The Behavioral Wellness Center At Girard

Doctoral Internship in Clinical Psychology Handbook

2026-2027

Psychology Department
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Introduction

The Psychology Department at The Behavioral Wellness Center at Girard, offers a clinical training program in psychology across all levels of graduate degree training, including a Doctoral Internship in Clinical Psychology. The Training Program is organized and monitored by the Department of Psychology. Doctoral Internships begin July 1 and end June 30, conducted on a full-time (2000 hours) basis.

Clinical activities are conducted within the Department of Behavioral Medicine at The Behavioral Wellness Center, located in North Philadelphia. The Director of Psychology provides oversight of the integration and integrity of the clinical and training aspects of the interns' experience, including supervision and consultation of clinical work.

Our Training Program is unique in that it provides intensive, direct clinical service working within multi-disciplinary teams on inpatient psychiatric units with program participants (18 years and older) who are diagnosed with severe mental illness and/or intellectual disabilities. Interns also gain experience on residential drug and alcohol programs, where they may provide services to individuals across all levels of care, at all levels of ego functioning, and across all stages of change. The Training Program is based out of the Psychology Department, with each training clinician providing a range of services, including diagnostic interviews, intervention planning, individual, group, and milieu therapy, and ongoing collaboration of care within interdisciplinary teams. They also support staff development on the units.

Each Psychology Intern provides clinical services as part of an interdisciplinary treatment team on one of the inpatient psychiatry units. These clinical activities include individual and group therapy, participation and interventions in the milieu, team meetings, psychological testing/consultation, therapeutic community meetings, staff training, and program development. Interns also provide testing and therapy services on residential or outpatient addictions programs, in response to consultation requests to help program participants address barriers to their recovery and to their engagement in the services provided on their units. In addition to these clinical activities, all Psychology Interns participate in a core curriculum of seminars and supervision, including didactics, case conference, team meetings and clinical roundtable, and individual supervision.

This Handbook provides an overview of the training program, including background and philosophy; organization and content of the training experience; leadership; policies and procedures; selection process; and evaluation procedures.

Accreditation and Memberships

The Behavioral Wellness Center at Girard is accredited by the Healthcare Facilities Accreditation Program (HFAP) of the American Osteopathic Association (AOA). We are accredited by The Joint Commission on Accreditation of Healthcare Organizations (JCAHO). We are a member of the American Hospital Association, the Hospital Association of Pennsylvania, the Delaware Valley Hospital Council and the Catholic Hospital Association.

Accreditation Status. The Behavioral Wellness Center at Girard's Doctoral Internship in Clinical Psychology is accredited by the American Psychological Association (APA). Initial Accreditation was 12/2/2016. Our site visit took place in May 2023 and we received 10 year reaccreditation. Our next site visit will be in 2033. Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979
Email: apaaccred@apa.org
http://www.apa.org/ed/accreditation/index.aspx

APPIC Membership Status. The Behavioral Wellness Center at Girard is a participating member of APPIC.

Background and Philosophy

The Training Program was developed to respond to local doctoral programs and doctoral psychology students who need a local internship, the desire to enrich our programs through infusion of advanced trainees throughout the hospital, and the desire to foster the interest and skills of future psychologists to provide high quality services to this underserved population.

Aim

The aim of our Training Program is to train doctoral level interns to provide evidence-based psychological services, working within multi-disciplinary teams, across all levels of care, levels of functioning, and stages of change. Interns receive instruction, clinical experience, and supervision designed to facilitate the achievement of several major goals (Clinical Knowledge and Skills, Scholarly Attitude, and Professional Conduct and Identity) and related competencies. It is expected that at the conclusion of the training experience doctoral interns will have mastered competency for entry level practice, with minimum rating of each competency at High-Intermediate Competency, with supervision needed only for non-routine cases.

Philosophy

The Training Program is based upon a practitioner-scholar model of clinical practice. It provides an opportunity for interns to develop and refine clinical knowledge and skills in the areas of diagnosis, assessment, psychotherapy/intervention and the integration of advanced concepts. The training program values knowledge and skills, as well as scholarly attitude development, professional behavior, and integration into the professional community. In particular, the training program encourages social and diversity awareness/appreciation, ethical reasoning, scholarly inquiry, critical thinking, familiarity with biopsychosocial and psychotherapy research, and professional development which are integrated into clinical activities and discussions. In addition, interns are encouraged to maintain effective coping skills and respectful, professional relationships with all program participants and colleagues.

Mission

Staff, program participants, and community working together to thrive for ourselves, each other, and the greater whole.

In the spirit of service-learning, the psychology department provides a broad and integrated training experience that services The Behavioral Wellness Center at Girard community, while enhancing the quality of care, interdisciplinary experience, and passion for learning throughout the hospital. The psychology department aims to educate clinicians toward the highest standards of clinical practice consistent with local, state, and national regulatory agencies and professional organizations; empirically supported treatment processes; and humanistic and existential values and standards of care.

Our mission is to train professional psychologists and other mental health practitioners who are able to effectively integrate the objective and subjective aspects of care, in order to engage, evaluate and provide clinical interventions to a diverse clinical population

- at all levels of functioning and stages of change
- in inpatient levels of care
- in an interdisciplinary behavioral healthcare environment
- with clinical skill, subjective understanding, and compassion. (Revised 12/2015)

Implementation of Our Mission

The development of clinical skills is fostered in the areas of comprehensive biopsychosocial evaluation, individual psychotherapy, group psychotherapy, and psychological testing. Using person-centered, transformation, and recovery-based models of care; an informed, transtheoretical approach; and evidence-based and empirically supported practices as guiding principles, our clinical services integrate a variety of treatment orientations and services, including cognitive, behavioral, existential, humanistic, and psychodynamic

theories and techniques; trauma-informed services; and referrals for public sector services. These approaches are offered with an appreciation of advanced concepts, including process awareness, relationship, subjectivity, mindfulness and presence, intentionality, finitudes, coping resources, personal authority and choice, self-activation, and the ways in which changes are manifest in daily life. We recognize that an underlying premise in our services is that they will maximize the ability to change something which is interfering with self-healing, functioning and quality of life. As partners in this change process we recognize our responsibility to be mindful of how our services will activate change processes; and how to adapt interventions to an individual participant's concerns, stage of change, and preferred levels of change (symptoms, cognitions, interpersonal, family/systems, and intrapersonal). And finally, in developing programming we seek to ensure that each person has the opportunity to experience these change processes in the format most helpful to them.

Our model of training includes the following components:

Hands-on Experience. In order to achieve proficiency and, ultimately, independence in clinical work, interns require immersion in direct participant care. Each increased level of training includes additional leadership responsibilities and leadership development, such as representing the psychology department on treatment teams, coordinating a psychology team on a unit, and supervising trainees earlier in their own training.

Supervision. Our training model emphasizes intensive supervision, substantial in both quality and quantity, and tailored to the needs of interns. We believe that close supervision is imperative to build clinical skills, identify and correct problems, alleviate insecurities, and resolve concerns as clinicians assume direct clinical responsibility.

Heterogeneity. In order to practice within an urban behavioral health hospital, training requires familiarity with the many roles that psychologists may assume. Accordingly, interns train in various services provided across each level of care within a behavioral health hospital and obtain clinical experience with a heterogeneous program participant population. Clinical caseloads include program participants of various ages over 18, ethnicity, occupational backgrounds, and socio-economic level. Levels of functioning range from participants with severe mental illness and dual diagnoses to participants experiencing more immediate concerns.

Clinicians also need knowledge about the full range of treatment techniques and their proper application. Training staff are introduced to a variety of treatment modalities, and are trained in evidence-based, cognitive/behavioral, humanistic/existential and psychodynamic psychotherapy. The supervising and training staff represents a broad range of orientations and clinical specialties. Staff members are able to familiarize trainees with the array of clinical sub-specialties.

Public Sector/Cultural and Economic Diversity. The Behavioral Wellness Center at Girard is located within lower north Philadelphia. Responsible and competent service to

this population mandates that each clinician becomes educated about the local environment and the needs of its people. Thus, our program addresses the topics of cultural and economic diversity in several ways: through supervision, didactic seminars, assigned readings, and group discussions**.**

The training program, as well as The Behavioral Wellness Center at Girard, is committed to promoting and respecting diversity among training staff. We recruit trainees and supervisory staff with varied backgrounds and histories. We believe that this mix of personal and demographic characteristics enriches our program, fosters learning, and contributes to the quality of service we can provide for the diverse populations we serve.

Ethical Principles and Professional Behavior. The importance of practicing ethically as well as skillfully is stressed in our model, and reference to ethical principles is woven through every venue of instruction, including supervision, case conference, and didactics. Supervisors and interns sign a Statement of Understanding (see Appendix A) which includes statements agreeing to abide by the APA Ethical Standards of Psychologists and Code of Conduct, and to identify and discuss in supervision any legal, ethical, and professional issues or concerns relevant to clinical work and training. They also sign a department policy regarding Ethical Conduct (see Appendix B).

Training Site

The Behavioral Wellness Center at Girard

The Doctoral Internship is based out of The Behavioral Wellness Center at Girard, a behavioral health hospital that provides psychiatric and addiction services for lower north Philadelphia and surrounding communities. The community has a highly diverse population and thus provides a rich sociocultural experience for clinical training. Participants serviced by The Behavioral Wellness Center at Girard include African American (55%), Caucasian (40%), and Hispanic (15%) adult participants 18 years and older, typically with low income and limited education; diagnosed with co-occurring psychiatric disorders and addictions, and with history of significant and persistent experience of violence and trauma. Approximately 65% are male, 35% female, and an unknown percentage are transgender. Approximately 75% are diagnosed with co-occurring disorders, 15% are diagnosed with a mental health diagnosis without a substance use disorder, and 10% are diagnosed with a substance use disorder without a mental health disorder. For those with substance use disorders, 85% have multiple drugs of choice, and their primary drug of choice includes opiates (65%), cocaine (20%), benzodiazepines (10%), alcohol (5%).

Under the banner, "Inspiring Hope … Transforming Lives", The Behavioral Wellness Center at Girard houses what is likely the most complete behavioral health continuum in Pennsylvania. It is a vital part of The Behavioral Wellness Center at Girard's ability to serve a community with multiple and complex needs, and is comprised of inpatient psychiatric

services and residential and outpatient addictions services, offering stabilization as well as programs for ongoing and long-term recovery.

The mission and initiatives of The Behavioral Wellness Center at Girard are consistent with the mission of the Training Program as well as the overall behavioral healthcare system transformation taking place in Philadelphia.

Mission of The Behavioral Wellness Center at Girard. We provide effective, evidence based behavioral health services to participants that inspires hope, encourages change and improves our community. We offer these services in a manner that is spiritually and culturally sensitive and responsive to community needs.

Vision of The Behavioral Wellness Center at Girard. We strive to be the region's premier provider of a continuum of Behavioral Health Services.

Values of The Behavioral Wellness Center at Girard.

Choice: Recognizing and supporting the participant's right to decide

Hope: Expecting and embracing change

Integrity: Doing the right thing because it is the right thing

Respect: Listening to the concerns and needs of our customers

Professional: Providing care with skill, good judgment and polite behavior that is expected by a person who is trained to do a job well

The Behavioral Wellness Center at Girard traces its beginning to 1877 when Children's Homopatheic Hospital opened on 8th and Popular Streets. The hospital merged with St. Luke's Industrial Dispensary in 1927 to form St. Luke's & Children's Hospital. In the late 1930's the hospital began providing treatment for alcoholism – one of the first hospitals to do so. The hospital was renamed for its medical director in 1978 and called James C. Giuffre Medical Center. In 1989 the name was changed to Girard Medical Center.

On August 17, 1990, two competing hospitals, Girard Medical Center and St. Joseph's Hospital, consolidated to form North Philadelphia Health System. In March 2016, St. Joseph's Hospital closed their medical/surgical care services and integrated fully on the Girard Medical Center campus. Detox and Med Reb services moved to Girard Medical Center's campus and the behavioral health services were expanded to include an additional extended acute inpatient unit. With the addition of this unit, we collaborated with the city and state to provide mental health services that help transition individuals out of Norristown State Hospital and the city's judicial system, into lower levels of care within the community.

In 2019, the name was changed to The Behavioral Wellness Center at Girard. Adapting to the needs of the community it serves, The Behavioral Wellness Center at Girard is unique in that it offers a comprehensive continuum of care in addiction and psychiatry services, including detoxification, residential, inpatient, intensive outpatient, and outpatient services. Through these services we are helping to address issues at the forefront of local and national concerns: including severe mental illness, forensic mental healthcare, opioid addiction, substance use, and homelessness.

Location:
801 W. Girard Avenue
Philadelphia, PA 19122
215-787-2053

Psychiatry Services

All Psychology Interns provide the full range of psychology services (biopsychosocial evaluation, individual psychotherapy, group psychotherapy, milieu therapy, and psychological testing) to program participants in inpatient psychiatry.

Inpatient Psychiatry. All interns work on one of three inpatient extended acute psychiatric units, with approximately 71 beds. All program participants are adults over age 18, with psychiatric diagnoses predominantly severe and with psychosis, including schizophrenia, schizoaffective disorder, and bipolar disorder, with most also diagnosed with PTSD and substance use disorders. Length of stay ranges up to a year or more. The majority of participants are involuntarily committed following court proceedings, and many are transferred from the state hospital or prison after being found incompetent to stand trial for pending or previous charges. Utilizing transformation and recovery oriented care, we help them to reduce and cope with symptoms, improve relationships and quality of living, reduce barriers to recovery, facilitate self-care and relapse prevention, and foster engagement in community activities so they can optimize their ability to recover and live in the community.

Residential Services for Addictions

Addictions services includes medically based detoxification and rehabilitation; one residential unit for Co-occurring Disorders (Residential Treatment Facility for Adults; six Residential units for Addictions (including programs for Women, Latino Men, and those referred by the court systems and individuals seeking medication assisted treatment, as well as Miracles in Progress I & II programs for chronically homeless men); and outpatient substance use programs, including services with and without medication assisted treatment. In these programs, there are approximately 658 participants in Goldman Methadone Assisted Treatment Program, 61 participants in IOP/CAP, and 120 in the Residential Addictions Programs.

As needed, Psychology Interns collaborate with and support staff in residential and outpatient addictions programs by providing clinical services on their units and through staff trainings. For example, Psychology Interns provide testing and therapy services on residential and outpatient addictions programs in response to consultation requests to help program participants address barriers to their recovery and to their engagement in the services provided on their units.

Withdraw Management and Induction Unit (DETOX).
Location: 4 South
This unique unit provides medically monitored withdrawal management from substances of abuse including opiate, alcohol, benzodiazepines, etc. It also provides for the induction onto Medicated Assisted Treatment agents such as Methadone, Buprenorphine (Suboxone) and Vivitrol.

Miracles in Progress I & II (Journey of Hope Program for Chronically Homeless Men).
Location: Magnolia 4
These programs for dually diagnosed chronically homeless men are implemented based on a recovery therapeutic community model which focuses on issues identified by the participant as important in maintaining long-term recovery. Community reintegration is an integral part of the programming, and therefore program participants are encouraged to participate in local social, cultural, and spiritual activities. Staff serve as partners in the recovery journey, rather than as leaders.

RTFA- Residential Treatment Facility for Adults.
Location: 3 West
The RTFA provides residential treatment for program participants with chronic and pervasive mental illness and co-occurring substance abuse or dependency.

The Return Programs.
Location: Cedar 9, 10
The Return Programs provides a short and long term residential rehabilitation unit for program participants with a history of addiction and many with co-occurring mental illness. These programs address the overall lifestyle problems of the residents in addition to their illnesses and their relationship to criminal behavior.

