

**Our Lady of the Lake Psychology Internship**

5246 Brittany Drive, MEIC Building

Baton Rouge, LA 70808

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Match Code # 251011

APPIC Member # 2510

Our Lady of the Lake Regional Medical Center  
and  
Louisiana State University Health – Baton Rouge

OLOL Psychology Internship,  
Mental and Behavioral Health Services, Sub-section of Psychology,  
Section of Psychiatry, Division of Medicine

July 1, 2020 to June 30, 2021

Website

<https://ololrmc.com/medical-education-and-training/>

**OLOL Psychology Internship**  
**Our Lady of the Lake Regional Medical Center**  
**and**  
**Louisiana State University Health: Baton Rouge**  
**Psychology Internship, a subsection of Mental and Behavioral Health Services**

Our Lady of the Lake Psychology Internship was formed in 2019. The psychology *Subsection* consists of core faculty and adjunct faculty. The psychology faculty is primarily cognitive behavioral, with an emphasis on psychology in medical settings. The psychology faculty teach and supervise cognitive behavioral therapy and psychotherapy.

**Clinical Psychology Internship Core Faculty**

**Glenn N. Jones, Ph.D., M. P.** • Completed his Clinical Psychology internship at the Charleston VAMC/Medical University of Charleston Consortium in 1986 and received his Doctorate in Psychology, from Louisiana State University in 1987 • He earned his Postgraduate Master of Science in Clinical Psychopharmacology, Alliant International University/California School of Professional Psychology in 2010 • Dr Jones is a Professor, LSU Health Sciences Center stationed at LSU Health – Baton Rouge • He is a licensed psychologist and is also licensed as a medical psychologist • He serves as Training Director for the Our Lady of the Lake Psychology Internship • His interests include Medical Psychology/ clinical psychopharmacology; psychology in medical settings; behavioral medicine and health psychology; Cognitive Behavioral Therapies.

**Jesse Lambert, PsyD, M.P.** • Received his PsyD at Argosy University/Dallas and is a graduate of the Southern Louisiana Internship Consortium, both completed in 2008. He earned his Postdoctoral Masters of Science in Clinical Psychopharmacology from the Alliant International University, California School of Professional Psychology in 2016. • Dr. Lambert is licensed as a Psychologist with a declared specialty in Clinical Psychology, as well as a Licensed Medical Psychologist. He is a former Member and Chair of the Louisiana State Board of Examiners of Psychologists. • His interests include: clinical psychopharmacology, consultation-liaison, acute care psychology, rehabilitation, primary care integration, and broad topics in forensic psychology

**Raymond P. Tucker, PhD.** • Completed his and Ph.D. in clinical psychology at Oklahoma State University in 2017, and his doctoral clinical internship at VA Puget Sound in Seattle, WA. • Dr. Tucker is an assistant professor of psychology at Louisiana State University where he founded the Mitigation of Suicidal Behavior research laboratory. • His interests include: suicide-specific evidence-based assessment and intervention protocols; cultural factors that influence suicide risk and resilience in marginalized populations.

**L. Lee Tynes, Ph.D., M.D.** • Completed his PhD in Psychology, Louisiana State University; and his Internship/Fellowship in Clinical Psychology, Harvard Medical School in 1989 • Completed his 1993, MD, LSU School of Medicine, New Orleans 1993 and his Residency in Combined Psychiatry & Internal Medicine, Tulane University School of Medicine in 1998 • Dr Tynes is a Clinical Associate Professor with the LSUHSC School of Medicine and an Associate Professor of Psychiatry at Tulane. He is the Associate Program Director for the LSU/OLOL Psychiatry Residency Program at Our Lady of the Lake Hospital in Baton Rouge and Medical Director of Psychiatry Services • He is a licensed psychologist, and is Board

certified in Psychiatry and Internal Medicine • His interests include: Anxiety Disorders; Obsessive-Compulsive Disorder; Psychopathology in Primary Care and the Medically Ill.

### **Other Supervising Faculty**

Adjunct faculty include a variety of lecturers:

Julia Bucker, Ph.D., LSU Department of Psychology

Traci Olivier, Psy.D., Pediatric Neuropsychology with Pediatrics, Our Lady of the Lake

Andy Yarborough, Ph.D., Private Practice

### **Aims and Goals, Values and Principles, Mission Statement of the Program**

The aim of the clinical psychology internship is to provide a general preparation for a career in clinical psychology. The overarching goal of the program is to prepare interns for a career as a health service provider in psychology. This is accomplished through training focused on nine profession-wide competencies: 1) Research, 2) Ethical and Legal Standards 3) Individual and Cultural Diversity, 4) Professional Value and Attitudes, 5) Communication and Interpersonal Skills, 6) Assessment, 7) Intervention, 8) Supervision, and 9) Consultation and Interprofessional/Interdisciplinary Skills. The program is committed to providing interns with training in core skills of clinical psychology such as clinical interviewing, psychodiagnostic testing, consultation/liaison, treatment planning, and psychotherapy. Emphasis will be on evidence based intervention and assessment techniques particularly in medical settings. Scholarship is highly valued, and critical appraisal of the literature is emphasized. The faculty are engaged in clinical practice and ongoing scholarship and interns will have opportunities for engaging in scholarly activity.

The OLOL Psychology Internship is imbedded in a medical setting, which we believe provides an excellent training ground for interns. The intern will work with faculty and staff from a variety of disciplines. Multi-disciplinary approaches are the norm and interns will learn to function in multidisciplinary teams within medical settings.

Baton Rouge has a surprising amount of cultural diversity. Sensitivity to cultural factors is valued by the program and the hospital. The ability to adapt assessment and interventions to the person in their cultural context is emphasized in training program.

Training is arranged with increasing complexity. Supervisors work to expose the intern to more straightforward cases at first and then to more difficult ones as the intern's skills develop. Supervision is highly structured at first, and becomes gradually less structured as the intern develops more skill and is more capable of functioning independently. Didactics are also arranged to provide basic overviews at first and then delve into more complex topics. Upon completion of the program the intern will be prepared to pursue postdoctoral fellowship in clinical psychology or the post-doctoral supervised practice required for licensure.

## PROGRAM OVERVIEW

The clinical psychology internship is a full-time (40 hour a week) commitment for a year (12 months). A minimum of 1800 hours is expected. At least 25% of the intern's time is in face to face psychological services to patients/clients.

### Rotations:

**Psychiatric Inpatients:** Interns will rotate through adult and adolescent inpatient psychiatric units. Psychiatric inpatient rotations involve psychological assessments as requested, group therapy, developing behavior plans and individual therapy. Interns work as members of multidisciplinary teams providing services in these psychiatric inpatient units.

**Outpatient Psychotherapy:** Interns will follow outpatient adult psychotherapy cases. Most will be appropriate for cognitive behavioral therapy.

In addition, assessments of outpatients will be conducted at the Psychiatric Services Center or the Intensive Outpatient Program (IOP) as requested by psychiatric residents and faculty. Assessments will include interviews and psychological testing.

**Substance Abuse:** The interns are integrated into the coordinated inpatient and outpatient substance abuse treatment program being piloted at OLOL.

**Collaborative Care:** The collaborative care rotation will consist of working in collaboration with primary care physicians from the LSU Internal Medicine Residency. The residency is located on the OLOL campus at the O'Donovan Clinic. Interns will work closely with IM residents, IM faculty and psychiatric staff as the behavioral science experts of a multidisciplinary collaborative care team.

**Consultation/Liaison:** Interns will have the opportunity to work with medical inpatients as consultants for hospital based physicians. Interns will work in concert with the Psychiatry Residency CL Service. Upon referral, an intern will conduct an assessment of a medical inpatient with the goals of answering the referral question and making recommendations to the referring physician. Following patients during their inpatient stay and brief bed-side interventions may be conducted when appropriate.

The interns are integrated into the suicide prevention program at OLOL which uses the Collaborative Assessment and Management of Suicidality (CAMS) model. At OLOL CAMS starts as part of the C/L service, and is continued in the outpatient realm where appropriate. Interns will be trained on CAMS.

### Training Sites

All of the sites will be at the extended campus of Our Lady of the Lake Regional Medical Center. Our Lady of the Lake RMC is a 800 bed hospital with a full variety of surgical and medical services. OLOL has served the parish of Baton Rouge and the 8 surrounding parishes since 1923. OLOL continues to be the largest private non-profit medical center in the state of Louisiana. The OLOL Regional Medical Center includes the following:

- An 800-bed hospital
- the area's only Level II Trauma Center

A freestanding [Children's Hospital](#)

A 450-provider care network covering more than 40 specialties

Two free-standing emergency rooms—Our Lady of the Lake Livingston and Our Lady of the Lake North

A network of nearly 15 urgent care clinics

Outpatient imaging and surgery centers

Our Lady of the Lake serves 35,000 inpatients and 650,000 outpatients annually and is committed to building a healthy community through excellence in patient care and education. A part of the Franciscan Missionaries of Our Lady Health System, Our Lady of the Lake is consistently awarded for compassionate care, clinical expertise, leading edge technology and innovation. Our Lady of the Lake, with the support of our medical staff, is committed to excellence in both patient care and medical education. We serve as a clinical teaching site for 21 programs including Louisiana State University School of Medicine, Tulane University School of Medicine and Our Lady of the Lake Regional Medical Center and cover nearly all specialties and subspecialties of medicine.

The Accreditation Council for Graduate Medical Education (ACGME) recently selected Our Lady of the Lake as one of eight teaching hospitals across the country to participate as a Pathway Innovator in the Pursuing Excellence in Clinical Learning Environments Initiative. This four-year initiative sets OLOLRMC apart from other programs and allows us to work with seven leading institutions to create new models of integration between healthcare delivery systems and graduate medical education.

Our Lady of the Lake Residency Programs

Pediatric Residency Program (Residents / Students)

Pharmacy Residency Program

Laparoscopic Surgery Fellowship

LSU Health Science Center-Baton Rouge (ACGME-accredited) Residency/Fellowship Programs

LSU Anesthesia Residency Program (Residents)

LSU Dentistry Residency Program (Residents)

LSU Dermatology Residency Program (Residents / Students)

LSU Emergency Medicine-BR Residency Program (Residents / Students)

LSU General Surgery Residency Program (Residents / Students)

LSU Internal Medicine Residency Program (Residents / Students)

LSU Neurotology Fellowship Program (Fellows)

LSU OBGYN Residency Program (Residents / Students)

LSU Ophthalmology Residency Program (Residents / Students)

LSU Oral and Maxillofacial Residency Program (Residents)

LSU Orthopedic Surgery Residency Program (Residents / Students)

LSU Otorhinolaryngology Residency Program (Residents / Students)

LSU Plastic Surgery Residency Program (Residents)

LSU-OLOL Psychiatry Residency Program (Residents / Students)

LSU Vascular Surgery Residency Program (Residents / Students)

Tulane University Fellowship Program (ACGME-accredited)

Tulane Plastic Surgery Fellowship (Fellows / Students)

The OLOL Internship Program is housed in the LSU Health – Baton Rouge Medical Education and Innovation Center (MEIC). The program has an administrative assistant who provides clerical and

technical support to the staff and interns. There are numerous training supports, including IT support provided by OLOL. Training in the Electronic Medical Record (EPIC) will be provided during orientation. Interns will have access to online and library services through both LSU-Health and OLOL. There are conference rooms that double as classrooms available on every floor in the MEIC, and large auditoriums available to the program in the MEIC and in the hospital. There are several training opportunities available. Interns will have an opportunity to obtain training in the Collaborative Assessment and Management of Suicidality (CAMS), Motivational Interviewing, and other psychotherapeutic skills trainings.

There are a variety of Mental Health services at the Lake. OLOL Psychology Interns will be an integral part of the inpatient psychiatric provider team, the consult team, and the outpatient clinical team.

OLOL provides a wealth of possible experiences for the Consultation Liaison service including general medical floors, an Intensive Care Unit (ICU), Surgical ICU / General surgery floors. The Consultation/Liaison service answers about 2500 consults a year. A number of specialty clinic experiences are possible, including: an outpatient Renal / Dialysis clinic; Hematology /Oncology; Palliative Care; Bariatric Clinic; the Head and Neck Oncology Service at Mary Bird Perkins.

Housed within the OLOL Emergency Department, the Emergency Mental and Behavioral Health unit is a 22 bed state of the art Psychiatric emergency service. There are over 6 thousand adult crisis admissions per year.

Our Lady of the Lake offers a Geriatric Behavioral Center (GBC) and two adult psychiatric inpatient units: 1- North and St. Clare. Patients are admitted through OLOL Emergency Services or directly from the medical/surgical/ICU services. The GBC is reserved for patients over 55 and has 11 beds. 1-North is in the main hospital with 11 beds and a focus primarily on psychotic disorders. St Clare is located across the street from the main hospital. The St. Clare unit treats primarily affective, anxiety, and personality disorder issues. The Tau unit is an inpatient adolescent psychiatric unit with 19 beds.

