WELLSPAN PHILHAVEN CBT
DOCTORAL INTERNSHIP PROGRAM
IN PSYCHOLOGY
Site Training Manual
2017-2018 Training Year

WellSpan Philhaven CBT
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WellSpan Philhaven

WellSpan Philhaven provides the behavioral health services of WellSpan Health: an integrated health system serving south central Pennsylvania. It is a community-based, not-for-profit organization. WellSpan Health's Mission Statement reads as follows:

Working as one to improve health through exceptional care for all, lifelong wellness and healthy communities.

WellSpan Philhaven CBT Doctoral Internship

The doctoral internship at WellSpan Philhaven CBT is designed to train future psychologists to work in health care settings, especially large, integrated health systems such as ours, as providers of comprehensive psychological services with an emphasis on multidisciplinary collaboration. Accordingly, we are aggressively recruiting a diverse group of interns with a passion for learning CBT and integrating these skills into medical settings and to performing diagnostic screenings and more comprehensive evaluations, serving as consultants to multidisciplinary treatment teams, and providing staff trainings in areas such as Motivational Interviewing. Also, we seek interns who are capable of a close reading of the relevant research literature and of presenting this clearly and succinctly to a professional audience in the true tradition of the practitioner-scholar model. WellSpan Philhaven offers a full spectrum of psychological services to virtually all diagnostic categories and all ages in inpatient, crisis intervention, intensive outpatient, outpatient, and medical-surgical settings. The internship has a strong cognitive behavioral orientation aimed to address the physical and emotional health of the population. Interns participate in this effort by spending their time divided into three main tasks: addressing population health by serving as a Behaviorist in Primary Care, honing their assessment and therapy skills in traditional outpatient settings, and training to extend proficiency in cognitive behavioral psychotherapy with an emphasis in behavioral medicine and community behavioral health.

The WellSpan Philhaven CBT Doctoral Internship is accredited by the Commission on Accreditation of the American Psychological Association (APA) and is a member of the Association of Psychology Post-doctoral and Internship Centers (APPIC). Questions related to the program's accredited status should be directed to the Commission on Accreditation:
Office of Program Consultation and Accreditation

American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979/E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

A Commitment to Training

As an extension of our mission statement, WellSpan Philhaven CBT strives to provide a planned, sequential training program that contributes to ongoing excellence in the field of psychology and is committed to the following core values:

- We are committed to the practitioner-scholar model with training based upon applying sound scientific knowledge and scholarly practice to clinical work.
- We are committed to a broad range of skill development encompassing a variety of skill sets that practitioner-scholars have found useful. We seek to provide experiences aimed at producing well-rounded clinicians with the skills to function in a variety of settings including clinical service, integrated care, community consultation, and education.
- We are committed to an understanding of human diversity as it affects the delivery of clinical services to diverse client groups. Training includes the opportunity to work with clients from various ethnic, cultural, and socioeconomic groups.
- We are committed to the facilitation of the development of professional identity and ethical professional practice. Training offers the opportunity to engage in a variety of professional roles and to do so with the expectation of a high level of professionalism and ethical standards.
- We are committed to extending interns' knowledge and skills in cognitive behavioral therapy with an emphasis in behavioral medicine to address population health. In line with this aim, experience serving as both a generalist in an outpatient setting and a Behaviorist in an integrated team within Primary Care is central to our training.

WellSpan Health is:

- Six respected hospitals: WellSpan Ephrata Community Hospital, WellSpan Gettysburg Hospital, WellSpan Good Samaritan Hospital, WellSpan Surgery and Rehabilitation Hospital, WellSpan York Hospital, and WellSpan Philhaven Hospital.
- Regional referral services that include heart and vascular care, oncology, women and children services, orthopedics and spine care, neurosciences and behavioral health,
- More than 140 Patient Care locations in Adams, Lebanon, Lancaster, and York counties in Pennsylvania and a patient care facility in northern Maryland, providing a full range of care for all members of our communities, regardless of their ability to pay.
- More than 15,000 physicians, employees, volunteers, board members and auxilians- all committed to providing patients with the very best in health and wellness care.
- A community teaching hospital with six residency programs, 123 medical residents, 400 medical students and a research center.
- 6 retail pharmacies, which fill more than 400,000 prescriptions each year.
- 10 outpatient health centers offering a variety of physician and diagnostic testing services.
- 47 primary care and specialty physician practices.
- 1 home health and hospice provider - VNA Home Health - which serves more than 5,000 people each year.
- 2 managed care plans, South Central Preferred and Quest Behavioral Health

- Services for businesses, including WorkFirst and WellSpan Employee Assistance Program.
- A non-profit community resource that provides more than $175 million each year in uncompensated medical and outreach services, supplies and physician care.

WellSpan Philhaven CBT: Overview

Behavior health services are offered in a variety of settings including the inpatient Adult Behavioral Health Unit of the York Hospital, the WellSpan Surgery and Rehabilitation Hospital, WellSpan Philhaven Hospital, and over a dozen outpatient locations serving the full range of mental health needs of the community from children to geriatric patients. Pre-doctoral interns perform a variety of clinical functions, including individual, marital, family, and group psychotherapy, diagnosis and assessment, psychological testing, in-service training, and consultation with medical staff. Interns have two placements within the broader system: as fully integrated behaviorists within our Primary Care offices and as outpatient therapists in one of our community mental health clinics.

Clinical services provided by interns include:

Psychotherapy Services:

- Individual Psychotherapy
- Marital Psychotherapy
- Family Therapy
- Group Therapy
- Cognitive Behavioral Therapy

Psychological Assessment and Consultation Services:

- It should be noted that formal psychological testing is NOT emphasized in our internship. Rather, most assessments completed by interns occur in the context of using structured interviews and instruments designed for focal assessment to answer specific referral questions, e.g. Bariatric Evaluations, Spinal Cord Stimulator Evaluations, and ADHD evaluations. That said, the following services are offered by WellSpan Philhaven CBT on a limited basis and interns may gain some experience in these areas if time and interest permit:
    - Intelligence and Educational Testing
    - Behavioral and Personality Assessment
    - Neuropsychological Testing
    - Consultation-Liaison Services to a wide variety of medical specialties and services including: The WellSpan Surgery and Rehabilitation Hospital, and the Ambulatory Intensive Care Unit

Statement of Non-Discrimination

WellSpan Health values the diversity of the communities that we serve. It is the policy of WellSpan Health to not discriminate in providing access to or delivery of healthcare services on the basis of any legally protected category. WellSpan Health offers healthcare services to patients without regard to their:

- age
- sex
- religion, creed
- race, ethnicity, national origin, color, limited English proficiency
- mental or physical disability
- medical condition, medical history, genetic information

- evidence of insurability, claims experience, source of payment, income status
- sexual orientation, gender identity
- any other legally protected category

This policy applies to all entities that are part of the WellSpan Health system. WellSpan Health facilities are available to patients, visitors and customers without discrimination on the basis of any legally protected category. WellSpan Health expects all persons and organizations that do business with WellSpan Health or that refer or recommend patients for WellSpan Health services, to do so without discrimination on the basis of any legally protected category. Persons who experience or become aware of discriminatory behavior toward patients, visitors or customers are encouraged to notify the WellSpan Health Compliance Officer. Reports of discriminatory behavior will be investigated and corrective action taken, as appropriate.

Commitment to Community Health and Wellness and WellSpan Hiring Expectations

The WellSpan commitment to community wellness, protecting patients and promoting a healthy environment, extends to all WellSpan employees, including Psychology Interns. WellSpan Philhaven Psychology Interns are expected to commit to:

· Being Drug-Free
· Being Tobacco-Free & Nicotine Free*
· Being Fragrance-Free (no colognes, perfumes, or scented body products)
· Obtaining an annual flu vaccination

*WellSpan Health has a tobacco-free/nicotine-free hiring policy. All applicants who are offered employment with WellSpan Health will be required to pass a nicotine screening before employment is confirmed. Applicants who test positive for nicotine will not be hired, but may reapply for a position after 12 months, provided they are nicotine free.

Note: Employment/Match offers may be rescinded if one tests positive for nicotine or illegal drugs, or fails to obtain a flu vaccine.

