University of Michigan

Mary A. Rackham Institute

Clinical Psychology Internship Handbook

2016-17

Revised Dec. 19, 2016

Table of Contents

Welcome

The faculty and staff of the Mary A. Rackham Institute (MARI) welcome you to our psychology internship program. The MARI internship, formerly the Institute for Human Adjustment (IHA) internship, has been in existence since 1998, combining into a single program a tradition of internship training at the different clinics that began over sixty years ago. We have spent many years developing our program, which continues a rich tradition of training in psychological diagnosis and treatment. We have a large and distinguished group of alumni (approximately 400 Institute trainees in total, and 71 psychology intern alums) who let us know how central and formative their internship experiences have been in their careers as clinical psychologists. We want to do everything we can to help you feel the same way.

Overview of the MARI

The Mary A. Rackham Institute's Mission and Structure

The Institute for Human Adjustment (IHA) was founded in 1936 by an endowment of $1 million from the family of Horace H. Rackham, who also endowed the University of Michigan's graduate school. IHA was recently renamed in July, 2014 to the Mary A. Rackham Institute (MARI). The MARI is a unit of the Rackham Graduate School, and the MARI director reports to the dean of the graduate school. The Institute was given a broad mandate to promote social welfare. Over the years, the Institute's mission has been shaped and refined. The overall aim of the Institute and its component programs is to provide excellent clinical service, research and training in relevant biopsychosocial domains. The Institute's first Center was the Speech Clinic, founded in 1936. Shortly thereafter, in 1938, the Psychological Clinic was founded as a core training site for the new program in clinical psychology at the University of Michigan. In the years following, various Centers have moved in and out of the Institute. More recent notable developments were the establishment in 1988 of the University Center for the Child and the Family (UCCF), and the return in 1997 of the Speech Clinic to the Institute with the new name of The University Center for the Development of Language and Literacy (UCLL), with a focus on treating communication disorders such as aphasia, and research into African American English. The core Centers for the MARI internship are the Psychological Clinic, which focuses on clinical training, service and research with adult clients, and the UCCF, which focuses on clinical training, service and research with children and families.

Core Values

At the heart of MARI's clinical service, research and training missions are four core values:

- Compassionate and Science-informed clinical service
- Excellence in Clinical training
- Respect for Diverse values and goals
- Quality of life

Commitment to Human Dignity

The Mary A. Rackham Institute, its faculty and staff, are committed to respecting the dignity and person of all members of our community. We seek to share and understand our differences and to listen and honor the points of view and values of each member.

The MARI does not discriminate in its service provision nor hiring procedures on the basis of race, color, religion, national origin, sex, sexual orientation, age, disability or status as a protected veteran. The MARI maintains a strong commitment to honoring and furthering diversity in the workplace. We have a strong commitment to creating an environment that is positive and supportive of growth around individual and cultural differences. We welcome applicants from all minority groups.

The Mary A. Rackham Institute Internship

History of the Internship

For many years the Psychological Clinic and the UCCF have been members of the University of Michigan Consortium Internship, which offers internship training to graduate students in the University of Michigan clinical psychology doctoral program. It had always been evident that inclusion of interns from other universities and programs would enrich the internship experience, and in 1997 it became feasible to add this component to our program. A combined Institute program open to all qualified applicants was developed, with full accreditation by the APA beginning in 1998 through the present. We are pleased that our vision for a more diverse program has been fruitful.

Accreditation

The MARI's Psychology Internship program is accredited by the *Office of Program Consultation and Accreditation (CoA) of the American Psychological Association (APA) through 2017. American Psychological Association, 750 First Street, NE Washington DC 20002-4242 (202) 336-5979.*

Intern Qualifications and Selection

Candidates for the Mary A. Rackham Institute's Internship Program must be enrolled in a clinical or counseling psychology doctoral program, must have satisfactorily completed all required coursework in preparation for their doctorate, and must have satisfactorily completed required practicum assignments, with training relevant to the MARI internship. Each application is reviewed by multiple independent raters, utilizing both qualitative and quantitative methods for evaluating applicant qualities. Top candidates are selected for interviews, wherein candidates are again evaluated by two to three independent raters. The APPIC rank-ordered list of candidates is based on the data gathered during the interview as well as the overall fit between the applicant and the training program.

Educational Model and Professional Training Goals

Commitment to Training

The Mary A. Rackham Institute's Internship Program is a significant expression of the Institute's ongoing, central commitment to training graduate students in mental health

fields. An important feature of our internship is that while service is a key part of the internship program, the program's first commitment is to training.

Training Program Model

Our training occurs within a scientist-practitioner model. The program emphasizes the importance of honing critical thinking skills, reading and evaluating the current empirical literature, integrating scientific attitudes and methods into clinical work and continuing to engage in scholarly inquiry. We believe that professional development is best served by immersion in clinical service and intensive training and supervision, combined with intimate familiarity with the empirical literature. In our view, well-trained clinicians are prepared to be sophisticated consumers of, and possibly contributors to, psychological research literature. Thus, the scientific bases of professional psychology are an inherent part of our rotations and seminars; we attempt to integrate the practice of psychology with its scientific underpinnings.

We believe that a broad training in psychology is necessary for competence as a practicing health service psychologist. We assume that interns enter our program with a solid background in a variety of clinical settings, and some experience in psychological research. Our goal is to serve as a bridge between graduate training and professional practice. We accomplish this by providing clinical experiences with a wide variety of patients, treated with a number of different evidence-based intervention techniques, clinical and theoretical presentations that vary widely in approach, and by providing intensively supervised experience in a high-quality, multi-disciplinary behavioral health organization. We view our primary responsibility as training highly competent clinicians who will be able to provide a full range of evidence-based, outcomes-informed, professional psychological services to a clinically diverse patient population.

We emphasize an individualized, personal and collaborative approach to training that blends immersion in the clinical setting with appropriate guidance and structure. Interns are viewed as integral members of a highly experienced, multi-disciplinary treatment team, and are included in staff meetings and case discussions. We strongly encourage interns to take an active role in program and curriculum development, and have worked hard to cultivate an atmosphere in which interns' suggestions and observations about our service delivery system are seriously considered. Training must serve interns' professional development, not only by fostering the development of clinical competencies basic to professional psychology, but by instilling trainees with the skills and attitudes expected of well qualified, humane and ethical professional psychologists.

Overall Aims of the Internship Program

The MARI Internship Program is designed to provide the training necessary for graduates to be able to function effectively as psychologists in a range of contemporary settings, including clinical/institutional (group practice, counseling and family agencies, schools), private practice, and academic settings. We believe that training is best achieved through intensive immersion in clinical work, including psychological assessment and the implementation of a variety of psychotherapy approaches, supported by skilled supervision and an appropriate set of didactic experiences that address the theoretical, clinical and empirical bases of these approaches. Below are listed the specific

aims of the internship training experience that broadly capture the skills and abilities that the internship is designed to foster in its interns:

Aim #1: Interns will gain the clinical knowledge and skills needed for entry-level positions as professional psychologists.

Competencies:

- **Assessment:** Interns will be able to conduct assessments using a variety of information sources, develop a comprehensive formulation of the client's difficulties, and make appropriate treatment recommendations;
- **Intervention:** Interns will be able to maintain a treatment relationship that facilitates effective client outcomes, and to implement several types of evidence-based psychotherapy and psychological interventions, at a level consistent with beginning professional practice.
- **Communication & Interpersonal Skills:** Interns will demonstrate effective interpersonal, communication, and presentation skills with patients and coworkers.
- **Consultation & Interprofessional/Interdisciplinary Skills:** Interns will be familiar with concepts of consultation, and demonstrate beginning skills in this area;
- **Supervision:** Interns will be familiar with concepts of supervision, and demonstrate beginning skills in this area.

Aim #2: Interns will demonstrate knowledge and skills for research-informed, professional, ethical/legal and culturally sensitive practice as psychologists.

Competencies:

- **Research:** Interns will demonstrate critical thinking of research and integration of science into practice.
- **Professional Values, Attitudes & Behaviors:** Interns will demonstrate professionalism in all aspects of their role.
- **Ethical & Legal Standards:** Interns will demonstrate knowledge of ethical and legal standards.
- **Individual & Cultural Diversity:** Interns will demonstrate culturally sensitive knowledge and skills.

Our interns demonstrate a wide range of professional competencies required for successful professional practice. Our competency evaluation form describes and measures key professional competencies at the start, during the course of, and at the conclusion of the internship program. Desired outcomes are specifically established at the start of training and evaluated during the training process. Further detail regarding these training competencies are provided below.

Use of research and empirical information (Research Competency)

Our interns gain experience in utilization of research/empirical bases for psychotherapeutic assessment and intervention in several ways: In using the research and clinical literature to consider and implement multiple conceptual/clinical approaches to assessment, conceptualization and treatment;

In becoming familiar with the principles and practices of integrative, evidence-based therapy approaches; And in using the Evidence Based Medicine model for clinical decision making (APA, 2005), with the goal of matching treatments to the particular needs of the patient. They also actively participate in empirical assessment of the effects of utilized treatment interventions, including empirical measurement of therapy alliance and/or effectiveness. Toward the end of the training year, they present a capstone presentation to all staff and trainees that integrates science and practice.

Training in assessment including diagnostics, formal psychological testing, and conceptualization from multiple conceptual approaches (Assessment Competency)

Interns conduct assessments using a variety of information sources, and become skills at diagnostics, developing comprehensive formulations of the client's difficulties, and making appropriate treatment recommendations.

We emphasize the use of multiple key approaches to conceptualizing and treating clinical problems. Our supervisory faculty vary in their primary theoretical orientations, and include clinicians with expertise in developmental and family systems approaches (including group work), cognitive-behavioral approaches, psychodynamic psychotherapy, and Interpersonal Psychotherapy (IPT). Many have specific assessment and diagnostic skills (e.g., educational assessment). We all have found, however, that the complexity of the issues that our clients face, and that our trainees will contend with in their future roles as psychologists, require awareness of and the ability to use a range of perspectives and evidence-based methods. The overall position of the internship program and its supervisory faculty is integrative. We take this approach in our seminar program, our work with case evaluation, formulation and treatment planning, and our clinical meetings, at which multiple points of view are encouraged and taught.

We strive to conceptualize cases along the following dimensions:

a) Developmental /Biological/Medical (e.g., genetic, constitutional, temperament, medical and/or developmental factors contributing to the presenting problems)
b) Cognitive/Behavioral (e.g., maladaptive cognitions and behaviors, reinforcement, conditioning, and affect-based schemas)
c) Family and Relational Structures (e.g., family structure, boundaries, roles, intergenerational issues, relational patterns; support systems)
d) Psychodynamic (e.g., internal conflicts, relational patterns, reactions to trauma)
e) Relationship/alliance with the evaluating/treating clinician
f) Individual and Cultural Differences/ Social Systems (e.g., culture, race, ethnicity, socioeconomic status, community, gender & religion).
g) The person's strengths and capabilities.

Our evaluation and treatment planning conferences play a key role in implementing this approach to case conceptualization. In these conferences, the multiple points of view generate a biopsychosocial portrait of the patient(s),

and provide information for making clinical decisions that are based on clinical judgment and core findings in psychotherapy research regarding therapeutic relationships and effective interventions.

In our testing training, our interns develop proficiency in the use of appropriate psychological measures to assess psychological functioning across a range of domains within child and/or adult populations (depending on training track). They become knowledgeable regarding the psychometric properties and the standardization samples that support the use of these instruments with particular groups. Proficiency is developed in the ability to administer these tests in a standardized manner, to synthesize the results of testing in written testing reports, and in providing written and verbal testing results feedback to clients and consultants involved in care.

