



WVU Medicine
Behavioral Medicine and Psychiatry-
Martinsburg

**Doctoral Internship in
Professional Psychology**

Internship Training Handbook 2026-2027

Updated 07/08/2025

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ACCREDITATION STATUS

The doctoral internship at **WVU Medicine Behavioral Medicine & Psychiatry- Martinsburg** is fully accredited by the American Psychology Association (APA). 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 20002-4242

(202) 336-5979

apaaccred@apa.org

www.apa.org/ed/accreditation

TRAINING PROGRAM PHILOSOPHY

WVU Medicine Behavioral Medicine and Psychiatry—Martinsburg is dedicated to its doctoral internship in psychology. The internship is housed within the Behavioral Medicine & Psychiatry (BMP) clinics. The overarching goal of BMP's internship program is to improve access to highly trained mental health professionals for West Virginia residents by ensuring that future generations of psychologists receive quality education and training experiences. Specifically, we seek to train entry-level clinicians in how to integrate the discipline and practice of professional psychology within both community and integrated care settings. We do this by employing an empirically informed, competency-based, practitioner-scholar model.

Our doctoral internship program in psychology is first and foremost a training program that includes planned, programmed sequences of training experiences. The title of "psychology intern" is used to designate trainee status. Training at BMP has been deliberately designed to offer an experience-near, closely supervised, and developmentally appropriate sequence over the course of twelve consecutive months for three interns each academic year. Psychology interns will be exposed to a variety of types of psychological services and consumers. The doctoral internship in psychology is a 2000-hour, full-time appointment, which requires psychology interns to provide no fewer than 500 face-to-face direct service hours.

We work closely with each psychology intern to tailor an individualized plan for the internship year. These plans are designed to build upon each trainee's unique strengths to blend scientific knowledge with increasingly challenging professional experiences. Psychology interns are supported as they further integrate their identities as practitioners and scholars, thus consolidating their unique therapeutic voice and professional identity. We guide psychology interns through this process by providing opportunities for continued growth via regularly scheduled didactics, trainings, supervision, and consultation. It is our goal to support the entire intern through this transitional year by creating a warm and stimulating environment that provides opportunity for both personal and professional growth.

By the end of the internship year, psychology interns at BMP will have received generalist training and are expected to possess the capacity to function independently as an entry-level

professional. They will demonstrate an understanding of the empirical basis for their interventions and possess the skills to intervene with a wide array of presenting problems. They will exhibit respect and appreciation for both visible and invisible diversity factors, including the resilience that is often found in individuals living in underserved areas. To also meet the growing need for psychologists who are competent to function in integrated healthcare settings, interns will demonstrate capability to effectively work in primary care settings. The totality of training experiences at BMP will provide a capstone training experience.

AGENCY OVERVIEW

Introduced on January 1, 2015, WVU Medicine brought together Berkeley Medical Center, Jefferson Medical Center, and West Virginia University Hospitals to form a new not-for-profit healthcare delivery system for the Eastern Panhandle. WVU Medicine Behavioral Medicine and Psychiatry-Martinsburg (BMP) is physically located on the Berkeley Medical Center campus and includes both psychology and psychiatry clinics housed within the larger Department of Behavioral Medicine & Psychiatry. Department faculty also provide integrated behavioral health services at Harpers Ferry Family Medicine and the WVU Medicine Center for Diabetes & Metabolic Health, where interns also have training opportunities. BMP offers services primarily to residents of the tri-state area (West Virginia, Virginia, and Maryland). We are staffed by a team of psychologists, psychiatrists, and support staff who work with primary care and other medical providers.

Psychology interns are primarily housed in BMP's outpatient clinic on the Berkeley Medical Center campus in Martinsburg, WV. Each psychology intern will have access to a furnished office, a laptop, and video recording equipment. Clinical records and schedules are maintained in EPIC electronic records. Training resources, including a training room with literary and electronic resources, are also available at BMP.

Psychology interns will also spend one day a week at Harpers Ferry Family Medicine (HFFM). HFFM is a family practice office within the WVU Medicine system, located in Harpers Ferry, WV. The 10,000 square foot state-of-the-art facility currently accommodates more than 30,000 patient visits per year. The staff includes full and part-time family medicine physicians and pediatricians, psychologists, resident physicians, advanced practice providers, pharmacists, medical students, clinical nursing staff, and administrative support staff. Interns will have access to all resources available to clinical staff and family medicine residents, including a training room, computer lounge, electronics, and consultation rooms.

WVU Medicine Behavioral Medicine and Psychiatry-Martinsburg's overarching mission is to improve the health status of Eastern Panhandle residents by providing excellence in health and wellness services, expanding access to care, and participating in the education of healthcare professionals. WVU Medicine Behavioral Medicine and Psychiatry-Martinsburg values of respect, teamwork, integrity, excellence, quality, and stewardship are reflected in the internship training program offered through BMP. These values form the foundation of the services that we provide to the residents of the Eastern Panhandle and inform not only our work with patients but also with our interactions with trainees, staff, and the larger community.

Martinsburg, with a population of 19,500 residents, the fastest growing city in the state of West Virginia. Located in the heart of the Eastern Panhandle, Martinsburg is often referred to as the “gateway to the Shenandoah Valley.” Approximately 75 miles outside of Washington, DC and 90 miles outside of Baltimore, MD, Martinsburg balances the proximal benefits of being close to a major metropolitan area with the relaxed nature and beauty of small-town living. Martinsburg is conveniently located between Maryland and Virginia, offering the ability to travel into all three states within 30 minutes. The Eastern Panhandle of West Virginia is known for its breathtaking views and beautiful scenery. The area is rich in history, with easy access to Harpers Ferry National Historical Park and Antietam National Battlefield. The area is also home to exceptional opportunities for outdoor recreation. The Eastern Panhandle is situated at the confluence of the Shenandoah and Potomac Rivers and is located along both the Appalachian National Scenic Trail and the C&O Canal National Historical Park. The small towns in the area each offer their own recreational and cultural events throughout the year.

INTERN STIPEND AND BENEFITS

Stipend

The annual salary for interns during the 2025-2026 academic year is a \$43,888.00 stipend paid in 26 biweekly payments.

Insurance and Retirement Plan Benefits

Interns are eligible for health and other benefits as an employee of WVU Medicine. They are offered the same plan that is made available to all full-time employees. Short-term disability benefits are covered by WVU Medicine.

Vacation and Leave

Interns will accrue 23 personal days (which equates to 184 hours) of leave over the course of the academic year. In addition, interns also receive seven paid holidays (July 4th, Labor Day, Thanksgiving Day, Lincoln’s Day, Christmas Day, New Year’s Day, and Memorial Day).

Continuing Education

BMP will cover up to \$1,000.00 in conference and travel expenses for psychology interns to attend additional trainings, including but not limited to the WVPA Fall Conference, if they choose to go.

Professional Liability

While interns are covered for their internship training activities under WVU Medicine’s professional liability insurance, we recommend that interns also begin to explore the costs and benefits of purchasing their own professional liability insurance (www.trustinsurance.com).

DIVERSITY STATEMENTS

WVU Medicine Behavioral Medicine and Psychiatry- Martinsburg (BMP) Diversity Statement

WVU Medicine: Behavioral Medicine and Psychiatry- Martinsburg (BMP) is dedicated to creating an atmosphere of openness and inclusion of all individuals. We value the diversity of

our staff and of our community, which includes but is not limited to individuals who differ in terms of age, appearance, ethnicity and race, financial means, sex, gender, language, military experience, nationality, physical and mental abilities, politics, religion and spirituality, region, and sexual orientation. We strive to be mindful of not only visible but also the invisible diversity factors that may impact our interactions with others. Our goal is to continuously increase our awareness of diversity in all its manifestation and be aware of the ways diversity impacts our work with patients, colleagues, and the larger community. We recognize that diversity in a rural versus an urban population may differ, and we strive to be inclusive of all residents of the Eastern Panhandle.

In line with this mission, BMP encourages staff and interns to become increasingly aware of the interaction between their own diversity factors and those with whom they interact. We acknowledge that this is a never-ending process and, thus, routinely explore cultural variables in supervision, consultation, and didactics.

Doctoral Internship Diversity Statement

WVU Medicine: Behavioral Medicine and Psychiatry- Martinsburg's Doctoral Internship in Psychology strongly values diversity and believes in creating an equitable, hospitable, appreciative, safe, and inclusive learning environment for its interns. Diversity among interns and supervisors enriches the educational experience, promotes personal growth, and strengthens communities and the workplace. Every effort is made by the program to create a climate in which all staff and interns feel respected, comfortable, and in which success is possible and obtainable. The program strives to make every effort to dispel ignorance or anxiety associated with multicultural experiences. The training program includes expected competencies in diversity. Multiple experiences including instruction in Reflective Local Practice (Sandee, Moore, & Swanda, 2018), local excursions, and advocacy projects are provided to be sure that interns are both personally supported and well-trained in this area.

The WVU Medicine: Behavioral Medicine and Psychiatry- Martinsburg's Doctoral Internship welcomes applicants from diverse backgrounds. The program believes that a diverse training environment contributes to the overall quality of the program. The internship provides equal opportunity to all prospective interns and does not discriminate because of a person's race, color, religion, sex, national origin, age, disability, or any other factor that is irrelevant to success as a psychology intern. Applicants are individually evaluated in terms of quality of previous training, practicum experiences, and fit with the internship.

TRAINING COMMITTEE

The Training Committee, chaired by the Training Directors, consists of clinical faculty and benefits from input from interns, as needed. The goal of the Training Committee is to support the doctoral internship program at BMP. The Training Committee is tasked with the following responsibilities:

1. To aid in the coordination of the training program
2. To recommend policy provisions of the training program

3. To monitor the training program
4. To participate in the ongoing planning and evaluation of the training program

Statement Regarding the Training Directors

The Training Directors are experienced, licensed, doctoral-level psychologists who chair The Training Committee. The Training Directors bear overall responsibility for selecting interns, monitoring and evaluating intern performance, and maintaining documentation of intern records.

The Training Staff

Brian Creasy, Ph.D.

Clinic Director, Assistant Professor (Clinical), Psychology Intern Supervisor

Education: Ph.D. in Clinical Psychology, West Virginia University (2012); Postdoctoral Fellowship, University of Texas Health Science Center at San Antonio (2012-2014)

Licensure Status: Licensed Psychologist in Texas (#36616) and West Virginia (#1123)

Orientation: Cognitive-Behavioral; Behavioral; Family Systems

Emphasis: Children and adults, Individual and families; Behavioral concerns, Parent-Child Interaction Therapy, Post-Traumatic Stress Disorder

Brittany Davis, Psy.D.

Assistant Professor (Clinical), Psychology Intern Supervisor

Education: Psy.D. in Clinical Psychology, Marshall University (2023); Doctoral Internship, WVU Medicine: University Healthcare (2022-2023); Postdoctoral Fellow, WVU Medicine: University Healthcare (2023-2024)

Licensure Status: Licensed Psychologist in West Virginia (#1357)

Orientation: Cognitive-Behavioral, Behavioral, Integrative

Emphasis: Integrated Primary Care across the Lifespan; Brief Therapy; Posttraumatic Stress Disorder and Trauma Disorders; Mood and Anxiety Disorders; Perinatal Mood and Anxiety Disorder

Samantha Deamer, Psy.D.

Co-Training Director, Assistant Professor (Clinical), Psychology Intern Supervisor

Education: Psy.D. in Clinical Psychology, Xavier University (2021); Internship, WVU Medicine Behavioral Health and Psychiatry (2020-2021); Postdoctoral Fellowship, WVU Medicine (2021-2022)

Licensure Status: Licensed Psychologist in West Virginia (#1301)

Orientation: Behavioral; Cognitive-Behavioral; Third Wave Cognitive-Behavioral

Emphasis: Integrated Primary Care across the lifespan, Health Psychology, Focused Therapy (i.e., fACT, Single Session Therapy), Dialectical Behavior Therapy, Cognitive Processing Therapy

Jonathan Deiches, Ph.D.