Torre De La Raza.
Location: Cedar 7
Torre Del La Raza provides short and long term treatment to male Latino program participants who are monolingual or bilingual who present with addiction disorders. The unit places an emphasis on providing a culturally appropriate therapeutic environment for participants who have in the past faced language and cultural barriers when seeking treatment.

Women Helping Other Women.
Location: Cedar 6
This Women's Residential Program provides short and long-term residential treatment for women who present with addiction disorders, and many with co-occurring mental illness.

Outpatient Addictions Programs

Goldman Clinic.
The Goldman Clinic includes a Methadone Maintenance Program serving over 600 participants. Methadone substitution therapy is a treatment of last resort for opiate dependent individuals who have not been successful with other types of treatment.

IOP/CAP.
Location: Cedar 3
When discharged from the residential addictions programs, participants often attend groups several times a week in an Intensive Outpatient Program located in the Cedar Building.

An increasing number of program participants are utilizing other medicated assisted treatments, including Vivitrol or Suboxone.

Objectives of the Training Program

1. To provide to Psy.D. and Ph.D. students a comprehensive, quality doctoral internship and residency training program which meets the training standards of the Association of Psychology Doctoral and Internship Centers (APPIC), the American Psychological Association (APA), and the PA State Psychology Board requirements for doctoral internship and residency experience.
2. To provide a training program in which practicum students and interns address their professional development needs and interests while acquiring skills, knowledge, and scholarly values related to training and licensure in clinical and counseling psychology.
3. To provide interdisciplinary training opportunities in a variety of programs with diverse populations, and develop both broad and specialized assessment, diagnostic, intervention, and consultation skills.
4. To provide students a learning community of peers who come together to share learning activities and discuss training experiences to learn from and support each other.
5. To provide hierarchical peer mentoring opportunities through clinical teams integrated in each clinical rotation, and consisting of a licensed psychologist, intern, and practicum students.
6. To provide opportunities to train and mentor with multiple psychologists, psychiatrists, and other healthcare providers across other disciplines.

7. To foster the passion and skills for trainees to continue to pursue a career that includes service to underserved populations.
8. To facilitate the development of a scholarly attitude, professional behavior and identity, professional involvement in the local community, and a desire to contribute to the greater whole/community.

Program Aim, Goals and Competencies

The aim of our Training Program is to train doctoral level interns to provide evidence-based psychological services, working within multi-disciplinary teams, across all levels of care, levels of functioning, and stages of change. Interns receive instruction, clinical experience, and supervision designed to facilitate the achievement of several major goals (Clinical Knowledge and Skills, Scholarly Attitude, and Professional Conduct and Identity) and related competencies. It is expected at the conclusion of the training experience doctoral interns will have mastered competency for entry level practice, with minimum rating of each competency at High-Intermediate Competency, with supervision needed only for non-routine cases.

Program Goals and Competencies

Goal 1- Clinical Knowledge and Skills:
- i. Evidence-Based Assessment
- ii. Evidence-Based Intervention
- iii. Supervision

Goal 2- Scholarly Attitude
- i. Individual and Cultural Diversity
- ii. Professional Values, Attitudes, and Behaviors
- iii. Research

Goal 3- Professional Conduct and Identity
- i. Communication and Interpersonal Skills
- ii. Consultation and Interprofessional/Interdisciplinary Skills
- iii. Ethical and Legal Standards

Clarification of Goals and Competencies

Intern will achieve competence appropriate to their professional development level in the following areas:

Goal 1- **Clinical Knowledge and Skills.** To provide interdisciplinary training experiences in inpatient and outpatient levels of care working with program participants at various levels of functioning and stages of change, for interns

to develop broad and specialized assessment, intervention, consultation, and supervision skills;

Competency 1: Evidence-Based Assessment
Interns will be able to conduct a psychological assessment, give verbal feedback, and present the results in a written report in a timely manner. Consistent with IR C-8I, this competency includes:

- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Competency 2: Evidence-Based Interventions
Interns will be able to effectively use person-centered, transformation, resilience, and recovery-based models of care; an informed, transtheoretical approach to intervention planning; and evidence-based and empirically supported practices as guiding principles to integrate a variety of treatment orientations and trauma-informed services for persons with severe mental illness and dual-diagnosis across all stages of change and ego functioning. And they will be able to formulate psychotherapy cases and present them in verbal and written form. They also will be able to select meaningful process and outcome measures and to utilize them for ongoing feedback and continuous process improvements in both clinical work and administrative processes. Consistent with IR C-8I, this competency includes:

- Establish and maintain effective relationships with the recipients of psychological services.
- Develop evidence-based intervention plans specific to the service delivery goals.

- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables; and
- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- Demonstrate the ability to apply the relevant literature to clinical decision making; and
- Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.

Competency 3: Supervision
Interns will be able to effectively utilize supervision, and to provide mentoring and supervision to practicum students or other health professionals. Consistent with IR C-8I, this competency includes:

- Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

Goal 2- **<u>Scholarly Attitude.</u>** To facilitate the development of a scholarly attitude, with appreciation for individual and cultural diversity, scholarly inquiry, and ongoing study and integration of current theory and research;

Competency 4: Individual and Cultural Diversity
Interns will have knowledge and skills regarding individual and cultural issues as these impact on clinical work with program participants, colleagues, and community; Interns will demonstrate individual and cultural diversity awareness as well as social awareness and responsibility. Consistent with IR C-8I, this competency includes:

- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;
- Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual

and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
- Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

Competency 5: Professional Values, Attitudes, and Behaviors
Interns will engage in reflective and critical thinking in their clinical work and discussions. They will engage in the professional development process, including self-directed learning, develop a plan for Residency training and life-long learning and professional socialization after internship, and begin to engage in professional community in new ways. Consistent with IR C-8I, this competency includes:

- Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others
- Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Competency 6: Research
Interns will be regular consumers of research, and able to critically evaluate and disseminate research or other scholarly activities. Consistent with IR C-8I, this competency includes:

- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g. case conference, presentation, publications) at the local (including the host institution), regional, or national level

Goal 3- **<u>Professional Conduct and Identity.</u>** To foster professional behavior and identity development, including respectful and professional relationships, professional responsibility, ethical and legal reasoning and behavior, and engagement in the professional development process and professional community.

Competency 7: Communication and Interpersonal Skills
Interns will demonstrate respectful and professional relationships and communication with staff, peers, program participants, groups, and others; awareness of impact on others, and effective coping skills to manage stress. Consistent with IR C-8I, this competency includes:

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, and those receiving professional services.
- Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Competency 8: Consultation & Interprofessional/Interdisciplinary Skills
Interns will engage in ongoing consultation and coordination of care with intra- and inter-disciplinary team members, and with collaterals as appropriate to integrative, quality, and transition of care.

- Demonstrate knowledge and respect for the roles and perspectives of other professions
- Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Competency 9: Ethical and Legal Standards
Interns will be familiar with APA guidelines and best practices; will demonstrate knowledge and skill regarding ethical issues in the practice of psychology; and will demonstrate ethical and professional behavior in dealings with program participants and staff. Consistent with IR C-8I, this competency includes:

- Be knowledgeable of and act in accordance with each of the following:
    - The current version of the APA Ethical Principles and Code of Conduct;
    - Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.

Implementation

Professional skills and attitudes are developed and internalized through mentoring, supervised clinical practice, relationships with clients and colleagues of diverse backgrounds, didactic training, scholarly inquiry, and opportunity to work with professionals from other disciplines. Therefore, the program is structured so that practicum students, interns, and residents assume increasing clinical responsibilities in the context of appropriate supervisory support and professional role modeling; work with diverse populations and the professionals from other disciplines; participate in didactic training regarding clinical topics and professional issues; present assessment and psychotherapy teaching cases; and interact with and learn from a variety of peers and supervisors across multiple programs and rotations.

Sequential and Developmental

The program structure of our clinical training program is sequential and developmental, including differences in the intensity of training, roles, and responsibilities across training years (practicum vs. internship vs. residency), as well as developmental changes across the internship training year. In addition, some aspects of the training experience are tailored to each intern's skill level, interests, career goals, and development across the training year.

For example, a practicum student is on-site 16 - 20 hours per week; attends orientation and occasional didactic trainings on site; co-leads groups, supports the therapeutic milieu, and provides individual therapy on an inpatient unit. Psychology interns are on-site 40-45 hours per week; attend orientation and weekly didactics and case conference tailored to intern level training needs across the training year; provide the full range of clinical services (assessment, treatment planning, individual, and group therapy) to a caseload of 9-11 program participants on an inpatient psychiatry unit; have additional responsibilities and leadership as a member of the treatment team on the unit; collaborate care and communication between the psychology department and other programs; mentor mental health workers, practicum students and/or counseling interns (in master's programs); respond to testing and therapy consults from other units throughout the hospital; and provide training and consultation to other clinical staff.

The sequential developmental changes across the internship training year are evident across each stage or quarter of the training year.

> **1: Engagement.** During the initial stage, the staff provide opportunities to meet the interns' initial needs for Belonging and Learning. Through the hospital, behavioral, and psychology department orientations; didactics; case conference; and supervision, Interns learn about roles and expectations; the program, setting, population, staff, treatment teams, and norms; nuances of engaging program participants with SMI and addictions; and coordination of care across disciplines and programs. Clinical work begins with didactic training, observation of current

staff and supervisors, followed by transition to clinical activities with initial close supervision and increasing autonomy. Typically, supervision includes working on engagement of participants, understanding unique aspects of the population, collaboration of care with treatment providers throughout the hospital, and writing progress notes, treatment plans, and case summaries/behavior plans. Supervision is also provided regarding adjustment to leadership roles, professional identity development, and interpersonal leadership skills.

2: Immersion. During the 2nd quarter, the staff provide increasing opportunities for Learning and Contributing. Interns begin to understand more fully the aspects of care unique to this setting and population, learn about standards and regulations in public mental health, and participate in performance improvement projects and preparations for inspections. In addition, their own unique individual training interests and needs begin to become apparent to the Director and Supervisors, who begin to identify training opportunities (i.e. testing and clinical cases, clinical experiences, projects, etc.) unique to each intern. They begin responding to testing consults. By the end of the second quarter, they typically are participating fully on their treatment teams, and are moving into more leadership roles on the teams. They typically are more familiar with staff on the residential units, outpatient addictions, and in the community, and collaborate more fully with interdisciplinary teams. And by the end of this quarter, Interns begin to mentor other staff or practicum students via co-leading groups, shadowing in clinical activities, and providing support. Some interns begin to provide consultation, support and trainings for other hospital staff within their areas of interest and expertise. This is also when interns typically begin applying for post-doctoral programs and planning for next steps in their careers.

3: Professional Development. The 3rd quarter is characterized by more professional development, including developing self-study routines, providing trainings, mentoring, and supervision. In didactics and case conference they develop more advanced clinical skills, deepen their understanding of relationship and process, learn and participate in psychotherapy process and outcome research, and become more comfortable and adept at testing case conceptualization and test interpretation. They may participate more fully in program development, performance improvement projects, and/or milieu development based on unique skills and interests.

4: Transition. The final quarter is characterized by refining of skills and training goals, preparation for post-doctoral training and licensure, and transition of care of clients. Didactics and case conference address professional development, termination, and the clinical and administrative aspects of transition of care. They offer a grand rounds seminar to hospital staff, provide mentoring to other clinical staff, and identify ways they may leave a legacy of program improvement.

In addition, staff evaluates interns progressively across the year, monitoring progress developmentally. Quantitative aspects such as the amount of direct service experience, testing experience, supervision, and attendance at didactics and learning activities are monitored closely and documented on each quarterly evaluation. Achievement of competencies and goals are evaluated on a scale from 1-5, with increasing competency and less frequent supervision expected as the rating increases. A rating of 4 is expected at the completion of internship.

Organization and Content of Training Experiences

The Training Program offers a wide range of clinical experience. All interns provide individual and group therapy on an inpatient psychiatric unit; provide testing/consultation services; participate in didactic training and supervision; and may provide additional services within other programs in the hospital. Each trainee has a Primary Supervisor whose role is to oversee the training experience in its entirety. This Primary Supervisor develops individual training goals, completes and reviews quarterly evaluations of competencies and individual training goals, and is available to discuss all aspects of the clinician's experience during the program year. All Interns also receive mentoring and supervision with a Secondary Supervisor (Psychologist) throughout the year, as well as additional mentoring with psychiatrists, social workers, and nursing supervisors on their units. Interns meet at least 2 hours per week for regularly scheduled individual supervision, with at least 1 hour with the primary supervisor; they also meet at least 2 hours per week for group supervision of cases (weekly case conference, clinical roundtable, and treatment team meetings), and for daily administrative supervision (flash meetings at the beginning and end of each day). They are observed in the provision of clinical services on the units and in treatment team meetings with program participants.

Schedules

Internships begin July 1 and end June 30, and are completed on a full-time basis (2000 hours). During the Department Orientation, the Director collaborates with Interns and Supervisors to outline a specific schedule of activities and supervision hours based on each Interns responsibilities and activities.

Psychology Interns' hours are 8:15am-4:45pm. Psychology Interns are on the Clinical Placement 5 days a week M-F (full-time, 40-45 hours per week), meeting with staff at 8:30am in a shared Flash meeting for all department members, and ending at 4:45pm after another Flash meeting for department members. Morning flash meetings are brief meetings (approximately 15 minutes) to review announcements and plans for the day, including announcing treatment plans due, arranging coverage for groups and treatment teams when staff are sick, and responding to questions and needs for the day. Afternoon flash meetings are brief meetings (approximately 15 minutes) to review announcements, process events of the day, log activities and attendance, ensure all documentation is completed and signed, and end the day with team support and humor.

Interns are on site approximately 42-44 hours a week; this helps to ensure that they complete all documentation in a timely manner and log 2000 hours while taking a total of 23 PPL days (including 15 vacation/sick days and 8 holidays).

Interns also have 15 "Work From Home" days they can use over the course of the year. In order to spread these days out in a way that effectively meets the needs of both the interns and the units, we have developed a system where 5 of those days can be used in the first half of the year, prior to January 1, and 10 of those days can be used in the second half of the year.

Staff typically come in early and/or stay late to complete paperwork; they are expected to stay until services, documentation, and disposition of program participants are complete. They are expected to stay as long as it takes to complete their work, to assist with projects prior to audits or credentialing 2-3 times a year, and to assist with a crisis when needed. Even though staff responsibilities and workloads are relatively high, staff who can effectively prioritize, organize information and time, focus on their work throughout the workday, are typically able to complete work and leave at 4:45-5:00pm on a consistent basis. However, a few staff occasionally choose to complete final paperwork at the end of the day and stay until 5:30pm or 6pm to complete final documentation. If a staff member begins to have difficulty completing the work on a regular basis, the Director invites the staff member to openly seek support and is available to help to identify problem areas, prioritize or modify responsibilities, etc. to ensure that the workload is manageable.

Direct Service

Psychology Interns maintain an individual caseload on an inpatient unit of 9-11 individuals, including individual therapy and treatment team for these program participants; 2-4 groups; and therapeutic community activities on the inpatient unit. In addition, they respond to testing and therapy consults on other units. All interns are required to provide a minimum of 25% direct service (125 per quarter and 500 for the year) and have opportunities to provide as much as 50% direct service.

They typically are on the inpatient unit providing direct service care throughout each morning 8:30am-12:30pm (except when in a weekly Clinical Roundtable Meeting with the treatment team) and may return in the afternoon for as much as an hour for group or brief support. In the afternoons, they participate in other training activities, including supervision, case conference, and didactics; complete documentation of services; and respond to consults from other units.

With regard to documentation, treatment team notes have to be submitted the same day as the treatment team meeting. Treatment plans should be updated prior to the treatment team meeting and, if all disciplines have submitted their updates, they should be finalized

and routed during the meeting. Individual and group progress notes must be submitted within 24 hours of the session.

