



Brattleboro Retreat

Clinical Psychology Doctoral Internship Program

Intern Handbook 2026-2027

Updated September 19, 2025

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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. Questions related to program 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.

Contact Information

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The Brattleboro Retreat

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:

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

Mental Health Treatment Services: The Brattleboro Retreat is a private, not-for-profit, specialty mental health 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;
- partial hospitalization and intensive outpatient mental health treatment services for adults;
- specialized mental health, trauma and co-occurring substance use disorders treatment for law enforcement, fire, military, veterans, EMT and corrections personnel;
- specialized mental health, trauma and co-occurring substance use disorders treatment for medical professionals; 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 12,000. Brattleboro is the population center of Windham County, which has a total population of approximately 46,000. The State of Vermont has an estimated population of

647,000, while New England has a total population of approximately 15,160,000. The majority of that population is located in Massachusetts and Connecticut.

The Retreat plays a vital role as a major provider of mental health 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. Approximately 75% of the Retreat's funding comes from public sources – Medicare, Medicaid and state programs.

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 also operates the only inpatient psychiatric units 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 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, as well as partial hospitalization, and hospital outpatient mental health treatment programs in the Virtual PHP/IOP program, the Healthcare Professionals and First Responders PHP/IOP program, and specialty clinics providing esketamine, and trans-cranial magnetic stimulation (TMS) for treatment of treatment resistant depression. In a typical year the Brattleboro Retreat provides 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 co-occurring substance use disorders. 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

Intern Experience and Program Structure

A primary goal of the Internship is to increase the number of Psychologists practicing in rural New England, and particularly at the Retreat. Therefore we strive to provide interns with a positive experience of the practice of Psychology. Past interns have characterized their internship year as “a corrective experience” – enabling them to find renewed purpose and meaning in their work. Prospective candidates are encouraged to speak with our current interns to learn more about their experiences. There are several elements to this experience:

- The internship is structured primarily as a learning experience. Interns are encouraged to identify and spend time in areas where they want to develop greater skills. The workload reflects this principle. Our goal is for interns be sufficiently busy to gain and reinforce skills but not overwhelmed. To this end, workloads are adjusted (within reason) on an individual basis.
- Supervision is collaborative. The focus is on helping interns process their experiences and enhance their skills in and understanding of psychology, not on correction or discipline.
- The supervisors are supportive and collaborative. The supervisors genuinely like and respect each other, and in turn treat the interns with respect.
- The physical environment is welcoming. Each intern has a private office with a PC (with dual monitors) and a phone. The offices are large enough to conduct therapy sessions. In addition, there is an onsite gym (free), sufficient parking for all employees and patients, onsite child care (at additional cost), a subsidized cafeteria with indoor and outdoor seating areas, a lactation room, and extensive walking trails.
- Interns are encouraged to attend free, day-long continuing education seminars co-sponsored by the Brattleboro Retreat and the Vermont Psychological Association.
- There is ample paid time off. Interns accrue 30 days of paid time off which can be used for vacation, sick-time, dissertation writing, attending conferences, etc.

In terms of the program structure, the internship program is designed to provide an immersive experience in providing psychological services in inpatient and outpatient psychiatric settings. In both settings, interns work as part of an integrated team that includes psychiatrists, nurses, psychologists, social workers, and mental health workers. Many of our patients present with co-occurring disorders (i.e., mental health and substance use). Interns provide assessments, brief, short-term and long-term therapy, group facilitation and psychological assessments. Much of the work is team-based. Following APPIC requirements, interns spend a minimum of 25% of their time in direct client contact; in most cases interns spend at least 50% of their time in direct client contact.

Interns are expected to have prior experience conducting intake assessments (e.g., biopsychosocial history, suicide risk assessment, substance use assessment) and if matched to the PHP/IOP rotation will conduct regular intake assessments throughout the year as part of their clinical responsibilities. In

addition, conducting psychological and neuropsychological assessments is required of all interns; the depth and scope of these assessments depends on the intern's prior experience and current interests.

For all rotations, the internship provides training in a range of approaches to assessment and intervention including psychodynamic, person-centered, cognitive and behavioral therapies, acceptance and commitment therapy, and DBT. The program consists of individual and group psychotherapy, and assessment at a minimum of ten (10) 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.

Primary Rotation

Interns may select one of three tracks as their primary rotation - an inpatient (IP – Adult) track, an inpatient adolescent track (IP – Adolescent), or an outpatient health care track (PHP). This is where the majority of clinical time (at least 50%) is spent. However, following the APPIC protocol, applicants may choose to apply to one, two or all three tracks and rank order their preferences.

Outpatient - Partial Hospital Track

Outpatient work consists mostly of providing psychological services in the Retreat's partial hospitalization programs where interns gain experience in group facilitation, case management, and individual assessment and treatment. The PHP track is based on a 40-hour week, Monday through Friday (typically 8:00 am to 4:30 pm with a 30 minute break during the day)

For the 2026-2027 Internship year there are two PHP/ programs – Virtual PHP/IOP (serving the general population), and the Healthcare Professionals & First Responders program (serving medical and mental health professionals, law enforcement, EMS and firefighting professionals). Interns work across both programs for the duration of the training year.

