

PRE-DOCTORAL INTERNSHIP

Overview

Sovereign Health's Pre-Doctoral Internship Training Program is a full year, 2000 hour supervised training opportunity. This includes the completion of at least 2000 hours of supervised clinical training, with at least 500 face-to-face client contact hours. Sovereign Health's Pre-Doctoral Internship rotations are a full-year commitment. Pre-Doctoral Interns begin their internship on the first Monday in August, and end on the last Friday in July of the following calendar year. Pre-Doctoral Interns are expected to maintain an 8:30am-5pm Monday-Friday work schedule throughout their internship year.

The core focus of the Pre-Doctoral Internship is continued professional development and skill building with a diverse base of adult clients in treatment for mental health, addiction, and/or dual diagnosis concerns. The Pre-Doctoral Internship traditionally marks the final pre-doctoral training requirement prior to matriculation. Accordingly, Pre-Doctoral Interns are an integrated part of Sovereign Health's multidisciplinary treatment team to support their transition from trainees to well-rounded post-doctoral clinicians. Clinical skill building is focused on the effective provision of individual and group therapies, being an active participant in a multi-disciplinary treatment team, and active refinement of individual professional identity. Additional training opportunities include ongoing refinement in the area of clinical interviewing and report writing, case conceptualization and diagnosis, as well as a chance to obtain supervised experience with psychological testing and report writing.

Pre-Doctoral Interns are strongly encouraged to have their dissertation (or equivalent) completed and defended prior to the start of their internship year. The Sovereign Health Pre-Doctoral Internship year does not include standard time-off for the completion of such educational requirements.

Sovereign Health's Pre-Doctoral Internship positions do not currently include a stipend or health benefits.

NOTE for CA Pre-Doctoral Interns: In accordance with CAPIC and the California Board of Psychology requirements, Pre-Doctoral Interns may NOT accrue more than 44 hours of supervised experience per week during their internship year. Accordingly, time off in excess of the allocated two weeks (10 days) may result in a need to extend the internship completion date, and/or may result in failure to successfully complete the formal internship program. We are currently applying for APPIC.

Placement Matching

As a CAPIC program member, Sovereign's California sites participate in the Pre-Doctoral Intern application, matching, placement, and clearinghouse processes coordinated by CAPIC. Please refer to the CAPIC website for current information on these processes and timelines. (www.capic.net). We also are a part of the APPIC Internship Matching Program for non-APPIC members (<http://www.appic.org/Match/About-The-APPIC-Match>) (natmatch.com/psychint).

Pre-Doctoral Internship Duties

1. Intake Interviews/Evaluations
 - a. Depending on placement, student availability, and client census, Pre-Doctoral Interns may complete an average of 1 to 2 intake interviews per week.
 - b. This includes completion of the Bio-Psycho-Social report (intake interview report) within the appropriate timelines for review by a Supervisor, and submission to the Sovereign Health's UR Department. In most cases, insurance companies require this within 24 hours.
2. Group Therapy
 - a. Effectively facilitate at least 2 psycho-educational and/or treatment groups per week.
 - i. This includes timely accurate completion of clinical documentation of the services provided in the Sovereign Health EMR.
3. Individual Therapy
 - a. Have an active caseload of up to 5 individual therapy clients.
 - i. Clients are expected to be seen for 2 individual sessions per week.
 - b. Individual therapy interventions are expected to be within the realm of evidence based treatments, discussed in an ongoing basis in group supervision, individual supervision, and Treatment Team meetings.
 - c. Individual therapy clients are also supported in treatment through the timely, thoughtful, and clinically focused UR documentation regarding the course of treatment, and justification of ongoing treatment or discharge based on client needs and presentation.
 - d. There is an expectation that a client's individual therapist works to encourage and facilitate the involvement of a client's family/significant others (as appropriate based on circumstances and active releases). This may take place through phone contact, teletherapy, and/or the direct provision of family therapy.
 - i. At a minimum, individual therapists are expected to have weekly contact with a single delegated family member. This is dependent upon appropriate releases being in place and active.
 - ii. The delegated family member is an individual determined by the client.
 - iii. It is often appropriate for the individual therapist and the client to coordinate the determination of the delegated family member.

