

RANGE MENTAL HEALTH CENTER

DOCTORAL INTERNSHIP PROGRAM

RMHC

Internship Program Overview

Range Mental Health Center Inc. abides by and adheres to all APPIC match standards and policies in the selection of its doctoral internship candidates. Range Mental Health Center utilizes the AAPI as its main source of information, history, and background of candidates for selection for on-site interview. Although on-site interview is not required they are strongly preferred and given preference over phone interview and skype.

The goal of RMHC's training program is to give doctoral interns the opportunity to explore a variety of interests and provide the foundation for a solid generalist practitioner who would be well equipped to work in a variety of settings once there internship year is complete. The goal is to help doctoral internship candidates learn the technical skills as well as emotional and self-care skills necessary to work in an emotionally demanding field. Guidance, support and encouragement are key features of our programming to help candidates nurture and explore their personal interests. We seek to expose them to a wide variety of therapeutic settings as well as clientele. Upon completion of RMHC's doctoral internship training program, interns are expected to have the ability to conceptualize clients' within their chosen theoretical framework and to be able to concisely communicate the clients history/background, presenting problems, contributing cultural factors, diagnoses and treatment recommendations in both written and oral form. Interns are expected to then facilitate therapeutic interventions/care including the completion of: diagnostic interview, psychological evaluation (battery development, administration of testing, interpretation of results in written format, and feedback/recommendations communicated to client), individual/family/group psychotherapy, consultation/coordination with other services providers with the assistance/guidance of their designated supervisors. The goals of this training program are to help interns develop the basic therapeutic and professional skills as generalist practitioners and build confidence in their individual areas of interest and growth to become a healthy, functional, ethical, well-rounded, post-doctoral candidate whose basic skills can translate to almost any psychological setting.

Supervision/Role of Training Director

The job of the training director is to oversee and provide supervision to pre-doctoral interns. The Training director is responsible for coordinating educational and training experiences of the interns throughout the year and working with the interns to help explore and develop their professional interest. The training directors is also responsible for assessing and developing the basic skills of each intern so as to be able to work independently as a professional in the field in the future.

Interns receive two hours of individual supervision per week from a designated licensed psychologist. One hour is provided by the training director and the other hour is provided by another designated licensed psychologist who serves as the site supervisor. Interns will also participate in a minimum of two hours of group multidisciplinary consultation and supervision.

Interns are assigned directly through the electronic health record system to specific supervisors and all clinical documentation must be reviewed and approved by the designated supervisor prior to being billed. A case consultation note is completed for each client discussed during any consultation or supervisory hour that is also approved by the designated supervisor. Interns work under the supervision of 3 licensed psychologists with varying backgrounds, certifications, and therapeutic modalities to offer the interns a diverse set of supervision and case conceptualization experiences. They are allowed to attend external as well as internal training experiences to help facilitate their growth and knowledge in the field.

Doctoral Internship Roles and Expectations

Interns are expected to maintain a part-time caseload of adults and children as well as complete approximately 1 psychological evaluation per week. They are provided 2 hours of individual supervision with a licensed psychologist as well as attending at least two multidisciplinary meetings per week. They are provided one 4 hour didactic training per month. Interns are scheduled for 4 hours of psychological assessment per week throughout the year. They are required to provide psychological assessment services to both adults and children

for the purpose of: cognitive assessment, academic achievement/learning disability, emotional behavioral disturbance, and personality assessment to assist in providing recommendations for continued care. They work under the supervision of a licensed psychologist to develop batteries that best suit the needs of the individual client utilizing current assessment tools for cognitive/intellectual assessment, objective personality assessment, memory, executive functioning, attention/concentration, adaptive functioning, and projective measures. Interns are supervised in the facilitation of both individual, family, couples, and group psychotherapy with a range of established groups including (Adolescent DBT, Adult DBT, Adapted DBT for individuals with cognitive disability, Adult Autism groups, Grief Support/Psychotherapy, Trauma skills group, Art therapy for children/Adults, Pain management, and GLBTQ support/psychotherapy group). Doctoral interns will complete approximately 2-5 diagnostic interviews and assessments per week to build a case load of approximately 12 hours of face-to-face outpatient continued psychotherapy hours per week.