Core Clinical Experience

The clinical placements provide broad and general training and allow development of specialty skills, work with diverse populations, and participation on interdisciplinary teams. Trainees will typically work with multiple supervisors and peers throughout the year. The Primary Supervisor typically remains the same throughout the year, but the other supervisors and team members may change depending on the services provided and training needs of the intern. Interns work in inpatient psychiatry and may provide additional clinical services on residential addictions units as needed.

Core Clinical Activities include:

1. Inpatient Psychiatric Unit
    a. Group Therapy
    b. Individual Therapy
    c. Milieu Therapy
    d. Treatment Team
    e. Clinical Round Table
    f. Behavioral Plans and Interventions
    g. Psychological Testing/Comprehensive Biopsychosocial Evaluations
    h. Milieu Support
    i. Optional consultation meetings with the Beck Team

2. Consultation
    a. Psychological Testing
    b. Individual or Group Therapy
    c. Staff Trainings
    d. Milieu Support

Inpatient Psychiatry Unit

As part of the core experience for all interns, each intern provides treatment planning, group, individual, and milieu therapy, behavioral plans and interventions, recovery maps, psychological testing, milieu support, and collaboration with the interdisciplinary treatment team for a caseload of 9-11 participants on an inpatient psychiatric unit. Each participant is on the unit for several months to a year or more; therefore, we anticipate each intern will have approximately 15-25 different individuals on their caseloads over the course of the year. In addition, each intern will provide group therapy and milieu support for others on their units; therefore they will provide services with approximately 20-40 additional individuals on their units.

For safety reasons, interns who are pregnant, and those or have injuries or circumstances which may contribute to safety concerns, may need to take a leave of absence until they are able to safely work on the inpatient unit. These decisions will be made on a case by case basis.

Consultation: Psychological Evaluation and Testing (PRN)

Comprehensive biopsychosocial evaluations (CBE) are an integral part of the assessment and intervention process at the Be Well Center. Each intern completes reports on an as-needed basis. CBEs are assigned by rotation.

In addition, interns provide consultation services, including psychological testing, to program participants throughout The Behavioral Wellness Center at Girard. We expect each psychology intern to complete a minimum of 2 comprehensive batteries and reports for the year. However, this is not always possible and depends on how many testing referrals we receive on a given unit. If, during a given year, we receive fewer referrals, interns may complete one comprehensive battery and report and one CBE+, which includes additional testing as part of the CBE. Program participants to be tested are chosen to provide a balance of experience and to address training gaps and needs.

Supervision

All Interns receive a minimum of 4 hours of supervision per week, including individual supervision by a licensed psychologist, a minimum of 2 hours per week. They also participate in a minimum of 2 hours per week of group supervision, through weekly case conference (intern), team meetings (department), and clinical roundtable (unit); and they meet twice daily for 15 minutes of administrative supervision (flash meetings). In addition, interns are observed in treatment team meetings with the participants (unit) and in the provision of clinical services on the units.

Each trainee has a Primary Supervisor whose role is to oversee the training experience in its entirety. This Primary Supervisor develops individual training goals, completes and reviews quarterly evaluations of competencies and individual training goals, and is available to discuss all aspects of the clinician's experience during the program year. Core curriculum supervision is provided by the Primary Supervisor. The Primary Supervisor facilitates a smooth transition and collaboration of activities across all programs and works with the intern to develop sequential training goals. Secondary supervisors may be assigned to supervise psychological testing cases and/or Comprehensive Biopsychosocial Evaluations.

All Interns also receive mentoring and supervision with a Secondary Supervisor (Psychologist) throughout the year, as well as additional mentoring with psychiatrists, social workers, nursing supervisors on their units.

Each Intern receives one hour of individual supervision from their Primary Supervisor and one hour from their Secondary Supervisor each week.

Learning Activities

Interns participate in weekly Didactic Seminar (2 hours). In addition, interns participate in other scholarly research and learning activities, on-going peer socialization activities , and other staff trainings.

During the fourth quarter of internship, each intern will also present a Grand Rounds seminar, which will serve as didactic for that week. The Grand Rounds seminar will be open to all hospital staff. This is an opportunity for interns to present research on a topic of interest to them and to connect that research to their clinical work.

Interns also have the opportunity to present additional trainings for staff throughout the year.

All Hands Staff Flash Meetings/Administrative Supervision

All interns attend twice daily flash meetings (approximately 2 hours per week) for administrative supervision. Monday through Friday mornings at 8:30am staff meet briefly for a 10-15 minute All Hands Flash Meeting to review case disposition, announcements and immediate plans for the day, arranging coverage for groups and treatment teams when staff are sick, and responding to questions and needs for the day. The staff meet again at 4:30pm to discuss announcements, process events of the day, log activities and attendance, ensure all documentation is completed and signed, review plans for the following day, and end the day with team support and humor.

Timely Completion of all Clinical Work and Documentation

Interns are on site approximately 42-44 hours a week; this helps to ensure that they complete all documentation in a timely manner and log 2000 hours while taking a total of 23 PPL days (including holiday, vacation, and sick days).

Staff typically come in early and/or stay late to complete paperwork; they are expected to stay until services, documentation, and disposition of program participants are complete. They are expected to stay as long as it takes to complete their work, to assist with projects prior to audits or credentialing 2-3 times a year, and to assist with a crisis. Even though staff responsibilities and workloads are relatively high, staff who can effectively prioritize, organize information and time, focus on their work throughout the workday, are typically able to complete work and leave at 4:45-5:00pm on a consistent basis. However, a few staff occasionally choose to complete final paperwork at the end of the day and stay until 5:30pm or 6pm to complete final documentation. If a staff member begins to have

difficulty completing the work on a regular basis, the Director invites the staff member to openly seek support and is available to help to identify problem areas, prioritize or modify responsibilities, etc. to ensure that the workload is manageable.

Requirements

1. 2000 hours of clinical training are logged by Interns in the format provided by the Training Director and signed by the Supervisor.
    a. Documentation:
        i. Signed quarterly logs are submitted with evaluations and new training plans, and include a summary of the totals for Direct Service, Individual Supervision, Total Supervision, Observed Services, Completed Comprehensive Integrative Testing Battery Reports, and # of Different Individuals Seen on Inpatient Unit and for Consults.
        ii. Signed final logs are submitted at the end of the internship, and include a summary of the totals for Direct Service, Individual Supervision, Total Supervision, Observed Services, Completed Comprehensive Integrative Testing Battery Reports, and # of Different Individuals Seen on Inpatient Unit and for Consults.
2. Development of sequential training goals at the start of the year, and satisfactory evaluations of competencies and updated individual training plans provided and reviewed four times a year, with a minimum rating of "4" expected on each item of the evaluation at the completion of internship.
    a. Documentation:
        i. Initial training plans are submitted the first week of orientation, and
        ii. Signed evaluations and updated training plans should be submitted along with quarterly totals of logs no later than October 15, January 15, April 15, and June 15.
3. A minimum of 25% of hours will be Direct Face-to-Face Service with clinical activities including treatment, assessment, and psychological testing (including minimum of 2 comprehensive batteries and comprehensive integrative reports).
    a. Documentation:
        i. Signed logs include a summary of the total direct service. Following the orientation, Biweekly totals should include a minimum of 82 hours total (less ppl), with at least 21 hours of direct service (2-3 hours per day); Quarterly totals should include a minimum of 500 hours total, with at least 125 hours of direct service.
4. 2 hours per week of individual supervision by a Doctoral Level Licensed Psychologist who meets supervision standards required by the Pennsylvania Board of Examiners in Psychology, and a minimum of 4 hours of total supervision by a Doctoral Level Licensed Psychologist, with observation of clinical work during each quarter and Secondary Supervision by another Licensed Psychologist.
    a. Documentation:

i. Quarterly totals include a minimum of 26 hours of individual supervision and minimum total of 52 hours of supervision.
ii. Quarterly evaluations include observation of clinical work, and supervision provided by secondary supervisor.

5. Participation in at least 90% of didactic training activities.
    a. Documentation:
        i. Quarterly Logs list the Didactic Training Attended, and include at least 90% of didactic training provided, and include a minimum total of 26 hours of training per quarter.
6. Participation in ongoing professional socialization and peer support activities with the intern-resident cohort and the hospital staff.
    a. Documentation:
        i. Quarterly Logs include Peer Support/Collaboration for a minimum of 30 minutes per week, for a minimum total of 2 hours per monthly log.
    b. Supervision of practicum students
        i. Interns who are interested may have the opportunity to provide supervision to a practicum student one hour per week. Interns would also receive supervision for the supervision they are providing.

Overview of Clinical Training and Expectations

Inpatient Psychiatry (8:30am – 12:30pm daily) 20 hrs (50%)

- Direct Clinical Services, Rounds, and Treatment Team Meetings on Unit
- Clinical Roundtable and Case Conference (Group Supervision on the Unit)

Consultation & PI Projects (Afternoons TWH) 2-4 hrs (5-10%)

- Testing and Therapy Consults as Assigned
- PI and Community Projects as Assigned
- Staff Trainings and Support on other Units as Assigned

Documentation and Planning (Administrative) (Afternoons) 8-10 hrs (20-25%)

Learning Activities 8 hrs (20%)

- Supervision- (TWH Afternoons)
  Didactics (Mon 2:30-4:30pm)
  Case Conference & Team Meeting in Dept. (Fri 2-4pm)
  Admin/Flash (8:30am & 4:30pm M-F)

Sample Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
8:15	Arrive and Prepare for the Day				
8:30	Flash Meeting with Psychology Department				

<table>
<tr><td>8:45</td><td>Individual Tx IP Participants</td><td>Rounds with Primary Supv</td><td colspan="3">Individual Tx IP Participants</td></tr>
<tr><td>9:00</td><td colspan="5">Community Meeting IP</td></tr>
<tr><td>9:30</td><td colspan="5">Individual Tx IP Participants</td></tr>
<tr><td>10:00</td><td rowspan="2">Coffee Hour</td><td colspan="4" rowspan="2">Group Tx</td></tr>
<tr><td>10:30</td></tr>
<tr><td>11:00</td><td rowspan="3">Tx Team</td><td rowspan="3">Individual Tx IP Participants</td><td rowspan="3">Tx Team</td><td rowspan="3">Individual Tx IP Participants</td><td rowspan="2">Clinical Roundtable</td></tr>
<tr><td>11:30</td></tr>
<tr><td>12:00</td><td>Individual Tx IP Participants</td></tr>
<tr><td>12:30</td><td colspan="5">LUNCH</td></tr>
<tr><td>1:00</td><td colspan="5" rowspan="2">Documentation of IP Contacts (EMR and Logs)</td></tr>
<tr><td>1:30</td></tr>
<tr><td>2:00</td><td rowspan="4">Didactics</td><td rowspan="2">Prepare for Tx Team Meeting</td><td rowspan="2">Consultation & Document</td><td rowspan="2">Consultation & Document</td><td rowspan="4">Group Supervision</td></tr>
<tr><td>2:30</td></tr>
<tr><td>3:00</td><td rowspan="2">Supervision w/ Primary Supv</td><td rowspan="2">Supervision w/ Secondary Sup</td><td rowspan="2">Prepare for Tx Team Monday</td></tr>
<tr><td>3:30</td></tr>
<tr><td>4:00</td><td>Check-in Unit</td><td>Check-in Unit</td><td>Check-in Unit</td><td rowspan="2">Doc & Logs</td></tr>
<tr><td>4:30</td><td>Doc & Logs</td><td colspan="3">FLASH</td></tr>
<tr><td>4:45</td><td colspan="5">Wrap up all Documentation, Logs, Time Sheet and Attendance before Leaving</td></tr>
</table>

Stipend, Benefits, Paid Personal Leave, and Weather Emergencies

Stipend and Benefits

A stipend of $32,194.00 is offered for the Doctoral Internship, beginning July 1 and ending June 30. In addition, interns and residents are entitled to participate in our health benefits plan, which begins the 1st of the month following 60 days of employment. They also have access to free parking on site and public transportation is available throughout the city and to the hospital. Interns also get 15 (PPL) paid personal days plus 8 major holidays.

Interns also have 15 “Work From Home” days they can use over the course of the year. In order to spread these days out in a way that effectively meets the needs of both the interns and the units, we have developed a system where 5 of those days can be used in the first half of the year, prior to January 1, and 10 of those days can be used in the second half of the year.

Office Space. Each Intern is provided consistent office space. They have computers in each office, where they have access to their own e-mail accounts, the electronic record system, and a shared drive with forms and resource information we post for our department staff.

Training Rooms. We also have several rooms of sufficient size to meet for didactics, case conference, and staff meetings, or to provide group therapy, including one with a large SMART tv. And we have access to a projector when needed.

Testing Equipment. We have a full supply of testing equipment needed for comprehensive evaluations. The institution provides an annual budget for updating and replenishing testing materials.

Staff Support. Support staff provide administrative support regarding scheduling rooms; ordering supplies; and maintenance concerns. IT provides technical support for computers and phones when needed, and environmental services provides daily housekeeping services.

Paid Personal Leave (PPL).

The Behavioral Wellness Center at Girard provides for two general categories of leaves of absence: paid (PPL) and unpaid. In addition, The Behavioral Wellness Center at Girard complies with federal regulations governing Family and Medical Leave Act (FMLA). Full-time interns are provided a total of 23 PPL Days, including 8 major holidays in which the department is closed and 15 additional days for other holidays, sick days, and vacation days. The Behavioral Wellness Center at Girard's **Paid Personal Leave (PPL)** Program is a flexible program, which eliminates the categorizing of sick, holiday, and vacation days. Earned PPL will be used to compensate employees at their regular rate of pay when they are scheduled off for all excused elective absences including vacation, holiday, religious observance, personal business or illness. In exceptional circumstances (e.g. medical problems), if a person exceeds the number of days allowed for PPL or does not complete other requirements, the intern is expected to continue into July to complete any missed days or requirements. This process ensures that all interns are paid the same stipend and that they each work the same number of days, and have accrued the required 2000 hours.

Holidays. Psychology Staff have off the following major holidays: New Year's Day, Martin Luther King Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. Staff limit the number of PPL days taken during the holiday season, to assist in coordinating coverage of clinical services while enabling each staff member to have some time with family and friends over the holiday season. Staff submit their preferences for holiday vacation time (November 10-January 10) no later than October 15th. The Director reviews the requests and seeks to provide each staff member with vacation time before or after one of the major holidays. When staff preferences overlap, staff seniority based on start date and staff position is considered in making decisions. Decisions regarding additional holiday vacation time are determined based

upon staff preferences and ability for other staff to cover clinical services and other administrative needs. Staff are notified no later than November 1 regarding the staff schedule during the holiday season.

Vacation. To ensure quality and continuity of care of outpatient clients, while ensuring that staff have access to paid time off benefits, PPL will be approved at the discretion of the Director. Requests for PPL are made at least 2 weeks in advance in order to arrange for coverage of all services and treatment team meetings on the units.

Unexpected Illness. When unexpectedly ill, staff call out by notifying the Director and Primary Supervisor. In addition, the staff member immediately attempts to arrange coverage for responsibilities, and notifies Clinical Supervisors and program participants they are scheduled to see in other The Behavioral Wellness Center at Girard programs. If unable to do so, the staff member should notify the Primary Supervisor to arrange in the Flash meeting for other staff to cover responsibilities for the day.

Extended Leave. If extended leave is necessary, reassignment of program participants will be considered. The expected length of sick leave as well as the needs of the individual participants will be weighed in their decision. Decisions will be made by the Director in consultation with other Supervisors and the Treatment Team. The Director and Supervisors will work with the Intern to develop a plan for successful completion of internship following the leave of absence.

