



Brattleboro Retreat

**Clinical Psychology Doctoral
Internship Program**

Intern Handbook

2019-2020*

***updated Feb 5, 2019**

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Welcome!

The mission of the Brattleboro Retreat Clinical Psychology Doctoral Internship Program at Brattleboro, Vermont, is to offer professional psychology training that emphasizes both generalist and specialty training using a scholar-practitioner model committed to excellence in treatment, advocacy, education, research, and community service. The training program provides the intern the opportunity to be engaged in treatment teams comprised of expert caregivers in medical and holistic services in providing hope, healing, safety and privacy to the patients.

Accreditation Status

The American Psychological Association (APA) has accredited the Brattleboro Retreat's Clinical Psychology Doctoral Internship Program through 2023. Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

[Office of Program Consultation and Accreditation](#)

American Psychological Association

750 1st Street, NE, Washington, DC 20002

Phone: (202) 336-5979

Email: apaaccred@apa.org

APPIC Membership Status

The Brattleboro Retreat Clinical Psychology Doctoral Internship Program is a participating member of APPIC (<https://www.appic.org/>).

Contact Information

William J. Matthews, Ph.D. Training Director

Brattleboro Retreat

1 Anna Marsh Lane

Brattleboro, VT 05301

wmatthews@brattlebororetreat.org

Brattleboro Retreat Training Site

History: The Brattleboro Retreat was founded in 1834 by a \$10,000 bequest from Anna Hunt Marsh as provided in her will. Born in 1769, Anna was the daughter of Jonathan Hunt, one of the first settlers in the 3-corner area that is now comprised of Northfield, MA, Hinsdale, NH, and Vernon, VT. Jonathan Hunt also served a term as Vermont's Lt. Governor.

The Brattleboro Retreat was the first facility for the care of the mentally ill in Vermont, and one of the first ten private psychiatric hospitals in the United States. Each of these institutions, which included, among others, The McLean Asylum in Massachusetts, The Hartford Retreat in Connecticut, and The Friends Asylum in Pennsylvania, followed the example of the York Retreat in York, England, which based its philosophy on the humane treatment of the mentally ill. The philosophy, known as *moral treatment*, was patterned on a Quaker concept that represented a daring departure in the care for the mentally ill and was introduced in the late 1700s by William Tuke.

The basis of *Moral treatment* was founded on treating patients with dignity and respect in a caring, family-like environment that included meaningful work, cultural pursuits, wholesome nutrition and daily exercise. In support of this philosophy, and to emphasize the healthful benefits of physical and emotional well-being, the Retreat pioneered an impressive list of hospital firsts:

- first continuous patient newspaper,
- first attendant's training course,
- first hospital gymnasium,
- camping programs, swimming pools and bowling alley, and
- first self-sufficient dairy farm.

Mental Health and Addictions Treatment Services: The Brattleboro Retreat is a private, not-for-profit, specialty mental health and addictions treatment center providing a full range of diagnostic, therapeutic and rehabilitation services for individuals of all ages and their families. The Brattleboro Retreat is a member of the Ivy League Hospitals (the original 13 psychiatric institutions that became known as the Ivy League Private Psychiatric Hospital Group), and is one of the 10 largest psychiatric hospitals in the United States.

Nationally recognized as a leader in the field, the Brattleboro Retreat offers a high-quality, individualized, comprehensive continuum of care including

- inpatient programs for children, adolescents and adults;
- specialized mental health & addiction inpatient treatment program for lesbian, gay, bisexual and transgender individuals;
- partial hospitalization and intensive outpatient mental health and addiction treatment services for adults;
- specialized trauma and addiction treatment for police, fire, military, veterans, EMT and corrections personnel;
- residential programs for children & adolescents; and
- outpatient treatment for people of all ages.

Community Served:

The Brattleboro Retreat is located in Brattleboro, Vermont, which is in the southwestern corner of Vermont – on the border with both New Hampshire and Massachusetts. It is a small, rural town with a population of approximately 7,000. Brattleboro is the population center of Windham County, which has a total population of approximately 44,000. The State of Vermont has an estimated population of 626,000, while New England has a total population of approximately 14,618,000. The majority of that population is located in Massachusetts and Connecticut.

The Retreat plays a vital role as a major provider of mental health and substance abuse services in New England. It treats people from across New England, accepts high numbers of Medicare and Medicaid funded patients and provides services offered by few other hospitals. In 2016, approximately 75% of the Retreat's funding came from public sources – Medicare, Medicaid and state programs.

There are no other mental health and addiction specialty hospitals in Vermont and few in New England. In Vermont, four medical hospitals have psychiatric units. The Retreat operates roughly the same number of beds as the other four hospitals combined, making it the largest provider of inpatient psychiatric services in the state. The Retreat is also the only mental health hospital in Vermont for children and adolescents.

As a regional specialty psychiatric hospital, the Retreat draws patients from a large and diverse catchment area: across Vermont, throughout the greater New England area, and beyond. The Retreat's service area is extremely diverse in terms of geography, socioeconomic status and perceptions of mental health and addiction care as well as demographics. Included in this expansive area are urban, suburban and rural communities with varying degrees of education, economic opportunities and access to health services and treatment. Furthermore, these populations perceive health, namely mental health, differently.

The Retreat provides outpatient services to thousands of individuals each year. These services include counseling services in the Anna Marsh Clinic and the Mind Body Pain Clinic, partial hospitalization, and hospital outpatient mental health and addiction treatment programs in the Birches Treatment Center and intensive outpatient addiction treatment in Starting Now. Specialized treatment services for police officers, fire fighters, veterans and other uniformed professionals are provided in the Uniformed Service Program. In 2015, the Brattleboro Retreat provided services to over 7000 people.

Brattleboro Retreat Mission: Inspired by the courage of our patients, the Brattleboro Retreat is dedicated to children, adolescents and adults in their pursuit of recovery from mental illness, psychological trauma and addiction. We are committed to excellence in treatment, advocacy, education, research, and community service. We provide hope, healing, safety and privacy through a full continuum of medical and holistic services delivered by expert caregivers in a uniquely restorative Vermont setting.

Psychology Internship

Program Structure and the Intern Experience

The Brattleboro Retreat Clinical Psychology Doctoral Internship Program offers one-year, full-time internships beginning the first week of July. Interns are expected to complete two-thousand (2,000) hours of training during the year and achieve the goals and objectives of the internship program (see Goals and Objectives), to abide by the APA Code of Ethics, the requirements of the Brattleboro Retreat Clinical Psychology Doctoral Internship Program training program, and the policies and procedures of their employer, the Brattleboro Retreat.

The Internship program is designed to provide an immersive experience in providing psychological services in inpatient and outpatient health care settings. In both settings, interns work as part of an integrated team that includes psychiatrists, psychologists, social workers, substance abuse counselors, nurses, and mental health workers. Many patients present with co-occurring disorders (i.e., mental health and substance use). Interns provide assessments, brief, short-term and long-term therapy, and group facilitation. Much of the work is team-based. Following APA internship requirements, interns will spend a minimum of 25% of their time in direct client contact.