Assistant Professor (Clinical), Psychology Intern Supervisor

Education: Ph.D. in Rehabilitation Psychology, University of Wisconsin (2017); Doctoral Internship, WVU Medicine: University Healthcare (2016-2017); Postdoctoral Fellowship, WVU Medicine (2017-2018)

Licensure Status: Licensed Psychologist in West Virginia (#1212)

Orientation: Integrated, primarily cognitive-behavioral and behavioral

Emphasis: Health psychology including diabetes management and bariatrics; pre-surgical psychological evaluations; adults and adolescents

Christa M. Morton, Psy.D.

Co-Training Director, Assistant Professor (Clinical), Psychology Intern Supervisor

Education: Psy.D. in Clinical Psychology, Marshall University (2022); Doctoral Internship, WVU Medicine: University Healthcare (2021-2022); Postdoctoral Fellow, WVU Medicine: University Healthcare (2022-2023)

Licensure Status: Licensed Psychologist in West Virginia (#1319)

Orientation: Primarily cognitive behavioral and behavioral, person-centered, integrative

Emphasis: Children, adolescents, and adults; individual and family therapy; posttraumatic stress disorder and trauma disorders; behavioral problems; mood and anxiety disorders

Jocelyn Stokes, PhD, ABPP

Director of Child and Adolescent Behavioral Health, Associate Professor (Clinical), Psychology Intern Supervisor, Post-Doctoral Associate Supervisor

Education: Ph.D. in Clinical Psychology, West Virginia University (2014); Postdoctoral Fellowship, University of Miami Mailman Center for Child Development (2014-2015)

Licensure Status: Licensed Psychologist West Virginia; Provisionally Registered Psychologist in Australia

Orientation: Cognitive-Behavioral; Behavioral; Family Systems

Emphasis: Children, Adolescent, Families; Behavioral concerns, Parent-Child Interaction Therapy, Autism/ Developmental Disability, Assessment

PROGRAM OVERVIEW

WVU Medicine Behavioral Medicine and Psychiatry-Martinsburg trains entry-level clinicians how to integrate the discipline and practice of professional psychology by employing an empirically informed, competency-based, practitioner-scholar model. The program provides experiences in clinical learning environments that are responsive to the diverse and changing needs of the local community. Training at BMP has been deliberately designed to offer an experience-near, closely supervised, and developmentally appropriate sequence over the course of twelve consecutive months for three interns each academic year. The internship year begins with a two week-long orientation, which focuses on acquainting the interns with the procedures and policies of the clinics, assessing interns' current abilities, and developing an individualized plan for their internship year. Interns also receive clinical training during orientation to help them feel prepared to begin their work in evidence-based treatment, assessment, and integrated primary care. Interns will meet individually with the Training Directors to discuss their areas of interest and goals for internship. This information will be combined with data obtained through

self-evaluation of competencies outlined in the Fouad et al. (2009) article, as well as through in-room observation of direct service delivery. Once interns have been approved by the Training Committee to begin individual work, they will then be allowed to provide direct clinical services, which is reviewed via videotape. Interns are provided feedback on their direct services during weekly individual and group supervision.

Training staff review all new patient intake paperwork and recommend assignments based on presenting problems, treatment needs, case complexity, and level of risk. As interns demonstrate competence in a variety of areas, they are awarded the opportunity to see increasingly complex therapy and assessment cases.

Group and individual supervision are the primary vehicles used to monitor the intern's progress towards their individual goals and the overarching internship goals, competencies, and objectives. Throughout the course of this training year, interns will receive supervision from several staff psychologists. As the program firmly believes that competent, evidence-based practice of psychology requires an integration of both scientific and professional knowledge, skills, and attitudes, interns will be provided a minimum of 3 hours of individual, face-to-face supervision, 1.5-2 hours of group supervision of assessment, and 2-3 hours of didactic activities each week during their internship year. Interns will receive additional individual supervision, as necessary. Interns will also be encouraged to participate in Grand Rounds and didactic trainings with medical students and medical residents throughout the academic year.

With regard to direct service delivery, interns are expected to schedule 16-18 hours each week devoted to intervention and consultation, which includes individual/family psychotherapy, psychodiagnostic consultations, crisis interventions, and behavioral health consultations.

Required Direct Service Experiences

Individual/Family Therapy

Interns will work in an outpatient setting to provide individual and family therapy to people from a diverse range of age groups (children, adolescents and adults), sociocultural groups, and socioeconomic levels. Interns will conduct approximately 12 hours weekly of therapy with a variety of patients who are experiencing presenting problems that span from developmental issues to serious mental illness and comorbid medical diagnoses. Interns may have to schedule more hours of therapy in some weeks to ensure they meet the 500-hour requirement for internship completion.

Psychodiagnostic Consultation/Crisis Intervention

Throughout the year, interns will have the opportunity to conduct brief, initial assessments with patients, form and document clinical impressions, and then route patients to the appropriate services (e.g. individual therapy, psychiatric consultation, further testing, follow-up with PCP) during their regularly scheduled individual/family therapy hours. Further, throughout the year interns will have increasing opportunities to manage crises that may be encountered while conducting intake assessments or through their work with ongoing patients. Interns are provided close support and supervision throughout all crises.

Integrated Primary Care

One day per week during the training year, interns will be providing a range of direct and support services to patients and providers at Harpers Ferry Family Medicine (HFFM). Interns will receive intensive training in the Primary Care Behavioral Health (PCBH) model. Activities may include conducting psychodiagnostic consultations, focused behavioral medicine interventions, crisis interventions, curbside consultations, and warm-handoffs. Interns will divide their days between six 30-minute scheduled patient appointments and unstructured time to be used to support the function of the primary care team. These support activities may include curbside consultations, warm handoffs, and documentation. Interns are also welcomed to participate in in-service programs hosted at HFFM.

Psychological Assessment

Interns will be expected to administer, interpret, and provide written synthesis of psychological test batteries. Interns will be expected to engage in a minimum of six-hours of assessment related activities weekly throughout the course of the year. Psychological assessments may include intellectual, cognitive, achievement, and personality measures. Interns will have intensive training in writing assessment reports and making recommendations that convey meaningful information to patients and referring agencies. Therapeutic feedback skills will be taught, modeled, and honed during the internship.

Training Areas

The internship program ascribes to a longitudinal and developmental model. Over the course of their internship year, interns will receive first-and-foremost a generalist training. There are five areas of training that will constitute the majority of the experiences offered. Each intern will receive extensive supervision and training in the following areas over the course of their internship year:

- 1. Evidence-Based Treatment-** Interns will receive significant training in a variety of evidence-based treatments including Cognitive Behavioral Therapy (CBT), Exposure and Response Prevention (ERP), Acceptance and Commitment Therapy (ACT), Cognitive Processing Therapy (CPT), and Trauma Focused Cognitive Behavioral Therapy (TF-CBT). Training will involve direct clinical supervision, didactic training, and options for external trainings and workshops. Training in other evidence-based approaches may be provided based on interest and need.
- 2. Focused Therapy** – Interns will gain experience providing focused interventions, including but not limited to 30-minute functional assessments and 30-minute follow-up visits with patients seen at Harpers Ferry Family Medicine. Specifically, interns will gain exposure to Focused Acceptance and Commitment Therapy and the contextual interview. Interns will also be exposed to primary care specific manualized interventions (i.e., PE-PC). Through this experience, interns will gain a foundation in how to meaningfully intervene with patients in as few as one session.
- 3. Learning Disability/ADHD Assessment** – While interns will administer a variety of assessments throughout the year, our most popular assessment referral question is for LD/ADHD assessments. Initially, assessments will occur bi-weekly, with every other week being reserved for report writing. Once interns acclimate to the fast-paced nature of

this work and are able to demonstrate the fundamental skills underlying LD/ADHD assessments, they will be scheduled one assessment case per week. Training will be provided in every aspect of the assessment process, from designing a battery to recommendations and therapeutic feedback.

4. **Child and Family Services** – Interns will gain experience working directly with children/adolescents and their families. Patients will present with a variety of chief complaints including, but not limited to, behavioral concerns, attentional impairment, trauma, anxiety, OCD, and mood disorders. Activities may include individual psychotherapy, family therapy, parent-child interaction therapy, parenting consultations, and community/school advocacy. Emphasis is placed on the development of diagnostic and treatment skills, service delivery, and conceptualization.
5. **Behavioral Medicine** – Interns will also receive training in several areas under the umbrella of behavioral medicine. Typical behavioral medicine referrals may include behavioral sleep medicine, disordered eating, weight management, perinatal mood and anxiety disorders, smoking cessation, chronic pain, and managing chronic medical conditions. This area of emphasis will consist of a combination of activities including didactics, co-therapy, individual therapy, assessment, and supplemental readings and training materials.

In addition to the aforementioned required experiences, interns will have the opportunity to help shape their training year to emphasize and further develop areas of particular interest during their internship year. These areas of special exposure include a range of clinical activities. Examples of areas of additional exposure are included below:

- **Acute/Chronic Trauma** – Emphasizing treatment of Acute/Chronic Trauma involves opportunities to work with survivors of traumatic experiences as well as their families and loved ones. Emphasis is placed on the development of diagnostic and treatment skills, delivery of psychoeducational information, self-monitoring, and case conceptualization from a range of evidence-based treatment models. In the past interns have participated in TF-CBT and CPT trainings and consultation teams that meet the requirements for certification. Interns will also be exposed to PE-PC for intervening in primary care settings.
- **Metabolic Health** – Interns will have the opportunity to gain health psychology training in diabetes and obesity management at the Center for Diabetes & Metabolic Health. Interns will have the opportunity to work collaboratively with physicians in this specialty medical setting and receive specific training in the role of a psychologist in diabetes management, behavioral and medical weight loss, bariatric surgery, and eating disorders.
- **Pain Psychology** – This area of emphasis will expose interns to training in CBT for chronic pain, pain neuroscience, and newer approaches in pain psychology, such as Pain Reprocessing Therapy. Interested interns may also gain exposure to spinal cord stimulator candidacy evaluations in collaboration with interventional pain management physicians.

- **Women's Health** – Interns interested in women's health will have opportunities to learn more about the nature and treatment of perinatal mood and anxiety disorders, perimenopause, and other aspects of women's mental health including providing brief interventions and the potential of running a support group. This area of emphasis also involves collaborating with a psychiatric nurse practitioner who oversees the women's mental health service line.
- **Diversity** – Training specifically targeting Diversity allows interns the opportunity to emphasize cultural competency with diverse populations in a traditionally rural and impoverished setting. Changes to the demographics of Martinsburg and the surrounding areas have and continue to broaden the sociocultural and socioeconomic diversity of this area. Areas of emphasis can include clinical work (individual/group therapy, assessment), outreach, research, and training.
- **Other Specialization Opportunities** – BMP is inspired by the many areas of expertise within the much larger field of clinical psychology. As a result, we acknowledge and are excited by the individual areas of specialty and interest our interns bring with them. As we strive to be as accommodating as possible to an intern's specific training needs, if an intern has an idea for an alternative area of additional exposure, they are encouraged to work alongside the Training Directors to customize their training experience.
- **Group Therapy**- Interns may elect to develop, recruit, plan, and run a group of their choosing. Groups include both process oriented and structured modalities, with topics ranging from substance abuse to mindfulness. Interns usually co-lead a group with a more experienced staff member, who provides supervision for the intern's work.

Training Activities

Individual Supervision

Interns receive a minimum of three hours of individual supervision each week from their psychology supervisors. Additional individual supervision is provided as necessary.

Supervision methods may include co-therapy, video/audio recording, live observation, and review of progress notes. Supervision will focus on review of the intern's clinical work and emphasize conceptualization, service provision, professional standards, professional development, and ethics. All individuals served by interns are the clinical responsibility of the doctoral-level psychologist who is providing supervision on the case.

Group Supervision

Additionally, one and a half hours of group supervision of assessment cases will be provided weekly. Group supervision may focus on all aspects of the assessment process, including but not limited to designing a battery, administration, scoring, interpretation, report writing, and providing feedback. Additionally, interns will be provided additional information regarding test design and a range of assessment instruments to increase their ability to choose an assessment battery tailored to the individual referral question. Psychology interns will have the opportunity to not only receive feedback on their work but to also practice providing this feedback to others.