The LSU/OLOL Psychiatry outpatient clinic is located near OLOL main hospital on O'Donovan Street. The outpatient clinic sees outpatients in a private practice setting. The psychology interns will be joining an outpatient clinic that is staffed by psychiatry residents and faculty delivering psychopharmacological treatment as well as offering psychotherapy. The clinic has had over 10 thousand patient visits a year.

## **SUPERVISION**

The goal of the OLOL-LSUHBR clinical psychology internship is to provide excellent preparation for interns to progress to independent, well rounded psychologists. To pursue this goal the program emphasizes quality supervision for the interns. Each intern receives an average of 4-6 hours of supervision a week. Two hours of this weekly supervision are individual. The other 2 to 4 hours will usually be in small groups. Supervision will be provided throughout the year, though the intensity and structure provided will vary. Rotation supervisors will meet weekly for an hour to provide individual supervision. It is anticipated that more supervision and structure will be provided earlier in the year, and earlier in rotations. The goal is for interns to grow in their ability to function independently over the course of the experience. Videotaping and direct observation may be used to facilitate supervision.

Supervisors carry the clinical responsibility for the patients. Interns are instructed to inform all clients that they are trainees and that their work will be overseen by the supervising psychologist. Clients may request meetings with the supervising psychologist if desired. All reports and encounter notes in the client's chart are countersigned by the supervising psychologist.

## **DIDACTIC SEMINARS and GROUP SUPERVISION**

### **Intern Meeting with Training Director (TBD)**

Interns will have regularly scheduled meetings with Dr. Jones, the training director. This meeting will provide opportunities for interns to discuss problems or concerns about their psychology internship experience and programmatic issues. Issues in professional development will be reviewed.

### **Group Supervision of Assessment Cases**

Weekly group meeting where interns can formally present assessment cases and formulations of cases evaluated in the outpatient clinic(s). Focus will be on psychological assessment, including structured and unstructured interviewing, psychometric testing, report writing with an eye to tailoring the report to the setting and audience, and feedback sessions.

### **Psychiatry Grand Rounds**

Grand Rounds are held at the HVI auditorium on the first floor of the hospital from 12 to 1:00 on most Wednesdays. Local and national experts present on a variety of topics in mental health over the course of the year. This venue can also be used for case presentations and quarterly Morbidity and Mortality meetings.

### **Didactics in Clinical Psychology**

Weekly didactics and discussion on a variety of topics in clinical psychology will be held. There will be presentations by lecturers from a variety of disciplines. Early didactics will focus on legal and ethical issues in a psychology practice. Topics will include assessment of suicidality and homicidality; mandated reporting of abuse; emergency commitment criteria and procedures; documentation and notes. Some didactics will be joint with Psychiatry Residency Didactics.

## **APPLICATION PROCEDURES**

We will use the APPIC uniform application for Psychology Internships. Applicants need to download the most current application from APPIC's Web site: <http://www.appic.org/match>.

Applicants need to submit their completed applications through APPIC with the following supporting materials:

Graduate transcripts,

at least three letter of reference (through the reference portal),

Certification from the Director of Clinical Training at the applicant's school of readiness for internship through the DCT portal

curriculum vita

Interview procedures Faculty are aware that interviews can be expensive for graduate students. Applicants are encouraged to arrange interviews which allow seeing facilities and meeting faculty. However, we are open to conducting telephone, Skype, or video-conference interviews.

## **SELECTION PROCEDURES**

The training director reviews applications for eligibility. Applicants are expected to have graduate status and be in good standing from a clinical or clinical combined APA accredited program [or one meeting APA standards and meeting all requirements of a program by the Louisiana State Board of Examiners of Psychologists to be licensed in Louisiana]. Applicants will need to be certified by the DCT of their graduate programs as ready for internship. They must have completed their qualifying courses and examinations. An approved dissertation proposal is strongly recommended, and completion of data collection or the dissertation process is very desirable.

Applications are reviewed by the Clinical Psychology internship committee. Each committee member ranks the applications. The top-ranked applicants will be contacted to schedule interviews.

OLOL Psychology Internship will participate in the APPIC computerized Match and will follow the rules and guidelines of APPIC. Questions regarding the matching process can be addressed to APPIC. As per APPIC Policy no person at this training site will solicit, accept or use any ranking information for any intern applicant prior to the Uniform Notification/Match Day. Additionally, should the applicant have complaints about the OLOL Psychology internship or internship process, he/she could call the Education Directorate of the American Psychological Association at 202-336-5979.

As OLOL Team members interns are subject to the same requirements as any employee: Random drug/alcohol testing and testing due to behavior suggestive of drug/alcohol use during work are possible.

OLOLRMC requires drug testing before contracts are finalized.

OLOLRMC requires employees to have TB tests and Flu shots, which are provided.

Background checks are required. Students with felony convictions need not apply.

OLOL Psychology Internship is part of the Franciscan Missionaries of Our Lady Health System (FMOLHS) and like FMOLHS is an equal opportunity employer. FMOLHS prohibits discrimination and harassment of any type and affords equal employment opportunities to team members and applicants without regard to race, color, religion, sex, national origin, age, pregnancy, disability status, veteran or military status, or any other characteristic protected by law. FMOLHS conforms to the spirit as well as to the letter of all applicable laws and regulations. (System Policy Number HR.01.003 Equal Employment Opportunity).

### **Internship Admissions, Support and Initial Placement Data**

The internship program requires completion of formal coursework and practicum training prior to beginning internship training. Applicants are expected to have a minimum number of hours of the following at time of application:

Total Direct Contact Intervention Hours	250
Total Direct Contact Assessment Hours	100

Describe any other required minimum criteria used to screen applicants:



	Minimum	Preferred
Total Integrated Psychological Reports	5	10+
Total Individual Supervision Hours	150	250+

### Stipend and Benefits:

Financial and Other Benefit Support for Upcoming Training Year	
Annual Stipend/Salary for Full-time Interns	\$30,000
Annual Stipend/Salary for Part-time Interns	NA
Program provides access to medical insurance for interns?	Yes
If access to medical insurance is provided	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of annual paid personal time off (PTO and/or vacation)?	120 hours
Hours of annual paid sick leave?	80 hours
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	No

### Other Benefits

Trainee financial contribution to medical insurance cost (biweekly premiums)	\$21 - \$435
Hours/days of paid educational leave (i.e. graduation, dissertation defense)?	Up to 5 days
Professional Liability Insurance costs are covered by OLOL	
Housing – apartments are provided	
Meals - Many weekday lunches are provided.	
Gym membership in Hospital is available at no cost	
Parking is provided free at the Hospital	
Interns can apply for support for Educational Professional Travel (e.g. presentation at a meeting)	

Additional information about OLOL employee benefits can be found at:

<https://ololrnc.com/careers/benefits>

## EVALUATIONS

### SUPERVISOR'S EVALUATION OF PSYCHOLOGY INTERN

The OLOL Clinical Psychology Internship Program has the responsibility to continually assess the progress of each intern. The primary purpose of this assessment is to facilitate professional and personal growth and is provided in a timely and continual way. It is important that continual contact and close working relationships exist between graduate and internship programs so that these guidelines and procedures can be implemented in a way that maximizes intern development and development.

The internship program also recognizes that developmental stressors are inherent both in the transition from graduate school to an internship setting, as well as during the course of the internship. For example, when entering the internship, the interns must rapidly assimilate into a new city and work environment. The expectation of competency in varied clinical activities can be a substantial source of

stress. During the internship, interns are exposed to full-time clinical practice, typically involving a challenging caseload as well as responding to client crises and internship requirements. Supervision is often intense, frequent, and challenging which may increase the intern's sense of personal and professional vulnerability. Though internship is a key professional opportunity where interns learn and refine skills, gain professional confidence, and further develop professional identity, it is also a time of increased stress and vulnerability.

Given the significant developmental transitions of internship it is incumbent on the training program to provide activities, procedures and opportunities that can facilitate growth and minimize stress. Examples include orientation meetings, individualized programs, clear and realistic expectations, clear and timely evaluations which include suggestions for positive change, contact with support individuals (e.g., supervisors), mentorship, and/or groups (e.g., other graduate trainees, former interns, etc.), didactic seminars, and staff attention to the gradual increase in both the number and severity of clients.

In order to obtain relevant information and to derive supportive measures or appropriate remediation it is necessary for the internship program to have an accurate sense of how the intern is progressing. The interns' performance will be evaluated using standardized criteria. At best, evaluations and measures of intern performance are susceptible to bias and subjectivity. Consequently, every effort is made to insure that interns understand the program's expectations about the areas, as well as levels, of performance. Interns will receive ongoing feedback from the Training Director (TD), the training staff (including individual supervisors), and other professionals with whom they have significant contact. This ongoing informal feedback should reduce the stress of the more formal evaluation procedures.

Interns are evaluated and given feedback throughout the year by their individual supervisors both formally and informally. The formal evaluation tool is presented in the Evaluation Appendix. Interns are formally evaluated quarterly (every three months) and rated on their general performance on a given primary rotation, on their therapy, assessment skills, and consultation skills. Additional evaluations are completed by all other supervisors. The intern's primary supervisor also completes a brief online quarterly evaluation noting the intern's strengths and weaknesses. The training faculty completes the comprehensive competency-based evaluation form as a group at the end of each quarter in order to gain a well-rounded and thorough assessment of the intern's progress to date. The evaluations focus on the intern's progress in the nine areas of competence designated by APA: 1) Research, 2) Ethical and Legal Standards, 3) Individual and cultural diversity, 4) Professional values, attitudes and behaviors, 5) Communication and interpersonal skills, 6) Assessment, 7) Intervention, 8) Supervision, and 9) Consultation and interprofessional/interdisciplinary skills.

This is reviewed with the intern on a quarterly basis and the results are sent to the Training Director for review. At the end of each quarter, the Training Director meets with the interns individually and gives them a full report of the evaluation of their performance and makes those recommendations and suggestions which are relevant.

In addition to their own impressions, the TD receives information from all supervisors and others who have had significant contact with the intern. The process is an opportunity for the TD to develop integrative feedback about the collective experience of others who have had significant interactions with the intern. During the Quarterly Review, the TD provides this integrative feedback to the intern. Both parties discuss how the internship experience is progressing. Feedback is elicited from the intern about their supervisors and other aspects of the training experience. If problems arise, interns and supervisors are encouraged to try to address them informally first, then more formally by involving the

TD. There is an expectation that problems noted in the quarterly reviews will not be surprises, and many may have been resolved. It may be in the context of this quarterly review that the TD and the intern may arrange for a modification of the intern's training program to address his/her training needs and/or the needs of the training program.

It is important that the sponsoring university is kept apprised of the intern's training experience. The TD communicates with the sponsoring university twice a year regarding the intern's progress. Evaluations are sent to the DCT of each graduate program mid-year and at the end of the year.

Formal evaluations are one of the means by which the OLOL Psychology Internship will help interns develop their clinical skills to the fullest. If particular skills need more work, the evaluations should indicate this together with a plan of action for improvement (see due process guidelines for serious concerns and deficiencies). If interns do not agree with the supervisor's evaluation, they are free to write an addendum detailing their point of view, which is then attached to the evaluation form and goes in their permanent record. If the psychology intern does not improve in a problem area, please refer to the Appendix of Due Process and Grievance Procedures. If an intern and primary supervisor do not work well together, a change of assignment may be possible.

If an intern finds that his/her preparatory training is deficient in some areas, (s)he may find it necessary or desirable to exceed the required number of training hours in order to meet internship competency areas.

Interns are not graded or formally evaluated for their participation in the required didactics. However, interns are expected to attend them and to participate meaningfully, as didactics are designed to help integrate theory, clinical research, and ethical guidelines with clinical practice. The instructor of a given course will address nonattendance or other problems.

The evaluation forms can be found in the Appendix of Evaluation Forms. Interns need to be familiar with their content prior to beginning any clinical activity so that the performance dimensions are clear.

At all times during their professional activities, interns are expected to follow the Louisiana State Law governing the practice of psychology, and Federal Law, which regulates professional behavior of mental health care providers, and to abide by the ethical standards of the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct which can be found at:  
<http://www.apa.org/ethics/code/>

The internship is full time (40 hours a week) for a year. A minimum of 1800 hours is expected. Over a quarter of this time will be in face-to-face clinical contact. Progress in meeting the required hours will be monitored.

### **PSYCHOLOGY INTERN'S EVALUATION OF DIDACTICS AND SUPERVISORS**

Evaluations help us to maintain the quality of the internship obtaining feedback about the interns' experiences and preferences as we continue to develop the training at OLOL Psychology Internship. The forms are presented in the Evaluation Appendix. Interns will rate their supervisors and rotations quarterly (every three months). Interns complete all didactic ratings following each speaker (and are responsible for turning these into the Internship Coordinator {Ms. Deloch} on the day of the presentation). These ratings are put into an anonymous composite file by the Training Director and will

be presented to the supervisor with suggestions for improvement. Please turn in your completed evaluation forms to the Internship Coordinator {Ms Deloch}. Evaluations of the Training Director {Dr. Jones} will be collected by the Service Line Director (Dr. L.L. Tynes).

Each supervisor has a commitment to meet with a psychology intern one hour per week in individual, face-to-face supervision. If a supervisor is not meeting regularly with the psychology intern or is repeatedly late for supervision, the psychology intern needs to inform the Internship Training Director prior to the quarterly evaluation so that this situation can be corrected. A supervisors' meeting will be scheduled at the end of each quarter to discuss each intern's progress over the past quarter. The Training Director will follow-up and schedule individual meetings with each intern to privately discuss progress as reviewed in recent supervisors' meeting; this also provides interns an opportunity to discuss potential issues/problems/concerns related to supervision as well as ways to handle these issues.

Evaluation Period	Due Dates for Quarterly Evaluation Forms (no later than)
July 1 – September 30	October 15
October 1 – December 31	January 15
January 1 – March 31	April 15
April 1 – June 30	June 30

## REMEDIATION CONSIDERATIONS

It is important to have meaningful ways to address a problem once it has been identified. There are several possible, and perhaps concurrent courses of action designed to remediate problems. These include, but are not limited to:

- increasing supervision, either with the same and/or other supervisors,
- changing in the format, emphasis, and/or focus of supervision,
- recommending and/or requiring personal therapy in a way that all parties involved have clarified the manner in which therapy contacts will be used in the intern evaluation process.
- reducing the intern's clinical or other workload and/or requiring specific academic coursework,
- recommending, when appropriate, a leave of absence and/or a second internship.

When interventions do not, after a reasonable time period, 1) rectify the problem, or 2) when the trainee seems unable or unwilling to alter his/her behavior, or 3) when mistakes/behaviors are severe or 4) if these behaviors/mistakes would be unable to be resolved in a reasonable time period, the training program may need to take more formal action, including such actions as:

- giving the intern a limited endorsement, including the specification of those settings in which he/she could function adequately,
- communicating to the intern and academic department/program that the intern has not successfully completed the internship, with the possibility of continuing the year as an unpaid practicum placement.
- recommending and assisting in implementing a career shift for the intern,
- terminating the intern from the training program.

The procedures for due process and for intern grievances are detailed in the Appendix on Due Process and Grievance Procedures.

**Appendix of Evaluation Forms**  
**Our Lady of the Lake Psychology Internship**

## Evaluation of Didactic Sessions

PSYCHOLOGY INTERN: \_\_\_\_\_

LECTURER: \_\_\_\_\_

TITLE/TOPIC: \_\_\_\_\_

Date(s) or Evaluation Period: \_\_\_\_\_ Q1 Q2 Q3 Q4

In the case of didactics with multiple topics/instructors, please submit an evaluation on each instructor individually. Please explain all ratings that are less than satisfactory on the back of this page or in the weaknesses section.

Conference/Didactics Topic:	UNSATISFACTORY	S	SATISFACTORY	EX	EXCELLENT	NOT OBSERVED	NOT APPLICABLE
Relevance To Patient Care	1	2	3	4	5	NO	NA
Relevance to Professional Development	1	2	3	4	5	NO	NA
Organization	1	2	3	4	5	NO	NA
Number Of Sessions	1	2	3	4	5	NO	NA
Handouts/Visual Aids	1	2	3	4	5	NO	NA
Contribution to your knowledge on this topic	1	2	3	4	5	NO	NA
<b>Instructor:</b>							
Presents Interesting Up-To-Date Information	1	2	3	4	5	NO	NA
Interactive, engages audience	1	2	3	4	5	NO	NA
Receptive To Feedback	1	2	3	4	5	NO	NA

<p><b>STRENGTHS:</b></p>    	<p><b>WEAKNESSES:</b></p>    
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**Our Lady of the Lake Psychology Internship Program  
PSYCHOLOGY INTERN'S EVALUATION OF SUPERVISOR**

**SUPERVISOR:**

**EVALUATION PERIOD:** 1<sup>st</sup> Q / 2<sup>nd</sup> Q / 3<sup>rd</sup> Q / 4<sup>th</sup> Q

Each supervisor is to be evaluated every 3 months. Please return this form completed to the Training Director of the Psychology Internship. Please explain all ratings that are less than satisfactory on the back of this page or in the weaknesses section.

Therapy (circle one): Individual Adult, Individual Adolescent, Testing, Couples, Group, Other  
(please specify)  
Inpatient Rotation  
Outpatient  
Assessment  
Director of Training (end of year only)

<b>Professionalism:</b>	UNSATISFACTORY					SATISFACTORY					EXCELLENT					NOT OBSERVED	NOT APPLICABLE
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5		
Demeanor	1	2	3	4	5											NO	NA
Availability	1	2	3	4	5											NO	NA
Keeps appointments	1	2	3	4	5											NO	NA
Respect for patients	1	2	3	4	5											NO	NA

<b>Knowledge and Skills:</b>	UNSATISFACTORY					SATISFACTORY					EXCELLENT					NOT OBSERVED	NOT APPLICABLE
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5		
Diagnostic ability	1	2	3	4	5											NO	NA
Knowledge of literature	1	2	3	4	5											NO	NA
Suggests relevant literature	1	2	3	4	5											NO	NA
Displays cultural awareness and sensitivity	1	2	3	4	5											NO	NA
Teaches techniques	1	2	3	4	5											NO	NA
Teaches theory	1	2	3	4	5											NO	NA
Teaches how to "think through" the case	1	2	3	4	5											NO	NA
Directs attention to areas not previously considered	1	2	3	4	5											NO	NA
Provided a therapeutic model	1	2	3	4	5											NO	NA
Stimulates development of a thorough case conceptualization	1	2	3	4	5											NO	NA
Discusses personal reactions in therapy	1	2	3	4	5											NO	NA



Supervisory Relationship:	UNSATISFACTORY					SATISFACTORY					EXCELLENT					NOT OBSERVED	NOT APPLICABLE
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5		
Encourages openness	1	2	3	4	5											NO	NA
Encourages autonomy	1	2	3	4	5											NO	NA
Sensitive to the level and needs of the intern	1	2	3	4	5											NO	NA
Gives constructive feedback	1	2	3	4	5											NO	NA
Identifies weaknesses	1	2	3	4	5											NO	NA
Encourages functioning at the limits of ability	1	2	3	4	5											NO	NA
Makes comments that are unambiguous	1	2	3	4	5											NO	NA
Open to disagreement	1	2	3	4	5											NO	NA

<b>STRENGTHS:</b>  	<b>WEAKNESSES:</b>  
<b>WHAT WOULD YOU HAVE LIKED TO HAVE GOTTEN FROM THE SUPERVISION THAT YOU DID NOT? PLEASE EXPLAIN.</b>  	<b>WOULD YOU RECOMMEND THIS SUPERVISOR TO YOUR PEERS? Y N PLEASE EXPLAIN.</b>  

**ADDITIONAL COMMENTS:**

\_\_\_\_\_  
Date Completed

## Brief On-Line Quarterly Evaluations of Intern's Progress

This brief evaluation should be completed when the supervisor provides verbal feedback to the intern in the last week of each quarter. When completing the form, please consider how the intern is progressing towards competency in the following areas: Research, Ethical and Legal Standards, Individual and Cultural Diversity, Professional Values and Interpersonal Skills, Assessment, Intervention, Supervision, Consultation and Interprofessional Skills.

What do you identify the intern's strengths to be at this point in training?

What challenges are you currently aware of in the intern's training that need to be addressed?

What goals have you and the intern identified in relation to competency areas for the upcoming quarter?

I have reviewed this information through verbal feedback with the intern.

Yes, I reviewed this information with the intern.

No, I did not review this information with the intern.

**OLOL Psychology Internship Program**  
**Supervisors Evaluation of Interns Profession Wide Competencies**

Intern's Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Settings: \_\_\_\_\_

Evaluation Period:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>

**Assessment methods utilized to evaluate competency:**

- Direct observation    Videotape    Audiotape  
 Reviewed written work    Reviewed raw test data

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Total number of assessment reports completed to date \_\_\_\_\_

Total number of therapy cases currently active / completed \_\_\_\_\_

Other or Rotation Specific indeces \_\_\_\_\_

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**Competency Rating Descriptions:**

- |    |                          |  |
|----|--------------------------|--|
| 5  | Advanced skills          | comparable to autonomous practice at the licensure level. <i>Practice level: independently licensed</i>  |
| 4  | High intermediate skills | with occasional supervision needed. Competency attained in all but a few cases. <i>Practice level: Advanced intern or Post-doctoral fellow</i> |
| 3  | Intermediate skills      | which require routine supervision of each activity. <i>Practice level: Intern</i>  |
| 2  | Entry level skills       | which require intensive supervision. <i>Practice level: Practicum student or early intern</i>  |
| 1  | Remediation              | required and skills are in need of remediation plan to build skills. <i>Practice level: Early practicum student or below</i>                   |
| NA | Not applicable           | for this training experience or not assessed during experience.  |
- 

*Goals to achieve competency at the internship level:*

**During the first quarter**, interns are expected to achieve 80% or more of their ratings at the entry level skill level or above.

**During the second quarter**, interns are expected to achieve 80% or more of their ratings at the intermediate skill level or above.

**During the third and fourth quarters**, interns are expected to achieve 80% or more of their ratings at the high intermediate skill level or above. In other words, at least 19 of the 24 areas should be rated as high intermediate or above.

Ratings are based on how this intern's performance compares to previous interns on the same track.

Any ratings at the remediation level should be referred to the Training Director and a remediation plan should be developed to assist the intern with further development in those areas.

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**RESEARCH COMPETENCY: SEEKS CURRENT SCIENTIFIC KNOWLEDGE**

*Seeks current scientific knowledge by displaying necessary self-direction in gathering clinical and research information to practice independently and competently.*

- 5** Fully dedicated to expanding knowledge and skills, independently seeks out information to enhance clinical practice utilizing available databases, professional literature, seminars and training sessions as well as other resources. **Describe:**
- 4** Shows initiative, eager to learn, beginning to take steps to enhance own learning. Identifies areas of needed knowledge with specific clients. Asks for and responsive to supervisor's suggestions of additional informational resources and pursues those suggestions.
- 3** Open to learning, but waits for supervisor to provide guidance. When provided with appropriate resources, willingly uses the information provided and uses supervisor's knowledge to enhance own understanding.
- 2** Unsure of how to utilize new information, appears to be interested in learning but takes little initiative to expand knowledge.
- 1** Unwilling to acquire or incorporate new information into practice. Resists suggestions to expand clinical perspective. Procrastinates on readings assigned by supervisor. **Describe:**
- N/A**

**RESEARCH COMPETENCY: DEVELOPS AND IMPLEMENTS RESEARCH PLAN AND/OR SCHOLARLY ACTIVITY**

*Develops and implements plan for research. Develops and presents scholarly professional writing or presentation in a case conference seminar or conference setting.*

- 5** Develops research plan or scholarly activity alone or in conjunction with a colleague. Is a full and equal participant in the project. **Describe:**
- 4** Provides substantive input into plan, writing or presentation. Demonstrates ability to execute at least one aspect of the project independently.
- 3** Provides helpful suggestions regarding design and implementation of a colleague's plan. Provides significant assistance in the accomplishment of the project.
- 2** Provides minimal assistance to complete a project, only completes basic requirements and does not add any helpful suggestions to further develop plan.
- 1** Does not follow-through with responsibilities in development or implementation of plan. **Describe:**
- N/A**

RESEARCH COMPETENCY GOALS
COMPETENCY GOAL MET/NOT MET FOR THIS QUARTER (DESCRIBE):
COMPETENCY GOAL FOR NEXT QUARTER, INCLUDING ACTIONS STEPS (DESCRIBE):

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**ETHICAL AND LEGAL STANDARDS COMPETENCY: KNOWLEDGE OF ETHICS AND LAW**

*Demonstrates knowledge of ethical principles and state law. Consistently applies these appropriately and seeks consultation as needed.*

- 5** Spontaneously and consistently identifies ethical and legal issues and addresses them proactively. Judgment is reliable about when consultation is needed. **Describe:**
- 4** Consistently recognizes ethical and legal issues, appropriately asks for supervisory input.
- 3** Generally recognizes situation where ethical and legal issues might be pertinent, is responsive to supervisory input.
- 2** Often unaware of important ethical and legal issues.
- 1** Disregards important supervisory input regarding ethics or law. **Describe:**
- N/A**

ETHICAL AND LEGAL STANDARDS COMPETENCY GOALS
COMPETENCY GOAL MET/NOT MET FOR THIS QUARTER (DESCRIBE):
COMPETENCY GOAL FOR NEXT QUARTER, INCLUDING ACTIONS STEPS (DESCRIBE):