Virtual IOP/PHP

These programs provide individual and group short-term therapy to people ages 18 and older with a broad range of disorders including anxiety, depression, chronic pain, eating disorders, phobias, co-occurring substance use, and sleep problems. All services are provided via telehealth (i.e., Zoom). Interns are a core member of the treatment team, conduct individual and group therapy and provide individual case management.

Health Care Professionals & First Responders PHP/IOP

The Health Care Professionals and First Responders Program is a partial hospitalization and intensive outpatient program, which provides specialized mental health, trauma and co-occurring substance use treatment services to medical professionals and first responders. The patient population consists of adults suffering primarily from mood, anxiety, substance-related, and/or posttraumatic stress disorders. All services are provided via telehealth (i.e., Zoom). Interns are a core member of the treatment team, conduct individual and group therapy and provide individual case management.

Inpatient Tracks

There are two inpatient tracks available – adult and adolescent. The primary experience in these tracks is providing psychological services for the Retreat's inpatient populations, including group facilitation, and individual assessment and treatment. These are based on a 40-hour work week, Monday through Friday (typically 8:00 am to 4:30 pm, or 8:30 am to 5:00 pm with a 30 minute break during the day).

Inpatient Track – Adult

Interns selecting the adult inpatient health care setting as their primary track gain experience in group facilitation, and individual assessment and treatment. There are two adult inpatient units where interns provide psychological services. Interns spend six (6) months on each unit.

These programs provide people, ages 18 and older, with short-term, around-the-clock care for a wide range of acute and chronic mental health disorders. Interns are a core member of the treatment team, conduct group therapy, individual assessments, and short term individual therapy. The group treatment modality is primarily ACT and/or DBT based.

Patients in these programs are dealing with a wide range of issues including co-occurring disorders, episodes of acute psychological distress, and long-term psychiatric conditions. Although there is some overlap between the units, one unit focuses on patients with more long term or severe symptoms, while the other unit typically focuses on patients with less severe symptoms. The latter unit also provides services to patients identifying as members of the LGBTQ community.

Interns may also choose to spend time working on a third inpatient unit that is primarily comprised of patients who are legally mandated to treatment. Therapeutic interventions with patients on this unit are typically brief, and one-to-one.

Inpatient Track – Adolescent

Interns selecting the inpatient Adolescent track gain experience in group facilitation, and individual assessment and short term individual therapy. For the Inpatient Adolescent Inpatient track there are two inpatient units where interns provide psychological services. Patients in these programs are dealing with a wide range of issues including episodes of acute psychological distress, and long-term psychiatric conditions. The primary group treatment modalities are DBT, and skills based activities.

Secondary Rotation

Interns typically carry a caseload of 2-4 patients in the Anna Marsh Outpatient Clinic

The Anna Marsh Outpatient Clinic

The Anna Marsh Outpatient Clinic provides short and long term individual, family, and group therapy to children, adolescents and adults with a broad range of problems including anxiety, depression, eating disorders, phobias, and substance use. In addition, the Anna Marsh Clinic provides psychological and neuropsychological testing services for adolescents and adults.

Supervision

A Vermont licensed psychologist, James Benton, Ph.D. (Training Director of the Clinical Psychology Doctoral Internship Program) is responsible for the integrity and quality of the training program. Five 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 five supervisors, and the program's executive sponsor Kurt White, LICSW (Vice President, Community Partnerships & Communications) 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 salary for the internship is forty-three thousand six hundred and eighty dollars (\$43,680) per year (\$45,360 for the full 54-week internship).
- Interns earn 29 days of paid time-off which can be used for vacation, personal time, dissertation defense, post-doc interviews, sick-days, medical appointments, etc. Included in this are seven holidays: New Year's Day, President's Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day, and Christmas Day. Paid time off is accrued each pay period and may be used as accrued (with permission from the Training Director and the primary rotation supervisor).
- The internship includes optional medical and life insurance benefits for which the Intern pays a share of the premium
- Malpractice liability coverage is provided at no cost, but Interns are encouraged to carry personal malpractice insurance as well. It is available at low cost from several carriers.
- Interns are provided with office space with a desk phone, and a personal computer linked to the Retreat's network
- Interns may attend optional full-day CE training courses sponsored by the Retreat, at no cost. These are typically offered once a month
- Indoor exercise facilities are available on site, as well as outdoor walking and hiking trails

Application Process and Selection Criteria

The application deadline for the 2026-27 Internship is November 7th, 2025 (i.e., applications must be submitted by 11:59 pm EST of that date). Applicants invited for the interview will be notified by phone and/or email on or by December 9th, 2025.