Intern Training Seminars

Interns attend weekly two-and-a-half-hour training seminars that focus on various aspects of service provision, specialized topics, and professional development. Topics pertaining to mental health and behavioral medicine are held three weeks a month. Approximately once a month didactics will include emphasis in the following areas: assessment, integrated primary care, professional development, diversity, and supervision.

Clinical Case Conferences/Journal Club

Interns will meet with BMP faculty and post-doctoral fellows every month for clinical case conference/journal club. Interns and staff will take turns presenting clinical material to the group for consultation, support, and feedback. Interns will be required to complete four formal, hour-long presentations over the course of the training year. These include two clinical case presentations, one didactic, and one article for group review and discussion.

Balint Group Meetings

Interns will participate in monthly department Balint groups throughout the year. Balint groups are staples of medical residency programs and commonly found in academic medical settings. They are structured, confidential meetings in which healthcare professionals (typically doctors, therapists, or medical students) gather to discuss the emotional and relational aspects of their work with patients. Led by a trained facilitator, each group focuses on one member presenting a case that elicited a strong emotional response or presented a challenge in the doctor-patient relationship. The group explores the dynamics of the case, offering reflections, questions, and insights—not solutions—to help the presenter better understand their experience and improve empathy and communication in clinical practice. Balint groups have been demonstrated to increase provider empathy and support professional growth, including in the area of cultural diversity (Zhang et al., 2024). Participation in this group does not require interns to verbally participate in any way, and they are not required to present cases themselves.

Monthly Training Director Meetings

Interns will attend a monthly meeting with the Training Directors to discuss issues related to professional development; track progress related to individual internship goals and monitor progress toward successfully completing the internship.

Research

Interns are required to participate in the annual WVU School of Medicine Eastern Division Research Symposium, which includes a poster session. Each intern will select a faculty mentor (or mentors) to guide their research project. Projects may involve a clinical case study or original research, including the analysis of existing EHR data to answer a specific research question. Interns will present their posters in April, alongside medical students, residents, and faculty, at the medical school campus. Dedicated time will be set aside during the early months of internship to support the development of this project.

Medical School Trainings

Interns may be invited to join medical students in interdisciplinary didactics on a range of topics including working with difficult patients, end of life issues, child abuse, and healthy eating. Interns may also have opportunities to teach medical students and residents if desired.

WVU Grand Rounds

Additionally, several times a week West Virginia University will host Grand Rounds (both locally and virtually across the three medical school campuses), which interns are invited to attend based on interest and scheduling.

External Training Opportunities

Interns will have the opportunity to attend multiple training opportunities throughout the year including the West Virginia Psychological Association Annual Conference. Other trainings recent interns have attended include Cognitive Processing Therapy, Trauma Focused Cognitive Behavioral Therapy, and Perinatal Mood and Anxiety Disorders.

INTERN WEEKLY SCHEDULE

Interns are expected to work no fewer than 40-hours per week in order to obtain enough hours in 12 consecutive months to obtain the required 2,000 for successful completion of internship. Interns keep the same schedule as BMP staff, working from 8:00 am to 5:00 pm, with an hour lunch, from Monday to Friday.

Interns meet with the Training Directors monthly to discuss training goals, progress, and scheduling changes. In addition to constructing the ongoing training goals, the Training Directors assist interns in monitoring their progress toward meeting the requirement of 2,000 hours of on-site activities, including 500 hours of direct services, for successful completion of internship.

Interns will be expected to travel to Harpers Ferry Family Medicine (HFFM) one day per week. While at HFFM, a significant portion of their intervention will take the form of consultations, crisis interventions, and psychodiagnostic interviews. They will also receive training in the Primary Care Behavioral Health (PCBH) model, participating in warm handoffs with physicians and providing curbside consultations to other providers.

One day per week, interns will dedicate an entire day to psychological assessment. Interns will spend the first half of their designated assessment day administering the selected test battery for a comprehensive evaluation and will be given ample time the rest of the day for scoring and report writing. They will also spend one hour of each assessment day providing testing feedback to patients whom they evaluated in the preceding weeks.

Training/Supervision

Individual Supervision	3 hours
Group Supervision of Assessment	1.5-2 hours
Didactics	2-3 hours
Internship Meetings	<u>1 hour</u>
	8-9 hours

Direct Service Delivery

Intervention/Consultation	16-17 hours
Warm Handoffs/Brief Consultation	1 hour
Psychological Assessment	3.5 hours
Assessment Feedback	<u>1 hour</u>
	23-24 hours

Documentation/Other

Assessment Report Writing	4-6 hours
Notes/Tape Review/Supervision Prep	<u>5-6 hours</u>
	9-10 hours
Total Number of Hours:	40-45 hours

SAMPLE WEEKLY SCHEDULE

	Mon	Tues	Wens	Thurs	Fri
800		S/P	S/P	S/P	Didactics
830	BHCV		Therapy	Testing	
900		Testing Consult	Therapy		
930	BHCV		Therapy		
1000		Report Writing	Therapy		Assessment Group Sup
1030	BHCV		Therapy		
1100		Therapy	S/P		
1130	BHCV				
1200	Lunch	Lunch	Lunch	Lunch	Lunch
1230					
100	Supervision	Supervision	Supervision	Feedback	Internship Meetings
130					
200	BHCV	Therapy	Met Center	Report Writing	Therapy
230					
300	BHCV	Therapy			Therapy
330					
400	BHCV	Therapy			Therapy
430					
Location	HFFP	BH	BH	BH - Test	BH

Legend:

BHCV – Behavioral Health Consultation Visit (Integrated Primary Care)

HFFM – Harpers Ferry Family Medicine

BMP – Behavioral Medicine and Psychiatry

INTERNSHIP TRAINING GOALS, OBJECTIVES, AND COMPETENCIES

The internship provides resources and faculty for the purpose of providing a broad and general educational program for doctoral psychology interns. The program will prepare professionals to successfully meet the unique challenges of practicing psychology in rural and underserved settings.

Our program offers a 12-month, full time internship. It is expected that by the conclusion of the internship year, interns will meet the required profession-wide competencies as outlined in the Standards of Accreditation (SoA) II-A-2.

We require a minimum level of achievement (MLA) of 3 at in each competency listed in our evaluations by the end of year program evaluation. A score of 3 now indicates that an intern **“Meets expectations for intermediate level of performance.”** This rating indicates that the intern is meeting expectations. Functioning at this level is considered comparable to an intermediate level of competence. This means that the intern is doing well and is on track in this area to successfully complete internship and will be ready for entry level practice with at least an intermediate level of competence in this objective and/or competency.

GOAL I: SCHOLARLY ACTIVITY AND RESEARCH

Objective 1: 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.

COMPENTENCIES

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

Behavioral Anchors:

1. Take steps to regularly review and interpret scholarly literature and/or research
2. Independently apply understanding of scientific literature to clinical work.
3. Effectively communicates knowledge of theory and research to interventions, assessments, recommendations, and treatment plans.
4. Integrate scholarly literature with cases during didactics, journal club, or case presentations.

Method/Process: This document is included in the Internship Handbook, which is issued to each intern at the beginning of the internship year. These goals, objectives, and competencies are reviewed in supervision and regularly discussed with interns in the context of formal supervision and informal consultation with the training staff. Additionally, didactics, group supervision, and monthly journal club meetings will focus on critically evaluating research on various topics. Interns are also required to complete three formal presentations to the faculty over the course of their year: a fall case conference, a spring case conference, and a spring presentation of scholarly

work. Interns will receive both verbal and written feedback from the training faculty in response to their presentations, including but not limited to their ability to synthesize scholarly activity and research.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on all competencies in this goal as rated on the program's evaluation form at the final evaluation period. Additionally, the intern must also receive an overall rating of 3 or better on their Presentation of Scholarly Work Evaluation Form and their Spring Case Conference Evaluation Form. These ratings are made by the Training Directors, who take an average of all individual supervisor evaluations for each grading period.

GOAL II: ETHICAL AND LEGAL STANDARDS

Objective 1: Respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

COMPETENCIES

Competency 1: *Be knowledgeable of and act in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct.*

Competency 2: *Be knowledgeable of and act in accordance with relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels.*

Competency 3: *Be knowledgeable of and act in accordance with relevant professional standards and guidelines.*

Competency 4: *Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.*

Competency 5: *Conduct self in an ethical manner in all professional activities.*

Behavioral Anchors:

1. Accurately identify, appropriately analyze, and proactively address complex ethical issues.
2. Apply applicable ethical principles and standards in interactions with patients, coworkers, and other professionals.
3. Comply with agency expectations for completing clinical documentation in a timely manner.

Method/Process: The APA Ethical Principles of Psychologists and Code of Conduct, along with state and local laws are given to each intern at the beginning of the internship year. These principles and standards are reviewed in group supervision and regularly discussed with interns in the context of formal supervision and informal consultation with the training staff. The training staff aspire to model professional judgment and conduct that is in accordance with the profession's guidelines, and provides supervision and consultation, as needed, to interns.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on all competencies in this goal as rated on the program's evaluation form at the final evaluation period. These ratings are made by the Training Directors, who take an average of all individual supervisor evaluations for each grading period.

GOAL III. INDIVIDUAL AND CULTURAL DIVERSITY

Objective 1: Trainees 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. This internship agrees with the Commission on Accreditation in defining cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status.

COMPETENCIES

Competency 1: *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.*

Competency 2: *Demonstrate 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.*

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

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

Behavioral Anchors:

1. Demonstrate knowledge of diversity issues related to psychotherapy, consultation, assessment, intake/crisis intervention, group therapy, etc.
2. Monitor and evaluate personal attitudes, values, and beliefs towards diverse others.
3. Demonstrate understanding of the interaction of self and others as shaped by individual and cultural diversity.
4. Work effectively with individuals whose group membership, demographic characteristic, or worldviews create conflict with their own.
5. Articulate professional values and take measures to correct situations that are in conflict with professional values.

6. Apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers.
7. Demonstrate awareness of appropriate use of culturally sensitive assessment tools and norms.
8. Conceptualizes cases with attention to special circumstances and client characteristics.

Method/Process: Orientation, group supervision, and monthly didactic training outline a variety of strategies for addressing diversity issues. Individual supervision can be used to help gain insight into an intern's own personal/cultural history, attitudes, and biases and how they may affect their interactions with those different than themselves. Additionally, monthly internship meetings designed to discuss current events topics that are relevant to the interns' work as psychologists. Special attention is given to topics with related diversity factors. Additionally, a portion of this time will be set aside for diversity peer supervision. During this time, faculty members and interns will present current cases in which diversity plays a large role. The presenter will then ask the group for help in problem-solving diagnostic or therapeutic questions with the group.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competency as rated on the program's evaluation form at the final evaluation period. This rating is made by the Training Directors, in consultation with the training staff.

GOAL IV: PROFESSIONAL VALES AND ATTITUDES

Objective 1: Respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

COMPENTENCIES

Competency 1: *Consistently behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.*

Competency 2: *Consistently engages in self-reflection regarding one's personal and professional functioning and pursues in activities to maintain and improve performance, well-being, and professional effectiveness.*

Competency 3: *Actively seeks and demonstrates openness and responsiveness to feedback and supervision.*

Competency 4: *Consistently responds professionally in complex situations.*

Behavioral Anchors:

1. Comply with agency expectations for completing clinical and accountability documentation in a timely manner.
2. Show initiative in pursuing training experiences or other opportunities for growth that will expand or enhance their professional development.

3. Anticipate disruptions in functioning and regularly engage in adaptive self-care activities.
4. Formulate appropriate professional goals for self and work towards goals over the year.
5. Appropriately seek peer consultation and/or informal supervision, as necessary.
6. Accurately assess and monitor their professional functioning, including one's relative strengths and growth areas.
7. Seek to resolve any incongruities between one's own and others' assessment of their skills/abilities.
8. Demonstrate an understanding of the utility of and implements program evaluations.
9. Hold oneself accountable for and submit to external review of quality service provision.
10. Demonstrate receptivity to learning in their supervisory and training experiences.
11. Demonstrate effective use of seminars by means of attendance and active participation.
12. Demonstrate ability to effectively respond to and integrate feedback from supervisors and colleagues.
13. Effectively navigate difficult and complex relationships, including those with individuals and groups who are significant different than oneself.