WellSpan Philhaven CBT: Training Structure

- Interns are expected to complete 2000 psychological service hours over the course of the internship. At least 50% of an intern's time is spent in direct clinical service delivery in one of our outpatient clinics and in Primary Care.
- Although requirements may vary, generally, interns are expected to see a minimum of 20 outpatients per week which typically requires scheduling 25 patient hours per week.
- Interns attend individual, face-to-face supervision with at least two different doctoral level licensed psychologists on our staff for a combined two hours each week, two hours of group supervision with a licensed doctoral level staff psychologist, and attend didactic intern seminars with the intern cohort. Other supervised training experiences such as case conferences, multidisciplinary team meetings, educational seminars and Grand Rounds may occur. At a minimum, four hours per week of supervision and two hours per week of didactic training are provided.
- Interns are required to perform at least one full-battery diagnostic testing evaluation during the internship year. Depending upon the intern's needs and interests in assessment, other training opportunities are possible, e.g. bariatric surgery or spinal cord stimulation, assessment of autism spectrum disorders, and adult ADHD screenings, as described above.
- Interns receive training and supervision in as broad a range of professional activities as possible and perform a variety of clinical functions including individual and group

psychotherapy, assessment and diagnosis, intake evaluations, psychological testing, and consultation to medical patients.

- Interns are also required to choose a special area of interest for the year to demonstrate their scholarly research skills and to do a close reading of the research in order to present at our Didactic Seminar.

Internship Stipend

The annual stipend for interns for 2017-2018 is $25,000 US to be paid in 26 installments, minus all deductions required by law or authorized by the Intern. Interns are entitled to 96 hours of paid time off, six holidays, and receive health, dental, and vision benefits. Unless approved by the Chief Psychologist due to extraordinary circumstances, interns may not take time off during the first month or the last week of training. Interns are also discouraged from taking time off during their first three months. This is to create a smooth transition into the training role and assure continuity of care for patients before exiting. Time off is restricted with rare exception from September 17 to November 11 of 2017 as the behavioral health division goes live with a new electronic charting system.

Administrative Assistance

Interns have access to the full range of clerical and technical support available to all employees at WellSpan Philhaven, including secretarial services for scheduling appointments, support through information services for technical assistance with computer based information systems, and access to our medical library and the Emig Research Center, among other services. Support staff assistance is provided for patient scheduling, billing, coordination and assurance of adequate supervision time, training time, equity in assessment and therapy assignments, and access to psychological tests, supplies, forms, and materials. WellSpan Philhaven CBT provides extensive orientation training and monthly didactic seminars, as well as customer service training every year. This customer service training addresses cultural competence.

Doctoral Internship Training Competencies

Consistent with APA Standards of Competencies, the overarching goals for the internship year are to refine and extend proficiency, knowledge, skills and attitudes in the following areas of professional psychology such that the intern will have developed a proficient to advanced level of competence in:

- #1 ***INTERVENTION:*** Interviewing patients, developing case formulations, and implementing treatment strategies based on empirically supported treatment paradigms for a diverse array of clients. **Our program places a strong emphasis on training in cognitive behavioral approaches.**
- #2 ***ASSESSMENT:*** clarification of the referral question, diagnostic interviewing and hypothesis formulation, selection and utilization of appropriate instruments, competent administration, scoring and interpretation, and presenting findings concisely in written form.
- #3 ***CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLANARY SKILLS*** with interdisciplinary treatment team members, including experience with patients who have complex medical as well as psychological problems.
- #4 ***INTEGRATION*** of complex interactions of biological, psychological, social, cultural, and spiritual influences in psychopathology and psychological well-being.
- #5 ***COMMUNICATION AND INTERPERSONAL SKILLS:*** professional and appropriate interactions with clients, families, treatment team, peers, supervisors, and other medical professionals.

- #6 ***PROFESSIONAL VALUES, ATTITUDES AND BEHAVIORS:*** Understanding the role of the clinical psychologist as a clinician, researcher, educator, and administrator in medical and mental health settings and support and model the development of that role.
- #7 ***ETHICAL AND LEGAL STANDARDS:*** involving familiarity with and the practice of the Ethics and Standards of Professional Practice in Pennsylvania, as well as with other standards of care and conduct, including HIPAA regulations.
- #8 ***INDIVIDUAL AND CULTURAL DIVERSITY:*** including sensitivity to, respect for, and knowledge and understanding of issues of individual differences and cultural diversity in terms of the following areas: culture, race, gender, religion, and individual identity and how these impact on the assessment/evaluation, intervention, consultation, and administrative functions of psychologists.
- #9 ***RESEARCH****:* displays necessary self-direction in gathering clinical and research information independently and competently. Seeks out current scientific knowledge as needed to enhance clinical practice.
- #10 ***SUPERVISION:*** provides competent clinical supervision guided by knowledge of theoretical models of supervision and skillfully balancing the multiple roles of consultant, mentor, model, and evaluator.

Internship Competencies and Defined Objectives

Competency #1: Intervention - To prepare the psychology intern as an entry-level practitioner by refining and extending proficiency, knowledge, and skills in psychotherapeutic intervention to a proficient or advanced level.

Objective(s) for Competency #1:

Objective A: Ability to form an effective working alliance with patients and their families

A.1. Ability to take a respectful, helpful professional approach to interacting with patients/families and other staff members

A.2. Effective use of empathy and active listening skills

A.3. Effective at creating a warm, non-judgmental stance

A.4. Relationship building skills

A.5. Interpersonal effectiveness

A.6. Non-specific response skills (reflections, interpretations, open-ended questions, summary statements)

A.7. Ability to understand and maintain appropriate professional boundaries

Objective B: Competent at handling emergency and crisis situations

B.1 Knowledgeable regarding the specific protocol to follow if immediate action is necessary (e.g. involuntary commitment, making reports to ChildLine)

Objective C: Ability to develop an effective treatment plan

C.1. Effective at efficiently developing a comprehensive cognitive case conceptualization

C.2. Ability to set well-defined goals and objectives

C.3 Proficiency in psycho-education

Objective D: Ability to implement an effective treatment plan with well-timed, effective, and empirically supported treatments

D.1. Motivational Interviewing Skills

D.2. Ability to pace and use time efficiently

D.3. Effective at setting an agenda

D.4. Effective at using active collaboration and guided discovery

D.5. Ability to elicit and respond effectively to verbal and non-verbal feedback

D.6. Effective intervention implementation

D.7 Clinical practice is informed by scientifically derived knowledge and empirically supported practice

D.8 Assessment of treatment progress and outcomes

D.9 Effective at termination of treatment

Objective E: Effective use of cognitive interventions

E.1. Knowledge of CBT

E.2. Proficiency in cognitive techniques

Objective F: Effective use of behavioral interventions

F.1. Proficiency in behavioral techniques

F.2. Proficiency in relaxation-based techniques

Objective G: Effective use of supervision and continuing education

G.1 Ability to prepare for supervision

G.2 Ability/willingness to accept supervisory input and direction, ability to follow through on recommendations, and ability to negotiate needs for autonomy from and dependency on supervisors

G.3. Ability to work collaboratively with supervisors

Objective H: Effective use of reflective practice and self-assessment: Using emotional reactions in therapy

H.1 Manages personal stress, psychological concerns, and emotional reactions so they do not adversely affect clinical work or interactions with supervisors and other professionals

H.2. Ability to self-reflect and self-evaluate regarding clinical skills and use of supervision

H.3. Commitment to quality improvement through self-identified areas in need of further growth and development

H.4 Effective use of emotional reactions in therapy

Competency #2: **Assessment** - Refine and extend proficiency, knowledge, and skills in psychological assessment, diagnosis, and case conceptualization to an advanced to proficient level

Objective(s) for Competency #2:

Objective A: Competent at conducting clinical interviews and intake evaluations

A.1. Ability to formulate and conceptualize cases and to present findings clearly and concisely in written form

A.2. Ability to utilize systematic approaches to gathering data to inform clinical decision making.

Objective B: Competent at risk assessment and management

B.1 Ability to conduct screenings to determine risk for self-harm, other-harm, child maltreatment, or psychosis

Objective C: Competent at assessment and psycho-diagnosis

C.1. Ability to select and implement multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups.