Primary Population served/Clientele

Range Mental Health Center is a full service Community mental health center serving the greater part of Northern St. Louis and parts of Itasca County in northern Minnesota. The agency provides services for all ages. The primary clientele does consist of seriously and persistently mentally ill individuals, but being in a rural community setting the facility is utilized by clientele from all walks of life both in socio-economic perspective as well as cultural. The area does consist mainly of Caucasian working class families, but there are opportunities for working with more diversity in the client population. Most interns will maintain a 50% adult and 50% child caseload ratio, but this is open to the desired experience of the intern candidate.

Didactic training/Consultation Case presentation

Doctoral interns participate in at least 3 hours per week of didactic training and group case consultation. At least 1 time per month interns are provided a 4hour internship workshop presented by a licensed staff member or outside provider on the following scheduled topics. Additionally each week interns participate in a

one hour multi-disciplinary team meeting in which cases are presented and reviewed by members of (psychiatry, outpatient therapists (LP, LICSW, LPCC) LACD CD staff, ARMHS staff, and case management). Interns participate in a bi-weekly case consultation clinical staffing and DBT consultation meeting providing the three hours per week of didactic training and group case consultation. Interns often participate in additional multi-disciplinary and staff meetings during on-site rotations as well. The Weekly staffing, bi-weekly clinical staffing, and bi-weekly DBT consultation meetings are attended by both interns and regular employees providing interns to consult and present with a multi-disciplinary team. Interns meet for 1 hour per week on Friday for group supervision and case consultation that is intern specific. During this meeting interns review case, discuss evaluation criteria, and share educational information.

Internship Workshops

Documentation with a critical eye	Legal Testimony
Mandated Reporting with Children	Crisis Intervention/Brief Therapy
Chemical Dependency and Mental	Play Parents and PICT
Health and Dual diagnoses approach	Sexual Abuse and Trauma
Geropsych / Assessment and TX with Older Adults	Assessment and Interventions
Fetal Alcohol Syndrome	Licensure Preparation
Reactive Attachment Disorder	
DSM-V changes in diagnoses	

Typical Outpatient Day

On an average outpatient day the intern will likely have between 5 to 8 clients scheduled for various outpatient services. These include: individual, family, or couples therapy, diagnostic assessment, or

psychological evaluation. Interns will be provided approximately 4 paperwork hours per week and be expected to complete 1 psychological evaluation per week. RMHC has a 30% no-show rate which should allow enough time to complete paperwork once becoming accustomed to the procedure. Typically RMHC will ask that interns complete 1 diagnostic assessment per week, but adjustments may be requested depending upon the speed and comfort level with the task and the outpatient scheduling availability.

Starting in October Interns will be responsible for setting their own hours. Interns are required to work one late night per week on either Monday or Tuesday evenings. This time may be taken off on another day. Interns will have a great deal of flexibility in schedules pending supervisory approval.

Example of Intern Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
8am	Diagnostic Assessment	Group Prep	Group Prep	Multi-disciplinary Staff Meeting weekly	Didactic training
9am	paperwork	Rotation (CD, PHP, Crisis Center, Outpatient)	Rotation (CD, PHP, Crisis Center, Outpatient)	Psychological Evaluation	Didactic training
10am	Psychotherapy	Diagnostic Assessment	Diagnostic Assessment		Didactic training
11am	Supervision	Group Psychotherapy	Group Psychotherapy	Psychological Evaluation	Didactic training
12pm	Lunch	Lunch	Lunch	Outpatient Clinical Meeting/ DBT consultation Mtg	Lunch
1pm	Psychological evaluation	Individual session rotation	Individual session rotation	paperwork	Outpatient Grp

