client to determine, in advance, what criteria are to be met in order for both client and therapist to agree that treatment goals have been met.
6a. Display understanding of, and sensitivity to, diversity issues in symptom presentation, history and diagnosis.
6b. Comprehensively consider the impacts of diversity issues on treatment planning, with a focus on one’s personal race/ethnic/cultural/sexual orientation background and perspectives.
**Goal #2: Interns will demonstrate competency in the provision of individual therapy as generalist clinical practitioners in a brief treatment frame.**

**Objectives:**

- Display a comprehensive knowledge base with respect to the various brief treatment models and their implementation.
- Demonstrate competence in the provision of brief therapy, including a focus on goal-setting and time-limited techniques.
- Make appropriate determinations regarding which cases are appropriate for brief treatment and which are not, and take appropriate steps to address cases that are not appropriate for brief treatment.
- Exhibit effective psychotherapy skills in a short-term treatment frame related to management of client affect, working alliance, transference, etc.

**Competencies:**

1a. Plan and carry out appropriate interventions informed by an integration of theory, literature and clinical intuition/experience.

1b. Effectively articulate intervention selection based on case conceptualization and theory.

2a. Formulate realistic and appropriate treatment goals and foci.

2b. Effectively implement time-limited approaches, including goal-setting, maintaining focus and utilizing/monitoring time limits.

2c. Demonstrate flexibility in approach, in accordance with client needs.

2d. Work effectively in termination phase of therapy by addressing the satisfaction of goals and plan for the future.

3a. Facilitate utilization of resources outside the therapeutic relationship, including groups, behavioral medicine, psychopharmacology and alternate resources, both within the university and surrounding community.

3b. Facilitate referral to clinicians in community who are able to meet the needs of the client, when brief treatment is inappropriate.

3c. Engage clients in discussion of the possibility that therapy can be intermittent and discuss scenarios in which it would be appropriate for client to return to therapy after termination.

4a. Establish and utilize a collaborative working alliance.

4b. Establish and maintain clear boundaries/expectations.

4c. Facilitate expression and exploration of client’s thoughts, beliefs and affect.

4d. Facilitate exploration of relevant history and issues.

4e. Appropriately utilize confrontation and/or process comments.

4f. Show awareness and willingness to discuss and address issues of transference and countertransference.

4g. Demonstrate ability to stay empathically attuned with clients’ experience and internal frame of reference.

4h. Appropriately consider diversity issues in the treatment process.

**Goal #3: Interns will demonstrate competency in crisis intervention and will function as effective on-call clinicians.**

**Objectives:**

- Demonstrate the ability to rapidly assess a client presenting in crisis.
- Display effectiveness in de-escalation and maintenance of solid judgment and calm in crisis situation.
- Make appropriate decisions regarding disposition and coordinate rapid response in crisis situations.
- Effectively utilize consultation in crisis situations.

**Competencies:**

1a. Demonstrate ability to rapidly identify pressing problems in crisis situations and focus on history relevant to current crisis.
1b. Demonstrate ability to perform mental status examinations in the context of a mental health emergency.
1c. Demonstrate ability to conduct clinical risk assessments including suicide and homicide assessments.
2a. Demonstrate ability to de-escalate tense and emergent clinical situations.
2b. Demonstrate ability to maintain good judgment and calm demeanor during crisis situations.
3a. Understand when to recommend inpatient hospitalization, including distinguishing need for voluntary and involuntary hospitalizations.
3b. Understand how to facilitate an inpatient hospitalization, including making appropriate contacts and discussing the situation with client and (potentially) family.
3c. Demonstrate ability to provide clear, useful and timely documentation of crisis and emergency assessments.
4a. Demonstrate ability to use appropriate consultation with supervisor, second call clinician (prescriber), mental health director and/or other staff around crisis and emergency situations.
4b. Demonstrate ability to consult, when appropriate, with members of the university community, hospital and/or family/friends.

**Goal #4: Interns will demonstrate professional and ethical behavior.**

**Objectives:**
- Demonstrate knowledge of when to seek consultation and learning opportunities in areas where increased growth is needed and/or desired.
- Make effective use of supervision and demonstrate openness to feedback, in conjunction with willingness to try new interventions and approaches.
- Display awareness of, and adherence to, legal, ethical and professional standards.
- Show ability to work collaboratively with all staff.
- Maintain professionalism in work setting with respect to agency policies and procedures, recordkeeping, timeliness and documentation.

**Competencies:**
1a. Display knowledge of when to seek consultation.
1b. Take responsibility for arranging professional experiences in areas where increased understanding and/or skills are desired.
1c. Demonstrate openness to learning and participation in learning opportunities offered by the internship.
1d. Show ability to recognize one’s personal and professional limitations and strengths, and the need to seek supervision or assistance.
1e. Demonstrate clinical inquisitiveness by consulting with staff, reading literature relevant to client’s disorder, etc.
2a. Demonstrate ability to analyze and discuss own thoughts, feelings and behavior as a therapist during supervision or case discussion.
2b. Display an attitude of receptiveness and responsiveness to feedback, as well as acceptance of constructive criticism in a reasonable, non-defensive manner.
2c. Demonstrate ability to integrate feedback into professional functioning.
2d. Show willingness to attempt alternative therapeutic interventions.
2e. Make effective use of supervision time by being prepared, taking initiative and asking questions.
3a. Demonstrate awareness of, and adherence to, APA Ethical Principles, Code of Conduct, professional, legal (e.g., mandatory reporting, commitment testimony) and regulatory (e.g., Board of Psychology) standards.
3b. Display willingness to discuss the ethical issues that arose with clients in supervision.
3c. Evidence ability to recognize and discuss risk management and professional liability issues, understand and maintain limits of confidentiality, and understand and manage professional boundaries with clients.
4a. Establish a working alliance with supervisor and follow through on commitments/assignments.