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 interview dates (January 9th, and January 16th 2026).** All interviews will be virtual (via Zoom). Due to the extensive involvement of multiple staff members in the interview days it is not possible to offer interviews to applicants who are not able to attend one of the scheduled interview days.

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.

Applicants matched to the internship should understand that prior to beginning the internship they will need to pass a Health System required medical examination and a background (criminal record) and credentials check (education and employment). These procedures must be satisfactorily completed in advance of commencing the internship. The Internship begins approximately June 22nd, 2026. The exact start date depends on the new hire orientation date provided by HR, which is not determined until the beginning of the calendar year (i.e., 2026). The internship continues for a period of 54 weeks.

The Retreat's policy regarding employment of a person with a criminal record is as follows: The Brattleboro Retreat will not employ any person who has been convicted of an offense for such action related to bodily harm, theft or misuse of funds or property, or other crimes inimical to the public welfare. An example of convictions that would prevent an individual from being hired, or jeopardize continued employment include, but are not limited to:

- a) crimes of violence
- b) misdemeanor or felony crimes of abuse or exploitation, including crimes of a sexual nature
- c) any crime committed with a firearm
- d) crimes of fraud, theft or deceit

If you have any concerns about not being able to successfully pass any of the required pre-employment checks please contact the Training Director (James Benton, Ph.D.), prior to submitting your application, to discuss the factors that may interfere with your ability to successfully meet the pre-employment requirements.

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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 are not required or expected

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
- Minimum of 300 intervention hours
- Minimum of 50 assessment hours
- 4 years minimum of graduate training required
- Approval of dissertation proposal by application date

Requests for further information should be directed to:

James Benton, Ph.D., Training Director
jbenton@brattlebororetreat.org

Aims and Competencies

The mission of the Brattleboro Retreat's 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 providing hope, healing, safety and privacy to our patients.

The following aims and competencies are the basis for the training program. The goal is to provide interns with training that fosters their professional development within the scope of the Brattleboro Retreat's mission. Refer to the Psychological Competencies Evaluation Form (pp. 34-39) for the rating form for these competencies.

Aim #1: Interns will achieve competence appropriate to their professional developmental level in the area of Research

Competencies:

- Demonstrate substantial independent ability to critically evaluate research or other scholarly activities (e.g., case conferences, presentations, publications).
- Disseminate research or other scholarly activities (e.g., case conferences, presentations, publications) at the local (including the host institution), regional, or national level.

Aim #2: Interns will achieve competence appropriate to their professional developmental level in the area of Ethical and Legal Standards

Competencies:

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

Aim #3: Interns will achieve competence appropriate to their professional developmental level in the area of Individual and Cultural Diversity

Competencies:

Interns will demonstrate:

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

- The ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

Aim #4: Interns will achieve competence appropriate to their professional developmental level in the area of Professional Values and Attitudes

Competencies:

- Behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- Respond professionally in increasingly complex situations with a greater degree of independence as they progress through training.
- Complete clinical documentation in a timely (i.e., within 1 business day) and accurate manner.

Aim #5: Interns will achieve competence appropriate to their professional developmental level in the area of Communications and Interpersonal Skills

Competencies:

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Demonstrate a thorough grasp of professional language and concepts; produce, comprehend, and engage in communications that are informative and well-integrated.
- Demonstrate effective interpersonal skills and the ability to manage difficult communications well.
- Respond to communications and requests for information (e.g., via email, voicemail, in-person) in a timely (i.e., within one business day) and effective manner (i.e., provide a clear response that covers all points and questions raised by the person initiating the communication).

Aim #6: Interns will achieve competence appropriate to their professional developmental level in the area of Assessment

Competencies:

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).
- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- Select and apply assessment methods that draw from the empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

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

Aim #7: Interns will achieve competence appropriate to their professional developmental level in the area of Intervention

Competencies:

- Establish and maintain effective relationships with the recipients of psychological services.
- Develop evidence-based intervention plans specific to the service delivery goals.
- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrate the ability to apply the relevant research literature to clinical decision making.
- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.

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

Competencies:

- Apply this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.
- Apply the supervisory skill of observing in direct or simulated practice.
- Apply the supervisory skill of evaluating in direct or simulated practice.
- Apply the supervisory skills of giving guidance and feedback in direct or simulated practice

Aim #9: Interns will achieve competence appropriate to their professional developmental level in the area of consultation and interprofessional / interdisciplinary skills

Competencies:

- Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.
- Direct or simulated practice examples of consultation and interprofessional / interdisciplinary skills include but are not limited to:
 - Role-played consultation with others, peer consultation, provision of consultation to other trainees.

Evaluation and Completion of Training Program

Evaluation of Intern

The intern's primary supervisor meets with the intern for a formal 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 overall training program. Using a rating scale from 1 (Significant Development Needed) to 5 (Significantly Exceeds Expectations), the supervisor rates the intern's attainment of the 9 competency-based program requirements on the **Psychological Competencies Evaluation Form**. Informal feedback is provided on an ongoing basis.