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**INDIVIDUAL AND CULTURAL DIVERSITY COMPETENCY: SENSITIVITY TO PATIENT DIVERSITY**

*Is sensitive to cultural and individual diversity of patients and committed to providing culturally sensitive services.*

- 5** Discusses individual differences with patients when appropriate. Acknowledges and respects differences that exist between self and patients in terms of race, ethnicity, culture and other individual difference variables. Recognizes when more information is needed regarding patient differences and seeks out information autonomously. Aware of own limits to expertise. **Describe:**
- 4** In supervision, recognizes and openly discusses limits to competence with diverse patient populations.
- 3** Has significant lack of knowledge regarding some patient groups, but resolves such issues effectively through supervision. Open to feedback regarding limits to competence.
- 2** Is beginning to learn to recognize own beliefs which limit effectiveness with patient populations.
- 1** Has been unable or unwilling to surmount own belief system to deal effectively with diverse patients. **Describe:**
- N/A**

**INDIVIDUAL AND CULTURAL DIVERSITY COMPETENCY: AWARENESS OF OWN CULTURAL AND ETHNIC BACKGROUND**

*Is aware of how own background impacts clinical work and committed to continuing to explore own cultural identity issues and how they relate to clinical practice.*

- 5** Accurately self-monitors own responses to differences and differentiates these from patient responses. Aware of personal impact on patients different from self. Thoughtful about own cultural identity. Reliably seeks supervision when uncertain. **Describe:**
- 4** Aware of own cultural background. Uses supervision well to examine this in psychological work. Readily acknowledges own culturally-based assumptions when these are identified in supervision.
- 3** Uses supervision well to recognize own cultural background and how this impacts psychological work. Comfortable with some differences that exist between self and patients and working well with others. May occasionally deny discomfort with patients to avoid discussing relevant personal and patient identity issues.
- 2** Growing awareness of own cultural background and how this affects psychological work. Can make interpretations and conceptualizations from culturally-based assumptions. Responds well to supervision.
- 1** Has little insight into own cultural beliefs even after supervision. **Describe:**
- N/A**

INDIVIDUAL AND CULTURAL DIVERSITY COMPETENCY GOALS
COMPETENCY GOAL MET/NOT MET FOR THIS QUARTER (DESCRIBE):
COMPETENCY GOAL FOR NEXT QUARTER, INCLUDING ACTIONS STEPS (DESCRIBE):

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**PROFESSIONAL VALUES AND INTERPERSONAL SKILLS COMPETENCY: PROFESSIONAL INTERPERSONAL BEHAVIOR**

*Maintains professional and appropriate interactions with treatment team, peers and supervisors.*

- 5** Smooth, working relationships, handles differences openly, tactfully and effectively. **Describe:**
- 4** Actively participates in team meetings. Appropriately seeks input from supervisors to cope with rare interpersonal concerns.
- 3** Progressing well on providing input in a team setting. Effectively seeks assistance to cope with interpersonal concerns with colleagues.
- 2** Ability to participate in team model is limited, relates well to peers and supervisors.
- 1** May be withdrawn, overly confrontational, insensitive or may have had hostile interactions with colleagues. **Describe:**
- N/A**

### **PROFESSIONAL VALUES AND INTERPERSONAL SKILLS COMPETENCY: USES POSITIVE COPING STRATEGIES**

*Demonstrates positive coping strategies with personal and professional stressors and challenges. Maintains professional functioning and quality patient care.*

- 5** Good awareness of personal and professional problems. Stressors have only mild impact on professional practice. Actively seeks supervision and/or personal therapy to resolve issue. **Describe:**
- 4** Good insight into impact stressors have on professional functioning and seeks supervisory input and/or personal therapy to minimize this impact.
- 3** Needs significant supervision time to minimize the effect of stressors on professional functioning. Accepts reassurance from supervisor well.
- 2** Personal problems can significantly disrupt professional functioning.
- 1** Denies problems or otherwise does not allow them to be addressed effectively. **Describe:**
  
- N/A**

### **PROFESSIONAL VALUES AND INTERPERSONAL SKILLS COMPETENCY: PROFESSIONAL RESPONSIBILITY AND DOCUMENTATION**

*Maintains responsibility for key patient care tasks (e.g. phone calls, letters, case management), completes tasks promptly. All patient contacts, including scheduled and unscheduled appointments, and phone contacts are well documented. Records include crucial information.*

- 5** Maintains complete records of all patient contacts and pertinent information. Notes are clear and concise. Takes initiative in ensuring that key tasks are accomplished. Records always include crucial information. **Describe:**
- 4** Maintains appropriate records but may forget minor details or brief contacts. Recognizes this oversight and retroactively documents appropriately. Records always include crucial information.
- 3** Uses supervisory feedback well to improve documentation. Needs regular feedback about what to document. Rarely may leave out necessary information and occasionally may include excessive information.
- 2** Needs considerable direction from supervisor. May leave out crucial information.
- 1** May seem unconcerned about documentation. May neglect to document patient contacts. Documentation may be disorganized, unclear and excessively late. **Describe:**
  
- N/A**

### **PROFESSIONAL VALUES AND INTERPERSONAL SKILLS COMPETENCY: EFFICIENCY AND TIME MANAGEMENT**

*Efficient and effective time management. Keeps scheduled appointments and meetings on time. Keeps supervisors aware of whereabouts as needed. Minimizes unplanned leave, whenever possible.*

- 5** Efficient in accomplishing tasks without prompting, deadlines or reminders. Excellent time management skills regarding appointments, meetings and leave. **Describe:**
- 4** Typically completes clinical work/patient care within scheduled hours. Generally on time to meetings and appointments. Accomplishes tasks and documentation in a timely manner but needs occasional deadlines or reminders.
- 3** Completes work effectively and promptly by using supervision time for guidance. Regularly needs deadlines and reminders. May not accomplish all tasks or documentation on time.

- 2 Highly dependent on reminders and deadlines. Frequently tardy.
- 1 Frequently has difficulty with timeliness both in attendance and in completion of tasks. Tardiness and unaccounted absences are problematic. **Describe:**
- N/A

<b>PROFESSIONAL VALUES AND INTERPERSONAL SKILLS COMPETENCY GOALS</b>
<b>COMPETENCY GOAL MET/NOT MET FOR THIS QUARTER (DESCRIBE):</b>
<b>COMPETENCY GOAL FOR NEXT QUARTER, INCLUDING ACTIONS STEPS (DESCRIBE):</b>

**ASSESSMENT COMPETENCY: DIAGNOSTIC SKILL**

*Demonstrates a thorough working knowledge of diagnostic nomenclature and DSM classification. Utilizes historical, interview and psychometric data to diagnose accurately.*

- 5 Demonstrates a thorough knowledge of psychiatric classification, including multi-axial diagnoses and relevant diagnostic criteria to develop an accurate diagnostic formulation autonomously. **Describe:**
- 4 Has a good working knowledge of psychiatric diagnoses. Is thorough in consideration of relevant patient data and diagnostic accuracy is typically good. Uses supervision well in more complicated cases involving multiple or more unusual diagnoses.
- 3 Understands basic diagnostic nomenclature and is able to accurately diagnose many psychiatric problems. May miss relevant patient data when making a diagnosis. Requires supervisory input on most complex diagnostic decision-making.
- 2 Familiar with psychiatric diagnoses and DSM but demonstrates difficulty choosing an accurate diagnosis consistent with reason for referral. Requires intensive supervision to conceptualize case accurately.
- 1 Has significant deficits in understanding of the psychiatric classification system and/or ability to use DSM criteria to develop a diagnostic conceptualization. **Describe:**
- N/A

**ASSESSMENT COMPETENCY: PSYCHOLOGICAL TEST SELECTION AND ADMINISTRATION** *Proficiently chooses and administers commonly used psychological tests.*

- 5 Proficiently administers all tests. Completes all testing efficiently. Autonomously chooses appropriate tests to answer referral question. **Describe:**
- 4 Occasional input needed regarding fine points of test administration. Occasionally needs reassurance that selected tests are appropriate.
- 3 Needs continued supervision on frequently administered tests. Needs occasional consultation regarding appropriate tests to administer.
- 2 Unsure of which tests are appropriate for referral question. Makes errors during test administration and seems unsure during testing.
- 1 Test administration is irregular and slow. Often needs to recall patient to further testing sessions due to poor choice of tests administered. **Please describe**
- N/A



### **ASSESSMENT COMPETENCY: PSYCHOLOGICAL TEST INTERPRETATION**

*Demonstrates competence interpreting commonly used psychological tests.*

- 5** Skillfully and efficiently interprets tests autonomously. Makes accurate independent diagnostic formulations on a variety of syndromes. Accurately interprets and integrates results proper to supervision session. **Describe:**
- 4** Demonstrates knowledge of scoring methods, reaches appropriate conclusions with some support from supervision.
- 3** Completes assessments on typical patients with some supervisory input, occasionally uncertain how to handle difficult patients or unusual findings. Understands basic use of tests, may occasionally reach inaccurate conclusions or take computer interpretation packages too literally.
- 2** Hesitant in making decisions about interpretations and constantly seeks supervisory input in decision making. Difficult time drawing own conclusions on test data and may inaccurately interpret results.
- 1** Significant deficits in understanding of psychological testing, over-reliance on computer interpretation packages for interpretation of findings. Repeatedly omits significant issues from assessments, reaches inaccurate or insupportable conclusions. **Describe:**
- N/A**

### **ASSESSMENT COMPETENCY: ASSESSMENT WRITING SKILLS**

*Writes a well-organized psychological report. Answers the referral question clearly and provides the referral source with specific recommendations.*

- 5** Report is clear and thorough, follows a coherent outline, is an effective summary of major relevant issues. Relevant test results are woven into the report as supportive evidence. Recommendations are related to referral questions. **Describe:**
- 4** Report covers essential points without serious errors, may need polish in cohesiveness and organization. Readily completes assessments with minimal supervisory input, makes useful and relevant accommodations.
- 3** Uses supervision effectively for assistance in determining important parts to highlight. Sections of the report are clear but still needs to improve cohesiveness in writing skills.
- 2** Requires intensive supervision to understand how to incorporate various aspects of the results into the report. May make some inaccurate or confusing conclusions. May have some grammatical errors in writing.
- 1** Inaccurate conclusions or grammar interfere with communication. Reports are poorly organized and require major rewrites. **Describe:**
- N/A**

### **ASSESSMENT COMPETENCY: FEEDBACK REGARDING ASSESSMENT**

*Plans and carries out a feedback interview. Explains the test results in terms the patient and/or caregiver can understand, provides suitable recommendations and responds to issues raised by patient or caregiver.*

- 5** Plans and implements the feedback session appropriately. Foresees areas of difficulty in the session and responds empathically to patient or caregiver concerns. Adjusts personal style and complexity of language and feedback details to accommodate patient and caregiver needs. **Describe:**

- 4 With input from supervisor, develops and implements a plan for the feedback session. May need some assistance to identify issues which may become problematic in the feedback session. May need intervention from supervisor to accommodate specific needs of patient or family.
- 3 Develops plan for feedback session with the supervisor. Presents basic assessment results and supervisor addresses more complex issues. Continues to benefit from feedback on strengths and areas for improvement.
- 2 Supervisor frequently needs to assume leadership in feedback sessions to ensure correct feedback is given or to address emotional issues of patient or caregiver.
- 1 Does not modify interpersonal style in response to feedback. **Describe:**
- N/A

ASSESSMENT COMPETENCY GOALS
COMPETENCY GOAL MET/NOT MET FOR THIS QUARTER (DESCRIBE):
COMPETENCY GOAL FOR NEXT QUARTER, INCLUDING ACTIONS STEPS (DESCRIBE):

**INTERVENTION COMPETENCY: PATIENT RAPPORT**

*Consistently achieves a good rapport with patients.*

- 5 Establishes quality relationships with almost all patients, reliably identifies potentially challenging patients and seeks supervision. **Describe:**
- 4 Generally comfortable and relaxed with patients, handles anxiety-provoking or awkward situations adequately so that they do not undermine therapeutic action.
- 3 Actively developing skills with new populations. Relates well when has prior experiences with the population.
- 2 Has difficulty establishing rapport with patients.
- 1 Alienates patients or shows little ability to recognize problems. **Describe:**
- N/A

**INTERVENTION COMPETENCY: PATIENT RISK MANAGEMENT AND CONFIDENTIALITY**

*Effectively evaluates, manages and documents patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues. Collaborates with patients in crisis to make appropriate short-term safety plans, and intensify treatment as needed. Discusses all applicable confidentiality issues openly with patients.*

- 5 Assesses and documents all risk situations fully prior to leaving the worksite for the day. Appropriate actions taken to manage patient risk in situations (e.g. helping patients to ER) are initiated immediately, the consultation and confirmation from supervisor is sought. Establishes appropriate short-term crisis plans with patients. **Describe:**