Weather or Related Emergencies.

During weather or other emergencies, the Psychology Department may work on a modified schedule or limited basis when the Philadelphia Public Schools are closed or have a delayed opening. Treatment Teams and Unit Staff should be notified of these plans as soon as they are made. Clinicians will also notify participants and staff from other units by phone in advance of their scheduled appointments when they are not available to meet for their scheduled appointment.

The Psychology Department operates in accordance with The Behavioral Wellness Center at Girard's Administrative Policy and Procedure 100.8 relating to Weather or Related Emergencies and designation of Essential vs. Non-Essential Staff (See Appendix D). When possible, reminders of this policy are distributed by e-mail to all staff via work e-mail prior to the weather emergency.

Currently, Psychology Personnel are specified as “Non-Essential”, and Directors (Chief of Psychology) are designated as “Essential”. Non-essential staff are expected to be at work, and when they cannot get to work they contact the Director before the start of the workday and use PPL time or a Work from Home day. In the future, non-essential staff may be designated as essential if needed for providing services for program participants during weather related emergencies. Essential staff are expected to report to work; those who

cannot get to work must contact their supervisor before the start of the workday and will not be paid for the day. Staff are not expected to come to work if they are not scheduled to work or have a pre-approved PPL or vacation day.

Regardless of whether the department is working on an inclement day, it is each employee's decision to determine if and when they can safely arrive at work under the conditions, and whether an employee needs to leave early to get home safely when the weather worsens as the day progresses. When bad weather conditions are localized to a staff member's area, the staff member should contact the Director to advise of the poor weather conditions and the anticipated time of arrival. If a staff member elects not to work on a given day or to leave early, the staff member contacts the Director and uses PPL time. Anyone needing to stay overnight can contact the Nursing Supervisor to arrange sleeping accommodations.

(Note: Unpaid practicum students and counseling interns are not expected to come to work during weather emergencies, but may choose to attend and assist in providing services.)

Intern Application and Selection Process

The Behavioral Wellness Center at Girard seeks applications for full-time doctoral-level psychology interns to join our dynamic team of licensed clinicians, interns, and practicum students. The Behavioral Wellness Center at Girard is a comprehensive, behavioral health hospital that services a diverse, underserved adult population in lower north Philadelphia and its surrounding area. Interns are based out of the Psychology Department provide direct clinical services to adults in inpatient psychiatry programs and other programs throughout the hospital. Most program participants are dually diagnosed with mental health problems and addictions; therefore, interns actively collaborate with a multi-disciplinary treatment team including psychiatrists, addictions counselors, social workers, and other services providers within The Behavioral Wellness Center at Girard and the community.

Ideal candidates are flexible, humble, compassionate, and attentive to detail. They have a passion for clinical work and learning; strong work ethic and organizational skills; acceptance of differences; strong clinical and interpersonal skills; desire to work as part of a team; and experience and commitment to working with diverse groups. Preference will also be given to applicants who have demonstrated interest and experience working with SMI in inpatient psychiatry and/or who meet the Applicant Requirements below.

We encourage all qualified applicants who embrace and reflect diversity in the broadest sense to apply. We also are seeking at least one candidate who is Bilingual Spanish-speaking at a conversational level to work with Spanish-speaking program participants.

Applications will be accepted and reviewed through the APPIC process and National Matching Service. If you have questions, they can be directed to Dr. Broll-Barone at bbroll-barone@bewellctr.org.

Number of Slots Offered

Number of Full-Time Slots 2022-2023:	5
Number of Full-Time Slots 2023-2024:	5
Number of Full-Time Slots 2024-2025:	7
Number of Full-Time Slots 2025-2026:	7
Number of Full-Time Slots 2026-2027:	5

Selection Process

Each year APPIC publishes the procedures for APPIC-member programs to select new interns through the national matching service. The Behavioral Wellness Center at Girard adheres to all APPIC guidelines and procedures on information dissemination, interviewing, selection, and notification.

The Behavioral Wellness Center at Girard utilizes the uniform application process developed by APPIC and the National Matching Service. Interns utilize the centralized application service to submit applications which include:

1. AAPI
    a. Cover Letter
    b. Curriculum Vita
    c. Essays
    d. Letters of Recommendation (3-4)
    e. DCT Verification of Eligibility
2. Transcripts
3. Sample Psychological Evaluation Report
4. Sample Case Conceptualization and Treatment Summary

Application Deadline, Interview Notification, and Interview Process

Deadline for Submission of Applications for Match I is December 1. The Coordinator of Clinical Training, Chief Psychologist, and Supervisors review applications and notify applicants regarding interview status no later than December 15, 6pm EST. Applicants are offered one of 3 interview dates in January, and when possible applicants are provided their first choice of interview dates. Interviews will be conducted virtually using Microsoft Teams. Interview days will include a group "welcome" meeting and then a series of interviews with psychologists, as well as meetings with current interns.

Following completion of interviews, applicants are ranked and submitted through APPIC's Match Process and the National Matching Service. Any slots not filled in the Match I are offered in Match II.

Applicant Requirements

The ideal candidate will be flexible, humble, compassionate, and attentive to detail, and have the following: MA Degree, Comprehensive Exams, and Dissertation Proposal by application deadline; minimum of 400 Hours of AAPI Intervention Hours; minimum of 100 Hours of AAPI Assessment Hours, including a minimum of 5 WAIS, and 5 Batteries and Reports with Adults. They will have a passion for clinical work and learning; strong work ethic and organizational skills; acceptance of differences; strong clinical and interpersonal skills; desire to work as part of a team; and experience and commitment to working with diverse groups. Preference will also be given to applicants who have demonstrated interest and experience working with SMI in inpatient psychiatry. The ideal candidate is a self-directed learner with a demonstrated passion for learning and contributing outside of oneself and leaving a legacy; strong case conceptualization, treatment planning, and writing skills; strong organizational skills with an ability to learn and work quickly in a fast paced environment; disciplined, detail oriented and able to complete tasks in a timely manner; and a minimum of 4 years of graduate training in a PhD or PsyD Clinical or Counseling Psychology Program. Candidates from APA-accredited programs are preferred, but those from CPA-Accredited or Non-Accredited programs are also considered. We also are seeking at least one candidate who is Bilingual Spanish-speaking at a conversational level to work with Spanish-speaking program participants. We encourage all qualified applicants who embrace and reflect diversity in the broadest sense to apply.

Additional Pre-Employment Requirements

Consistent with The Behavioral Wellness Center at Girard employment policy, employment is contingent upon successfully completing a pre-employment physical examination, including PPD screening and MMR; clean urine drug screening; a criminal background investigation, including FBI clearance; proof of CPR/Lifesaver Training certification, a state approved CE Regarding Child Abuse Reporting Regulations, and a reference review.

Equal Employment Opportunity

The Behavioral Wellness Center at Girard is an equal opportunity employer and is committed to ensuring compliance with all laws and regulations pertaining to Equal Employment Opportunity (EEO), Affirmative Action and the Americans with Disabilities Act (ADA). It is our policy to provide employment, training, compensation, promotion and

other conditions of employment without regard to age, race, color, national origin, religion, sex, sexual preference, disability, genetic information, human immunodeficiency virus (HIV) status, veteran status, marital status or any other characteristic protected by law. We hire, train, promote, compensate and retain employees on the basis of their qualifications and performance.

The Behavioral Wellness Center at Girard takes affirmative steps to encourage minorities to apply for positions in which they have been traditionally under-represented.

Similarly, the Psychology Department offers staff positions, internship positions, training experiences, compensation, promotion and other conditions of training and employment without regard to age, race, color, national origin, religion, sex, sexual preference, disability, genetic information, HIV status, veteran status, marital status or any other characteristic protected by law. We select staff and interns, train, promote, compensate and retain employees on the basis of their qualifications and performance. And we take affirmative steps to encourage minorities to apply for positions in which they have been traditionally under-represented.

The Behavioral Wellness Center at Girard policy strictly forbids harassment, discrimination or retaliation. We are committed to the principles of non-discrimination, anti-harassment and equal employment opportunity for all employees, interns, and applicants and will take whatever steps are necessary to assure that the work place is free of these issues.

The Behavioral Wellness Center at Girard recognizes that the commitment to EEO, Affirmative Action, ADA and prevention of harassment goes beyond formal programs. Each employee and intern has the right to be treated with dignity and respect for individual differences. Likewise, each employee and intern makes an important contribution to the corporate mission in an environment where equal opportunity is present for all.

Supervision

Supervisors have full legal responsibility for activities of their supervisees. In clinical decisions, supervisees must follow the directions of their clinical supervisors who have final authority over all services provided to program participants.

All supervisors are required to maintain records of supervision sessions with their supervisees. Supervision records will be retained at the training site permanently.

Evaluations

Supervisors must provide regular feedback about the performance of their supervisees to the Coordinator of Clinical Training and Chief of Psychology, including but not limited to quarterly written evaluations of competencies and review of training goals.

After approximately 60 days (September 1), the Supervisor completes an initial The Behavioral Wellness Center at Girard evaluation related to job responsibilities (See Appendix C), with the successful completion of this evaluation marking the completion of the probationary period. It provides an early opportunity for identification and remediation of any deficiencies at the start of the placement.

On a quarterly basis interns are formally evaluated by their primary supervisor in consultation with other program supervisors. This written evaluation (See Appendix D) includes a review of the logged hours for each of the training activities completed during the evaluation period and cumulatively, and an assessment of the intern's competencies and training goals, including each of the program competencies. The supervisor also provides a written narrative of observations and impressions, overall strengths and weaknesses, incorporating constructive recommendations for professional growth, and any areas not covered elsewhere. Whenever there are significant concerns about a supervisee's performance or professional behavior, those concerns are also documented in the supervision records. The Training Director shall receive a copy of any documented concerns and provide consultation to the Supervisor regarding any problems in any aspect of the training process. The Intern also completes a Self-Evaluation (See Appendix E).

The supervisor reviews the evaluation with the intern, who is provided the opportunity and encouraged to add additional written comments and feedback, and both intern and supervisor sign the evaluation. They also review the prior quarterly training plan (Appendix F) and make revisions as needed and desired for a training plan used the following quarter. Any challenges or areas for are incorporated into the new training plan. When needed, corrective action plans may be developed and documented, with evaluation included with the next written quarterly evaluation. A minimum rating of "4" is expected by the completion of the internship.

On rare occasions, a Primary Supervisor or other Member of the Training Committee may become concerned about an intern's clinical skills, professional behavior, and/or suitability for the profession. The following intervention procedures have been adopted for such occasions in order to fulfill our professional responsibility and to protect the rights of the intern.

Expectations, Due Process, and Grievance Procedures

The Behavioral Wellness Center at Girard provides due process procedures and grievance procedures for when a Trainee, Supervisor, or Staff Member experiences problems or concerns, including but not limited to concerns about disciplinary action, the training experience, or the training program.

Expectations and Staff Rights

Basic work rules, code of conduct, staff rights, and other policies have been established to promote congenial, efficient, and safe working conditions. All staff are expected to abide by the work rules, policies, and procedures of the hospital and department.

Work rules, expectations regarding code of conduct, Staff Rights, Cultural Diversity Policy, and Equal Employment Opportunity and Affirmative Action are provided in writing and reviewed at the hospital orientation, along with the processes for reporting concerns and grievances. Departmental expectations are outlined in this handbook and the department orientation.

Due Process

We believe the psychology profession charges their members with the responsibility to monitor new members. This monitoring involves not only evaluation of potential new members' cognitive (i.e. academic and clinical) abilities, but also their personal and professional conduct.

On rare occasions, a Supervisor or Member of the Training Committee may become concerned about an intern's clinical skills, professional behavior, and/or suitability for the profession. The following interventions procedures have been adopted for such occasions in order to fulfill our professional responsibility and to protect the rights of the intern.

A primary goal of the disciplinary process is to help an intern to address their problems. The objective of discipline is correction rather than punishment. When concerns are considered minor, the concerns are addressed informally through feedback and discussion with the intern. This type of feedback is typically provided on an ongoing basis (such as in supervision) as well as during the discussion of quarterly evaluation. (See Appendix D) Remediation suggestions are provided and documented, and if the concerns are understood and resolved in a timely manner, typically no other steps need to be taken.

When minor concerns are not resolved in a timely manner, or when concerns are considered more serious (i.e. ethical or legal violation, professional misconduct, intern impairment, failure to comply with agency policies or the Intern Training Agreement), the Supervisor will document the concerns in writing and consult with the Director. They will also discuss and determine whether consultation is needed with a trainee's academic DCT. Feedback and discipline may include one of the following, depending on the seriousness of the problem, and may be elevated when problems are not addressed with remediation: General Counseling, Verbal Feedback with Documentation, Written Warning, Final Written Warning, Three Working Days' Suspension, and Termination.

Notification and Hearing. Interns will be notified in writing of disciplinary concerns, including the level of concern, expectations for remediation, and request to meet with the Supervisor and/or Director to discuss concerns and develop a remediation plan and timeline. Following the meeting, a copy of the remediation plan will be provided to the

intern and placed in the intern's supervision file. Similarly, the Supervisor and Director will meet with the intern periodically to discuss progress on the remediation plan and the outcome of these meetings will be provided in writing, including when the problem is considered resolved. When concerns are more serious or not resolved, the Supervisor and Director will consult with the DCT, and will review with the intern the conditions and decisions regarding remediation or termination, and insure communication is provided clearly and in writing with a defined plan of action.

Termination. When concerns are more serious (i.e. ethical or legal violation, professional misconduct, intern impairment, failure to comply with consortium or agency policies or the Intern Training Agreement) or are not resolved in a timely manner, the Supervisor and Director will consult with the DCT, and will review with the intern the conditions and decisions regarding termination, and insure communication is provided clearly and in writing with a defined plan of action.

Appeal. If an intern is dissatisfied they can appeal evaluations and decisions, without fear of retribution or prejudice. Any trainee or intern who feels that an evaluation, disciplinary concern, or remediation process is unfair and cannot be resolved by routine discussion with their immediate supervisor, they are entitled to appeal and should be report it as soon as possible (within five (5) working days) in order to allow evaluation of all pertinent facts.

STEP 1: The Director will first grant a private hearing to the individual requesting a formal appeal. The Director will then conduct the necessary investigation and advise the staff member of the results and a decision on the matter. The appeal shall be documented in writing if the staff member is not satisfied with the Director's decision. They will also discuss and determine whether consultation is needed with a trainee's academic DCT.

STEP 2: The written appeal will be submitted to the Vice President of Behavioral Services. The employee and the VP will be given the opportunity to discuss the appeal in an effort to resolve the problem. Staff may request and receive permission to have the Director or their Clinical Supervisor present. They will also discuss and determine whether consultation is needed with a trainee's academic DCT.

Grievance Procedures

The Behavioral Wellness Center at Girard tries to deal fairly with each staff member. In keeping with this goal, the intern is provided a means to bring problems and complaints concerning their well-being at work to the attention of management, and may appeal in matters affecting them without fear of retribution or prejudice.

Any trainee or intern who feels that a grievance cannot be handled by routine discussion with their immediate supervisor is entitled to present the complaint and should report it as soon as possible (within five (5) working days) in order to allow evaluation of all pertinent facts.

STEP 1: The Director will answer within 5 working days and grant a private hearing to the individual requesting a formal grievance. The Director will then conduct the necessary investigation and advise the staff member of the results and a decision on the matter. A grievance shall be documented in writing if the staff member is not satisfied with the Director's decision. They will also discuss and determine whether consultation is needed with a trainee's academic DCT.

STEP 2: The written grievance will be submitted to the Vice President of Behavioral Services, who will respond to the written grievance within 5 working days. The employee and the VP will be given the opportunity to discuss the grievance in an effort to resolve the problem. Staff may request and receive permission to have the Director or their Clinical Supervisor present. They will also discuss and determine whether consultation is needed with a trainee's academic DCT. A decision will be documented in writing and a copy will be provided to the Intern, Director, and Supervisor.

If the grievance is regarding the Training Director and cannot be handled by routine discussion, the intern will submit the grievance to the Vice President of Behavioral Services, who will respond to the written grievance within 5 working days. The employee and the VP will be given the opportunity to discuss the grievance in an effort to resolve the problem. If deemed appropriate, the Training Director will be part of the discussion as well. The intern's Primary Supervisor and/or academic DCT can also be involved. A decision will be documented in writing and a copy will be provided to the Intern, Director, and Supervisor.

Training Committee

The Internship Program is governed by a Training Committee, which includes the Training Director and other psychologists who are primary and secondary supervisors for the interns and practicum students. The Training Director provides oversight of the training program and Training Committee, and monitors the training program to ensure quality and consistency. The Training Director is responsible for the scheduling of activities; preparation of documents including policies, procedures, and reports; availability of staff and other resources; and compliance with regulations. The Training Director interacts daily with the training staff, and meets as a Training Committee on a weekly basis to discuss clinical and administrative concerns and plans.

The Training Committee assists in planning and implementing the training curriculum, selection and evaluation of interns, discussing and resolving intern-related issues, processing and resolving grievances, and ongoing program improvements based on integration of feedback from the interns and overall goals and initiatives of the training program, institution, and professional organizations.

The Supervisors meet briefly with interns at the beginning and end of each day to review announcements and plans, and to provide support. They review and sign off on all treatment plans, progress notes, and other documentation each day.

Program Feedback and Improvement Process

Interns have opportunities to provide written and verbal feedback throughout the year.

1. Interns are able to meet with the Training Director or any committee member at any time to express concerns or feedback on an individual basis.

2. In addition, they meet daily with supervisors in flash meetings at the start and end of each day. This provides ongoing opportunity to provide feedback and participate in recommending and implementing changes.

3. On a monthly basis, an intern representative joins the training committee meeting to report any concerns or feedback the intern cohort would like to share.

4. Interns also provide written feedback regarding the program. They complete a quarterly evaluation of the programs goals, objectives, and competencies, as well as an evaluation of training activities and supervision.

These verbal and written evaluations are utilized to provide enhancements to the program. The Training Committee also receives program feedback from recent graduates, as well as outcome data regarding their initial and current job placements, current clinical activities, licensure status, and professional involvement and achievements. This data is reviewed in light of our program's goals and competencies, and the Training Committee reviews this data to consider strengths and areas for program improvements, including intern selection, training, remediation processes, and the accuracy of program goals and competencies.

APPENDIX A

STATEMENT OF UNDERSTANDING

DOCTORAL INTERNSHIP
Statement of Understanding
The Behavioral Wellness Center at Girard

This training agreement between:

_____
(Name of Psychology Intern)

_____
(Address of Psychology Intern)

_____
(Phone number) (Email address)

and:

The Behavioral Wellness Center at Girard _____
(Name of Training Site)

_Bruno Broll-Barone, Ph.D._____
(Name of Director)

_____
(Name of Primary Supervisor)

_801 W. Girard Avenue, Philadelphia, PA 19122_____
(Address of Training Site)

_____
(Phone number) (Email address)

is hereby established for the purpose of defining the nature and parameters of a planned, sequentially organized Doctoral Internship in Clinical Psychology. It is designed to facilitate the development of the Psychology Intern's skills and competencies in the provision of high quality professional psychological services consistent with applicable legal, ethical, and professional standards in partial fulfillment of licensure in psychology.

1. The supervisor and Psychology Intern agree that all aspects of this Doctoral Internship will be carried out in accordance with all requirements for psychology licensure in Pennsylvania, regulations of the Pennsylvania State Board of Examiners in Psychology, APPIC Requirements, and all other applicable statutes and regulations, including the current APA Ethical Principles of Psychologists and Code of Conduct (http://www.apa.org/ethics/code/ ; http://www.apa.org/ethics/code/principles.pdf).

2. The Training Site and the Intern expressly agree and understand that no permanent employment relationship between them, whether expressed or implied, is contemplated or created by this agreement. The Training Site and the Intern expressly agree and understand that the relationship between the training site and its trainees is a temporary employment relationship.

3. Doctoral Internships begin July 1st of each year and conclude June 30th. Interns complete the training program through full-time (40 hours per week for 1 year, with minimum total of 2000 hours per year) internships. These hours are inclusive of Training activities, including the Orientation and Staff Seminars. Psychology Interns cannot accrue more than forty-five hours of training experience in one week. The training site is not obligated to provide training, employment, supervision, or other services or compensation beyond the contracted one year training experience. The Intern should be aware of and is responsible for completing the state requirements for the number of hours needed for licensure, the time frame for completion, and the supervision requirements that must be completed beyond the Doctoral internship and up to licensure.

4. The Intern will provide written certification by the Psychology Intern's educational institution, that he or she has satisfied all requirements in preparation for the Doctoral internship training year. Certification is usually provided through a copy of transcripts and verification of readiness for internship submitted with the APPIC application.

5. The primary supervisor is a psychologist licensed for the independent practice of psychology. The state(s) or province (s) in which the supervisor is licensed, the license numbers, and dates originally licensed are:

   State/Province:_PA_ License #:_____ Date 1st Licensed:_____

   State/Province:____ License #:_____ Date 1st Licensed:_____

6. A stipend of $ _31,256.31___ will be paid to the Intern by the training site. This stipend is independent of the supervisor's or agency's billings or collections and is not based on a percentage of billings or collections. The Psychology Intern will not receive fees from any client, or on behalf of any client, from any third party payer.

7. The Intern will receive the following employment benefits.

   _23 days of PPL (including 15 vacation/sick and 8 holidays) for full-time interns.

8. The supervisor and Psychology Intern confirm that there exists no relationship between them except that of supervisor and Psychology Intern. They agree that no other relationship shall be created between them for the duration of this internship that has the potential to

compromise the quality of services to clients, the objectivity of the evaluation of the Psychology Intern, or that may result in exploitation of the Psychology Intern or any client. The supervisor shall not receive any supervision fees, salary, compensation, honoraria, favors, or gifts from the Doctoral Intern. The Psychology Intern will not pay office rent, telephone expenses, or any other office or business expenses. If either the supervisor or Psychology Intern is unsure regarding the appropriateness of their relationship, or prospective relationship, the matter shall be brought to the attention of the Director for review and clarification.

9. The supervisor and Psychology Intern agree that they will develop individualized goals for this Doctoral Internship and that they shall work conscientiously and cooperatively toward the achievement of these goals. A review of these goals along with the evaluation form will be reviewed with the Intern and submitted to the Director quarterly.

10. The Psychology Intern will be known by the title "Psychology Intern." The name of the supervisor will be disclosed on all materials on which the name of the Psychology Intern appears. All entries in psychological records, reports, correspondence, and other communications prepared by the Intern for distribution outside of the professional setting will be signed by the Intern and countersigned as “Reviewed and Approved by” the supervisor or other delegated professional.

11. The Psychology Intern will inform each client that he or she is a Psychology Intern and practicing under the supervision of a licensed psychologist and will provide each client with the supervisor's name and means of contacting him or her. When relevant, the Psychology Intern will inform clients that some third party payers may not cover services provided by Psychology Interns.

12. The Psychology Intern will create and maintain client records consistent with all applicable State Statutes and Rules of the Pennsylvania Board of Examiners in Psychology. These records will remain with the training site upon the completion or termination of the internship.

13. The supervisor maintains full legal responsibility for all psychological services provided by the Psychology Intern. The supervisor affirms that he or she is vested with sufficient authority over matters pertaining to the provision of psychological services by the Psychology Intern to enable the supervisor to accept responsibility for the welfare of the clients and the quality of the training experience.

14. The supervisor will countersign all documents and records prepared by the Psychology Intern including all assessment notes, treatment plans, interview or progress notes, testing, reports, correspondence, and all other documents generated by the Psychology Intern in the course of providing psychological services or in communicating with others about such services. All reports or correspondence written by the psychology intern will be on the organization's official stationary.

15. The supervisor will determine that the Psychology Intern is capable of providing competent and safe psychological services to each client assigned. The supervisor will not permit the

Psychology Intern to engage in any psychological practice that the supervisor cannot competently perform.

16. The supervisor agrees to provide directly, or by way of another supervising psychologist, a minimum of two hours of regularly scheduled face-to-face, individual supervision for each week of experience for both full-time and half-time interns. This supervision will have the expressed purpose of dealing with the services rendered by the Psychology Intern. It is further agreed that additional hours of supervision will be provided when necessary to insure the adequate quality of psychological services provided by the Psychology Intern.

17. The supervisor agrees to identify, discuss, and relate practice issues to relevant legal, ethical, and professional standards when appropriate in the course of supervision of psychological services. The Psychology Intern agrees to identify relevant legal, ethical, and professional issues in his or her provision of psychological services and to bring them to the attention of the supervisor for discussion as appropriate.

18. The private actions and behaviors of the Psychology Intern which are not relevant to, nor expressed in, the training setting shall not be dealt with in the supervisory relationship. The supervisor shall not provide psychotherapy to the Psychology Intern.

19. The primary supervisor will designate a licensed psychologist as the secondary supervisor to provide additional supervision. The primary supervisor may also assign supplemental training activities in specific skill areas to be provided by other licensed or certified professionals, under the authority of the supervisor.

20. The primary supervisor will be fully available for consultation in the event of an emergency and will arrange for emergency consultation coverage for the Psychology Intern. Generally, the secondary supervisor acts as the emergency backup when the primary supervisor is unavailable. In non-emergency situations, the supervisor shall have procedures to be followed in the event the supervisor is unavailable.

21. The primary supervisor will create and maintain supervision records of the Psychology Intern at the training site consistent with all applicable State Statutes and Rules of the Pennsylvania Board of Examiners in Psychology. Supervision records will include

    a. A copy of this Statement of Understanding.
    b. Each formal written evaluation of the Psychology Intern.
    c. Documentation of supervision meetings.
    d. Records of the number of hours the Psychology Intern devotes to each of the training activities.
    e. Written summaries of the supervisor's consultations regarding the Psychology Intern with the Director.
    f. Copies or summaries of all disciplinary and grievance actions.
    g. A copy of the Certificate of Completion.
    h. All other documentation of the training experience.

22. Supervision records will be maintained by the supervisor and training site for the purpose of future access and documentation. Supervision records will be maintained permanently.

23. Formal evaluation of the Psychology Intern by the supervisor will occur at least quarterly during the internship. The Psychology Intern will sign and have an opportunity to comment on each formal written evaluation. Copies of both written evaluations and any remediation plans will be placed in the supervision record and provided promptly to the Director. The format of the formal evaluations will be consistent with the requirements of the Training Site and will include, among other things, the following:

    a. The number of hours devoted to supervision activities, and the supervisor who provided them.

    b. The number of hours devoted to identified psychological services.

    c. A copy of the intern evaluation, review of the training goals, and a statement by the supervisor that the Psychology Intern's performance was either satisfactory or unsatisfactory. Additional comments describing the Psychology Intern's performance are also appropriate.

24. In addition to formal evaluations, the supervisor will prepare additional written evaluations of the Psychology Intern's skills and progress toward identified goals, including strengths and weaknesses, as often as needed. As necessary, these additional written evaluations will include plans for remediating weaknesses and providing for the continued professional development of the Psychology Intern. The Psychology Intern will sign and have an opportunity to comment on each additional written evaluation. Copies of these additional written evaluations and remediation plans will be placed in the supervision record and provided promptly to the Director.

25. Four times during the training year, the Psychology Intern will prepare a formal written evaluation of the overall training experience and the supervision provided. The first of these evaluations will be given directly to the Director and will not be reviewed by the supervisor until after the Intern's formal quarterly evaluation has been completed.

26. The supervisor will consult with the Director if he or she believes the Psychology Intern may have violated legal, ethical, or professional standards or has failed to comply with this Training Agreement. The formal resolution of these concerns will follow *Due Process and Grievance Procedures*. The supervisor shall be able to immediately suspend the Psychology Intern from practicing in specified cases or in all cases. In some instances, reporting the allegations to an appropriate licensing board or professional association may be required.

27. The Psychology Intern will consult with the Directors if he or she believes the supervisor may have violated legal, ethical, or professional standards or has failed to comply with this

Training Agreement. The formal resolution of these concerns will follow the *Due Process and Grievance Procedures*.

28. Upon successful completion of this internship, the Psychology Intern shall be presented with a Certificate of Completion indicating that he or she has successfully completed a Doctoral Internship. This certificate shall identify the Psychology Intern, the total number of hours of the internship, the date started, and the date the internship is completed.

29. After completion of the internship, the Training Site may contact the Intern to obtain longitudinal information about licensure, employment, and other outcome measures. The Intern must provide a permanent address, such as a parent's address, where the Intern could be reached over the next several years.

30. Amendments to this Psychology Intern/Training Site Statement of Understanding may be made from time to time upon written documentation of the amendments and the written approval of all signatories to this original Agreement. All appropriately executed amendments will be attached to this agreement and become a part of this Psychology Intern Training Agreement.

The Behavioral Wellness Center at Girard
801 W. Girard Avenue
Philadelphia, PA 19122
215-787-2000

_____

Xavier Bancroft Date
President & CEO

_____

Marlene Douglas-Walsh Date
Vice President of Behavioral Medicine

_____

Bruno Broll-Barone, PhD Date
Training Director
Director of Psychology

_____

Date
Primary Supervisor
Psychologist

_____

Psychology Intern Date

Revised 6/917/2025

APPENDIX B

OTHER POLICIES AND PROCEDURES

DIVISION:	THE BEHAVIORAL WELLNESS CENTER AT GIRARD	POLICY:
Psychology	POLICY AND PROCEDURE	860.12

SUBJECT: Professional Staff Code of Ethics

CATEGORY:	EFFECTIVE:
General Administration	10/95 11/15, 07/18, 09/19

SUPERSEDES POLICY # PAGE 1 of 4

REFERENCE:

PURPOSE:

To provide guidelines for appropriate staff behavior in the delivery of services. To ensure that participants are treated in a humane manner and to ensure their rights are respected.

POLICY:

The Psychology Department adheres to a code of Ethics that embodies certain standards of behavior for the helper in his professional relationship with those he serves, with his colleagues, with his employing agency, with other professions, and with the community. In abiding by it, the therapist views his/her obligations in as wide a context as the situation requires, takes all the principles into consideration, and chooses a course of action consistent with the code's spirit and content.

1. Clinical practice is based on humanitarian ideals. Professional helpers are dedicated to service for the welfare of mankind, to the disciplined use of a recognized body of knowledge about human beings and their interactions, and to the marshalling of community resources to promote the well-being of all without discrimination.

2. Clinical practice is a public trust that requires of its practitioners integrity, compassion, belief in the dignity and worth of human beings, respect for individual differences, a commitment to service, and a dedication to truth. It requires mastery of a body of knowledge and skill gained through professional education and experience. It requires also recognition of the limitations of present knowledge and skill and of the services we are now equipped to give. The end sought is the performance of a service with integrity and competence.

3. Each member of the helping professional carries responsibility to maintain and improve social service; constantly to examine, use and increase the knowledge on which practice and social policy are based, and to develop further the philosophy and skills of the profession.

4. It is expected that each professional will also adhere to the ethical code of their respective discipline.

SCOPE AND RESPONSIBILITY:

A. All staff members, as professionals, commit themselves to conduct their professional relationships in accordance with the Psychology Department Code of Ethics and subscribe to the following statements:

1. I regard as my primary obligation the welfare of the individual or group served, and as a staff member in the Psychology Department my primary goal is stabilization for the program participant and his/her family.

2. I will not discriminate because of race, color, religion, age, sex, sexual orientation, or national origin, and in my job capacity will work to prevent and eliminate such discrimination in rendering service, in work assignments, and in employment practices.

3. I give precedence to my professional responsibilities over my personal interests.

4. I hold myself responsible for the quality and extent of the service I perform.

5. I shall adhere to the rule of confidentiality of all records and knowledge of all program participants.

6. I will not deliberately do harm to a program participant either physically, emotionally or psychologically. I will not verbally assault, ridicule or attempt to endanger a program participant nor will I allow other program participants or staff to do so.

7. I shall maintain at all times respectful, objective, non-possessive, professional relationship with all program participants. I will not engage in any behavior that can be constructed as exploitation of program participants: sexual, financial and/or social. (i.e., dating or sexual activity; lending or borrowing money; purchasing or selling items to program participants; establishing friendships). I understand and will follow the The Behavioral Wellness Center at Girard Policy No. 800.123 regarding Professional Conduct.

8. I accept responsibility to help protect my program participants against unethical practice by any individuals or organizations engaged in social welfare activities.

9. I stand ready to give appropriate professional service in public emergencies.

10. I distinguish clearly, in public, between my statements and actions as an individual and as a representative of an organization.

11. I will remain aware of my own skills and limitations and be willing to recognize when it is in the best interest of the program participant to release them or refer them to another program or individual.

12. I shall respect the rights and views of other counselors, paraprofessionals and other professionals.

13. I shall maintain respect for institutional policies and management functions within agencies and institutions, but will take the initiative toward improving such policies when it will better serve the interest of the program participant.

14. I have a commitment to assess my own personal strengths, limitations, biases, and effectiveness on a continuing basis. I have a personal responsibility for professional growth through further education training, and shall continuously strive for self-improvement.

B. All Staff members are responsible to be aware of and to respect all program participant's rights.

PROCEDURE:

1. Code of ethics is reviewed with staff members as part of orientation.

2. Code of Ethics policy is signed by all employees of the Psychology Department.

I have reviewed and agree to abide by The Behavioral Wellness Center at Girard Psychology Department Professional Staff Code of Ethics:

Printed Name	Date	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DIVISION: Psychiatry

THE BEHAVIORAL WELLNESS CENTER AT GIRARD
POLICY AND PROCEDURE

POLICY: #800.123

SUBJECT: Professional Conduct

CATEGORY: General Administration

EFFECTIVE: 03/91
REVISED: 1/2014, 9/2019

SUPERSEDES POLICY #:

REFERENCE:

PURPOSE:

1. To provide guidelines for Staff with regard to participant/staff boundaries.

2. To support a consistent therapeutic approach to participant care.

POLICY:

The Department of Psychiatry of The Behavioral Wellness Center at Girard expects that all employees conduct themselves with regard to the highest standard of professional behavior in support and furtherance of a high quality therapeutic milieu for all participants.

1. Psychiatry Program staff do not have intimate social contacts, or relationships with participants or their families for 2 years after they are discharged. Casual social contact is understood to occur at times with the community we serve. Encounters in the community, for example at a friends' wedding, at the pharmacy or local grocery store, should be friendly and supportive. Relationships should exist in a professionally supportive, but brief, continuum of contact.

2. Contact that entails undue familiarity including sexual contact between staff and participant, or the appearance of undue familiarity (e.g. including but not limited to sitting together in a non-hospital vehicle) will be grounds for immediate dismissal.

3. Psychiatry Program staff members may accompany participants off the hospital grounds under the following conditions:

    a. Prescribed by physician's orders for therapeutic reasons and appropriate to the role and function of the Psychiatry Program.

    b. Scheduled activity trip.

4. At no time and under no circumstances shall staff members accept money, tips, personal favors or gifts from participants or their families.

5. At no time and under no circumstances shall staff become involved in executing the personal or

financial affairs of a participant or their family, except to the extent to which they are enabled to do so by their job classification. (i.e., Social Worker, Cashier, etc.).

6. Staff who are in doubt as to the appropriateness of any action relative to therapeutic staff - participant relationship are to seek guidance from the Nurse Care Coordinator (or designee) prior to initiating such actions.

7. Any relationship that compromises or adversely affects participant care, shall result in immediate disciplinary action.

8. Any breach of professional behavior or violation of Professional Ethics shall result in immediate disciplinary action.

9. Staff are not to initiate any contact with participants after discharge unless enabled to do so by their job classification (and done under the direction of a psychiatrist or nursing care coordinator (or designee). Staff do not give out home telephone numbers or non-hospital issued beeper numbers to participants unless advance authorization from the Nursing Care Coordinator (or designee) is received.

10. Staff are not to serve as a sponsor for a participant in a 12-STEP program for two years after they are discharged.

11. If a staff member has had a prior relationship with a participant before admission in anything other than a professional context, the staff member immediately informs his or her supervisor.

APPENDIX C

The Behavioral Wellness Center at Girard

EVALUATION FORM

FOR INTERNS

Standard *Specific skills and Knowledge required to Perform the job as per Established criteria*	*Level of competence*: *1. Little or no experience* *2. Some experience (may require practice/ assistance)* *3. Competent, can perform independently* *4. Competent, performs independently, able to assess competency of others* *N/A Not applicable*	*Learning Options* *A. Review policy/process* *B. Pre-view video* *C. Perform with supervisor* *D. Attend in-service* *E. None required*	*Assessment Method* *A. Demonstration* *B. Post-test* *C. Interview* *Observation*

	Initial Assessment (Level of competence)					**Assessment Method (A,B,C,D)**	**Validated by**	**Selected Learning Option (A, B, C, D, E)**	**Employee Initials**	**Date**
	1	**2**	**3**	**4**	**NA**					
DUTIES AND RESPONSIBILITIES										
Provide individual therapy to caseload of program participants and those referred for therapy while ensuring therapy addresses treatment goals established on the treatment plan.										
Provide family therapy to assist in resolution of family dysfunction which impacts negatively on a participant's clinical condition and hampers the discharge planning process.										

Standard *Specific skills and Knowledge required to Perform the job as per Established criteria*	*Level of competence*: *1. Little or no experience* *2. Some experience (may require practice/ assistance)* *3. Competent, can perform independently* *4. Competent, performs independently, able to assess competency of others* *N/A Not applicable*	*Learning Options* *A. Review policy/process* *B. Pre-view video* *C. Perform with supervisor* *D. Attend in-service* *E. None required*	*Assessment Method* *A. Demonstration* *B. Post-test* *C. Interview* *Observation*

	Initial Assessment (Level of competence)					**Assessment Method (A,B,C,D)**	**Validated by**	**Selected Learning Option (A, B, C, D, E)**	**Employee Initials**	**Date**
	1	**2**	**3**	**4**	**NA**					
Completes Psychological Assessment/Testing as requested. Administers, scores, and interprets a wide variety of assessment instruments based on referral question. Completes a written comprehensive evaluation report in a timely fashion and shares assessment results with multidisciplinary team. Recommends intervention strategies based on results.										
Complete comprehensive Treatment Plans in a concise manner with documentation of the participant's goals in measurable steps. Treatment Plan will be completed within timeframes established by the Department of Health, with signatures of the participant and appropriate staff (e.g. psychiatrist).										

Standard *Specific skills and Knowledge required to Perform the job as per Established criteria*	*Level of competence*: *1. Little or no experience* *2. Some experience (may require practice/ assistance)* *3. Competent, can perform independently* *4. Competent, performs independently, able to assess competency of others* *N/A Not applicable*	*Learning Options* *A. Review policy/process* *B. Pre-view video* *C. Perform with supervisor* *D. Attend in-service* *E. None required*	*Assessment Method* *A. Demonstration* *B. Post-test* *C. Interview* *Observation*

	Initial Assessment (Level of competence)					**Assessment Method (A,B,C,D)**	**Validated by**	**Selected Learning Option (A, B, C, D, E)**	**Employee Initials**	**Date**
	1	**2**	**3**	**4**	**NA**					
MAJOR TASKS, DUTIES AND RESPONSIBILITIES (continued)										
Comprehensive Biopsychosocial Evaluation (CBE) is completed in a thorough manner. All categories of the CBE are written in an in-depth manner. A progress note is complete that denotes the details of the evaluation on the same day, with length of service documented in clock time.										
Seek collateral information and collaborate with other members of their treatment team and family/social support network to facilitate treatment.										
Be available for case consultations to other programs and Psychology staff as well as supervision as requested by Director or administration on an as needed basis.										

Standard *Specific skills and Knowledge required to Perform the job as per Established criteria*	*Level of competence*: *1. Little or no experience* *2. Some experience (may require practice/ assistance)* *3. Competent, can perform independently* *4. Competent, performs independently, able to assess competency of others* *N/A Not applicable*	*Learning Options* *A. Review policy/process* *B. Pre-view video* *C. Perform with supervisor* *D. Attend in-service* *E. None required*	*Assessment Method* *A. Demonstration* *B. Post-test* *C. Interview* *Observation*

	Initial Assessment (Level of competence)					**Assessment Method (A,B,C,D)**	**Validated by**	**Selected Learning Option (A, B, C, D, E)**	**Employee Initials**	**Date**
	1	**2**	**3**	**4**	**NA**					
Provide group therapy as directed. Lead variety of group discussions based on training in group dynamics and behavior change as well as specific unit/department needs.										
Engage with participants through milieu therapy outside of formal group or individual sessions in order to facilitate relationship building and identify opportunities for therapeutic intervention.										
Attend and participate at all team meetings for designated work areas.										
Foster communication among all interdisciplinary team members as colleagues.										
Carry out all assignments as detailed on participant's treatment plans.										
Provides supervision and/or mentoring to practicum students or other staff as assigned by Director.										

Standard *Specific skills and Knowledge required to Perform the job as per Established criteria*	*Level of competence*: *1. Little or no experience* *2. Some experience (may require practice/ assistance)* *3. Competent, can perform independently* *4. Competent, performs independently, able to assess competency of others* *N/A Not applicable*	*Learning Options* *A. Review policy/process* *B. Pre-view video* *C. Perform with supervisor* *D. Attend in-service* *E. None required*	*Assessment Method* *A. Demonstration* *B. Post-test* *C. Interview* *Observation*

	Initial Assessment (Level of competence)					**Assessment Method (A,B,C,D)**	**Validated by**	**Selected Learning Option (A, B, C, D, E)**	**Employee Initials**	**Date**
	1	**2**	**3**	**4**	**NA**					
Regularly participates and leads (as requested) case conferences, seminars and other clinical learning activities as requested by the Director and/or Administration for training and clinical development purposes.										
Psychology Interns will follow their designated work schedule, in relation to the beginning and ending of their workday. Punctuality and attendance is required of all Psychology Interns.										
Progress Notes are to be completed on the day a service is provided and submitted on the same day of service before leaving at the end of the day.										
QUALITY AND TIMELINESS OF WORK										
Consistently follows The Behavioral Wellness Center policies in the performance of duties.										

Standard *Specific skills and Knowledge required to Perform the job as per Established criteria*	*Level of competence*: *1. Little or no experience* *2. Some experience (may require practice/ assistance)* *3. Competent, can perform independently* *4. Competent, performs independently, able to assess competency of others* *N/A Not applicable*	*Learning Options* *A. Review policy/process* *B. Pre-view video* *C. Perform with supervisor* *D. Attend in-service* *E. None required*	*Assessment Method* *A. Demonstration* *B. Post-test* *C. Interview* *Observation*

	Initial Assessment (Level of competence)					**Assessment Method (A,B,C,D)**	**Validated by**	**Selected Learning Option (A, B, C, D, E)**	**Employee Initials**	**Date**
	1	**2**	**3**	**4**	**NA**					
All Progress Notes will be completed in a clear and legible fashion when assessing participant's progress in all therapy (individual, family, and group) sessions.										
Psychology Interns will submit completed forms and reports that are clear, precise, legible, and submitted in a timely manner in accordance with regulatory procedures										
KNOWLEDGE OF JOB										
Psychology Intern will demonstrate knowledge of the requirements of various governing bodies associated with the services we provide.										
Psychology Intern will demonstrate a working knowledge of the code of professional ethics as established by profession and The Behavioral Wellness Center and actively integrate such into daily practice.										

Standard *Specific skills and Knowledge required to Perform the job as per Established criteria*	*Level of competence*: *1. Little or no experience* *2. Some experience (may require practice/ assistance)* *3. Competent, can perform independently* *4. Competent, performs independently, able to assess competency of others* *N/A Not applicable*	*Learning Options* *A. Review policy/process* *B. Pre-view video* *C. Perform with supervisor* *D. Attend in-service* *E. None required*	*Assessment Method* *A. Demonstration* *B. Post-test* *C. Interview* *Observation*

	Initial Assessment (Level of competence)					**Assessment Method (A,B,C,D)**	**Validated by**	**Selected Learning Option (A, B, C, D, E)**	**Employee Initials**	**Date**
	1	**2**	**3**	**4**	**NA**					
Psychology Intern will demonstrate a working knowledge of the laws governing confidentiality of participant records.										
JUDGMENT AND DECISION MAKING										
Consistently demonstrates ability to differentiate between emergency and non-emergency tasks and respond accordingly										
Is able to assess the appropriateness of participant, physician and staff requests for service and respond courteously and professionally to requests beyond the scope of the department's function.										
Consistently and effectively prioritizes requests for service.										
Consistently demonstrates an awareness and concern for program participants' safety.										

Standard *Specific skills and Knowledge required to Perform the job as per Established criteria*	*Level of competence*: *1. Little or no experience* *2. Some experience (may require practice/ assistance)* *3. Competent, can perform independently* *4. Competent, performs independently, able to assess competency of others* *N/A Not applicable*	*Learning Options* *A. Review policy/process* *B. Pre-view video* *C. Perform with supervisor* *D. Attend in-service* *E. None required*	*Assessment Method* *A. Demonstration* *B. Post-test* *C. Interview* *Observation*

	Initial Assessment (Level of competence)					**Assessment Method (A,B,C,D)**	**Validated by**	**Selected Learning Option (A, B, C, D, E)**	**Employee Initials**	**Date**
	1	**2**	**3**	**4**	**NA**					
Seeks guidance as necessary for performance of duties; always asks appropriate questions when in doubt.										
Always responds to staff members and program participants with rational explanations for decisions and actions taken. Carefully explains reasons for actions taken.										
Regularly demonstrates the ability to exercise independent judgment in times of need and in emergency situations.										
Demonstrates an awareness of personal abilities and limitations and regularly requests assistance in situations that exceed abilities.										
RELATIONSHIP WITH OTHERS										
Demonstrates the capacity to interact with participants in a professional, therapeutic manner.										

Standard *Specific skills and Knowledge required to Perform the job as per Established criteria*	*Level of competence*: *1. Little or no experience* *2. Some experience (may require practice/ assistance)* *3. Competent, can perform independently* *4. Competent, performs independently, able to assess competency of others* *N/A Not applicable*	*Learning Options* *A. Review policy/process* *B. Pre-view video* *C. Perform with supervisor* *D. Attend in-service* *E. None required*	*Assessment Method* *A. Demonstration* *B. Post-test* *C. Interview* *Observation*

	Initial Assessment (Level of competence)					**Assessment Method (A,B,C,D)**	**Validated by**	**Selected Learning Option (A, B, C, D, E)**	**Employee Initials**	**Date**
	1	**2**	**3**	**4**	**NA**					
Assists in performance of duties that ensure the smooth, effective functioning of the unit.										
Actively seeks to understand the role and function of other members of the multi-disciplinary team.										
Consistently communicates in a manner that demonstrates a positive and cooperative attitude.										
Communicates pertinent clinical data to other members of the team in order to facilitate satisfactory clinical care.										
Consistently demonstrates an ability to work with a variety of participants regardless of racial, ethnic or ecological backgrounds.										
PLANNING AND TIME UTILIZATION										
Consistently completes assigned tasks on time										

Standard *Specific skills and Knowledge required to Perform the job as per Established criteria*	*Level of competence*: *1. Little or no experience* *2. Some experience (may require practice/ assistance)* *3. Competent, can perform independently* *4. Competent, performs independently, able to assess competency of others* *N/A Not applicable*	*Learning Options* *A. Review policy/process* *B. Pre-view video* *C. Perform with supervisor* *D. Attend in-service* *E. None required*	*Assessment Method* *A. Demonstration* *B. Post-test* *C. Interview* *Observation*

	Initial Assessment (Level of competence)					**Assessment Method (A,B,C,D)**	**Validated by**	**Selected Learning Option (A, B, C, D, E)**	**Employee Initials**	**Date**
	1	**2**	**3**	**4**	**NA**					
Demonstrates effectiveness in identifying future needs and problem areas of the department and developing workable solutions. Follows through with solutions.										
Adjusts/revises schedule as necessary and appropriate with fluctuations in workload.										
INITIATIVE										
Regularly offers resources and feedback to other staff members on difficult case situations.										
Reports to Director any suggestions for positive changes or recommendations within the scope of the department function and in view of existing policies and procedures.										
Always thoroughly investigates participant care problems and promptly seeks solutions.										

Standard *Specific skills and Knowledge required to Perform the job as per Established criteria*	*Level of competence*: *1. Little or no experience* *2. Some experience (may require practice/ assistance)* *3. Competent, can perform independently* *4. Competent, performs independently, able to assess competency of others* *N/A Not applicable*	*Learning Options* *A. Review policy/process* *B. Pre-view video* *C. Perform with supervisor* *D. Attend in-service* *E. None required*	*Assessment Method* *A. Demonstration* *B. Post-test* *C. Interview* *Observation*

	Initial Assessment (Level of competence)					**Assessment Method (A,B,C,D)**	**Validated by**	**Selected Learning Option (A, B, C, D, E)**	**Employee Initials**	**Date**
	1	**2**	**3**	**4**	**NA**					
ATTENDANCE AND TIMELINESS										
Consistently reports to work on time at the start of the assigned shift.										
Always provides proper notification and advance notice for absence or tardiness.										
MISCELLANEOUS										
Presents a well-groomed, professional image.										
Wears employee identification badge at all times when on duty.										
Demonstrates an understanding of institutional fire and safety codes.										
Always observant of safety, infection control and isolation procedures.										

Standard *Specific skills and Knowledge required to Perform the job as per Established criteria*	*Level of competence*: *1. Little or no experience* *2. Some experience (may require practice/ assistance)* *3. Competent, can perform independently* *4. Competent, performs independently, able to assess competency of others* *N/A Not applicable*	*Learning Options* *A. Review policy/process* *B. Pre-view video* *C. Perform with supervisor* *D. Attend in-service* *E. None required*	*Assessment Method* *A. Demonstration* *B. Post-test* *C. Interview* *Observation*

	Initial Assessment (Level of competence)					**Assessment Method (A,B,C,D)**	**Validated by**	**Selected Learning Option (A, B, C, D, E)**	**Employee Initials**	**Date**
	1	**2**	**3**	**4**	**NA**					
Maintains a clean, safe work environment.										
TRAINING:										
Completes mandatory yearly training requirements as outlined by DOH and other credentialing bodies.										

Areas for Improvement:

1. _____
2 _____
3. _____

Strengths:

1. _____
2. _____
3. _____

Goals and Objectives:

1 _____
2. _____
3. _____

Staff Development Plan:

1. _____
2. _____
3. _____

Overall Evaluation Statement:

_____
_____
_____
_____
_____
_____

Employee Comments:

_____
_____
_____

_____
EMPLOYEE SIGNATURE

_____
SUPERVISOR SIGNATURE

APPENDIX D

QUARTERLY EVALUATION OF COMPETENCIES AND INDIVIDUAL TRAINING GOALS

FOR PSYCHOLOGY INTERNS

The Behavioral Wellness Center at Girard
Psychology Intern Evaluation of Competencies and Individual Training Goals
2025-2026

Psychology Intern _____

Rotations _____

Primary Supervisor _____

Contributing Supervisors _____

Date of Evaluation _____

Time Period of Evaluation _____ to _____

_____ Initial Development of Individual Training Goals

_____ 1st Quarter _____ 3rd Quarter

_____ 2nd Quarter _____ 4th Quarter

Description of Training Activities During This Period and To Date:

Briefly Describe the Intern's Clinical Setting, Roles, and Activities for this Period:

Other Accomplishments:

Methods of Assessment for this Evaluation:

_____ Direct Observation	_____ Review of Raw Data
_____ Review of Audiotapes	_____ Review of Case Notes/Chart Review
_____ Case Presentations	_____ Review of Reports
	_____ Feedback of Other Staff

Assessment of Intern's Competencies and Training Goals

Please rate intern on each of the following categories using this rating scale:
N/A = Not Assessed or Not Applicable
1 = Concerns Noted; Remedial Work Needed
2 = Beginning-level Competency; Intensive Supervision Needed
3 = Intermediate-level Competency; Routine Supervision Needed
4 = High-Intermediate Competency; Supervision Needed for Non-routine Cases; Level of Competency Expected at Completion of Internship
5 = Advanced Competency; Autonomous Practice expected after Post-doctoral year

GOAL 1: CLINICAL KNOWLEDGE AND SKILLS
To provide interdisciplinary training experiences in inpatient and outpatient levels of care working with program participants at various levels of functioning and stages of change, for interns to develop broad and specialized diagnostic interviewing, assessment, intervention, consultation, and supervision skills;

Competency 1: Evidence-Based Assessment: Interns will be able to conduct a psychological assessment, give verbal feedback, and present the results in a written report in a timely manner. Consistent with IR C-8I, this competency includes:

_____ 1. Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

_____ 2. Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

_____ 3. Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

_____ **Overall Rating for EVIDENCE-BASED ASSESSMENT**

Comments:

Competency 2: Evidence-Based Intervention: Interns will be able to effectively use person-centered, transformation, resilience, and recovery-based models of care; an informed, transtheoretical approach to intervention planning; and evidence-based and empirically supported practices as guiding principles to integrate a variety of orientations and trauma-informed services for persons with severe mental illness and dual-diagnosis across all stages of change and ego functioning. And they will be able to formulate psychotherapy cases and present them in verbal and written form. They also will be able to select meaningful process and outcome measures and to utilize them for ongoing feedback and continuous process improvements in both clinical work and administrative processes. Consistent with IR C-8I, this competency includes:

_____ 1. Establish and maintain effective relationships with the recipients of psychological services.

_____ 2. Develop evidence-based intervention plans specific to the service delivery goals.

_____ 3. Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables; and

_____ 4. Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.

_____ 5. Demonstrate the ability to apply the relevant literature to clinical decision making; and

_____ 6. Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

_____ **Overall Rating for EVIDENCE BASED INTERVENTION**

Comments:

Competency 3: Supervision: Interns will be able to effectively utilize supervision, and to provide mentoring and supervision to practicum students or other health professionals. Consistent with IR C-8I, this competency includes:

_____ 1. Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

_____ **Overall Rating for SUPERVISION**

Comments:

_____ **Overall Rating for GOAL 1: CLINICAL KNOWLEDGE AND SKILLS**

Comments

GOAL 2: SCHOLARLY ATTITUDE. To facilitate the development of a scholarly attitude, with appreciation for individual and cultural diversity, scholarly inquiry, and ongoing study and integration of current theory and research.

Competency 4: Individual and Cultural Diversity. Interns will have knowledge and skills regarding individual and cultural issues as these impact on clinical work with program participants, colleagues, and community. Interns will demonstrate individual and cultural diversity awareness as well as social awareness and responsibility. Consistent with IR C-8I, this competency includes:

_____ 1. An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understanding and interact with people different from themselves;

_____ 2. Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.

_____ 3. The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

_____ 4. Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

_____ **Overall Rating for INDIVIDUAL AND CULTURAL DIVERSITY**

Comments:

Competency 5: Professional Values, Attitudes, and Behaviors. Interns will engage in reflective and critical thinking in their clinical work and discussions. They will engage in the professional development process, including self-directed learning, develop a plan for Residency training and life-long learning and professional socialization after internship, and begin to engage in professional community in new ways. Consistent with IR C-8I, this competency includes:

_____ 1. Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others

_____ 2. Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.

_____ 3. Actively seek and demonstrate openness and responsiveness to feedback and supervision.

_____ 4. Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

_____ **Overall Rating for PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS**

Comments:

Competency 6: Research. Interns will be regular consumers of research, and able to critically evaluate and disseminate research or other scholarly activities. Consistent with IR C-8I, this competency includes:

_____ 1. Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g. case conference, presentation, publications) at the local (including the host institution), regional, or national level

_____ **Overall Rating for RESEARCH**

Comments:

_____ **Average Rating for GOAL 2: SCHOLARLY ATTITUDE**

Comments

GOAL 3: PROFESSIONAL CONDUCT AND IDENTITY. To foster professional behavior and identity development, including respectful and professional relationships, professional responsibility, ethical and legal reasoning and behavior, and engagement in the professional development process and professional community.

Competency 7: Communication and Interpersonal Skills. Interns will demonstrate respectful and professional relationships and communication with staff, peers, program participants, groups, and others; awareness of impact on others, and effective coping skills to manage stress. Consistent with IR C-8I, this competency includes:

_____ 1. Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, and those receiving professional services.

_____ 2. Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.

_____ 3. Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

_____ **Overall Rating for COMMUNICATION AND INTERPERSONAL SKILLS**

Comments:

Competency 8: Consultation and Interprofessional/Interdisciplinary Skills. Interns will engage in ongoing consultation and coordination of care with intra- and interdisciplinary team members, and with collaterals as appropriate to integrative, quality, and transition of care.

_____ 1. Demonstrate knowledge and respect for the roles and perspectives of other professions

_____ 2. Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

_____ **Overall Rating for CONSULTATION AND INTERPROFESSIONAL/ INTERDISCIPLINARY SKILLS**

Comments:

Competency 9: Ethical and Legal Standards. Interns will be familiar with APA guidelines and best practices; will demonstrate knowledge and skill regarding ethical issues in the practice of psychology; and will demonstrate ethical and professional behavior in dealings with program participants and staff. Consistent with IR C-8I, this competency includes:

_____ 1. Be knowledgeable of and act in accordance with each of the following:
   i. The current version of the APA Ethical Principles and Code of Conduct;
   ii. Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and

_____ 2. Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.

_____ 3. Conduct self in an ethical manner in all professional activities.

_____ **Overall Rating for ETHICAL AND LEGAL STANDARDS**

Comments:

_____ **Overall Rating GOAL 3: PROFESSIONAL CONDUCT AND IDENTITY**

Comments:

Concluding Comments

Please summarize your observations and impressions of this Intern, including overall strength and weaknesses, and any areas that were not covered elsewhere.

Primary Supervisor Date
PA Licensed Psychologist

Psychology Intern Date

Intern Comments and Feedback (use reverse side if needed):

SUMMARY TABLE

Intern: _____

Evaluation Period (Quarter #): _____

Goal	Objective	Average
Clinical Knowledge and Skills		
	Evidence-Based Assessment	
	Evidence-Based Intervention	
	Supervision	
Scholarly Attitude		
	Individual and Cultural Diversity	
	Professional Values, Attitudes, & Behaviors	
	Research	
Professional Conduct and Identity		
	Communication & Interpersonal Skills	
	Consultation & Interprofessional/ Interdisciplinary Skills	
	Ethical & Legal Standards	
TOTAL		

* Minimum level of competency expected at the completion of internship is "4"

APPENDIX E

SELF-EVALUATION OF COMPETENCIES AND INDIVIDUAL TRAINING GOALS

FOR PSYCHOLOGY INTERNS

THE BEHAVIORAL WELLNESS CENTER AT GIRARD
Psychology Intern Self-Assessment of Competencies
2026-2027

Psychology Intern _____

_____ Initial Development of Individual Training Goals

_____ 1st Quarter _____ 3rd Quarter

_____ 2nd Quarter _____ 4th Quarter

Assessment of Intern's Competencies and Training Goals

Please rate yourself on each of the following categories using this rating scale:
N/A = Not Assessed or Not Applicable
1 = Concerns Noted; Remedial Work Needed
2 = Beginning-level Competency; Intensive Supervision Needed
3 = Intermediate-level Competency; Routine Supervision Needed
4 = High-Intermediate Competency; Supervision Needed for Non-routine Cases; Level of Competency Expected at Completion of Internship
5 = Advanced Competency; Autonomous Practice expected after Post-doctoral year

GOAL 1: CLINICAL KNOWLEDGE AND SKILLS
To provide interdisciplinary training experiences in inpatient and outpatient levels of care working with program participants at various levels of functioning and stages of change, for interns to develop broad and specialized assessment, intervention, consultation, and supervision skills;

Competency 1: Evidence-Based Assessment: Interns will be able to conduct a psychological assessment, give verbal feedback, and present the results in a written report in a timely manner. Consistent with IR C-8I, this competency includes:

_____ 1. Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

_____ 2. Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

_____ 3. Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

_____ **Overall Rating for EVIDENCE-BASED ASSESSMENT**

Comments:

Competency 2: Evidence-Based Intervention: Interns will be able to effectively use person-centered, transformation, resilience, and recovery-based models of care; an informed, transtheoretical approach to intervention planning; and evidence-based and empirically supported practices as guiding principles to integrate a variety of orientations and trauma-informed services for persons with severe mental illness and dual-diagnosis across all stages of change and ego functioning. And they will be able to formulate psychotherapy cases and present them in verbal and written form. They also will be able to select meaningful process and outcome measures and to utilize them for ongoing feedback and continuous process improvements in both clinical work and administrative processes. Consistent with IR C-8I, this competency includes:

_____ 1. Establish and maintain effective relationships with the recipients of psychological services.

_____ 2. Develop evidence-based intervention plans specific to the service delivery goals.

_____ 3. Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables; and

_____ 4. Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.

_____ 5. Demonstrate the ability to apply the relevant literature to clinical decision making; and

_____ 6. Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

_____ **Overall Rating for EVIDENCE BASED INTERVENTION**

Comments:

Competency 3: Supervision: Interns will be able to effectively utilize supervision, and to provide mentoring and supervision to practicum students or other health professionals. Consistent with IR C-8I, this competency includes:

_____ 1. Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

_____ **Overall Rating for SUPERVISION**

Comments:

Overall Rating for GOAL 1: CLINICAL KNOWLEDGE AND SKILLS

Comments

GOAL 2: SCHOLARLY ATTITUDE DEVELOPMENT. To facilitate the development of a scholarly attitude, with appreciation for individual and cultural diversity, scholarly inquiry, and ongoing study and integration of current theory and research.

Competency 4: Individual and Cultural Diversity. Interns will have knowledge and skills regarding individual and cultural issues as these impact on clinical work with program participants, colleagues, and community. Interns will demonstrate individual and cultural diversity awareness as well as social awareness and responsibility. Consistent with IR C-8I, this competency includes:

_____ 1. An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understanding and interact with people different from themselves;

_____ 2. Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.

_____ 3. The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

_____ 4. Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

_____ **Overall Rating for INDIVIDUAL AND CULTURAL DIVERSITY**

Comments:

Competency 5: Professional Values, Attitudes, and Behaviors. Interns will engage in reflective and critical thinking in their clinical work and discussions. They will engage in the professional development process, including self-directed learning, develop a plan for Residency training and life-long learning and professional socialization after internship, and begin to engage in professional community in new ways. Consistent with IR C-8I, this competency includes:

_____ 1. Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others

_____ 2. Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.

_____ 3. Actively seek and demonstrate openness and responsiveness to feedback and supervision.

_____ 4. Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

_____ **Overall Rating for PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS**

Comments:

Competency 6: Research. Interns will be regular consumers of research, and able to critically evaluate and disseminate research or other scholarly activities. Consistent with IR C-8I, this competency includes:

_____ 1. Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g. case conference, presentation, publications) at the local (including the host institution), regional, or national level

_____ **Overall Rating for RESEARCH**

Comments:

_____ **Average Rating for GOAL 2: SCHOLARLY ATTITUDE**

Comments

GOAL 3: PROFESSIONAL CONDUCT AND IDENTITY. To foster professional behavior and identity development, including respectful and professional relationships, professional responsibility, ethical and legal reasoning and behavior, and engagement in the professional development process and professional community.

Competency 7: Communication and Interpersonal Skills. Interns will demonstrate respectful and professional relationships and communication with staff, peers, program participants, groups, and others; awareness of impact on others, and effective coping skills to manage stress. Consistent with IR C-8I, this competency includes:

_____ 1. Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, and those receiving professional services.

_____ 2. Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.

_____ 3. Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

_____ **Overall Rating for COMMUNICATION AND INTERPERSONAL SKILLS**

Comments:

Competency 8: Consultation and Interprofessional/Interdisciplinary Skills. Interns will engage in ongoing consultation and coordination of care with intra- and interdisciplinary team members, and with collaterals as appropriate to integrative, quality, and transition of care.

_____ 1. Demonstrate knowledge and respect for the roles and perspectives of other professions

_____ 2. Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

_____ **Overall Rating for CONSULTATION INTERPROFESSIONAL/ INTERDISCIPLINARY SKILLS**

Comments:

Competency 9: Ethical and Legal Standards. Interns will be familiar with APA guidelines and best practices; will demonstrate knowledge and skill regarding ethical issues in the practice of psychology; and will demonstrate ethical and professional behavior in dealings with program participants and staff. Consistent with IR C-8I, this competency includes:

_____ 1. Be knowledgeable of and act in accordance with each of the following:
   i. The current version of the APA Ethical Principles and Code of Conduct;
   ii. Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and

_____ 2. Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.

_____ 3. Conduct self in an ethical manner in all professional activities.

_____ **Overall Rating for ETHICAL AND LEGAL STANDARDS**

Comments:

_____ **Overall Rating GOAL 3: PROFESSIONAL CONDUCT AND IDENTITY**

Comments:

Concluding Comments

Please summarize your self-observations, including overall strength and weaknesses, and any areas that were not covered elsewhere.

Psychology Intern Date

Primary Supervisor Date
PA Licensed Psychologist

SUMMARY TABLE
SELF-EVALUATION

Intern: _____

Evaluation Period (Initial or Quarter #): _____

Goal	Objective	Average
Clinical Knowledge and Skills		
	Evidence-Based Assessment	
	Evidence-Based Intervention	
	Supervision	
Scholarly Attitude		
	Individual and Cultural Diversity	
	Professional Values, Attitudes, & Behaviors	
	Research	
Professional Conduct and Identity		
	Communication & Interpersonal Skills	
	Consultation & Interprofessional/ Interdisciplinary Skills	
	Ethical & Legal Standards	
TOTAL		

* Minimum level of competency expected at the completion of internship is "4"

APPENDIX F

TRAINING GOALS AND COMPETENCIES

Individualized Training Plan
The Behavioral Wellness Center at Girard

Individualized training plans are designed to assist in meeting personal training objectives as well as those of the program. At the end of each quarter, the plan will be reviewed and revised.

Core Competencies

1. Evidence-Based Assessment
2. Evidence-Based Intervention
3. Supervision
4. Individual & Cultural Diversity
5. Professional Values, Attitudes, Behaviors
6. Research
7. Communication & Interpersonal Skills
8. Consultation and Interprofessional/ Interdisciplinary Skills
9. Ethical & Legal Standards

Core Competency:
_____

Training Goal: _____

_____

Short-Term Objective: _____

_____

Projected Date: _____

Date Completed: _____

_____

Core Competency: _____

Training Goal: _____

_____

Short-Term Objective: _____

_____

Projected Date: _____

Date Completed: _____

Core Competency: _____

Training Goal: _____

_____

Short-Term Objective: _____

_____

Projected Date: _____

Date Completed: _____

_____

Date for Reassessment of Progress:_____

I have read and understand this training plan and been provided opportunities to discuss it with Supervisor.

_____ _____

Signature of Supervisee Date Signature of Supervisor Date

Evaluation of Progress:

Date: _____

Evaluation:

Plan:

APPENDIX G

EVALUATION OF PROGRAM

GOALS, COMPETENCIES, and SUPERVISION

Quality of Training Evaluation Form
The Behavioral Wellness Center at Girard
Doctoral Internship in Clinical Psychology

Name: _____

Date: _____

Quarter: 1 2 3 4

Primary Supervisor: _____

Secondary Supervisor: _____

This program evaluation is utilized by the Psychology Department at the Behavioral Wellness Center to improve and enhance the doctoral internship training program. All responses will be reviewed by the Training Director and Committee. Specifically, items rated "Poor" or "Fair" will result in action by the committee to address the problematic item. Please include detailed explanations to assist in responding more effectively. Only the Training Director and Committee will see your responses.

There are several core competencies in which interns are expected to gain experience through instruction, clinical experience, and supervision. It is expected that at the conclusion of the training experience interns will have mastered advanced competency in the areas of **clinical knowledge and skills** in providing empirically based services, **scholarly attitude**, and **professional conduct**.
Please rate the quality or training you received in each of the following objectives on the next pages.

Goal 1- Clinical Knowledge and Skills:
Objective 1: Evidence-Based Assessment
Objective 2: Evidence-Based Intervention
Goal 2- Scholarly Attitude
Objective 3: Individual and Cultural Diversity
Objective 4: Professional Values and Attitudes
Objective 5: Research
Goal 3- Professional Conduct and Identity
Objective 6: Communication and Interpersonal Skills
Objective 7: Inter- and Intradisciplinary Collaboration of Care
Objective 8: Supervision
Objective 9: Ethical and Legal Standards
Objective 10: Professional Identity

Final Page: Supervisor and Program Evaluation
On the final page, please complete the Supervisor and Program Evaluation. Again, all responses will be reviewed by the Training Director and Committee. Specifically, items rated "Poor" or "Fair" will result in action by the committee to address the problematic item. Please include detailed explanations to assist in responding more effectively. Only the Training Director and Committee will see your responses.

Goal 1- Clinical Knowledge and Skills.

To provide interdisciplinary training experiences in at an inpatient level of care working with program participants at various levels of functioning and stages of change, for interns to develop broad and specialized, assessment, intervention, and consultation skills;

Objective 1: Evidence-Based Assessment. Interns will be able to conduct a psychological assessment, give verbal feedback, and present the results in a written report in a timely manner; Competencies:

- Test Selection
- Standardized Test Administration
- Test Interpretation
- Report Writing
- Feedback

Poor □ Fair □ Neutral □ Good □ Excellent □

Comments: _____
_____

Objective 2: Evidence-Based Interventions. Interns will be able to effectively use person-centered, transformation, resilience, and recovery- based models of care; an informed, transtheoretical approach to intervention planning; and evidence-based and empirically supported practices as guiding principles to integrate a variety of treatment orientations and trauma-informed services for persons with dual-diagnosis across all stages of change and ego functioning. And they will be able to formulate psychotherapy cases and present them in verbal and written form. Competencies:

- Case Formulation
- Treatment Planning/Goals
- Therapeutic Alliance
- Management of Clinical Boundaries
- Evidence-Based Therapeutic Interventions
- Informed, Transtheoretical Approach to Integration
- Trauma-Informed Care
- Integrative Care for Dual Diagnosis
- Transformational, Recovery-Based Model of Care
- Consultation
- Integration of Theory
- Integration of Research

Poor □ Fair □ Neutral □ Good □ Excellent □

Comments: _____
_____

Goal 2- Scholarly Attitude

To facilitate the development of a scholarly attitude, with appreciation for individual and cultural diversity, scholarly inquiry, and ongoing study and integration of current theory and research;

Objective 3: Individual and Cultural Diversity. Interns will have knowledge and skills regarding individual and cultural issues as these impact on clinical work with program participants; Competencies:

- Individual and Cultural Diversity Awareness
- Social Awareness and Responsibility

Poor □ Fair □ Neutral □ Good □ Excellent □

Comments: _____
_____

Objective 4: Professional Values and Attitudes. Interns will engage in reflective and critical thinking in their clinical work and discussions. Competencies:

- Scholarly Inquiry
- Reflexivity and Critical Thinking

Poor □ Fair □ Neutral □ Good □ Excellent □

Comments: _____
_____

Objective 5: Research. Interns will be regular consumers of research, and will be able to select meaningful process and outcome measures and to utilize them for ongoing feedback and continuous process improvements in both clinical work and administrative processes. Competencies:

- Ongoing Study of Current Theory and Research
- Integration of Research into Practice

Poor □ Fair □ Neutral □ Good □ Excellent □

Comments: _____
_____

Goal 3- Professional Conduct and Identity.

To foster professional behavior and identity development, including respectful and professional relationships, professional responsibility, ethical and legal reasoning and behavior, and engagement in the professional development process and professional community.

Objective 6: Communication and Interpersonal Skills. Interns will demonstrate respectful and professional relationships with staff and peers, awareness of impact on others, and effective coping skills to manage stress. Competencies:

- Respectful and Professional Relationships
- Interpersonal Boundaries and Awareness of Impact on Others
- Coping Skills

Poor □ Fair □ Neutral □ Good □ Excellent □

Comments: _____
_____

Objective 7: Inter- and Intradisciplinary Collaboration of Care. Interns will engage in ongoing consultation and coordination of care with intra- and interdisciplinary team members, and with collaterals as appropriate to integrative and quality care. Competencies:

- Interdisciplinary Collaboration and Coordination of Care
- Intradisciplinary Collaboration and Coordination of Care
- Consultation
- Collaboration with Collaterals

Poor □ Fair □ Neutral □ Good □ Excellent □

Comments: _____
_____

Objective 8: Supervision. Interns will be able to effectively utilize supervision, and provide mentoring and peer supervision to practicum students. Competencies:

- Use of Supervision
- Mentoring and Supervision of Others

Poor □ Fair □ Neutral □ Good □ Excellent □

Comments: _____
_____

Objective 9: Ethical and Legal Standards. Interns will be familiar with APA guidelines and best practices; will demonstrate knowledge and skill regarding ethical issues in the practice of psychology; and will demonstrate ethical and professional behavior in dealings with program participants and staff. Competencies:

- Ethical and Legal Reasoning and Behavior
- Professional and Administrative Responsibility

Poor □ Fair □ Neutral □ Good □ Excellent □

Comments: _____
_____

Objective 10: Professional Identity. Interns will engage in the professional development process, including self-directed learning, develop a plan for Residency training and life-long learning and

professional socialization after internship, and begin to engage in professional community in new ways.
Competencies:

- Engaged in Professional Development Process
- Involvement in Professional Community

Poor □ Fair □ Neutral □ Good □ Excellent □

Comments: _____

_____

Supervisor and Program Evaluation Form

Please rate the following:

Quality of didactic lectures:	Poor □	Fair □	Neutral □	Good □	Excellent □
Relevance of lectures to clinical work:	Poor □	Fair □	Neutral □	Good □	Excellent □
Overall quality of group supervision:	Poor □	Fair □	Neutral □	Good □	Excellent □
Usefulness of group supervision:	Poor □	Fair □	Neutral □	Good □	Excellent □
Overall quality of case conferences:	Poor □	Fair □	Neutral □	Good □	Excellent □
Usefulness of case conferences:	Poor □	Fair □	Neutral □	Good □	Excellent □
Overall quality of inpatient training:	Poor □	Fair □	Neutral □	Good □	Excellent □
Quality of clinical intervention training:	Poor □	Fair □	Neutral □	Good □	Excellent □
Satisfaction with number of participants:	Poor □	Fair □	Neutral □	Good □	Excellent □
Clarity of expectations and responsibilities of intern:	Poor □	Fair □	Neutral □	Good □	Excellent □
Helpfulness of supervision with Primary supervisor:	Poor □	Fair □	Neutral □	Good □	Excellent □
Availability of primary supervisor:	Poor □	Fair □	Neutral □	Good □	Excellent □
Frequency of supervision with Primary supervisor:	Poor □	Fair □	Neutral □	Good □	Excellent □
Satisfaction of supervision with Primary supervisor:	Poor □	Fair □	Neutral □	Good □	Excellent □
Effectiveness of clinical training with Primary supervisor:	Poor □	Fair □	Neutral □	Good □	Excellent □
Helpfulness of supervision with Secondary supervisor:	Poor □	Fair □	Neutral □	Good □	Excellent □

Availability of secondary supervisor:	Poor □	Fair □	Neutral □	Good □	Excellent □
Frequency of supervision with Secondary supervisor:	Poor □	Fair □	Neutral □	Good □	Excellent □
Satisfaction of supervision with Secondary supervisor:	Poor □	Fair □	Neutral □	Good □	Excellent □
Effectiveness of clinical training with Secondary supervisor:	Poor □	Fair □	Neutral □	Good □	Excellent □

Satisfaction with orientation (1st quarter only):	Poor □	Fair □	Neutral □	Good □	Excellent □

Comments: _____
_____
_____
_____
_____
_____
_____
_____

Thank you!

APPENDIX H

LEARNING ACTIVITIES

Learning Activities: 2026-2027
The Behavioral Wellness Center at Girard

Psychology Interns participate in the following learning activities and supervision:

1. Individual Clinical Supervision: Each intern participates in 2 hours per week of regularly scheduled supervision with a licensed psychologist. Supervision meetings focus primarily on clinical cases and documentation of that work, including review of observed sessions and/or participant interactions. Each clinical case is reviewed with the primary or secondary supervisor on at least a monthly basis, with more frequent review of complex or high risk participants. Supervision sessions are documented in the intern file, including the cases reviewed.

2. Live Supervision: A licensed clinician provides live supervision of services provided on the inpatient unit. This live supervision is documented in the intern file, including the time of the observation and feedback provided.

3. Daily Group Supervision: Each intern attends a brief meeting (15 minutes) at the beginning of the day for centering, and to review announcements, reminders, schedules, referrals and other plans for the day responsibilities. A similar meeting at the end of each day provides time for supervisors to discuss events from the day and respond to any concerns. All documentation, logs, and reports are completed prior to leaving at the end of each day.

4. Case Conference/Group Supervision: Interns attend a weekly case conference in which cases are reviewed integrating information learned in the previous didactics. Each intern formally presents a minimum of four therapy or testing cases during the year. Other cases are discussed less formally, with the facilitator utilizing a variety of learning processes within a group context to help interns to effectively apply what they have learned to their clinical work.

5. Treatment Team: Interns attend treatment team meetings on the inpatient units, with frequency of and schedule of the meetings depending on the unit. These multidisciplinary team meetings typically include a psychiatrist, nurse, social worker, creative arts therapist, mental health worker, and psychology intern and/or psychologist.

6. Psychology Department Team Meeting: Interns regularly attend the department meetings.

7. Didactic Seminars: Interns attend weekly didactic seminars focused on a variety of topics. These topics are sequential and developmental, focusing on areas relevant for their work at the Behavioral Wellness Center, as well as for their overall professional development. Interns are required to attend at least 90% of didactic seminars over the course of the year.