Method/Process: The training staff aspires to model professional judgment and conduct that is in accordance with the profession's guidelines, and provides supervision and consultation, as needed, to interns regarding this objective.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on all competencies in this goal as rated on the program's evaluation form at the final evaluation period. These rating are made by the Training Directors, who take an average of all individual supervisor evaluations for each grading period.

GOAL V: COMMUNICATION AND INTERPERSONAL SKILLS

Objective 1: Respond professionally in increasingly complex situations with a greater degree of independence across levels of training. This internship agrees with the CoA and views communication and interpersonal skills as foundational to education, training, and practice in health service psychology.

COMPENTENCIES

Competency 1: *Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.*

Competency 2: *Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts.*

Competency 3: *Demonstrates effective interpersonal skills and the ability to manage difficult communication well.*

Behavioral Anchors:

1. Demonstrates adaptive interpersonal skills (e.g., express awareness of diverse viewpoints, seeks clarification in confusing interactions, acknowledges personal limitations, communicates clearly, etc.).
2. Consistently attends scheduled supervisory sessions on time and adequately prepared.
3. Establishes and maintains rapport with patients.
4. Establishes an interpersonal climate that promotes patient disclosure useful for developing therapeutic alliance.
5. Concisely communicates treatment summaries, assessment findings, and case conceptualizations in both oral and written forms.
6. Can efficiently communicate information from written report to patients in an emotionally attuned and experience-near way.
7. Describes limitations of assessment clearly in oral and written feedback.
8. Writes organized, meaningful reports based on background information, behavioral observations, and test data.
9. Provides accurate, specific, and useful feedback to examinees regarding test results.
10. Promotes patient autonomy by collaborating to address observed resistances to treatment.
11. Demonstrates ability to address common misconceptions of group.

Method/Process: The training staff aspires to model positive interpersonal relationships. Group supervision, consultation teams, and didactics will provide additional opportunity to practice giving and receiving professional feedback. Primary supervisors and other training staff will assist interns in enhancing their professional relationships.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on all competencies in this goal as rated on the program's evaluation form at the final evaluation period. These ratings are made by the Training Directors, who takes an average of all individual supervisor evaluations for each grading period.

GOAL VI: ASSESSMENT

Objective 1: Trainees demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology.

COMPETENCIES

Competency 1: *Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.*

Competency 2: *Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).*

Competency 3: *Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.*

Competency 4: *Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.*

Competency 5: *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.*

Competency 6: *Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.*

Behavioral Anchors:

1. Demonstrate knowledge of research relevant to assessment measurement and psychometrics of cognitive, achievement, and personality assessments.
2. Demonstrate awareness of appropriate use of culturally sensitive assessment tools and norms.
3. Interact with testing patients, interpret data, and write reports in a way that demonstrates and awareness of and sensitivity to diversity issues.
4. Demonstrate ability to evaluate the appropriate use of specific instruments to answer tailored referral question.
5. Administer the assessment instruments in a standardized fashion.
6. Accurately integrate subjective and objective testing data to assess various areas of functioning (e.g., cognitive, achievement, personality, etc.).
7. Demonstrate ability to provide accurate diagnoses based on test results and integration of information collected from collateral resources.

Method/Process: Individual and group supervision provide the environment to discuss didactic resources and apply information to specific cases. Orientation provides opportunity for didactic presentations, demonstrations, and opportunities to practice test administration. Towards the beginning of internship, interns will observe supervisors administer assessment batteries and will then be directly observed by supervisors, with feedback provided. Throughout the training year, interns have the opportunity to engage in co-assessment with their supervisors roughly one every other month. Supervisors provide written feedback on assessment reports and provide discussion and modeling of delivering feedback. Supervision includes live observation of feedback sessions.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competency as rated on the program's evaluation form at the final evaluation period. This rating is made by the Training Directors, in consultation with the training staff.

GOAL VII: INTERVENTION

Objective 1: Respond professionally in increasingly complex situations with a greater degree of independence across levels of training. Trainees demonstrate competence in evidence-based

interventions consistent with the scope of Health Service Psychology. Intervention is being defined broadly to include but not be 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.

COMPENTENCIES

Competency 1: *Establishes and maintains effective relationships with the recipients of psychological services.*

Competency 2: *Develops evidence-based intervention plans specific to the service delivery goals.*

Competency 3: *Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.*

Competency 4: *Demonstrates the ability to apply the relevant research literature to clinical decision making.*

Competency 5: *Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.*

Competency 6: *Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation.*

Behavioral Anchors:

1. Establish and maintain rapport with patients.
2. Reliably utilize the best available research regarding psychological treatment and intervention, including awareness of both treatment efficacy and clinical utility.
3. Systematically draw from a range of theories and treatment models to develop individualized treatment plans.
4. Effectively incorporate individual patient characteristics, culture, and preference into treatment.
5. Provide oral and/or written conceptualizations of patients during supervision, case conferences, and peer consultation.
6. Efficiently communicate the ways evidence-based practice applies to one's approach to treatment.
7. Utilize assessment data to design appropriate interventions.
8. Accurately assess patients' growth and progress, and review or modify treatment plans as necessary.

Method/Process: Topics relevant to psychotherapy/counseling theories, techniques, and research will be presented in weekly individual supervision. Orientation and supervision outline a variety of strategies for addressing client issues. Individual supervision provides opportunity for oral and/or written treatment planning with feedback. It also includes review of session case notes, audio and/or videotape, with feedback provided regarding interventions and client progress.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on all competencies in this goal as rated on the program's evaluation form at the final evaluation period. These ratings are made by the Training Directors, who take an average of all individual supervisor evaluations for each grading period.

GOAL VIII: SUPERVISION

Objective 1: 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.

COMPETENCIES

Competency 1: *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.*

Behavioral Anchors:

1. Demonstrate knowledge of the strengths and limitations of current supervision models.
2. Demonstrate knowledge of and effectively address limits of competency to supervise.
3. Knowledgeable about the supervisory alliance and identify explicit strategies to create and maintain a collaborative relationship that promotes a supervisee's competence.
4. Understand how to provide feedback that is direct, clear, timely, behaviorally anchored, responsive to supervisees' reactions, and mindful of the impact on the supervisory relationship.
5. When provided clinical examples, they can reliably identify, communicate, and suggest interventions to address these concerns.
6. Understand the ethical, legal, and contextual issues of the supervisor role.
7. Effectively engage others during didactic presentations, journal clubs, and case conferences.
8. Clearly communicate important ideas during didactic presentations, journal clubs, and case conferences.
9. Demonstrate knowledge of the strengths and limitations of current supervision models.
10. Demonstrate knowledge of and effectively address limits of competency to supervise.
11. Knowledgeable about the supervisory alliance and identify explicit strategies to create and maintain a collaborative relationship that promotes a supervisee's competence.
12. Understand how to provide feedback that is direct, clear, timely, behaviorally anchored, responsive to supervisees' reactions, and mindful of the impact on the supervisory relationship.
13. When provided clinical examples, they can reliably identify, communicate, and suggest interventions to address these concerns.
14. Understand the ethical, legal, and contextual issues of the supervisor role.

15. Effectively engage others during didactic presentations, journal clubs, and case conferences.
16. Clearly communicate important ideas during didactic presentations, journal clubs, and case conferences.

Method/Process: Monthly didactics will provide training in various topics relevant to supervision. Additionally, interns have the opportunity to deepen their exploration of these topics in individual supervision, which includes but is not limited to practice providing feedback both informally in group supervision and more formally when reviewing evaluations of their supervisors.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on this competency as rated on the program's evaluation form at the final evaluation period. This rating is made by the Training Directors, in consultation with the training staff.

GOAL IX: CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

Objective 1: This internship program agrees with the CoA and views consultation and interprofessional/interdisciplinary interaction as integral to the activities of health service psychology. 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.

COMPETENCIES

Competency 1: Demonstrates knowledge and respect for the roles and perspective of other professions.

Competency 2: *Applies this knowledge in direct or simulated consultations with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.*

Behavioral Anchors:

1. Articulate the roles that others provide in treatment of patient.
2. Actively coordinate care with and integrate perspectives from multidisciplinary treatment teams, as necessary.
3. Provide professionals from other disciplines with education on psychological assessment and treatment recommendations.
4. Interact and communicate effectively with professionals from other disciplines.
5. Reliably be able to articulate the interaction of psychological variables on medical conditions.
6. Concisely communicate treatment summaries in both oral and written formats.
7. Professionally provide prospective patients with psychological treatment options.

8. Accurately assess the level of service patients' need (e.g., follow-up consultation, short- or long-term therapy, community supports, etc.).
9. Effectively assist patients as they consider the influence of psychological variables on current functioning.
10. Provide feedback to referral source.

Method/Process: Individual supervision is provided for consultation and interprofessional/interdisciplinary skills, including but not limited to an intern's direct service experience at Harpers Ferry Family Medicine. Additionally, supervision and didactics will provide articles on this topic for review and facilitate discussion of resources available. Additional opportunities for growth in this area include attendance at Grand Rounds.

Criterion Measures: The intern must achieve an overall rating of a 3 or better on all competencies in this goal as rated on the program's evaluation form at the final evaluation period. These ratings are made by the Training Directors, who take an average of all individual supervisor evaluations for each grading period.

INTERNSHIP EVALUATION AND DUE PROCESS PROCEDURES

Introduction

Faculty and staff at WVU Medicine: Behavioral Medicine & Psychiatry- Martinsburg (BMP) are committed to the development and training of its doctoral interns in psychology. As such, the department has installed regularly scheduled formal and informal opportunities for feedback to be provided throughout the training year. Additionally, the following policy has been drafted to document the procedures for addressing concerns that may arise regarding intern performance. The following procedures are modeled on those developed by Douglas H. Lamb, Ph.D. and his doctoral internship training colleagues at the Illinois State University Student Counseling Services.

Definition of Problematic and Unprofessional Behavior

For purposes of this document, intern problem is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

- 1) An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
- 2) An inability to acquire professional skills in order to reach an acceptable level of competency; and/or
- 3) An inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.

While it is a professional judgment as to when an intern's behavior becomes problematic rather than of concern, for the purposes of this procedure, problematic and/or unprofessional behavior refers to a trainee's behaviors, attitudes, or characteristics that would be unexpected or excessive for the majority of his or her peers. Problems typically become identified as impairments when they include one or more of the following characteristics:

- 1) The intern does not acknowledge, understand, or address the problem when it is identified;
- 2) The problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
- 3) The quality of services delivered by the intern is sufficiently negatively affected;
- 4) The problem is not restricted to one area of professional functioning;
- 5) A disproportionate amount of attention by training personnel is required;
- 6) The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time;
- 7) The problematic behavior has potential for ethical or legal ramifications if not addressed;
- 8) The intern's behavior negatively impacts the public view of the agency;
- 9) The problematic behavior negatively impacts the intern class.

Definition of Administrative Hierarchy

The Due Process Procedure for WVU Medicine: Behavioral Medicine & Psychiatry- Martinsburg's Psychology Internship occurs in a step-wise fashion, involving greater levels of

intervention as a problem increases in persistence, complexity, or level of disruption to the training program. Faculty roles included herein are defined as follows:

- Supervisor: Any faculty member who provides direct supervision or teaching to an intern. Supervisors will participate as voting members of the Training Committee.
- Training Directors: The 2 supervisors who function as the program-level directors of training. They lead the Training Committee and serve as 2 voting members.

Intern Evaluation and Review

While orienting new interns to BMP, the Training Committee, including each intern's individual supervisors, gather to discuss the intern's knowledge, skills, and abilities to create an experience-near and developmentally appropriate, individualized training program. Interns will also be asked to participate in a self-evaluation of their readiness for internship, based on the competencies listed in the fundamental Fouad et al. (2009) article.

Halfway through each formal evaluation period (every four months), the Training Committee will meet to informally review interns' performances. Following this review, interns will receive verbal feedback from the Training Directors. Written feedback is provided only for competency areas about which serious performance concerns have been raised, which includes any area where an intern is performing significantly below their expected level of performance. This process will enable interns to become more acquainted with their evaluation process and more deliberately enter the second half of the grading period before written evaluations are submitted.