The competency-based training and evaluation process is sequential, cumulative, and graded in complexity over the yearlong training period and across the rotations. The Training Director uses 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 aim and competency.

Satisfactory final evaluations from the intern's primary supervisor, successful completion of all the minimum competency requirements, and completion of the 2,080 internship hours are necessary for the satisfactory completion of the internship. The Training Director certifies the satisfactory completion of the internship, after review of the above requirements. 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. If necessary, the intern may appeal to another psychology training review board created by the Vice President, Community Partnerships & Communications, who is the executive sponsor of the training program.

Professional Psychology Competency Log

The psychology intern maintains a Professional Psychology Competency Log, using Time2Track provided by the Retreat, that summarizes their training hours and provides a mechanism for documenting the completion of the program.

Evaluation of Supervisor

The psychology intern is asked to complete an evaluation of each primary supervisor at the mid-point and end of the program. This process provides input from the intern regarding the need and level of supervision being received, and is used as input for ongoing program improvement.

Evaluation of Internship Program

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

Policies and Procedures

This section of the Intern Handbook contains copies of all policies, procedures and forms specific to the Internship program. In addition, copies of all Retreat policies and procedures can be accessed here: S:\Policies and Procedures. An electronic copy of the Intern Handbook can be accessed here: S:\Psychology\Intern Handbook.

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 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:
 - 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 his/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.

SUBJECT: Attendance Policy

PURPOSE: Interns are expected to follow the Retreat's attendance policy. Regular attendance by interns is a critical element in our efforts to provide excellent care to our patients, is an important requirement for every employee of the Brattleboro Retreat and is fundamental to effective training. Finding coverage to accommodate unplanned absences puts a burden on all team members and presents challenges to maintaining the highest quality of care.

The purpose of this policy is to identify a minimum standard for attendance, and detail how absences will be counted and addressed regarding this policy.

POLICY:

Absences:

Any time off, of 2 hours or more, that is not scheduled and approved at least 2 business days in advance is considered an absence. In addition, inability to cover a scheduled group on a day that you are otherwise working is considered an unexcused absence.

An absence of multiple consecutive days due to the same illness, injury or other incident will be counted as one occurrence under this policy.

Occurrences are counted in a rolling twelve-month period.

Absences due to bereavement leave, workers compensation injuries or to illnesses or injuries which qualify under the Family and Medical Leave Act (FMLA) or VT Statutory Sick Time will not be counted as occurrences.

Four occurrences over a 12-month period will result in a coaching discussion with the Training Director to review attendance policies. This will be documented but not submitted to HR or the DCT of your training program.

Six occurrences over a 12-month period will result in a written warning and notification about the consequences of additional occurrences. This will be documented and the DCT of your training program will be notified.

Seven occurrences over a 12-month period will result in a written final warning with a one-day suspension without pay. The DCT of your program will be notified.

Eight occurrences over a 12-month period may result in termination of employment.

SUBJECT: Intern Selection and Academic Preparation Requirements 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:

There are a minimum of two psychology interns at the internship training level during the training period. The application deadline is in November of the year preceding the internship start date (i.e., applications must be submitted by 11:59 pm EST of that date).

The Brattleboro Retreat Clinical Psychology Doctoral Internship Program currently conducts interviews via Zoom. Due to the large number of applications received, we are not able to offer interviews to all applicants. Every effort will be made to notify applicants of their interview status by the last Friday in December (of the year preceding the internship start date). Applicants invited for interviews will have the opportunity to meet with current interns and faculty and learn more about the internship program. Optional campus tours are also available for applicants selected for an interview.

Applicants matched to the internship should understand that prior to beginning the internship they will need to pass a Health System required medical examination and a review of their credentials. These procedures must be completed in advance of commencing the internship. The Internship begins on or around the last week of June each year and continues for a period of one year.

Students interested in applying for the internship program should 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 encourages interns from diverse backgrounds to apply.

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 are not required or expected

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
- Minimum of 300 intervention hours
- Minimum of 50 assessment hours
- 4 years minimum of grad training required
- Approval of dissertation proposal by application deadline

SUBJECT: 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 \$43,680 annually (\$45,360 for the full 54 week internship), based on a 40 hour work week. Interns earn 29 days of paid time-off which can be used for vacation, personal time, dissertation defense, post-doc interviews, sick-days, medical appointments, etc. Included in this are seven holidays: New Year's Day, President's Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day, and Christmas Day. Paid time off is accrued each pay period and may be used as accrued (with permission from the Training Director and the primary rotation supervisor).

All requests for time-off must be made at least three business days in advance, via ADP, to the Training Director. Any absence that has not been approved in advance is considered an unexcused absence. Unexcused absences may result in disciplinary action, up to and including dismissal from the program, per the Brattleboro Retreat's earned time policy.

Any request for time-off, within the first 90 days of the internship, must be submitted at least two weeks in advance and approved by consensus of the training committee. Such requests will be granted on an exception only basis. Other leaves of absence – bereavement, jury duty, and subpoenaed witness are administered according to the Brattleboro Retreat's policy on excused leaves of absence.

Interns may take up to ten (10) days of unpaid leave, with prior approval. The request for unpaid leave must be made at least ten business days in advance to the Training Director, and requires review and approval by the Training Committee. All days of unpaid leave must be made-up within 10 business days of the normal end of the internship year. Absences in excess of ten (10) days of unpaid leave are considered excessive, resulting in a situation where the intern is not able to complete the internship. This will result in dismissal from the program

Interns begin in late June or early July, and finish after 54 weeks. 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 office space with a personal computer linked to the Retreat's network. Athletic and exercise facilities are available on site. The Retreat offers APA approved continuing education

opportunities for professional development, at no cost. Interns may also receive approval for participation in other professional psychology conferences, dissertation defense, and postdoctoral job interviews.

SUBJECT: Deployment and Redeployment

PURPOSE:

To identify contingency plans for situations that arise requiring redeployment of interns from their normally assigned duties. This would typically occur in a state of emergency, or disaster that requires partial or complete closure of hospital operations.

GUIDELINE:

This standard has been established to address requirements issued by APPIC, in April 2020, in response to the global COVID-19 pandemic.

PROCEDURES:

All reasonable efforts will be made to provide interns with the training experiences and rotations that were part of the internship at the time of successful completion of their APPIC match. If any of these experiences or rotations is not available reasonable efforts will be made to provide comparable alternative experiences. For example:

- Supervision via televideo (e.g., Zoom) when in-person supervision is not possible
- Alternative clinical experiences when a program or rotation is unavailable. This may include:
 - Conducting activities via televideo, rather than in-person, where possible
 - Carrying a larger individual outpatient therapy caseload if outpatient group therapy programs are not operating, or are operating at reduced capacity
 - Working on an inpatient unit if outpatient therapy programs are not operating
- In cases where the hospital must cease, or largely cease, operations, and no work is available interns will be laid off and re-hired when hospital operations resume.

SUBJECT: Evaluation and Retention Policy

PURPOSE:

Interns are formally evaluated two times during the training year as well as informally 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 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 primary supervisor 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 Needed) to 5 (Significantly Exceeds Expectations), the supervisor rates on the **Psychological Competencies Evaluation Form** the intern's attainment of the 9 competency-based program aims identified on Pages 12-14 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 Internship Training Director uses 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.

Satisfactory final evaluations from the primary supervisor, successful completion of all the minimum competency requirements, and completion of the 2,080 internship hours are necessary for the satisfactory completion of the internship. The Internship Training Director certifies the satisfactory completion of the internship. The Training Director maintains all evaluation forms in the individual intern's secure personnel file and provides 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.

SUBJECT: Telesupervision of Psychology Trainees Policy

PURPOSE:

Face-to-face supervision is the primary supervisory modality utilized in the psychology training program. All supervisors provide at least some portion of supervision face-to-face. Telesupervision is used as an alternative, to ensure that trainees (i.e., practicum students, interns, and post-doctoral fellows) have access to supervision when infection control procedures require physical distancing, and/or a supervisor or trainee is working remotely.

PROCEDURES:

1. Initiation of Telesupervision Relationships
 - a. Establishment of telesupervision sessions is the responsibility of the supervisor. This involves ensuring that both parties are aware of the parameters of telesupervision, including policies and procedures
2. Responsibility for Clinical Cases, Non-Scheduled Consultation, and Crisis Coverage
 - a. All supervisors conducting telesupervision make explicit arrangements for nonscheduled consultation and/or crisis coverage as needed outside of designated supervision times. Additionally, there is at least one supervisor, or other qualified staff (e.g., Crisis Clinician, Director of Outpatient Services, Staff Psychiatrist, Program Manager) on site in the event that direct supervisory intervention is needed on behalf of patients, such as instances where a trainee needs direct on-site support for crisis management or emergency intervention.
3. Privacy and Confidentiality
 - a. Privacy and confidentiality in instances of telesupervision are managed by ensuring that only secure communication locations are utilized for supervisory communications. Trainees and supervisors are required to communicate only from locations where confidentiality can be ensured, namely professional offices (this may include home offices).
4. Technology Requirements
 - a. Telesupervision is conducted using phone or videoconference lines that are secure and designated for professional communications. Education on the use of these technologies is available but typically not required given that they are routine means of communication with which most trainees and supervisors are familiar.

SUBJECT: Maintenance of Records Policy

PURPOSE:

In order to comply with APA Standards of Accreditation for Health Service Psychology Standard I.C.1, the Internship program maintains essential records for all Interns who have participated in the training program.

PROCEDURES:

1. Intern records, including, at a minimum, a description of the training experience, all formal evaluations, and certificates of completion are maintained indefinitely by the Training Director in secure digital files.

PSYCHOLOGICAL COMPETENCIES EVALUATION FORM

Intern: _____

Supervisor: _____

Evaluation: Mid-Year / Final (circle one)

Date completed: _____

Scoring Criteria:

1 Significant Development Needed – significant improvement is needed to meet expectations
2 Development Needed – Some improvement in functioning is needed to meet expectations
3 Development Appropriate – Functions at expected level for level of training
4 Meets Expectations – Demonstrates readiness for entry-level practice
5 Exceeds Expectations – Functions above expected level for level for training
N/A – Not Applicable/Not Observed/Cannot Say

NOTE:

1. Meets Expectations requires the following criteria be met:
 - a. the ability to independently function in a broad range of clinical and professional activities;
 - b. the ability to generalize skills and knowledge to new situations;
 - c. the ability to self-assess when to seek additional training, supervision or consultation.
2. 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. 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.

I. Research	Rating
Individuals must demonstrate knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research. This area of competence requires substantial knowledge of scientific methods, procedures, and practices. Interns are expected to:	
Demonstrate substantial independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications).	
Disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.	
AVERAGE SCORE FOR BROAD COMPETENCY	

Comments:	
II. Ethical & legal standards	Rating
Interns are expected to demonstrate competency in each of the following areas:	
Be knowledgeable of and act in accordance with each of the following: - the current version of the APA Ethical Principles of Psychologists and Code of Conduct; - relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and, relevant professional standards and guidelines	
Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.	
Conduct self in an ethical manner in all professional activities.	
AVERAGE SCORE FOR BROAD COMPETENCY	
Comments:	
III. Individual & Cultural Diversity	Rating
Interns must demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. Cultural and individual differences and diversity include, but are not limited to, age, disability, ethnicity, gender identity, gender expression, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. It is recognized that competence in working with individuals of every variation of cultural or individual difference is not reasonable or feasible. Interns are expected to demonstrate:	
An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.	
Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.	
The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.	
The ability to apply a framework for working effectively with areas of individual and cultural diversity.	
The ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.	
AVERAGE SCORE FOR BROAD COMPETENCY	

Comments:	
IV. Professional values and attitudes	Rating
Interns are expected to:	
Behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.	
Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.	
Actively seek and demonstrate openness and responsiveness to feedback and supervision.	
Respond professionally in increasingly complex situations with a greater degree of independence as they progress through training.	
Complete clinical documentation in a timely (i.e., within 1 business day) and accurate manner.	
AVERAGE SCORE FOR BROAD COMPETENCY	
Comments:	
V. Communication and interpersonal skills	Rating
Communication and interpersonal skills as foundational to education, training, and practice in health service psychology. These skills are essential for any service delivery/activity/interaction and are evident across the program's expected competencies. Interns are expected to:	
Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.	
Demonstrate a thorough grasp of professional language and concepts; produce, comprehend, and engage in communications that are informative and well-integrated.	
Demonstrate effective interpersonal skills and the ability to manage difficult communication well.	
Respond to communications and requests for information (e.g., via email, voicemail, in-person) in a timely (i.e., within one business day) and effective manner (i.e., provide a clear response that covers all points and questions raised by the person initiating the communication).	
AVERAGE SCORE FOR BROAD COMPETENCY	
Comments:	

VI. Assessment Interns demonstrate competence in conducting evidence-based assessments consistent with the scope of Health Service Psychology, and are expected to:	Rating
Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.	
Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).	
Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.	
Select and apply assessment methods that draw from the empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.	
Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.	
Communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.	
AVERAGE SCORE FOR BROAD COMPETENCY	
Comments:	
VII. Intervention Intervention is defined broadly to include but not limited to psychotherapy. Interventions may be derived from a variety of theoretical orientations or approaches. The level of intervention includes those directed at an individual, a family, a group, a community, a population, or other systems. Interns are expected to demonstrate the ability to:	Rating
Establish and maintain effective relationships with the recipients of psychological services.	
Develop evidence-based intervention plans specific to the service delivery goals.	
Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.	
Demonstrate the ability to apply the relevant research literature to clinical decision making.	
Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.	

Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.	
AVERAGE SCORE FOR BROAD COMPETENCY	
Comments:	
VIII. Supervision Supervision involves the mentoring and monitoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills. Supervisors act as role models and maintain responsibility for the activities they oversee. Interns are expected to:	Rating
Apply this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.	
Apply the supervisory skill of observing in direct or simulated practice.	
Apply the supervisory skill of evaluating in direct or simulated practice.	
Apply the supervisory skills of giving guidance and feedback in direct or simulated practice	
AVERAGE SCORE FOR BROAD COMPETENCY	
Comments:	
IX. Consultation and interprofessional / interdisciplinary skills Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities. Interns are expected to:	Rating
Demonstrate knowledge and respect for the roles and perspectives of other professions.	
Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior. Direct or simulated practice examples of consultation and interprofessional / interdisciplinary skills include but are not limited to: • Role-played consultation with others, peer consultation, provision of consultation to other trainees.	
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:

*By signing this form the supervisor attests that direct observation of the intern's performance has taken place.