Interns may select either an inpatient (IP) or outpatient health care setting (PHP) as their primary rotation in which a majority of their time (at least 50%) is spent working. However, following the APPIC protocol, applicants may choose to apply to both tracks (PHP and IP) and rank order their preference.

Outpatient work consists mostly of providing psychological services in the Retreat's partial hospitalization programs, the Uniformed Service Program and the Birches Program. Interns spend six (6) months in each program where they gain experience in group facilitation, case management, and individual assessment and treatment. Also, interns gain experience in facilitating groups in the various inpatient programs at the Retreat. The PHP track is based on a 40 hr week, Monday through Friday (typically 8am to 4pm).

Interns selecting the inpatient health care setting as their primary rotation will also gain experience in group facilitation, case management, and individual assessment and treatment. The Retreat has several adult inpatient programs where interns provide psychological services: Adult Intensive, Emerging Adult, and Adult Inpatient. Patients in these programs are dealing with a wide range of issues including alcohol and drug detoxification, co-occurring disorders, episodes of acute psychiatric distress, and long-term psychological conditions. The primary treatment model is Acceptance and Commitment Therapy (ACT) employed in group format. The Inpatient track is based on a 40 hr work week. However, in order to insure consistent clinical programming covering the weekends, one intern schedule will be Tuesday to Saturday, and the other will be Sunday to Thursday. After 6 months, the interns on the inpatient track will switch schedules.

Besides primary work in the Retreat's inpatient or partial hospitalization programs, interns carry for the duration of their internship a small, individual therapy caseload, which is typically one or two

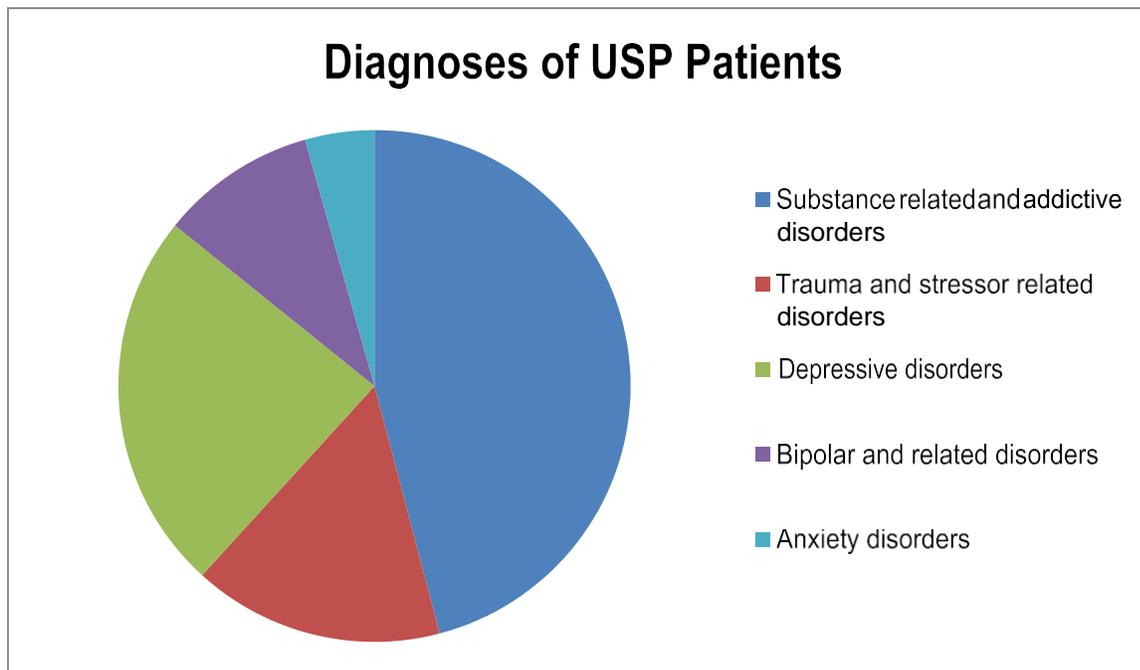
patients with psychological and sometimes medical (i.e., behavioral medicine) conditions. Interns are expected to have prior experience conducting intake assessments (e.g., biopsychosocial history, suicide risk assessment, substance use assessment) and are required to conduct regular intake assessments throughout the year.

For all inpatient and outpatient health care rotations, the internship program provides training in a range of approaches to assessment and intervention including cognitive and behavioral therapies, acceptance and commitment therapy, stages of change, and mindfulness-based stress reduction. The program consists of individual and group psychotherapy, and assessment at a minimum of twelve (12) hours each week. It provides regular structured learning activities including case conferences, seminars on clinical issues, group supervision, program development, and other didactic activities. The program provides at least four (4) hours total in structured learning activities on issues related to cultural diversity and four (4) hours per week of supervision.

Partial Hospitalization Programs

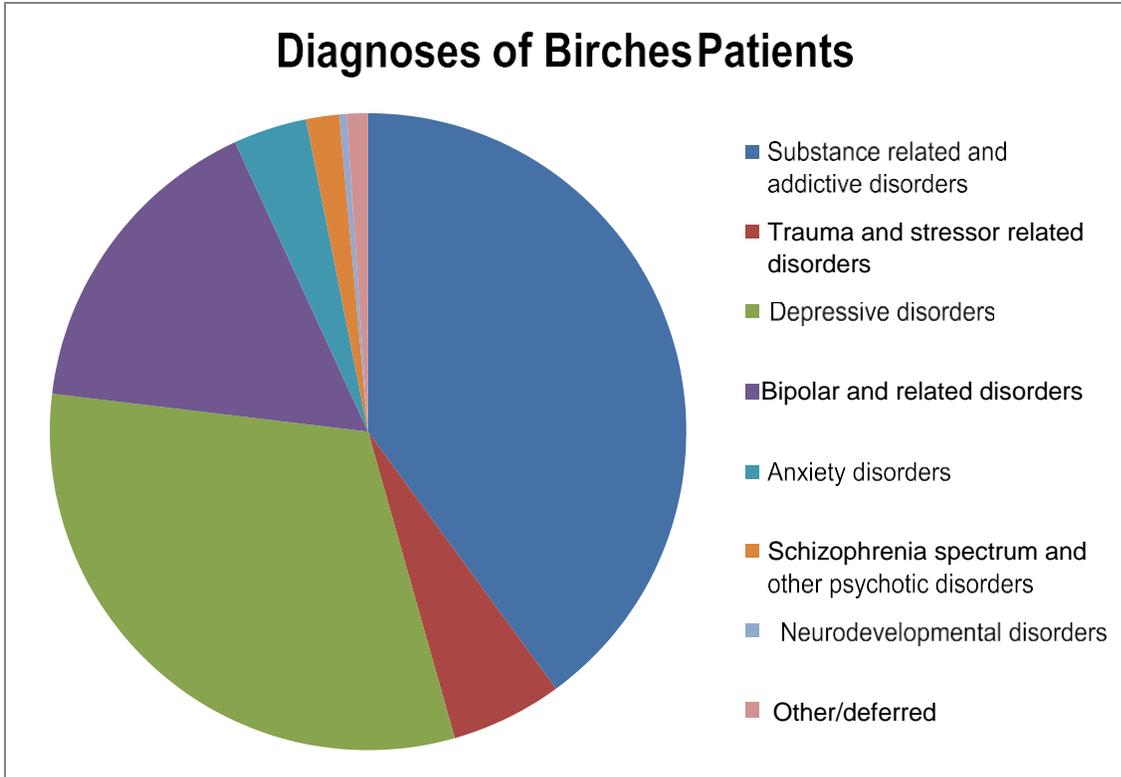
Uniform Service Program

The Uniformed Service Program provides partial hospitalization and intensive outpatient levels of care focusing on specialized trauma and addiction treatment services to police, fire, military, veterans, emergency medical technicians, and corrections personnel. The patient population consists of adults suffering primarily from mood, anxiety, substance-related, and/or posttraumatic stress disorders.