- e. Being the individual therapist for clients includes being an active participant in the client's treatment team, which includes line-staff and a Case Manager, as well as outside medical and prescribing professionals.
 - i. Pre-Doctoral Interns are expected to take on, or develop into, a leader within the treatment team by engaging in clear, professional, and proactive communication with their Supervisor and the client's other treatment team members. The goal is to ensure a smooth, ethical, and full continuum of care for each client.
 - ii. This includes timely accurate completion of clinical documentation of the services provided in the Sovereign Health EMR.
 - f. Individual therapists are also expected to collaborate with Case Managers on discharge planning for all assigned clients. This includes ongoing development of aftercare plans throughout the course of a client's treatment at Sovereign Health.
4. Clinic Duty Coverage
- a. For half of one day each week, all direct care clinical staff, including Pre-Doctoral Interns, are expected to be available for assigned shifts to assist with client management, completion of unscheduled intake interviews/evaluations, and group coverage on an as-needed basis.
5. On-Call Coverage
- a. All Pre-Doctoral Interns are required to complete assigned rotations of "On-Call Duty" as part of the internship program. (See "On-Call Procedures," **Appendix D**.)
 - b. The rotation will start on a Monday at 8:30am, and end the following Monday at 8:30am.
 - c. For each week of "On-Call Duty" a Pre-Doctoral Intern completes, they will be compensated by receiving 1 additional day of time off.
 - d. If a trainee's "On-Call Duty" rotation falls on a week that includes a Company Holiday, they will be compensated with 2 additional days of time off.
6. Psychological Testing
- a. Pre-Doctoral Interns will have the opportunity to specify whether or not they have an interest in additional experience and supervision in the area of psychological testing and report writing.
 - b. If interested, Pre-Doctoral Interns have the opportunity to complete supervised psychological testing/evaluations throughout the course of their training year.
 - c. Supervisory staff will do their best to make schedule and clinical responsibility arrangements to support the inclusion of regular psychological testing experiences being a part of a Pre-Doctoral Intern's schedule.
7. Providing Supervision

- a. Throughout the course of the Pre-Doctoral Internship year, there may be opportunities for Pre-Doctoral Interns to provide some delegated supervision to more junior trainees.
 - b. Determination of a Pre-Doctoral Intern's developmental appropriateness for these opportunities will be at the sole discretion of their Site Training Director or Primary Supervisor.
 - c. Attributes considered indicators of readiness for this opportunity include clinical skills, work management abilities, and level of professional development.
8. Program Development/Refinement
- a. Throughout the course of the Pre-Doctoral Internship year, there may be opportunities for Pre-Doctoral Interns to engage in some level of program development with activities such as group therapy curriculum development and/or refinement, development and implementation of process improvement initiatives, or other professionally relevant special projects.
 - b. Determination of a Pre-Doctoral Intern's developmental appropriateness for these opportunities will be at the sole discretion of their Site Training Director or Primary Supervisor.
 - c. Attributes considered indicators of readiness for this opportunity include clinical skills, work management abilities, and level of professional development.
9. Supervision
- a. Expectations
 - i. Regular supervision is a required part of clinical work as a trainee/intern.
 - ii. It must take place for both ethical and legal practice, and for the accrual of supervised training hours.
 - iii. Weekly individual and group supervision, as well as didactic training and Treatment Team/Staffing are required supervisory activities. Pre-Doctoral Intern attendance is mandatory to each.
 - iv. Absences must be coordinated with the Pre-Doctoral Intern's Primary Supervisor, and both group and individual supervision appointments must be rescheduled if missed.
 - v. Problems with attendance to, and/or participation in the above noted supervision activities will be grounds for intervention, which at a minimum, will be consultation with the Pre-Doctoral Intern's School Training Director, and, at maximum, may be grounds for dismissal from Sovereign Health's Pre-Doctoral Internship Program.
 - b. Individual Supervision
 - i. Pre-Doctoral Interns will receive at least 2 hours (120 minutes) per week of individual supervision by a Licensed Clinical Psychologist.

- ii. Additional clinical and operational guidance, supervision, and/or consultation are available as needed.
 - iii. If choosing to utilize opportunities for psychological testing training, additional individual and group supervision specific to psychological testing is required.
 - c. Group Supervision
 - i. Supervision groups for therapy are 2 hour groups facilitated by a Licensed Clinical Psychologist.
 - ii. Supervision groups for psychological testing/assessment are 1 hour groups facilitated by a Licensed Clinical Psychologist with specialized competency in psychological testing.
 - iii. Group supervision presentation/participation requirements will vary based on individual Supervisor expectations, but may include case presentations in various formats.
 - iv. Supervision groups at Sovereign Health are fixed groups. Accordingly, unless previously arranged or related to exigent circumstances, Pre-Doctoral Interns will be expected to attend the same supervision group on a weekly basis.
 - d. Treatment Team
 - i. Treatment Team meetings allow all clinical team members from different disciplines to engage in case conceptualization, discussion of new admits and discharges, and discussion of “hot button” issues related to client care. These meetings also provide opportunities for multidisciplinary case consultation and important updates about relevant clinic news.
 - ii. Each Treatment Team meeting is considered 2 hours of supervised training per week.
 - iii. Treatment Team meetings are NOT a replacement or alternative to the formal Group Supervision requirements noted above.
 - e. Weekly Hour Log
 - i. All Pre-Doctoral Interns are required to complete a Weekly Hour Log that will be initialed weekly by their Primary Supervisor. (See “Weekly Hour Log,” **Appendix M.**)
 - ii. The Weekly Hour Log will then be signed at the end of each month.
 - iii. Completion of this log is a requirement for documentation of hours for State Licensing Boards.
 - iv. It is the responsibility of each Pre-Doctoral Intern to ensure accurate documentation of their training time, and for maintaining the log with regularly updated initials and Primary Supervisor signatures.

10. Didactic Seminars

- a. Didactic Seminars typically consist of a series of lectures targeting the previously identified Competency Benchmarks for Practicum, Pre-Doctoral and Post-Doctoral Trainees set forth by the APA, as well as skills for effectively working with the dual diagnosis and mental health populations treated at Sovereign Health, and topics to promote professional development and growth. (See “Sample Didactic Seminar Schedule,” **Appendix K.**)
- b. Pre-Doctoral Interns are required to attend weekly didactic/seminar trainings as a required part of their training experience.
- c. Didactic seminars are educational presentations provided by both outside guest speakers, and various members of Sovereign Health Staff.
- d. The training year didactic schedule is regularly reviewed for ongoing development and topic relevancy.
- e. Pre-Doctoral Interns are encouraged to make suggestions for additional, didactic trainings as part of Sovereign Health’s ongoing didactic development process.

APPENDIX D

PRE-DOCTORAL INTERN ON-CALL PROCEDURES

Sovereign Health

On-Call Duty Rotation

All Pre-Doctoral Interns are required to complete assigned rotations of “On-Call Duty” as part of the internship program. For each week a Pre-Doctoral Intern is assigned to “On-Call Duty”, they will be compensated by receiving 1 additional day of time off. If a Pre-Doctoral Intern’s “On-Call Duty” rotation falls on a week that includes a Company Holiday, they will be compensated with 2 days of time off.

On-Call Duty procedures will be scheduled on a rotating basis among all Pre-Doctoral Interns as a collaborative scheduling effort by the Clinical Leadership Team, including the Site Training Director. Any scheduling conflicts must be brought to the attention of a member of the Clinical Leadership Team immediately.

“On-Call Duty” clinical coverage is a service provided for the benefit of clients, authorized family members, and other staff in order to promote safety, stability, and excellence in clinical care. All information will be presented in a clear, concise manner.

- Provide accurate client information regarding care, treatment and services.
- Maintain open communication and assistance to non-clinical staff for all clients currently participating in treatment.
- Crisis-intervention and coaching through de-escalation procedures as necessary, up-to and including directions to contact the appropriate emergency support services.
- Provide directives to non-clinical staff (ex. house managers).
- Refer clients for psychiatric evaluation or emergency medical treatment when required.
- Advise the Client Advocate, Program Director, and/or Director of Operations for clients who request to leave against medical advice (AMA).

The procedure will be adhered to as follows:

- On-Call Duty is scheduled from Monday at 8:30am to the following Monday at 8:30am.
- The On-Call Pre-Doctoral Intern is responsible for carrying the On-Call binder and cell phone with them at ALL TIMES.
- During the On-Call Duty week, Pre-Doctoral Interns are not permitted to be out of town and must be available to respond to ALL calls that come to the On-Call Duty cell phone in a timely manner.
- If conflicts arise during the year and changes need to be made to the scheduled On-Call Duty assignment, please find another clinician who is willing to trade with you, complete the “On-Call Duty Change Form”, obtain approval from your Site Training Director and

submit the form to the Program Director or Associate Program Director for approval at least 2 weeks in advance. (See “On-Call Duty Change Form,” **Appendix E.**)

- Maintain compliance with HIPAA guidelines (maintaining proper client consent).
- Maintain compliance with HIPAA guidelines (maintaining proper client consent).
- Ensure all documentation will be completed as necessary (ex. internal incident reports from non-clinical staff, updated notes to primary therapists with specific concerns, weekly reports, etc.)
- Update the Program Director, Associate Program Director, Medical Director, and/or Director of Operations for emergencies as needed.
- If a call is from a client’s family members, be sure to CONFIRM that the caller is on the active consent/release BEFORE you confirm the client is in treatment with us and before providing any information. Once you verify that you have consent to speak with the caller, answer the questions as appropriate, or call the appropriate house manager and forward a message to the client.
- If a call is from a house manager, provide clinical support as necessary
 - Follow escalation procedures as necessary.
 - Contact Dr. Snyder for medical emergencies.
 - Ask house managers to complete an incident report if necessary.
- All calls to the On-Call Duty cell phone should be tracked by the on-call clinician and by the house managers on their appropriate log forms.
- At the end of the on-call rotation, return the On-Call Duty cell phone and binder to the Program Director or Associate Program Director.
- At the end of the on-call rotation, complete the On-Call Duty Report and email it to the clinical distribution list by Monday at 10:00am. Include the Director of Operations, Intake Coordinators, Finance Team, and Clinical Supervisors.

The “On-Call Duty” helps to ensure client safety and provide excellence in client care. Failure to comply with responsibilities may result in verbal and/or written warnings, including and up-to termination of the training contract for egregious misconduct.

APPENDIX E

PRE-DOCTORAL INTERN ON-CALL DUTY CHANGE REQUEST FORM
Sovereign Health

If you plan to change On-Call Duty, discuss it with your supervisor and submit the completed paperwork at least two weeks in advance when at all possible. Submit this form to the Program Director or Associate Program Director for review and approval. If multiple requests are made for the same period of time, they may be approved or rejected based on clinic needs and will be reviewed in the order in which they were submitted.

Pre-Doctoral Intern Name _____
Date

I am requesting to change On-Call Duty from: _____ to _____.
(assigned date) (new date)

I have arranged to change with: _____.

Pre-Doctoral Intern Accepting Change _____
Date

Supervisor Signature _____
Date

APPROVED: _____ NOT APPROVED: _____

Reason Not Approved:

Program Director/Associate Program Director _____
Date

APPENDIX M

WEEKLY HOUR LOG

Sovereign Health

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|-----------------------------------------------|------|--|--|--|--|--|--|--------------------|
| Supervisee's Name | Name | | | | | | | |
| Name of Site | Site | | | | | | | |
| Supervised Hours for the Month of: | A | | | | | | | |
| Supervision & Training Week of: | | | | | | | | Total Hours |
| Face-to-face individual supervision (on site) | | | | | | | | 0 |
| Group supervision | | | | | | | | 0 |
| Training & Didactic Activities | | | | | | | | 0 |

Professional Services Performed

| | | | | | | | | |
|---------------------------------------------|--|--|--|--|--|--|--|----------|
| Individual Psychotherapy | | | | | | | | 0 |
| Couples, Children &/or family psychotherapy | | | | | | | | 0 |
| Group Psychotherapy | | | | | | | | 0 |
| Testing & Assessment | | | | | | | | 0 |
| Intakes | | | | | | | | 0 |
| Consultations | | | | | | | | 0 |

Other Work Performed

| | | | | | | | | |
|--------------------------------------|--|--|--|--|--|--|--|----------|
| Staff Meetings | | | | | | | | 0 |
| Administrative duties | | | | | | | | 0 |
| Other Professional Duties (describe) | | | | | | | | 0 |

| | | | | | | | | |
|---------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Weekly Total Hours | 0 |
|---------------------------|----------|----------|----------|----------|----------|----------|----------|----------|

Supervisor Initial

I certify that the information on this form accurately represents the training activities of (Supervisee):