Every four months, interns will receive a formal, written evaluation in each of the Profession Wide Competencies outlined in the internship manual (using the Evaluation Of Intern Performance Form). These formal evaluations are completed by each of the intern's supervisors and a program summary is compiled by the Training Directors. Interns will review and sign all written evaluations with the Training Directors.

Interns are evaluated using the following rating scale: 1= Significantly below expected level of performance, 2= Below expected level of performance, 3= Meets expectations for intermediate level of performance, 4= Demonstrates advanced level of performance, 5= Demonstrates superior level of performance. Interns are expected to meet certain evaluation requirements for each formal evaluation period (every four months). During the first evaluation period, interns are expected to achieve scores of '2' or above on each individual competency. During the second and third evaluation periods, interns are expected to achieve scores of '3' or above on each individual competency. Failure to meet these evaluation requirements will result in the initiation of the program's formal Due Process procedures.

These evaluations will allow interns to work with their supervisors to develop more tailored training goals for the remainder of their training year. These evaluations will also be provided to the intern's graduate program, along with a letter regarding the intern's progress in the internship program. Formal, written evaluations will become a permanent part of the intern's internship file.

Interns are expected to obtain a score of '3' on each individual competency on the program evaluation for the third (final) evaluation period, in addition to completing 2000-hours of training and 500-direct service hours, in order to successfully complete the program. For the purposes of

a behavioral anchor, a score of ‘3’ at the end of year evaluation indicates that an intern is demonstrating an intermediate level of competence in the given competency and a score of ‘4’ indicates that an intern is functioning at an advanced level in a given competency. Scores of ‘3’ or higher in each competency are expected in order to demonstrate that an intern has attained competence sufficient for entry level practice.

In addition to the evaluations described above, interns must complete a self-evaluation of their competencies based on the Fouad et al. (2009) article at the beginning and end of the internship.

After completing their required hours, and all paperwork has been signed off by their supervisor(s), a letter indicating successful completion of the internship program will be sent to the intern’s graduate program.

Supervisor and Program Evaluation and Review

Interns are encouraged to practice providing both formative and summative feedback with each supervisor, to the degree that they feel comfortable. Supervisors should take steps to elicit informal, verbal feedback regularly throughout the course of supervision. Additionally, interns are asked to complete an evaluation of their supervisors and of the program every four months as well as at end of the internship year. The goals of this evaluation are to provide feedback that will inform any changes or improvements in the training program.

Identification and Management of Problems/Concerns

If throughout a trainee’s internship year at BMP, the faculty or staff become aware of a particular problem area or concern, the following steps will be taken in order to mediate the problem.

I. Informal Review

When a supervisor either directly observes or is made aware that an intern’s behavior is becoming problematic, the first step in addressing the issue should be to raise the issue with the intern directly and as soon as feasible in an attempt to informally resolve the problem. Regularly scheduled supervision and/or informal consultation are vehicles for this review to be provided. The supervisor and supervisee will work together to develop a potential actions and a planned approach to remedy the problem.

If during this discussion it is decided that additional feedback or action is required, a meeting will be set up between the intern, supervisor, and Training Directors. This process should be documented in writing but will not become part of the intern’s professional file.

II. Formal Review

If an intern’s problem behavior persists following an attempt to resolve the issue informally, or if an intern receives a score below the minimum requirement on a formal evaluation:

1. The supervisor will meet with the Training Directors (TD’s) and intern within 14 days to discuss the problem and determine what action needs to be taken to address

the issue. If either of the Training Directors are the intern's direct supervisor, an additional member of the Training Committee will be included in the meeting.

2. The intern will have the opportunity to provide a written statement related to his/her response to the problem.
3. After discussing the problem and the intern's response, the supervisor and Training Directors may:
 - 1) Issue a written "Acknowledge Notice," which becomes part of the intern's permanent file and formally acknowledges:
 - a) That the faculty is aware of and concerned with the problem,
 - b) That the problem has been brought to the attention of the intern,
 - c) That the faculty will work with the intern to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating, and
 - d) That the problem is not significant enough to warrant serious action.
 - 2) Place the intern on "Probation," which defines a relationship such that the clinical faculty actively and systematically monitor, for a specific length of time, the degree to which the intern addresses, changes and/or otherwise improves the problematic behavior or skill deficit. The length of the probation period will depend upon the nature of the problem and will be determined by the intern's supervisors and TD. The probation is a written statement to the intern and the Director of Clinical Training at the trainee's graduate institution, which becomes a part of the intern's permanent file, and includes:
 - a) The actual behaviors or skills associated with the problem,
 - b) The specific recommendations for rectifying the problem,
 - c) The time frame for the probation during which the problem is expected to be ameliorated, and
 - d) The procedures designed to ascertain whether the problem has been appropriately rectified.

If at any time the intern is placed on "Probation," the Training Directors are to provide written feedback on the intern's progress, including whether corrective actions have or have not been successful, within 14-days of the end of the probation period, as outlined in the original probation documentation.

 - 3) In special cases, the intern may be moved to another training site within WVU Medicine. This option would be applicable in situations in which it is believed that the intern's difficulties are the result of a poor "fit" between the intern and the training site, and that the intern could be successful in a different placement. This option would require a meeting of a review panel convened by the Training Directors and include the entire Training Committee. Additional parties who are knowledgeable about the intern's abilities may be involved in order to inform decision making.
 - 4) Document the problem and take no further action.- 4. If the problem is not rectified through the above processes, or if the problem represents gross misconduct or ethical violations that have the potential to cause harm, the intern's placement within WVU Medicine: Behavioral Medicine and Psychiatry- Martinsburg may be terminated. The decision to terminate an intern's placement would be made by the entire Training Committee. The Training

Committee would make this determination during a meeting convened within 14 days of the original meeting discussed in step A, or during the regularly-scheduled monthly Training Committee meeting, whichever occurs first. The Training Director may decide to temporarily suspend an intern's clinical activities during this period prior to a final decision being made, if warranted.

III. Hearing

If the intern wishes to challenge the decisions made, he or she may request a "Hearing" before the Training Committee. This request must be made in writing- an email will suffice- to the Training Directors within 7 days of notification regarding the decision made in step C or D above. If requested, the Hearing will be conducted by a review panel convened by the Training Directors and consisting of themselves, the intern's primary supervisor, and other members of the Training Committee, if appropriate. The intern may request a specific member of the Training Committee to serve on the review panel. The Hearing will be held within 14 days of the intern's request. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel may uphold the decisions made previously or may modify them. The review panel has final discretion regarding outcome.

- A. If either the Acknowledgment Notice or the Probation action occurs, the TD will inform the intern's sponsoring university within 7 days, indicating the nature of the inadequate rating, the rationale for the action, and the action taken by the faculty. The intern shall receive a copy of the letter to the sponsoring university.
- B. Once the Acknowledgment Notice or Probation is issued by the TD, it is expected that the status of the problem or inadequate rating will be reviewed no later than the next formal evaluation period or, in the case of probation, no later than the time limits identified in the probation statement. If the problem has been rectified to the satisfaction of the faculty and the intern, the sponsoring university and other appropriate individuals will be informed and no further action will be taken.

Grievances by Interns

These guidelines are intended to provide the psychology intern with a means to resolve perceived conflicts. Interns who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which an intern raises a grievance about a supervisor, staff member, trainee, or the internship program:

A. Informal Review

First, the intern should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or Training Directors in an effort to informally resolve the problem.

B. Formal Review

If the matter cannot be satisfactorily resolved using informal means, the intern may submit a formal grievance in writing to the Training Directors. If either of the Training Directors are the object of the grievance, the grievance should be

submitted to another member of the Training Committee. The individual being grieved will be asked to submit a response in writing. The Training Committee representative will meet with the intern and the individual being grieved within 14 days. In some cases, the Training Committee representative may wish to meet with the intern and the individual being grieved separately first. The goal of the joint meeting will be to develop a plan of action to resolve the matter. The Training Committee representative will document the process and outcome of the meeting. The intern and the individual being grieved will be asked to report back to the Training Committee representative in writing within 14 days regarding whether the issue has been adequately resolved.

If the plan of action fails, the Training Committee representative will convene a review panel consisting of themselves and at least two other members of the Training Committee within 14 days. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel has final discretion regarding outcome. If the review panel determines that a grievance against a staff member has merit, then the issue will be turned over to the employer agency in order to initiate the due process procedures outlined in the employment contract.

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

Acknowledgment

I acknowledge that I have received and reviewed the Due Process procedures of the WVU Medicine: Behavioral Medicine and Psychiatry- Martinsburg's Psychology Internship. I agree to abide by the procedures outlined in this document. I have been provided with a copy of the document to keep in my files.

Signature

Print Name

Date

**WVU MEDICINE: UNIVERSITY HEALTHCARE
EVALUATION OF INTERN PERFORMANCE**

Intern:

Supervisor(s):

Date:

Methods of Evaluation Utilized:

- | | |
|---|---|
| ☐ Client File Review | ☐ Case Presentation |
| ☐ Video Tape Review | ☐ Crisis Case Consultation |
| ☐ Co-Therapy | ☐ Client Outcome Data/Evaluation |
| ☐ Case Discussion | ☐ Direct Observation |

Ratings

- 5 Demonstrates superior level of performance.** This rating signifies performance that is well above what would be expected for an entry level psychologist. This may be a significant strength area of expertise for this individual. Interns would not receive this rating on many competencies, particularly during the mid-year evaluations, as they are most likely to benefit from continue supervision and professional development during the internship year.
- 4 Demonstrates advanced level of performance.** These ratings indicate that the intern is performing quite well and is performing at an advanced level of competence relative to entry level psychologists in this area.
- 3 Meets expectations for intermediate level of performance.** This rating indicates that the intern is meeting expectations. Functioning at this level is considered comparable to an intermediate level of competence for an entry level psychologist. This means that the intern is doing well and is on track in this area to successfully complete internship.
- 2 Below expected level of performance.** Many interns may receive a couple of 2 ratings, signifying an area in which they require some additional work during the mid-year evaluations to reach a level of intermediate level of competence. This indicates an area for further experience or more focused work in supervision during the internship year.
- 1 Significantly below expected level of performance.** Interns receiving this score should know that in this area, they are performing significantly below expectations and are not meeting an intermediate to advanced level of competence. As such, they are likely to require formal remediation in this area.
- N/A No basis for rating.** Interns are expected to achieve an intermediate to advanced level of competency in all competencies in their final program evaluation to ensure readiness for entry level practice. It will be very rare that a rating of N/A is assigned due to not having enough information and is more common that an N/A would be seen on an individual evaluation where a specific supervisor did not oversee the intern in that area.

A passing grade for the end of year program evaluation is a score of “3” for each item.

EVALUATION BASED ON THE PROFESSION WIDE COMPETENCIES AS OUTLINED IN THE STANDARDS OF ACCREDITATION

I. SCHOLARLY ACTIVITY AND RESEARCH:

Able independently critically evaluate and disseminate research or other scholarly activities (e.g., case conferences, presentation, publications) at the local (including the host institution), regional, or national level.	1	2	3	4	5	N/A
--	---	---	---	---	---	-----

Disseminate research or other scholarly activities (e.g., case conferences, presentation, publications) at the local (including the host institution), regional, or national level.	1	2	3	4	5	N/A
---	---	---	---	---	---	-----

This area includes, but many not be limited to, an intern's ability to:

1. Take steps to regularly review and interpret scholarly literature and/or research
2. Independently apply understanding of scientific literature to clinical work.
3. Effectively communicates knowledge of theory and research to interventions, assessments, recommendations, and treatment plans.
4. Integrate scholarly literature with cases during didactics, journal club, or case presentations.

Comments:

II. ETHICAL AND LEGAL STANDARDS

Is knowledgeable and acts in accordance with the current version of the <u>APA Ethical Principles of Psychologists and Code of Conduct</u>	1	2	3	4	5	N/A
--	---	---	---	---	---	-----

Is knowledgeable and acts in accordance with relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels	1	2	3	4	5	N/A
--	---	---	---	---	---	-----

Is knowledgeable and acts in accordance with relevant professional standards and guidelines	1	2	3	4	5	N/A
---	---	---	---	---	---	-----

Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas	1	2	3	4	5	N/A
--	---	---	---	---	---	-----

Conducts self in an ethical manner in all professional activities	1	2	3	4	5	N/A
---	---	---	---	---	---	-----

This area includes, but many not be limited to, an intern's ability to:

1. Accurately identify, appropriately analyze, and proactively address complex ethical issues.
2. Apply applicable ethical principles and standards in interactions with patients, coworkers, and other professionals.
3. Comply with agency expectations for completing clinical documentation in a timely manner.