4b. Demonstrate cooperation and respect with supervisors, peers, secretarial staff and professionals from other disciplines.

5a. Evidence ability to follow through with necessary documentation, authorizations and recordkeeping in a timely fashion.

5b. Demonstrate conscientiousness and commitment to agency policies and procedures.

5c. Display ability to maintain expected workload and professionalism in fulfilling clinical responsibilities.

5d. Maintain timeliness in all work domains, including timely response to messages, punctuality for patient contacts and meetings, and recordkeeping.

Goal #5: Interns will demonstrate awareness of, sensitivity to, and competence in dealing with issues of individual difference, diversity and multicultural issues in their work with clients.

Objectives:

- Demonstrate comfort in dealing with diverse clients.
- Display awareness of how diversity issues may impact evaluation and treatment.
- Evidence awareness of self in relation to differences and diversity issues.

Competencies:

1a. Carry a diverse caseload.

1b. Collaborate with supervisor to maximize diversity of client load, with particular focus on individuals/populations with which intern has had minimal previous experience.

1c. Demonstrate culturally competent interventions with diverse client groups.

1d. Provide outreach programming and consultation to campus groups representing diverse populations.

1e. Refer to campus and community resources when appropriate.

2a. Demonstrate awareness of how diversity issues might interact with other life problems.

2b. Attend multicultural seminar and discuss how oppression/privilege affects intern’s work with clients.

2c. Present cases in clinical group that reflect issues with respect to diversity.

3a. Explore own cultural biases, assumptions and values, and the impact of these perceptions on self and others in the context of clinical work.

3b. Show ability to discuss client – therapist differences when appropriate.

3c. Integrate knowledge of self and perceptions of/relationships to diverse populations into clinical interventions.

Goal #6: Interns will demonstrate knowledge of, and competency in, the provision of behavioral medicine and clinical hypnosis.

Objectives:

- Display a working knowledge of behavioral medicine and biofeedback theory.
- Demonstrate knowledge of behavioral medicine and biofeedback assessment of symptom/syndrome presentation.
- Evidence functional knowledge of clinical procedures employed in behavioral medicine and biofeedback treatment.
- Demonstrate a basic knowledge of the clinical theory underlying hypnosis and its use as a therapeutic modality.
- Display skill in the provision of hypnosis as a therapeutic intervention.

Competencies:

1a. Exhibit understanding of psychosomatic processes, autonomic nervous system interactions with somatic processes and the dynamic role of psychophysiological stress on symptom formation.
1b. Demonstrate mastery of concepts related to the sciences of breathing and respiratory control, clinical relaxation and passive volition, imagery and somatic modulation, autogenics and the quieting response.

2a. Demonstrate effective treatment planning in behavioral medicine modality, related to effective assessment of symptoms.

2b. Establish therapeutic contact with client while working within a behavioral medicine framework.

3a. Demonstrate knowledge of computerized biofeedback modalities, specifically utilizing electromyography (EMG), galvanic skin response (GSR) and thermoregulator in the treatment of a variety of symptom presentations (e.g., anxiety, panic attacks, insomnia, gastrointestinal distress, headaches, migraines, chronic pain, etc.).

3b. Integrate behavioral medicine and biofeedback interventions with other psychotherapeutic interventions.

4a. Evidence a basic knowledge base regarding the clinical theory and application of hypnosis.

4b. Display knowledge of the different clinical and theoretical approaches/applications of clinical hypnosis.

4c. Exhibit knowledge of the symptoms and syndromes for which clinical hypnosis is applicable.

5a. Demonstrate the skills of clinical induction and formal deepening procedures in hypnosis.

5b. Display the capacity for treatment planning and therapeutic goal setting using clinical hypnosis.

5c. Integrate clinical hypnotic procedures with other psychotherapeutic processes.

5d. Evidence clinical competence, emotional stability and high ethical conduct in the process of treatment.

**Goal #7: Interns will demonstrate knowledge of, and competency in, the use of psychodiagnostic assessment.**

**Objectives:**

- Show an awareness and understanding of the role of testing and psychodiagnostic assessment in the clinical setting.
- Effectively administer, score and interpret relevant tests when completing psychodiagnostic assessment of a client.

**Competencies:**

1a. Demonstrate the ability to formulate appropriate assessment question(s).

1b. Display ability to select the appropriate test battery to answer formulated questions.

2a. Accurately administer, score and interpret appropriate tests utilized in test batteries completed on-site (e.g., Wechsler Adult Intelligence Scale; Personality Assessment Inventory; the Rorschach (Exner scoring system); the Thematic Apperception Test; projective drawings; the Behavioral Rating Index of Executive Function; the Clinical Assessment of Attention; Barkley’s ADHD questions; the Dissociative Experiences Scale; the Multidimensional Inventory of Dissociation; the Structured Clinical Interview for DSM-IV Dissociative Disorders; and the Dissociative Disorders Interview Schedule).

2b. Demonstrate the ability to establish rapport and gather relevant information in the role of evaluator.

2c. Effectively present the results of the assessment in a written report, as well as verbally to referring clinician and client.

2d. Appropriately considers ethnic and cultural background in the assessment process.