C.2. Ability to formulate a realistic diagnostic impression based on clinical interview and historical information and that considers diversity issues

C.3.Knowledge of evidence-based assessment

C.4. Ability to present assessment findings clearly and concisely in written form

Objective D: Competent at case formulation and conceptualization

D.1. Ability to obtain information from multiple sources and integrate results into case formulation and treatment planning

D.2. Effective at efficiently developing a comprehensive cognitive case conceptualization

Objective E: Competent at assessment writing skills

E.1 Effective at writing a well-organized report that integrates information from multiple sources and answers the referral question clearly and concisely and provides specific recommendations

Objective F: Competent at providing feedback to the patient

F.1 Effective at explaining evaluation results to a patient, provides suitable recommendations, and responds to issues raised by the patient and family

Competencies #3: Consultation/Collaboration, #4: **Integration, and #5: Interpersonal Skills**

Utilize effective interpersonal skills to refine and extend proficiency, knowledge and skills in consultation and collaboration in interdisciplinary health care to an advanced to proficient level

Objective(s) for Competencies #3, #4, & #5:

Objective A: Develop productive and professional relationships in the practice of psychology.

A.1. Ability to take a respectful, helpful professional approach to interacting with patients/families.

A.2. Ability to deal with conflict and negotiate differences

A.3. Ability to understand and maintain appropriate professional boundaries.

A.4. Ability to work collegially with fellow professionals.

A.5. Ability to effective relate to other professionals in accordance with their unique patient care roles

A.6. Ability to provide helpful feedback to and receive feedback non-defensively from peers.

A.7. Ability to be respectful of support staff roles and persons

A.8. Ability to contribute in ways that will enrich the site as a clinical experience for future students.

Objective B: Work effectively in a multidisciplinary setting with provision of supervision: knowledgeable of the treatment roles of other disciplines

B.1. Ability to support others and their work and to gain support for one's own work

B.2. Ability to participate fully in the team's work.

B.3. Ability to understand and observe the team's operating procedures

B.4. Ability to communicate professionally and work collaboratively with community professionals.

B.5. Ability to understand and observe the agency's operating procedures

B.6. Ability to participate in furthering the work and mission of the clinical site.

Objective C: Conduct appropriate consultative guidance

C.1. Understanding of the consultant's role

C.2. Understanding the supervisor's role

C.3. Knowledge of issues related to integration of different data sources.

C.4. Knowledge of the unique patient care roles of other professionals

C.5. Understanding of the consultant's role as an information provider to another professional who will ultimately be the patient care decision maker

C.6. Ability to choose an appropriate means of assessment to answer referral questions

C.7. Ability to implement a systematic approach to data collection in a consultative role.

C.8. Consultative reports are well organized, succinct, and provide useful and relevant recommendations to other professionals

C.9. Capacity for dialoguing with other professionals, which avoids use of psychological jargon.

C.10. Demonstrates awareness and knowledge of key issues and concepts about related disciplines.

Competency #6: Professional Values, Attitudes, and Behaviors - Refine and extend proficiency, knowledge and skills in professional development; understand and develop administrative, management, and supervision skills while understanding personal boundaries of competence as a provider of health care.

Objective(s) for Competency #6:

Objective A: Understanding the role of the clinical psychologist as a clinician, researcher, educator, and administrator in medical and mental health settings and support and model the development of that role.

A.1. Seek out and use leadership mentors to assist with one's personal development, knowledge acquisition, and skill development.

A.2. Knowledge of clinic procedures;

A.3. Commitment to engaging in activities that support and extend knowledge, skills and attitudes in professional psychology, including awareness of current research and how that informs practice;

A.4. Ability to participate in furthering the work and mission of the clinical site.

A.5. Ability to contribute in ways that will enrich the site as a clinical experience for future students.

Objective B: Management and administrative leadership skills: Efficiency and time management

B.1. Timeliness: completing professional tasks in allotted/appropriate time (e.g., evaluations, notes, reports); arriving promptly at meetings and appointments.

B.2. Developing an organized, disciplined approach to writing and maintaining notes and records.

B.3. Understand the relationship between roles of supervisor, manager, and executive.

B.4. Ability to identify leadership, business, and management skills.

B.5. Demonstrates an understanding of Management-Administration of direct delivery of services.

B.6. Understand the basics of financial management as it pertains to clinical service delivery.

B.7. Understand the purpose and structure of meetings and how to run them well

Objective C: Professional responsibility and documentation

C.1 Maintains required patient records

C.2 Notes are clear, concise and timely

C.3 Records always include crucial information

Objective D: Reflective practice and self-assessment: uses positive coping strategies to deal with personal challenges

D.1. Knowing the extent and the limits of one's own skills; learning the habit of and skills for self-evaluation of clinical skills.

D.2. The ability to use supervision, consultation, and other resources to improve and extend skills (note the related relationship competence – to work collegially and responsively with supervisors).

D.3. Knowledge of the process for extending current skills into new areas.
D.4. Commitment to life-long learning and quality improvement.
D.5. Awareness of one's identity as a psychologist, i.e. knowing what one knows and can do (and should do) as a psychologist.
D.6. Management of personal issues in a professional manner
D.7. How to self-identify personal distress, particularly as it relates to clinical work.
D.8. How to seek and use resources that support healthy functioning when experiencing personal distress.
D.9. Organizing one's day, including time for notes and records, rest and recovery, etc.
D.10. Demonstrate motivation to work hard and develop as a future mental health professional
D.11. Knowledge of methods and issues related to evaluating professional work, including delivering formative and summative feedback;
D.12. Create, regularly assess, and revise a personal plan to provide direction for one's continuing professional development.

Competency#7: Ethical and Legal Standards - Refine and extend proficiency, knowledge and skills in ethical practice

Objective(s) for Competency #7:

Objective A: Knowledge of ethical/professional codes, standards, and guidelines; knowledge of statutes, rules, regulations, and case law relevant to the practice of psychology.

A.1. Knowledge of ethical/professional codes, standards, and guidelines; knowledge of statutes, rules, regulations, and case law relevant to the practice of psychology

Objective B: Interns will recognize ethical aspects of their work and demonstrate the ability to practice ethical, legal, and professional conduct.

B.1. Recognize and analyze ethical and legal issues across the range of professional activities in the clinical setting.
B.2. Recognize and understand the ethical dimensions/features of his/her own attitudes and practice in the clinical setting.
B.3. Decisions reflect consideration of and commitment to ethical principles in professional work and practice
B.4. Readily identifies ethical implications in cases and understands the ethical elements in any present ethical dilemma
B.5. Seek appropriate information and consultation when faced with ethical issues.
B.6. Practice appropriate professional assertiveness related to ethical issues (e.g., by raising issues when they become apparent to the student).
B.7. Evidence commitment to ethical practice, and advocate for the profession.
B.8. Demonstrates the ability to effectively implement the following practices: informed consent, confidentiality, setting of appropriate boundaries and documentation of services

Competency #8: Individual and Cultural Diversity- To develop the ability to provide clinical services to diverse populations

Objective(s) for Competency #8:

Objective A: Interns will be aware of their own cultural values and how their particular culture's representation influences the therapeutic relationship and work with diverse clients.

A.1. Knowledge of self in the context of diversity (one's own attitudes, stimulus value, and related strengths/limitations) as one operates in the clinical setting with diverse others (i.e., knowledge of self in the diverse world).

A.2. Demonstrates an appreciation of one's own cultural identity in relation to others.

Objective B: Interns will be aware of normal psychological functioning and psychopathological functioning presentations and how these vary with culture and other dimensions of individual diversity and integrate this knowledge into patient care

B.1. Knowledge about the nature and impact of diversity in different clinical situations (e.g., clinical work with specific racial/ethnic populations).

B.2. Ability to work effectively with diverse others in assessment, treatment, and consultation.

B.3. Effectively integrates knowledge of the client's individual and cultural diversity into assessment, case formulation, and treatment;

B.4. Shows an understanding and sensitivity to diversity issues and is aware of when and how to bring these up in therapy with a client

B.5. Considers diversity issues when conceptualizing cases and creating a treatment plan

Competency#9: Research- To integrate and apply scientific knowledge, methods, research, and evaluation into the clinical practice of psychology.

Objective(s) for Competency #9:

Objective A: Seeks current scientific knowledge and methods

A.1. Demonstrates consideration of biological, cognitive-affective, and developmental bases of human behavior.

A.2. Clinical practice is informed by scientifically-derived knowledge and empirically supported practice.

A.3. Demonstrates respect for scientifically-derived knowledge, data collection, and statistical analytic techniques.

Objective B: Demonstrates an understanding of outcomes and evaluation research methods

B.1. Demonstrates an awareness of research literature related to professional practice.

B.2. Demonstrates basic skills necessary for conducting treatment outcome assessments.