Comments:

III. INDIVIDUAL AND CULTURAL DIVERSITY

Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.	1	2	3	4	5	N/A
--	---	---	---	---	---	-----

Demonstrates 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.	1	2	3	4	5	N/A
--	---	---	---	---	---	-----

Demonstrates the ability to integrate awareness and knowledge of individual and cultural difference in the conduct of professional roles (e.g., research, services, and other professional activities).	1	2	3	4	5	N/A
---	---	---	---	---	---	-----

Demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.	1	2	3	4	5	N/A
---	---	---	---	---	---	-----

This area includes, but many not be limited to, an intern's ability to:

1. Demonstrate knowledge of diversity issues related to psychotherapy, consultation, assessment, intake/crisis intervention, group therapy, etc.
2. Monitor and evaluate personal attitudes, values, and beliefs towards diverse others.
3. Demonstrate understanding of the interaction of self and others as shaped by individual and cultural diversity.
4. Work effectively with individuals whose group membership, demographic characteristic, or worldviews create conflict with their own.

5. Articulate professional values and take measures to correct situations that are in conflict with professional values.
6. Apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers.
7. Demonstrate awareness of appropriate use of culturally sensitive assessment tools and norms.
8. Conceptualizes cases with attention to special circumstances and client characteristics.

Comments:

IV. PROFESSIONAL VALUES AND ATTITUDES

Consistently behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others	1	2	3	4	5	N/A
--	---	---	---	---	---	-----

Consistently engages in self-reflection regarding one's personal and professional functioning and pursues in activities to maintain and improve performance, well-being, and professional effectiveness	1	2	3	4	5	N/A
---	---	---	---	---	---	-----

Actively seeks and demonstrates openness and responsiveness to feedback and supervision.	1	2	3	4	5	N/A
--	---	---	---	---	---	-----

Consistently responds professionally in complex situations.	1	2	3	4	5	N/A
---	---	---	---	---	---	-----

This area includes, but many not be limited to, an intern's ability to:

1. Comply with agency expectations for completing clinical and accountability documentation in a timely manner.
2. Show initiative in pursuing training experiences or other opportunities for growth that will expand or enhance their professional development.
3. Anticipate disruptions in functioning and regularly engage in adaptive self-care activities.
4. Formulate appropriate professional goals for self and work towards goals over the year.
5. Appropriately seek peer consultation and/or informal supervision, as necessary.
6. Accurately assess and monitor their professional functioning, including one's relative strengths and growth areas.
7. Seek to resolve any incongruities between one's own and others' assessment of their skills/abilities.
8. Demonstrate an understanding of the utility of and implements program evaluations.

9. Hold oneself accountable for and submit to external review of quality service provision.
10. Demonstrate receptivity to learning in their supervisory and training experiences.
11. Demonstrate effective use of seminars by means of attendance and active participation.
12. Demonstrate ability to effectively respond to and integrate feedback from supervisors and colleagues.
13. Effectively navigate difficult and complex relationships, including those with individuals and groups who are significantly different than oneself.

Comments:

V. COMMUNICATION AND INTERPERSONAL SKILLS

Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services	1	2	3	4	5	N/A
--	---	---	---	---	---	-----

Produces and comprehends oral, nonverbal, and written communications that are informative and well integrated; demonstrates a thorough grasp of professional language and concepts	1	2	3	4	5	N/A
--	---	---	---	---	---	-----

Demonstrates effective interpersonal skills and the ability to manage difficult communication well	1	2	3	4	5	N/A
--	---	---	---	---	---	-----

This area includes, but many not be limited to, an intern's ability to:

1. Demonstrates adaptive interpersonal skills (e.g., express awareness of diverse viewpoints, seeks clarification in confusing interactions, acknowledges personal limitations, communicates clearly, etc.).
2. Consistently attends scheduled supervisory sessions on time and adequately prepared.
3. Establishes and maintains rapport with patients.
4. Establishes an interpersonal climate that promotes patient disclosure useful for developing therapeutic alliance.
5. Concisely communicates treatment summaries, assessment findings, and case conceptualizations in both oral and written forms.
6. Can efficiently communicate information from written report to patients in an emotionally attuned and experience-near way.
7. Describes limitations of assessment clearly in oral and written feedback.
8. Writes organized, meaningful reports based on background information, behavioral observations, and test data.

9. Provides accurate, specific, and useful feedback to examinees regarding test results.
10. Promotes patient autonomy by collaborating to address observed resistances to treatment.
11. Demonstrates ability to address common misconceptions of group.

Comments:

VI. ASSESSMENT

Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology	1	2	3	4	5	N/A
Demonstrates understanding of human behavior within its context (e.g., family, social, societal, and cultural)	1	2	3	4	5	N/A
Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process	1	2	3	4	5	N/A
Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient	1	2	3	4	5	N/A
Interprets 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	1	2	3	4	5	N/A
Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences	1	2	3	4	5	N/A

This area includes, but many not be limited to, an intern's ability to:

1. Demonstrate knowledge of research relevant to assessment measurement and psychometrics of cognitive, achievement, and personality assessments.

2. Demonstrate awareness of appropriate use of culturally sensitive assessment tools and norms.
3. Interact with testing patients, interpret data, and write reports in a way that demonstrates awareness of and sensitivity to diversity issues.
4. Demonstrate ability to evaluate the appropriate use of specific instruments to answer tailored referral question.
5. Administer the assessment instruments in a standardized fashion.
6. Accurately integrate subjective and objective testing data to assess various areas of functioning (e.g., cognitive, achievement, personality, etc.).
7. Demonstrate ability to provide accurate diagnoses based on test results and integration of information collected from collateral resources.
8. Demonstrate knowledge of DSM-V diagnostic criteria for a range of diagnoses, including most common differential diagnoses.
9. Consistently include specific and individualized recommendations based on the results of the assessment.
10. Demonstrate ability to identify and communicate a patient's individual strengths.
11. Accurately score and evaluates tests administered.
12. Write organized, meaningful reports based on background information, behavioral observations, and test data.

Comments:

VII. INTERVENTION

Establishes and maintains effective relationships with the recipients of psychological services	1	2	3	4	5	N/A
Develops evidence-based intervention plans specific to the service delivery goals	1	2	3	4	5	N/A
Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables	1	2	3	4	5	N/A
Demonstrates the ability to apply the relevant research literature to clinical decision making	1	2	3	4	5	N/A
Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking	1	2	3	4	5	N/A

Evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation	1	2	3	4	5	N/A
--	---	---	---	---	---	-----

This area includes, but many not be limited to, an intern's ability to:

1. Establish and maintain rapport with patients.
2. Reliably utilize the best available research regarding psychological treatment and intervention, including awareness of both treatment efficacy and clinical utility.
3. Systematically draw from a range of theories and treatment models to develop individualized treatment plans.
4. Effectively incorporate individual patient characteristics, culture, and preference into treatment.
5. Provide oral and/or written conceptualizations of patients during supervision, case conferences, and peer consultation.
6. Efficiently communicate the ways evidence-based practice applies to one's approach to treatment.
7. Utilize assessment data to design appropriate interventions.
8. Accurately assess patients' growth and progress, and review or modify treatment plans as necessary.

Comments:

VIII. SUPERVISION

Apply knowledge of principles of supervision and teaching in simulated practice with other psychology trainees or health professional.	1	2	3	4	5	N/A
--	---	---	---	---	---	-----

This area includes, but many not be limited to, an intern's ability to:

1. Demonstrate knowledge of the strengths and limitations of current supervision models.
2. Demonstrate knowledge of and effectively address limits of competency to supervise.
3. Knowledgeable about the supervisory alliance and identify explicit strategies to create and maintain a collaborate relationship that promotes a supervisee's competence.
4. Understand how to provide feedback that is direct, clear, timely, behaviorally anchored, responsive to supervisees' reactions, and mindful of the impact on the supervisory relationship.

5. When provided clinical examples, they can reliably identify, communicate, and suggest interventions to address these concerns.
6. Understand the ethical, legal, and contextual issues of the supervisor role.
7. Effectively engage others during didactic presentations, journal clubs, and case conferences.
8. Clearly communicate important ideas during didactic presentations, journal clubs, and case conferences.

Comments:

IX. CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

Demonstrates knowledge and respect for the roles and perspective of other professions	1	2	3	4	5	N/A
---	---	---	---	---	---	-----

Applies this knowledge in direct or simulated consultations with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior	1	2	3	4	5	N/A
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This area includes, but many not be limited to, an intern's ability to:

1. Articulate the roles that others provide in treatment of patient.
2. Actively coordinate care with and integrate perspectives from multidisciplinary treatment teams, as necessary.
3. Provide professionals from other disciplines with education on psychological assessment and treatment recommendations.
4. Interact and communicate effectively with professionals from other disciplines.
5. Reliably able to articulate the interaction of psychological variables on medical conditions.
6. Concisely communicate treatment summaries in both oral and written formats.
7. Professionally provide prospective patients with psychological treatment options.
8. Accurately assess the level of service patients' need (e.g., follow-up consultation, short- or long-term therapy, community supports, etc.).
9. Effectively assist patients as they consider the influence of psychological variables on current functioning.
10. Provide feedback to referral source.

Comments:

FINAL COMMENTS

Specific Strengths:

Specific Growth Edges:

Supervisor Signature: _____

Date: _____

Intern Signature: _____

Date: _____

Case Conference Evaluation Form

Intern:

Evaluator:

Title of Presentation:

Date:

RATE THE INTERN'S PERFORMANCE USING THE FOLLOWING SCALE:

- 5 Demonstrates superior level of performance.** Far exceeds expectations and clearly displays superior skill.
- 4 Demonstrates advanced level of performance.** These ratings reflect advanced skill that exceeds expectations.
- 3 Meets expectations for intermediate level of performance.** Meeting expectations by displaying intermediate skill.
- 2 Below expected level of performance.** This indicates that performance is consistent with a novice and this is an area for more focused work.
- 1 Significantly below expected level of performance.** These ratings reflect performance significantly below expectations and may require formal remediation in this area.
- N/A No basis for rating.**

A passing grade for this presentation is a score of "3."

Please rate the intern's performance using the above scale:

- : Identifies, applies, and integrates research/literature relevant to the clinical case
- : Clearly introduces presenting problem, clinical question, and/or goal of case conference
- : Provides overview of case or problem to be discussed
- : Provides relevant background information of the case
- : Articulates treatment goals
- : Identifies clinical diagnoses, including review of any assessments used to come to this decision
- : Reviews course of treatment, including overview of interventions and justification
- : Provides case conceptualization based on one or more identified theoretical orientations
- : Articulates how the patient's visible or invisible diversity variables impacts their treatment
- : Presents conclusions of the case and suggests areas for further study
- : Self identifies areas for growth
- : Receptive to feedback
- : Overall communication/interpersonal skills
- : Addresses ethical/legal issues related to case or relevant research

: Overall Rating

Comments:

Presentation of Scholarly Work Evaluation Form

Intern:

Evaluator:

Title of Presentation:

Date:

RATE THE INTERN'S PERFORMANCE USING THE FOLLOWING SCALE:

- 5 Demonstrates superior level of performance.** Far exceeds expectations and clearly displays superior skill.
- 4 Demonstrates advanced level of performance.** These ratings reflect advanced skill that exceeds expectations.
- 3 Meets expectations for intermediate level of performance.** Meeting expectations by displaying intermediate skill.
- 2 Below expected level of performance.** This indicates that performance is consistent with a novice and this is an area for more focused work.
- 1 Significantly below expected level of performance.** These ratings reflect performance significantly below expectations and may require formal remediation in this area.
- N/A No basis for rating.**

A passing grade for this presentation is a score of "3."