2pm	Psychological evaluation	Group Psychotherapy	Group Psychotherapy	Psychotherapy Adult	Outpatient Grp
3pm	paperwork	paperwork	paperwork	Psychotherapy Child	OFF
4pm	psychotherapy child	Consult with rotation staff	Supervision	OFF	Off
5pm	Psychotherapy	Off			
6pm	Psychotherapy	Off			

Supervision individual -	2 hours per week
Multidisciplinary Case Consultation/Staffing -	2-3hours per week
Paperwork hours-	4-6 hours
Psychological Evaluation direct-	4hours
Group Psychotherapy-	6-9 hours
Diagnostic Assessment/Interview-	2-5 hours
Outpatient Psychotherapy	6-10 hours
Didactic training	4 hours per month 1 hour per week avg.
	40 hours

- 30% no show rate average for population

10hours (program development, educational development, research, chart review, consultation with other professionals, interest development)

Benefits

Doctoral interns complete a 12 month internship with a stipend amount of \$19,000 paid hourly based on 40hours per week. Doctoral interns are provided the option of free dental insurance, group health insurance options, health savings plans, paid holidays and 15 days of Paid Time Off (PTO) which can be used as vacation time, sick days, family leave, or dissertation/CRP leave.

Internship Rotations

The internship year is divided into four rotations that emphasize different training experiences and clientele. The first rotation is an adult day treatment program in which they help facilitate a variety of groups including a process psychotherapy group, Wellness recovery planning, Emotion Regulation skills/ Relaxation, Activity/Leisure and Symptom management groups. The goal is to help clients prevent further declines and the need for more intense level of care. The position involves working with group dynamics, safety assessment, brief therapy intervention, and learning to make recommendations for continued care to maintain progress made during programming. The second rotation setting is an inpatient chemical dependency and detox treatment facility. Interns act as a mental health liaison providing direct assessment and brief therapy interventions to facilitate dual diagnoses treatment to out Chemical dependency populations. They help to facilitate inpatient groups and complete diagnostic assessments to clients who may require continued care after discharging from the inpatient treatment, as well as provide access to psychiatric services. The third rotation is with our residential crisis center Wellstone crisis center, which provides mental health crisis services to clients that are not meeting criteria for inpatient hospitalization, but who need further assessment and assistance to prevent decompensating or act as a step-down from inpatient services. Interns provided individual and group psychotherapy, diagnostic assessment, and assist with intake and discharge planning. The fourth rotation is at our Adult Intensive Residential Treatment Service (IRTS) facility, Merritt House during this rotation interns will provide group and individual psychotherapy and skills services to residents participating in a 3 month program which emphasizes dual diagnoses treatment of both mental health and chemical dependency issues for males and females over the age of 18.

During Each rotation Interns continue to spend three days working in the Outpatient setting at the Hibbing, Perpich or Donovan Frank Building location.

RMHC Pre-doctoral Internship Rotation Description

Range Treatment Center

Intern will report directly to the director of Range TX Center. Supervision for this rotation will be provided by Heather Roarke, Psy.D., LP. Interns will complete two full days (Monday and Wednesday) for three months. Attend morning CD staffing, lead psycho-education groups with a Mental health focus, conduct diagnostic assessments, and individual psychotherapy. Learn about and co-lead treatment groups with CD counselors provided assessment as needed. Assist in discharge planning

Adult Day Treatment services (Symptoms Out Of Sync)

Intern will work with primary SOS staff and supervision will be completed with Victoria Othon, Psy.D., LP. Interns will complete 2 full days per week (Monday and Wed.) Primary responsibilities will include leading 2-3 groups per day and co-leading other groups with the assistance of primary staff. The Intern will assist in additional assessment if needed and participate in after care planning and recommendations.

Wellstone Rotation/Merritt House

Interns will report to the program director of the Wellstone Center / Merritt House. Supervision will be completed by Heather Roark, Psy.D., LP. Interns will complete two full days per week (Mon - Wed) at the Wellstone center or Merritt House. They will assist in running groups, completing diagnostic assessments with clients and providing brief individual and group therapy options to clients.