Evidence-based Interventions (Interventions Competency)

Interns work at maintaining treatment relationships that facilitate effective client outcomes, and learn to implement several types of evidence-based psychotherapy and psychological interventions. Depending on empirical and case considerations, treatments at the MARI centers are often integrative of multiple approaches, incorporating elements of developmental, family systems, CBT, IPT, and psychodynamic approaches as fits the case. In cases where CBT or family systems approaches are well-supported for the presenting problems, these methods may be used almost exclusively (e.g., for anxiety disorders, some depressive illnesses, couples problems). In addition, when required, patients receive practical, supportive intervention. As a result of this approach, we expect our interns to gain substantial beginning-professional competence in the core domains of assessment and intervention that we teach, and useful knowledge in areas to which we offer exposure. In addition to individual psychotherapy, experience in couples treatment, family treatment and group work may also be involved in internship training.

Knowledge and use of ethical and legal standards within health service psychology (Ethical and Legal Standards Competency)

Internship graduates are expected to operate as ethical psychologists. The MARI internship trains interns to operate within the framework of the *Ethical Principles and Code of Conduct* of the American Psychological Association (2002), while also developing an appreciation for the richness and complexity of the ethical predicaments that can arise in psychological practice. Through supervision and consultation with other professionals and peers, interns are provided opportunities to develop practice-level competencies in the ethical practice of psychology.

Cultural competence in treatment decisions and interventions (Individual & Cultural Diversity Competency)

Through didactic and experiential training, interns will receive opportunities to broaden their awareness of diversity factors, understand how these factors may influence treatment decisions, and develop intervention styles that are partially guided by these considerations. Interns will develop an

understanding of the empirical and clinical bases for culturally competent interventions and treatment decisions.

An ability to work collaboratively as a member of a multidisciplinary clinical team (Consultation & Interprofessional/ Interdisciplinary Competency)

The Mary A. Rackham Institute is comprised of professionals and trainees from multiple professions and disciplines. Among the faculty the disciplines of psychology, social work, and psychiatry are well represented. Seminars, case conferences, and supervision each provide opportunities for interns to develop their consultation skills and to collaborate with faculty from these multiple disciplines. Furthermore, in addition to the Clinical Psychology Internship, the MARI provides training to social work interns and practicum-level psychology students.

An ability to maintain professionalism in all aspects of work (Professional Values, Attitudes & Behaviors Competency)

Professionalism is highly valued at the institute. Interns are expected to execute professional responsibilities (e.g. documentation) and to manage the administrative tasks of professional life in a complete and timely fashion. They are expected to use positive coping strategies with personal and personal and professional stressors and challenges, and to maintain professional functioning. They demonstrate industry and initiative in the training process (e.g. self direction in accessing current scientific knowledge to inform clinical practice), and work on developing their identity as a health service psychologist.

An ability to communicate well and to maintain professional and collegial relationships (Communication & Interpersonal Skills Competency)

Effective communication skills and collegial relationships that support a positive working environment are highly valued at the institute. Interns are expected to communicate information well and to act in a professional and respectful manner toward their coworkers, including supervising staff, fellow interns, other trainees, and administrative staff. Competence in interpersonal relationships is valued as a core aspect of a practicing psychologist. Institute faculty model these behaviors, attend to their manifestation within interns and offer guidance and support to interns in their ongoing professional development of these skills.

Effective use of supervision and early skills in providing supervision (Supervision Competency)

Opportunities to hone professional and clinical skills are abundant in the internship training program, and it is expected that interns will make the best possible use of these opportunities to further their own training and development. However, it is recognized that effective use of supervision is also a skill. Self-reflective capacities are a valuable and useful aspect of clinical competence, and interns are regularly provided with opportunities to use self-reflection to evaluate areas of strength and areas for further development. As the internship year progresses, interns become increasingly able to use

supervision, to self-monitor their skills and difficulties, and to seek out ways to build on strengths and remediate limitations in their professional capacities. Through peer interactions, they also build early skills in providing clinical supervision. Opportunities may arise for interns to develop early skills in directly providing clinical supervision.

Monitoring Program Effectiveness

An important part of our educational model is evaluation of program effectiveness. Our faculty receive and monitor feedback from students on the training program and its effectiveness, and initiate modifications accordingly. We provide multiple formats for interns to provide feedback about their training experiences; these include written evaluations of seminars and regularly scheduled group meetings with the training director throughout the year, and formal program and supervisor evaluations at the end of the year.

The Contribution of Interdisciplinary Training

The Mary A. Rackham Institute trains students at many levels and from several disciplines. These include practicum, internship and post-doctoral psychology trainees and pre- and post-masters social work trainees, as well as occasional psychiatry residents. Many opportunities for informal consultation and sharing occur in the training-focused environments of the MARI internship, among trainees at different levels, and with faculty. We believe that the continual formal and informal interaction among trainees at different levels and from different disciplines provides a rich and supporting learning setting that is key to our program. Although there are seminars oriented specifically to the needs of psychology interns, all students participate in the major meetings together. We believe that, in addition to experiences shared across disciplines, disciplinary differences in training provide diverse, mutually enhancing perspectives that enrich the experience of all concerned.

References:
American Psychological Association (2002). Ethical principles of psychologists and code of conduct. Available online at: http://www.apa.org/ethics/code2002.html
American Psychological Association (2005). Policy statement on evidence-based practice in psychology. Available online at: http://www2.apa.org/practice/ebpstatement.pdf

Relationship to Consortium Internship

Because MARI interns participate fully at either or both of the Psychological Clinic and the University Center for the Child and the Family (UCCF) sites, their experience is related to that of the Consortium interns, who may be simultaneously placed at one or both MARI sites. Within each clinic, the experience of MARI interns is essentially identical to that of the UM Consortium interns, but the MARI internship is distinctive in that interns are placed only at one or both MARI sites, whereas Consortium interns may also be placed outside the Institute half-time. We have taken care over the years to establish non-overlapping site schedules to facilitate the programming for any interns at both sites. The interns meet periodically with the Training Director to discuss practical

issues related to the internship and to consider integrative approaches to the work across sites.

Internship Administrative Structure

The MARI internship is administered by the Director of Psychology Training for the Mary A. Rackham Institute, Dr. Michelle Van Etten Lee. The internship program is jointly coordinated by the Dr. Van Etten Lee in conjunction with the Directors of the Centers, the Psychological Clinic (Dr. Todd Favorite) and the UCCF (Dr. Cindy Foster), who meet on a regular basis to manage the program. They coordinate and review internship programs and policies and plan new initiatives. The directors and faculty of the component sites, the Psychological Clinic and the UCCF, respectively, utilize their specialized expertise to manage the training curriculum and day-to-day issues of their respective training sites. The MARI Internship Training Committee, with representative supervisors from each center, meet regularly to review and discuss the entire internship program, to review and evaluate intern training plans and progress, to consider mid- and year-end intern progress, and to review and develop internship policies and educational plans. Further, each director meets with interns in their Centers, and the MARI Training Director meets regularly with all of the MARI interns to review the internship experience, to brainstorm new options, and to resolve issues and problems. The training director and Center directors all welcome individual interns to express their needs and concerns as they arise. When significant difficulties arise in the intern's performance (a very rare event), an ad hoc committee composed of the intern's main supervisors, the MARI Training Director, and the Center Directors will be assembled to address the problem. See *addressing unsatisfactory performance* below.

Administrative Assistance

The MARI coordinates with UM's IT staff (through MiWorkspace) to support the computer and other technology needs of the institute, including the administrative staff, faculty and trainees. In addition, the clinics share a clerical staff that assists in various tasks including scheduling patients and processing billing. Interns have access to assistance from IT and clerical personnel.

Competency Goals for MARI Interns

Overview

The Mary A. Rackham Institute has established overall competency goals for its interns, which elaborate and expand the overall aims of the internship (see above). The Institute aims to educate beginning clinical psychologists in a set of core skills needed to provide competent clinical service to outpatient populations. Our focus is on a set of core skills, recognizing that further training and specialization will often be necessary to bring individual psychologists to expert level in their chosen area of practice. We expect to build on the individual student's personal strengths and abilities, as these have been shaped and strengthened by their experiences in their graduate or professional programs prior to the internship. We expect to work with students whose entry level of competence is at an intermediate level, and we further expect that their experience at the MARI will bring them near the capacity for independent practice in core areas, eligible for full licensure following appropriate routine supervision of later postdoctoral

training. These goals are codified in the MARI Internship Competency Goals, which is the basis for systematic evaluation of intern performance conducted at least twice yearly at each Center. These competencies, described in more detail above, are listed below.

Training Competencies

1. Research (critical thinking skills and use of science in clinical practice)
2. Ethical and Legal Standards
3. Individual and Cultural Diversity
4. Professional Values, Attitudes, and Behaviors
5. Communication and Interpersonal Skills
6. Assessment
7. Intervention
8. Supervision (use of, and peer supervisory skills)
9. Consultation and Interprofessional/Interdisciplinary Skills

Process: How Competence is Evaluated

The MARI collects competency self-evaluations from incoming MARI interns prior to starting the internship. This self-evaluation covers competencies in adult and/or child/family domains (depending on training track), corresponding to the interns' training site(s) for the year. These self-evaluations are the basis for establishing training goals at the start of the internship year, which are developed together with the MARI Training Director and the UCCF and Psychological Clinic Directors, with review by the Internship Training Committee.

The Institute then evaluates intern competence in 9 areas formally at two points during the internship: (1) at approximately mid-year (February/March) and (2) at the end of the internship (July/August). Supervisors at each Center evaluate the intern's work using the skill goals listed below. The competency items have been formatted into a trainee evaluation form which parallels the self-evaluation form that you complete at the year-start.

Competency reviews assess the extent to which the intern has made appropriate progress during the evaluation period, as we expect to see change in each of the domains listed in the competency goals document. They also include narrative guidance for areas of difficulty, and at the end of the document, an overall summary and evaluation is made.

In addition to supervisors' written evaluations in the trainee evaluation form, a limited number of intern competencies are also assessed via observation: 1) A clinical session and a clinical case presentation are observed at the mid-year point, and if deemed necessary, at subsequent points during the second half of the training year using our Clinical Skills Observation Form (CSOF); 2) An annual presentation integrating science and practice are observed near the end of the year using our Annual Presentation Rating Form (APRF). These forms are appended to this document, and illustrate the rating scales used and minimum requirements, as well as the Overall Competency Area that the rating contributes to (e.g. Communication and Interpersonal Skills, Intervention, Research).

All written and observational evaluation documents are reviewed by the Training Director, summarized in writing, and any problems that have not been previously addressed with the intern are further evaluated and discussed with the intern by the Training Director. These evaluations are reviewed by the Training Committee, and any issues and plans for addressing them are discussed with the Training Director.

Toward the end of the internship year, interns are again evaluated by their supervisors for their achieved competence levels, followed by a year-end discussion with the Training Director. While competencies on our written evaluation form are each individually behaviorally anchored, the following competency ratings descriptions are offered as a summary of each level across the different competencies (see table below). Our program requires that all 9 of the above *Overall* competencies are rated at "I" or above by the end of the year ("Basic Competency in place"). A list of all items on our evaluation form follows the summary ratings descriptions below. Following that is a table summarizing our Competencies and the Evaluation items we use to assess each.

COMPETENCY RATINGS DESCRIPTIONS

A **Advanced specialized skills**

Rating reflects exceptional, specialized competency and ability to consistently practice independently. This rating may be achieved in select areas after specialized residency or postdoctoral training.