Please rate intern performance using the above scale:

- : Clearly articulates scope of presentation
- : Identifies learning objectives
- : Addresses each learning objective
- : Clearly summarizes and succinctly presents literature review
- : Clearly presents research findings and conclusions
- : Discusses limitations in current research and suggests areas for further study
- : Can effectively field questions from audience
- : Receptive to feedback
- : Is well prepared for presentation (e.g., is able to discuss topic without exclusively reading notes)
- : Overall communication/interpersonal skills (e.g., is able to maintain audience interest and engage audience)
- : **Overall Rating**
- Comments:

WVU MEDICINE: BEHAVIORAL MEDICINE & PSYCHIATRY- MARTINSBURG
Doctoral Psychology Internship Program Evaluation

To be completed by intern after every 4 months of the internship year (end of October, end of February, and end of June) and discussed during a meeting between the intern and Training Directors.

Intern: _____ Supervisor(s): _____

Dates of Evaluation: ☐ First Grading Period (July – October)
 ☐ Second Grading Period (November – February)
 ☐ Third Grading Period (March – June)

Scoring Criteria:

1 Very Unsatisfactorily

2 Moderately Unsatisfactorily

3 Moderately Satisfactorily

4 Very Satisfactorily

N/A Not applicable/Not observed/Cannot Say

NOTE: This program evaluation is utilized by WVU Medicine's Internship Training Committee to continually improve and enhance the training program. All responses are reviewed by the Training Committee, and your feedback is carefully considered. Any ratings of "1" or "2" will result in action by the Training Committee to address the problematic item, so please include detailed explanatory comments wherever applicable in order to help us respond most effectively. In order to improve our self-study process, we ask that for any item you are rating as moderately ("2") or very unsatisfactory ("1"), you please provide additional comments to help us better understand what has contributed to your concerns in these training areas.

Quality of supervision.	1	2	3	4	N/A
--------------------------------	---	---	---	---	-----

Comment:

Usefulness of supervision.	1	2	3	4	N/A
-----------------------------------	---	---	---	---	-----

Comment:

Amount of supervision.	1	2	3	4	N/A
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Comment:

Quality of seminars.	1	2	3	4	N/A
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Comment:

Usefulness of seminars.	1	2	3	4	N/A
--------------------------------	---	---	---	---	-----

Comment:

Relevance of training experience to your individual internship goals.	1	2	3	4	N/A
--	---	---	---	---	-----

Comment:

In addition to encouraging interns to identify individual internship goals, WVU Medicine’s Doctoral Internship Program adheres to the ten Profession Wide Competencies (PWC’s) as identified by the Standards of Accreditation. Please rate the level of training you’ve received in each of these competencies:

Scholarly Activities and Research: To what degree did the internship support, instruct, and/or engage you in independently critically evaluating and disseminating research or other scholarly activities (e.g., case conferences, presentation, publications) at the local (including the host institution), regional, or national level?	1	2	3	4	N/A
---	---	---	---	---	-----

Comment:

Ethical and Legal Standards: To what degree did the internship support, instruct, and/or engage you in communicating knowledge and acting in accordance with APA Ethical Principles of Psychologists and Code of Conduct, relevant laws, regulations, rules, and policies governing health service psychologists, acting in accordance with relevant professional standards and guidelines, recognizing ethical dilemmas as they arise, applying ethical decision-making processes,	1	2	3	4	N/A
--	---	---	---	---	-----

and conducting oneself in an ethical manner in all professional activities?

Comment:

Individual and Cultural Diversity: To what degree did the internship support, instruct, and/or engage you in demonstrating the ability to independently apply knowledge and approach working effectively with the range of diverse individuals and groups encountered during internship?	1	2	3	4	N/A
---	---	---	---	---	-----

Comment:

Professional Values and Attitudes: To what degree did the internship support, instruct, and/or engage you in behaving in ways that reflect the values and attitudes of psychology, engaging in self-reflection regarding one's personal and professional functioning, actively seeking and demonstrating openness and responsiveness to feedback, and responding professionally in increasingly complex situations?	1	2	3	4	N/A
--	---	---	---	---	-----

Comment:

Communication and Interpersonal Skills: To what degree did the internship support, instruct, and/or engage you in developing and maintaining effective relationships with a wide range of individuals, producing and comprehending oral, non-verbal, and written communication, and demonstrating effective interpersonal skills?	1	2	3	4	N/A
--	---	---	---	---	-----

Comment:

Assessment: To what degree did the internship support, instruct, and/or engage you in increasing knowledge of diagnostic classification	1	2	3	4	N/A
--	---	---	---	---	-----

systems, understanding human behavior within in context, applying the knowledge of functional and dysfunctional behaviors to the assessment or diagnostic process, selecting and applying assessment methods that draw from the best available empirical literature, interpreting assessment results, and communicating orally and in written documents the findings and implications of the assessment in an effective manner sensitive to a range of audiences?

Comment:

Intervention: To what degree did the internship support, instruct, and/or engage you in establishing and maintaining effective relationships with patients, developing evidence-based intervention plans, implementing interventions, demonstrating the ability to apply the relevant research literature to clinical decision making, modifying and adapting evidence-based approaches effectively when a clear evidence-base is lacking, and evaluating intervention effectiveness?

1 2 3 4 N/A

Comment:

Supervision: To what degree did the internship support, instruct, and/or engage you in applying knowledge of principles of supervision and teaching in simulated practice with other psychology trainees or health professionals?

Comment:

Consultation and Interprofessional/Interdisciplinary Skills: To what degree did the internship support, instruct, and/or engage you in demonstrating knowledge and respect for the roles and perspectives of other professions and applying this knowledge in consultations with patients, other health care professionals, interprofessional groups, or systems related to health behavior?

1 2 3 4 N/A

Comment:

**Please provide narrative responses for each item below:
Please elaborate on the positive aspects of the training program.**

Please provide suggestions on ways to improve the program.

Please provide an overall evaluation of the program.

Intern's Signature: _____

Date: _____

Training Director's Signature: _____

Date: _____

Supervisor Evaluation Form

To be completed by intern after every 4 months of the internship year (end of October, end of February, and end of June) and discussed during a supervisor and intern meeting.

Intern: _____ Supervisor: _____

Dates of Evaluation: ☐ First Grading Period (July – October)
☐ Second Grading Period (November – February)
☐ Third Grading Period (March – June)

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 corrective action as deemed appropriate by the Training Committee in order to improve the intern's supervisory experience. Please include detailed explanatory comments wherever applicable in order to help us respond most effectively. In order to improve our self-study process, we ask that for any item you are rating as moderately ("2") or very unsatisfactory ("1"), you please provide additional comments to help us better understand what has contributed to your concerns in these training areas.

GENERAL CHARACTERISTICS OF SUPERVISOR

Is accessible for discussion, questions, etc.	1	2	3	4	5	N/A
Allotted sufficient time for supervision and scheduled supervision meetings appropriately.	1	2	3	4	5	N/A
Kept sufficiently informed of case(s).	1	2	3	4	5	N/A
Was interested in and committed to supervision.	1	2	3	4	5	N/A
Set clear objectives and responsibilities throughout supervised experience.	1	2	3	4	5	N/A
Was up-to-date in understanding of clinical populations and issues.	1	2	3	4	5	N/A
Presented a positive role model.	1	2	3	4	5	N/A

Maintained appropriate interpersonal boundaries with patients and supervisees.	1	2	3	4	5	N/A
Provided constructive and timely feedback on supervisee's performance.	1	2	3	4	5	N/A
Encouraged appropriate degree of independence.	1	2	3	4	5	N/A
Demonstrated concern for and interest in supervisee's progress, problems, and ideas.	1	2	3	4	5	N/A
Communicated effectively with supervisee.	1	2	3	4	5	N/A
Interacted respectfully with supervisee.	1	2	3	4	5	N/A
Maintained clear and reasonable expectations for supervisee.	1	2	3	4	5	N/A
Provided a level of case-based supervision appropriate to supervisee's training needs.	1	2	3	4	5	N/A

DEVELOPMENT OF CLINICAL SKILLS

Assisted in coherent conceptualization of clinical work.	1	2	3	4	5	N/A
Assisted in translation of conceptualization into techniques and procedures.	1	2	3	4	5	N/A
Was effective in providing training in behavioral health intervention.	1	2	3	4	5	N/A
Was effective in providing training in assessment and diagnosis.	1	2	3	4	5	N/A
Was effective in providing training in systems collaboration and consultation.	1	2	3	4	5	N/A
Was effective in helping to develop short-term and long-range goals for patients.	1	2	3	4	5	N/A
Promoted clinical practices in accordance with ethical and legal standards.	1	2	3	4	5	N/A

SUMMARY

Overall rating of supervision with this supervisor.	1	2	3	4	5	N/A
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Described how the supervisor contributed to your learning.

Described how supervision or the training experience could be enhanced.

Please provide specific comments on any items rated “1” or “2” above, including any proposed suggestions for improvement.

Any other suggestions/feedback for your supervisor?

Intern’s Signature: _____

Date: _____

Training Director’s Signature: _____

Date: _____

INTERN STAFF RELATIONS

Responsibilities of the Training Staff

Clinical staff members who serve as supervisors to psychology interns are responsible for abiding by the following:

1. Supervisors provide positive models for ethical and professional behavior
2. Within the scope of their competence, supervisors will be available for consultation, supervision, co-therapy, and direct teaching
3. Supervisors provide clear expectations of interns
4. Supervisors provide timely and appropriate feedback to interns regarding their performance
5. Supervisors regularly consult other members of the clinical staff to develop a broad picture of the interns' competencies and areas where further attention is needed
6. Supervisors discuss with the Training Directors their questions and problems that arise in supervision
7. Supervisors regularly attend Training Committee meetings to evaluate not only how interns are progressing through this program but also how the program is meeting the needs of each intern
8. Supervisors abide by the Internship Handbook for each training year
9. Supervisors are required to document their supervision and maintain a file for their supervisee that consists of the supervision agreement, supervision session notes, and a copy of all evaluations

Statement Regarding Intern and Staff Relationships

We believe that transparent and honest communication between interns and staff is crucial for the development of the interns at WVU Medicine: Behavioral Medicine & Psychiatry-Martinsburg. As a result, we aspire to create an environment that fosters intern comfort, safety, and professional self-disclosure.

Training in clinical psychology can be an emotionally taxing, humbling, and terrifying process. As with any emotionally charged environment, there is a risk that a supervisee and/or supervisor may experience a wide range of feelings, including sexual attraction, towards one another. As there exists an innate power imbalance between supervisor and supervisee, it remains the responsibility of the training staff to respect and hold the boundaries of the professional relationships that they form with interns. Sexual relationships between interns and staff are in violation of agency policy and are strictly not permitted.

Supervisors are strongly encouraged to regularly self-reflect on how they experience their supervisees and seek consultation with the Training Directors, Clinic Director, or other staff, as necessary. Should an intern find themselves attracted to a staff member, they are encouraged to discuss these feelings with colleagues, supervisors, and the Training Directors in order to process the experience and evaluate the intern's current needs.

If a supervisor violates the professional boundaries of their relationship with an intern an administrative review of the situation will be conducted. Members of the larger institutions will

be involved, as necessary. The supervisor may be subject to disciplinary action by the Clinic Director of BMP, the chair of the department of Behavioral Medicine & Psychiatry-Martinsburg, or Dean of West Virginia University's School of Medicine - Eastern Division.

STATEMENT ON TRAINEE SELF-DISCLOSURE

The Department of Behavioral Medicine and Psychiatry adheres to Standard 7.04 of the APA Ethical Principles of Psychologists and Code of Conduct (2002) by identifying our expectations of trainees with respect to self-disclosure of personal information during training. Interns are not required to engage in self-disclosure with faculty or staff as a part of the training experience. However, we do strive to create an environment that supports the totality of the intern, which includes both professional and personal identities. We value intern self-disclosure as a means to further one's training and professional development.

Notably, as stated in the Ethical Principles of Psychologists and Code of Conduct, we may require an intern to disclose information of a personal nature, should that information be necessary to evaluate or provide assistance for a trainee whose personal problems could reasonably be judged to be preventing them from performing self-disclosure of personal information if the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others (APA, 2002)*.

*American Psychological Association (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060-1073.