Merritt House IRTS

Interns will work with Merritt House staff co-facilitate or develop group therapy activities. Interns will be supervised by Vicki Othon, Psy.D., LP for this rotation. Interns will maintain a small individual caseload 2-3 clients per week at Merritt House as well as participate in the daily residential activities, groups, outings, multi-disciplinary meetings with staff.

Informal Complaints

Doctoral interns should present informal complaints to their immediate Supervisor (Training Director). An informal complaint is an informal claim of alleged improper, unfair, arbitrary, or discriminatory treatment. Any employee may present the complaint to his/her immediate supervisor and it shall be entirely informal. In the event that the doctoral intern is not comfortable approaching the Supervisor directly, or the complaint involves the Supervisor, the doctoral intern should contact the Chief Compliance Officer, Human Resource Manager, and or the Supervisors immediate supervisor.

Due Process and Grievance Procedure for Doctoral Interns

Every employee has the duty and the responsibility to be aware of and abide by existing rules and policies including doctoral interns. Doctoral interns are provided due process and grievance procedures during their initial orientation which takes place the first day of employment. Doctoral interns are provided copies of the employee hand book, job description, and all other compliance documentation during the course of this orientation process. Doctoral interns and all other employees additionally have access to the employee handbook as a link on their Electronic Health record homepage and are located on the agency X drive. Doctoral interns also have the responsibility to perform his/her duties to the best of his/her ability and to the standards as set forth in his/her job description or as otherwise established.

All formal complaints requesting due process shall be filed as a grievance and follow a written response plan indicating the actions taken to resolve complaint or grievance. This includes disagreement with any disciplinary action implemented. If the doctoral intern disagrees with the actions taken to resolve any grievance they may appeal to the Board of Director's Executive Committee whom will hear and rule on the appeal.

RMHC will not allow reprisals for doctoral intern's utilization of the grievance process; however, malicious or false grievances alleging misconduct, harassment or discrimination, or for the purpose of retaliation may be the subject to appropriate disciplinary action.

The doctoral intern shall sign and submit the grievance form to the CEO or the designee. The form must be submitted within twenty (20) working days after the event occurred which gave rise to the complaint. The form should detail the nature of the grievance, the alleged violation, and the relief requested. The CEO or designee shall discuss the grievance within ten (10) working days with the doctoral intern at a time mutually agreeable to

both parties. If the grievance is settled as a result of such meeting, the settlement shall be reduced to writing and signed by the CEO or designee and the employee. If no settlement is reached, the CEO or designee shall give the CEO's written answer to the doctoral intern within five (5) working days following their meeting.

If the doctoral intern desires to appeal the CEO or designee's written answer, a written request for an appeal to the Board Executive Committee shall be submitted to the CEO or designee within ten (10) working days of the CEO's written answer. A meeting or discussion between the Board Executive Committee, the employee, and the CEO shall be held within thirty (30) working days at a time mutually agreeable to the parties. The Board Executive Committee shall render a final decision and send a written answer to the doctoral intern within five (5) working days following the meeting.

If a grievance is not presented within twenty (20) working days of the event, it is considered waived. If a grievance is not appealed within the specific time limit or any agreed extension thereof, it shall be considered settled based on the CEO's written answer. If the CEO or designee does not answer a grievance within the specific time limits, the doctoral intern may elect to submit the grievance directly to the Board Executive Committee. Any time limit, other than the initial twenty (20) days criteria, may be extended by mutual written agreement of the Center and employee. The term "working days" shall mean the days Monday through Friday (includes holidays).

Disciplinary Action

Disciplinary action provides for corrective action to improve and prevent a recurrence of unacceptable behavior and/or performance issues. RMHC reserves the right to combine or skip steps depending on the facts of each situation and the nature of the offense. Some situations may be grounds for immediate dismissal by the Chief Executive Officer. The doctoral intern shall use the grievance process as due process if in disagreement with action taken.