Birches Treatment Center

The Birches Treatment Center provides partial hospital (PHP) and intensive outpatient (IOP) individual and group short-term therapy to people ages 18 and older with a broad range of problems including anxiety, depression, chronic pain, eating disorders, phobias, substance abuse, and sleep problems.



Inpatient Programs (a separate track from PHP)

Adult Inpatient

The Brattleboro Retreat's Adult Inpatient Treatment Program is 24 bed unit providing people ages 18 and older with a broad range of short-term, around-the-clock care for a wide range of acute mental health and addiction problems. Admissions are accepted 24-hours-a-day, seven days a week. Our adult inpatient mental health and addiction treatment program offers sophisticated, coordinated care provided by an experienced team that includes board-certified psychiatrists, psychiatric nurses, licensed social workers, and highly trained mental health workers.

Patients on this unit have a range of presenting issues to include the following:

- depression
- bipolar disorders
- co-occurring disorders (dual diagnosis)
- withdrawal from alcohol, prescription drugs, and other potentially dangerous or addictive substances
- Schizophrenia and other thought disorders.

Adult Intensive Program

Opened in April, 2013, the Retreat's Adult Intensive Program is a 14-bed, secure unit that offers acutely ill patients a level of advanced psychiatric inpatient care that's unsurpassed in the nation.

Emerging Adult Inpatient Program

Our Emerging Adult Inpatient Program is a 14 bed unit designed for adults ages 18 to 26 who are experiencing mental health problems that can be compounded by the unique challenges associated with this time of life. That includes young adults dealing with mental illness and addiction issues. Our goal is to help each patient understand their illness, resolve their symptoms, learn to deal with setbacks as they arise, and successfully cross the bridge to an independent, rewarding adult life. The treatment disorders on this unit will include:

- schizophrenia
- bipolar disorder
- anxiety disorders
- clinical depression

The psychology interns for this inpatient rotation will become a participating member of the treatment teams on each unit and will be leading inpatient treatment groups (using the ACT treatment model, plus breath training, relaxation training and mindfulness training) under the supervision of a licensed clinical psychologist. The intern also will be involved in treatment planning, step down to less restrictive treatment, as well as aftercare planning.

All psychology interns (i.e., PHP and Inpatient) will have the opportunity to have some limited experience with the other track. As such, PHP interns will have the opportunity for some inpatient experience and Inpatient interns will have the opportunity for some PHP experience. **Applicants can apply to exclusively one or the other track. However, applicants may apply to both track and rank order their preference.**

Secondary Rotations

Anna Marsh Clinic

Interns in the Anna Marsh Clinic provide short and long-term individual outpatient therapy to adolescents and adults with a broad range of psychological disorders. PHP and Inpatient interns will have the opportunity to have a small caseload (1-2 clients) in this outpatient setting.

Supervision

A Vermont licensed psychologist, William J. Matthews, Ph.D. (Training Director of the Clinical Psychology Doctoral Internship Program) is responsible for the integrity and quality of the training program. Two Vermont licensed psychologists, who have clinical responsibility for cases being supervised, provide a minimum of two hours of individual face-to-face supervision each week, and two hours of group supervision. The two supervisors, along with Kurt White, MSW (Director of Outpatient Services) and Dr. Frank Gallo comprise the Psychology Internship Training Committee.

Research

The members of the training committee are involved in ongoing research projects. Interns are encouraged, but not required, to participate in these projects. We realize that many interns are still in the process of completing their dissertation or equivalent research project, and need to focus on these activities.

Stipend, Benefits, and Resources

The stipend is \$24,000 annually. Benefits include 22 days of paid vacation, medical, or personal time, including paid time off for seven holidays: New Year's Day, Presidents' Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day, and Christmas Day. Interns typically begin the first week of July.

The internship includes optional medical and life insurance benefits for which the intern pays a share of the premium. Included in the internship is malpractice liability coverage. Each intern has an individual office space with a personal computer linked to the Retreat's network. Exercise facilities are available on site. The Retreat offers APA approved continuing education opportunities for professional development. There are conferences available during the internship year, and interns are encouraged to attend when possible. Interns may also receive approval for participation in other professional psychology conferences, dissertation defense, and postdoctoral job interviews. (See Appendix C).

Application Process and Selection Criteria

The application deadline for the 2020-21 internship cycle is November 22nd 2019 (i.e., applications must be submitted by the 11:59 pm EST of that date). Applicants invited for the on campus interview will be notified by phone and email on or by December 10th, 2019. Those who do not receive a call on that date, have not been invited for the campus interview.

Preference is given to applicants for either track with demonstrated interest and experience in the following areas:

- Third wave cognitive behavioral therapies (i.e., Acceptance and Commitment Therapy or Mindfulness-Based Cognitive Therapy)
- Behavioral medicine
- Hospital outpatient, inpatient, and/or community mental health services
- Treatment of specialized populations including LGBTQ, military, first responders (e.g., fire, EMS), enforcement (e.g., police, corrections, agents of state and federal agencies), and co-occurring disorders (i.e., mental health and substance use)

The Brattleboro Retreat Clinical Psychology Doctoral Internship Program prefers on-site interviews. Applicants invited for interviews will have the opportunity to meet with current interns and faculty and learn more about the Retreat and the internship program. **We understand that applicants have multiple internship interviews, to that end, we offer two on campus interview dates (January 10th, and January 17th 2020.** We have not found skype/online interviews to be particularly useful as such we do not conduct skype interviews.

As part of the Retreat orientation all employees will have a pre-employment health assessment (e.g. TB test, etc.).

Students interested in applying for the internship program must submit an online application through the APPIC website (www.appic.org). The Brattleboro Retreat is an Equal Opportunity Employer committed to excellence through diversity and is open to interns from diverse backgrounds.

Please note that for either track (PHP and/or IP) we absolutely will make every effort to accommodate the interns interests (e.g., pain management case, individual case work). However,

while we do psychological assessments, we do not do psychological testing (e.g. IQ, MMPI, ADHD, neuro-psychs, etc.). In addition, we do not do work with children and families. If that is the intern's focus and interest, then we would not be your best fit for that person.