B.3. Understands the basic principles and methods of quality assurance and performance improvement activities.

Competency #10: Supervision - To provide developmentally appropriate supervision

Objective(s) for Competency #10

Objective A under Professional Development: To serve as a mentor, a model, a consultant, and source of evaluative feedback in the context of peer supervision using theoretically grounded models of supervision.

A.1. Knowledge of literature on supervision (e.g., models, theories, & research).

A.2. Knowledge concerning how clinicians develop to be skilled professionals.

A.3. Knowledge of how supervision/teaching responds appropriately to individual and cultural differences.

A.4. Knowledge of methods and issues related to evaluating professional work, including delivering formative and summative feedback.

A.5. Knowledge of limits of one's supervisory skills and teaching competencies.

A.6. Demonstrate the ability to provide competent supervision through the evaluation two tapes of peer supervision

Internship Activities

Clinical Problems Treated at WellSpan Philhaven CBT

Interns spend 20 hours each week in face to face psychological services, assessing and treating clients with the full range of disorders, as well as marital and family issues. Patients come from a

variety of referral sources including self-referral, Crisis Intervention, the Adult Behavioral Health Inpatient Unit, Managed Care Organizations, primary care physicians, school, courts, community agencies, and various medical specialties on both an inpatient and outpatient basis.

Treatment Settings

Interns will spend their time split between an outpatient clinic and their assignment at one of our primary care practices. Interns will have regularly scheduled hours at each of these locations. Our outpatient sites provide services to children, adults, and geriatric patients. Services include individual, group, and family psychotherapy, forensic services and neuropsychological evaluations. Interns are expected to work six evening hours (5p.m. and after) each week. Interns schedule approximately 25 outpatient hours at the Meadowlands to hit the target of 20 patient hours per week. In their Primary Care setting, interns work closely with primary care physicians and psychiatric staff to collaborate on assessment and treatment utilizing the bio-psycho-social model of assessment and treatment.

Consultation Services

In addition to carrying a general outpatient caseload at our Meadowlands site, interns will be assigned to an additional placement site providing psychological consultation services in one or more of our Primary Care settings, serving as a behavioral health consultant. Our philosophy is to teach the core skills of cognitive behavioral therapy and for each intern to immerse him/herself in applying them in these two settings. It is our belief that by learning the foundational knowledge well and how to apply them in one setting over the course of a year, one will then be able to apply them in virtually any setting in which one finds oneself.

Psychological Testing and Assessment

It should be noted that training in formal psychological testing is NOT a specific emphasis in our internship. Depending on time and interest, interns can gain experience with a range of psychological testing including assessment of medical problems with co-morbid mental health issues, assessment of personality dynamics, and neuropsychological screenings and full-battery evaluations. Interns are required to complete at least one psychological test report over the course of the internship year, most commonly for the purpose of differential diagnosis, case conceptualization, and treatment planning. Additional assessment experience completing evaluations for spinal cord stimulators, bariatric surgery, ADHD, and pain management are also available. WellSpan Philhaven CBT maintains a strong emphasis on developing a cognitive case conceptualization to guide treatment and focuses on assessment skills necessary to develop and revise the conceptualization throughout therapy.

Supervision

Interns will receive weekly supervision from two licensed doctoral level psychologists who are on the core faculty and who oversee their clinical and supervisory practice. In recent years, as our internship has grown, we have not had the capacity to host practicum students. In this case, opportunities for peer supervision are utilized in group supervision and in the didactic training seminar. A minimum of two videotaped sessions serving as a peer supervisor are required for review of the interns' own supervision skills.

Teaching

Interns will be required to present a minimum of one in-service training during the year to the local community, a special interest or support group, or to their intern cohort and the core faculty on a topic related to their clinical interests.

Research

While involvement in research activities is not a formal component of our internship and few interns can find the time to participate, WellSpan Philhaven does have an active research program: the Emig Research Center. Interns with an interest in research are encouraged to participate. WellSpan Philhaven CBT interns have consistently participated with the collection of relevant outcome data to evaluate treatment effectiveness by utilizing the Session Rating Scale, Outcome Rating Scale, and PHQ-9**.** This data is compiled to evaluate care they provide in the outpatient and Primary Care settings. It is not realistic for an intern to be a primary investigator on a project, but they can assist staff involved with ongoing research projects. Interns are encouraged to develop and pursue their research ideas and designs, as time permits, to help them answer clinical or outcomes questions generated from their clinical experience. Consistent with the scholar-practitioner model, interns are required to present a researched topic for treatment in the didactic seminar and as required by their individual supervisors to inform treatment.

Description of Supervision

The Internship Training Director is a doctoral level staff psychologist who is responsible for the integrity and quality of the training program and is actively licensed as a psychologist in the Commonwealth of Pennsylvania. Interns attend individual, face-to-face supervision with at least two different doctoral level licensed psychologists on our staff for a combined two hours each week with the specific intent of developing their proficiency in their delivery of psychological services. Videotaping and audiotaping of sessions for supervisory review is a regular feature of supervision. Interns also attend a two-hour group supervision session each week supervised by a doctoral level licensed psychologist from our supervisory staff. The two hours of individual supervision and two hours of group supervision total a minimum of 4 hours of weekly supervision. The internship level psychology interns will have the title of "Psychology Intern" and will be identified as such to clients and on written documentation and it will be made clear to clients from the beginning that the supervisor is ultimately clinically responsible for their care.

Didactic Training

In accordance with APPIC internship standards, all interns are required to participate in regularly scheduled didactic training seminars at the internship site for an equivalent of 2 hours a week. These training seminars are designed to ensure an experience of developmental learning and to permit socialization as an internship cohort. The Cognitive Behavioral Therapy Training Seminar, described below, accounts for 100 hours of training. Interns are permitted one absence from didactic seminars, giving them a grand total of 98 hours of didactics, or an equivalent of 2 hours a week for training. The core curriculum for didactic training is provided in the two-hour Cognitive Behavioral Therapy Training Seminar held weekly at a WellSpan Philhaven CBT facility. This curriculum is designed to teach proficiency in cognitive behavioral therapy and its application in medical and traditional behavioral health settings. The training relies heavily on role play and review of videotaped sessions to achieve mastery of core skills. The seminars focus on a broad variety of professional issues: assessment techniques, case conceptualization, treatment planning, empirically supported interventions for the most common disorders including depression, anxiety disorders, trauma, and personality disorders, ethical issues in treatment, legal/risk management, managed care issues, models for psychological consultation, health psychology, dealing with difficult patients, non-compliance, and resistance, and clinical supervisory issues. As a reminder, interns are expected to present on a topic of their specific focus, relevant to CBT, during a time designated for intern presentations in the didactic training schedule. The seminars are taught by the core faculty and other specialists for particular topics.

An outline of the scheduled topics, objective, exercises and readings for the seminar are as follows:

Week	Date	Topic	Description
1	07/12/17	Orientation	Orientation to the Didactic Training Seminar: 1. Goals, Structure, Methods: a. Review of suggestions from past interns on how to get the most from your experience b. Format: Intern at random summarizing Reading then Lecture/Demonstration/Role Play c. Ground rules for role plays; 2. Exceptions: Knowing when it's NOT time for traditional CBT – e.g. Crisis Mode, personality disorders, patient who is not at action stage 3. Frequently Asked Questions/Things you should know a. EAP referrals b. Probation/Parole/Court mandated referrals c. Handling pre-evaluations for psychiatric referrals d. Directory of local resources e. Provider Directory and how to make referrals to colleagues for neuropsychological testing, psychoeducational testing, etc. 4. Problem solve present concerns Reading: Materials on P drive under PsychIntern
2	07/19/17	Intake Evaluations	Objectives: Students will be able to identify and demonstrate the key tasks in doing an intake evaluation with a potential cognitive therapy patient: 1) Identifying the presenting problem and exploring the relevant background information 2) Evaluating the degree of distress and addressing any safety issues 3) Eliciting the patient's expectations of therapy 4) Educating the patient about the cognitive model Exercise: Demonstration followed by student role plays Reading: Beck, Judith (2011). Cognitive Therapy: Basics and Beyond (2nd Ed). New York, NY: Guilford Press. Read Chapter 3: "Structure of the First Therapy Session" pp. 25-44.
3	07/26/17	Active Listening and Motivational Interviewing Techniques	Objectives: Students will be able to articulate and demonstrate the three key elements of Motivational Interviewing, namely; 1) Collaboration 2) Evoking or drawing out 3) Autonomy Students will be able to articulate and demonstrate the four principles of Motivational Interviewing, namely: 1) Express Empathy 2) Support Self-Efficacy 3) Roll with Resistance 4) Develop Discrepancy Students will be able to articulate and demonstrate the five core motivational interview microskills, namely 1) Open-ended questions 2) Affirmations 3) Reflective listening 4) Summarizing 5) Elicit change talk Exercise: Demonstration, student role plays, and discussion Reading: Miller, William R. & Rollnick, Stephen (2002). Motivational

			Interviewing: Preparing People for Change (2nd Ed.). New York, NY: Guilford Press.
4	08/02/17	Motivational Interviewing Techniques Continued	
5	08/09/17	From Culture of Poverty to Culture of Classism	Objectives: Students will be able to articulate why an understanding of the forces that keep people in poverty matters, how it presents barriers to treatment, and what therapists can do to work more effectively with those trapped in poverty. Reading: New York Times. (2005). Class Matters. New York: Henry Holt. (a series of articles by NYT correspondents that covers a wide range of class experiences.) Putnam, Robert. Our Kids: The American Dream In Crisis.
6	08/16/17	First Hour: Bariatric Evaluations Second Hour: Assessing and treating the suicidal patient	Presenters: Dr. Schippers and Dr. Davis Objectives: Students will learn standards for the completion of bariatric evaluations. Students will also learn standards of care when working with suicidal patients.
7	08/23/17	Cognitive Conceptualization; Evaluating Automatic Thoughts; Evaluating Core Beliefs; and Treatment Planning	Objective: Students will be able to articulate the core components of a cognitive conceptualization, namely: 1) Relevant background 2) Triggering situation(s) 3) Eliciting and identifying automatic thoughts 4) Identifying the associated emotions 5) Identifying the associated behaviors 6) Identifying the intermediate conditional assumptions 7) Identifying the Core Beliefs via the downward arrow 8) Identifying Compensatory strategies 9) Framing an effective alternative belief Students will be able to demonstrate the basic methods for eliciting the cognitive conceptualization, namely, 1) Collaboration 2) Guided discovery 3) Socratic questioning 4) Evaluating the evidence supporting and not supporting automatic thoughts 5) Introducing patients to the cognitive model (role play) Exercise: Demonstration of how to deal with common problems such as patients with vague complaints and goals, patients with goals that conflict with the therapist's values, conflating thoughts with feelings, difficulty framing a realistic and concise alternative belief, establishing a collaborative relationship, etc. Developing an effective treatment plan from the cognitive conceptualization Individual student role plays of above followed by analysis and discussion Reading: Beck, Judith, Basics and Beyond: Chap 2 (Cognitive Conceptualization) Chap. 6 (Identifying A.T.) and Chap 8 (Evaluating A.T.)
8	08/30/17	Cognitive Conceptualization Continued	

9	09/06/17	Cognitive Therapy Implementation: Structure of a Session	Objectives: Students will be able to articulate and demonstrate via role play the structure of a standard cognitive behavioral session and all of its components, namely 1) Bridging from previous session 2) Mood Check 3) Review of Assignment(s) 4) Setting the Agenda 5) Planning and implementing an appropriate intervention 6) Constructing an assignment 7) Summarizing 8) Eliciting Feedback Exercise: Demonstration via role play of an exemplary cognitive behavioral therapy session followed by analysis, feedback, and discussion. Reading: Beck, Judith (2011). Cognitive Therapy: Basics and Beyond (2nd Ed). New York, NY: Guilford Press.
10	09/13/17	Cognitive therapy: Application and role plays	Objective: Students will be able to articulate and practice executing the core components of a cognitive conceptualization, namely: 1) Relevant background 2) Triggering situation(s) 3) Eliciting and identifying automatic thoughts 4) Identifying the associated emotions 5) Identifying the associated behaviors 6) Identifying the intermediate conditional assumptions 7) Identifying the Core Beliefs via the downward arrow 8) Identifying Compensatory strategies 9) Framing an effective alternative belief Students will be able to demonstrate the basic methods for eliciting the cognitive conceptualization, namely, 1) Collaboration 2) Guided discovery 3) Socratic questioning 4) Evaluating the evidence supporting and not supporting automatic thoughts 5) Introducing patients to the cognitive model (role play) Exercise: Demonstration of how to deal with common problems such as patients with vague complaints and goals, patients with goals that conflict with the therapist's values, conflating thoughts with feelings, difficulty framing a realistic and concise alternative belief, establishing a collaborative relationship, etc. Developing an effective treatment plan from the cognitive conceptualization Individual student role plays of above followed by analysis and discussion Reading: Beck, Judith, Basics and Beyond: Chap 2 (Cognitive Conceptualization) Chap. 6 (Identifying A.T.) and Chap 8 (Evaluating A.T.)

11	09/20/17	Cognitive therapy: Application and role plays	Objectives: Students will demonstrate competency structuring the session and executing elements on the cognitive therapy rating scale Exercise Student Role plays to practice each of the following: 1) Setting the agenda 2) Feedback 3) Understanding 4) Interpersonal effectiveness 5) Collaboration 6) Pacing and efficient use of time 7) Guided discovery 8) Focusing on key cognitions or behaviors 9) Strategy for change 10) Application of cognitive-behavioral techniques 11) Homework
12	09/27/17	Introduction to DBT	Presenters: Wendy Wild, PsyD; Donna Wampole, Licensed Mental Health Professional Objective: Learn the core components of a DBT program. Learn and experience DBT skills for mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness.
13	10/04/17	Introduction to ACT	Objectives: Students will learn the theory and skills associated with ACT.
14	10/11/17	Professional Development: Preparing for Post-Doc and Beyond	Presenters: A panel of recently licensed psychologists with WellSpan Philhaven Objectives: Cover basic questions and tips about the process of searching for a post-doc and preparing for the EPPP and licensure and other general questions about Professional Development
15	10/18/17	Standards of Assessment	Presenter: Dr. Larry McCloskey Objective: Review standards of assessment, including defining the presenting concern, completing a clinical interview, choosing appropriate measures of assessment, and synthesizing data to provide recommendations.

16	10/25/17	Introduction to Personality Disorders: How the basics need to be adapted for these disorders.	Objectives: Students will learn how to adapt CBT when working with difficult patients and personality disorders. Reading: Beck, J. Ibid.
17	11/01/17	Psychopharmacology 101: Guest Lecturer Dr. Pardipta Majumder	
18	11/08/17	Techniques for treating depression: Part 1	Objectives: Students will be able to identify the specific CBT techniques used for treating depression: 1) Activity Scheduling 2) Mastery and Pleasure Techniques 3) Graded Task Assignments 4) Social skills/Assertiveness Training Exercise: Demonstration followed by individual student role plays with each student demonstrating each of these skills followed by discussion. Reading: Beck, A. (1987). Cognitive Therapy of Depression. New York, NY: Guilford Press
19	11/15/17	First Hour: Techniques for treating depression: Part 2 Second Hour: Student presentations on depression (1st)	Continue above. Objective: Consistent with the practitioner-scholar model, students will demonstrate their ability to review and present relevant literature.
20	11/22/17	Techniques for Treating Anxiety: Part 1: Relaxation and Systematic Desensitization	Objectives: Students will be able to articulate and demonstrate the central cognitive behavioral techniques for treating anxiety, namely: 1) Identifying and modifying the automatic thoughts/core beliefs typical of the anxiety disorders 2) Utilizing imagery 3) Relaxation Techniques 4) Systematic Desensitization Exercise: Demonstration of treatment for a phobic patient : explaining the model, constructing an exposure hierarchy, and the mechanics of conducting systematic desensitization – followed by individual student role plays. Reading: Beck, A.T. & Emery, G. (1985). Anxiety Disorders and Phobias: A Cognitive Perspective. New York, NY: Harper Collins. Clark, D.A. & Beck, A.T. (2010). Cognitive Therapy of Anxiety Disorders: Science and Practice. New York, NY: Guilford Press.

21	11/29/17	Techniques for Treating Anxiety: Part 2 Panic Disorder	Objectives: Students will be able to articulate and demonstrate the cognitive behavioral techniques for treating panic disorder, namely: 1) Panic Induction 2) Identifying and modifying catastrophic interpretations of somatic symptoms of anxiety Exercise: Demonstration of preparing patients and educating them to the model, dealing with common barriers to compliance, and conducting a panic induction procedure followed by individual student role plays.
22	12/06/17	Techniques for Treating Anxiety: Part 3 Acute Stress Disorder and Post Traumatic Stress Disorder	Objectives: Students will be able to 1) Discuss the normality of the trauma response 2) Discuss how to distinguish a normal response to trauma from Acute Stress Disorder and PTSD 3) Discuss interventions in the initial weeks after trauma 4) Discuss interventions for PTSD including Exposure Therapy and Cognitive Therapy Exercise: Demonstration followed by individual student role plays of working with a PTSD patient
23	12/13/17	First Hour: Role play treatments for anxiety Second Hour: Student presentations on anxiety (2nd)	Objectives: 1) Students will demonstrate competency structuring the session and executing elements on the cognitive therapy rating scale for anxiety. Exercise Student Role plays to practice each of the following: 1) Setting the agenda 2) Feedback 3) Understanding 4) Interpersonal effectiveness 5) Collaboration 6) Pacing and efficient use of time 7) Guided discovery 8) Focusing on key cognitions or behaviors 9) Strategy for change 10) Application of cognitive-behavioral techniques 11) Homework 2) Consistent with the practitioner-scholar model, students will demonstrate their ability to review and present relevant literature.
24	12/20/17	Theories and Methods of Consultation and Collaboration	Objectives: Students will be able to discuss 1) The concept of "particular question" 2) Educating the referral source regarding realistic expectations 3) Establishing a realistic timeline for providing feedback 4) Comparisons among Caplan's Four Types of Consultation (Client-Centered Case Consultation; Consultee-Centered Case Consultation, Program-Centered Administrative Consultation, and Consultee-Centered Administrative Consultation) on the dimensions of focus, goal, and consultant's role and responsibilities. 5) Specific applications to bariatric surgery evaluations 6) Specific applications to requests for assistance with patient compliance to medication and medical procedures Readings: Brown, D., Pryzwansky, W.B., & Schulte, A.C. (2006). Psychological Consultation and Collaboration: Introduction to Theory and Practice. Boston: Pearson.

			Caplan, G. (1970). The Theory and Practice of Mental Health Consultation. New York, NY: Basic Books.
25	12/27/17	Cognitive Behavioral Therapy with Complex Medical Conditions	Objectives: Students will be able to describe: 1) the Bio-Psycho-Social Model 2) Useful tools for assessment with medical patients (e.g. The Multidimensional Pain Inventory, Battery for Health Improvement2, Millon Behavioral Medicine Diagnostic, MMPI-RF) 3) Assessing chronic pain patients 4) Assessing diabetes and depression 5) Assessing Surgical Readiness 6) Motivational Interviewing with medical patients Exercises: Videotape demonstration of using motivational interviewing techniques with a highly difficult, angry, resistant, suicidal pain patient. Videotape demonstration of managing medical non-compliance with a personality disordered patient followed by discussion Reading: Rollnick, S., Miller, W. & Butler, C. (2008). Motivational Interviewing in Health Care: Helping Patients Change Behavior. New York, NY: Guilford Press. Sperry, L. (2009). Treatment of Chronic Medical Conditions: Cognitive-Behavioral Therapy Strategies and Integrated Treatment Protocols. Washington, DC: American Psychological Association
26	01/03/18	Medical Patients: First hour: Assessing medical patients, Second hour: Student presentations (3rd)	Presenter: Dr. Natalie Hetrich Objectives: 1) Learn methods of brief screening for medical patients 2) Consistent with the practitioner-scholar model, students will demonstrate their ability to review and present relevant literature.
27	01/10/18	Topic 1: Review of Training Program to Date Topic 2: Self Care	Objectives: Students will assess: 1) Material covered 2) Training methods 3) Measures of Learning 4) Future planning Exercise: Review of Student's Mid-Year completion of the Internship Site Evaluation Form. Reading: Norcross
28	01/17/18	Adapting Cognitive Behavioral Therapy to the Treatment of Children and Adolescents	Presenter: Dr. Thomas Pallmeyer Objectives: Students will be able to discuss the following: 1) The role CBT can play in treating children and adolescents 2) Trace the movement through a typical session to highlight the similarities and differences in working with children compared to adults 3) Draw on case studies to highlight case conceptualization and to outline specific technical differences when working with children compared to adults. Reading: Cohen, J., Mannarino, A., and Deblinger, E. (2006). Treating Trauma and Traumatic Grief in Children and Adolescents. New York, NY: Guilford Press. Friedberg R.D., McClure, J.M. & Garcia, J.H. (2009). Cognitive Therapy Techniques for Children and Adolescents: Tools for Enhancing Practice. New York, NY: Guilford Press.

			Friedberg, R. D. & McClure, J. M. (2002). Clinical practice of cognitive therapy with children and adolescents: The nuts and bolts. New York , NY: The Guilford Press.
29	01/24/18	Cognitive Behavioral Therapy with Couples (and Families)	Presenter: Dr. Luis Rivera Objectives: Students will be able to describe 1) Common misconceptions and assumptions couples make about relationships and therapy 2) Common problems a. Communication deficits b. Intense displays of emotion c. Cognitive distortions d. Lack of positive activities and experiences e. Power and influence 3) Overview of the Cognitive Therapy Model 4) Stages of treatment a. History and conceptualization of couple's problems b. Emotional management c. Increase positive behaviors/activities in relationship d. Teach couple to identify, test, and respond to automatic thoughts e. Teach communication skills f. Explore emotions such as sadness, fear, and anger g. Teach problem Solving Strategies h. Identify and change dysfunctional attitudes and core assumptions i. Relapse prevention Reading: Dattilo, F. & Beck, A.T. (2010). Cognitive Behavioral Therapy with Couples and Families: A Comprehensive Guide for Clinicians. New York, NY: Guilford Press.
30	01/31/18	Topic: First Hour: (4th) Student-Led Didactic Presentation Demonstrating Strategies for Scholarly Inquiry Second Hour: Introduction to Personality Disorders	Objectives: Students will be able to compare and contrast the Beck Model of Cognitive Therapy for Personality Disorders and Jeffrey Young's Schema-Focused approach including: 1) Use of Young's Schema Questionnaire 2) Pattern identification 3) Cognitive interventions 4) Use of the relationship for issues of disconnection 5) Experiential techniques 6) Behavior pattern breaking 7) Cognitive profiles of specific Axis II Disorders Readings: Beck, J. & Beck, A.T. (2005). Cognitive Therapy for Challenging Problems: What to Do When the Basics Don't Work. New York, NY: Guilford Press. Young, J.E. (1994). Cognitive Therapy for Personality Disorders: A Schema-Focused Approach. Sarasota, FL: Professional Resource Press. Young, J. & Klosko, J.S. (1994). Reinventing Your Life. New York, NY: Penguin. Beck, A.T., Freeman, A., Davis, D.D. (2004). Cognitive Therapy of Personality Disorders (2nd. Ed.). New York, NY: Guilford Press.

31	02/07/18	Introduction to Treating Personality Disorders	Objectives: Students will be able to compare and contrast the Beck Model of Cognitive Therapy for Personality Disorders and Jeffrey Young's Schema-Focused approach including: 1) Use of Young's Schema Questionnaire 2) Pattern identification 3) Cognitive interventions 4) Use of the relationship for issues of disconnection 5) Experiential techniques 6) Behavior pattern breaking 7) Cognitive profiles of specific Axis II Disorders Readings: Beck, J. & Beck, A.T. (2005). Cognitive Therapy for Challenging Problems: What to Do When the Basics Don't Work. New York, NY: Guilford Press. Young, J.E. (1994). Cognitive Therapy for Personality Disorders: A Schema-Focused Approach. Sarasota, FL: Professional Resource Press. Young, J. & Klosko, J.S. (1994). Reinventing Your Life. New York, NY: Penguin. Beck, A.T., Freeman, A., Davis, D.D. (2004). Cognitive Therapy of Personality Disorders (2nd. Ed.). New York, NY: Guilford Press.
32	02/14/18	Cognitive Therapy for Personality Disorders: Part 2	Objectives: Students will be able to describe and demonstrate the following core skills in working with personality disordered patients: 1) Identifying and modifying core beliefs 2) Maintaining the therapeutic relationship and mending ruptures in the alliance via met-communication 3) Handling suicidal crises 4) Handling intense emotional reactions from both patient and therapist 5) Effective limit setting 6) Strategies for maintaining perspective and the right attitude and realistic expectations for progress 7) Core DBT modules: a. Distress Tolerance Skills b. Emotion Regulation Skills c. Interpersonal Effectiveness Skills d. Core Mindfulness Skills Exercises: Videotaped demonstrations of faculty working with personality disordered patients and employing these core skills followed by individual student role plays with analysis and discussion. Reading: Linehan, M. M. (1993). Cognitive-Behavioral Treatment of Borderline Personality Disorder. New York, NY: Guilford Press.
33	02/21/18	First Hour: Student-Led Didactic Presentation Demonstrating Strategies for Scholarly Inquiry (5th) Topic: Second Hour Cognitive Behavioral Therapy	Presenter: Dr. Kathy Jansen Objectives: 1) Consistent with the practitioner-scholar model, students will demonstrate their ability to review and present relevant literature. 2) Students learn the application of cognitive case conceptualization with dual diagnosis clients (see below objectives).

		for Substance Abuse Part 1	
34	02/28/18	Topic: Cognitive Behavioral Therapy for Substance Abuse Part 2	Objectives: Students will be able to discuss: 1) Addictive Beliefs 2) The therapeutic relationship and its problems 3) Type of cravings 4) The sequence of anticipatory and permissive beliefs and how to intervene 5) How to handle patients who want a recovering therapist 6) When to refer to a higher level of care 7) Issues raised by working with impaired professionals 8) How to handle a patient arriving for session intoxicated 9) Pacing and motivational interviewing 10) What information is reportable for mandated patients 11) How to introduce a behavioral analysis and approach 12) When and how to include family members 13) How to handle family members sharing secrets Reading: Beck, A.T., Wright, F.D., Newman, C.F., & Liese, B.S. (1993). Cognitive Therapy of Substance Abuse. New York, NY: Guilford Press.
35	03/07/18	Topic: First Hour: Functional Analysis Topic: Second Hour: Student-Led Didactic Presentation Demonstrating Strategies for Scholarly Inquiry (6th)	Objectives: 1) Consistent with the practitioner-scholar model, students will demonstrate their ability to review and present relevant literature. 2) Students will learn the fundamentals of functional analysis to promote behavior change.
36	03/14/18	Theories and Methods of Supervision	Objectives: The students will be able to: 1) Describe the multiple roles of the clinical supervisor including consultant, mentor, teacher, team member, evaluator, and administrator 2) Describe the transition from therapist to supervisor 3) Describe various models for training supervisors 4) Describe the following models for doing supervision: a. Developmental approaches b. The Discrimination Model c. The Systems Approach d. A Competency Based Approach 5) Describe what the literature tells us about what makes for good and bad supervision 6) Discuss the use of counter-transference 7) Discuss the use of self-disclosure 8) Discuss the management of alliance ruptures, boundary violations and the use of meta-communication 9) Describe the development of a self-care plan Readings: Falender, C.A. & Shafranske, E.P. (2004). Clinical Supervision: A Competency-Based Approach. Washington, D.C.: American Psychological Association. Rosenbaum, M. & Ronen, T. (1998). Clinical supervision from the

			standpoint of cognitive-behavioral therapy. Psychotherapy Theory, Research, Practice, Training, 35(2), 220-230. Norcross, J.C. (2000). Psychotherapist Self-Care: Practitioner-Tested, Research-Informed Strategies. Professional Psychology: Research and Practice, 33(6), 710-713.
37	03/21/18	First Hour: Role play supervision Second hour: Student Presentations (7th)	Objectives: 1) Students will practice the skills of providing supervision 2) Consistent with the practitioner-scholar model, students will demonstrate their ability to review and present relevant literature.
38	03/28/18	Ethical Practices	Objectives: Students will be able to discuss the Five Step Model for Ethical Decision Making and illustrate how to apply it to particular ethical dilemmas they have encountered in their work. Reading: Knapp, S.J. & VandeCreek, L.D. (2006). Practical Ethics for Psychologists: A Positive Approach. Washington, D.C.: American Psychological Association. The Ethical Principles of Psychologists and Code of Conduct (APA 2002a)
39	04/04/18	Cultural Diversity	Presenter: Dr. Luis Rivera
40	04/11/18	Student Presentations of Scholarly Inquiry (8th and 9th)	Objective: Consistent with the practitioner-scholar model, students will demonstrate their ability to review and present relevant literature.
41	04/18/18	Research: Implementation Science	Presenter: Dr. Allen Miller Objective: Students will learn the process of implementing research on clinical outcomes within a large health system.
42	04/25/18	Group Identified Topics	Objectives: (Sample topics from previous years): 1) Developing an agenda when a client presents with vague complaints and poorly defined goals 2) Treating Somatization Disorders 3) Treating OCD 4) Treating Eating Disorders 5) Handling Mandated and Legally Involved Cases 6) Handling treatment Non-Compliance 7) Handling touch, gifts, and self-disclosure in therapy 8) Managing intense emotional reactions to difficult/chronically suicidal patients 9) Therapist self-care 10) How to stay current with the research literature while maintaining a full caseload Exercises: Ethics/Diversity Forum: last 15 minutes

43	05/02/18	Group Identified Topics	Objectives: (Sample topics from previous years): 1) Developing an agenda when a client presents with vague complaints and poorly defined goals 2) Treating Somatization Disorders 3) Treating OCD 4) Treating Eating Disorders 5) Handling Mandated and Legally Involved Cases 6) Handling treatment Non-Compliance 7) Handling touch, gifts, and self-disclosure in therapy 8) Managing intense emotional reactions to difficult/chronically suicidal patients 9) Therapist self-care 10) How to stay current with the research literature while maintaining a full caseload Exercises: Ethics/Diversity Forum: last 15 minutes
44	05/09/18	Group Identified Topics	Objectives: (Sample topics from previous years): 1) Developing an agenda when a client presents with vague complaints and poorly defined goals 2) Treating Somatization Disorders 3) Treating OCD 4) Treating Eating Disorders 5) Handling Mandated and Legally Involved Cases 6) Handling treatment Non-Compliance 7) Handling touch, gifts, and self-disclosure in therapy 8) Managing intense emotional reactions to difficult/chronically suicidal patients 9) Therapist self-care 10) How to stay current with the research literature while maintaining a full caseload Exercises: Ethics/Diversity Forum: last 15 minutes
45	05/16/18	Group Identified Topics	Objectives: (Sample topics from previous years): 1) Developing an agenda when a client presents with vague complaints and poorly defined goals 2) Treating Somatization Disorders 3) Treating OCD 4) Treating Eating Disorders 5) Handling Mandated and Legally Involved Cases 6) Handling treatment Non-Compliance 7) Handling touch, gifts, and self-disclosure in therapy 8) Managing intense emotional reactions to difficult/chronically suicidal patients 9) Therapist self-care 10) How to stay current with the research literature while maintaining a full caseload Exercises: Ethics/Diversity Forum: last 15 minutes

46	05/23/18	Group Identified Topics	Objectives: (Sample topics from previous years): 1) Developing an agenda when a client presents with vague complaints and poorly defined goals 2) Treating Somatization Disorders 3) Treating OCD 4) Treating Eating Disorders 5) Handling Mandated and Legally Involved Cases 6) Handling treatment Non-Compliance 7) Handling touch, gifts, and self-disclosure in therapy 8) Managing intense emotional reactions to difficult/chronically suicidal patients 9) Therapist self-care 10) How to stay current with the research literature while maintaining a full caseload Exercises: Ethics/Diversity Forum: last 15 minutes
47	05/30/18	Group Identified Topics	Objectives: (Sample topics from previous years): 1) Developing an agenda when a client presents with vague complaints and poorly defined goals 2) Treating Somatization Disorders 3) Treating OCD 4) Treating Eating Disorders 5) Handling Mandated and Legally Involved Cases 6) Handling treatment Non-Compliance 7) Handling touch, gifts, and self-disclosure in therapy 8) Managing intense emotional reactions to difficult/chronically suicidal patients 9) Therapist self-care 10) How to stay current with the research literature while maintaining a full caseload Exercises: Ethics/Diversity Forum: last 15 minutes
48	06/06/18	Group Identified Topics	Objectives: (Sample topics from previous years): 1) Developing an agenda when a client presents with vague complaints and poorly defined goals 2) Treating Somatization Disorders 3) Treating OCD 4) Treating Eating Disorders 5) Handling Mandated and Legally Involved Cases 6) Handling treatment Non-Compliance 7) Handling touch, gifts, and self-disclosure in therapy 8) Managing intense emotional reactions to difficult/chronically suicidal patients 9) Therapist self-care 10) How to stay current with the research literature while maintaining a full caseload Exercises: Ethics/Diversity Forum: last 15 minutes