L **Skills comparable to autonomous practice at the full licensure level.**

High level of competency fitting independent practice. This rating is often achieved by the completion of residency or postdoctoral training.

HI **High Intermediate**

Competency attained in all but the most complex cases; trainee demonstrates sophisticated and refined clinical skills. Supervisor provides overall management of trainee's activities; depth of supervision varies as clinical needs warrant. This rating is often achieved by the completion of internship training/beginning of residency or fellowship training.

I **Intermediate**

Basic competencies in place; continued supervision of clinical activities with a focus on refining and expanding skills. This is a common rating throughout the internship.

E **Entry level**

Routine, intensive, supervision needed to support the trainee as he/she develops competencies. This is a common rating at the beginning of internship.

R **Needs remedial work**

Intensive supervision required to attain basic level of competency. Implementation of an action plan with measurable objectives to guide the acquisition of requisite skills.

NA **Not applicable for this training experience/Not assessed during training experience**

Intern Expectations: Midyear: All competencies rated at "E" or above, or remedial plan will be established; End of Year: All 9 *Overall* competency areas rated at "I" or above.

Items within each Overall Competency Rating:

A – COMPETENCY: ASSESSMENT

A1 -DIAGNOSTIC SKILL
Ability to develop an assessment plan that addresses the clinical question and is appropriate to the setting/patient population. Utilizes data gathered from relevant medical, psychiatric, and social information to diagnose accurately. Has a thorough working knowledge of psychiatric diagnostic nomenclature and DSM classification.

A2 - DIAGNOSTIC INTERVIEWING
Application of diagnostic interviewing skills to effectively gather medical/biological, psychological, and social information to guide assessment planning, diagnostic reasoning, and case formulation. Ability to engage patient during the diagnostic interview in such a way that symptoms are elucidated in a manner that allows for accurate diagnosis.

A3 - RISK ASSESSMENT
Ability to incorporate risk assessment into the diagnostic interview, elicit risk/protective factors, suicidality, and obtain and integrate relevant collateral information into risk assessment as appropriate.

A4 - PSYCHOLOGICAL TEST SELECTION AND ADMINISTRATION
Ability to select, administer, score a range of psychological instruments (i.e. personality, intellectual/cognitive) that effectively address the referral question.

A5 - PSYCHOLOGICAL TEST INTERPRETATION
Interprets the results of psychological tests used in his/her area of practice. Demonstrates competence interpreting a broad range of psychological instruments.

A6 - ASSESSMENT WRITING SKILLS (TESTING/DIAGNOSTIC EVALUATIONS)
Ability to integrate multiple levels of assessment information (including as appropriate, history, interview, medical observation, clinical knowledge base, test data) into a comprehensive, coherent and useful oral (or sign language) and written report that includes consideration of cultural factors.

A7 - CASE FORMULATION
Ability to develop a useful biopsychosocial case formulation, incorporating multiple theoretical perspectives, and drawing on research knowledge. Conceptualizations integrate issues pertinent to a patient's culture, (race, ethnicity, language, national origin, religion, sexual orientation, disability, SES, gender, age) as appropriate.

A8 - EVALUATION
Understands & implements methods for outcome evaluation of treatment or a designated program. Understands principles and methods of evaluation; Applies evaluation method effectively.

B - COMPETENCY: INTERVENTION

B1 - THERAPEUTIC RELATIONSHIPS
Consistently forms and maintains appropriate therapeutic relationships with patients from diverse backgrounds and across range of psychopathology/level of acuity. Integrates termination issues into therapy.

B2 - TREATMENT PLANNING

Collaborates with patient to form appropriate treatment goals, identifying a patient's and/or family's treatment needs and strengths as the foundation of an appropriate treatment plan. Thoughtfully integrates assessment information and knowledge of patient preferences and strengths/weaknesses in choosing intervention. Conducts ongoing assessment of treatment progress, obtaining input from the patient/family and collateral sources.

B3 - PATIENT RISK MANAGEMENT
Collaborates with patients in crisis to make appropriate short-term safety plans with plan for ongoing assessment and intervention, and intensifies treatment as needed. Involves family/significant others in risk management plan as appropriate.

B4 - COGNITIVE-BEHAVIORAL THERAPEUTIC INTERVENTIONS WITH INDIVIDUALS
Ability to conceptualize therapeutic interventions from a cognitive-behavioral perspective. Implements well-timed and effective cognitive-behavioral interventions that are developmentally and culturally appropriate, and are consistent with empirically supported treatments when indicated. Demonstrates motivation to increase knowledge of cognitive-behavioral approach and expand range of interventions through reading and consultation as needed.

B5 - RELATIONAL/INTERPERSONAL THERAPEUTIC INTERVENTIONS WITH INDIVIDUALS
Ability to conceptualize therapeutic interventions from a relational/interpersonal perspective. Implements well-timed and effective interpersonal interventions that are developmentally and culturally appropriate and are consistent with empirically supported treatments when indicated. Attuned to the therapeutic alliance and impact on treatment process. Demonstrates motivation to increase knowledge and expand range of interventions through reading and consultation as needed.

B6 - THERAPEUTIC INTERVENTIONS WITH COUPLES AND FAMILIES
Ability to conceptualize therapeutic interventions from a family systems perspective and to implement family interventions as appropriate. Demonstrates motivation to increase knowledge and expand range of interventions through reading and consultation as needed.

B7 –THERAPEUTIC INTERVENTIONS WITH GROUPS
Intervenes in group skillfully, attends to member participation, completion of therapeutic assignments, group communication, safety and confidentiality. If the group has psychoeducational component, readies materials for group, and understands each session's goals and tasks.

B8 - EFFECTIVE USE OF EMOTIONAL REACTIONS (TRANSFERENCE AND COUNTERTRANSFERENCE)
Recognizes client's transferences and understands and uses own emotional reactions to the patient productively in the treatment.

C – COMPETENCY: COMMUNICATION & INTERPERSONAL SKILLS

C1 - FEEDBACK REGARDING ASSESSMENT/DIAGNOSTIC EVALUATION
Plans and carries out a feedback interview. Explains findings in terms the patient and/or caregiver can understand, provides suitable recommendations and responds to issues raised by patient/caregiver. Gives appropriate feedback and consultation to referral sources/professionals based on the assessment findings.

C2- PRESENTATION SKILLS
Presents clear, concise overview of case in clinic forums (consultation groups; disposition meetings). Able to discuss and describe clinical decisions, interpretations, and formulation of findings. Engages group in thoughtful discussion of case formulation from multi-theoretical perspective.

C3 - OBJECTIVE: PARTICIPATION AND ENGAGEMENT
Consistently and meaningfully participates in didactic seminars, meetings, and case discussions. Appropriately shares professional and clinical knowledge and experiences that may be useful to discussion. Displays openness and appreciation of diverse opinions and interpretations of clinical material.

C4 - OUTREACH (Rated for all Postdocs; Rated for interns if relevant, or marked N/A)
Demonstrates good knowledge base and effective communication skills in provision of seminars, workshops, and outreach activities; Demonstrates ability to engage audience and tailor learning material to the developmental level and/or needs of the audience. Adequately prepares for presentations that utilize current research when appropriate.

C5 - TEACHING PRESENTATION SKILLS (Rated for all Postdocs; Rated for interns if relevant, or marked N/A)
Demonstrates interest and ability to effectively present clinical information in didactic setting. Appropriately shares professional and clinical knowledge and consistently contributes to others' learning. Seeks and incorporates feedback from diverse groups on presentation skills.

D-COMPETENCE: PROFESSIONAL VALUES, ATTITUDES & BEHAVIORS

D1 - PROFESSIONAL RESPONSIBILITY IN DOCUMENTATION
Executes professional responsibilities (e.g., appointments, paperwork) in a complete and timely fashion. All patient contacts, including scheduled and unscheduled appointments and phone or e-mail contacts are well documented. Records include all pertinent information and little extraneous information.

D2 - USES POSITIVE COPING STRATEGIES

Demonstrates positive coping strategies with personal and professional stressors and challenges. Maintains professional functioning and quality patient care. Actively aware of personal issues that may influence patient care or carrying out professional duties.

D3 - ADMINISTRATIVE SKILLS
Demonstrates ability to manage the administrative tasks of professional life, including participation in administration at the program/organization level.

D4 - INDUSTRY AND INITIATIVE IN THE TRAINING PROCESS
Demonstrates industry and initiative in the training process. Displays necessary self-direction in accessing current scientific knowledge to inform clinical practice. Development of identity as a psychologist and early career focus, including specification of individualized goals for training and what is required to attain those goals. Gives constructive feedback about the training experience

D5 - LEADERSHIP SKILLS (Rated for all Postdocs; Rated for interns if relevant, or mark N/A)
Actively seeks out opportunities for leadership roles (e.g. leading projects, teaching, volunteering for outreach opportunities, etc.); Informally and formally establishes self as mentor and leader among other trainees (e.g. offers informal case consultations); Demonstrates ability to initiate, lead and manage special projects; Establishes expertise/area of specialization (e.g. patient population, therapeutic approach).

E – COMPETENCY: CONSULTATION & INTERPROFESSIONAL/ INTERDISCIPLINARY SKILLS

E1 - CONSULTATIVE GUIDANCE
Understands the role of the consultant and gives the appropriate level of guidance when providing consultation to other health or mental health care professionals or school systems, taking into account their level of knowledge about psychological theories, methods and principles.

E2 - SEEKING CONSULTATION
Appropriately evaluates the need for consultation with other health or mental health care professionals, or school systems, to enhance client care. Consistently seeks consultation as appropriate. Incorporates information and feedback from consultation into clinical care.

E3 - PROFESSIONAL INTERPERSONAL BEHAVIOR
Professional and respectful interactions with patients, families, treatment teams, staff, peers and supervisors. Seeks input and support as needed. Works collaboratively with other disciplines and with peers.

F-COMPETENCE: INDIVIDUAL & CULTURAL DIVERSITY

F1 - SENSITIVITY TO DIVERSITY

Sensitive to the many elements of human diversity (cultural, linguistic, social, spiritual, etc.) Committed to providing culturally informed and sensitive services. Self-aware of one's own identities and values as they impact care.

G-COMPETENCE: ETHICAL & LEGAL STANDARDS

G1 - KNOWLEDGE OF ETHICS AND LAW
Demonstrates good knowledge of ethical principles and state law. Consistently applies these appropriately to all realms of professional practice, seeking consultation as needed.

H – COMPETENCY: RESEARCH

H1 - SCHOLARSHIP
Demonstrates the ability to be an educated consumer of empirical research and to apply scientific knowledge to the clinical setting. May contribute to research, clinical improvement and or/ program evaluation, and may develop and disseminate scholarship.

I – COMPETENCY: SUPERVISION

I1 – USE OF SUPERVISION
Seeks supervision as needed, identifying needs and questions about clinical and professional issues. Consistently comes prepared to discuss cases and professional issues. Effectively presents cases in accurate, clear, and organized manner. Openly reflects on own clinical strengths and weakness, and areas in need of growth. Open to feedback, and integrates input into existing knowledge base and clinical strategies.

I2 - PEER SUPERVISORY SKILLS
Effectively employs knowledge of supervision techniques in a consistent and effective manner, facilitating the development of the supervisee. Shares own experiences, perspectives, and suggestions in a helpful, supportive manner. Offers practical instruction and experiential wisdom on psychopathology, case formulation, intervention selection, and therapeutic technique. Models professionalism with reliability, preparedness, and diplomatic provision of feedback. Thoughtfully navigates supervisory process attending to dual peer relationship with supervisee. Seeks consultation/supervision on the supervisory process.