A complete application consists of the following materials:

1. A completed On-line AAPI (APPIC's standard application)
2. Cover letter (as part of the on-line AAPI)

3. A current Curriculum Vitae (as part of the on-line AAPI)
4. Three letters of recommendation, two of which must be from persons who have directly supervised your clinical work (as part of the on-line AAPI). **Please submit no more than three letters**
5. Official transcripts of **all** graduate coursework (as part of the on-line AAPI)
6. Supplementary materials: In addition to the standard elements of the APPI online, the following supplemental materials are optional (via scanned upload as per AAPPI online instructions):
 - ┆ Supplemental testing report,
 - ┆ Publication,
 - ┆ or research study

Please be sure to comply with HIPAA requirements in ensuring the de-identification of submitted work samples.

Eligibility requirements for the program are as follows:

- Applicant must be a candidate for the Ph.D., Psy.D., or Ed.D. in an APA or CPA accredited doctoral training program. Acceptable program types are:
 - Clinical Psychology
 - Counseling Psychology
- All coursework toward the doctoral degree must be completed by the end of the academic year prior to the start of internship
- Certification of internship readiness by the applicant's academic program
- 4 years minimum of grad training required

The program requires that applicants have completed a minimum number of intervention and assessment hours at the time of application:

Total Direct Contact Intervention Hours: 500

Total Direct Contact Assessment Hours: 10

Requests for further information should be directed to:

William J. Matthews, Ph.D., Training Director

wmatthews@brattlebororetreat.org

Goals and Objectives

The mission of the Brattleboro Retreat Clinical Psychology Doctoral Internship Program is to offer professional psychology training that emphasizes both generalist and specialty training using a scholar-practitioner model committed to excellence in treatment, advocacy, education, research, and community service. The training program provides the intern the opportunity to be engaged in treatment teams comprised of expert caregivers in medical and holistic services in providing hope, healing, safety and privacy to the patients.

The following training goals and objectives of the Internship Program are designed to ensure the intern receives training in identified areas to foster professional development within the scope of the Brattleboro Retreat's mission.

Goal #1: Interns will achieve competence appropriate to their professional developmental level in the area of Evidence-based Practice in Intervention

Objectives:

- Case conceptualization and treatment planning
- Implementation of therapeutic interventions
- Crisis intervention
- Therapeutic skills
- Group therapy skills

Goal #2: Interns will achieve competence appropriate to their professional developmental level in the area of Evidence-based Practice in Assessment

Objectives:

- Diagnostic skill and clinical formulation
- Instrument selection, administration, and scoring
- Test interpretation
- Clinical formulation
- Report writing
- Communicating results

Goal #3: Interns will achieve competence appropriate to their professional developmental level in the area of Ethical and Legal Standards

Objectives:

- Knowledge of ethical, legal, and professional standards
- Adherence to ethical principles and guidelines

Goal #4: Interns will achieve competence appropriate to their professional developmental level in the area of Individual and Cultural Diversity

Objectives:

- Cultural awareness
- Effects of cultural considerations on clinical activities
- Evidence-informed approach to cultural considerations

Goal #5: Interns will achieve competence appropriate to their professional developmental level in the area of Research

Objectives:

- Application of scientific knowledge to practice
- Program evaluation

Goal #6: Interns will achieve competence appropriate to their professional developmental level in the area of Professional Values and Attitudes

Objectives:

- Professional awareness
- Interpersonal relationships and communication

- Self-awareness and reflective practice
- Clinical documentation
- Casemanagement

Goal #7: Interns will achieve competence appropriate to their professional developmental level in the area of Consultation/Interprofessional/Interdisciplinary

Objectives:

- Multidisciplinary collaboration
- Interprofessional collaboration
- Theories and methods of consultation

Goal #8: Interns will achieve competence appropriate to their professional developmental level in the area of Supervision

Objectives:

- Theories and methods of supervision
- Effective use of supervision

Evaluation and Completion of Training Program

Evaluation of Intern

The Training Director meets with the intern for a progress evaluation session every six (6) months. The purpose of this meeting is to ensure communication about progress to date, strengths, shortcomings, potential problems, and level of satisfaction with the training rotations and the overall training program. Using a rating scale from 1 (Significant Development Need) to 5 (Significantly Exceeds Expectations), the supervisors and the Training Director rate on the **Psychological Competencies Evaluation Form** the intern's attainment of the 8 competency-based program requirements presented above (see Appendix E).

The competency-based training and evaluation process is sequential, cumulative, and graded in complexity over the yearlong training period and across the rotations. The Psychology Internship Training Committee will use this competency-based evaluation approach to complete a **Psychological Competencies Summary Form** at the completion of the yearlong training program. The form summarizes the intern's Pass status for the training program, which requires final competency ratings of at least "3" for each goal and objective. (See Appendix E & F)

The Training Director will maintain all evaluation forms in the individual intern's secure personnel file and provide a copy of them to the intern.

Should there be a disagreement with regard to the evaluation, the psychology intern may appeal the results to the Psychology Internship Training Committee (see Appendix A).

Professional Psychology Competency Log

The psychology intern maintains a monthly Professional Psychology Competency Log, in Time2Track, that summarizes the training requirements described above and provides a mechanism for documenting the completion of the program. The intern provides a copy of the Time2Track Activity Summary Report monthly to the Training Director.

Evaluation of Supervisor (see Appendix H)

The psychology intern is asked to complete an evaluation of each primary supervisor at the end of the program. This process allows input from the intern regarding the need and level of supervision being received.

Evaluation of Internship Program (See Appendix I)

The psychology intern will complete an Internship Outcome Evaluation Survey at the end of the program to assist in identifying strengths and weaknesses of the program to ensure continued professional development of interns within the program.

Appendix A

Policies and Procedures

SUBJECT: Due Process and Grievance Policy

PURPOSE:

The Brattleboro Retreat Clinical Psychology Doctoral Internship Program is committed to demonstrating excellence in training. If a supervisor, staff member, or intern recognizes a problem that may impede progress with training or negatively impact the training program, they are expected to follow these guidelines to help resolve the issue.

GUIDELINE:

Definition of Problem

A problem may be defined as difficulty within the following areas of functioning:

- ┆ Maintaining Professional Standards – inability or unwillingness to integrate the requisite professional standards into professional behavior.
- ┆ Professional Skills development – inability to reach the necessary level of competency in counseling/clinical/professional skill development.
- ┆ Professional Behavior – any behavior, due to psychological, personal, or emotional dysfunctions, which may cause harm to the training site and/or its clients or disrupt professional functioning.
- ┆ Ethical Boundaries – inability to maintain professional and/or ethical boundaries with clients and/or other professionals, or behavior which violates state law or ethical guidelines.

It is a professional judgment as to when an intern's behavior is problematic rather than simply of concern. Trainees may exhibit behaviors, attitudes or characteristics that, while of concern and requiring remediation, are not unexpected or excessive for professionals in training.