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|---------------------------------------------------------|--------------------------------|--------------|
| Supervisor's Name and Psychology license number: | Supervisor's Signature: | Date: |
| Trainee Name: | Trainee Signature: | Date: |

APPENDIX K

SAMPLE DIDACTIC SEMINAR SCHEDULE

Sovereign Health

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|----------|-------------------------------------------------------------------------------------------------------------------|
| Week 1: | New Pre-Doc Intern Training Week |
| Week 2: | Group Dynamics 1 Cog Lab Purpose and Process Guest Speaker- Open Topic (Network Lunch) |
| Week 3: | Clinical Review Writing 1- Panel and Discussion Diagnosis and Justification Group Dynamics 2 |
| Week 4: | Treatment Planning Documentation Clinical Report Writing 2 |
| Week 5: | Working with Difficult Populations Meditative Practice Techniques Clients in Addiction |
| Week 6: | Substances and the Brain Alcohol Guest Speaker- Open Topic (Network Lunch) |
| Week 7: | Guest Speaker- DSM 5 |
| Week 8: | Opiates Benzodiazepines Substance Abuse Diagnosis- DSM IV vs. DSM5 |
| Week 9: | Polysubstance & Dual Diagnosis Methamphetamines Guest Speakers- 12 Step Community Meetings (AA/NA) |
| Week 10: | Mindfulness/Meditation Techniques in Group Setting Cocaine Guest Speaker- Open Topic (Network Lunch) |
| Week 11: | Marijuana EBP Interventions- CBT Sex Addiction |
| Week 12: | EBP Interventions- Motivational Interviewing Sexual Health in Recovery Club Drugs |

| | |
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| Week 13: | Psychological Assessment, Diagnosis, and Consultation EBP Interventions- Stages of Change Relapse Prevention |
| Week 14: | EBT Interventions- DBT Techniques EBT Interventions- Seeking Safety Guest Speaker- Open Topic (Network Lunch) |
| Week 15: | At Risk Populations (General MH concerns for substance use) Trauma and Substance Use Women and Substance Abuse |
| Week 16: | Adolescents and Substance Abuse (Intergenerational Substance Abuse) Multicultural Dynamics and Substance Abuse- African Americans |
| Week 17: | Guest Speakers- Recovery Programs- Smart Recovery/Celebrate Recovery |
| Week 18: | Multicultural Dynamics and Substance Abuse- LGBT Community and Drugs Termination Guest Speaker- Open Topic (Network Lunch) |
| Week 19: | Guest Speaker- Drug Testing: Process and Importance Guest Speaker- Pharmacogenetic Testing |
| Week 20: | Relapse Prevention Revisited- Strategies Multicultural Dynamics and Substance Abuse- Latinos Profession |
| Week 21: | Family Therapy Techniques 1 Multicultural Dynamics and Substance Abuse |
| Week 22: | Medication- SSRIs/SNRIs Attachment and Treatment Strategies Guest Speaker- Open Topic (Network Lunch) |
| Week 23: | Family Therapy Techniques 2 Medication- Anti-Depressants (Tricyclics and Others) |
| Week 24: | Alternative Therapies- ECT Medication- Antipsychotics (Old School) |
| Week 25: | Medication- Antipsychotics (New School) Eating Disorders and Treatment Part 1 Guest Speaker- One in Six |
| Week 26: | Anti-Craving Medications Guest Speaker- Open Topic (Network Lunch) |

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| Week 27: | Medication- Benzodiazepines (Appropriate Use) Medication- Mood Stabilizers Eating Disorders and Treatment Part 2 |
| Week 28: | Medication- Other Common Medications in Treatment Transference and Counter-transference Eating Disorders and Treatment Part 3 Guest Speaker- Nutritionist |
| Week 29: | Medication- Pain Medications in Treatment Settings Case Presentation- Bipolar 1 Disorder Case Presentation- Bipolar 2 Disorder |
| Week 30: | Case Presentation- Schizophrenia Case Presentation- Borderline Personality Disorder Guest Speaker- Open Topic (Network Lunch) |
| Week 31: | Case Presentation- Depression/Dysthymia Psychosis and Substance Abuse Self Harm |
| Week 32: | Case Presentation: Schizoaffective Disorder Post Traumatic Stress Disorder Suicide and Prevention |
| Week 33: | Psychological Testing for Treatment Settings (General Assessments) Psychological Testing for Treatment Settings (Cognitive Measures) |
| Week 34: | General Anxiety Disorder Dissociative Identity Disorder Guest Speaker- Open Topic (Network Lunch) |
| Week 35: | Childhood Adjustment and Conduct Disorders Antisocial Personality |
| Week 36: | Psychological Testing for Treatment Settings (Personality Testing) |
| Week 37: | Psychological Testing for Treatment Settings (Case Battery Presentation 1) Psychological Testing for Treatment Settings (Case Battery Presentation 2) |
| Week 38: | Obsessive Compulsive Disorder Panic Disorder, Social Anxiety, and Agoraphobia Guest Speaker- Open Topic (Network Lunch) |
| Week 39: | Geriatric Populations Co-Dependence Guest Speaker- Private Practice |
| Week 40: | Maintenance of the Therapeutic Frame Managing Angry Clients |

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| Week 41: | Managing Difficult Clients Ethics Revisited Taboos in Treatment |
| Week 42: | Dissertation Presentation Guest Speaker- Open Topic (Network Lunch) |
| Week 43: | Dissertation Presentation Guest Speaker- Drama/Media Therapy: Therapeutic Models for Improvement |
| Week 44: | Dissertation Presentation Neurofeedback Process |
| Week 45: | Dissertation Presentation Neurofeedback Results Presentation |
| Week 46: | Dissertation Presentation Guest Speaker- Open Topic (Network Lunch) |
| Week 47: | Termination Refresher- For Transition Dissertation Presentation |
| Week 48: | Differential Diagnosis Dissertation Presentation |
| Week 49: | Dissertation Presentation EPPP Planning |
| Week 50: | Dissertation Presentation Guest Speaker- Open Topic (Network Lunch) |
| Week 51: | Dissertation Presentation Psych Holds and Hospitalization Requirements |
| Week 52: | Ethics in Practice Revisited |

APPENDIX G3

PRE-DOCTORAL INTERN EVALUATION FORM
Sovereign Health

Pre-Doctoral Intern Name: _____

Supervisor Name: _____

Internship Start Date: _____ Evaluation Date: _____

Review Period: _____

This evaluation form is designed to provide constructive feedback regarding the clinical proficiency and progress of the training program. Use the expected competency level of someone at the same level of training when filling out this evaluation. Please provide additional feedback in the comments section where appropriate. The Pre-Doctoral Intern and Clinical Supervisor should review the completed evaluation together.

Method of Observation (mark all that apply):

- | | | |
|------------------------------------------------|---------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Intern/Trainee Report | <input type="checkbox"/> Audiotape | <input type="checkbox"/> Review of Progress Notes |
| <input type="checkbox"/> Videotape | <input type="checkbox"/> Direct Observation | <input type="checkbox"/> Case Presentation |
| <input type="checkbox"/> Supervision | <input type="checkbox"/> Discussions | <input type="checkbox"/> Clinical Staffing |
| <input type="checkbox"/> Other: | | |

Please use this scale to rate the intern/trainee as follows:

- [1] – Significantly Below Expected Competency
- [2] – Below Expected Competency
- [3] – Meets Expected Competency
- [4] – Above Expected Competency
- [5] – Significantly Above Expected Competency
- [N/A] – Not Assessed

Professionalism:

- | | | | | | | |
|--------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|-------|
| 1. Demonstrates honesty, even in difficult situations. | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 2. Takes responsibility for own actions. | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 3. Displays basic understanding of core professional values. | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 4. Demonstrates appropriate personal hygiene and attire. | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 5. Distinguishes between appropriate and inappropriate language and demeanor in professional contexts. | [1] | [2] | [3] | [4] | [5] | [N/A] |

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|----------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|-------|
| 6. Takes ownership over maintaining accurate and timely training hour logs required for successful completion of their training. | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 7. Completes work in accordance with established deadlines. | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 8. Presents for supervision, client appointments, and other scheduled activities on time and prepared. | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 9. Demonstrates personal organizational skills by planning and organizing own workload. | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 10. Is aware of and follows Sovereign's policies and procedures. | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 11. Communicates clearly using verbal, nonverbal, and written skills. | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 12. Is able to establish and maintain appropriate professional boundaries with clients. | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 13. Is able to establish and maintain appropriate professional boundaries with other trainees and/or staff. | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 14. Provides appropriate mentorship to more junior trainees and/or staff, while maintaining awareness of personal limitations | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 15. Presentation in the workplace reflects the pending transition from student to early career professional. | [1] | [2] | [3] | [4] | [5] | [N/A] |

Reflective Practice/Self-Assessment/Self-Care:

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|-------|
| 1. Displays problem solving skills, critical thinking, organized reasoning, intellectual curiosity and flexibility. | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 2. Demonstrates openness to considering own personal concerns, challenges, values, beliefs, and attitudes, recognizing their impact on self and others. | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 3. Is aware of training level/status and seeks supervision and/or consultation as needed to promote personal development and excellence in clinical care. | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 4. Is aware of clinical competencies for professional training and develops initial competency goals. | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 5. Demonstrates intellectual curiosity and utilizes a scientific approach to exploring their curiosities. | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 6. Listens to and utilizes feedback from others. | [1] | [2] | [3] | [4] | [5] | [N/A] |

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| 7. Is aware of the importance of work-life balance, and to the degree possible pursues balance between personal and professional needs | [1] [2] [3] [4] [5] [N/A] |
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Scientific Knowledge and Methods:

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|------------------------------------------------------------------------------------------------------|---------------------------|
| 1. Is an active, engaged participant in didactic trainings. | [1] [2] [3] [4] [5] [N/A] |
| 2. Understands the development of evidence based practice in psychology (EBP) as defined by the APA. | [1] [2] [3] [4] [5] [N/A] |
| 3. Is able to utilize and integrate academic information from a practitioner-scholar approach. | [1] [2] [3] [4] [5] [N/A] |
| 4. Is able to utilize and integrate academic information from a practitioner-scholar approach. | [1] [2] [3] [4] [5] [N/A] |

Diversity and Relationships:

- | | |
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| 1. Demonstrates knowledge, awareness and understanding of self and the way culture and context shape the behavior of individuals. | [1] [2] [3] [4] [5] [N/A] |
| 2. Is respectful, tolerant, emotionally mature, empathetic, and shows interest in other cultures and experiences. | [1] [2] [3] [4] [5] [N/A] |

Ethical, Legal Standards, and Policy:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 1. Demonstrates ethical behavior and basic knowledge of APA Ethical Principles and Code of Conduct and other legal issues. | [1] [2] [3] [4] [5] [N/A] |
| 2. Recognizes the importance of basic ethical concepts applicable in initial practice. | [1] [2] [3] [4] [5] [N/A] |
| 3. Articulates importance of confidentiality, privacy, and informed consent. | [1] [2] [3] [4] [5] [N/A] |
| 4. Recognizes junior trainee status and maintains appropriate boundaries of practice that remain within the scope of their current training and supervision. | [1] [2] [3] [4] [5] [N/A] |

Interdisciplinary Systems:

- | | |
|----------------------------------------------------------------------|---------------------------|
| 1. Demonstrates ability to cooperate with others in task completion. | [1] [2] [3] [4] [5] [N/A] |
|----------------------------------------------------------------------|---------------------------|

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 2. Expresses interest in developing collaborative relationships and respect for other professionals. | [1] [2] [3] [4] [5] [N/A] |
| 3. Professional behaviors with non-clinical staff represent collaborative intentions, acknowledging the expertise and experience of others, and openness to both learning and teaching | [1] [2] [3] [4] [5] [N/A] |

FUNCTIONAL COMPETENCIES

Assessment:

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 1. Demonstrates awareness of the benefits of standardized assessment and knowledge of constructs being assessed. | [1] [2] [3] [4] [5] [N/A] |
| 2. Exhibits understanding of basic psychometric constructs such as validity, reliability, and test construction. | [1] [2] [3] [4] [5] [N/A] |
| 3. Accurately and consistently administers and scores various assessment tools. | [1] [2] [3] [4] [5] [N/A] |
| 4. Demonstrates knowledge of initial interviewing (structured and semi-structured interviews, mini-mental status exams, and BioPsychoSocial assessments). | [1] [2] [3] [4] [5] [N/A] |
| 5. Demonstrates awareness of need to base diagnosis and assessment on multiple sources of information that are appropriate to the presenting problem. | [1] [2] [3] [4] [5] [N/A] |
| 6. Identifies DSM criteria and describes normal development consistent with broad area of training. | [1] [2] [3] [4] [5] [N/A] |
| 7. Utilizes information from multiple sources to arrive at and support specific DSM diagnoses appropriate to the case/situation. | [1] [2] [3] [4] [5] [N/A] |
| 8. Demonstrates the ability to discuss diagnostic formulation and case conceptualization, and prepares basic reports which articulate an integrated, whole-person approach to conceptualization, diagnosis, and treatment planning/recommendations. | [1] [2] [3] [4] [5] [N/A] |
| 9. Is able to provide thoughtful rationale for the inclusion or exclusion of other diagnostic possibilities for a patient. | [1] [2] [3] [4] [5] [N/A] |

Intervention:

- | | |
|-----------------------------------------------------------------------------------------------------------------|---------------------------|
| 1. Identifies basic strengths and weaknesses of intervention approaches for different problems and populations. | [1] [2] [3] [4] [5] [N/A] |
|-----------------------------------------------------------------------------------------------------------------|---------------------------|

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|---------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|-------|
| 2. Demonstrates preparation, professionalism, and leadership with regard to group facilitation and co-facilitation. | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 3. Articulates a basic understanding of how intervention choices are informed by assessment. | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 4. Demonstrates helping skills such as empathic listening, framing problems. | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 5. Is able to display group therapy management skills that allow client engagement while maintaining order and structure. | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 6. Demonstrates appropriate judgment about when to consult supervisor. | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 7. Articulates awareness and basic knowledge of methods to examine intervention outcomes. | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 8. Describes instances of lack in progress in treatment and actions taken in response. | [1] | [2] | [3] | [4] | [5] | [N/A] |

Supervision:

- | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|-------|
| 1. Completes self assessment and integrates faculty/supervisor feedback into self-assessment. | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 2. Systematically reviews own professional performances with supervisors/teachers. | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 3. Demonstrates ability to organize and present information related in a topic. | [1] | [2] | [3] | [4] | [5] | [N/A] |
| 4. Advanced trainee status is reflected in ongoing pursuit of professional development through consultation, supervision, and mentorship that go beyond the minimum supervision requirements. | [1] | [2] | [3] | [4] | [5] | [N/A] |

OVERALL EVALUATION AND COMMENTS

1. Strengths
 - a. What strengths does the Pre-Doctoral Intern have?

b. Where have they particularly demonstrated growth during training?

2. Areas of Improvement

a. PRE-DOCTORAL INTERN: What areas need improvement?

b. SUPERVISOR: What are some areas of improvement for the Pre-Doctoral Intern?
Are any of these areas for improvement concerning to a degree that may impact the Pre-Doctoral Intern's ability to move forward in the training program if not corrected? If yes, which?

c. PRE-DOCTORAL INTERN FEEDBACK: How can the clinical leadership potentially improve to better support your training needs?

3. Goals and Objectives for Next Stage of Training:

a. PRE-DOCTORAL INTERN INPUT:

b. SUPERVISOR INPUT:

4. Specific projects and/or areas of Pre-Doctoral Intern interest:

a. PRE-DOCTORAL INTERN INPUT:

b. SUPERVISOR INPUT: Is there a way for the Pre-Doctoral Intern to develop in this area of interest during their training? If so, how?

5. Preparation

Please indicate your view of the Pre-Doctoral Intern's academic preparation for their current internship:

Very Poor Poor Adequate Very Good Excellent

6. Progress

Please indicate your view of the Pre-Doctoral Intern's progress for their current internship:

Very Poor Poor Adequate Very Good Excellent

7. Rate Overall Improvement:

Very Poor Poor Adequate Very Good Excellent

| | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------|
| <p>Overall Evaluation Score: Based on the Pre-Doctoral Intern's level of training and the above items, please evaluate overall performance and competence during this period.</p> | | | | |
| <input type="checkbox"/> 1 Significantly Below Expected Competency | <input type="checkbox"/> 2 Below Expected Competency | <input type="checkbox"/> 3 Meets Expected Competency | <input type="checkbox"/> 4 Above Expected Competency | <input type="checkbox"/> 5 Significantly Above Expected Competency |

Supervisor Name

Supervisor Signature

Date

Pre-Doctoral Intern Name

Pre-Doctoral Intern Signature

Date