Verbal Warning: A Doctoral intern will be given a verbal warning by his/her supervisor that will include specific corrective actions to be taken by the doctoral intern within a specified time. The Verbal Warning will be documented and recorded in the intern's file.

Written Warning: Written Warnings are used for behavior or violations that a supervisor considers serious or in situations when a verbal warning has not helped change unacceptable behavior. Written warnings are placed in an intern's personnel file. Doctoral interns should be told that failure to correct unacceptable performance might result in further disciplinary action, including termination.

Performance improvement plan: Whenever a doctoral intern has been involved in a disciplinary situation that has not been readily resolved or when he/she has demonstrated an inability to perform assigned work responsibilities efficiently, the doctoral intern may be placed on a performance improvement plan (PIP). PIP status will last for a predetermined amount of time, but not to exceed 90 days. Within the PIP period, the doctoral intern must demonstrate a willingness and ability to meet and maintain the conduct and/or work requirements as specified by the supervisor and the organization. At the end of the performance improvement period, the performance improvement plan may be closed or, if established goals are not met, additional disciplinary action may occur. A PIP may be utilized in conjunction with or in place of a verbal warning, written warning, or suspension.

Suspension: A doctoral intern may be suspended when the behavior or corrective action has not improved following a verbal or written warning or PIP. In the event a behavior or situation is serious enough to warrant a suspension disciplinary, action may commence with suspension. Determination of suspension with or without pay is that of the CEO.

Dismissal: A doctoral intern may be dismissed when prior attempts at corrective action have failed to change the behavior or correct the situation. In the event a behavior or situation is serious enough to warrant dismissal disciplinary action may commence with dismissal. Range Mental Health Center reserves the right to determine the appropriate level of discipline for any inappropriate conduct. This includes verbal and written warnings, suspension with or without pay, performance improvement plans, demotion, and discharge. A doctoral intern may submit a grievance at any step in the disciplinary process.

Doctoral Internship Evaluation and Review

Doctoral interns are provided weekly feedback on documentation and case consultation on a less formal verbal basis. They will receive formal evaluation of their skills and progress as a doctoral intern at least twice during the course of the internship year. The first evaluation will be completed at the midpoint of their internship year in approximately January. Feedback will be obtained from the rotation supervisors and staff to incorporate in the evaluation by the primary supervisor. The evaluation form will be kept on file and a copy will be sent to the interns' Educational Training Director. The Evaluation is designed to assess if the intern is performing above, below or at the expected level as compared to the skill level expected for a doctoral intern. Areas to be evaluated will include: Assessment competence, Psychological assessment competence, Report writing, Psychotherapy competence, Educational development, Consultation, and Professional competence.

Range Mental Health Center Inc.
Pre-Doctoral Internship Evaluation

Training Rotation: _____

Intern: _____

Primary Supervisor: _____

Secondary Supervisor: _____

Dates of Rotation: _____ to _____

Summary of Rotation Competency Ratings: ()

Domain:

Assessment*	U	1	2	3	4	5
Psychotherapy*	U	1	2	3	4	5
Consultation*	U	1	2	3	4	5
Professionalism*	U		NI	S	EE	

Narrative Summary: See attached.

Primary Supervisor's Signature: _____ Date: _____

I have met with my supervisor and have discussed and understood the evaluation described in this report.

Intern's Signature: _____ Date: _____

[INTERN EVALUATIONS]

COMPETENCY SCALE

FOR ASSESSMENT, PSYCHOTHERAPY, AND CONSULTATION DOMAINS

Not Applicable (N/A)

Task is not applicable or there has been no opportunity to observe/evaluate the task.

Unsatisfactory (U)

The intern is performing the task unsatisfactorily and remedial action is required.

LEVEL 1: CLOSE/DIRECTIVE SUPERVISION

The intern requires direct observation/supervision during the application of the task or needs basic instruction before applying this task to clients. This level is initially assumed of pre-doctoral interns.