Problems typically become identified as impairments when they include one or more of the following characteristics:

- the intern does not acknowledge, understand, or address the problem when it is identified,
- the problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training,

- the quality of services delivered by the intern is sufficiently negatively affected,
- the problem is not restricted to one area of professional functioning,
- a disproportionate amount of attention by training personnel is required,
- └ the intern'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,
- the intern's behavior negatively impacts the public view of the agency,
- the problematic behavior negatively impacts the intern cohort

PROCEDURES:

Supervisor Guidelines for Addressing Problematic Behaviors

Informal Review

The Primary Supervisor will first discuss the problem(s) directly with the intern. The intern will be provided time to correct the problem(s), as deemed reasonable by the supervisor. If the intern has not made sufficient progress in rectifying the behavior or in his/her skill development, the Primary Supervisor will initiate the formal review process. If the behavior includes gross misconduct or ethical and/or legal implications, the Primary Supervisor must forego the informal review and initiate the formal review process immediately. The Training Director may be involved as the final arbiter in determining the progression from informal to formal review. The informal review process must be documented in writing, but will not become a part of the intern's professional file.

Formal Review

The formal review process is initiated for the following reasons:

- └ An intern's problem persists following the informal review
- └ An intern receives a score of "1" on any individual competency item or below a "3" for any broad goal during an evaluation
 - An intern behaves in a way that represents gross misconduct or violates ethical guidelines or Vermont state law.

Formal Review Procedures

The supervisor will notify the Training Director who will begin the Formal Review Proceedings. A Formal Review Committee will be called by the Training Director which will consist of the intern's Primary Supervisor and Clinical Manager. If the Clinical Manager is the intern's Primary

Supervisor, then another member of the Psychology Internship Training Committee will attend. The Committee will be formed and a Formal Review meeting will be held within 5 business days. The intern will be notified and invited to participate in the meeting. Regardless of whether the intern chooses to attend, he/she will be invited to submit a written statement in response to the problem to the Formal Review Committee (delivered to either the Training Director or the Primary Supervisor) prior to the formal review. During the formal review, the committee will review all paperwork and have a discussion regarding the issue(s) that warranted the formal review. Following the meeting, the Committee will meet together privately and will make one of the following determinations: 1) move for "No Cause", 2) issue a "Remediation Plan", 3) place the intern on probation, or 4) move for immediate dismissal from the training program. Following this determination, a letter will be sent to the Director of Clinical Training at the intern's sponsoring doctoral program within 5 business days informing him/her of the Formal Review and subsequent action. The intern will receive a copy of this letter, and a copy will be retained in the intern's professional file. In the case of a "No Cause" determination, the intern will have a choice regarding whether this documentation is shared with the sponsoring doctoral program and retained by the internship program, as described below.

No Cause— The Formal Review Committee may make the determination that the intern's actions may not constitute a problem but rather a concern as identified in the above section titled "Definition of a Problem." The awareness of the concern may be sufficient to rectify the issue and may not warrant formal remediation at this time. In this case, the intern can choose to have a written statement identifying that a formal review was held and that the claim was dismissed due to "No Cause" and have the document placed in his/her file and a copy sent to the Director of Clinical Training. The intern may also choose to have no documentation written or sent to his/her Director of Clinical Training.

Remediation Plan— The Remediation Plan is a written statement acknowledging that the issue has been brought to the attention of the Formal Review Committee, and that the intern is aware of the problem. The plan will also include identification of the problematic area(s), a plan of action to rectify the problematic area(s), an identified timeframe for improvement, and a specific procedure for evaluating whether the problem had been adequately addressed. This plan will be issued to the intern within 5 business days of the meeting. The intern will have three business days to review the document with their Primary Supervisor and to sign and return it to the Training Director. Copies of all documentation related to the Remediation Plan will be placed in the intern's professional file. If the problem is not successfully remediated through the process outlined in the Remediation Plan, the intern will be placed on probation.

Probation – If it is determined that an intern should be placed on probation the Formal Review Committee will have 5 business days to submit, in writing, a formal document that stipulates the following:

- ┆ The intern is officially on probation and that non-compliance could result in dismissal from the program.
- ┆ Identification of problem behavior(s) or skills deficit(s) in question.
- ┆ A remediation plan which will include: (See Appendix G)
 - Targeted changes in behavior or skill development
 - Specific intervention strategies (i.e., remediation plan) that will be used to help the intern make the necessary improvements (e.g., additional supervision, additional professional readings, change in format and/or focus of supervision, etc.)
 - Steps for monitoring improvement
 - Methods used to evaluate improvement
 - A timeframe for expected resolution to the problem or skills improvement

The intern will have 3 business days to review the documentation with their Primary Supervisor and the Training Director, and to sign and return it to the Training Director. The signed documentation will be placed in the intern's professional file. The Formal Review Committee will convene a meeting within 5 business days following the end of the specified probation period. The intern will be invited to attend a portion of the meeting to discuss his/her progress. Regardless of whether the intern chooses to attend the meeting, he/she will be encouraged to submit, in writing, a personal statement of progress to the Training Director or the Primary Supervisor for review by the Formal Review Committee prior to the meeting. If it is determined by the Committee that the intern has met the requirements of probation within the allotted time, a letter revoking the intern's probationary status will be placed in the intern's professional file and copies will be given to the intern and the Director of Clinical Training of his/her doctoral program.

If the intern has not met the requirements of the probationary period, the Formal Review Committee will make one of the following determinations: 1) if the intern has been making progress toward complying with the terms of probation, the committee may decide to make adjustments to the remediation plan and/or extend the probationary period. All adjustments to remediation plans and/or date extensions will be submitted in writing to the intern and the Director of Clinical Training of the intern's doctoral program; 2) If the Formal Review Committee determines that the intern has not made sufficient progress and/or progress in this

area is not likely with further intervention, the committee may move for dismissal from the training program.

Dismissal – A dismissal from the internship program may be appropriate for the following reasons:

- The intern has not made sufficient progress during his/her probationary period, and the Formal Review Committee has determined that further intervention will not rectify the issue or that remediation is not possible within the allotted time of the internship program.
- The severity of the problem signifies gross misconduct or includes ethical and/or legal violations that have caused or have the potential to cause harm to the training site, and/or, its clients, and/or the Brattleboro Retreat Clinical Psychology Doctoral Internship Program.

If one or both of the above criteria are met, the Formal Review Committee may move to terminate the intern's placement. The decision to terminate an intern's placement may only be made through consensus by the Psychology Training Committee, and would represent a discontinuation of participation by the intern within every aspect of the program. The Psychology Training Committee would make this determination during a meeting convened within 10 business days of the Formal Review process or the completion of the probationary period, or during the next regularly-scheduled monthly Psychology Training Committee meeting, whichever occurs first. The Training Director may determine to suspend the intern's clinical activities during this period until the decision has been made. Prior to the meeting for dismissal, the Psychology Training Committee will review all documentation from the Formal Review process. The Psychology Training Committee may also interview the intern, members of the Formal Review Committee, and other involved parties in order to inform the decision regarding dismissal. If the Psychology Training Committee decides to dismiss the intern from the Brattleboro Retreat Clinical Psychology Doctoral Internship Program, the Psychology Training Committee will issue a notice of dismissal to the trainee's employer, APPIC, the intern, and the Director of Clinical Training at this/her doctoral program within 20 business days. This timeframe will include the completion of a mandatory "hearing", described below. A copy of the documentation will also be placed in the intern's professional file.