Psychological Competencies Summary Form

Intern:

Supervisor:

Date completed:

Satisfactorily completed internship: Yes No (circle one)

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

Competency Domain	Mid-Year Evaluation	Final Evaluation
Research		
Ethical and Legal Standards		
Individual and Cultural Diversity		
Professional Values, Attitudes and Behaviors		
Communication & Interpersonal Skills		
Assessment		
Intervention		
Supervision		
Consultation/ Interprofessional / Interdisciplinary skills		

Comments:

Training Director's Signature:

Date:

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(s)	
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-Sign & Date

Training Director- Sign & Date

Primary Supervisor-Sign & Date

Formal Review Committee-Date

Formal Review Committee -Date

Formal Review Committee -Date

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

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 per form.
- 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



Brattleboro Retreat

Clinical Psychology Doctoral Internship Program

Evaluation of Supervisor

Supervisor: _____

Date: _____

Rating Criteria:

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

2 Improvement 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 may result in corrective action as deemed appropriate by the Psychology Training Committee, in order to improve the interns' supervisory experience.

Supervisor is able to provide effective:

Feedback

Call attention to errors in a tactful manner	
Be straightforward regarding areas in which you need improvement	
Refrain from indiscriminate use of praise	
Provide opportunities for you to question, challenge or doubt	
Be open to discussing any difficulties between the two of you which are hindering your learning	
Admit errors and/or limitations without undue defensiveness	
Be concrete and specific in comments	
Summarize and or highlight major points of supervisory sessions	
Comments: 	

Case Conceptualization & Intervention Support

Help you formulate the dynamics of your clients	
Encourage you to explore the implications of your interventions	
Encourage you to formulate your understanding of your clinical cases	
When asked present a clear, theoretical rationale for suggestions	
Through role playing or other suitable techniques, help you to more effectively intervene with your clients	
Facilitate your understanding of countertransference reactions to your clients	
Comments:	

Personal and Professional Support

Be flexible and responsive to your changing needs	
Not foster undue dependence on your part	
Recognize and accommodate your level of experience and style of learning	
Make specific suggestions when you need them	
Be sensitive to requirements placed upon you by the Brattleboro Retreat and your Doctoral program	
Be sensitive and adaptive to the stresses placed upon you as a trainee	
Be reached in case of emergencies	
Listen sensitively to you	

Help clarify and define the nature of problems you are having in your work	
Be clear about the limits of your supervisory relationship	
Make you feel she/he/they genuinely want to help you learn	
Maintain an appropriate focus in your sessions	
Provide you with general knowledge about professional psychology	
Comments:	

Communications and Modeling

Clearly inform you of legal issues	
Clearly inform you of ethical issues	
Seek consultation when needed	
Deal explicitly with the formal evaluation process	
Be a good role model	
Comments:	

Other Feedback

Describe how the supervisor contributed to your learning

Describe how supervision or the training experience could be enhanced
Any other suggestions/feedback for the supervisor?

Adapted from Supervisor Feedback Form developed by Susan Hall-Marley (2001).

Internship Outcome Evaluation Form

First, Middle, and Last Name:

To what degree do you currently possess this competency?

1	2	3	4	5
Not well prepared		Adequate		Well prepared

RESEARCH

Ability to independently and critically evaluate research	1	2	3	4	5
---	---	---	---	---	---

Dissemination of research (e.g. case conference, presentation, or publication) at the local, regional or national level	1	2	3	4	5
---	---	---	---	---	---

ETHICAL AND LEGAL STANDARDS

Knowledge of ethical, legal, and professional Standards	1	2	3	4	5
---	---	---	---	---	---

Recognize ethical dilemmas and respond appropriately	1	2	3	4	5
--	---	---	---	---	---

Adherence to APA Ethical Principles and Guidelines	1	2	3	4	5
--	---	---	---	---	---

INDIVIDUAL AND CULTURAL DIVERSITY

Awareness of how own culture, experience and personality affects interactions with other people	1	2	3	4	5
---	---	---	---	---	---

Knowledge of current DEI knowledge base	1	2	3	4	5
---	---	---	---	---	---

Ability to integrate cultural awareness into practice	1	2	3	4	5
---	---	---	---	---	---

Ability to work effectively with people or groups whose values, goals or beliefs are in conflict with my own	1	2	3	4	5
--	---	---	---	---	---

PROFESSIONAL VALUES AND ATTITUDES

Behave in ways that reflect values and attitudes of psychology	1	2	3	4	5
--	---	---	---	---	---

Engage in personal and professional self-reflection	1	2	3	4	5
---	---	---	---	---	---