I3 –KNOWLEDGE OF THEORY/MODELS OF SUPERVISION
Demonstrates knowledge of theory and models of supervision, including how to appropriately respond to individual and cultural differences. Knowledgeable of various supervision techniques; seeks out and uses scientific literature on supervisory practices.

I4 - SUPERVISORY SKILLS (Rate for all Postdocs; Rate for interns if relevant, or mark N/A)

Fosters a supervisory environment that is both supportive and challenging, and facilitates growth; Offers practical instruction and experiential wisdom on psychopathology, case formulation, intervention selection, and therapeutic technique; Provides useful verbal and written feedback on trainee's reports and documentation; Fosters development of trainee's own therapeutic style and ability to conceptualize and make treatment decisions; Models professionalism with reliability, preparedness, and diplomatic provision of feedback. Seeks consultation/supervision on the supervisory process.

How Competence is Attained: Internship Activities and Time Commitment

The full time MARI internship involves experiences at one or two MARI sites, The Psychological Clinic and the UCCF. Each site offers extensive practical experience in evaluation and treatment/intervention for individuals and couples, for families, groups, schools, and other systems. This experience is supervised by senior psychologists with extensive histories of professional commitment to the practice and teaching of clinical psychology. As outlined in the *Educational Model and Professional Training Goals* section above, we believe that competence is acquired by effective exposure to active clinical work, embedded in and supported by intensive supervisory and didactic experiences that are keyed to the program's competency goals.

Each internship site has its own history and identity, even as they work together with a shared training mission and training goals under the auspices of their parent unit, the Mary A. Rackham Institute. In this section of the MARI internship handbook, we offer an overview of the Internship Program structure and training tracks, and a brief descriptions of the two sites, including the meetings and seminars held at each. Following this, we detail the time commitment that will be expected for the MARI internship for each training track

INTERNSHIP PROGRAM STRUCTURE

Training Tracks:

Interns apply to and match in one of our three training tracks:

- **Lifespan Track** (1/2 time simultaneous placements at our adult clinic and our child/family clinic)
- **Adult Track** (full time at our adult clinic)
- **Child/Adolescent Track** (full time at our child clinic)

The Psychological Clinic

Overview

The Psychological Clinic as we know it today began in the early 1950's when the University of Michigan Psychology Department's Clinical Program took shape after WWII. Since that time, the Clinic has been dedicated to providing excellent training for psychology interns in psychological assessment and

psychotherapy with adults through intensive supervision and relevant case conferences and seminars. The Clinic developed from a strong psychodynamic tradition; we continue to value psychodynamic thinking within the context of a more broadly integrative model, and within the evidence basis that incorporates many other approaches as well. An inseparable aspect of the Clinic's training mission is the Clinic's dedication to providing excellent clinical services, which are offered to adults (18 and older) in the Ann Arbor community, regardless of association with the University of Michigan. The Clinic is a significant community resource, because it provides excellent psychological evaluation and treatment at sliding scale fees. The Clinic is also dedicated to conducting research based on our work with our patients.

Services

The Psychological Clinic offers psychological services to adult community members at a sliding scale fee. Services include:

- Consultation for diagnosis and treatment planning
- Short- and intermediate-term individual psychotherapy for adults
- Couples evaluation and therapy
- Group therapy
- Psychological testing for attentional and learning concerns
- Psychiatric consultation and medication

Training Activities

Supervision. Each half-time intern receives 1 hour of individual psychotherapy supervision per week and 1-1.5 hours of small group supervision targeting a particular intervention approach or topical area (e.g. IPT/CBASP addressing depression and trauma, ACT, Integrative Approaches for Complex Cases / Couples Therapy). Interns receive 0.5-1.0 hr/wk of testing supervision. In addition, based on their training goals, interns may receive 1.5 hours of additional group supervision for couples therapy and/or 1 hour/week supervision for group therapy work. Individual and group supervision for full time interns at this site is proportionally increased.

(Optional) Anxiety Disorders Seminar. This fall seminar is led by the MARI Training Director and/or postdoctoral fellows with anxiety expertise. It covers detailed instruction on CBT practice for a variety of anxiety conditions. Interns with prior CBT training attend optionally. (Most interns opt to attend select sessions.)

Clinic Training Seminar. This Seminar begins with a series of sessions on Beginning Clinical Work during orientation week (Emergency Management, Conducting Outpatient Evaluations, and Clinical Documentation) and then covers multiple 3-session series each on various EBTs and topics such as:

- Cognitive Behavioral Analysis System of Psychotherapy (CBASP)
- Interpersonal Psychotherapy (IPT)
- Acceptance and Commitment Therapy (ACT)

- Brief Dynamic Psychotherapy
- Couples Therapy
- Trauma-focused Therapies
- Working with Personality Disorders and Mentalization-Based Interventions

Other 1-session seminars are also included:

- Using the DSM-5
- Issues of Sex and Sexuality
- Integrative Approaches to Psychotherapy
- Dealing with Endings and Termination of Treatment

This meeting is also used as a forum for annual intern case presentations, for focused training and experiential work on multicultural issues, and for various guest presentations.

Testing Seminar (Both Clinic and UCCF/Adult and Child Centers). This seminar meets for 1 ½ hours weekly through the first two months of internship. It begins with didactics focused on ADHD/LD testing in adults and children, and then involves group supervision of child testing cases. Didactics include:

- Common Pitfalls in Administering, Scoring and Interpreting Adult and Child Test Batteries
- Report Writing
- Phenomenology of ADHD and LDs in Adults and Children

Clinic Consultation Groups (i.e. Evaluation and Treatment Planning Teams). At this weekly meeting, interns and other trainees present reports of initial consultations with clients. Diagnosis, cultural/diversity issues, evidence basis for the conceptualization and/or treatment planning, and treatment plans are reviewed and discussed, using the model described in the Training Model and Goals above. Cases are then followed every 6 weeks, using empirical measures to assess progress and evaluate treatment results.

The University Center for the Child and the Family

Overview

The University Center for the Child and the Family was established in 1988 to provide training in a wide range of child and family assessment and intervention skills; to provide quality services to the community at a moderate cost; to add to knowledge concerning child and family mental health problems and how best to address them. The UCCF faculty represent a wide range of theoretical perspectives, including biological, behavioral, cognitive, psychodynamic, family systems and community/cultural. The UCCF is committed to bringing all of these perspectives to bear, in a broadly integrated fashion, on each case. The UCCF works with a diverse group of clients, representative of the county in which it is located. Interns receive closely supervised experience in all of the basic areas of child and family work.

Services

The UCCF offers services to children and families in the Ann Arbor area at sliding scale rates. Services include:

- Psychological assessment of social-emotional problems, childhood behavior problems, difficulties in children's academic progress, and family relationship problems using individual child and family interviews and empirically based psychological testing
- Individual and group child psychotherapy
- Family and couples therapy; including treatment for families in which child abuse has occurred
- Parent Guidance for parents of children from infancy through adolescence addressing concerns about a child's academic, social, and/or emotional development, and including consultation for school problems
- Support/educational groups for parents
- Group Therapy and Social Skills Training for children and adolescents with problems in peer relations
- Specialized diagnostic and intervention services (ABA) for Autism Spectrum and Developmental Disorders
- Training of professionals and parents
- Consultation to schools and systems working with children and families
- Educational assessment

Training Activities

Supervision. All half-time interns receive 1 hour per week of individual psychotherapy supervision from their primary supervisor, and 1-1.5 hours per week of small group supervision targeting a particular area (e.g. Couples/Family therapy, CBT & 3rd wave approaches with youth and their families, Attachment Principles in early childhood treatments). Interns receive 0.5-1.0 hr/wk of testing supervision. Additional individual and group supervision is provided for work with particular types of cases, such as those involving infancy, adoption, abuse, loss, and couples. In addition, all intervention groups and consultation services are supervised. Individual and group supervision for full time interns at this site is proportionally increased.

UCCF Training Seminar. This seminar begins with a series on beginning clinical work with children/families (Emergency Management, Clinical Documentation, Ethics of Child/Family work, Evaluating Children, Adolescents, Families, and Autism-Spectrum Disorders, and Educational Consultations) and then covers multiple 3-session series each on various EBTs and topics such as:

- Parent Behavior Management Training
- Child Temperament and Affect Regulation
- Best Practices in the Treatment of Depression
- Best Practices in the Treatment of Anxiety
- Best Practices in Family Therapy
- Best Practices in the Treatment of Childhood Trauma

This meeting is also used as a forum for annual intern formal theoretical/clinical presentations, for focused training and experiential work on multicultural issues, and for various guest presentations.

Psychiatric Medications Seminar Series. This 4-session seminar, taught by our child Institute Medical Director and staff psychiatrist, focuses on the use of pharmacotherapies in the treatment of common childhood problems.

Disposition/Case Conference
This conference, held weekly, reviews and discusses all new cases to the agency. The focus of the discussions is on case features and dynamics, and formulating the most effective strategies for treatment, utilizing the evidence basis and the approach described in the training model and goals stated above. Wherever possible, case progress is followed using empirical measures.

SPECIFIC TRACK Training Opportunities

In addition to the training opportunities listed above at the UCCF and Psychological Clinic for interns placed in ALL tracks, interns matching to our Child/Family Track and our Adult Track may also participate in additional training opportunities, including:

- School-based services including classroom observations, attending IEP meetings, and providing consultation and guidance to teachers (Child Track).
- Community outreach events (Child Track: Seminar on Parenting Through Separation and Divorce, Workshops for parents of children with ADHD and LD; Adult Track: Lectures and workshops through Rackham Graduate School and the Medical School for Test Taking, Anxiety and Imposture Syndrome)
- Shadowing in Psychiatric Emergency Room (PES) with psychiatry resident
- Preparation for formal certification in multiple evidence-based treatments (Adult track)
- Possible Supervision of junior colleagues engaged in beginning clinical work

Additional Policies and Procedures for the Psychological Clinic and UCCF

The operation of both the Psychological Clinic and UCCF is governed by a set of MARI administrative policies and procedures. The clinics also have policies covering such matters as scheduling, billing, office use, confidentiality of records, etc. These policies and procedures are contained in a separate Policies and Procedures Manual that has been distributed to you.

Breakdown of Activities & Required Meetings

The schedules of required meetings and the breakdown of activities for the Mary A. Rackham Institute Psychology Internship are detailed below for each Training Track.

Activities Breakdown	**Lifespan Track**	**Adult Track**	**Child/Family Track**
Provision of direct clinical services	16 hours/wk (9 adult; 7	18 hours/wk	15 hours/wk

	child)		
Individual supervision	2-2.5 hours/week	2.0-2.5 hours/week	2.0-2.5 hours/ week
Group supervision	3-6 hours/week	1.5-6 hours/week	1.5-5 hours/week
Total Individual & Group Supervision	5-8.5	4-8	4-6.5
Testing	6-9 cases/year	4-8 cases/year	8-11 cases/year
Professional training activities -Didactic seminars, case conferences, journal club, projects	6 hours per week	3 hours per week	3 hours per week
Administration/preparation (reading, record keeping, phone calls, etc.	15 hours per week	15 hours per week	17 hours per week
Total	**45-50**	**45-50**	**45-50**

Required Meetings: (schedule subject to minor changes; see updated copy provided during Orientation week)

Monday	Tuesday	Wednesday	Thursday	Friday
			9:00-10:00 UCCF Social work training seminar, 1st, 3rd and 4th wks of each month, Sept-Dec 9:00-10:00 CLINIC Anxiety Consult drop in,1st and 3rd weeks of the month (Shelly)	9:00-10:30 All Interns Testing Seminar & Group Supervision (weekly Through Nov; then 2/3, 4/14, 6/2, 8/4)
			10:00-10:30 UCCF Social work meeting (which wk of the month varies by training group)	
			10:30-12:00 UCCF Disposition/ Case Conference	
11:00-12:30 CLINIC Staff Meeting and Consultation Groups	10:30-12:00 CLINIC IPT/CBASP Dep & Trauma Group Supervision (Todd)			
	12:00-1:00 *MARI Interns Forum (1st wk of month)		12:00-1:00 (bring lunch) UCCF Training Seminar	12:00-1:00 UM-ACTS Meeting (optional; open to all wanting to learn about

	*Postdoc Forum (2nd wk of month) *Journal club (3rd wk of month)		(occasionally joint with Clinic)	autism or ABA)
1:00-2:00 CLINIC ACT Group Supervision (Jody)			1:00-2:00 CLINIC Training Seminar (occasionally joint with UCCF)	12:30-2:00 UCCF Helen's & Anu's Group Supervisions
2:00-3:30 CLINIC Couples Group Supervision (*Any interns opting to do couples work)*			2:00-3:00 UCCF Eileen's small group supervision	1:30-3:30 BCBA Supervision Meeting Friday

What We Expect From Interns

Introduction

With the joys and fulfillment of clinical work come the responsibilities and standards of good practice. These form the moral and ethical structure which safeguards our work with patients, and as we describe these guidelines, you will find that the presentation has a different, more prescriptive tone. Ultimately, however, we trust that these guidelines are **yours**, a vital part of your identity as a professional clinician, and not a set of external strictures imposed upon you.

Professional, Ethical Behavior

The Mary A. Rackham Institute is a professional organization. We train interns to be professional psychologists, and we expect and require professional and ethical attitudes and behavior from our interns, faculty supervisors and support staff. We recognize that no one is perfect, and that interns are here to learn. Therefore our first and preferred approach to ethical issues is educational and remedial. However, you should know that persistent or severe ethical lapses may be grounds for dismissal from the internship. Guidelines for professional behavior are contained in the ethical statements for psychologists (distributed at orientation), and we review ethical issues and problems in various forums during the year. You should read and consider the ethical guidelines carefully on your own. In the spirit of these guidelines, we expect respectful and considerate treatment of others from everyone at the Institute. We expect differences to be resolved in a spirit of openness and accommodation, and we expect thoughtful and considerate interest in the welfare of our staff and our patients from everyone.

Follow Policies and Procedures of the MARI Agencies

In addition to this handbook that describes overall features of the MARI internship, the MARI has specific administrative policies and procedures tailored to the clinical operations of these sites, covering such matters as billing and appointment scheduling, paperwork, etc. We expect you to read, master and adhere to these policies and procedures.

Workload & Cumulative Hours

We have offered our best estimate of the number of hours you can expect to spend weekly at your internship in the table above. This table represents your average workload once you reach a full caseload; at the start and sometimes at the end of the internship, your caseload may be lower than these estimates. **Lifespan track interns are expected to schedule accordingly to maintain 9 weekly face to face (FTF) psychotherapy hours in the adult clinic, and 7 weekly FTF psychotherapy hours in the child clinic; additionally, you will be expected to complete 6-9 testing cases over the year. Adult-track interns are expected to schedule accordingly to maintain 18 weekly face to face (FTF) psychotherapy hours in the adult clinic, and to complete 4-6 testing cases over the year. Child/Family-track interns are expected to schedule accordingly to maintain 15 weekly face to face (FTF) psychotherapy hours in the child clinic, and to complete 8-11 testing cases over the year. *During weeks where you are doing testing, your psychotherapy hours will be slightly lower than the targets above.*** As part of your professional development, you will familiarize yourself with the number of appointments needed to accommodate cancellations, in order to maintain the weekly FTF expectations.

The *absolute minimum* required to complete the internship program is 500 client contact hours. For **Lifespan track interns**, a minimum of 250 at each site (the Clinic and the UCCF) is required. Please note that this is the minimum expectation required for a *passing* (not satisfactory) performance; interns routinely well-exceed this number in order to take fullest advantage of the richness and range of our training opportunities. In the past, there has been some confusion, especially later in the year when one's memory of going over the Intern Handbook has faded, over whether reaching 500 hours means that one has met the requirements of the internship and need see no further clients. This is not the intention of this expectation – it is a minimum, and we expect that interns will exceed this minimum as the year progresses. It is just that if, for any reason, you fall below this minimum as the year progresses you will not have met the minimum requirements for satisfactory completion of the internship. If you have questions about this policy, do not hesitate to ask.

Evaluation of Intern Performance

Supervision is intended to provide continuous feedback on interns' work. It is important, however, to step back from the day-to-day advice and evaluation of supervision to consider the work overall. This is done approximately six months into the internship using the criteria from the skill goals list, in the context of the specific goals developed by the intern and his/her supervisors at the start of the year. At this time, supervisors offer written and verbal feedback and evaluation of the intern's performance to date using the midyear progress evaluation form and observation rating form (see Appendix for Intern Evaluation Form and Clinical Skills Observation Form). At this time also, we expect supervisors to welcome, and interns to provide, feedback on the supervisor's performance as well, and to use this occasion to discuss how the supervision is going between the two. We hope and expect that this more formal discussion will simply be the capstone of an ongoing dialogue between intern and supervisor about the mutual work and the contribution of each to it. Interns will receive evaluations from both the Clinic and the UCCF, using the same forms and overall

criteria. The evaluations from all supervisors at both sites are reviewed by Training Director and the Center Directors, and any concerns are further discussed with the intern.

The intention of the evaluation is to blend the two types of evaluation that psychologists experience during their careers: one designed to identify strengths to build on and weaknesses that need attention (performative evaluation); the other, to offer a normative judgment of overall skill level. The forms assess the extent to which the intern has made appropriate progress during the evaluation period, as we expect to see change in each of the domains listed in the competency goals document. They also leave room to give narrative guidance for areas of difficulty, and at the end of the document, an overall summary and normative evaluation is made. At mid-year, we expect interns to demonstrate at least entry level competencies on all items ("E" rating or above on all items. Any rating of "R" requires an immediate plan of remediation and follow-up.

Year-end supervisory evaluations are also prepared by the faculty at the sites where the intern is training. These written evaluations assess the competency level that the intern has achieved during the year, and are discussed between the Training Director and the intern. The year-end evaluation is completed on the same Intern Evaluation Form as the mid-year evaluation, so as to offer cumulative impressions over the year. Sometimes modifications are requested by the intern, and once a final document is prepared, it is signed by the intern and supervisor. By the end of internship, we expect interns to demonstrate at each internship site basic overall competencies (all *Overall* Competency ratings at "I" intermediate level or above). Satisfactory performance at each site is required for completion of the internship for **Lifespan track** interns.

A written summary evaluation for the intern's overall performance at the MARI internship is prepared by the Training Director, reviewed with the intern at year-end, and attached to these evaluations. The relevant documents are kept in the intern's file at the Institute, and are forwarded to the intern's graduate program as indicated.

In addition, the intern may request an informal or formal evaluation of his or her work at any time during the internship year.

Maintenance of Intern Records

Our program maintains records of intern training experience, performance evaluations, and program completion to aid with future license verification and other documentation matters. For your ease, however, we also recommend you consider banking your credentials via one of the national credentialing banks (e.g. National Register).

Communication with Doctoral Programs (Policy adapted from recommendations from the Council of Chairs of Training Councils [CCTC])

Communication between doctoral training programs and internship programs is of critical importance to the overall development of competent new psychologists. The predoctoral internship is a required part of the doctoral degree, and while the internship faculty assess the student performance during the internship year, the doctoral program is ultimately responsible for evaluation of the student's readiness for graduation and

entrance to the profession. Therefore, evaluative communication must occur between the two training partners.

Given this partnership, our training program has adopted the following practices: All students will be informed of the practice of communication between the doctoral program Training Director/Director of Clinical Training (or faculty designate) and internship Training Director (or designate). It should be emphasized that this communication is consistent with discussion among trainers throughout the students graduate training (e.g., practicum supervisors)

Once a student has been matched with an internship site, the internship and doctoral program Directors will communicate about the specific training needs of the student, so that the internship Director has sufficient information to make training decisions to enhance the individual student's development.

During the internship year, the Directors of the two programs will communicate as necessary to evaluate progress in the intern's development. This will include a minimum of two formal evaluations (one at mid-year and one at the end of the year), and may also include regular formal (written) or informal communication

The student/intern has the right to know about any written communication that occurs and can also request and should receive a copy of any written information that is exchanged.

In the event that problems emerge during the internship year, i.e., an intern fails to make expected progress, the Directors of the two programs will communicate and document the concerns and the planned resolution to those concerns. Both doctoral training program and internship program policies for resolution of training concerns will be considered in developing necessary remediation plans. Progress in required remediation activities will be documented and that information will be communicated to the doctoral program Director.

Internship Policies

Stipend, Benefits, Vacation and Leave Time

The full-time internship stipend is $23,000. Payment is in monthly increments. Medical insurance is provided through the University of Michigan benefits system.

Time Off Procedures

All time off must be pre-approved (see Absence Request Form), with a minimum of one week's notice. The minimum vacation day that may be requested is a ½ day. Trainees are generally expected to be present 5 days/wk during normal business hours (8:30-5:00pm); however, interns working multiple evenings to accommodate client schedules may opt to come in later one or more mornings. Over-scheduling duties into 4 longer weekdays is not permitted. Carry-over of benefits into subsequent academic year(s) for trainees continuing with the Institute is not permitted.

Vacation Days

MARI interns receive two weeks (10 working days) of vacation. Interns additionally receive off the period from the Christmas holiday to New Year's Day (Depending on the calendar year, this is an additional 5-6.5 vacation days). Additionally, interns may take off major religious holidays without counting as vacation days; interns must submit absence request forms for such days per normal time off request procedures.

Professional Development Days

Up to 5 days are available for professional development, per the Training Director's approval. Up to 3 of these may be taken to defend a dissertation, attend graduation, or interview for a job/fellowship; this may also be used for conference/workshop attendance (More generally working on a dissertation or preparing for a conference presentation or job interview are not approvable activities for these professional days). Online trainings and webinars may also be approvable. Interns are asked to submit documentation regarding the activity (e.g. conference, or description of proposed activity) with their absence request. Clinic Directors may request them to present briefly to staff/trainees about their training experience upon their return.

Sick Days

Interns have 7 days of sick leave available each year, to be used specifically for *illness*. Interns are responsible for notifying all relevant faculty and clients of their absence; office staff will assist appointment cancellations only when the intern is unable to do so. Interns must submit an absence form upon their return. If the intern is absent for over three days, or adjacent to vacation time off, formal documentation of the reason for absence and/or medical documentation may be requested by the Training Director; if such documentation is unsatisfactory, expended sick leave may be charged against vacation leave. Leave due to illness or injury in excess of the allotted time becomes leave without pay. The possibility of making up time involves many factors and should be discussed with the Clinic Directors and Training Director.

Family Medical Leaves

Interns may take up to 3 months of leave around the birth or adoption of a child, or a family illness. Interns may use all vacation and sick days for this purpose. Leave beyond the vacation/sick days becomes leave without pay. The intern's time at the University (and formal FMLA eligibility) determines whether the employee contribution to the medical plan will continue to be paid during the intern's absence, and this issue should be discussed early on with the Clinic Director and Training Director. The possibility of making up time involves many factors and should also be discussed early with the Clinic Directors and Training Director.

Leaving the Program Early

We expect you to be with us the entire 12 months, from September 1 to August 31 of the next year. If you anticipate that you will need to leave the program early to move for personal reasons or for employment that begins September 1, you must reserve your vacation time for this purpose. If for any reason you need to leave the internship earlier than this, you must make application to the Training committee at least three months in advance, and work out a completion plan in agreement with the Clinic Director and

Training Director. If you have made such agreements to leave the program early, time-off benefits are prorated accordingly; likewise, if vacation/sick days are used in accordance with an annual appointment, but the intern leaves the program prematurely, pay is prorated accordingly.

Program Completion

While the above time-off benefits are fully available to trainees, please be aware that completion of the program and licensure eligibility still require that trainees meet all hours, training duration (12 months, excepting allotted sick/vacation time) and competency requirements. If time off is taken beyond the allotted sick/vacation days, it is likely the trainee will need to make up the time to satisfactorily complete the program. Likewise, if time off (within or outside of the allotted days) precludes the intern from completing clinical hours expectations or meeting minimum competency requirements, making up time may be necessary to complete the program and/or be license-eligible. The possibility of making up time depends on many factors and should be discussed as early as possible with Clinic Directors and Training Directors.

Problems with your supervisor or other staff

We encourage you to speak to the MARI Training Director, the MARI Director, the Psychological Clinic Director or the UCCF Director if you are having problems with any faculty or staff member. Our overall policy, in common with the University as a whole, is to encourage working out problems with the person directly. However, it helps at times in solving these problems to discuss them with someone in authority, even if just for advice.

When other things go wrong, or you can't make it right: Grievance Procedures

The faculty and staff of our organization are here to help you. We all want to help things go well for you. If something goes wrong, please ask for help and consult any staff member you feel can be helpful.

Interns may also, if needed, make use of the grievance office of the Dean of the Graduate School. The grievance officer is Darlene Ray-Johnson, Assistant to the Dean. She can be reached at 647-7548, or in person at the Graduate Dean's office. We want you to feel free to avail yourself of these procedures if satisfactory resolution of a problem cannot be achieved within our organization. The full text of the Graduate School's grievance procedure is copied below, and can also be viewed on the web: http://www.rackham.umich.edu/current-students/policies/dispute-resolution

Rackham Academic Dispute Resolution Policy and Procedures

Introduction

Rackham's Academic Dispute Resolution Policy and Procedures are available to Rackham students who have a dispute or disagreement with faculty or staff about the equity and fairness of decisions or procedures that affect their academic standing, the conduct of their research, and progress toward the degree. Such issues may arise

regarding fair and equal treatment in the conduct of a class, in the pursuit of the student's research, and in the grading or evaluation of academic work and research. Other issues may concern the equity and fairness of program, department or Rackham policies.

Academic dispute resolution is a means for resolving disputes and achieving a workable outcome for all parties, within the integrity policies of the University. Resolutions are not imposed, but result from agreement of all parties.

The Rackham Resolution Officer, Darlene Ray-Johnson, is responsible for managing this policy and may be reached at rayj@umich.edu.

Scope of the Policy

The Rackham Academic Dispute Resolution policy applies to disputes Rackham graduate students may have with faculty or staff regarding equity and fair treatment that may have an impact on grading or evaluation, on research activities related to or required by the graduate program, or other treatment that affects academic standing. This policy may not be used to appeal grade-related or other academic sanctions imposed as a result of any action taken under any honor code or academic integrity policy.

Other University policies and procedures apply to allegations of faculty and staff misconduct; such matters will be governed by appropriate policies administered under other University units:

- Complaints that a member of the faculty or staff has engaged in research misconduct will be handled by the Office of the Vice President for Research.
- Complaints that a member of the faculty or staff has violated the University's non-discrimination and harassment policies will be investigated by the University's Office of Institutional Equity. Faculty and staff who are also students, or a student who also has a staff appointment, may be subject to procedures described in the "Statement of Student Rights and Responsibilities."
- Claims that a member of the faculty or staff has violated employment contracts will be investigated by Academic Human Resources.

A graduate student who alleges misconduct by a faculty or staff member must pursue the complaint in the most appropriate forum; a student may not pursue the same allegation in different venues. Students who agree to have a dispute mediated under this policy agree not to pursue the same matter in any other forum within the University. Students should consult the Resolution Officer in their school or college to decide which avenue is best for their circumstances, and about counseling and University resources that may be appropriate.

Resolution Board

Schools and colleges participating in this dispute resolution process designate a member of the faculty or senior administrative staff to serve as the unit's Resolution Officer. This person, in accordance with the principles and processes described below, oversees the mediation of disputes or disagreements covered under this policy. The Resolution Officers of the schools and colleges constitute the Resolution Board, which is convened by the Rackham Resolution Officer. The Rackham Resolution Board also includes four to five Rackham students who serve as Resolution Counselors for students. The Resolution Board keeps current with best practices for dispute resolution, provides mutual advice and support in the handling of disputes, and shares lessons learned with the Rackham Dean and the graduate programs about ways to improve policies, practices and communication. The Resolution Board may seek advice from faculty and other University offices with expertise on mediation and conflict resolution.

Dispute Resolution Principles and Responsibilities

Adherence to principles of impartiality, confidentiality, timeliness, and effective communication are important to successful dispute resolution. The Rackham Graduate School works with the schools and colleges to ensure that these principles are understood and observed in the dispute resolution process.

1. Impartiality

A Resolution Officer will remain impartial. A Resolution Officer will recuse him/herself for a conflict of interest. Such circumstances include if the Resolution Officer has a personal or professional relationship with any party in the dispute that would impede his or her impartiality. In such instances, the Dean of the school or college may ask another impartial and qualified staff or faculty member to handle the dispute resolution process, or may ask the Rackham Resolution Officer to ask another member of the Resolution Board to provide this service. A student with concerns about the impartiality of a resolution process within his or her school or college should seek advice from the Rackham Resolution Officer. If the Rackham Resolution Officer, in consultation with the Resolution Board, concludes that such concerns about the substance or appearance of impartiality are substantial, another member of the Board may be asked to take the case.

2. Confidentiality

- A student may meet informally to discuss an issue with any Resolution Officer or Resolution Counselor. While these discussions will remain confidential to the extent permitted by law, confidentiality will not be maintained if the Resolution Officer or Resolution Counselor believes that disclosure is necessary to avoid an imminent risk of serious harm or is required by law.

- All parties implicated in the complaint have the right to know the details of the issues that give rise to the dispute. A student may not anonymously request a formal dispute resolution process.
- The Resolution Officer or Resolution Counselor may consult with the Rackham Resolution Officer and the Resolution Board, who will maintain confidentiality. Parties involved in a formal dispute resolution process are expected to maintain confidentiality so the process can be effective.
- When the resolution process suggests how academic policies and their implementation may be improved, the Resolution Board may share this information as appropriate with other graduate programs, while maintaining the confidentiality of personal information.
- Records summarizing the resolution of disputes will be archived by the Resolution Board and the Dean(s) of the relevant school or college. These records will be a resource for the Board. Personal information in these records will be kept confidential.

3. Timeliness

Timely address to disputes is important for successful resolution. Normally, resolution conferences will be held within ten business days from the time the Resolution Officer receives the case. The academic calendar may make it difficult to always adhere to this schedule, but the conference should be convened within a reasonable time.

4. Communication

Schools and colleges should maintain and make public dispute resolution procedures. Schools and colleges should also publicize these procedures to students, faculty and staff. Resolution Officers are available to speak with a student about the purpose and principles of these procedures, and the implications of proceeding with a formal dispute resolution conference, including potential outcomes. The student must be kept fully informed at every step and participate in reaching a resolution.

Resolution Conference

While prompt informal discussion within the unit where the parties are enrolled or appointed can often resolve most disputes, a more formal process may be necessary to address disagreements that may have greater complexity and consequence. The formal resolution of dispute takes place in a resolution conference. Through the resolution conference, the parties seek to reach a mutual understanding of the causes of the dispute and to produce a solution guided by academic policies. The purpose of the resolution conference is to allow parties to a dispute to present their viewpoints, to share information, to clarify concerns and issues, to resolve misunderstandings or interpersonal difficulties that may contribute to an issue, to evaluate options for resolving the problem, and to reach a formal agreement on an outcome intended to resolve the dispute.

The Academic Dispute Resolution Process

In many cases, academic disputes can be quickly and effectively resolved when addressed informally at the local level. Misunderstandings, miscommunications and disagreements often can be resolved through such conversations.

1. A student may talk with the Graduate Chair as an initial step. The student may also consult informally with the Resolution Officer of the school or college who can offer impartial advice and suggest steps to resolve the issue.
2. Students in LS&A, which does not have a Resolution Officer, may consult with the Rackham Resolution Officer.
3. All students are encouraged to seek information and advice from a Rackham student Resolution Counselor, who can offer neutral advice about how to address and resolve disputes.
4. If informal discussion does not resolve the disagreement, the student may seek a formal resolution conference within the school or college. With the exception of the LS&A, each school and college has a dispute resolution process and designates a faculty or staff member to serve as a Resolution Officer who will conduct this process according to the procedures of the school or college.
5. Some LS&A departments have dispute resolution processes; students in these departments should seek a formal dispute resolution conference within these programs. For LS&A students whose programs do not have formal procedures, the Rackham Resolution Officer will organize a dispute resolution conference.
6. The Resolution Officer of the school or college will notify relevant parties and the Resolution Board and include a summary of the issue at disagreement.
7. When an academic dispute arises between a Rackham student and a faculty member of another school or college, the Rackham Resolution Officer, in consultation with the Resolution Board and the relevant Deans, will determine where the resolution conference process will be held.
8. Through the dispute resolution process, the parties will develop a resolution plan to which the parties consent. The Resolution Officer will summarize the key points of the agreed resolution in a memo of understanding. The parties to the dispute will sign the memo of understanding, signaling their consent to the terms of the resolution. Copies of the memo will be shared with the relevant Deans and the Resolution Board.
9. In the event that the parties are unable to reach an agreed resolution, the Resolution Officer will notify the relevant Deans and the Resolution Board in writing that a resolution could not be reached. The Dean of the school or college will refer the matter to the Rackham Resolution Officer within five business days of receiving the school/college's Resolution Officer's report.

Reconsideration

A student may ask the Rackham Resolution Officer to reconsider the dispute if he or she believes that the resolution process at the school or college level did not meet standards of fundamental fairness or if substantial relevant new evidence or information has become available after the resolution conference.

1. The student must make this request in writing within ten business days after receipt of written notification of the outcome of the resolution conference process in the school or college.
2. The Rackham Resolution Officer will ask the Resolution Officer of the school or college to provide a written report of the resolution process, and may talk individually with the parties to the dispute.
3. If the Rackham Resolution Officer and the Resolution Board find that the grounds for reconsideration have been established, they may recommend to the Rackham Dean that the school or college be asked to consider the dispute again or, if circumstances make it difficult to ensure an impartial inquiry, ask that the Resolution Board convene a new dispute resolution conference.
4. If the Rackham Resolution Officer and the Resolution Board determine that the grounds for reconsideration have not been established, they will recommend to the Rackham Dean that the school/college outcome be upheld. The Rackham Dean will notify the student of the outcome. This ends the reconsideration process.

Rackham Dispute Resolution Process

At the request of the Dean of a school or college, or if a school or college does not have a dispute resolution process, or as the result of a request by a student for reconsideration, the Dean of Rackham may agree to convene a dispute resolution process.

1. Resolution conferences for new cases or reconsiderations will be held usually within ten business days of the initiation of the case.
2. The Rackham Resolution Officer will invite all parties to submit written statements. The Rackham Resolution Officer may interview other persons who may be able to contribute to an understanding of the dispute, or ask them to provide written statements.
3. For new cases only (i.e., not reconsideration cases), the Rackham Resolution Officer may determine that, on the basis of this inquiry, the claims of the student are without merit. In this case, no further action will be taken.
4. A resolution conference will be conducted for the purpose of understanding the causes of the dispute and for producing a solution.
5. The parties in the dispute have the right to respond to claims made by others, either in writing or at the conference itself.
6. The conference will not be recorded.

7. The parties will be encouraged to seek a resolution to the dispute by agreeing on a course of action. The Rackham Resolution Officer will summarize the key points of the agreed resolution in a memo of understanding. The parties to the dispute will sign the agreement, signaling their consent to the terms of the resolution. Copies of the agreement will be shared with the relevant Deans and the Resolution Board.
8. If the parties are unable to reach a resolution through the conference process, they will be asked to submit a summary statement no more than two pages in length. Upon review of the Rackham Resolution Officer's report and of statements submitted by the parties, the Rackham Dean will determine a resolution outcome based on the preponderance of the information presented, and will communicate this to all parties and the Dean and Resolution Officer of the school or college.

In addition, the Association of Postdoctoral and Psychology Internship Centers (APPIC) maintains a formal and an informal problem resolution process which is at your disposal should you need it, and pasted below. The website for this service is located at: http://www.appic.org/Problem-Consultation

Problem Consultation

APPIC has established both an Informal Problem Consultation process and a Formal Complaint process in order to address issues and concerns that may arise during the internship or postdoctoral selection process or training year. Applicants, current and recently-graduated interns and postdoctoral residents, Directors of Clinical Training (DCTs), internship and postdoctoral Training Directors, and training program faculty/staff are welcome to utilize these services.

APPIC policies state that concerns must first be brought to the Informal Problem Consultation process before a formal complaint is filed.

Informal Problem Consultation

The goal of the Informal Problem Consultation (IPC) process is to provide guidance, consultation, and assistance in resolving the broad array of problems and challenges that may be encountered by concerned parties in the internship or postdoctoral context. The IPC process is confidential. In some instances, the IPC representative from APPIC interacts only with the individual seeking assistance; in other cases, when the individual grants permission, the IPC representative may talk with multiple parties in order to seek information or negotiate a resolution. Students and trainers have found this process to be an effective and efficient mechanism for handling the majority of problems and conflicts that arise regarding various aspects of internship and postdoctoral training.

Here are some examples of situations in which an individual (or group of individuals) may make use of the IPC process:

1. An internship applicant or internship training director experiences what he/she perceives to be a violation of APPIC Match Policies.
2. An internship or postdoctoral training director has concerns about a student's competence or unethical/unprofessional behavior and wants to consult about possible options or solutions.
3. A current intern or postdoctoral resident believes that his/her internship or postdoctoral program is not in compliance with APPIC membership policies.
4. A current intern or postdoctoral resident is concerned about his/her training experience and wants to consult about options or solutions.
5. A Director of Clinical Training is concerned about a student's internship experience and wants to consult about options or solutions.
6. An applicant or trainee feels that he/she has been treated in an inappropriate, disrespectful, or discriminatory manner.
7. An intern or postdoctoral resident and/or an internship or postdoctoral Training Director would like guidance in handling issues related to medical concerns, pregnancy, child/elder care, family hardships, disability, etc.
8. An individual is unsure if a policy violation has occurred, or is unsure if his/her situation warrants a formal complaint or is best addressed by the Informal Problem Consultation process.

Results of the APPIC Match constitute binding agreements between applicants, internship programs, and APPIC that may not be reversed without APPIC's consent. In situations where an individual or program wishes to terminate or withdraw from this agreement (e.g., student not attending or leaving an internship, internship program terminating an intern, doctoral program removing a student from the Match commitment), APPIC must first be contacted before any action is taken. Please contact Dr. Jason Williams, Chair, APPIC Board of Directors.

To initiate the IPC process: Complete the online IPC Request Form and it will be sent to the APPIC Executive Director, Dr. Jeff Baker. You should receive a response within two business days. Those in the VA, federal prisons or hospitals with restricted access to Google Docs may have to complete this form at home.

Formal Complaint Process

Sometimes, after completing the APPIC Informal Problem Consultation process, a serious problem cannot be adequately resolved and there may be concerns that an individual or a training program is not following APPIC Policies and procedures. For these situations, a formal complaint may be filed with the APPIC Standards and Review Committee (ASARC). ASARC does NOT reverse decisions of training programs though that may occur, ASARC has a focus on program policies and procedures to insure they meet and follow APPIC membership criteria. Programs may be removed from membership if they are unable to make those changes or provide evidence that they have made changes to insure they follow APPIC membership criteria.

The purpose of ASARC is: (a) to investigate alleged violations of APPIC policies and procedures, (b) to recommend an appropriate response to the APPIC Board of Directors upon determining that a policy violation has occurred, and (c) to serve in a consultative or educative role when queries are made regarding APPIC policies and procedures. In response to a complaint filed with ASARC, the APPIC Board may decide to impose sanctions on individuals or training programs that violate APPIC policies with the expected outcome that programs will increase their quality and it will improve both the training programs and competency of trainees. Programs that are non responsive will be deemed withdrawn from APPIC if they do not respond to complaints within the time lines provided.

While the ASARC process may not resolve an individuals or training programs immediate concerns, this process helps ensure the APPIC policy and procedures are consistently enforced in the future.

For more information on the formal complaint procedures, please see the ASARC Procedures for Handling Grievances and Violations of APPIC Policies. Please note that there are time limitations on the filing of formal complaints; see the full ASARC Policy for specifics. In addition, APPIC policies state that concerns must first be brought to the Informal Problem Consultation process before a formal complaint is filed.
Questions about the formal complaint process may be directed to Dr. Elihu Turkel, Chair of APPIC's Standards and Review Committee, at turkel@lij.edu.

Complaints should be filed using the ASARC Complaint Form and submitted to:

Chair, APPIC Standards and Review Committee
APPIC
17225 El Camino Real, Suite #170
Houston TX 77058

Addressing Unsatisfactory Performance; Termination of Internship

As a key part of our approach to training, the MARI faculty and staff make every effort to help interns identify and solve problems that arise in their work at the Institute. As a training organization, we expect problems to arise as interns strive to master the complex issues involved in becoming a professional clinician, and the faculty supervisors and Directors, as indicated, will work with interns in this effort.

Interns having performance difficulties in the program are assisted by their supervisors to identify problems and to plan remedial learning strategies and/or support measures. These plans may include temporary modification of normative expectations. Temporary modification to provide remedial assistance could include: reducing the students' case load; assigning or not assigning particular types of cases; adjusting the rate at which the student takes on new service delivery activities; providing remedial learning opportunities, including joint service delivery experiences with staff; additional supervision, instructional readings and/or recommending specific conference or workshop attendance.

If significant problems in the intern's performance emerge in the course of the internship, a joint ad hoc committee composed of the intern's major supervisors at both Centers, the Center directors and the MARI Training director will meet to evaluate the problems and develop a written remediation plan. The MARI Training Director will notify the intern's graduate program that this committee is underway and will communicate the committee's process and decisions as they develop. When personal issues appear to be impacting performance, interns are assisted in identifying the issues while maintaining the boundary between supervision and psychotherapy by referring the intern to psychotherapists who have no affiliation with the training program.

If, despite the efforts of the ad hoc committee and the training faculty, serious problems persist, and if the problems, in the considered opinion of the committee, constitute serious impediments to fulfilling their role as a health service psychologist in training, the intern may be asked to take a leave until the problem has been addressed to our satisfaction, or may be suspended or terminated from the program. Some problems may be of sufficient seriousness as to warrant immediate dismissal from the internship. Examples of such problems would include sexual activity with a patient, theft, or serious breach of patient confidentiality. If the intern is asked to take a leave, or is dismissed from the internship, the intern will receive a written statement as to the nature of the problem, and an explanation of what steps have been taken to help the intern with the problem (if warranted), and an explanation of why, considering the problem, a leave or dismissal is required by the Institute staff. An appeal of this decision may be made to the University of Michigan Graduate School Grievance Office or to APPIC, which maintains a problem resolution office (see "Problems with your supervisor or other staff" above).

Addendum:

MARI POLICY ON SOCIAL MEDIA for Trainees

The American Psychological Association (http://www.apa.org/about/social-media.aspx) highlights that, "First and foremost, public social networks are not private. Some may be open only to invited or approved members but even then, users should not expect privacy among the members. If you choose to participate on such Forums, assume that anything you post will be seen, read, and open for comment. Anything you say, post, link to, comment on, upload, etc., can and may be used against you by your peers, colleagues, employer, potential employers, fellow members, and so on."

Based on the APA's cautionary statement, MARI staff and trainees who use social media (e.g., Facebook) and other forms of electronic communication should be mindful of how their communication may be perceived by clients, colleagues, university staff and faculty, and others in the professional community. As such, MARI staff and trainees should make every effort to minimize material that may be deemed inappropriate for a mental health professional or trainee. To this end, all security settings should be considered carefully and most likely set to "private". MARI staff/trainees should avoid posting information/photos or using any language that could jeopardize their professional image. Staff and trainees should consider limiting the amount of personal information posted on these sites, and should never include clients as part of their social network, or include any information that might lead to the identification of a client, or compromise client confidentiality in any way. If staff or trainees report doing, or are depicted on a website or in an email as doing something unethical or illegal, then that information may be used by MARI as they determine a course of disciplinary action. As a preventive measure, MARI advises that staff and trainees approach social media carefully.

(Note: This policy is based on the policies developed by the University of Denver, Jenny Cornish; University of Albany; University of Kansas, Michael Roberts; and San Diego State University, Elizabeth Klonoff.)

Clinical Skills Observation Form (CSOF)

Part A: Clinical Session Observation with an established client (>3 sessions to date).

Intern: _____

Evaluator: _____ Date _____

Start Time_____ End Time _____

Complexity of Client

☐ Low: Client presents one primary problem with clearly described symptoms

☐ Medium: Client presents one problem with vaguely or inconsistently described symptoms or 2-3 problems with clear symptoms

☐ High: Client presents multiple problems with vaguely or inconsistently described symptoms

Difficulty of Interview

☐ Low: Client is cooperative, well organized, and cognitively intact

☐ Medium: Client is abrupt, uncertain, or cognitively compromised

☐ High: Client is hostile, disorganized, or cognitively impaired

Directions: Complete each sub-item using the anchors shown, then complete the overall rating. An **overall** score of 5 or more is required for an acceptable overall performance. Please note that these scores are for overall performance; the intern is not required to pass each sub-item.

A1. Relationship Skills
(Overall Competency: Intervention)

☐ Acceptable: Overall score is ≥5

☐ Unacceptable: Overall score is ≤4

Poor		Fair		Good		Excellent	
1	2	3	4	5	6	7	8

A1-1. Develops rapport with client

Excellent:	Courteous, professional demeanor Clear introduction to client Exhibits warmth and empathy	☐ 8 ☐ 7
Good:	Generally respectful Adequate introduction Adequate empathy	☐ 6 ☐ 5
Fair:	Arrogant, disrespectful, or awkward demeanor Inadequate introduction Lacks empathy	☐ 4 ☐ 3
Poor:	Rude or inappropriate comments No introduction or misrepresentation of the situation Obvious anger or frustration	☐ 2 ☐ 1

A1-2. Responds appropriately to client

Excellent:	Responds empathically to verbal and nonverbal cues Adjusts interview to client's level of understanding and cultural background Adjusts interview to new information	☐ 8 ☐ 7
Good:	Responds adequately to verbal and nonverbal cues Occasional use of technical jargon Adjusts interview to most new information	☐ 6 ☐ 5
Fair:	Shows minimal response to sensitive information Minimal awareness of client's capacity to understand or cultural background Inflexible interviewing style Misses important verbal and nonverbal cues	☐ 4 ☐ 3
Poor:	Responds with angry, abusive, or dismissive comments Frequently loses composure Criticizes, demeans, or condemns client	☐ 2 ☐ 1

A1-3. Follows cues presented by client

Excellent:	Responds appropriately to verbal and nonverbal information Follows up on all pertinent information Seeks clarification of ambiguous information	☐ 8 ☐ 7
Good:	Misses no major verbal or nonverbal information Generally follows up on major issues presented by the client	☐ 6 ☐ 5
Fair:	Misses significant verbal and nonverbal information Fails to ask for clarification of ambiguous information	☐ 4 ☐ 3
Poor:	Ignores or responds inappropriately to verbal or nonverbal cues Grossly misinterprets verbal or nonverbal information	☐ 2 ☐ 1

A1-4. Uses open- and close-ended questions

Excellent:	Uses frequent, well-structured open-ended questions Balances open and closed questions	☐ 8 ☐ 7
Good:	Uses occasional open-ended questions	☐ 6 ☐ 5
Fair:	Interview consists primarily of directive, closed-ended questions	☐ 4 ☐ 3
Poor:	Interview consists entirely of narrowly focused, closed-ended questions	☐ 2 ☐ 1

A2. Treatment Skills
(Overall Competency: Intervention)

Poor Fair Good Excellent

1	2	3	4	5	6	7	8

☐ Acceptable: Overall score is ≥5

☐ Unacceptable: Overall score is ≤4

A2-1. Maintains a clear treatment focus

Excellent:	Maintains a clear treatment focus	☐ 8 ☐ 7
Good:	Generally, but not always, maintains a clear treatment focus	☐ 6 ☐ 5
Fair:	Session has periods of unclear focus	☐ 4 ☐ 3
Poor:	Session has considerably unclear focus	☐ 2 ☐ 1

A2-2. Intervenes appropriately

Excellent:	Intervention almost always well timed Intervenes with appropriate quantity; neither too much nor too little	☐ 8 ☐ 7
Good:	Misses an important opportunity for intervention Intervenes somewhat too much or too little	☐ 6 ☐ 5
Fair:	Misses several important opportunities for intervention Intervenes considerably too much or too little	☐ 4 ☐ 3
Poor:	Rarely intervenes appropriately	☐ 2 ☐ 1

A2-3. Interventions are clearly stated

Excellent:	Interventions are clearly stated	☐ 8 ☐ 7
Good:	A few interventions are not clearly stated	☐ 6 ☐ 5
Fair:	Most interventions are not clearly stated	☐ 4 ☐ 3
Poor:	Intervention attempts are poorly stated	☐ 2 ☐ 1

Comments:

Examiner Signature

Intern Signature

Part B: Case Presentation Observation (presentation is of a new case, seen 2-5 times).

Intern: _____

Evaluator: _____ Date _____

Start Time_____ End Time _____

Complexity of Client

☐ Low: Client presents one primary problem with clearly described symptoms

☐ Medium: Client presents one problem with vaguely or inconsistently described symptoms or 2-3 problems with clear symptoms

☐ High: Client presents multiple problems with vaguely or inconsistently described symptoms

Difficulty of Interview

☐ Low: Client is cooperative, well organized, and cognitively intact

☐ Medium: Client is abrupt, uncertain, or cognitively compromised

☐ High: Client is hostile, disorganized, or cognitively impaired

Directions: Complete each sub-item using the anchors shown, then complete the overall rating. An **overall** score of 5 or more is required for an acceptable overall performance. Please note that these scores are for overall performance; the intern is not required to pass each sub-item.

B. Case Presentation Skills
(Overall Competency: Communication and Interpersonal Skills)

☐ Acceptable: Overall score is ≥5

☐ Unacceptable: Overall score is ≤4

Poor		Fair		Good		Excellent	
1	2	3	4	5	6	7	8

B-1. Organized and thorough presentation of history

Excellent:	Presentation is logical, concise, and coherent History integrates all important biopsychosocial factors Presentation includes pertinent positive and negative findings Presentation leads to a clear understanding of the client	☐ 8 ☐ 7
Good:	Presentation can be followed History includes adequate discussion of biopsychosocial factors Presentation includes major pertinent negative findings Presentation leads to an adequate understanding of the client	☐ 6 ☐ 5
Fair:	Presentation is disorganized or chaotic History misses important biopsychosocial factors Presentation ignores some pertinent positive or negative findings Presentation leads to a poor understanding of the client	☐ 4 ☐ 3
Poor:	Presentation is incoherent or illogical History shows no awareness of biopsychosocial issues Presentation misinterprets or disregards pertinent positive or negative findings Presentation is grossly inaccurate	☐ 2 ☐ 1

B-2. Comprehensive and clear diagnosis, case formulation, & basis for treatment selection

Excellent:	Formulation is logical, organized & coherent Formulation integrates all biopsychosocial factors and mechanisms Formulation includes accurate and thorough DSM diagnoses Formulation leads clearly to a logical intervention selection Formulation and/or intervention selected includes clear reference to scientific basis	☐ 8 ☐ 7
Good:	Formulation can be followed Formulation includes adequate discussion of biopsychosocial factors and mechanisms Formulation includes adequate DSM diagnoses Formulation leads adequately to a logical intervention selection Formulation and/or intervention selected includes adequate discussion of scientific basis	☐ 6 ☐ 5
Fair:	Formulation is disorganized or chaotic Formulation misses important biopsychosocial factors or mechanisms Formulation shows little awareness of or regard for DSM diagnoses or fails to consider alternative diagnoses Formulation shows little linkage to intervention selected Formulation and/or intervention selected includes minimal reference reference to scientific basis	☐ 4 ☐ 3

Poor:	Formulation is incoherent or illogical Formulation reiterates history and symptoms without providing biopsychosocial factors or mechanisms Formulation fails to provide major diagnosis Formulation is poorly tied to intervention selection Formulation and/or intervention selected includes no reference to scientific basis	☐ 2 ☐ 1

Comments:

Examiner Signature

Intern Signature

Annual Presentation Rating Form (APRF)

Directions: Complete each item using the anchors shown, then complete the overall rating. An **overall** score of 5 or more is required for an acceptable overall performance.

A. Presentation Skills
(Overall Competency: Communication and Interpersonal Skills)

□ Acceptable: Overall score is ≥5
□ Unacceptable: Overall score is ≤4

Poor		Fair		Good		Excellent	
1	2	3	4	5	6	7	8

Content, Organization and Presentation

Excellent:	Presentation is organized and coherent, and brings the topic to life Delivery is articulate, clear and engaging	□ 8
	Visual aids contribute to the audience's ability to engage with the presentation in addition to serving as an outline for the presenter	□ 7
Good:	Presentation is clear and organized Delivery is audible and clear	□ 6
	Visual aids are illustrative, and serve to organize the presentation	□ 5
Fair:	Presentation lacks coherence in places, or is at times hard to follow	□ 4
	Delivery is inaudible, monotone, and/or includes fillers that distract from clarity and engagement Visual aids are absent or do not provide further clarity to presentation	□ 3
Poor:	Presentation is disorganized, and/or as a whole difficult to follow	□ 2
	Delivery is difficult to discern and to follow or engage with Visual aids are either, if present, confusing or if absent, frustratingly so	□ 1

B. Use of Research Skills
(Overall Competency: Research)

□ Acceptable: Overall score is ≥5
□ Unacceptable: Overall score is ≤4

Poor		Fair		Good		Excellent	
1	2	3	4	5	6	7	8

Excellent:	Research and clinical realms are integrated in such a way as to be seen as mutually enhancing	□ 8
	Critical, nuanced thinking is evidenced in how the presenter discusses the application of science to clinical data	□ 7
Good:	Relevant bodies of research and empirical evidence are applied to clinical material with links described clearly and coherently	□ 6 □ 5
Fair:	Research is included, yet remains poorly integrated with clinical material (falls short of being useful, coherent or sufficiently nuanced)	□ 4 □ 3
Poor:	Little intentional effort appears to have been made within the presentation to effectively and meaningfully integrate research with clinical decision-making as presented	□ 2 □ 1

Comments:

Examiner Signature

Intern Signature

Trainee Remediation Plan

Date of Remediation Plan Meeting:
Name of Trainee:
Primary Supervisor/Advisor:
Names of All Persons Present at the Meeting:
All Additional Pertinent Supervisors/Faculty:
Date for Follow-up Meeting(s):

Circle all competencies for which the trainee's performance does not meet the benchmark:

Training Competencies

1. Research (critical thinking skills and use of science in clinical practice)
2. Ethical and Legal Standards
3. Individual and Cultural Diversity
4. Professional Values, Attitudes, and Behaviors
5. Communication and Interpersonal Skills
6. Assessment
7. Intervention
8. Supervision (use of, and peer supervisory skills)
9. Consultation and Interprofessional/Interdisciplinary Skills

Description of the problem(s) in each competency domain circled above:

Date(s) the problem(s) was brought to the trainee's attention and by whom:

Steps already taken by the trainee to rectify the problem(s) that was identified:

Steps already taken by the supervisor(s)/faculty to address the problem(s):

Remediation Plan

Competency	**Problem Behaviors**	**Expectations for Acceptable Performance**	**Trainee's Responsibilities/ Actions**	**Supervisors'/ Faculty Responsibilities/ Actions**	**Timeframe for Acceptable Performance**	**Assessment Methods**	**Dates of Evaluation**	**Consequences for Unsuccessful Remediation**

I, _____, have reviewed the above remediation plan with my primary supervisor/advisor, any additional supervisors/faculty, and the director of training. My signature below indicates that I fully understand the above. I agree/disagree with the above decision (please circle one). My comments, if any, are below (*PLEASE NOTE: If trainee disagrees, comments, including a detailed description of the trainee's rationale for disagreement, are REQUIRED).*

_____ _____

Trainee Name Date Training Director Date

Trainee's comments (Feel free to use additional pages):

All supervisors/ faculty with responsibilities or actions described in the above remediation plan agree to participate in the plan as outlined above. Please sign and date below to indicate your agreement with the plan.

Remediation Plan Continued
SUMMATIVE EVALUATION OF REMEDIATION PLAN

Follow-up Meeting(s):
Date (s):
In Attendance:

Competency	**Expectations for Acceptable Performance**	**Outcomes Related to Expected Benchmarks (met, partially met, not met)**	**Next Steps (e.g., remediation concluded, remediation continued and plan modified, next stage in Due Process Procedures)**	**Next Evaluation Date (if needed)**

I, _____, have reviewed the above summative evaluation of my remediation plan with my primary supervisor(s)/faculty, any additional supervisors/faculty, and the director of training. My signature below indicates that I fully understand the above. I agree/ disagree with the above outcome assessments and next steps (please circle one). My comments, if any, are below. (*PLEASE NOTE: If trainee disagrees with the outcomes and next steps, comments, including a detailed description of the trainee's rationale for disagreement, are REQUIRED).*

_____ _____
Trainee Date Training Director Date

Trainee's comments (Feel free to use additional pages):