If the Psychology Training Committee determines that dismissal is not warranted, the members will either create a new Remediation Plan or place the intern on probation. Please see the guidelines on Remediation Plans and Probation identified earlier in this documentation for more information.

Appeal Process

If the intern disagrees with the decision of the Formal Review process, he/she may appeal the decision by requesting a "Hearing." A hearing is mandatory if the Formal Review process results in the decision to dismiss the intern from the internship program. To request a hearing, the intern must complete the "Grievance/Appeal Form" located at the end of this document and submit it to the Training Director within 5 business days of the Formal Review Committee's decision, or the Psychology Training Committee's decision if the intern is appealing dismissal from the internship program. Within 10 business days of receipt of the Grievance/Appeal Form, the Training Director will appoint and convene an Appeal Panel.

The Appeal Panel will consist of one supervising psychologist from the Brattleboro Retreat Clinical Psychology Doctoral Internship Program training staff and another member from the Brattleboro Retreat training staff. The Training Director will make every effort to appoint members of the Appeal Panel who have not participated in previous steps of the review process. The intern may request a specific member of the Brattleboro Retreat training staff to serve on the Appeal panel, and the Training Director will honor this request to the extent that it is reasonable and feasible. The Appeal Panel will review all documentation and may interview any involved parties. The Appeal Panel will make a determination to either uphold or modify the decision made through the Formal Review Process. The decision of the Appeal Panel is final. A letter will be sent to the Director of Clinical Training at the intern's doctoral program within 5 business days, informing him/her of the decision, and a copy of this documentation will be submitted to the intern and a copy will also be retained in the intern's professional file.

Intern Guidelines for Issuing Grievances

The following guidelines are provided to interns who may be experiencing problems in their internship that may inhibit their progress in the training program. Interns pursuing grievances about the program, staff members, supervisors, or other interns should know that no negative repercussions from the members of the Psychology Training Committee will result when their claims are made in good faith. Interns are expected to follow these guidelines in addressing any grievance:

Informal Grievance Review

Interns should first address their concern(s) with the individual with whom the grievance lies. An honest attempt to resolve any grievance should be made by both parties prior to taking further action. If the grievance involves the policies of the training site, the intern is expected to talk personally with his/her Primary Supervisor or the Training Director. Any instance of staff or supervisor misconduct, discrimination, or harassment should be brought immediately to the attention of the Training Director or Clinical Manager.

Formal Grievance Review

If the matter cannot be adequately resolved through an informal process, the intern may request a Formal Grievance Review. The intern will complete the Grievance/Appeal form found at the end of this document and submit it to the Training Director. If the Training Director is the subject of the grievance, then the form will be submitted to a Clinical Manager for review. The subject of the grievance will be asked to submit a written response to the Training Director within 3 business days. Within 5 business days of receipt of the Grievance/Appeal Form, the Training Director will review the grievance and any written response and will convene a Formal Grievance Review meeting with the intern and the person in question. The Training Director has the option of meeting individually with the involved parties prior to the Formal Review meeting. The joint meeting will focus on developing a plan of action to resolve the issue. This plan will be documented. Both the intern and the subject of the grievance will report back to the Training Director within 10 business days of the Formal Review meeting as to whether the problem is resolved or if progress is being made. If all involved parties agree that the progress being made is adequate and is likely to lead to resolution, the plan of action may be modified and/or continued for a specified length of time no longer than 10 additional business days and revisited by the Formal Review Committee to determine whether resolution has been achieved.

Grievance Investigation

If the issue has not been adequately resolved through the above process, the Training Director will form a Grievance Investigation Committee in an attempt to resolve the issue. The Committee will consist of the Training Director or Clinical Manager and an additional member of the Psychology Training Committee. The Committee will have 10 business days from the date of the last Formal Review meeting to review all relevant documentation, interview all parties involved, and convene a meeting to make a final decision regarding the matter. Decisions made by the Grievance Investigation Committee are final. The Grievance Investigation Committee will provide full documentation of their findings and provide copies of their findings to affected parties. If the Committee determines that a grievance against a staff member or supervisor has merit and either cannot be resolved or is not appropriate for resolution through a process internal to the internship program, the issue will be turned over to the employer agency in order to initiate the due process procedures outlined in his/her employment contract.

If, at any point during the grievance process, there is reason to believe that the intern is being subject to unethical or potentially harmful treatment, the Training Director may suspend the relationship between the involved parties until an investigation may be completed.

Appendix B

Brattleboro Retreat Clinical Psychology Doctoral Internship Program

Grievance/Appeal Form

Intern:

Date:

Primary Supervisor:

Clinical Manager:

Please attach all documents and relevant information to this coversheet. Documentation should include the following:

- ┆ A complete and concise statement of your appeal/grievance. Please only include one appeal/grievance perform.
- ┆ A discussion of any policy or procedural violation (if applicable)
- ┆ The date of the violation
- ┆ Any discussion of the specific resolution you seek
- ┆ Any other documentation that you feel would be relevant to this incident

If needed, you are encouraged to seek assistance and/or advise from any senior staff member or non-agency professional.

Intern Signature

Date

Appendix C

Stipend, Benefits, and Resources Policy

PURPOSE:

To assure that the Brattleboro Retreat Clinical Psychology Doctoral Internship Program provides high quality training, remains in compliance with all accreditation standards of the American Psychological Association, operates within the guidelines of the Brattleboro Retreat, the Association of Pre-doctoral Psychology Internship Centers (APPIC), and meets other relevant review standards.

GUIDELINE:

The Training Director will be responsible for reviewing, on an annual and ongoing basis, all standards pertaining to the Psychology Training Program and assuring that the program meets all such standards.

PROCEDURES:

The stipend is \$24,000 annually. Benefits include 22 days of paid vacation, medical, or personal time, including paid time off on seven holidays: New Year's Day, President's Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day, and Christmas Day. Interns typically begin the first week in July, and finish on the last week in June. The internship includes optional medical and life insurance benefits for which the intern pays a share of the premium. Included in the internship is malpractice liability coverage.

Each intern has an individual office space with a personal computer linked to the Retreat's network. Athletic facilities are available on site. The Retreat offers APA approved continuing education opportunities for professional development. There is a Fall and Spring Conference Series of which interns are allowed and encouraged to attend three conferences in the fall and the spring. Interns may also receive approval for participation in other professional psychology conferences, dissertation defense, and postdoctoral job interviews.

Appendix D

Evaluation and Retention Policy

PURPOSE:

Interns are evaluated quarterly throughout the training year as well as on an ongoing basis. The training program aims to develop professional competence. Conceivably, interns could be seen as lacking the competence for eventual professional practice due to a serious deficit in skill or knowledge, or due to problematic behaviors that significantly impact their professional functioning. In such cases, the training program will help interns identify these areas and provide remedial experiences or recommended resources in an effort to improve the intern's performance to a satisfactory degree. The problem identified may be of sufficient seriousness that the intern would not get credit for the training program unless that problem was remedied.

GUIDELINE:

Should this become a concern either due to the seriousness of the problem or its persistence despite repeated local feedback and remedial efforts, procedures will follow those outlined in the Due Process Policy.

PROCEDURES:

The Training Director meets with the intern for a progress evaluation session every six (6) months. The purpose of this meeting is to ensure communication about progress to date, strengths, shortcomings, potential problems, and level of satisfaction with the training rotations and the overall training program. Using a rating scale from 1 (Significant Development Need) to 5 (Significantly Exceeds Expectations), the supervisors and the Training Director rate on the **Psychological Competencies Evaluation Form** the intern's attainment of the 8 competency-based program requirements identified on Page 11 of the Intern Handbook.

The competency-based training and evaluation process is sequential, cumulative, and graded in complexity over the yearlong training period and across the rotations. The Psychology Internship Training Committee will use this competency-based evaluation approach to complete a **Psychological Competencies Summary Form** at the completion of the yearlong training program. The form summarizes the intern's Pass status for the training program, which requires final competency ratings of at least "3" for each goal and objective. The Training Director will review the final competency ratings to determine whether the intern successfully

completed the internship and demonstrated the core competencies expected of an entry-level psychologist.

Satisfactory final evaluations from all Psychology Internship Training Committee members, successful completion of all the minimum competency requirements, and completion of the 2,000 internship hours are necessary for the satisfactory completion of the internship. The Retreat's Director of Ambulatory Services certifies the satisfactory completion of the internship, after review of the recommendation of the Psychology Internship Training Committee. The Training Director will maintain all evaluation forms in the individual intern's secure personnel file and provide a copy of them to the intern.

The psychology intern may appeal competency evaluations and completion of the internship to the Psychology Internship Training Committee according to the Due Process Procedures.

Appendix E

PSYCHOLOGICAL COMPETENCIES EVALUATION FORM

Intern: _____ Supervisor: _____

Evaluation # 1 2

Date completed: _____

Scoring Criteria:

1 Significant Development Need – significant improvement is needed to meet expectations
2 Development Needed – Some improvement in functioning is needed to meet expectations
3 Meets Expectations – Functions adequately for level of training
4 Exceeds Expectations – Functions above average for level of training
5 Significantly Exceeds Expectations – Functions exceptionally for level of training
N/A – Not Applicable/Not Observed/Cannot Say

NOTE: As described in the Brattleboro Retreat Clinical Psychology Doctoral Internship Program policies, any score below a “3” on a broad domain will trigger formal Due Process Procedures. Additionally, any score below a “3” on any individual item will result in close monitoring of the competency by the supervisor and additional support to the intern as deemed appropriate by the Training Committee.

EVIDENCED BASED PRACTICE IN INTERVENTION
Formulates a useful case conceptualization that draws on theoretical and research knowledge. Collaborates with patient to form appropriate treatment goals.
Interventions are well-timed, effective and consistent with empirically supported treatments.
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.
Understands and uses own emotional reactions to the patient productively in the treatment.
Intervenes in group skillfully, attends to member participation, completion of therapeutic assignments, group communication, safety and confidentiality. If the group is psychoeducational, readies materials for group, and understands each session’s goals and tasks.
AVERAGE SCORE FOR BROAD COMPETENCY
Comments:

EVIDENCE BASED PRACTICE IN ASSESSMENT

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

Appropriately chooses the tests to be administered. Promptly and proficiently administers commonly used tests in his/her area of practice.

Interprets the results of psychological tests used in his/her area of practice.

Identifies and synthesizes relevant data into a cohesive understanding of client's functioning and treatment needs

Writes a well-organized psychological report without excessive verbosity. Answers the referral question clearly and provides the referral source with specific recommendations.

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.

AVERAGE SCORE FOR BROAD COMPETENCY

Comments:

ETHICAL AND LEGAL STANDARDS

Demonstrates good knowledge of ethical principles and state law.

Consistently adheres to ethical principles and guidelines appropriately, seeking consultation as needed.

AVERAGE SCORE FOR BROAD COMPETENCY

Comments:

INDIVIDUAL AND CULTURAL DIVERSITY

Aware of own background and its impact on clients. Committed to continuing to explore own cultural identity issues and relationship to clinical work.

Sensitive to the cultural and individual diversity of patients. Committed to providing culturally sensitive services.

Displays necessary self-direction in gathering and researching evidence-informed approaches within various cultural settings.

AVERAGE SCORE FOR BROAD COMPETENCY

Comments:

RESEARCH

Displays necessary self-direction in gathering clinical and research information practice independently and competently. Seeks out current scientific knowledge as needed to enhance knowledge about clinical practice and other relevant areas.

Demonstrates knowledge of theories and methods of program evaluation.

AVERAGE SCORE FOR BROAD COMPETENCY

Comments:

PROFESSIONAL VALUES AND ATTITUDES

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

Professional and appropriate interactions with treatment teams, peers and supervisors, seeks peer support as needed.

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

Responsible 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.

Demonstrates a growing ability to accomplish administrative tasks. Prioritizes appropriately. Shows a growing autonomy in management of larger administrative, research or clinical projects.

AVERAGE SCORE FOR BROAD COMPETENCY

Comments:

CONSULTATION/INTERPROFESSIONAL/INTERDISCIPLINARY

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.

Seeks consultation or supervision as needed and uses it productively.

Demonstrates good knowledge of theories and methods of consultation.

AVERAGE SCORE FOR BROAD COMPETENCY

Comments:

SUPERVISION

Demonstrates good knowledge of theories of supervision.

Seeks consultation or supervision as needed and uses it productively.

AVERAGE SCORE FOR BROAD COMPETENCY

Comments:

OVERALL RATING (average of broad competency scores)

Comments on Intern's overall performance:

Supervisor's signature:

Date:

Intern's signature:

Date:

TD's signature:

Date:

Appendix F

Psychological Competencies Summary Form

Intern: _____ Supervisor: _____

Date completed: _____

Satisfactorily completed internship: Yes No

Pass status for the training program requires final competency ratings of at least "3" for each goal.

	Evaluation #1	Evaluation #2	Summary Average
Evidenced Based Practice in Intervention			
Evidenced Based Practice in Assessment			
Ethical and Legal Standards			
Individual and Cultural Diversity			
Research			
Professional Values and Attitudes			
Consultation/Interprofessional/ Interdisciplinary			
Supervision			

Comments:

Intern's Signature:

Date:

Supervisor's Signature:

Date:

Training Director's Signature:

Date:

Appendix G

Remediation Plan

Intern:

Date of Formal Review:

Formal Review Committee:

Primary Supervisor:

Competency domains affected:

Description of problem:

Date the problem(s) were first addressed with the intern:

Steps or measures already taken by intern to rectify these problems:

Steps or measures already taken by the supervisor(s) to rectify these problems:

Competency Domain	
Target Behaviors	
Expectations for Acceptable Performance	
Recommendations and Steps for Remediation Plan	
Supervisor's Responsibilities	
Timeframe for Acceptable Performance	
Review Meeting Date	

I, _____, have reviewed the above remediation plan with my Training Director and Primary Supervisor. My signature below indicates that I fully understand the above remediation plan. I agree/disagree with the above remediation plan (please circle one). My comments, if any, are below (*PLEASE NOTE: Comments are REQUIRED if the intern disagrees with the plan*).