- 4 Aware of how to cope with safety issues, continues to need occasional reassurance in supervision. Asks for input regarding documentation of risk as needed. Sometimes can initiate appropriate actions to manage patient risk, sometimes needs input of supervisor first. May occasionally forget to discuss confidentiality issues promptly.
  - 3 Recognizes potentially problematic cases, but needs guidance regarding evaluation of patient risk. Supervision is needed to cope with safety issues; afterwards trainee handles them well. Can be trusted to seek consultation immediately if needed, while patient is still on site. Needs to refine crisis plans in collaboration with supervisor. Needs input regarding documentation of risk. Occasionally needs prompting to discuss confidentiality issues with patient.
  - 2 Delays or forgets to ask about important safety issues. Does not document risk appropriately but does not let patient leave site without seeking supervision for the crisis. Does not remember to address confidentiality issues, needs frequent prompting. Fear may overwhelm abilities in patient crisis.
  - 1 Makes inadequate assessment or plan, then lets patient leave site before consulting supervisor. Unable to appropriately assess patient risk independently and unaware of lack of limitation. **Describe:**
- N/A

#### **INTERVENTION COMPETENCY: CASE CONCEPTUALIZATION AND TREATMENT GOALS**

*Formulates a useful case conceptualization that draws on theoretical and research knowledge. Collaborates with patient to form appropriate treatment goals.*

- 5 Independently produces good case conceptualization within own preferred theoretical orientation, can also draw some insights into case from other orientations. Consistently sets realistic goals with patients. **Describe:**
  - 4 Reaches case conceptualization on own, recognizes improvements when pointed out by supervisor. Readily identifies emotional issues but sometimes needs supervision for clarification. Sets appropriate goals with occasional prompting from supervisor, distinguishes realistic and unrealistic goals.
  - 3 Reaches case conceptualization with supervisory assistance. Aware of emotional issues when they are clearly stated by the patient, needs supervision for development of awareness of underlying issues. Requires ongoing supervision to set therapeutic goals aside from those presented by patient.
  - 2 Needs supervisor to identify important areas to focus on in order to conceptualize case and often misses important information to fully understand case. Treatment goals do not always identify clearly with patients presenting problem.
  - 1 Responses to patient indicate significant inadequacies in theoretical understanding and case formulation. Misses or misperceives important emotional issues. Unable to set appropriate treatment goals with patient **Describe:**
- N/A

#### **INTERVENTION COMPETENCY: EFFECTIVE USE OF EMOTIONAL REACTIONS IN THERAPY**

*Understands and uses own emotional reactions to the patient productively in the treatment.*

- 5 During session, uses countertransference to formulate hypotheses about patient's current and historical social interaction, presents appropriate interpretations and interventions. Able to identify own issues that impact the therapeutic process and has ideas for coping with them. Seeks consultation as needed for complex cases. **Describe:**

- 4** Uses countertransference to formulate hypotheses about the patient during supervision sessions. Can identify own issues that impact therapeutic process. Interventions generally presented in the following session.
- 3** Understands basic concepts of countertransference. Can identify own emotional reactions to patient as countertransference. Supervisory input is frequently needed to process the information gained.
- 2** When feeling anger, frustration or other intense emotional response to the patient, blames patient at times. Welcomes supervisory input and can reframe own emotional response to the session.
- 1** Unable to see countertransference issues, even with supervisory input. **Describe:**
- N/A**

#### **INTERVENTION COMPETENCY: THERAPEUTIC INTERVENTIONS**

*Interventions are well-timed, effective and consistent with empirically supported treatments.*

- 5** Interventions and interpretations facilitate patient acceptance and change. Demonstrates motivation to increase knowledge and expand range of interventions through reading and consultation as needed. **Describe:**
- 4** Most interventions and interpretations facilitate patient acceptance and change. Supervisory assistance needed for timing and delivery of more difficult interventions.
- 3** Many interventions and interpretations are delivered and timed well. Needs supervision to plan interventions and clarify interpretations.
- 2** Few interventions and interpretations are delivered and timed well. Has difficulty developing his/her own sense of how to intervene helpfully with patients. Needs a great deal of supervision in developing appropriate interventions and interpretations.
- 1** Most interventions and interpretations are rejected by patient. Has significant difficulty targeting interventions to patients' level of understanding and motivation. **Describe:**
- N/A**

#### **INTERVENTION COMPETENCY: GROUP THERAPY SKILLS AND PREPARATION**

*Intervenes in group skillfully, attends to member participation, completion of therapeutic assignments, group communication, safety and confidentiality. If the group is psychoeducational, prepares materials for group, and understands each session's goals and tasks.*

- 5** Elicits participation and cooperation from all members, confronts group problems appropriately and independently. Independently prepares for each session with little or no prompting. Can manage group alone in absence of co-therapist/supervisor with follow-up supervision later. **Describe:**
- 4** Seeks input on group process issues as needed, then works to apply new knowledge and skills. Needs occasional feedback concerned strengths and weaknesses. Generally prepared for group sessions.
- 3** Welcomes ongoing supervision to identify key issues and initiate group interaction. Actively working on identifying own strengths and weaknesses as a group leader. Identifies problematic issues in group process but requires assistance to handle them. May require assistance organizing group materials.
- 2** Has significant inadequacies in understanding and implementation of group process. Unable to maintain control in group sufficient to cover content areas. Preparation is sometimes disorganized.
- 1** Defensive or lacks insight when discussing strengths and weaknesses in group process. Frequently unprepared for content or with materials. **Describe:**
- N/A**

INTERVENTION COMPETENCY GOALS
COMPETENCY GOAL MET/NOT MET FOR THIS QUARTER (DESCRIBE):
COMPETENCY GOAL FOR NEXT QUARTER, INCLUDING ACTIONS STEPS (DESCRIBE):

**SUPERVISION COMPETENCY: SUPERVISORY SKILLS**

*In role-plays, employs supervision skills in a consistent and effective manner.*

- 5** Spontaneously and consistently applies supervision skills. Supervisee verbalizes appreciation of trainee’s input. **Describe:**
- 4** Consistently recognizes relevant issues, needs occasional guidance and supervisory input. Well thought of by supervisee. Supervisee recognizes at least one significant strength of trainee as a supervisor.
- 3** Generally recognizes relevant issues, needs guidance regarding supervision skills. Supervisee finds input helpful.
- 2** Lacks confidence in supervisory skills and appears unsure of oneself with supervisee. Supervisee does not find all information discussed to be relevant or helpful.
- 1.** Unable to provide helpful supervision. Does not build rapport with supervisee. **Describe:**
- N/A**

**SUPERVISION COMPETENCY: SUPERVISORY KNOWLEDGE BASE**

*Demonstrates good knowledge of various models of supervision and techniques.*

- 5** Demonstrates full understanding of various supervision models and techniques. Able to identify various styles of supervision and has gained understanding of what type of supervisor they would like to be in the future. **Describe:** [Click or tap here to enter text.](#)
- 4** Demonstrates adequate knowledge of supervision models and techniques. Beginning to identify with certain styles and discover personal preferences for supervisory models.
- 3** Has learned the basic supervision models and skills necessary to be a supervisor. Beginning to think about what it might be like to be in the role of supervisor.
- 2** Participated in lectures regarding supervision models and techniques but does not demonstrate good working knowledge of the concepts. Does not have an understanding of the important role a supervisor plays.
- 1** Limited understanding of supervisory models and techniques and lacks skills to develop insight into being in the role of a supervisor. **Describe**
- N/A**

SUPERVISION COMPETENCY GOALS
<b>COMPETENCY GOAL MET/NOT MET FOR THIS QUARTER (DESCRIBE):</b>
<b>COMPETENCY GOAL FOR NEXT QUARTER, INCLUDING ACTIONS STEPS (DESCRIBE):</b>

**CONSULTATION AND INTERPROFESSIONAL SKILLS COMPETENCY: PROVIDING CONSULTATION**

*Gives the appropriate level of guidance when providing consultation to other health care professionals, taking into account their level of knowledge about psychological theories, methods and principles.*

- 5** Relates well to those seeking input, is able to provide appropriate feedback. Demonstrates respect for other healthcare professionals and understands various roles individuals play on a treatment team. **Describe:**
- 4** Requires occasional input regarding the manner of delivery or type of feedback given. Develops good working rapport with other healthcare professionals and open to suggestions on ways to improve interactions.
- 3** Needs continued guidance to learn how to effectively deliver and receive feedback. May need continued input regarding appropriate feedback and knowledge of other healthcare professionals and the roles that they play on a treatment team.
- 2** Needs constant guidance by the supervisor in order to engage in consultative relationships. Appears to lack understanding of the importance of having multiple healthcare professionals working on a team.
- 1** Unable to establish rapport with other professionals. Demonstrates disrespect for other healthcare professionals. **Describe:**
- N/A**

**CONSULTATION AND INTERPROFESSIONAL SKILLS COMPETENCY: SEEKS CONSULTATION**

*Seeks consultation or supervision as needed and uses it productively.*

- 5** Actively seeks consultation when treating complex cases and working with unfamiliar symptoms. **Describe:**
- 4** Open to feedback, shows awareness of strengths and weaknesses, uses supervision well when uncertain, occasionally over or under-estimates need for supervision.
- 3** Generally accepts supervision well, but occasionally defensive. Needs supervisory input for determination of readiness to try new skills.
- 2** Needs intensive supervision and guidance, difficulty assessing own strengths and limitations.
- 1** Frequently defensive and inflexible, resists important and necessary feedback. **Describe:**
- N/A**

CONSULTATION AND INTERPROFESSIONAL SKILLS COMPETENCY GOALS
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**COMPETENCY GOAL MET/NOT MET FOR THIS QUARTER (DESCRIBE):**

**COMPETENCY GOAL FOR NEXT QUARTER, INCLUDING ACTIONS STEPS (DESCRIBE):**

**ADDITIONAL NOTES/COMMENTS:** [Click or tap here to enter text.](#)

The intern has successfully completed the goal for this quarter, and we have reviewed this evaluation together.

The intern has not successfully completed the goal for this quarter. The Training Director has been made aware of the intern's areas of remediation, and a remediation plan has been developed. The intern has provided input into the remediation plan and understands the expectations for completion.

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Training Director's Signature/Date

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Intern's Signature/Date

**Appendix of Due Process and Grievance Procedures  
Our Lady of the Lake Psychology Internship**



## DUE PROCESS GUIDELINES

Due process ensures that decisions made by programs about interns are not arbitrary or personally based, requires that programs identify specific evaluative procedures which are applied to all trainees, and have appropriate appeal procedures available to the intern so he/she may challenge the program's action. General due process guidelines include:

presenting interns in writing with the program's expectations related to professional functioning, stipulating the procedures for evaluation, including when and how evaluations will be conducted and that the evaluations occur at meaningful intervals,  
articulating the various procedures and actions involved in making decisions regarding problems, communicating with graduate programs about any suspected difficulties with interns, seeking input from these academic programs about how to address such difficulties, instituting a remediation plan for identified inadequacies, with the input and knowledge of the graduate program, including a time frame for expected remediation specifying consequences of not rectifying the inadequacies, providing a written procedure to the intern, which describes how the intern may appeal the program's action,  
ensuring that interns have sufficient time to respond to any action taken by the program, using input from multiple professional sources when making decisions or recommendations regarding the intern's performance, and documenting, in writing and to all relevant parties, the action taken by the program and its rationale.

## DEFINITION OF PROBLEMATIC BEHAVIOR

For purposes of this document problematic behavior of an intern is defined broadly as behavior that interferes in professional functioning that is reflected in one or more of the following ways:

An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior.

An inability to acquire professional skills in order to reach an acceptable level of competency.

An inability to control personal and interpersonal stress, psychological difficulties, substance abuse, and/or excessive emotional reactions that interfere with professional functioning.

While it is a professional judgment as to when an intern's behavior reaches the level of being problematic behavior, rather than just an area of "concern". For purposes of this document a concern refers to a trainee's behaviors, attitudes, or characteristics that, while of concern and which may require remediation, are perceived not to be excessive for professionals in training. An intern's behavior is typically "problematic" if displaying one or more of the following characteristics:

The intern does not acknowledge, understand, or address the problem when it is identified.

The problem reflects a skill deficit that may or may not be rectified by academic or didactic training.

The quality of services delivered by the intern is sufficiently negatively affected.

A disproportionate amount of attention by training personnel is required in terms of level of training,

The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.

The problematic behavior has potential for ethical or legal ramifications if not addressed or is illegal.

The intern's behavior negatively impacts the public view of the agency.

The problematic behavior negatively impacts the intern class.

The evaluation process is designed to reveal areas of concern and problematic behaviors. Goals to achieve competency at the internship level are detailed on the Supervisors Evaluation of Intern's Profession Wide Competencies form (in the Evaluation Appendix):

During the first quarter, interns are expected to achieve 80% or more of their ratings at the entry level skill level or above. In other words, at least 19 of the 24 competency areas should be rated 'entry level' or above.

During the second quarter, interns are expected to achieve 80% or more of their ratings at the intermediate skill level or above. In other words, at least 19 of the 24 areas should be rated 'intermediate' or above.

During the third and fourth quarters, interns are expected to achieve 80% or more of their ratings at the 'high intermediate' skill level or above. In other words, at least 19 of the 24 areas should be rated as high intermediate or above.

Initial Procedures for Responding to Inadequate Performance by an Intern (i.e. Problematic Behavior)

If an intern fails to meet the "goals to achieve competency" as outlined above and on the Supervisors Evaluation form from any of the evaluation sources, the following procedures will be initiated:

The intern's supervisor(s) will meet with the training director (TD) either in person or by telephone to discuss the rating and determine what action needs to be taken to address the issues reflected by the rating.

The intern will be notified, in writing, that such a review is occurring and will have the opportunity to provide a statement related to his/her response to the rating.

In discussing the rating and the intern's response (if available), the TD and the intern's supervisor(s) may adopt any one or more of the following methods or may take any other appropriate action. They may issue a:

"Take no further action."

"Acknowledge Notice" which formally acknowledges a) that the faculty is aware of and concerned with the rating, b) that the rating has been brought to the attention of the intern, and c) that the faculty will work with the intern to specify the steps necessary to rectify the problem or skill deficits addressed by the rating (no official remediation plan developed)

"Probation" which defines a relationship such that the faculty, through the supervisors and TD, actively and systematically monitors, for a specific length of time, the degree to which the intern addresses, changes and/or otherwise improves the behavior associated with the rating. The probation is a written statement to the intern and includes:

the actual behaviors associated with the inadequate rating,

the specific recommendations for rectifying the problem, the time frame for the probation during which the problem is expected to be ameliorated, and the procedures designed to ascertain whether the problem has been appropriately rectified. The TD will then meet with the intern to review the action taken. If "Probation," the intern may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are presented later in this document. (No challenge is available if the intern receives an acknowledgement notice).

If either the Acknowledgment Notice or the Probation Action occurs, the TD will inform the intern's sponsoring university, indicating the nature of the inadequate rating, the rationale for the action, and the action taken by the faculty. The intern shall receive a copy of the letter to the sponsoring university. Once the Acknowledgment Notice or Probation is issued by the TD, it is expected that the status of the rating will be reviewed no later than the next formal evaluation period or, in the case of probation, no later than the time limits identified in the probation statement. If the rating has been rectified to the satisfaction of the faculty, then the intern, sponsoring university and other appropriate individuals will be informed, and no further action will be taken. If the rating has not been rectified to the satisfaction of the faculty, please refer to "continuation of inadequate rating" under Due Process Escalation procedures.

## **Due Process Escalation**

There are three situations in which the Due Process procedures can be escalated:

when the intern challenges the action taken by the faculty (Intern Challenge),  
when the faculty is not satisfied with the intern's action in response to the action (Continuation of the Inadequate Rating), or  
when a member of the faculty initiates action against an intern (Intern Violation).

Each of these situations, and the course of action accompanying them, is described below.

Intern Challenge. If the intern challenges the probation action taken by the faculty as described in 3 above, s/he must, within 5 business days of receipt of the decision, inform the TD, in writing, of such a challenge. The TD will then convene a Review Panel to address the challenge.

The following are the procedures for a Review Panel including a hearing.

The Review Panel consists of the TD who chairs the meeting and two faculty members: one faculty member selected by the TD and the Medical Director of the Mental and Behavioral Health Service Line ('MBH Service Line Director') and one faculty member selected by the intern.

The intern retains the right to hear all facts with the opportunity to dispute or explain his or her behavior.

Within ten business days of receipt of the challenge, a review hearing will be conducted, chaired by the TD, in which the challenge is heard and the evidence presented. Decisions made by the Review Panel will be made by majority vote. Within 10 business days of the completion of the review hearing, the Review Panel submits a written report to the intern with their recommendations.

The intern is informed of the recommendations and decisions and can either accept or reject the recommendations.

If the intern rejects the recommendations, the review panel's report will be submitted to the MBH Service Line Director.

Within 10 business days of receipt of the recommendations, the MBH Service Line Director will either accept the Review Panel's action, reject the Review Panel's action and provide an alternative, or refer the matter back to the Review Panel for further deliberation. The Panel then reports back to the MBH Service Line Director' within 10 business days of the receipt of the MBH Service Line Director's request for further deliberation. The MBH Service Line Director then makes a decision (within 10 business days) regarding what action is to be taken and that decision is final.

Once a decision has been made, the intern, sponsoring university and other appropriate individuals are informed in writing of the action taken.

Continuation of Inadequate Rating. If the intern's supervisor(s) and the TD determine that sufficient improvement in the intern's behavior to remove the inadequate rating under the conditions stipulated in the probation has not been made, then the TD will communicate, in writing, to the intern that the conditions for revoking the probation have not been met. The TD and the intern's supervisor(s) may then adopt any one of the following methods or take any other appropriate action. It may issue a: continuation of the probation for a specific time period, suspension whereby the intern is not allowed to continue engaging in certain professional activities until there is evidence that the behavior in question has improved communication which informs the intern that the TD and the intern's supervisor(s) are recommending to the MBH Service Line Director and the Chief Academic Officer that the intern, will not, if the behavior does not change, successfully complete the internship, and/or communication which informs the intern that the TD and the intern's supervisor(s) are recommending to the 'MBH Service Line Director' and the Chief Academic Officer of OLOL that the intern be terminated immediately from the internship program

Within 5 working days of receipt of this determination, the intern may respond to the action by a) accepting the action or b) challenging the action.

To challenge the action, the intern must provide the TD with information as to why the intern believes the action is unwarranted within five business days. A lack of challenge by the intern will be interpreted as complying with the sanction.

Should the intern challenge the action, a review panel will be formed and a hearing will be held. *Please refer to the previous section for the Review Panel procedures.*

Intern Violation. Any faculty member or medical staff member may file, in writing, a complaint against an intern for any of the following reasons: a) unethical or legal violation of professional standards or laws, b) professional incompetence, or c) infringement on the rights, privileges or responsibilities of others.

The TD will form a preliminary review committee, consisting of the TD, the Medical Director of the OLOL Mental and Behavioral Health Service Line and one other faculty member

The preliminary review committee will review the complaint and will determine if there is reason to proceed and/or if the behavior in question is in the process of being rectified

If the preliminary review committee determines that the alleged behavior in the complaint, if proven, would not constitute a serious violation, the TD shall inform the faculty member who may be allowed to renew the complaint if additional information is provided.

When a decision has been made by the preliminary review committee that there is probable cause for deliberation by the Review Panel, the TD shall notify the faculty member and request permission to inform the intern. The faculty member shall have five business days to respond to the request and shall be informed that failure to grant permission may preclude further action. If no response is received within 5 business days or permission to inform the intern is denied, the preliminary review panel shall decide whether to proceed with the matter or not.

If the intern is informed, a Review Panel is convened and a hearing is held. *Please refer to the section related to review panels and hearings for additional details.*

### **REMEDATION CONSIDERATIONS**

It is important to have meaningful ways to address a problem once it has been identified. Several possible, and perhaps concurrent courses of action designed to remediate problems include but are not limited to:

increasing supervision, either with the same and/or other supervisors,  
changing in the format, emphasis, and/or focus of supervision,  
recommending and/or requiring personal therapy in a way that all parties involved have clarified the manner in which therapy contacts will be used in the intern evaluation process.  
reducing the intern's clinical or other workload and/or requiring specific academic coursework, and/or recommending, when appropriate, a leave of absence and/or a second internship.

When a combination of the above interventions do not, after a reasonable time period, 1) rectify the problem, or 2) when the trainee seems unable or unwilling to alter his/her behavior, or 3) when mistakes/behaviors are severe or 4) if these behaviors/mistakes would be unable to be resolved in a reasonable time period, the training program may need to take more formal action, including such actions as:

giving the intern a limited endorsement, including the specification of those settings in which he/she could function adequately,  
communicating to the intern and academic department/program that the intern has not successfully completed the internship, with the possibility of continuing the year as an unpaid practicum placement  
recommending and assisting in implementing a career shift for the intern, and/or  
terminating the intern from the training program.

## Intern Grievance Procedures

There may be situations in which the intern has a complaint or grievance against a supervisor, staff member, other trainee, or the program itself and wishes to file a formal grievance. The intern should:

Raise the issue with the supervisor, staff member, other trainee, or TD in an effort to resolve the problem.

If the matter cannot be resolved, or it is inappropriate to raise with the other individual, the issue should be raised with the TD. If the TD is the object of the grievance, or unavailable, the issue should be raised with the Mental and Behavioral Health Service Line Medical Director.

If the TD cannot resolve the matter, the TD will choose a faculty member who will attempt to mediate the matter. Written material(s) will be sought from both parties. The formal written grievance will be expected from the intern within a week of moving to mediation. A formal written reply to the grievance will be expected from the target of the grievance within a week of receiving the formal grievance. The faculty member will attempt to mediate an agreement and will document the process and outcome in report. As timeliness is an issue, the goal is to complete the mediation process within a month, though the mediator has the latitude to make two two-week extensions in service of seeking a resolution by notifying the TD of the progress and likelihood of resolution given the extension.

As soon as it becomes apparent that the mediation process has failed, the faculty member will notify the TD and will have a week to finalize their report. During that week the intern filing the grievance and the party responding will be able to update their materials if they desire.

If mediation fails, the TD will convene a review panel (except for complaints against staff members where the grievance procedures for that person's discipline will be followed) consisting of the TD, the Mental and Behavioral Health Service Line Medical Director, and one faculty member. (If the grievance is against the TD, then the TD will not serve on this committee; the Mental and Behavioral Health Service Line Medical Director will pick two other faculty members).

The Review Panel will have a month to review all written materials (from the intern, other party, mediation) and have an opportunity at its discretion to interview the parties or other individuals with relevant information. The Review Panel has final discretion regarding outcome, and the outcome is based on majority vote.

Nothing here precludes attempted resolution of difficulties by adjudication at a school or university or hospital level. These guidelines are intended to provide the psychology intern with a means to resolve perceived conflicts that cannot be resolved by informal means. Interns who pursue grievances in good faith will not experience any adverse personal or professional consequences. However, if an intern raises a complaint maliciously, the due process guidelines would be enforced (See Due Process Guidelines, Due Process Escalation, Section C).

## **Appendix of Proposed Didactic Activities**

**Our Lady of the Lake Psychology Internship**

## Our Lady of the Lake Psychology Internship

### ‘Schedule at a Glance’ of Psychology Didactic Activities

#### Workshops integrated into Orientation

There are workshops on suicidality, use of electronic medical records, and motivational interviewing integrated into the orientation schedule.

Date	Time	Hours	Speaker	Content	Profession Wide Competency
Jun 23	1:00 to 5:00	4	Tanya Stuart, LCSW	Motivational Interviewing	Intervention
Jun 29	8:00 to 12:00	4	TBA	Electronic Medical Records (EPIC)	
Jun 30	8:00 to 5:00	8	Raymond Tucker, PhD	Collaborative Assessment & Management of Suicidality (CAMS).	Assessment; Ethical and Legal Standards
July 6	9:30 to 2:30	4	Karen Travis, LCSW	Group Therapy	Intervention; communication and interpersonal skills

#### Didactics in Clinical Psychology

Weekly didactics and discussion on topics in clinical psychology will be held on Thursday afternoons from 1:00 to 5:00 (see Table). There will be presentations by lecturers from a variety of disciplines.

#### Schedule at a Glance of Psychology Didactic Presentations for 2020-2021

Date(s)	DOW/ Time	Hours	Course Director	Topic	Profession Wide Competency
Jul 23 to Dec 7	Every Other Th @ 2:00	9	Glenn Jones, PhD	Special Topics in Assessment and Testing	Assessment
Jul 23 to Dec 7	Every Other Thu @ 2:00	9	Lee Tynes, PhD, MD	Research Series. Evidence Based Mental Health Practice, Quality Assurance and Quality Improvement, and Journal Club.	Research; Consultation and interprofessional/ interdisciplinary skills; Professional Values and Attitudes
Jul 23 to Dec 7	Every Other Thu at 3:00	9	Jessica Berthelot, MD	Consultation Liaison and Emergency Medicine: Consultation skills, psychiatric emergencies, bedside assessment tools.	Consultation and interprofessional/ interdisciplinary skills; Assessment; Intervention



**Schedule at a Glance of Psychology Didactic Presentations for 2020-2021**

<b>Date(s)</b>	<b>DOW/ Time</b>	<b>Hours</b>	<b>Course Director</b>	<b>Topic</b>	<b>Profession Wide Competency</b>
Jul 23 to Dec 7	Every Other Thu at 3:00	9	Dick Dalton, MD	Case Formulation: Psychodynamic and Attachment theory formulations of cases	Assessment; Intervention
Jul 23 to Dec 7	Thu @ 4:00	18	Andy Yarborough, PhD	Cultural Competency	Individual and Cultural Diversity
Christmas					
Jan 7 to May 20	Every Other Th @ 2:00	9	Glenn Jones, PhD	CBT Series. CBT 'refresher' leading into CBT for various disorders (Panic, Insomnia, Social Phobia).	Intervention; Assessment
Jan 7 to May 20	Every Other Thu @ 2:00	9	Lee Tynes, PhD, MD	Joint Meeting of psychology interns and all psychiatry residents. Evidence Based Mental Health Practice, Quality Assurance and Quality Improvement, and Journal Club.	Research; Consultation and interprofessional/ interdisciplinary skills;
Jan 7 to May 20	Every Other Thu at 3:00	8	Dick Dalton, MD	Case Formulation: Psychodynamic and Attachment theory formulations of cases.	Assessment; Intervention
Jan 7 to Mar 11	Every Other Thu at 3:00	5	Arwen Podesta, MD	Addiction: Theories of addiction. Assessment and treatment of addiction. Psychological, psychiatric, and medical issues of addiction.	Assessment; Intervention; Ethical and Legal Standards
Mar 18 to May 20	Every Other Thu at 3:00	5	Glenn Jones, PhD	Supervision: Models, Theory, and roleplays	Supervision; Ethical and Legal Standards, Professional Values and Attitudes.
Jan 7 to Mar 11	Thu @ 4:00	9	Andy Yarborough, PhD	Positive psychology. Theory and application of positive psychology.	Assessment; Intervention
Mar 18 to May 20	Thu @ 4:00	9	Andy Yarborough, PhD	Existential therapy. Theory and skills in existential therapy.	Assessment; Intervention

### Monthly Seminars on Psychotherapy

Monthly Seminars in Therapy are held at the Psychiatry Outpatient Clinic. These are 4-hour seminars held on the afternoon of the third Wednesday of the month. The topics focus on psychotherapy and mental health.

#### Monthly Seminars on Psychotherapy

Date	Hours	Presenter	Topic	Profession Wide Competency
Sep 23	4	Matt Calamia, PhD	Psychological Testing	Assessment
Oct 21	4	Tanya Stuart, LCSW	Treatment Planning: Developing a Working Document	Communication and Interpersonal skills
Nov 18	4	Steve Bordelon, LCSW	Couple's Therapy	Intervention; Assessment
Jan 20	4	Tanya Stuart, LCSW	Fundamentals of Mindfulness (Part 1)	Intervention
Feb 17	4	Tanya Stuart, LCSW	Fundamentals of Mindfulness (Part 2)	Intervention
Mar 17	4	Cindy Pechon, LCSW	Dialectic Behavioral Therapy	Intervention
Apr 21	4	Tanya Stuart, LCSW	Motivational Interviewing	Intervention
May 26	4	Robert Mathews, PhD	Human Development Over the Lifecycle	Individual and Cultural Diversity

### Grand Rounds

Joint Psychology/Psychiatry Grand Rounds are held from noon to 1:00 on most Wednesdays from August to June. Local and national experts present on a variety of topics in mental health over the course of the year. This venue is used for quarterly Morbidity and Mortality meetings (PWC: Consultation and interprofessional/interdisciplinary skills; Ethical and Legal Standards). Each intern will be asked to present on a clinical topic or make a clinical case presentation to this multidisciplinary meeting (PWC: Communication of clinical knowledge).

Recent presentations have included:

“Suicidal Thoughts: What They are and What They Aren’t” by Ray Tucker Ph.D.;

“The Real Truth About Lies and Malingering” by Dr. Mary Fitzgerald;

“Adolescent Mental Health in the Digital Age” by Jeff Temple, PhD;

“Complementary Treatment: Nutrition and Botanicals” by Arwen Podesta, MD;

“Eye Movement Desensitization Reprocessing” by Carol Miles, LCSW, and William Arendall, LCSW;

“What’s Love Got to Do with Intimate Partner Violence” by Denese Shervington, MD, MPH.

“Complementary Treatment: Nutrition and Botanicals” by Arwen Podesta, MD.

**Didactic Schedule for OLOL Psychology Interns**  
**Daily Format**

<b>Date</b>	<b>Time</b>	<b>Hrs</b>	<b>Course Director</b>	<b>Title: Content</b>	<b>Profession Wide Competency</b>
Tue Jun 23	1:00 to 5:00	4	Stuart, LCSW	Motivational Interviewing	Intervention
Mon Jun 29	8:00 to 12:00	4	TBA	Electronic Medical Records (EPIC)	
Tue Jun 30	8:00 to 5:00	8	Tucker, PhD	Collaborative Assessment & Management of Suicidality (CAMS).	Assessment; Ethical and Legal Standards
Mon Jul 6	9:30 to 2:30	4	Travis, LCSW	Group Therapy – didactic components addressing evidence base for group therapy and experiential components in preparation for leading groups.	Intervention; communication and interpersonal skills
Thu Jul 23	2:00 – 3:00	1	Tynes, PhD, MD	Research. Introduction to Evidence Based Mental Health Practice	Research; Professional Values and Attitudes
Thu Jul 23	3:00 – 4:00	1	Dalton, MD	Psychodynamic and Attachment theory formulations of cases (Case Formulation): Introduction and Overview	Assessment; Intervention
Thu Jul 23	4:00 – 5:00	1	Yarborough, PhD	Cultural Competency - Syllabus Review; Handouts, Assignments, and Assessments	Individual and Cultural Diversity
Thu Jul 30	2:00 – 3:00	1	Jones, PhD	Assessment and Testing: Intellectual Disability Screenings in Medical Settings	Assessment
Thu Jul 30	3:00 – 4:00	1	Berthelot, MD	Consultation Liaison and Emergency Mental Health (C/L and EMH): Delirium and Agitation	Assessment; Intervention
Thu Jul 30	4:00 – 5:00	1	Yarborough, PhD	Cultural Competency - Cultural Competency in Mental Health Care: A History	Individual and Cultural Diversity
Thu Aug 6	2:00 – 3:00	1	Tynes, PhD, MD	Research. Journal Club.	Research;
Thu Aug 6	3:00 – 4:00	1	Dalton, MD	Case Formulation: Overview of Attachment Theory: history, Strange Situation, Attachment styles, and meaning for development	Assessment; Intervention
Thu Aug 6	4:00 – 5:00	1	Yarborough, PhD	Cultural Competency - Understanding Culture, Ethnicity, and Race	Individual and Cultural Diversity

<b>Date</b>	<b>Time</b>	<b>Hrs</b>	<b>Course Director</b>	<b>Title: Content</b>	<b>Profession Wide Competency</b>
Thu Aug 13	2:00 – 3:00	1	Jones, PhD	Assessment and Testing: Bariatric and Pre-Operative evaluations	Assessment
Thu Aug 13	3:00 – 4:00	1	Berthelot, MD	C/L & EMH: Demoralization, Depression in Medical Settings, and Difficult Patients	Consultation and interprofessional/ interdisciplinary skills; Assessment; Intervention
Thu Aug 13	4:00 – 5:00	1	Yarborough, PhD	Cultural Competency - Understanding Bias, Prejudice, and “-ism’s”	Individual and Cultural Diversity
Thu Aug 20	2:00 – 3:00	1	Tynes, PhD, MD	Research. Evidence Based Mental Health: Evaluating an article about Treatment	Research; Professional Values and Attitudes
Thu Aug 20	3:00 – 4:00	1	Dalton, MD	Case Formulation: Overview of Object Relations Theory (OR): Relationship to Attachment Theory; Kernberg’s approach to OR; Internal Working Model (IWM) and mental representations	Assessment; Intervention
Thu Aug 20	4:00 – 5:00	1	Yarborough, PhD	Cultural Competency - Institutional Barriers and Privilege	Individual and Cultural Diversity
Thu Aug 27	2:00 – 3:00	1	Jones, PhD	Assessment and Testing: Personality Testing	Assessment
Thu Aug 27	3:00 – 4:00	1	Berthelot, MD	C/L & EMH: Informed Consent and Capacity	Assessment; Intervention
Thu Aug 27	4:00 – 5:00	1	Yarborough, PhD	Cultural Competency - Cultural Identity Autobiographical Presentations	Individual and Cultural Diversity
Thu Sep 3	1-5			Wellness:	
Thu Sep 10	2:00 – 3:00	1	Tynes, PhD, MD	Research: Journal Club.	Research;
Thu Sep 10	3:00 – 4:00	1	Dalton, MD	Case Formulation: How are outcomes of Attachment Theory and OR related to DSM?	Assessment; Intervention
Thu Sep 10	4:00 – 5:00	1	Yarborough, PhD	Cultural Competency - Cultural Identity Autobiographical Presentations	Individual and Cultural Diversity

<b>Date</b>	<b>Time</b>	<b>Hrs</b>	<b>Course Director</b>	<b>Title: Content</b>	<b>Profession Wide Competency</b>
Thu Sep 17	2:00 – 3:00	1	Jones, PhD	CBT: CBT for Panic	Intervention; Assessment
Thu Sep 17	3:00 – 4:00	1	Berthelot, MD	C/L & EMH: Cardiac Considerations	Assessment; Intervention
Thu Sep 17	4:00 – 5:00	1	Yarborough, PhD	Cultural Competency - Cultural Identity Autobiographical Presentations	Individual and Cultural Diversity
Wed Sep 23	1:00 to 5:00	4	Matt Calamia, PhD	Psychological Testing	Assessment
Thu Sep 24	2:00 – 3:00	1	Jones, PhD	Assessment and Testing: ADHD Testing	Assessment
Thu Sep 24	3:00 & 4:00			TBA	
Thu Oct 1	2:00 – 3:00	1	Tynes, PhD, MD	Research: Evidence Based Mental Health Practice – Evaluating Articles about Tests	Research;
Thu Oct 1	3:00 – 4:00	1	Dalton, MD	Case Formulation: Development of the Self throughout the life cycle: birth through older age: preschool, school-age years, adolescence, young adult years, middle age, older age	Assessment; Intervention
Thu Oct 1	4:00 – 5:00	1	Yarborough, PhD	Cultural Competency - Physical Disabilities and Diversity	Individual and Cultural Diversity
Thu Oct 8	2:00 – 3:00	1	Jones, PhD	Assessment and Testing: Malingering Assessment and Effort Testing	Assessment
Thu Oct 8	3:00 – 4:00	1	Berthelot, MD	C/L & EMH: Psychiatry and the Gut (GI)	Assessment; Intervention
Thu Oct 8	4:00 – 5:00	1	Yarborough, PhD	Cultural Competency - Sexuality, Gender, and Culture	Individual and Cultural Diversity
Thu Oct 15	2:00 – 3:00	1	Tynes, PhD, MD	Research: Journal Club.	Research;

<b>Date</b>	<b>Time</b>	<b>Hrs</b>	<b>Course Director</b>	<b>Title: Content</b>	<b>Profession Wide Competency</b>
Thu Oct 15	3:00 – 4:00	1	Dalton, MD	Case Formulation: Cognitive development (Piaget)	Assessment; Intervention
Thu Oct 15	4:00 – 5:00	1	Yarborough, PhD	Cultural Competency - Cultural Competency, Louisiana Legislation, and Mental Health	Individual and Cultural Diversity
Wed Oct 21	1:00 to 5:00	4	Tanya Stuart, LCSW	Treatment Planning: Developing a Working Document	Ethical and Legal Standards; Communication and Interpersonal skills
Thu Oct 22	2:00 – 3:00	1	Jones, PhD	CBT: CBT for GAD/Worry	Intervention; Assessment
Thu Oct 22	3:00 – 4:00	1	Berthelot, MD	C/L & EMH: Psychopharm in the Medically Ill	Assessment; Intervention
Thu Oct 22	4:00 – 5:00	1	Yarborough, PhD	Cultural Competency - Religion, Spirituality, and Culture	Individual and Cultural Diversity
Thu Oct 29	1-5			Wellness:	
Thu Nov 5	2:00 – 3:00	1	Tynes, PhD, MD	Research. Evidence Based Mental Health: Evaluating articles about Course and Prognosis	Research; Professional Values and Attitudes
Thu Nov 5	3:00 – 4:00	1	Dalton, MD	Case Formulation: Development within the family: major family tasks; special concerns about adolescent development	Assessment; Intervention
Thu Nov 5	4:00 – 5:00	1	Yarborough, PhD	Cultural Competency - Assessment, Diagnosis, and Psychotherapy Considerations	Individual and Cultural Diversity
Thu Nov 12	2:00 – 3:00	1	Jones, PhD	Assessment and Testing: Projective and Traditional Testing	Assessment
Thu Nov 12	3:00 – 4:00	1	Berthelot, MD	C/L & EMH: CL Emergencies: NMS/SS/Catatonia	Consultation and interprofessional/ interdisciplinary skills; Assessment; Intervention
Thu Nov 12	4:00 – 5:00	1	Yarborough, PhD	Cultural Competency - Engaging Cultural Competency: Learning from Family Systems	Individual and Cultural Diversity

<b>Date</b>	<b>Time</b>	<b>Hrs</b>	<b>Course Director</b>	<b>Title: Content</b>	<b>Profession Wide Competency</b>
Wed Nov 18	1:00 to 5:00	4	Steve Bordelon, LCSW	Couple's Therapy	Intervention; Assessment
Thu Nov 19	2:00 – 3:00	1	Tynes, PhD, MD	Research: Journal Club.	Research;
Thu Nov 19	3:00 – 4:00	1	Dalton, MD	Case Formulation: How to understand mental illness; conflict and defense mechanisms	Assessment; Intervention
Thu Nov 19	4:00 – 5:00	1	Yarborough, PhD	Cultural Competency - Cultural Competency, Law Enforcement, and Mental Health	Individual and Cultural Diversity
Thu Nov 26				THANKSGIVING	
Thu Dec 3	2:00 – 3:00	1	Jones, PhD	Assessment and Testing: Evaluating Capacity in Medical Patients	Assessment
Thu Dec 3	3:00 – 4:00	1	Berthelot, MD	C/L & EMH: Somatoform Illness and Deception Syndromes	Consultation and interprofessional/ interdisciplinary skills; Assessment; Intervention
Thu Dec 3	4:00 – 5:00	1	Yarborough, PhD	Cultural Competency - Cultural Competency Presentations	Individual and Cultural Diversity
Thu Dec 10	2:00 – 3:00	1	Tynes, PhD, MD	Research. Evidence Based Mental Health- Evaluating Articles about Harm	Research;
Thu Dec 10	3:00 – 4:00	1	Dalton, MD	Case Formulation: How to formulate and present a case	Assessment; Intervention
Thu Dec 10	4:00 – 5:00	1	Yarborough, PhD	Cultural Competency - Cultural Competency Presentations	Individual and Cultural Diversity
Thu Dec 17	2:00 – 3:00	1	Jones, PhD	Assessment and Testing: Beyond the MMSE – Dementia testing	Assessment
Thu Dec 17	3:00 – 4:00	1	Berthelot, MD	C/L & EMH: Autoimmune Psychiatry	Assessment; Intervention

<b>Date</b>	<b>Time</b>	<b>Hrs</b>	<b>Course Director</b>	<b>Title: Content</b>	<b>Profession Wide Competency</b>
Thu Dec 17	4:00 – 5:00	1	Yarborough, PhD	Cultural Competency - Cultural Competency Presentations	Individual and Cultural Diversity
Thu Dec 24				Christmas	
Thu Dec 31				New Year's Eve	
Thu Jan 7	2:00 – 3:00	1	Tynes, PhD, MD	Research: Journal Club.	Research;
Thu Jan 7	3:00 – 4:00	1	Podesta, MD	Addiction: Overview of the Neurobiological Aspects and Treatment of Addiction	Assessment; Intervention
Thu Jan 7	4:00 - 5:00	1	Yarborough, PhD	Positive Psychology - Syllabus Review; Introduction	Intervention; Assessment
Thu Jan 14	2:00 – 3:00	1	Jones, PhD	CBT: CBT for Insomnia	Intervention; Assessment
Thu Jan 14	3:00 – 4:00	1	Dalton, MD	Case Formulation: Using inductive reasoning to determine patient patterns in psychotherapy: triple column homework; Internal Working Model	Assessment; Intervention
Thu Jan 14	4:00 - 5:00	1	Yarborough, PhD	Positive Psychology - PERMAH Model of Well-being; Positive emotions	Intervention; Assessment
Wed Jan 20	1:00 to 5:00	4	Tanya Stuart, LCSW	Fundamentals of Mindfulness (Part 1)	Intervention
Thu Jan 21	2:00 – 3:00	1	Tynes, PhD, MD	Research. Quality Assurance and Quality Improvement - Introduction.	Research;
Thu Jan 21	3:00 – 4:00	1	Podesta, MD	Addiction: History of Addiction and Treatment	Assessment; Intervention; Ethical and Legal Standards
Thu Jan 21	4:00 - 5:00	1	Yarborough, PhD	Positive Psychology - Engagement and Flow	Intervention; Assessment



<b>Date</b>	<b>Time</b>	<b>Hrs</b>	<b>Course Director</b>	<b>Title: Content</b>	<b>Profession Wide Competency</b>
Thu Jan 28	2:00 – 3:00	1	Jones, PhD	CBT: CBT for Insomnia	Intervention; Assessment
Thu Jan 28	3:00 – 4:00	1	Dalton, MD	Case Formulation: Listening: empathy and verbal response; Working Alliance development and maintenance; Change; resistance	Assessment; Intervention
Thu Jan 28	4:00 - 5:00	1	Yarborough, PhD	Positive Psychology - Relationships, Attachment, and Love	Intervention; Assessment
Thu Feb 4	2:00 – 3:00	1	Tynes, PhD, MD	Research. Journal Club.	Research; communication and interpersonal skills
Thu Feb 4	3:00 – 4:00	1	Podesta, MD	Addiction: Opioid Use Disorder Treatment Comparisons	Intervention; Assessment; Research
Thu Feb 4	4:00 - 5:00	1	Yarborough, PhD	Positive Psychology - Meaning and Accomplishment	Intervention; Assessment
Thu Feb 11	1-5			Wellness:	
Wed Feb 17	1:00 to 5:00	4	Tanya Stuart, LCSW	Fundamentals of Mindfulness (Part 2)	Intervention
Thu Feb 18	2:00 – 3:00	1	Jones, PhD	CBT: CBT for Social Anxiety	Intervention; Assessment
Thu Feb 18	3:00 – 4:00	1	Dalton, MD	Case Formulation: Cognitive therapy: automatic thoughts; cognitive schemas; cognitive distortions; collaborative empiricism	Assessment; Intervention
Thu Feb 18	4:00 - 5:00	1	Yarborough, PhD	Positive Psychology - Positive Psychology, Adversity, Struggle, and Character Strengths	Intervention; Assessment
Thu Feb 25	2:00 – 3:00	1	Tynes, PhD, MD	Research. Quality Assurance and Quality Improvement – Group Projects.	Research;
Thu Feb 25	3:00 – 4:00	1	Podesta, MD	Addiction: Pain and Addiction	Assessment; Intervention; Ethical and Legal Standards; Consultation

<b>Date</b>	<b>Time</b>	<b>Hrs</b>	<b>Course Director</b>	<b>Title: Content</b>	<b>Profession Wide Competency and Interprofessional/ interdisciplinary skills</b>
Thu Feb 25	4:00 - 5:00	1	Yarborough, PhD	Positive Psychology - Positive Psychology's Reach	Intervention; Assessment
Thu Mar 4	2:00 – 3:00	1	Jones, PhD	CBT: CBT for Social Anxiety	Intervention; Assessment
Thu Mar 4	3:00 – 4:00	1	Dalton, MD	Case Formulation: Cognitive-behavioral therapy: exposure, stimulus control, operant conditioning	Assessment; Intervention
Thu Mar 4	4:00 - 5:00	1	Yarborough, PhD	Positive Psychology - Towards a Positive Psychiatry	Intervention; Assessment
Thu Mar 11	2:00 – 3:00	1	Tynes, PhD, MD	Research. Journal Club.	Research; communication and interpersonal skills
Thu Mar 11	3:00 – 4:00	1	Podesta, MD	Addiction: 12 -step, Shame and Stigma	Assessment; Intervention; Individual and Cultural Diversity; Professional Values and Attitudes; Intervention; Assessment
Thu Mar 11	4:00 - 5:00	1	Yarborough, PhD	Positive Psychology - Presentations	Intervention; Assessment
Wed Mar 17	1:00 to 5:00	4	Cindy Pechon, LCSW	Dialectic Behavioral Therapy	Intervention
Thu Mar 18	2:00 – 3:00	1	Jones, PhD	CBT: CBT for Social Anxiety	Intervention; Assessment
Thu Mar 18	3:00 – 4:00	1	Jones, PhD	Supervision: Introduction	Supervision; Professional Values and Attitudes
Thu Mar 18	4:00 - 5:00	1	Yarborough, PhD	Existential Psychology - Syllabus review and introduction	Intervention; Assessment
Thu Mar 25	2:00 – 3:00	1	Tynes, PhD, MD	Research: Quality Assurance and Quality Improvement – Group Projects	Research;

<b>Date</b>	<b>Time</b>	<b>Hrs</b>	<b>Course Director</b>	<b>Title: Content</b>	<b>Profession Wide Competency</b>
Thu Mar 25	3:00 – 4:00	1	Dalton, MD	Case Formulation: What is Borderline Personality Disorder (BPD) and how to approach this disorder using psychodynamic therapy	Assessment; Intervention
Thu Mar 25	4:00 - 5:00	1	Yarborough, PhD	Existential Psychology - Key Frameworks	Intervention; Assessment
Thu Apr 1	1-5			Wellness:	
Thu Apr 8	2:00 – 3:00	1	Jones, PhD	CBT: Cognitive Processing Therapy for PTSD	Intervention; Assessment
Thu Apr 8	3:00 – 4:00	1	Jones, PhD	Supervision: Models of Supervision	Supervision; Professional Values and Attitudes
Thu Apr 8	4:00 - 5:00	1	Yarborough, PhD	Existential Psychology - From Death to Life	Intervention; Assessment
Thu Apr 15	2:00 – 3:00	1	Tynes, PhD, MD	Research: Journal Club.	Research; communication and interpersonal skills
Thu Apr 15	3:00 – 4:00	1	Dalton, MD	Case Formulation: Other approaches to BPD: DBT, Schema-focused therapy	Assessment; Intervention
Thu Apr 15	4:00 - 5:00	1	Yarborough, PhD	Existential Psychology - From Suffering to Freedom	Intervention; Assessment
Wed Apr 21	1:00 to 5:00	4	Tanya Stuart, LCSW	Motivational Interviewing	Intervention
Thu Apr 22	2:00 – 3:00	1	Jones, PhD	CBT: Cognitive Processing Therapy for PTSD	Intervention; Assessment
Thu Apr 22	3:00 – 4:00	1	Jones, PhD	Supervision: Legal Aspects of Supervision	Supervision; Ethical and Legal Standards
Thu Apr 22	4:00 - 5:00	1	Yarborough, PhD	Existential Psychology - From Isolation to Belonging	Intervention; Assessment
Thu Apr 29	2:00 – 3:00	1	Tynes, PhD, MD	Research: Quality Assurance and Quality Improvement: Group Projects.	Research;

<b>Date</b>	<b>Time</b>	<b>Hrs</b>	<b>Course Director</b>	<b>Title: Content</b>	<b>Profession Wide Competency</b>
Thu Apr 29	3:00 – 4:00	1	Dalton, MD	Case Formulation: What is Narcissistic Personality Disorder (NPD) and how to approach this disorder using psychodynamic therapy	Assessment; Intervention
Thu Apr 29	4:00 - 5:00	1	Yarborough, PhD	Existential Psychology - From Meaninglessness to MISSION	Intervention; Assessment
Thu May 6	2:00 – 3:00	1	Jones, PhD	CBT: Cognitive Processing Therapy for PTSD	Intervention; Assessment
Thu May 6	3:00 – 4:00	1	Jones, PhD	Supervision: Roleplay	Supervision
Thu May 6	4:00 - 5:00	1	Yarborough, PhD	Existential Psychology - Meaning presentations	Intervention; Assessment
Thu May 13	2:00 – 3:00	1	Tynes, PhD, MD	Research. Journal Club.	Research; communication and interpersonal skills
Thu May 13	3:00 – 4:00	1	Dalton, MD	Case Formulation: Family Therapy overview: Triangles, boundary problems, disturbed homeostasis; circular causality	Assessment; Intervention
Thu May 13	4:00 - 5:00	1	Yarborough, PhD	Existential Psychology - Meaning and Case presentations	Intervention; Assessment
Thu May 20	2:00 – 3:00	1	Jones, PhD	CBT: Cognitive Processing Therapy for PTSD	Intervention; Assessment
Thu May 20	3:00 – 4:00	1	Jones, PhD	Supervision: Roleplay	Supervision
Thu May 20	4:00 - 5:00	1	Yarborough, PhD	Existential Psychology - Case presentations	Intervention; Assessment
Wed May 26	1:00 to 5:00	4	Robert Mathews, PhD	Human Development Over the Lifecycle	Individual and Cultural Diversity