Seek and demonstrate openness to feedback and supervision	1	2	3	4	5
---	---	---	---	---	---

COMMUNICATION AND INTERPERSONAL SKILLS

Develop and maintain effective relationships with a Broad range of individuals, including supervisors, colleagues and clients	1	2	3	4	5
Thorough grasp of professional language and concepts, demonstrated by the ability to communicate effectively	1	2	3	4	5
Ability to handle difficult communications well	1	2	3	4	5

ASSESSMENT

Diagnosis 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

INTERVENTION

Establish and maintain effective therapeutic relationships	1	2	3	4	5
Case conceptualization and treatment planning	1	2	3	4	5
Implementation of evidence based interventions	1	2	3	4	5
Utilize research literature to inform clinical decision making	1	2	3	4	5
Modify and adapt evidence based approaches when an evidence base is lacking	1	2	3	4	5
Evaluate ongoing interventions and adapt them as needed	1	2	3	4	5

SUPERVISION

Knowledge of theories and methods of supervision	1	2	3	4	5
Ability to effectively use of supervision	1	2	3	4	5

CONSULTATION/INTERPROFESSIONAL/INTERDISCIPLINARY

Multidisciplinary Collaboration (i.e., with other mental health disciplines)	1	2	3	4	5
Interprofessional Collaboration (i.e., with professionals in fields other than mental health)	1	2	3	4	5
Knowledge of theories and methods of consultation	1	2	3	4	5

To what degree do you believe that your internship helped you to develop this competency?

1	2	3	4	5
Not well prepared		Adequate		Well prepared

RESEARCH

Ability to independently and critically evaluate research	1	2	3	4	5
---	---	---	---	---	---

Dissemination of research (e.g. case conference, presentation, or publication) at the local, regional or national level	1	2	3	4	5
---	---	---	---	---	---

ETHICAL AND LEGAL STANDARDS

Knowledge of ethical, legal, and professional Standards	1	2	3	4	5
---	---	---	---	---	---

Recognize ethical dilemmas and respond appropriately	1	2	3	4	5
--	---	---	---	---	---

Adherence to APA Ethical Principles and Guidelines	1	2	3	4	5
--	---	---	---	---	---

INDIVIDUAL AND CULTURAL DIVERSITY

Awareness of how own culture, experience and personality affects interactions with other people	1	2	3	4	5
---	---	---	---	---	---

Knowledge of current DEI knowledge base	1	2	3	4	5
---	---	---	---	---	---

Ability to integrate cultural awareness into practice	1	2	3	4	5
---	---	---	---	---	---

Ability to work effectively with people or groups whose values, goals or beliefs are in conflict with my own	1	2	3	4	5
--	---	---	---	---	---

PROFESSIONAL VALUES AND ATTITUDES

Behave in ways that reflect values and attitudes of psychology	1	2	3	4	5
--	---	---	---	---	---

Engage in personal and professional self-reflection	1	2	3	4	5
---	---	---	---	---	---

Seek and demonstrate openness to feedback and supervision	1	2	3	4	5
---	---	---	---	---	---

COMMUNICATION AND INTERPERSONAL SKILLS

Develop and maintain effective relationships with a Broad range of individuals, including supervisors, colleagues and clients	1	2	3	4	5
---	---	---	---	---	---

Thorough grasp of professional language and concepts, demonstrated by the ability to communicate effectively	1	2	3	4	5
--	---	---	---	---	---

Ability to handle difficult communications well	1	2	3	4	5
---	---	---	---	---	---

ASSESSMENT

Diagnosis 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
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Report writing	1	2	3	4	5
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Communicating results	1	2	3	4	5
-----------------------	---	---	---	---	---

INTERVENTION

Establish and maintain effective therapeutic relationships	1	2	3	4	5
--	---	---	---	---	---

Case conceptualization and treatment planning	1	2	3	4	5
---	---	---	---	---	---

Implementation of evidence based interventions	1	2	3	4	5
--	---	---	---	---	---

Utilize research literature to inform clinical decision making	1	2	3	4	5
--	---	---	---	---	---

Modify and adapt evidence based approaches when an evidence base is lacking	1	2	3	4	5
--	---	---	---	---	---

Evaluate ongoing interventions and adapt them as needed	1	2	3	4	5
---	---	---	---	---	---

SUPERVISION

Knowledge of theories and methods of supervision	1	2	3	4	5
--	---	---	---	---	---

Ability to effectively use of supervision	1	2	3	4	5
---	---	---	---	---	---

CONSULTATION/INTERPROFESSIONAL/INTERDISCIPLINARY

Multidisciplinary Collaboration (i.e., with other mental health disciplines)	1	2	3	4	5
--	---	---	---	---	---

Interprofessional Collaboration (i.e., with professionals in fields other than mental health)	1	2	3	4	5
--	---	---	---	---	---

Knowledge of theories and methods of consultation	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 Intern Handbook to keep in my files.

Print Name

Signature

Date