Intern-Date

Training Director-Date

Primary Supervisor-Date

Formal Review Committee-Date

Formal Review Committee -Date

Formal Review Committee -Date

Appendix H

Intern's Comments (Use additional pages as needed):



Brattleboro Retreat

Clinical Psychology Doctoral Internship Program

Evaluation of Supervisor

Intern: _____

Supervisor: _____

Dates of Evaluation: _____ to _____

Rotation: _____

Scoring Criteria:

1 Significant Development Needed--Significant improvement is needed to meet expectations

2 Development Needed--Improvement is needed to meet expectations

3 Meets Expectations

4 Exceeds Expectations--Above average experience

5 Significantly Exceeds Expectations--Exceptional experience

N/A--Not Applicable/Not Observed/Cannot Say

NOTE: Any score below a 3 on any item will result in correction action as deemed appropriate by the Psychology Training Committee in order to improve the intern's supervisory experience.

General Characteristics of Supervisor

Is accessible for discussion, questions, etc.	
Allotted sufficient time for supervision and scheduled supervision meetings appropriately	
Kept sufficiently informed of case(s)	
Supported intern in successful completion of internship program	
Set clear objectives and responsibilities throughout supervised experience	
Used helpful educational techniques (e.g., role-playing, audio or video recordings, didactics)	
Was up-to-date in understanding of clinical populations and issues	
Presented a positive role model	
Maintained appropriate interpersonal boundaries with patients and supervisees	

Provided constructive and timely feedback on supervisee's performance	
Encouraged appropriate degree of independence	
Demonstrated concern for and interest in supervisee's progress, problems, and ideas	
Communicated effectively with supervisee	
Interacted respectfully with supervisee	
Maintained clear and reasonable expectations for supervisee	
Provided a level of case-based supervision appropriate to supervisee's training needs	
Assisted with case management functions (e.g. managed care)	
Promoted intern's general acquisition of knowledge, skills, and competencies	
Was sensitive to ethical standards, legal considerations, and professional problems	

Development of Clinical Skills

Assisted in coherent conceptualization of clinical work	
Assisted in translation of conceptualization into techniques and procedures	
Was effective in providing training in assessment, evaluation, and diagnosis	
Was effective in providing training in intervention	
Was effective in providing training in consultation	
Was effective in helping to develop short-term and long-range goals for patients	
Was effective in assisting supervisee in developing consultative relationships with other professionals and agencies	
Promoted clinical practices in accordance with ethical and legal standards	
Was effective in providing training in research	
Overall rating of supervision with this supervisor	

Summary

<p>Describe how the supervisor contributed to your learning</p>
<p>Describe how supervision or the training experience could be enhanced</p>
<p>Any other suggestions/feedback for your supervisor?</p>

Supervisors signature: _____ **Date:** _____

Intern's signature: _____

Date: _____

Appendix I

Internship Outcome Evaluation Form

First, Middle, and Last Name:

To what degree do you currently possess this competency objective?

1	2	3	4	5
Not well prepared		Adequate		Well prepared

EVIDENCED BASED PRACTICE IN INTERVENTION

Case Conceptualization and Treatment Planning 1 2 3 4 5

Implementation of Therapeutic Interventions 1 2 3 4 5

Crisis Intervention 1 2 3 4 5

Therapeutic Skills 1 2 3 4 5

Group Therapy Skills 1 2 3 4 5

EVIDENCE BASED PRACTICE IN ASSESSMENT

Diagnostic Skill and Clinical Formulation 1 2 3 4 5

Instrument Selection, Administration, and Scoring 1 2 3 4 5

Test Interpretation 1 2 3 4 5

Report Writing 1 2 3 4 5

Communicating Results 1 2 3 4 5

ETHICAL AND LEGAL STANDARDS

Knowledge of Ethical, Legal, and Professional Standards 1 2 3 4 5

Adherence to Ethical Principles and Guidelines 1 2 3 4 5

INDIVIDUAL AND CULTURAL DIVERSITY

Cultural Awareness 1 2 3 4 5

Implementation of Therapeutic Interventions	1	2	3	4	5
Crisis Intervention	1	2	3	4	5
Therapeutic Skills	1	2	3	4	5
Group Therapy Skills	1	2	3	4	5
EVIDENCE BASED PRACTICE IN ASSESSMENT					
Diagnostic Skill and Clinical Formulation	1	2	3	4	5
Instrument Selection, Administration, and Scoring	1	2	3	4	5
Test Interpretation	1	2	3	4	5
Report Writing	1	2	3	4	5
Communicating Results	1	2	3	4	5
ETHICAL AND LEGAL STANDARDS					
Knowledge of Ethical, Legal, and Professional Standards	1	2	3	4	5
Adherence to Ethical Principles and Guidelines	1	2	3	4	5
INDIVIDUAL AND CULTURAL DIVERSITY					
Cultural Awareness	1	2	3	4	5
Effects of Cultural Considerations on Clinical Activities	1	2	3	4	5
Evidence-informed Approach to Cultural Considerations	1	2	3	4	5
RESEARCH					
Application of Scientific Knowledge to Practice	1	2	3	4	5
Program Evaluation	1	2	3	4	5
PROFESSIONAL VALUES AND ATTITUDES					
Professional Awareness	1	2	3	4	5
Interpersonal Relationships and Communication	1	2	3	4	5
Self-Awareness and Reflective Practice	1	2	3	4	5
Clinical Documentation	1	2	3	4	5

Case Management 1 2 3 4 5

CONSULTATION/INTERPROFESSIONAL/INTERDISCIPLINARY

Multidisciplinary Collaboration 1 2 3 4 5

Interprofessional Collaboration 1 2 3 4 5

Theories and Methods of Consultation 1 2 3 4 5

SUPERVISION

Theories and Methods of Supervision 1 2 3 4 5

Effective Use of Supervision 1 2 3 4 5

What was the most useful part of your internship?

What was the least useful?

Is there something you feel you missed in your internship training?

Brattleboro Retreat Clinical Psychology Doctoral Internship Program

Receipt of Handbook and Program Policies

Please sign this acknowledgement page and return to the Training Director.

Acknowledgment

I acknowledge that I have received and reviewed the Brattleboro Retreat Clinical Psychology Doctoral Internship Program's handbook, including all of the policies within. I agree to abide by all policies and procedures outlined in this document. I have read and understand the following:

___ Intern Handbook including
 Mission, Goals, and Objectives
 Due Process and Grievance Policy
 Evaluation and Retention Policy

___ APA Ethics Code

I have been provided with a copy of the document to keep in my files.

Print Name

Signature

Date