SUPERVISION CONTRACT AND INFORMED CONSENT

Your clinical supervisor is a psychologist who is responsible for overseeing your clinical work and ensuring its quality. Clinical supervision focuses on the services you provide to patients and includes areas such as patient welfare, the therapeutic relationship, assessment, diagnosis, clinical interventions, prognosis, appropriate referral techniques, and occasionally advocating for your patient with other agencies within in the community. This is accomplished through a set of supervisory activities that include consultation, training and instruction, and evaluation.

A. *Purpose, Goals, and Objectives of Clinical Supervision*

1. To monitor and ensure the welfare of patients seen by the supervisee
2. To structure the activities of the supervisee to ensure they provide competent services
3. To ensure that the unlicensed provider functions within their level of competence
4. To facilitate the supervisee's professional and personal development
5. To promote accountability
6. To fulfill academic/departamental requirements for the supervisee's training

B. *Context of Services*

1. Supervision will concern patients seen at WVU Medicine: Behavioral Medicine & Psychiatry- Martinsburg, its agencies, and affiliates.
2. Interns receive at least four hours of supervision per week. They will receive three hours of scheduled individual supervision per week and 90 minutes of group supervision for assessment per week.
3. Regularly scheduled supervision times will be established at the start of each supervisory relationship by mutual arrangement between supervisee and supervisor. Occasionally a regular time will have to be missed, but arrangements to make up missed supervision sessions should be made whenever possible. *It is the responsibility of the person canceling a supervision session to make every effort to find an alternative time to meet.*
4. The absolute minimum requirement for face-to-face supervision hours during the semester are: 24 hours with each supervisor.
5. Supervisors are also expected to be available on an as-needed basis for consultation between regularly scheduled meeting times.

C. *Method of Evaluation*

1. Feedback will be provided to the supervisee during each session (formative evaluation). Specific feedback will focus on the supervisee's demonstrated clinical skills and clinical documentation.
2. Two Mid-Year and one End-of-Year evaluation feedback will be provided.
3. A formal written evaluation of the supervisee will be conducted every four months.
4. The supervisee will complete an evaluation of the supervisor every four months.

D. *Duties and Responsibilities of Supervisor and Supervisee*

Your clinical supervisor is legally and ethically responsible, as are you, for the services you provide and the manner in which you conduct yourself. A supervisor has *full responsibility* for the supervised work of the supervisee, including assessment, diagnosis, treatment planning, the prescribed course of treatment, test administration and scoring, all documentation, and discharge planning. It is therefore *your* responsibility to keep your supervisor well-informed as to your clinical activities as well as any other interactions with your patients (e.g., encountering them around the community, contacting them via phone or email). Openness with and trust in your supervisor will enhance your experience of supervision and your professional growth.

It is your **supervisor's role** to do the following:

1. Provide a location and atmosphere for supervision that is safe enough for supervisees to explore practice issues in their own way
2. Engage in live observation and/or review audio/video recordings of supervisee's sessions regularly and be aware of patient's ongoing issues and progress in therapy
3. Help the supervisee explore and clarify thoughts and feelings which underlie their practice
4. Assist the supervisee in anchoring interventions in a theoretical approach
5. Provide the supervisee assessment experiences based on program expectations as well as the trainee's interests, developmental trajectory, and career goals, which includes a variety of presenting problems, test measures, and report writing options
5. Help the supervisee become aware of and remedy any professional and/or personal blind spots that are affecting the treatment process
6. Bring to the supervisee's attention personal difficulties of the supervisee that may directly affect the supervisee's clinical work and recommend a course of action to address these difficulties
7. Present and model appropriate interventions
8. Sign off on all clinical documentation—intakes, progress notes, testing reports, miscellaneous notes, terminations, etc.
9. Maintain weekly supervision notes and store in a secure location
10. Provide timely feedback, particularly in areas of concern
11. Provide access to supervision when supervisor is off-site
12. Intervene if patient welfare is at risk
13. Model ethical behavior and ensure that ethical guidelines are upheld
14. Conduct activities in accordance with BMP Policy and Procedures, HIPAA requirements, APA ethics code and related WV state statutes.

It is your **role as supervisee** to do the following:

1. Be punctual, both at sessions with patients as well as at supervision. In the event that you are

delayed for or unable to attend a supervision session, it is your responsibility to notify your supervisor prior to the appointment and make alternate arrangements.

2. Be prepared, both for sessions with patients and for supervision. You are expected to (a) have reviewed therapy session audio/video recordings in advance of weekly supervision and followed any specific instructions from your supervisor; (b) have all notes completed and forwarded to your supervisor in advance of the supervision hour, thus allowing your supervisor to review and sign notes; (c) score all test measures and questionnaires administered during psychological assessments, and note all relevant behavioral observations from the test session, and (d) have an agenda of cases and/or issues that you want to address in the form of a completed supervision log prior to supervision. Preparation will help you make the most effective use of your supervision.
3. Share with your supervisor your learning goals for the training experience. This will require self-reflection and self-evaluation regarding your current level of clinical skill. You can decide with your supervisor how to structure your training experience to meet your goals.
4. Be receptive to guidance and instruction from your supervisor, that is, be attentive to feedback and suggestions from your supervisor and follow through on such instruction promptly. It may be necessary to take notes during supervision in order to implement all instructions identified by your supervisor.
5. Inform your supervisor of any difficulties you are having in the areas of delivering services to patients, completing paperwork, or coordinating with other agencies or providers. Your supervisor has numerous means of providing assistance.
6. As you establish a working relationship with your supervisor, it is hoped that you will become increasingly able to share issues and concerns you may have that impact your clinical work. Be open to feedback from others and monitor any tendency you may have toward defensiveness.
7. With your supervisor, select theoretical models from which you will work and formulate patient case conceptualizations from this approach. Be ready to discuss the theoretical reasons for your interventions and techniques.
8. Do not engage in harmful multiple relationships with patients, that is, do not socialize with patients, nor provide services to individuals you know from other contexts, such as friends or acquaintances. In the event that someone you know is being seen at BMP, you are expected to remove yourself from situations where that patient's treatment and progress are being reviewed. It is your responsibility to alert your supervisor to such situations. It is also important that you process with your supervisor should you have contact with a patient outside the session.
9. You are responsible for ensuring that all patients are informed of the supervised nature of your work as a supervisee, and of the ultimate professional responsibility of the supervisor **(you must complete the Supervision Disclosure Statement during the first therapy session with your patient).**
10. Implement supervisory directives promptly.

11. Complete professional tasks (clinical documentation, reports, and contacting patients) within time frames specified by the Internship Handbook.
12. You are responsible for ensuring that any written communications concerning patients are co-signed by your clinical supervisor **before** they are sent out from BMP. It is also your responsibility to determine that an active Authorization for Release of Confidential Information form is present in the patient's chart before presenting the letter/report to the supervisor for signature. Notify your supervisor immediately if any written information is requested concerning your patient.
13. You must advise your clinical supervisor of all important changes in a case (e.g., patient becoming involved in a legal case). The results of new intakes must be reviewed with your supervisor at the earliest opportunity to confirm diagnosis and treatment planning. Any changes to the treatment plan must be reviewed with and approved by your supervisor **before** they are presented to the patient. Also consult regarding the implementation of any strategy that has the potential for a negative outcome, **before** such an intervention is conducted.
14. Keep your supervisor informed about patients who are suicidal, homicidal, or threatening to harm others. Notify your supervisor about patients who are involved in child custody disputes, Disability Determination assessments, or any other matter that affects the patient's legal status. This is necessary because providers are often asked to testify in such situations and having time to prepare adequately is important. Notify your supervisor *immediately* if you receive a summons to testify or you are told that you will be subpoenaed to testify. Do **not** under any circumstances release patient information to an attorney or court or anyone else without a proper Authorization for Release of Confidential Information signed by the patient and your supervisor's signature on the document being released.
15. Seek supervision whenever you are uncertain about a situation: this requires self-awareness and good judgment. Make every attempt to reach your clinical supervisor before taking action with that patient. If your supervisor cannot be reached, contact another clinical supervisor at BMP. Your clinical supervisor **must** be kept abreast of any and all emergencies.

In the event of an emergency, you are to contact your supervisor. If you are unable to reach your supervisor, you may consult with any available licensed clinician at the BMP. Discuss with your supervisor at the beginning of your supervision contract how he/she may want you to contact him/her during emergencies.

E. *Fundamental Principles of Supervision*

1. Clinical competencies are attained in a **developmental** trajectory. Therefore, what your supervisor expects of you at the beginning of the year will differ from expectations for end-of-year performance.

2. The growth-promoting capacity of supervision is set by the limits of your **reflective** skills. Self-examination of your motives, attitudes, behaviors and your effect on others is critical.

F. *Informed Consent*

As part of the Training Staff of the WVU Medicine: Behavioral Medicine & Psychiatry- Martinsburg, your supervisor will discuss your progress in terms of clinical training and professional development with the other members of the supervising staff. Formal consultation typically occurs in regularly scheduled Staff Meetings every four months, chaired by the Training Directors. Your department's Director of Clinical Training (DCT) is invited to participate in such discussions.

Supervisors who are not licensed will routinely audio/video record supervision sessions for their own supervision of supervision, and licensed supervisors may occasionally also choose to audio/video record supervision sessions. Recordings of supervision sessions will be shared only with the training staff who is supervising the supervision, for consultation and feedback. Recordings are kept in the supervisor's folder on our secure server and are erased at the end of supervision.

No communication will be made with your department or DCT without it having been discussed with you in the context of formative or summary evaluations.

G. *Terms of the Contract*

This contract serves as verification and a description of the clinical supervision provided by _____, as the supervisor to _____, Supervisee.

Supervision will be conducted on _____ (day of the week) from _____ to _____ (time).

This contract is effective from _____ (start date) to _____ (finish date).

Supervisee: _____ Date: _____

Supervisor: _____ Date: _____

Adapted from C.J.Osborn & T.E. Davis (1996). The supervision contract: Making it perfectly clear. Clinical Supervisor, 14(2), 121-134.

SUPERVISION DISCLOSURE FORM

WVU Medicine: Behavioral Medicine & Psychiatry- Martinsburg
2004 Professional Court

Martinsburg, WV 25401
Phone: 304-596-5780 Fax: 304-596-5781

WVU Medicine: Behavioral Medicine & Psychiatry- Martinsburg is a teaching hospital. This means that one of our functions is to provide direct clinical experience for graduate students, doctoral interns, post-doctoral fellows, and other clinicians working to become fully-licensed psychologists or to obtain additional credentials.

My name is _____, and I am under supervision at WVU Medicine: Behavioral Medicine and Psychiatry- Martinsburg.

I am a doctoral psychology intern, which means I am training to be a psychologist.

By law, I am being supervised by licensed psychologists, counselors or social workers. The name(s) of my supervisor(s) is (are) _____. My supervisor(s) will be directly responsible for overseeing the treatment you receive – I am practicing under his or her license. You have the right to meet with my supervisor(s) anytime if you wish. My supervisor(s) and I may be reached at the phone number above.

We will discuss confidentiality and its limitations today as outlined in our privacy policy. Both my supervisor(s) and I are bound by confidentiality laws as specified in our privacy policy.

Because it is important for my supervisor to provide me with feedback regarding my performance as your therapist, I regularly record sessions using video or audio recording devices. Session recordings are for supervisory and training purposes only, and are kept on a secure server with access limited only to WVU Medicine: Behavioral Medicine & Psychiatry- Martinsburg clinical staff. Any information that you reveal, whether oral or written, will not be discussed or shared with anyone outside the clinical staff /faculty without your prior written permission. The recordings are erased promptly after my supervisor provides me with feedback.

If you have any questions or concerns about these policies, please feel free to let me know today. You can also bring up your concerns at any time in the future.

Your signature below indicates your agreement that you understand the statements above.

Name of Patient (Please print)

Signature of Patient and Date

Signature of Supervised Clinician and Date

Signature of Supervisor and Date

WVU MEDICINE: BEAHVIORAL MEDICINE & PSYCHIATRY- MARTINSBURG

SUPERVISION GOALS

Supervisee:

Supervisor:

1.

2.

3.

4.

5.

Personal Strengths:

Growth Edges: