Doctoral Internship In Health Service Psychology Handbook 2026-2027

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DOCTORAL INTERNSHIP IN HEALTH SERVICE PSYCHOLOGY HANDBOOK

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Quintessential Health is a full-service mental health agency that strives to uphold the highest levels of competent and ethical mental health and psychological services to our communities. We are committed to providing treatment to diverse populations in an empathetic and caring manner. We base our approaches on scientific evidence, and as such our clinicians utilize evidence-based treatment approaches.

Quintessential Health values **education and training**. We consider ourselves a "teaching practice" and endeavor to provide the finest training experience to future psychologists and clinicians.

At Quintessential Health we believe that quality psychological treatment should be **accessible** to those in need. We are committed to advocating for accessible mental health treatment on a local and national level. We also seek out opportunities to provide accessible treatment to vulnerable and at-risk populations.

Quintessential Health provides a wide array of services both in person and via telehealth to all ages including individual & group therapy, as well as comprehensive testing/assessment services. We treat individuals with a wide range of presenting problems ranging including but not limited to anxiety disorders, depression, Autism, Attention-Deficit/Hyperactivity Disorder, and trauma.

ACCREDITATION STATUS OF THE INTERNSHIP

The internship at Quintessential Health is an on-site training opportunity at our office located at 1501 N. Main Street, Suite 210, Warrington, PA 18976. It is currently accredited on contingency by the Commission on Accreditation of the American Psychological Association. Quintessential Health is a provisional member of the Association of Postdoctoral and Psychology Internship Centers (APPIC) and uses the National Matching Service program to select interns in the annual match. Upon starting the internship with

an initial cohort of interns, the internship plans to apply for Accreditation on Contingency with the American Psychological Association.

For general information about APA accreditation or specific information about the accreditation status of the internship at Quintessential Health, please contact:

Office of Program Consultation & Accreditation
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
202-336-5979
http://www.apa.org/ed/accreditation

OVERVIEW OF THE HEALTH SERVICE PSYCHOLOGY INTERNSHIP AT QUINTESSENTIAL HEALTH

The doctoral internship in Health Service Psychology at Quintessential Health is designed to build on the training interns receive in their doctoral program. The internship trains future psychologists who work as providers of comprehensive psychological services who reflect the integration of science and practice, with an emphasis on cognitive behavioral practice. The internship was established to provide organized, sequential learning experiences that ensures an integrated training experience through shared standards, common procedures, and didactic learning programs which are consistent with the Standards of Accreditation of the American Psychological Association.

Application of direct service is at the heart of the internship, and may include individual, couples, family, and group psychoeducational therapy as well as psychological, educational, and neuropsychological assessments. During the course of the training year, interns provide both individual and group therapy to a variety of individuals experiencing a broad spectrum of learning, mental health and/or substance use concerns. Diagnoses the trainees will most likely work with include but are not limited to trauma, Autism Spectrum Disorder, anxiety, depression, and Attention-Deficit/Hyperactivity Disorder. Interns will also be expected to conduct full-battery psychological and psycho-educational assessments with a variety of populations and assessment tools, including comprehensive Autism testing, ADHD assessments, learning disorders, and personality testing.

Interns participate in ongoing supervision and didactic seminars on empirically-supported treatment approaches with a focus on cognitive-behavioral therapy. Interns may also assist with trainings and presentations to staff and allied professionals in order to gain teaching experience. Interns gain valuable experience in assisting with the peer supervision/mentorship of practicum students. Additionally, interns work directly with clinical staff and administrators to develop a Quality Improvement project and design a plan to assess outcomes, and if possible, implement the project.

BASIC REQUIREMENTS OF THE INTERNSHIP

The following requirements must be met to the satisfaction of the Internship Training Committee to receive satisfactory certification of internship completion:
1. The internship is a full-time internship that requires a total of 2000 hours. A minimum of 500 hours (25% of time on internship) in the provision of direct face-to-face clinical services is required. The internship may not be completed in less than 12 months or more than 24 months, in accordance with the standards of the Pennsylvania State Board of Psychology and the American Psychological Association.

2. Each intern will conduct individual and group therapy, administer assessment batteries, and conduct comprehensive biopsychosocial intake level of care evaluations during the span of the internship year. Within the required clinical activities, interns are afforded the opportunity to tailor training to fit specific areas of interest; for example, if an intern expresses more in-depth interest in assessment, they are encouraged to spend additional time engaging in that training activity within their schedule to further align with their training goals.

3. The internship must be satisfactorily completed, as evidenced by a minimum competency rating level of 4 on all competencies by the completion of the internship, as rated on the Doctoral Internship Competencies Evaluation.

4. Attendance is required at all Internship Didactic Seminars, administrative group meetings, and seminars. Any seminars that are missed must be made up by participation in an equivalent program, to be determined by the Internship Director. If circumstances prohibit attendance at these lectures/didactic training or seminars (such as conflicts with religious practices and/or holidays), they may be viewed on video recordings (where possible), and then discussed in group supervision.

5. Present one formal case presentation as part of the didactic seminar series. Each presentation includes research literature related to the case, and a discussion of how the use of evidence-based practice was utilized and related to outcomes.

6. All assigned clinical documentation and administrative record keeping must be completed.

PURPOSE OF THE INTERNSHIP PROGRAM

MISSION OF THE INTERNSHIP

The Mission of the doctoral internship in clinical psychology at Quintessential Health is to prepare Practitioner-Scholars who are committed to excellence in serving broadly diverse populations including the underserved. The internship is devoted to training, education, and service, providing ethical, compassionate, and inclusive mental health and psychological services, including assessment and intervention to diverse populations. Our training and service model is grounded in the most recent scientific evidence and advances and as such, our clinicians utilize evidence-based treatment approaches. As advocates of social justice, we model and encourage our interns to seek out opportunities to provide accessible and affordable psychological services to vulnerable and at-risk populations.

AIMS AND COMPETENCIES OF THE INTERNSHIP

The program's Aim for internship training is to prepare interns for successful independent practice of professional psychology in standard outpatient practices, integrated primary care medical practices, medical centers and hospitals, or community behavioral health settings that serve children, adolescents, adults, and older adults.

This Aim is accomplished by the intern completing the program's training activities, demonstrating competency in the nine profession-wide competencies, and obtaining job placement and licensure after graduation. Training to develop and refine the profession-wide competencies includes both experiential and didactic learning elements. The experiential opportunities are spent in direct contact with service recipients and include sufficient observation and supervision by licensed psychologist supervisors. All learning follows a logical training sequence that is sequential, cumulative, and graded in complexity.

The following nine competencies are required for all interns who graduate from doctoral psychology programs that are accredited in health service psychology. Opportunities are provided throughout the training year for all interns to demonstrate they have met each required profession-wide competency.

By the end of the training year, all interns must demonstrate competence in:

1. Research
2. Ethical and legal standards
3. Individual and cultural diversity
4. Professional values, attitudes, and behaviors
5. Communication and interpersonal skills
6. Assessment
7. Intervention
8. Supervision
9. Consultation and interprofessional/interdisciplinary skills

The expectation is that by the end of the training year, each intern will demonstrate competence in the above nine areas and will graduate from the internship program. After graduating from the internship, distal expected outcomes will be collected, include obtaining job placement in the field of psychology and licensure attainment (Note: in Pennsylvania and most other states, a post-doctoral year of supervised experience is required to complete eligibility for licensure). Thus, the internship's aim of preparing interns for successful independent practice of health service psychology in the aforementioned settings directly aligns with the program's training activities and intended outcomes.

Competency: Research

Aim #1: Intern will demonstrate independence in critically evaluating and disseminating research or other scholarly activities at the local, regional, or national level.

Elements associated with this competency:

1.1 Seeks research information to enhance clinical practice by utilizing professional literature, databases, seminars, and other resources.

1.2 Demonstrates an understanding of applied research and program evaluation.

1.3 Demonstrates ability to critically evaluate research in case discussions, seminars, and consultations.

1.4 Independently applies relevant scholarly theoretical and research findings into professional activities.

1.5 Utilizes scientific knowledge to discuss relevant research in case discussions and presentations with peers and other professionals.

1.6 Disseminates findings from relevant research in case discussions and presentations with peers and other professionals.

Competency: Ethical and Legal Standards

Aim #2: Intern will demonstrate compliance in consistently adhering to APA professional and ethical standards, and relevant laws and regulations governing health service psychology.

Elements associated with this competency:

2.1 Discusses knowledge and acts in accordance with APA ethical principles and code of conduct.

2.2 Discusses knowledge and acts in accordance with laws, regulations, rules, and policies regarding health service psychology at the agency, local and national levels.

2.3 Expresses awareness of the need to keep current and act in accordance with relevant professional standards and guidelines.

2.4 Recognizes ethical issues as they arise.

2.5 Applies ethical decision-making processes to resolve issues proactively.

2.6 Conducts self in an ethical manner in all professional activities.

2.7 Maintains professional functioning and quality client care.

Competency: Individual and Cultural Diversity

Aim #3: Intern will demonstrate knowledge, sensitivity and skills when working with diverse populations in professional activities.

Elements associated with this competency:

3.1 Discusses sensitivity to how their own personal and cultural history, attitudes and biases may impact how they interact with those different from themselves.

3.2 Discusses understanding the current theoretical and empirical literature related to addressing diversity in all professional activities.

3.3 Applies knowledge of cultural differences by demonstrating ability to work with individuals whose differences in diversity may be in conflict with their own.

3.4 Integrates awareness and knowledge of cultural differences in the conduct of professional roles.

3.5 Demonstrates the ability to apply a framework to address salient diversity issues in the therapeutic relationship.

3.6 Discusses awareness of social influences and contexts and their impact on client care.

3.7 Independently applies current knowledge and approach when working with a range of diverse individuals, including use of self-reflection.

3.8 Strives to learn more about individuals from diverse backgrounds through research, consultation, and group discussion.

Competency: Professional Values, Attitudes and Behaviors

Aim #4: Intern will demonstrate professional values, attitudes, and behaviors in all professional activities.

Elements associated with this competency:

4.1 Attitudes and behaviors reflect a positive professional identity and desire to increase professional effectiveness.

4.2 Attitudes and behaviors reflect values of psychology, including integrity, accountability, and concern for the welfare of others.

4.3 Demonstrates self-reflection regarding personal and professional functioning.

4.5 Accurately self-evaluates and self-monitors strengths as well as areas in need of development.

4.6 Demonstrates positive coping strategies when dealing with both personal and professional stressors.

4.7 Actively demonstrates openness & responsiveness to feedback and supervision.

4.8 Responds professionally in complex situations with an increasing degree of independence.

Program defined elements associated with this competency:

4.4 Discusses understanding of the limits of own competency.

4.9 Is prompt for scheduled hours and appointments.

4.10 Writes client notes and reports in a timely manner.

4.11 Submits client documentation in a timely manner.

4.12 Keeps supervisors aware of whereabouts as needed.

Competency: Communications and Interpersonal Skills

Aim #5: Intern will demonstrate professional communication and interpersonal skills and respond professionally to complex situations.

Elements associated with this competency:

5.1 Develops and maintains effective interpersonal relationships with peers, supervisors, staff, communities, organizations, and clients (with all individuals within a professional context)

5.2 Professionally communicates ideas in oral, non-verbal, and written form that are informative and well-integrated.

5.3 Manages difficult communications and demonstrates effective interpersonal skills.

5.4 Communicates with professional language and concepts.

Competency: Assessment

Aim #6: Intern will demonstrate the ability to conduct evidence-based assessment consistent within the scope of health service psychology.

Elements associated with this competency:

6.1 Selects and applies assessments grounded in evidence-based practice and empirical literature.

6.3 Gathers relevant history and utilize appropriate collateral information and methods relevant to the client.

6.5 Considers cultural factors during assessment and asks questions sensitive to clients' dynamics.

6.6 Makes accurate inferences and interpretations from data, following current research and professional standards and guidelines.

6.7 Develops case conceptualization, classification and recommendations based on consideration of empirical and clinical information related to functional and dysfunctional abilities.

6.8 Writes accurate and concise reports sensitive to a range of audiences.

6.9 Writes reports and orally communicates findings that are grounded in consideration of client strengths as well as deficits/psychopathology.

6.10 Orally communicates accurate and effective assessment feedback to clients, collaterals, other health professionals, as necessary.

6.11 Demonstrates a thorough working knowledge of diagnostic nomenclature and DSM classification.

6.12 Demonstrates knowledge of professional standards and issues in assessment.

Program defined elements associated with this competency:

6.8 Participates in didactics on report writing. Review drafts of report with assessment supervisor to ensure report sensitivity.

6.9 Participates in supervision with assessment supervisor, and role-plays different ways to approach findings from a strength-based approach.

6.10 Role-plays information during feedback session with supervisor and colleagues. Review overall findings in a concise and easy to understand manner.

6.11 Reviews current DSM and other material to ensure accurate knowledge of information presented.

6.12 Reviews and discusses the ethical decision-making model processes with individual supervisors, in intern meeting, in-group supervision. Apply decision-making model to interactions with assessment clients and family members.

Competency: Intervention

Aim #7: Intern will demonstrate the ability to apply evidence-based intervention within the scope of health service psychology.

Elements associated with this competency:

7.1 Establishes and maintains effective therapeutic alliances with clients.

7.2 Develops evidence-based intervention plans informed by research, assessment data, diversity characteristics and contextual variables, specific to treatment goals.

7.3 Implement interventions informed by research, assessment data, diversity characteristics and contextual variables.

7.4 Applies relevant research to clinical decision making.

7.5 Effectively modifies and adapts evidence-based approaches when clear evidence-base is lacking.

7.6 Monitors and evaluates progress toward treatment goals and adapts goals and methods as needed.

Program defined elements associated with this competency:

7.7 Develops treatment goals that correspond to case conceptualization.
7.8 Formulates useful case conceptualizations that draw from theoretical knowledge and research.
7.9 Interventions are well-timed.
7.10 Communicates empathy, warmth, and genuineness.
7.11 Demonstrates ability to handle intense client affect.
7.12 Manages interpersonal boundaries with clients.
7.13 Manages generalized personal feelings toward clients and generalized client

feelings toward intern.

7.14 Recognizes and responds appropriately to client crises.

Competency: Supervision

Aim #8: Intern will demonstrate the ability to seek and utilize supervision and feedback in a consistent and effective manner.

Elements associated with this competency:

8.1 Applies knowledge of supervision in direct or simulated practice with other trainees.

Program defined elements associated with this competency:

8a Apply competencies in the role of a Supervisory Consultant with junior supervisees.

8.2 Provides useful direction, information, and feedback for other trainees and/or behavioral health professionals, including agenda-setting, psychoeducation, and use of cognitive and behavioral interventions.

8.3 Demonstrates sensitivity to diversity while providing supervision.

8.4 Effectively manages conflict and challenges to learning in junior supervisees/trainees.

8b Utilizes supervision and feedback as a Supervisee in a consistent and effective manner.

8.5 Comes prepared to participate in supervision with an agenda.

8.6 Keeps supervisor apprised of relevant clinical issues.

8.7 Demonstrates sensitivity to diversity as related to supervision.

8.8 Demonstrates receptivity to new ideas and integrates supervisor feedback.

8.9 Seeks supervision/consultation as necessary for complex cases.

Competency: Consultation and Interprofessional/Interdisciplinary Skills

Aim #9: Intern will demonstrate consultation and interprofessional/interdisciplinary skills when addressing problems, sharing information, and engaging in professional activities with professionals in health services psychology.

Elements associated with this competency:

9.1 Demonstrates respect and knowledge for the role, boundaries of competence, and perspectives of other professionals in consultation relationships.

9.2 Applies knowledge of consultation models when consulting with all appropriate parties including individuals, families, professionals, and related health systems.

9.4 Demonstrates ability to work successfully with others.

9.5 Communicates appreciation for the influence of individual and cultural diversity factors in consultations.

9.6 Communicates awareness of models of mental health consultation, including awareness of the dimensions of case versus administrative consultation, and client versus consultee focus.

Program defined elements associated with this competency:

9.3 Communicates effectively and efficiently with patients (and their families when appropriate), professionals and related health systems regarding the outcome of a behavioral health consultation.

INTERNSHIP TRAINING MODEL

The Doctoral Psychology Internship at the Quintessential Health emphasizes the development of clinical competencies that prepares interns for entry level independent practice through supervised clinical experiences in the application of theoretical and empirical psychological knowledge. The program provides interns with a developmental continuum of clinical training opportunities in an outpatient community-based setting that trains them to think critically regarding the integration of scientific knowledge with current practice. We believe this model to be highly effective in preparing interns for the successful practice of health service psychology. The developmental progression ranges from observation to increased autonomy. Throughout the year, interns are evaluated along a developmental continuum according to their level of independence or supervision needed.

A core emphasis of the internship is extending proficiency in conducting full-battery psychological and psycho-educational assessments with a variety of populations and assessment tools, including comprehensive autism assessment, and administering a variety of therapeutic interventions to individuals across the age spectrum. Interns provide therapy to a variety of individuals experiencing a broad spectrum of learning, mental health and/or substance use concerns. In addition, interns will have the opportunity to run child and parent groups in both outpatient and school settings. Interns receive ongoing supervision and didactic seminars on empirically-supported treatment approaches with a focus on cognitive-behavioral therapy. Interns are also expected to assist with training and presentations to staff, colleagues and community consumers to gain teaching experience. Interns gain experience in supervision competency by assisting with the peer supervision/mentorship of practicum students. Additionally, interns work directly with clinical staff and administrators to develop and implement a quality improvement project as part of the fulfillment of the research competency.

Clinical supervision relies heavily on direct observation, review of asynchronous videotaped sessions, synchronous telesupervision, role-play, and live observation/co-therapy to foster mastery of core skills. Participation in group supervision and case

conference, which always includes a discussion of evidence-based research on clinical topics of relevance to emphasize the integration of science and practice, is accompanied by discussions of multicultural and ethical considerations, to provide interns with an opportunity to not only discuss and critically evaluate the research, but also to hear how senior staff conceptualize their work. These research presentations and discussions help Interns become familiar with some of the issues and challenges associated with each area of service provision. As interns become more involved with service provision, group supervision and case conference provide multiple sources of input into their work.

LEARNING ELEMENTS OF THE INTERNSHIP PROGRAM

Interns participate in extensive experiential training in profession wide competencies, including research; ethical and legal standards; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional and interdisciplinary skills. Learning elements that support the development of these competencies are described below.

Research

Interns are not only consumers of research who practice evidence-based interventions under supervision, they also practice the dissemination of research in formal and informal presentations and consultations with not only other psychologists and their peers, but also with other health care providers.

Specific learning activities include: (1) Submitting formal presentations at local, regional or national conferences and meetings, including submitting a poster on their dissertation research; (2) conducting informal presentations of research-based practice in consultations with their interdisciplinary care team members and in the local community; (3) presenting cases to their peers accompanied by the research related to their case in group supervision every week, including the recent research and how it informs their assessment, diagnosis, and intervention with the case that they are discussing; and (4) working with professional staff and administrators to develop a Quality Improvement project and design a methodology to assess outcomes.

Ethical and Legal Standards

Interns discuss current ethical issues and dilemmas in group supervision and intern meetings, as well as with individual supervisors to help recognize ethical issues as they arise. Additionally, interns are expected to identify and discuss professional issues and ethical problems they are currently facing or have already faced in the clinical setting.

Specific learning activities include: (1) Participation in didactic seminars, which incorporate the APA ethics code and include discussion of common ethical dilemmas faced by psychologists; (2) Participation in didactics on ethics and professionalism throughout the year. These seminars provide clinical psychology interns with a) an understanding of the ethical issues and dilemmas they will be confronted with during their training and subsequent career, b) the intellectual tools for anticipating, identifying and resolving ethical issues and dilemmas and, c) a practical application of the APA's Code of Ethics and legal mandates set forth in state licensing laws and regulations for Psychologists. During the sessions, interns will actively engage in an open dialogue in which they will apply the principles, theories, concepts, and mandates discussed in the readings to clinical cases; and (3) At each session, interns present cases from an Ethics Journal they maintain contemporaneously throughout the seminar.

**Ethics Journal*: Each intern will be required to keep an Ethics Journal. The Ethics Journal consists of entries describing ethical issues or dilemmas that arise during clinical training, regardless of whether the issue(s) or dilemma is minor or emergent. The Ethics Journal is to be kept current, brought to each group supervision session and didactic seminar, and maintained in a manner consistent with the APA Code of Ethics, particularly Standard 4 (Privacy and Confidentiality) and Standard 4.07 (Use of Confidential Information for Didactic or Other Purposes) and Pennsylvania law. The written ethical analysis and each entry of the Ethics Journal is to consist of the following minimum elements:

1. A description of the context that gave rise to the ethical issue(s) or dilemma; for example, the client's diagnosis, psycho-social history, co-morbid conditions, coping skills, support system, results of assessment, prior hospitalization(s)/treatment(s), interactions with other providers, interactions with the intern (if it's an Ethics Journal case), etc. [This description should only provide information directly relevant to the identified ethical issue(s) or dilemma.]

2. A statement specifically identifying the ethical issue(s) or dilemma.

3. Actions that have already been taken in an attempt to address the ethical issue(s) or dilemma, if any.

4. The relevant APA Code of Ethics' General Principles and Ethical Standards.

5. The relevant legal mandates set forth in Pennsylvania's state licensing law and regulations, if any.

6. If applicable, any additional information that should be obtained or clinical assessments/testing that should be performed that would provide a greater understanding or facilitate resolution of the ethical issue(s) or dilemma.

7. Proposed actions to resolve the ethical issue(s) or dilemma.

Individual and Cultural Diversity

Interns will demonstrate the ability to (1) recognize and discuss their specific individual and cultural worldview and biases; (2) attend to each client's cultural values and context in assessment, conceptualization, treatment planning, and intervention; (3) evidence awareness and knowledge of diversity, equity and inclusion (DEI) concepts from relevant empirical literatures, including issues related to the culturally competent assessment and treatment of children and youth from Black, indigenous, and people of color (BIPOC) and queer identifying communities; (4) incorporate APA Code of Ethics guidelines regarding diversity into clinical work; and (5) sensitively discuss issues related to DEI and relevant clinical work in supervision and other professional interactions.

Specific learning activities include: (1) Interns review individual sessions with clients seen in the internship setting with individual supervisors and openly discuss individual and cultural differences seen within the session; (2) In group supervision and intern meetings every week, a case, article, and/or special topic is presented and discussed through a Diversity, Equity, Inclusion (DEI) lens; (3) Didactics focused on specific topics in individual and cultural diversity issues are also provided to interns. Every effort is made to have individually, culturally, racially, and ethnically diverse presenters as well, to model inclusiveness amongst the didactic faculty.

To ensure that Diversity, Equity, and Inclusion is embedded in the fabric of our internship and practice culture, we have committed to the formation of a workgroup, the *Diversity, Inclusion and Equity Workgroup,* which includes staff, supervisors and interns. In doing so, we commit to honoring the differences that comprise our Quintessential Health professional family, developing a community of integrity and engendering an environment of transparency, equity, and inclusion through empowerment and raising awareness to social injustice, including – but not limited to – systemic racism (as apparent in practices and policies) and implicit biases based on race, age, gender identification, sexual orientation, physical and intellectual dis/ability, religious belief, nation of origin, citizenship status, language proficiency, and socio-economic status.

As part of the *Diversity, Inclusion and Equity Workgroup* activities, interns will present to staff in a quarterly seminar (once every 3 months) on a topic that is relevant to individual and cultural diversity-informed practice issues. This seminar is reserved as a time when personal beliefs and feelings can be discussed, explored, and shared. We maintain this seminar to foster trust and support for the self-examination that is necessary to clarify values/beliefs and confront conscious and unconscious bias. These topics may include those that arise from clinical experiences while on the internship or may be related to an article or workshop or course of related interest that the interns have read or participated in. The last part of this seminar will include time for discussion of the content so that participants are able to reflect on and process their thoughts and feelings related to the content, as well as discuss how the content relates to their practice at Quintessential Health.

To reinforce our commitment to individual and cultural awareness and inclusion, we encourage interns to download the APAGS Resource Guide for Ethnic Minority Graduate Students, Second Edition, published by the APAGS Committee on Ethnic Minority Affairs (CEMA) and use it to access information about navigating graduate school and internship as a racial and/or ethnic minority student. This can be accessed at:

https://psychology.utk.edu/wp-content/uploads/2023/09/ethnic-minority-guide.pdf

We also encourage racial and ethnic minority interns to access other resources to support their ability to thrive while in training by downloading and accessing the following resource from APA Division 45 (Society for the Psychological Study of Culture, Ethnicity and Race) at https://division45.org/wp-content/uploads/vfb/2017/08/Get-Involved-1.pdf

While there will be didactics specifically focused on Diversity, Equity, Inclusion (DEI) training, interns will be encouraged to integrate considerations of individual and cultural diversity into discussion during *all* training opportunities including didactics, supervision, and research, and engage in self-reflection regarding cultural humility in the context of professional psychology. Formal training in cultural competency occurs at the very beginning of the training year with a didactic session on self-awareness and progresses to address cultural competency in clinical issues as well as systems-level issues by the end of the training year.

Professional Values, Attitudes, and Behaviors

Professional values, attitudes and behaviors are foundational to the practice of health service psychology and therefore cut across all other competency domains.

Specific learning activities, include: (1) Participation in individual and group supervision, didactic training meetings, and weekly meetings with internship director and supervising faculty, while demonstrating positive professional identity, self-reflection, openness and responsiveness to feedback and supervision, timeliness in all meetings and documentation, and responding professionally in increasingly complex situations, and (2) Participation in assessment, intervention, consultation, research, supervision and teaching, while demonstrating positive professional identity, self-reflection, openness and responsiveness to feedback and supervision, timeliness in all meetings and documentation, and responding professionally in increasingly complex situations.

Communication and Interpersonal Skills

Similar to professional values, attitudes and behaviors above, communication and interpersonal skills are foundational to the practice of health service psychology and are common to all other competency domains.

Specific learning activities, include: (1) Delivering psychological services including assessment, intervention, consultation, research, supervision and teaching in outpatient and community settings, demonstrating respectful and effective interpersonal

relationships with peers, supervisors, staff, communities, organizations and clients; (2) Engaging in professional communication in oral, non-verbal and written format; managing difficult communications with sensitivity and professionalism and demonstrating effective interpersonal skills; (3) Communicating with professional language and concepts that are in jargon-free plain language; (4) Describing awareness of personal issues, biases, attributions, and behaviors within the professional clinical setting in individual and group supervision sessions; and (5) Appropriately regulating personal affect in all settings.

Assessment

At the start of the training year, all interns receive in-depth on-site didactic technical and interpretative training on assessments they will be conducting throughout the training year. Additionally, interns also have access to recorded sample administrations, supplemental recorded trainings, templates, and sample reports. Interns receive dedicated time to practice administration with each other and mock clients prior to administering with clients. They also observe a supervisor administering many of the assessments.

Specific learning activities, include:

Full-Battery Integrated Psycho-educational and Psychological Assessments

Interns will conduct full-battery integrated assessments including domains such as diagnostic (ADHD, Autism, etc.), cognitive ability, academic achievement, memory, executive functioning/neuro, phonological processing, objective, and projective personality assessment, learning style analysis, and diagnosis. Interns will administer, score, and integrate the results into a comprehensive integrated report. With assistance from their supervisor, interns will provide a feedback session to the client and/or their families to explain the results. Some examples of referrals for assessments include:

- Learning Disorders/Concerns
- Autism Spectrum Disorder
- Attention-Deficit/Hyperactivity Disorder
- Social Communication Disorders
- Attention Deficit Disorder
- Better understanding of how an individual learns
- Diagnostic rule-outs
- Classroom accommodations
- Vocational planning

Autism Evaluations
Interns participate in formal training on the Autism Diagnostic Observation Schedule-2 (ADOS-2). Upon completion of training, interns work in teams to utilize the ADOS-2 in a one-way monitored room to assess for Autism Spectrum Disorder. They utilize the ADOS-2 in combination with a clinical interview and a variety of other structured tools

to formulate a conceptualization of the individual with recommendations for intervention, if appropriate. A feedback session is then held with the family and the supervisor to review the assessment.

ADHD Evaluations
Interns participate in formal training conducting ADHD assessments including diagnostic measures such as the NEPSY, Conners-4, D-KFES, BASC, CAARS, WISC, and WAIS. These assessments are implemented via standards kits as well as utilizing Q-Interactive. Interns will gain experience administering, scoring, interpreting, and providing feedback to families in collaboration with a supervising psychologist.

Comprehensive Biopsychosocial Evaluations/Intakes
Interns utilize a semi-structured interview in combination with structured tools to complete comprehensive level of care biopsychosocial evaluations. The interns integrate information from a variety of collateral sources and utilize this data to formulate a diagnostic formulation as well as make comprehensive treatment recommendations. These evaluations may be used for initial intake assessments, treatment recommendations, and/or diagnostic purposes.

Psychotherapeutic Interventions

Interns receive supervision and didactic training throughout the year on a variety of therapeutic interventions as well as broader scope therapeutic skills such as cultural sensitivity, therapeutic rapport building, and motivational interviewing. Interns record their therapy sessions to be reviewed by their supervisors. Supervisors may also attend "in-vivo" sessions, conducting co-therapy at times to further the training experience. Audio recorded and video recorded sessions are reviewed on a regular basis to ensure understanding of how to implement these with clients. Examples of empirically-supported interventions include cognitive-behavior therapy, acceptance and commitment therapy, and other empirically-supported treatments that fall within the supervisors' competence.

Specific learning activities, include:

Individual Therapy
Interns conduct individual therapy with individuals from a variety of age groups and populations. They are trained to become proficient in utilizing CBT, as well as other modalities/treatment protocols including but not limited to Prolonged Exposure, Exposure and Response Prevention, ACT, and DBT. Interns also receive supervision in other evidence-based interventions to deliver efficacious treatment. Interns also develop strength-based treatment plans in collaboration with the clients and their families. Caseloads can be customized based on the training goals of the particular student.

Group Therapy
Interns conduct group therapy with individuals for a variety of concerns. Some examples of groups include but are not limited to social skills, anxiety, trauma, grief, and autism-

support. Interns also have the opportunity to run free support groups, such as a parent Autism support group.

Supervision

Individual Supervision

In accordance with the APA Standards on Accreditation, all interns are assigned to two supervisors who are doctoral-level licensed clinical psychologists who assume all responsibility for supervision of the intern's activities, for a minimum of 2 hours a week. When interns begin working with new clients, they make it known to the client (verbally and within the consent to treat) that they are operating under the supervision of a licensed doctoral level psychologist and the client is provided the supervisor's contact information. Supervisors are responsible for direct observation of the intern's work through co-therapy or viewing and processing video or audio recordings of sessions and reviewing and signing off on all paperwork. The primary supervisors maintain ongoing collaboration with other staff members to ensure continuity of supervision and feedback to the interns.

Emergency contacts: Supervisees are provided with their supervisors' phone numbers so that they can be reached for consultation and/or emergencies or crisis situations. If an assigned supervisor is not available during an emergency, the intern should call any other supervisory staff for consultation while the supervisor is unavailable. A list of all supervisor phone numbers (cell number and on-site number) as well as email addresses are made available at the beginning of the internship.

*Specific learning activities as a **Supervisee** include:*

(1) Articulating receptiveness and openness to constructive feedback provided by the supervisor, and integrating that feedback when necessary; (2) Coming well-prepared to individual supervision with an agenda, case-log activity sheet, clinical cases of discussion, articles of discussion, and relevant chart notes; (3) Coming prepared during individual supervision to discuss and problem solve complex cases; (4) Coming prepared to evaluate progress towards treatment goals during individual supervision.

Training in the Supervision Competency

All interns serve as formal supervisory consultants to doctoral practicum trainees at the internal internship site. Interns receive weekly supervision from a licensed psychologist who oversees their clinical and supervisory practice.

*Specific learning activities as a **Supervisory Consultant**, include*: (1) Teaching, role-playing and supervising evidence-based interventions with junior clinical psychology students to further advance the students' knowledge and skill acquisition to provide evidence-based interventions; (2) Participating in formal didactic training on strategies for becoming an effective leader along with supervisory modalities; (3) Recording their

supervision sessions with practicum students for review/feedback with their own supervisor, (4) Providing direction, constructive feedback, and knowledge during group supervision with junior supervisees including agenda setting, psychoeducation, and evidence-based cognitive behavioral interventions; (5) Managing and directing client case discussions, role-plays, discussions of current and relevant research of evidence-based interventions, and topics of interest with junior supervisees during group supervision; (6) Managing conflict and challenges that arise through clinical cases, chart notes, and ethical dilemmas with junior supervisees.

Group Supervision
Interns participate in group supervision (one hour of exclusive intern supervision, one hour along with practicum students). Topics typically include issues related to administrative and operational issues, quality performance issues, supervision of doctoral practicum students, and current topics in professional practice and research.

Professional and Staff Consultation

Interns at Quintessential Health provide consultation with their peers, doctoral practicum students, and clinical staff. Interns serve in the role of both the consultant and the consultee. These consultations take place both formally and informally throughout the course of their internship.

Training in Administrative Practices

Interns are expected to engage in a variety of administrative activities at Quintessential Health. These duties may include responding to telephone consultations, engaging with consumers upon initial contact, conducting intake interviews, obtaining necessary information to make a clinical determination regarding level of care and appropriateness of service, and assisting with community resources for support. Interns discuss administrative issues in their regularly scheduled individual and group supervisions.

Teaching

To foster the teaching competency, interns have opportunities to conduct didactics or workshops for doctoral practicum students as well as other clinical staff. In addition, interns are expected to give at least one workshop on a topic of local interest to community partners or corporate consumers during the internship year. These workshops are expected to be based on evidence-based practices that are informed by diversity considerations and are to include references based in scientific literature.

TELESUPERVISION POLICY

Quintessential Health recognizes that in-person supervision is preferable, and thus encourages supervisors and supervisees to meet in person whenever possible. However,

we also recognize that there are some situations in which telesupervision is deemed necessary. Reasons that telesupervision may be used include the following:

• Minor illness of the supervisor or supervisee, in which the ill person is well enough to work but may be contagious.
• An injury or medical procedure that causes the supervisor or supervisee to work from home for a temporary period of time.
• A local, regional, or national state of emergency, which could require either the supervisor or supervisee to work off-site for a temporary period of time.
• A patient in crisis disrupts a supervisor or supervisee's schedule, such that traveling from another site is no longer feasible.
• An intern or supervisor schedules a makeup supervision session due to being off of work due to illness or vacation, and traveling from offsite for the makeup session is difficult or not feasible.

In the above situations, telesupervision may be preferable to rescheduling in-person supervision, as both the supervisor and supervisee may have patients scheduled out, making timely in-person makeup supervision difficult. In these cases, we believe it is more beneficial for interns to have consistent, regular supervision, than in-person supervision which may have gaps between sessions.

Whether telesupervision is preferable to rescheduling in-person supervision should be discussed and agreed to by both the supervisor and supervisee. If either believes that telesupervision would not be beneficial, then an in-person makeup session should be scheduled instead.

Supervisors remain responsible for supervising the intern's work using standard recording methods. Feedback should be given consistently, as the supervisor would do in an in-person session.

Telesupervision should only be used when both the intern and supervisor have a quiet and confidential location to talk with minimal interruptions. Telesupervision should not occur when either the intern or supervisor is in a public space. This ensures both the confidentiality of the patient, and the privacy of the intern.

Telesupervision with video capability is preferred over audio-only supervision. Telesupervision via the phone should only be used when a visual method such as Microsoft Teams is not available. Supervisors should make sure that interns are familiar with Microsoft Teams before scheduling a Microsoft Teams appointment. Quintessential Health has a contract and business associate agreement in place with Microsoft Teams which makes our video visits HIPAA compliant. This creates a secure, end-to-end connection between the provider and the patient using both a randomly generated meeting ID and password to prevent intentional or accidental unauthorized entry into the visit.

FEEDBACK AND EVALUATION OF INTERNS

Intern Evaluation
Supervisors submit a semi-annual formal evaluation of each intern's progress. Interns are evaluated after they have completed six months of their internship training and at the end of the year. A link to the Doctoral Internship Competency Evaluation form is sent electronically to each supervising psychologist that invites commentary on both specific areas of skill, as well as general professional demeanor. The interns also use the same evaluation form to reflect on their competencies and rate themselves. These evaluation forms are then discussed together and signed by both the intern and the supervisor(s). Interns are given the opportunity to respond to any comments made by the supervisor with which they disagree and to have the response included with the evaluation. Evaluations should be based on an accurate picture of each intern's work, including direct observation via viewing videos, listening to audios of sessions, co-therapy, or shared telehealth sessions on a regular basis. There should be clear on-going communication between interns and their supervisors throughout the year on areas of strength and weakness. Interns should never be surprised by the feedback they receive on the formal evaluation because they should be obtaining this information over the course of the year in supervision.

The Internship Director will receive and review these forms. If the evaluation reveals that an intern is having minor difficulties at the internship site, the Internship Director may: (a) obtain more information from each supervisor and/or (b) discuss the difficulties with the intern. If an intern appears to have significant difficulties, the procedures regarding Problematic Behaviors and Insufficient Competencies may be invoked.

APPLICATION REQUIREMENTS AND PROCEDURES

Statement on Equal Opportunity and Non-discrimination: Quintessential Health endeavors to provide an environment that respects, encourages and promotes the talents and contributions of all. We value a community with a shared sense of purpose where people demonstrate mutual respect and appreciation for one another. Quintessential Health values diversity that honors and includes all people in the working environment and in the daily life of the professional community.

Quintessential Health strongly seeks and values diverse experiences and backgrounds as the building blocks of a rich training environment. As such, we emphasize respect for trainees without regard to age, race, color, gender, gender identity and expression, national origin, ancestry, sexual orientation, religion, creed, disability, genetic

information, or marital status in accordance with applicable federal, state, and local laws. Quintessential Health complies with applicable state and local laws governing non-discrimination in employment in every location in which the company has facilities. Interns are entitled to equal treatment in selection decisions and freedom from harassment or unfair treatment. The program seeks to obtain a diverse intern class while selecting the most qualified candidates. Applicants from individually and culturally diverse backgrounds are particularly encouraged to apply.

Participation in APPIC:

Quintessential Health is a member of the Association of Psychology Postdoctoral Internship Centers (APPIC). The internship is offered through APPIC National Computer Match process. Instructions for the APPIC – Match Procedures are found on the APPIC website at www.appic.org/match.

Quintessential Health follows the current APPIC Match Policies. "This internship site agrees to abide by the APPIC policy that no person at this training site will solicit, accept, or use any ranking-related information from any intern applicant." Quintessential Health is a participant in the APPIC Internship Matching Program. Applicants must register for the Matching Program in order to be eligible to Match with Quintessential Health.

Application Requirements

1. APPIC Uniform Application materials (including Professional Conduct Form, Practicum Documentation, Verification of Internship Eligibility and Readiness, etc.).
   Competency assessment: Internship applicants are required to submit a copy of their graduate transcripts;

2. General course work and training should include ethics/professional issues, multicultural competence, assessment, psychopathology, psychometrics, and intervention.
   Competency assessment: Internship applicants are required to submit a copy of their graduate transcripts;

3. Have completed 2 years of practicum experience with sufficient supervised training experience to advance to internship.

   Competency assessment: (a) Internship applicants are required to submit the AAPI Online, showing a preference of a minimum of 400 hours combined Assessment and Intervention hours; (b) DCT Verification of Readiness for Internship endorsing readiness for internship.

4. Have outstanding letters of recommendations.

Competency assessment: Internship applicants are required to submit at least 3 letters of recommendation from current doctoral faculty or practicum supervisors. Letters of recommendation will be reviewed by the Internship Director and Supervisor(s).

Interviews are preferred to be in-person, but virtual options will be available as well. Applicants are invited for interview via e-mail and can expect to receive notification of their interview status by email. Interviews are conducted from mid-December through mid-January. The interviews include an individual interview with the Internship Director, Chief Psychologist, and Supervisor(s), a tour of Quintessential Health, and an ethical case for discussion and role-play.

Please submit all materials (via the Online AAPI portal):

APPIC Member Number is 2608

William La Valle, Psy.D.
Internship Director
1501 Main Street, Suite 210
Warrington, PA 18976
Email: wlavalle@qhealthonline.com

Procedures for Intern Selection

Non-Discrimination and Harassment Policies

In compliance with all applicable Federal and Pennsylvania state laws, acts and codes, the Agency formally affirms its long-standing policy of non-discrimination and, in keeping with the Agency's policy against discrimination, will take the necessary steps to insure that the Agency will offer equal employment opportunity without regard to race, color, national origin, ancestry, religion, religious creed, age, sex, handicap, disability, sexual or affectional preference or orientation, familial or marital status or veteran status. This policy will apply to recruitment, placement, transfer, promotion, training, use of facilities, compensation, practices and policies and all other applications and conditions of employment or internship, not specifically stated. The Agency is also committed to maintaining a working environment that is free of such discrimination or harassment based on any of these factors, including sexual harassment.

Sexual harassment or harassment of any other basis is prohibited by this Policy. Whether committed by a supervisor, intern, or co-worker, such harassment will be considered misconduct and will subject that person to disciplinary action up to and including termination.

Sexual harassment is defined as unwelcome sexual advances, the conditioning of employment or internship benefits or other employment conditions on sexual favors, or offensive, verbal, or physical conduct of a sexual nature. This includes conduct of a sexual nature which interferes with an employee's or intern's work performance, or creates an intimidating, hostile, or offensive work environment.
Any employee or intern who has a complaint of discrimination or harassment at work by anyone, including supervisors or co-workers, must bring the problem to the attention of a supervisor, the Internship Director and/or Chief-Psychologist. The employee's or intern's complaint will be thoroughly investigated, and a report will be made to the employee or intern of the results of that investigation.

If it is determined that prohibited discrimination or harassment occurred, the offending person (s) will be disciplined, and the complaining employee/intern will be given any benefit or privilege of employment he or she was improperly denied as a result of such misconduct.

If the employee/intern does not agree with the findings of the investigation, he or she may seek further review from the President/Founder, who may interview or seek statements from any person concerning the complaint.

Insofar as possible, employee/intern complaints of discrimination or harassment will be kept in the strictest confidence, as will all interviews and statements which are part of any investigation. The Agency will not tolerate retaliation against any employee/intern who complains of such misconduct or provides information in connection with any such complaint.

If an employee/intern has a question about the Agency's policy against discrimination or discriminatory harassment or the procedure to be followed in lodging a complaint, the employee/intern may contact his/her supervisor or the Director of Human Resources.

Application and Selection Procedures

In order to be considered for the internship, applicants must have the following requisites: 1) have completed all the coursework required for a Psy.D. or Ph.D. Degree in an APA-accredited doctoral program in Clinical, Counseling or School Psychology, 2) should have had supervised clinical practicum training adequate and appropriate for a practitioner-scholar model internship, and 3) should have a commitment to empirically-supported interventions. Although we have no minimum cutoff for clinical hours, we prefer intern applicants to have had above 400 clinical contact hours. They must also possess a Master's degree in Psychology and have successfully passed comprehensive or qualifying examinations. Three letters of recommendation are required from doctoral faculty and/or supervisors familiar with the applicant's skills and interests. Applicants'

interests, as expressed by their experience and goals, should match the training opportunities offered by our internship.

We emphasize that the internship demands maturity, motivation, autonomy, and clearly defined goals. Applicants should email their application to the Internship Director. In ranking candidates, we are particularly attentive to the match of the applicant's interest focus, cumulative experience and career goals with our resources and opportunities, as well as goodness of fit in terms of clinical preparation, commitment to evidence-based practice, and relationship skills. We are particularly interested in interns who aspire to work in community mental health settings with underserved populations.

We adhere to all APPIC requirements in meeting, interviewing, and considering candidates for our internship program. The following steps are taken from the time the completed application is received through to the final ordering of applicants:

1. The Internship Director and Chief Psychologist read and review all applications. Based on a review of the prospective intern's credentials and judgment as to goodness of fit, finalists are invited to interview.
2. Candidates must have completed all or almost all requirements for their doctoral degree, have outstanding letters of recommendations, have completed 2 years of practicum experience with a preference for at least 400 hours combined assessment and intervention hours, and be a good match for our internship.
3. Selected applicants are invited to attend an interview in December or January. Each candidate participates in an individual interview with the Internship Director, Chief Psychologist, and other supervisors. Applicants also meet with the current intern group in order to obtain unencumbered and "uncensored" information from the interns who have "first-hand" experience with all aspects of the program.
4. Interviewers complete a rating form describing the applicant's strengths, weaknesses, and goodness of fit between the candidate and program. All interviewers then meet as a group to share impressions of the candidates and to determine a final ranking.
5. Finally, the Internship Director and Chief Psychologist review the Rank Order List of candidates and submit the Rank Order List in the APPIC Portal prior to the Match.

FINANCIAL COMPENSATION, BENEFITS, AND WORK SCHEDULE

Intern Stipend

The annual stipend for the 2026-2027 intern year is $30,000 US to be paid in 12 installments minus any deductions required by law or authorized by the intern.

Appointments are offered conditional to satisfactorily passing the required background checks (State police, FBI clearance, Child Abuse Clearance).

Sick and Vacation Days

Interns are entitled to 2 weeks paid time off excluding agency holidays. Interns are entitled to two days of paid time to attend and/or present at conferences. All interns are required to demonstrate that they have purchased medical insurance by the time of the start of the training year and are required to maintain medical insurance for the entire training period. Interns are allowed unpaid parental leave for parents and their new children, including for medical issues, birth and postpartum recuperation, adoption of a child, or other family issues such as bonding time with new children. Accommodations will also be made for nursing mothers returning to internship (i.e., dedicated space/time for expressing milk, etc.). The intern will work with their supervisor and/or the Internship Director to identify mutually agreeable solutions that will allow the intern to meet the training program's aims, training goals, and competencies while also balancing family needs.

Malpractice Insurance

Interns are expected to show proof of malpractice insurance from their doctoral program which covers their supervised clinical work while engaged in internship activities. Interns are not required to purchase their own malpractice insurance, although it is highly recommended to do so as an additional safeguard.

Attendance

Interns are expected to maintain consistent attendance during their internship experience. Poor attendance (unexcused absences, leaving early, etc.) in the internship experience may result in the Intern failing to meet the academic and clinical requirements, including hours, for successful completion of the program. It is recognized however, that there may be instances necessitating brief periods of time away, such as sickness or other personal matters. These situations should be discussed with the Internship Director prior to absences so that it is a collaborative decision, with a clear plan for resuming training once the intern is able, including tracking hours to completion of the internship.

Administrative Assistance/Physical Facilities

Interns have access to the full range of clerical and technical support available to all employees at Quintessential Health. These services include, but are not limited to, scheduling appointments, Information Technology (IT) support, electronic medical record training, billing, etc. All interns are assigned their own private office to use throughout their internship. The intern offices are located directly next to each other and within the same hallways as the supervisor's office. Offices are equipped with high-speed internet, a computer (provided if needed), and they are all climate controlled. Within the suite, interns have access to a kitchen (equipped with a refrigerator and microwave), coffee station, computer (if needed), and printer. The interns have full access and use of the conference room as well as the assessment closet, which contains the testing and training materials. Interns have access to a locked filing cabinet for storage of any confidential materials. All offices are equipped with a desk, a telephone with voicemail, internet connection, computer (if needed), and email. All interns will receive the same level of administrative support offered to clinical staff.

Intern Work Schedule

Quintessential Health is open Monday through Friday, 9:00 a.m. to 8:00 p.m. Interns are expected to work within those hours unless other arrangements are made with the Internship Director. One weekly evening shift (12pm-8pm) is required by each intern. In addition, interns may sometimes be required to work outside of their schedule depending on client care needs. However, if flex time is needed, the intern will work with the Internship Director to ensure that they are still within their hours of the week. Weekend work is allowed upon request by the student, but not required as part of the internship. When weekend work occurs, a supervisor will also be available throughout the duration.

Sample Intern Work Schedule

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
9:00	Assessment ADHD Administration	Assessment ADHD Scoring	Autism Assessment Administration	Autism Assessment Scoring	Didactics
10:00	Assessment ADHD Administration	Intake	Autism Assessment Administration	Group Supervision	Didactics
11:00	Individual Supervision	Peer Consultation	Group Supervision	Individual Therapy	Individual Therapy
12:00	Lunch	Lunch	Lunch	Lunch	Lunch
1:00	Individual Therapy	Admin Time Report/Note Writing	Intake	Group Supervision	Individual Therapy In-Person
2:00	Individual Therapy	Intake	Admin Time Report/Note Writing	Peer Consultation	Individual Therapy In-Person

3:00	ADHD Assessment Scoring/ Write-Up/ Documentation	Individual Supervision	Individual Therapy	Individual Therapy	Admin Report Writing Time
4:00	ADHD Assessment Scoring/ Write-Up/ Documentation	Individual Therapy	Autism Assessment Scoring	Group Therapy In-Person	Peer Consultation
5:00	Individual Therapy	Note writing	Autism Assessment Scoring	Group Therapy In-Person	Note Writing

Maintenance of Trainee Records

The internship at Quintessential Health documents and maintains accurate records of each intern's education and training experiences, evaluations, and any grievances/appeals for evidence of the intern's progression through the internship and for future reference and credentialing purposes. Records are permanently retained in individual confidential files that are kept in a clearly designated locked file cabinet. These files may be accessed by the Internship Director and his/her designee for the purposes of quality control. Only the Internship Director and Chief Psychologist have access to these files; the Internship Director follows standard protocols for storage and back up of electronic data files. Should an intern need copies of their records, the intern can contact the Internship Director directly. Should the current Internship Director leave the position, the incoming Internship Director will be made aware of the location of all records and procedures for storage, back-up, and disposal.

Disclosure

Interns are discussed among the Quintessential Health Training Committee, as well as other supervisors. Internship files may also be shared with APPIC for the renewal of membership, as requested, and APA site visitors during future accreditation visits.

Statement of Non-Discrimination

Quintessential Health values diversity within the communities that we serve. It is Quintessential Health's policy to not discriminate in providing access to services or employment on the basis of any legally protected category including but not limited to age, sex, religion, race, ethnicity, spoken language, mental/physical disability, medical condition, income status, sexual orientation, gender identity, and any other legally protected category.

Diversity, Equity, and Inclusion

Interns are provided with training and supervision on issues of cultural and individual diversity. Individual and cultural dynamics are not only relevant, but crucial to the understanding of the individual and in planning the individual's overall treatment as well as the family and community contexts in which they live. Clinical opportunities and didactics aim to increase knowledge regarding health equity, health disparities, and individual and cultural diversity within the practice of professional psychology. Feedback from trainees regarding improvements within diversity, equity, and inclusion, will be integrated into the curriculum to ensure continued efforts into growing DEI initiatives within our agency. In support of interns who may represent ethnic or racial minorities, we encourage interns to refer to the *APAGS Resource Guide for Ethnic Minority Graduate Students, Second Edition*, published by the APAGS Committee on Ethnic Minority Affairs (CEMA), to access information about navigating graduate school and internship as a racial and/or ethnic minority student.
https://psychology.utk.edu/wp-content/uploads/2023/09/ethnic-minority-guide.pdf
We also inform racial and ethnic minority students about other resources that they can access to support their ability to thrive while in training by downloading and accessing the following resource from APA Division 45 (Society for the Psychological Study of Culture, Ethnicity and Race): https://division45.org/wp-content/uploads/vfb/2017/08/Get-Involved-1.pdf

Disability and Accommodation Policy

In compliance with the Americans with Disability Act (ADA) of 1990, Quintessential Health is committed to providing equal access and opportunity with respect to educational programs and activities and will provide reasonable accommodations in compliance with applicable law. All Quintessential Health interns are required to attest at the time they begin the internship whether or not they believe that they will need accommodations to successfully participate in the internship, and if so, what accommodations they will be seeking. Supporting written documentation from a qualified health or mental health professional will be required to support their request.

Internship Statement Regarding Concurrent Employment

The internship year is an intensive educational and experiential year and Quintessential Health expects interns to be committed to their work and the learning process. Quintessential Health does not support interns holding other employment concurrent with the internship year. If interns are engaged in other employment and there is any negative impact on the intern's work as it relates to their internship performance, the interns will be instructed to determine whether they want to continue their employment and withdraw from the internship program.

INTERNSHIP DUE PROCESS

The intern supervisors are responsible for clearly documenting significant problems/concerns with the intern's performance as soon as they are noticed, discussing these with the intern, and working with the intern to correct the problems. The intern's supervisor(s) will discuss the specific problem(s); determine how and by whom the intern will be informed of the problem, and specific who will initiate efforts to correct the problem. A meeting may be held between the intern, the intern's supervisor(s), and the Internship Director (unless the Internship Director is also the supervisor, in which case the Chief Psychologist will attend in lieu of the Internship Director) to gather information and evaluate options for resolving the problem. Depending on the seriousness of the issues, remedial options may be developed and documented in a formal APA Trainee Remediation Plan. Following this meeting, a letter which outlines the concerns identified in the meeting and recommendations for corrective actions is sent to the intern, with a copy to the intern's file, the intern's supervisor(s), the Internship Director, and the Director of Clinical Training for the intern's home doctoral program.

All interns at Quintessential Health are expected to maintain the standards established by the psychology profession and Quintessential Health to successfully complete the internship. In order to safeguard student rights and to ensure the standards of the profession and the school, Quintessential Health has established policy and guidelines for discontinuation of an intern from internship.

Intern Rights and Responsibilities

Interns have the right to receive a clear statement outlining their rights and responsibilities at orientation at the start of their training year. This includes the goals, competencies, and expectations for the training year, as well as the due process and grievance procedures. Interns have the right to be treated with respect and to receive an evaluation of their performance that is respectful, objective, and specific. During the due process procedure, interns have the right to have their viewpoint heard and acknowledged during each step of the process. Interns also have the right to appeal decisions that they

do not agree with, following the appeal process within the due process procedure. Interns have the responsibility to act respectfully, ethically, and professionally throughout each step of the process.

Internship Program Rights and Responsibilities

Quintessential Health's internship program has the right to implement the Due Process procedure when problematic behavior occurs and is not able to be remedied using direct communication to the intern. The internship program staff and supervisors have the right to be treated with dignity and respect by the interns during the Due Process Procedure. The program has the right to make decisions for remediation including but not limited to probation, suspension, and termination, following the sequential steps of the process. The internship program has the responsibility to act ethically and to follow the Due Process Procedure steps in addressing problematic behaviors. The program has the responsibility to treat all interns with dignity, respect, and to support them in remediating any problematic behavior.

Internship Due Process: General Policy

Due process ensures that decisions about interns are not arbitrary or personally based. It requires that the internship program identify specific evaluative procedures which are applied to all trainees and provide appropriate appeal procedures to the intern. All steps need to be appropriately documented and implemented. General due process guidelines include:

1. During the orientation period, presenting to the interns, in writing, the program's expectations related to professional functioning. This will be discussed in both group and individual settings.
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
3. Articulating the various procedures and actions involved in making decisions regarding the problem behavior or concerns.
4. Communicating, early and often, with graduate programs about any emerging difficulties with interns and, when necessary, seeking input from these academic programs about how to address such difficulties.
5. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
6. Providing a written procedure to the intern that describes how the intern may appeal the program's action.
7. Ensuring that interns have sufficient time to respond to any action taken by the program.

8. Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance.
9. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

Definition of Problematic Behavior

Problematic behavior is defined broadly as an interference in professional functioning. Concerns of sufficient magnitude to warrant consideration of remediation, sanction or termination of a psychology intern include, but are not limited to: a) incompetence to perform typical psychological services in this setting and an inability to attain competence during the course of the internship (ratings ***below*** 'Meets Minimal Standards', Intern Intermediate, Rating of a 3); b) violation of the American Psychological Association Ethical Principles of Psychologists and Code of Conduct (2010, 2016) or of laws governing the practice of psychology established by the Commonwealth of Pennsylvania; or c) other behaviors which are judged as unsuitable and which hamper the intern's professional performance. For example, an intern who is unable to manage personal stress, strong emotional reactions, and/or psychological dysfunction to a degree that interferes with professional functioning may be recommended for termination. When an intern's behavior is considered problematic is a professional judgment. Trainees may exhibit behaviors, attitudes, or characteristics which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. However, should those behaviors attitudes or characteristics interfere with professional functioning, the intern may be temporarily removed from direct clinical care during any investigation of problematic behaviors or serious insufficiencies in competencies if it is deemed necessary to protect clients.

Internship Due Process: Procedures

The following steps are implemented as part of the Internship Due Process Procedure ***prior*** to the initiation of a formal review:

Direct Communication: Concerns around problematic behaviors will be directly communicated to the intern which includes clearly identifying the problematic behavior or competency concern as it directly related to the intern competency evaluation. If the intern sufficiently responds and addresses the behavior, no further steps are needed.

1. A ***Verbal Warning*** will be provided to the intern emphasizes the need to remedy the behavior under discussion. In the verbal warning, the problematic behavior is clearly defined, objectively to the intern, allowing them a chance to respond and address the behaviors.

2. A ***Written Acknowledgment of Verbal Warning*** provided to the intern that formally acknowledges:
    a. That the Supervisor, Internship Director, and Chief Psychologist are aware of and concerned with performance,
    b. That the concern has been brought to the attention of the intern,
    c. That the Supervisor, Internship Director, and the Chief Psychologist will work with the intern to rectify the problem or skill deficits, and
    d. That the behaviors associated with the rating are not significant enough to warrant more serious action.

    Written Acknowledgment of the Verbal Warning will be removed from the intern's file when the intern responds to the concerns and successfully completes the internship.

3. A ***Written Warning*** to the intern indicates the need to remedy an inappropriate action or behavior. This letter will contain:
    a. A description of the intern's unsatisfactory performance,
    b. Actions needed by the intern to correct the unsatisfactory behavior,
    c. The timeline for correcting the problem,
    d. What action will be taken if the problem is not corrected, and
    e. Notification that the intern has the right to request a review of this action.

4. ***Schedule Modification*** is a time-limited, remediation-oriented closely supervised period of training designed to assist the intern to return to acceptable functioning. Modifying an intern's schedule is an accommodation made to assist the intern in responding to personal reactions to environmental stress, with the full expectation that the intern will complete the internship. This period will include closely scrutinized supervision conducted by the primary supervisor in consultation with the Internship Director and the Chief Psychologist. Several possible and perhaps concurrent courses of action may be included in modifying a schedule.

    These include:
    a. Increasing the amount of supervision, either with the same or other supervisors,
    b. Changing the format, emphasis, and/or focus of supervision,
    c. Reducing the intern's clinical or other workload,
    d. Requiring specific didactic coursework,
    e. Recommending an independent psychological or psychiatric evaluation or personal therapy.

    The length of a schedule modification period will be determined by the Internship Director and the Chief Psychologist. The termination of the schedule modification

period will be determined after discussions with the intern, the Internship Director, and the Chief Psychologist.

5. ***Probation*** is a time-limited, remediation-oriented, closely supervised training period designed to assess the ability of the intern to return the intern to acceptable functioning and complete the internship. During probation, the Internship Director and the Chief Psychologist systematically monitor, for a specific length of time, the degree to which the intern addresses, changes and/or otherwise improves the problematic behavior. The intern is informed of the probation in a written statement that includes:
    a. The specific behaviors associated with the unacceptable rating
    b. The recommendations for rectifying the problem
    c. The period for the probation during which the problem is expected to be ameliorated and
    d. The procedures to ascertain whether the problem has been appropriately rectified

    If the Internship Director and the Chief Psychologist determine that there has not been sufficient improvement in the intern's behavior to remove the Probation, then they will discuss possible courses of action to be taken. The Internship Director will communicate in writing to the intern that the conditions for revoking the probation or modified schedule have not been met (i.e., reduced direct service hours and increased supervision).

Formal Review

If the above steps have not remedied or thoroughly addressed the problematic behaviors, a formal review process will be initiated that includes the following steps:

1. ***Notice***. The intern is notified that the Formal Review Due Process Procedure has been initiated that includes the identified problematic behavior and/or issues related to competence that are directly linked to the competencies outlined within the intern's formal evaluation and required competencies for completion of internship. The notice will also explain how the steps prior to the formal review were not effective in remediating the problematic behavior.

    a. Once the notice is provided to the intern, Quintessential Health has three (3) workdays to implement a review panel initiated by the Internship Director. The Review Panel will consist of three staff members selected by the Internship Director with recommendations by the supervisor and the intern.

2. ***Hearing.*** The intern will have an opportunity to hear and respond to concerns. The intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.
    a. Within five (5) workdays, a hearing will be conducted in which the challenge is heard, and relevant material presented. Within three (3) workdays of the completion of the review, the Review Panel will submit a written report to the Internship Director, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.
    b. Within three (3) workdays of receipt of the recommendation, the Internship Director will either accept or reject the Review Panel's recommendations. If the Director rejects the Panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the Internship Director may refer the matter back to the Review Panel for further deliberation and revised recommendations or may make a final decision.
    c. If referred back to the Panel, the Panel will report back to the Internship Director within five (5) workdays of the receipt of the Internship Director's request of further deliberation. The Internship Director then makes a final decision regarding what action is to be taken.
    d. The Internship Director informs the intern, staff members involved and if necessary, members of the training staff of the decision and any action taken or to be taken.

Subsequent Appeal. The intern will have an opportunity to appeal evaluative actions taken by the Internship program through submission of a letter to the Internship Director within five days of notification of the Hearing's decision. The Internship Director will then collaborate with the Chief Psychologist and the intern's Director of Clinical Training within their graduate program in order to determine whether to take an alternate course of action or maintain the hearing's decision. Formal documentation will occur of the appeal decision.

Remediation, Sanction Alternatives, or Termination as A Result of the Formal Review

It is important to provide meaningful ways to address problematic behavior once it has been identified. In implementing remediation or sanction interventions, training staff must be mindful and balance the needs of the intern, the clients involved, members of the intern training group and staff. The following may be utilized as remedial steps to address problematic behaviors as a result of the formal review process:

1. ***Suspension of Direct Service Activities*** requires a determination that the welfare of the intern's client or consultee has been jeopardized. Therefore, direct service activities will be suspended, reduced, or modified for a specified period as determined by Internship Director and Chief Psychologist. At the end of the suspension period, the intern's supervisor, in consultation with the Internship Director, will assess the intern's capacity for effective functioning and determine when direct service can be resumed.

2. ***Administrative Leave*** involves the temporary withdrawal of all responsibilities and privileges in the agency. If Probation, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the internship, this will be noted in the intern's file and the intern's academic program will be informed.

3. ***Dismissal from the Internship*** involves the permanent withdrawal of all clinical responsibilities and privileges. When specific interventions do not, after a reasonable time, rectify the problem behavior or concerns and/or the trainee seems unable or unwilling to alter her/his behavior, the Internship Director and the Chief Psychologist will meet to discuss the possibility of termination from the internship and training program. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, when imminent physical or psychological harm to a client is a concern, or the intern is unable to complete the internship due to physical, mental, or emotional illness. In addition, the Association of Postdoctoral and Psychology Internship Centers (APPIC) Executive Director will be notified in writing via email of the program, with the goal of seeking consultation and sharing information regarding the nature of the problem. Either administrative leave or dismissal would be invoked in cases of serious violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client, faculty, staff, or fellow intern is a major factor, or the intern is unable to complete the internship due to physical, mental, or emotional illness. In all cases, no final action on dismissal from the internship will take place without prior consultation and approval from APPIC. When an intern has been dismissed, the Internship Director will communicate to the intern's academic program that the intern has not successfully completed the internship.

Final disposition of a decision involving the termination of the internship requires review and approval by the Internship Director and/or Chief Psychologist at Quintessential Health. If the decision involves the withdrawal or suspension of the intern from the site, or if the student wishes to make an appeal, the complaint may be reviewed by the appropriate parties within the intern’s doctoral program (i.e., the Director of Training).

INTERNSHIP GRIEVANCE PROCEDURE

In his or her capacity as an intern, a student might have a grievance against any party associated with the internship (e.g., staff member, on-site supervisor), the agency, or any aspect related to their training program or components of their training.

1. The intern is encouraged to first attempt to resolve the issue informally with the party involved or, if the grievance is not with one specific party, the intern is encouraged to discuss with their supervisor in an effort to resolve. If the student has attempted to do so unsuccessfully or believes he or she is unable to do so without the assistance of an additional party or support, the intern is encouraged to proceed through as many of the following steps as may be necessary to resolve the problem. Interns are informed of the Grievance Procedure and Due Process Procedure during orientation at the beginning or the internship and verify receipt of these procedures by signing a verification of receipt form.

2. Discuss the issue with her or his supervisor and/or the Internship Director. In the event the grievance is against the supervisor or Internship Director, the intern may address their concern(s) with the Chief Psychologist. At this initial exploratory stage, the intern may speak confidentially to either of these people and request assistance. In some cases, this contact may be sufficient to resolve the complaint.

3. If necessary, the Internship Director (or the Chief Psychologist, if necessary) may, with the permission of the intern, initiative an informal investigation, which may include interviewing the parties involved or any party who has evidence concerning the validity of the complaint. The informal investigation will be initiated within 1 business day1 of the grievance and the results will be concluded within 5 business days.

4. If this informal investigation fails to lead to the resolution of the grievance, the Internship Director (or the Chief Psychologist, if necessary) will assist the grievant in formulating a plan of action to be completed and initiated within 5 business days in an effort to remedy the situation to the satisfaction of the intern.

5. If such procedures are used and are unsuccessful in resolving the complaint in the eyes of the student, then a formal meeting with the Grievance Panel, consisting of the supervisor, Internship Director, and the Chief Psychologist will review the complaint. Should the grievance be against one of the people on the Grievance Panel, that person will be recused from the panel for this grievance review. Such a review is formal and requires a written complaint on the part of the student. The Grievance Panel will render a decision about the complaint that will be communicated in writing to all parties involved within 5 business days of the written complaint.

Verification of Receipt

Quintessential Health
Doctoral Internship in Clinical Psychology Handbook

I _____, hereby acknowledge that I have received the Quintessential Health Internship in Clinical Psychology Handbook, including the Policies and Procedures governing Grievances and Dealing with Problematic Behaviors and Insufficient Competencies contained herein, and agree to abide by its contents in its entirety. This Internship Handbook was provided to me at the beginning of the internship orientation.

_____ _____
Intern signature **Date**

Witnessed:

_____ _____
Internship Director **Date**

SUPERVISING PSYCHOLOGISTS

William La Valle, Psy.D., Internship Director

Dr. William La Valle earned his Doctor of Psychology (Psy.D) in Clinical Psychology from Philadelphia College of Osteopathic Medicine and an MA in Psychology from West Chester University. He is a licensed psychologist in Pennsylvania. His specialties include assessing and treating Autism Spectrum Disorder & ADHD, CBT for anxiety/depression, and trauma-focused interventions. He is formally trained in Cognitive-Behavioral Therapy and Motivational interviewing. Dr. La Valle also teaches in the clinical psychology doctoral program at Philadelphia College of Osteopathic Medicine as well as in the Master' s psychology program at Southern New Hampshire University. Dr. La Valle previously was the Internship Director at INTERACT, a community-based mental health center in Philadelphia and guided the internship into APPIC membership and APA accreditation. Dr. La Valle serves on multiple mental health boards in the tri-state area and regularly conducts presentations, advocating for the psychology profession. He has been the recipient of PCOM's Provost Award and APA's Honorable Mention for Early Career Psychologist.

Jean-Pierre Assouad, Psy.D., Chief Psychologist

Dr. Jean-Pierre Assouad earned his Doctor of Psychology (Psy.D) in Clinical Psychology from the APA accredited Philadelphia College of Osteopathic Medicine in 2014, where he researched the effects of acknowledging cultural differences on therapeutic alliance in cross-cultural therapy. He completed his doctoral internship at the APA accredited PCOM Center for Brief Therapy. Dr. Assouad has leadership experience within the corporate and private mental health treatment sector and has supervised many doctoral practicum students and externs over the years. His clinical experience includes treating clients diagnosed with mood disorders such as PTSD, OCD, depression, and anxiety in individual and intensive outpatient settings. He received his certification in Prolonged Exposure (PE) therapy from the University of Pennsylvania's Center for the Treatment and Study of Anxiety and is also trained in Exposure and Response Prevention (EXRP) treatment. Dr. Assouad currently lives in Philadelphia and enjoys hiking with his golden doodle, Elsa.

Michael Gray, Ph.D.

Dr. Michael Gray earned his Ph.D. in Counseling Psychology from the University of Maryland, College Park. He is a licensed clinical psychologist in Pennsylvania. Dr. Gray spent a significant part of his career as the Director of Outpatient Services for a community mental health center in Philadelphia. There he worked with individuals and families impacted by trauma who struggled with a broad range of concerns and challenges including depression and anxiety, PTSD and substance use issues.
Dr. Gray utilizes an eclectic person-centered approach to therapy drawing on multiple theoretical orientations and techniques including Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT), Motivational Interviewing and Existential psychotherapy. Clinical areas of interest include LGBTQ issues, career and life transitions, personal growth and creativity, depression, anxiety, and trauma. Dr. Gray also provides clinical supervision to doctoral students in training and is associated with the

clinical psychology doctoral program at Philadelphia College of Osteopathic Medicine. Dr. Gray resides with his partner and his dog Franklin in Philadelphia, PA.

Agata Kopacz, Psy.D.

Gabrielle Massi, Psy.D.

Dr. Gabrielle Massi is a licensed psychologist in Pennsylvania. Dr. Massi obtained her graduate degree in Clinical Psychology from La Salle University in Philadelphia, Pennsylvania. She graduated with a specialty in child clinical psychology. Dr. Massi completed her doctoral internship at Intercommunity Action providing services for children, families, adults, and couples. After graduating, Dr. Massi completed her post-doctoral training at a private practice where she received specialized training on treating childhood anxiety disorders and OCD. Dr. Massi has experience working in a variety of settings with children, adolescents, and young adults, including outpatient clinics, schools, and residential facilities. Dr. Massi has been extensively trained in evidenced-based treatments for children and families, including Cognitive Behavioral Therapy (CBT), Parent-Child Interaction Therapy (PCIT), Exposure and Response Prevention (ERP), Trauma-Focused CBT (TF-CBT), SPACE, and Dialectical Behavioral Therapy (DBT) skills. Dr. Massi has a breadth of expertise treating individuals with behavioral difficulties, anxiety, OCD, trauma, grief, and autism. Dr. Massi provides supervision to doctoral students and post-doctoral trainees. Dr. Massi utilizes a strength-based approach when supervising trainees to help promote growth and build a strong therapeutic skill set.

MEDICAL STAFF

Samantha Wycoff, M.D.

Dr. Samantha Wyckoff is a board-certified adult psychiatrist through the American Board of Psychiatry and Neurology. She received her medical degree at Tulane University School of Medicine and completed her psychiatry residency at Montefiore Medical Center/Albert Einstein College of Medicine. Following residency, Dr. Wyckoff completed an Addiction Psychiatry fellowship at Weill Cornell Medical Center.
Dr. Wyckoff is trained in all areas of adult psychiatry, including mood disorders, anxiety disorders, Attention Deficit Hyperactivity Disorder (ADHD), substance use disorders and psychosis. She has clinical experience working in various clinical settings, such as inpatient, outpatient, consultation-based, and /crisis intervention. She has a special interest in treating co-occurring mental health and substance use disorders.
Dr. Wyckoff offers medication management services and can collaborate with clients' existing providers to deliver individualized and coordinated care. She strives to build a trusting relationship with her clients and includes psychotherapeutic modalities into medication management sessions when appropriate.

DOCTORAL PSYCHOLOGY INTERN COMPETENCY EVALUATION

Name of Intern: **Date:**

Clinical Supervisor: **Clinical Supervisor's License #:**

Term: __ July-December 20__ **__ January-June 20__**

Evaluation criteria

PLEASE EVALUATE THE INTERN USING THE SCALE BELOW. PLEASE INDICATE THE NUMBER THAT *BEST* DESCRIBES YOUR OBSERVATIONS OF THE INTERN'S COMPETENCE. SUPERVISORS ARE EXPECTED TO BASE THEIR RATINGS ON THE INTERN'S DEVELOPMENTAL LEVEL OF COMPETENCE COMPARED TO EXPECTED LEVELS OF COMPETENCE FOR SIMILAR INTERNS AT THE EQUIVALENT LEVEL OF TRAINING.

-5- **FAR ABOVE STANDARDS: (Typical rating at the post-doctoral level).** Skills/competencies are very well developed; the intern's functioning is comparable to autonomous practice at the license-eligible level *without any further supervisory input*. Interns who achieve this rating interact with supervising faculty in a *peer-to-peer consultative role*, which is the highest level of competency development

-4- **ABOVE STANDARDS: (Intern exit level/post-doc entry level) Expected Minimal Level of Achievement (MLA) at end of the internship.** Intern demonstrates more sophisticated skills that exceed the *Meets Standards* level. The intern who achieves this rating demonstrates readiness for entry-level practice and licensure eligibility.

-3- **MEETS MINIMAL STANDARDS: (Intern Intermediate level) – Expected Minimal Level of Achievement (MLA) at mid-year of the internship**. Intern is able to perform a wide range of tasks that require basic skills, but still needs supervision for more complex cases.

-2- **BELOW STANDARDS: (Intern entry level).** Intern requires close supervision for basic tasks.

-1- **FAR BELOW STANDARDS: Requires supplemental and/or remediation work.** Intern requires constant supervision and shadowing and does not perform even the most basic tasks independently.

-NA- **NOT APPLICABLE:** The competency or skill set is not applicable to the intern, the internship does not provide the opportunity to evaluate the skill, and/or the skill was not assessed during this period.

Research

Aim #1: Intern will demonstrate independence in critically evaluating and disseminating research or other scholarly activities at the local, regional, or national level.

	Competencies	1	2	3	4	5	N/A
1.1	Seeks research information to enhance clinical practice by utilizing professional literature, data bases, seminars, and other resources.						
1.2	Demonstrates an understanding of applied research and program evaluation.						
1.3	Demonstrates ability to critically evaluate research in case discussions, seminars, and consultations.						
1.4	Independently applies relevant scholarly theoretical and research findings into professional activities.						
1.5	Utilizes scientific knowledge to discuss relevant research in case discussions and presentations with peers and other professionals.						
1.6	Disseminates findings from relevant research in case discussions and presentations with peers and other professionals.						

ASSESSMENT METHOD(S) FOR COMPETENCIES

_____ ***Direct Observation***
_____ ***Video***
_____ ***Audio***
_____ ***Case Presentation***
_____ ***Other (describe)***
_____ ***Review of Written Work***
_____ ***Review of Raw Test Data***
_____ ***Discussion of Clinical Interaction***
_____ ***Communication from Other Staff***

Comments:

Ethical and Legal Standards

Aim #2: Intern will demonstrate compliance in consistently adhering to APA professional and ethical standards, and relevant laws and regulations governing health service psychology.

	Competencies	1	2	3	4	5	N/A
2.1	Discusses knowledge and acts in accordance with APA ethical principles and code of conduct.						
2.2	Discusses knowledge and acts in accordance with laws, regulations, rules, and policies regarding health service psychology at the agency, local and national levels.						
2.3	Expresses awareness of need to keep current and acts in accordance with relevant professional standards and guidelines.						

2.4	Recognizes ethical issues as they arise.						
2.5	Applies ethical decision-making processes to resolve issues proactively.						
2.6	Conducts self in an ethical manner in all professional activities.						
2.7	Maintains professional functioning & quality client care.						

ASSESSMENT METHOD(S) FOR COMPETENCIES

_____ ***Direct Observation***
_____ ***Video***
_____ ***Audio***
_____ ***Case Presentation***
_____ ***Other (describe)***
_____ ***Review of Written Work***
_____ ***Review of Raw Test Data***
_____ ***Discussion of Clinical Interaction***
_____ ***Communication from Other Staff***

Comments:

Individual and Cultural Diversity

Aim #3: Intern will demonstrate knowledge, sensitivity and skills when working with diverse populations in professional activities.

	Competencies	**1**	**2**	**3**	**4**	**5**	**N/A**
3.1	Discusses sensitivity to how their own personal and cultural history, attitudes and biases may impact how they interact with those different from themselves.						
3.2	Discusses understanding the current theoretical and empirical literature related to addressing diversity in all professional activities.						
3.3	Applies knowledge of cultural differences by demonstrating ability to work with individuals whose differences in diversity may be in conflict with their own.						
3.4	Integrates awareness and knowledge of cultural differences in the conduct of professional roles.						
3.5	Demonstrates the ability to apply a framework to address salient diversity issues in the therapeutic relationship.						
3.6	Discusses awareness of social influences and contexts and their impact on client care.						

3.7	Independently applies current knowledge and approach when working with a range of diverse individuals, including use of self-reflection.						
3.8	Strives to learn more about individuals from diverse backgrounds through research, consultation, and group discussion.						

ASSESSMENT METHOD(S) FOR COMPETENCIES

_____ ***Direct Observation***
_____ ***Video***
_____ ***Audio***
_____ ***Case Presentation***
_____ ***Other (describe)***
_____ ***Review of Written Work***
_____ ***Review of Raw Test Data***
_____ ***Discussion of Clinical Interaction***
_____ ***Communication from Other Staff***

Comments:

Professional Values, Attitudes and Behaviors

Aim #4: Intern will demonstrate professional values, attitudes, and behaviors in all professional activities.

	Competencies	**1**	**2**	**3**	**4**	**5**	**N/A**
4.1	Attitudes and behaviors reflect a positive professional identity and desire to increase professional effectiveness.						
4.2	Attitudes and behaviors reflect values of psychology, including integrity, accountability, and concern for the welfare of others.						
4.3	Demonstrates self-reflection regarding personal and professional functioning.						
4.4	Discusses understanding of the limits of own competency.						
4.5	Accurately self-evaluates and self-monitors strengths as well as areas in need of development.						
4.6	Demonstrates positive coping strategies when dealing with both personal and professional stressors.						
4.7	Actively demonstrates openness & responsiveness to feedback and supervision.						
4.8	Responds professionally in complex situations with an increasing degree of independence.						
4.9	Is prompt for scheduled hours and appointments.						

4.10	Writes client notes and reports in a timely manner.						
4.11	Submits client documentation in a timely manner.						
4.12	Keeps supervisors aware of whereabouts as needed.						

ASSESSMENT METHOD(S) FOR COMPETENCIES

_____ ***Direct Observation***
_____ ***Video***
_____ ***Audio***
_____ ***Case Presentation***
_____ ***Other (describe)***
_____ ***Review of Written Work***
_____ ***Review of Raw Test Data***
_____ ***Discussion of Clinical Interaction***
_____ ***Communication from Other Staff***

Comments:

Communications and Interpersonal Skills

Aim #5: Intern will demonstrate professional communication and interpersonal skills and respond professionally to complex situations.

	Competencies	**1**	**2**	**3**	**4**	**5**	**N/A**
5.1	Develops and maintains effective interpersonal relationships with peers, supervisors, staff, communities, organizations, and clients (with all individuals within a professional context).						
5.2	Professionally communicates ideas in oral, non-verbal, and written form that are informative and well-integrated.						
5.3	Manages difficult communications and demonstrates effective interpersonal skills.						
5.4	Communicates with professional language and concepts.						
5.5	Describes awareness of impact of own personal issues and behaviors within a professional clinical setting.						
5.6	Manages own affect appropriately.						

ASSESSMENT METHOD(S) FOR COMPETENCIES

_____ ***Direct Observation***
_____ ***Video***
_____ ***Audio***
_____ ***Case Presentation***
_____ ***Other (describe)***
_____ ***Review of Written Work***
_____ ***Review of Raw Test Data***
_____ ***Discussion of Clinical Interaction***
_____ ***Communication from Other Staff***

Comments:

Assessment

Aim #6: Intern will demonstrate the ability to conduct evidence-based assessment consistent within the scope of health service psychology.

	Competencies	1	2	3	4	5	N/A
6.1	Selects and applies assessments grounded in evidence-based practice and empirical literature.						
6.2	Accurately administers and scores assessment instruments.						
6.3	Gathers relevant history and utilizes appropriate collateral information and methods relevant to the client.						
6.4	Assesses clients' mental status and risk factors thoroughly and accurately (e.g., suicide, homicide, self-injury, alcohol and drug use, trauma, eating disorder).						
6.5	Considers cultural factors during assessment and asks questions sensitive to clients' dynamics.						
6.6	Makes accurate inferences and interpretations from data, following current research and professional standards and guidelines.						
6.7	Develops case conceptualization, classification and recommendations based on consideration of empirical and clinical information related to functional and dysfunctional abilities.						
6.8	Writes accurate and concise reports sensitive to a range of audiences.						
6.9	Writes reports and orally communicates findings that are grounded in consideration of client strengths as well as deficits/psychopathology.						
6.10	Orally communicates accurate and effective assessment feedback to clients, collaterals, other health professionals, as necessary.						
6.11	Demonstrates a thorough working knowledge of diagnostic nomenclature and DSM/ICD classification.						
6.12	Demonstrates knowledge of professional standards and issues in assessment						

ASSESSMENT METHOD(S) FOR COMPETENCIES

_____ ***Direct Observation***
_____ ***Video***
_____ ***Audio***
_____ ***Case Presentation***
_____ ***Review of Written Work***
_____ ***Review of Raw Test Data***
_____ ***Discussion of Clinical Interaction***
_____ ***Communication from Other Staff***

_____ ***Other (describe)***

Comments:

Intervention

Aim #7: Intern will demonstrate the ability to apply evidence-based intervention within the scope of health service psychology.

	Competencies	1	2	3	4	5	N/A
7.1	Establishes and maintains effective therapeutic alliances with clients.						
7.2	Develops evidence-based intervention plans informed by research, assessment data, diversity characteristics and contextual variables, specific to treatment goals.						
7.3	Implements interventions informed by research, assessment data, diversity characteristics and contextual variables.						
7.4	Applies relevant research to clinical decision making.						
7.5	Effectively modifies and adapts evidence-based approaches when clear evidence-base is lacking.						
7.6	Monitors and evaluates progress toward treatment goals and adapt goals and methods as needed.						
7.7	Develops treatment goals that correspond to case conceptualization.						
7.8	Formulates useful case conceptualizations that draw from theoretical knowledge and research.						
7.9	Interventions are well-timed.						
7.10	Communicates empathy, warmth, and genuineness.						
7.11	Demonstrates ability to handle intense client affect.						
7.12	Manages interpersonal boundaries with clients.						
7.13	Manages generalized personal feelings toward clients and generalized client feelings toward intern.						
7.14	Recognizes and responds appropriately to client crises.						

ASSESSMENT METHOD(S) FOR COMPETENCIES

_____ ***Direct Observation***
_____ ***Video***
_____ ***Audio***
_____ ***Case Presentation***
_____ ***Other (describe)***
_____ ***Review of Written Work***
_____ ***Review of Raw Test Data***
_____ ***Discussion of Clinical Interaction***
_____ ***Communication from Other Staff***

Comments:

Supervision

Aim #8: Intern will demonstrate the ability to: 8a) apply competencies in the role of a *Supervisory Consultant* with junior supervisees/trainees, and 8b) utilize supervision and feedback as a *Supervisee* in a consistent and effective manner.

	Competencies	1	2	3	4	5	N/A
8a	**Applies competencies in the role of a *Supervisory Consultant* in direct or simulated practice with junior supervisees/trainees.**						
8.1	Applies knowledge of supervision in direct or simulated practice with other trainees.						
8.2	Provides useful direction, information, and feedback for other trainees and/or behavioral health professionals, including agenda-setting, psychoeducation, and use of cognitive and behavioral interventions.						
8.3	Demonstrates sensitivity to diversity while providing supervision.						
8.4	Effectively manages conflict and challenges to learning in junior supervisees/trainees						
8b	**Utilizes supervision and feedback as a *Supervisee* in a consistent and effective manner.**						
8.5	Comes prepared to participate in supervision with an agenda.						
8.6	Keeps supervisor apprised of relevant clinical issues.						
8.7	Demonstrates sensitivity to diversity as related to supervision.						
8.8	Demonstrates receptivity to new ideas and integrates supervisor feedback.						
8.9	Seeks supervision/consultation as necessary for complex cases.						

ASSESSMENT METHOD(S) FOR COMPETENCIES

_____ ***Direct Observation***
_____ ***Video***
_____ ***Audio***
_____ ***Case Presentation***
_____ ***Other (describe)***
_____ ***Review of Written Work***
_____ ***Review of Raw Test Data***
_____ ***Discussion of Clinical Interaction***
_____ ***Communication from Other Staff***

Comments:

Consultation and Interprofessional/Interdisciplinary Skills

Aim #9: Intern will demonstrate knowledge of models of consultation and interprofessional / interdisciplinary skills when addressing problems, sharing information, and engaging in professional activities with professionals in health services psychology.

	Competencies	1	2	3	4	5	N/A
9.1	Communicates knowledge of models of mental health consultation, including awareness of the dimensions of case versus administrative consultation, and client versus consultee focus.						
9.2	Demonstrates respect and knowledge for the role, boundaries of competence, and perspectives of other professionals in consultation relationships.						
9.3	Applies knowledge of consultation models when consulting with all appropriate parties including individuals, families, professionals, and related health systems.						
9.4	Communicates effectively and efficiently with patients (and their families when appropriate), professionals and related health systems regarding the outcome of a behavioral health consultation.						
9.5	Demonstrates knowledge of key roles and functions about allied disciplines on an interdisciplinary team.						
9.6	Communicates knowledge of the influence of individual and cultural diversity factors in consultations in an efficient and effective manner.						

ASSESSMENT METHOD(S) FOR COMPETENCIES

_____ ***Direct Observation***
_____ ***Video***
_____ ***Audio***
_____ ***Case Presentation***
_____ ***Other (describe)***
_____ ***Review of Written Work***
_____ ***Review of Raw Test Data***
_____ ***Discussion of Clinical Interaction***
_____ ***Communication from Other Staff***

Comments:

Please comment below on any areas and/or skill sets not addressed by the above criteria, but which may be internship-specific (e.g., behavioral health consultation, behavioral health assessment, etc.):

Please comment below on the intern's exceptional strengths relative to expected performance at this level of training:

Please comment below on any areas of significant deficit for the intern with recommendations for how this will be remediated in the learning goals plan (such as enhanced supervision, readings, self-reflection, etc.)

Intern's comments related to this evaluation and period of training.

NAME OF INTERN:

Name: _____

Signature: _____ *Date:* _____

CLINICAL SUPERVISOR:

Name: _____ License #: _____

Signature: _____ *Date:* _____

CLINICAL SUPERVISOR:

Name: _____ License #: _____

Signature: _____ *Date:* _____

INTERNSHIP DIRECTOR:

Name: _____ License #: _____

Signature: _____ *Date:* _____

The above signatures indicate that the intern has read this feedback form and that the supervisors and intern have discussed it verbally. The signatures do not necessarily imply total agreement on the intern 's performance.

INTERN ORIENTATION SCHEDULE

Thursday, May 28th 2026

9:30am – 10:00am	Coffee, Meet and Greet, & Tour of facility
10:00am – 12:30pm	Admin Overview and EHR Training (scheduling appointments, billing, policies and procedures regarding due process, grievances, etc.)
12:30pm – 1:00pm	Lunch & Photos
1:00pm – 1:30pm	Risk Assessment and Mandated Reporting
1:30pm – 3:00pm	Clinical Documentation
3:00pm – 4:00pm	Q-Interactive & Qglobal Training

Friday May 29th 2026

9:00am – 10:00am	Testing Procedures Overview
10:00am – 12:00pm	ADIR, ADOS, & AVABO
12:00pm – 1:00pm	Report Writing
1:00pm – 1:30pm	Lunch
1:30pm - 2:00pm	Review of the AIM of the internship, the Profession-wide competencies and how they are assessed.
2:00pm – 2:30pm	Introduction to the Learning Goals Agreement
2:30pm – 3:30pm	Introduction to the Diversity, Equity, and Inclusion Workgroup goals and objectives, the Research competency QI project, and the Ethics Journal

INTERN DIDACTIC SEMINARS

6/4/26	9:00am-12:00pm	Electronic Medical Records, Documentation, Risk Management and Ethics*	Jean-Pierre Assouad, PsyD Will La Valle, PsyD
6/4/26	12:00pm-4:00pm	Assessment of Autism: ADI-R & ADOS-2 (includes Video Observations)	William La Valle, Psy.D
6/5/26	9:00am-12:00pm	AVABO Autism Testing	William La Valle, Psy.D
6/5/26	9:00am-12:00pm	Comprehensive Biopsychosocial Evaluation	Will La Valle, PsyD
6/12/26	9:00am-12:00pm	Recognizing & Reporting Child Abuse*	University of Pittsburgh (online) & Discussion with William La Valle, Psy.D.
6/26/26	9:00am-10:00am	Telehealth in Clinical Practice	Online Training & Discussion with Will La Valle, Psy.D.
6/26/26	10:00am-11:00am	Suicide Risk Assessment	Michael Gray, Ph.D.
6/26/26	11:00am-12:00pm	Overdose Training on Naloxone Administration	Online-TowardTheHeart.com & Discussion with Will La Valle, Psy.D.

7/17/26	9:00am-11:00am	A Practical Guide to Providing Telepsychology with Minimal Risk*	Jean-Pierre Assouad, Psy.D.
8/7/26	9:30am-12:30pm	Assessment Technical Training: Part 1-Cognitive/ Academic Achievement / Dyslexia Assessment	William La Valle, Psy.D.
8/21/26	9:30am-12:30pm	Assessment Technical Training: Part 2-Memory, Executive Functioning, Phonological Processing	William La Valle, Psy.D.
9/11/26	9:00am-1:00pm	Assessment and Treatment of Substance Use Disorders	Pat McElwaine, Psy.D.
9/18/26	9:00am-2:00pm	Understanding and Treating OCD	Jean-Pierre Assouad, Psy.D.
9/25/26	9:30am-12:30pm	Introduction to Exposure and Response Prevention (EXRP)	Jean-Pierre Assouad, Psy.D.
10/2/26	9:30am-12:30pm	Trauma & Recovery Informed Report Writing & Feedback Sessions	Will La Valle, PsyD
10/16/26	10:00am-12:00pm	Diversity, Equity, and Inclusion: Ethics and Risk Management Dimensions Part 1*	Jean-Pierre Assouad, Psy.D.
10/30/26	9:30am-12:30pm	Ethical Issues When Treating Suicidal Patients*	Michael Gray, PhD
11/6/26	9:00am-10:30am	Navigating the Life Stages of ADHD: Key Concerns and Strategies for Assessment and Treatment of Adults with ADHD	Jean-Pierre Assouad, Psy.D.
11/6/26	10:30am-12:00pm	Health Equity in ADHD: Addressing Racial Disparities in Diagnosis and Treatment	Jean-Pierre Assouad, Psy.D.
11/20/26	1:00pm - 4:00pm	Diversity, Equity, and Inclusion: Ethics and Risk Management Dimensions Part 2*	Jean-Pierre Assouad, Psy.D.
12/4/26	9:00am-1:00pm	Cognitive Processing Therapy (VA online training)	Will La Valle, Psy.D.

12/18/26	9:00am-1:00pm	Cognitive Processing Therapy (VA online training)	Will La Valle, Psy.D.
1/8/27	9:30am-11:30am	Motivational Enhancement and the Behavior Change Process	Will LaValle, PsyD
1/22/27	9:30am-12:30pm	Introduction to Prolonged Exposure (PE), Part 1: Introduction to Theory and Basic Techniques	Jean-Pierre Assouad, Psy.D.
1/29/27	9:30am-12:30pm	Trauma-Focused Cognitive Behavioral Therapy	Michael Gray, PhD
2/5/27	10:00am-12:00pm	Mental Health Interventions for Autism	Will LaValle, PsyD
2/12/27	10:00am-12:30pm	Acceptance and Commitment Therapy (ACT) Training	Michael Gray, PhD
2/26/27	9:30am-12:30pm	Trauma-Informed Practices in an Organizational Setting: Part 1	Will LaValle, PsyD
3/5/27	10:00am-12:00pm	Boundary Issues: Ethics and Risk Management*	Jean-Pierre Assouad, Psy.D.
3/12/27	9:30am-11:30am	Trauma Informed Practices in an Organizational Setting: Part 2	Will La Valle, PsyD/Michael Gray, PhD
3/26/27	9:30am-11:30am	Principles of Recovery-Informed Care	Michael Gray, Ph.D.
4/2/27	9:30am-12:30pm	Prolonged Exposure, Part 2: Techniques and Case Examples	Will LaValle, PsyD
4/16/27	10:00am-12:00pm	Unmasking Microaggressions in a Clinical Setting	Jean-Pierre Assouad, Psy.D.
4/23/27	10:00am-12:00pm	CBT with Depressed Older Adults	Bruce S. Zahn, Ed.D., ABPP

5/7/27	9:00am-11:00am	Foundations of Providing Ethical and Inclusive Care to Transgender Clients*	Will La Valle, PsyD/Michael Gray, PhD
5/7/27	11:00am-1:00pm	Preventing Adverse Childhood Experiences with Concrete and Economic Supports	Will La Valle, PsyD/Michael Gray, PhD
5/14/267	9:00am-1:00pm	The Pivotal Nature of Clinician Self-Care, Parts I and II*	Will La Valle, PsyD/Michael Gray, PhD
5/21/27	12:00pm-4:00pm	So Now What? Transitioning from Student to Clinician	Will La Valle, PsyD/Michael Gray, PhD

*Ethics