LEVEL 2: CONSIDERABLE/INTERACTIVE SUPERVISION

The intern does not require direct observation or supervision as above but does require some instruction and monitoring of the competency with which the task is performed and documented. This level is expected of incoming interns on all core tasks.

LEVEL 3: INTERMEDIATE/COLLABORATIVE SUPERVISION

The intern requires moderate supervision with less need for instruction and monitoring. This level is expected of mid-year interns on all core tasks.

LEVEL 4: MINIMAL/CONSULTIVE SUPERVISION

The intern needs little supervision, and the supervisor can rely primarily on summary reports by the trainee. This is the goal of interns on all core tasks. Exceeds current expectations

LEVEL 5: INDEPENDENT/MONITORING SUPERVISION

The trainee has the ability to perform the tasks independently. Monitoring supervision is provided. This level is the goal of postdoctoral psychologists.

FOR PROFESSIONALISM DOMAIN

UNSATISFACTORY (U)

The intern is performing a task unsatisfactorily and remedial action must be taken.

NEEDS IMPROVEMENT (NI)

The intern needs improvement in this task.

SATISFACTORY (S)

The intern is performing the task satisfactorily.

EXCEEDS EXPECTATIONS (EE)

The intern is performing above the expected level for skills set expected

I. ASSESSMENT COMPETENCE

A. Psychological Assessment Process

- | | | | | | | | |
|-----|---|---|---|---|---|---|---|
| N/A | U | 1 | 2 | 3 | 4 | 5 | Clarifies and understands a variety of referral questions. |
| N/A | U | 1 | 2 | 3 | 4 | 5 | Reviews and uses multidisciplinary information from client charts. |
| N/A | U | 1 | 2 | 3 | 4 | 5 | Selects appropriate assessment procedures and can justify assessment process within theoretical framework being used. |
| N/A | U | 1 | 2 | 3 | 4 | 5 | Demonstrates verbal and nonverbal rapport with clients. |
| N/A | U | 1 | 2 | 3 | 4 | 5 | Obtains thorough or appropriate client history. |
| N/A | U | 1 | 2 | 3 | 4 | 5 | Observes and collects data about client behavior. |
| N/A | U | 1 | 2 | 3 | 4 | 5 | Obtains information from collaterals (e.g., family, supporting information) as appropriate. |
| N/A | U | 1 | 2 | 3 | 4 | 5 | Integrates assessment data from multiple sources. |
| N/A | U | 1 | 2 | 3 | 4 | 5 | Conducts risk assessments to evaluate suicidal concerns and potential for violence when appropriate. |
| N/A | U | 1 | 2 | 3 | 4 | 5 | Demonstrates working knowledge of DSM-IV diagnostic system and makes correct differential diagnoses when appropriate. |
| N/A | U | 1 | 2 | 3 | 4 | 5 | Understands and communicates relevant functional implications of test results. |
| N/A | U | 1 | 2 | 3 | 4 | 5 | Makes appropriate and useful treatment and behavioral management recommendations as necessary. |

N/A	U	1	2	3	4	5	Clearly communicates results of assessments in written reports.
N/A	U	1	2	3	4	5	Provides understandable and helpful feedback to clients and families.
N/A	U	1	2	3	4	5	Provides useful feedback and consultation to other professionals.
N/A	U	1	2	3	4	5	Understands the effect of medication and medical problems on psychological functioning.
N/A	U	1	2	3	4	5	Demonstrates use of empirical/critical thinking in assessment.
N/A	U	1	2	3	4	5	Demonstrates knowledge and application of legal and ethical principles regarding psychological assessment.
N/A	U	1	2	3	4	5	Considers issues of cultural and individual diversity.

B. Psychological Assessment Instruments

The competency rating for each psychological assessment instrument reflects the competency level of more complex skills (e.g., interpretation and integration) even though simpler (e.g. administration) may well be at a higher competency level. Competency ratings for each instruments thus incorporate competencies in all of the following areas:

- Knows theory and literature behind the instrument.
- Administers instrument according to standardized procedures.
- Accurately scores or summarizes data from the instrument.
- Properly interprets and integrates data from the instrument.
- Effectively consults with staff about the results.

Core assessment instruments: C

Level 4 competence in core assessment instruments is required of all interns during the internship year.

C. Psychological Assessment Reports

(Administration, interpretation, integration, and report writing.)

N/A	U	1	2	3	4	5	_____	Intellectual/Cognitive
N/A	U	1	2	3	4	5	_____	Personality/Diagnostic
N/A	U	1	2	3	4	5	_____	Comprehensive (intellectual and personality)
N/A	U	1	2	3	4	5	_____	Risk/Competency (State Forensic Rotation only)

OVERALL ASSESSMENT COMPETENCE: N/A U 1 2 3 4 5

II. PSYCHOTHERAPY COMPETENCE

A. **Psychotherapy Process**

N/A	U	1	2	3	4	5	Conceptualizes a client's problems based upon review of the medical record and sufficient assessment information.
N/A	U	1	2	3	4	5	Conceptualizes and practices within the framework of one or more recognized theoretical orientations to psychotherapy. (Specify: psychodynamic, cognitive-behavioral, client-centered, other _____.)
N/A	U	1	2	3	4	5	Knows theory and literature related to client's problems and selects appropriate treatment interventions.
N/A	U	1	2	3	4	5	Considers issues of cultural and individual diversity.
N/A	U	1	2	3	4	5	Provides client with rationale for treatment and documents this in chart.
N/A	U	1	2	3	4	5	Develops treatment plans with clients that have realistic, behavioral, time-limited and measurable treatment goals and interventions.
N/A	U	1	2	3	4	5	Establishes therapeutic relationships with clients.
N/A	U	1	2	3	4	5	Establishes and modifies treatment goals with client.
N/A	U	1	2	3	4	5	Speaks to client at a level understood by client, avoiding jargon.
N/A	U	1	2	3	4	5	Demonstrates active and empathic listening skills.
N/A	U	1	2	3	4	5	Demonstrates appropriate acceptance, warmth, and support.
N/A	U	1	2	3	4	5	Appears comfortable and confident in therapy sessions.
N/A	U	1	2	3	4	5	Demonstrates appropriate boundaries in accordance with the Therapeutic Boundaries Policy of Riverview.
N/A	U	1	2	3	4	5	Understands professional limits and is able to exercise appropriate self-disclosure
N/A	U	1	2	3	4	5	Observes and charts client's behavior in therapy and charts as Appropriate and in a timely manner.
N/A	U	1	2	3	4	5	Facilitates client self-expression and responds appropriately to client's affective/emotional expression.
N/A	U	1	2	3	4	5	Asserts appropriate degree of control of therapy sessions.
N/A	U	1	2	3	4	5	Allows client to have appropriate degree of control of therapy sessions.

- N/A U 1 2 3 4 5 Makes timely interpretations and interventions.
- N/A U 1 2 3 4 5 Provides client with appropriate feedback, insight, and interpretations.
- N/A U 1 2 3 4 5 Properly implements therapeutic techniques or behavioral prescriptions.
- N/A U 1 2 3 4 5 Demonstrates flexibility and creative problem-solving.
- N/A U 1 2 3 4 5 Handles issues of transference and counter-transference.
- N/A U 1 2 3 4 5 Short-term goals on client's comprehensive service plan are measurable and time limited.
- N/A U 1 2 3 4 5 Progress notes indicate treatment offered as prescribed on comprehensive service plan.
- N/A U 1 2 3 4 5 Progress notes reflect client's understanding of treatment goal and Client's self-assessment of progress.
- N/A U 1 2 3 4 5 Recognizes and responds appropriately to client crisis (e.g., psychotic decompensation, suicidal/homicidal ideation, para-suicidal behavior.)
- N/A U 1 2 3 4 5 Coordinates with interventions from other disciplines (e.g., medicine, psychiatry, social work, therapeutic recreation, milieu treatment.)
- N/A U 1 2 3 4 5 Plans for termination of intervention.
- N/A U 1 2 3 4 5 Completes psychotherapy termination summary.

B. Group Process

- N/A U 1 2 3 4 5 Develop psycho educational group.**
- N/A U 1 2 3 4 5 Develop group goals and advise Treatment Mall personnel what clients are appropriate for the group.
- N/A U 1 2 3 4 5 Train co-facilitator on content.
- N/A U 1 2 3 4 5 Group notes completed on time per Treatment Mall format.
- N/A U 1 2 3 4 5 Demonstrate ability to work in group with clients of varying needs and capabilities.
- N/A U 1 2 3 4 5 Lead minimum one group per semester and co-facilitate minimum one group per semester.
- N/A U 1 2 3 4 5 Attends unit community meetings and demonstrates and facilitates "I statements".

C. Populations

Ages

N/A	U	1	2	3	4	5	Young adults
N/A	U	1	2	3	4	5	Adults
N/A	U	1	2	3	4	5	Older adults

Diagnoses (minimum 4 diagnostic groups per year)

N/A	U	1	2	3	4	5	Cognitive Disorders
N/A	U	1	2	3	4	5	Co-occurring Disorders
N/A	U	1	2	3	4	5	Psychotic Disorders
N/A	U	1	2	3	4	5	Mood Disorders
N/A	U	1	2	3	4	5	Anxiety Disorders
N/A	U	1	2	3	4	5	Somatoform Disorder/Medical Conditions
N/A	U	1	2	3	4	5	Factitious Disorders
N/A	U	1	2	3	4	5	Dissociative Disorders
N/A	U	1	2	3	4	5	Sexual and Gender Identity Disorders
N/A	U	1	2	3	4	5	Eating Disorders
N/A	U	1	2	3	4	5	Impulse Control Disorders
N/A	U	1	2	3	4	5	Adjustment Disorders
N/A	U	1	2	3	4	5	Personality disorders

OVERALL PSYCHOTHERAPY COMPETENCE

N/A U 1 2 3 4 5

III. **CONSULTATION COMPETENCE**

N/A U 1 2 3 4 5 Provides effective clinical consultation to the multi-disciplinary team.

N/A U 1 2 3 4 5 Conducts effective case conference presentation. (Minimum 1 per year)

OVERALL CONSULTATION COMPETENCE

N/A U 1 2 3 4 5

IV. **PROFESSIONALISM COMPETENCE**

A. **Supervision**

Minimum 2 hours individual supervision, one hour group supervision and one hour staff development meeting.

U = Unsatisfactory, NI = Needs Improvement, S = Satisfactory)

U NI S EE Comes prepared to supervision sessions.

U NI S EE Uses supervision to gain knowledge and develop skills.

U NI S EE Provides evidence of incorporating the supervisor's suggestions in work with clients.

U NI S EE Seeks extra supervision as appropriate.

B. Interprofessional Behavior

- U NI S EE Relates professionally with multi-disciplinary staff and trainees.
- U NI S Functions effectively with treatment teams.
- U NI S Provides and obtains effective consultation from other professionals.

C. Ethical Behavior

- U NI S Practices according to the APA Ethical Principles of Psychologists and Code of Conduct, the ASPPB Code of Conduct, and state and federal law.
- U NI S Is sensitive to ethnic, cultural, gender, and disability issues.
- U NI S Understands own professional limitations and does not practice beyond abilities.

D. Work Habits

- U NI S Attends appointments regularly and punctually.
- U NI S Effectively manages time.
- U NI S Follows regulations and procedures.
- U NI S Completes required administrative work.
- U NI S Completes work on time.

E. Professional Development

- U NI S Establishes and monitors appropriate goals for training experiences.