49	06/13/18	Group Identified Topics	Objectives: (Sample topics from previous years): 1) Developing an agenda when a client presents with vague complaints and poorly defined goals 2) Treating Somatization Disorders 3) Treating OCD 4) Treating Eating Disorders 5) Handling Mandated and Legally Involved Cases 6) Handling treatment Non-Compliance 7) Handling touch, gifts, and self-disclosure in therapy 8) Managing intense emotional reactions to difficult/chronically suicidal patients 9) Therapist self-care 10) How to stay current with the research literature while maintaining a full caseload Exercises: Ethics/Diversity Forum: last 15 minutes
50	06/20/18	Group Identified Topics	Objectives: (Sample topics from previous years): 1) Developing an agenda when a client presents with vague complaints and poorly defined goals 2) Treating Somatization Disorders 3) Treating OCD 4) Treating Eating Disorders 5) Handling Mandated and Legally Involved Cases 6) Handling treatment Non-Compliance 7) Handling touch, gifts, and self-disclosure in therapy 8) Managing intense emotional reactions to difficult/chronically suicidal patients 9) Therapist self-care 10) How to stay current with the research literature while maintaining a full caseload Exercises: Ethics/Diversity Forum: last 15 minutes
51	06/27/18	Wrapping up	Reflections on what worked and what did not Recommendations for next year

Intern Evaluation Procedures

Interns are in a unique position: they are participants in a formal, structured educational program and yet they are, in a limited sense, professional practitioners who receive a stipend for the performance of certain services. While it is important to recognize the duality of the intern role, it is also necessary to establish evaluative and disciplinary policies in the context of both education and practice (in order to avoid a confusing mixture of values and procedures).

The following procedures, therefore, are intended to deal with students in an educational process carried out in the setting of professional patient care. Interns' educational progress is measured regularly by the teaching faculty through firsthand observation of clinical performance, oral examination, and other accepted means of measuring professional growth. A baseline measure of basic skills in cognitive behavioral therapy is obtained in the first few weeks of the internship by rating a videotape or role play of the intern conducting a standard CBT session using the Cognitive Therapy Rating Scale (see below). The intern is rated again after having completed 6 months of the internship and again at the end of the year. Minimum expectations are that an

intern's total score on the scale, summed across the eleven domains, will either improve by 5 points from baseline to mid-year and by another 5 points from mid-year to the end of the year or reach a score of 40 or greater. In addition, supervisors submit a semi-annual formal evaluation of each intern's progress using the Intern Competencies Evaluation Form (see below). Interns are evaluated after they have completed six months of their internship training and at the end of the year. A form is given to each key supervising psychologist that invites commentary on both specific areas of skill as well as general professional demeanor. These evaluations will be discussed with the intern and then signed by both the intern and the supervisor. 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 are to be based on an accurate portrait of each intern's work. Accordingly, supervisors should observe sessions, view videotapes, and/or listen to audiotapes of 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. The feedback they receive in the formal evaluation process should never come as a surprise to the intern as they should be obtaining this information regularly over the course of the year in supervision in an ongoing fashion. The Director of Clinical Training for the WellSpan Philhaven CBT Internship will receive and review these forms. If the evaluation reveals that an intern is having minor difficulties, the Director of Clinical Training may a) obtain more information from the key supervisor(s); b) meet with the Chief Psychologist of WellSpan Philhaven CBT to discuss the nature of the difficulties, and/or c) discuss the difficulties with the intern. If an intern appears to have significant difficulties, the following process will be initiated:

1. The evaluation will be presented to the clinical staff of WellSpan Philhaven CBT internship program. A preliminary determination will be made as to whether the difficulty appears to be of a long-standing nature or specific to this particular internship site. Contacting the intern's University Clinical Director may be an option in attempting to determine the scope of the problem, especially if it is suspected that it is of a long-standing nature.
2. Based on the recommendation of the clinical staff, the Director of Training and the student may be required to develop a remediation plan to address the specific area(s) of difficulty and submit such plan to the clinical staff for review and monitoring. The school's clinical director will be notified of the areas of difficulty and the proposed remedial plan.
3. Failure to successfully resolve the area(s) of difficulty could result in an unsatisfactory completion of the internship and/or termination of the internship.
4. If the intern fails to complete the internship successfully and termination from the internship is recommended, the intern can initiate the grievance procedure as outlined on page 26.

Interns are evaluated twice a year, giving them an opportunity to improve and provide remediation if necessary. At the conclusion of the internship program, interns are provided with a final performance evaluation which is also provided to the intern's academic advisor.

The format of the evaluation is a 5-point scale with 1 defined as "Does Not Meet Expectations"; 2 as "Partially Meets Expectations"; 3 as "Meets Expectations"; 4 as "Partially Exceeds Expectations"; and 5 as "Exceeds Expectations". The expected level of competency to remain in good standing by mid-year is that all rated objectives within each goal area will be at a competency rating of 2 or better and that at least 50% of all rated objectives within each goal area will be at a competence level of 3 or higher. The expected level of competency for successful completion of the internship is a mean rating of 3 or better in all seven goal areas averaged across objectives, with no objective being lower than 2.

Definition of Problematic Behavior

If the intern appears to be having significant difficulties, the process described below will be initiated. "Significant difficulties" is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, strong emotional reactions, and/or psychological dysfunction sufficiently to prevent it from interfering with professional functioning. It is a professional judgment as to when an intern's behavior becomes problematic rather than simply "of concern." Trainees commonly may exhibit behaviors, attitudes, or characteristics which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problems typically become identified as "significant" when they include one or more of the following characteristics:

1. The intern does not acknowledge, understand, or address the problem when it is identified;
2. The problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
3. The quality of services delivered by the intern is sufficiently negatively affected;
4. The problem is not restricted to one area of professional functioning
5. A disproportionate amount of attention by training personnel is required; and/or
6. The trainee's behavior does not change as a function of feedback, remediation efforts and/or time.

Remediation and Sanction Alternatives

Once it has been identified, it is important to have meaningful ways to address problematic behavior. In implementing remediation or sanction interventions, the training staff must be mindful to balance the needs of the intern, the clients involved, and members of the intern training group and staff. The following are possible remediation and sanction interventions, depending on severity of the behavior and frequency of repetition:

1. Verbal Warning to the intern emphasizes the need to discontinue the inappropriate behavior under discussion. No record of this action is kept.
2. Written Acknowledgment to the intern formally acknowledges:

a. That the Director of Clinical Training (DCT) is aware of and concerned with the performance rating,
b. That the concern has been brought to the attention of the intern,
c. That the DCT 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.

The written acknowledgement will be removed from the intern's file when the intern responds to the concerns and successfully completes the internship.

3. Written Warning to the intern indicates the need to discontinue 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 time line 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.

A copy of this letter will be kept in the intern's file. Consideration may be given to removing this letter at the end of the internship by the DCT in consultation with the intern's supervisor and the

Chief Psychologist of WellSpan Philhaven CBT. If the letter is to remain in the file, documentation should contain the position statements of the parties involved in the dispute.
4. Schedule Modification is a time-limited, remediation-oriented closely supervised period of training designed to return the intern to a more fully functioning state. 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 more closely scrutinized supervision conducted by the regular supervisor in consultation with the DCT. 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. Change in the format, emphasis and/or focus of supervision;
c. Recommending personal therapy
d. Reducing the intern's clinical or other workload
e. Requiring specific academic coursework. The length of a schedule modification period will be determined by the DCT in consultation with the primary supervisor and the Chief Psychologist.
5. Probation is also a time-limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the intern to complete the internship and to return the intern to a more fully functioning state. Probation defines a relationship that the DCT systematically monitors for a specific length of time the degree to which the intern addresses, changes, and/or otherwise improves the behavior associated with the inadequate rating. The intern is informed of the probation in a written statement which includes:
a. The specific behaviors associated with the unacceptable rating;
b. The recommendations for rectifying the problem;
c. The time frame for the probation during which the problem is expected to be ameliorated, and
d. The procedures to ascertain whether the problem has been appropriately rectified
If the DCT determines that there has not been sufficient improvement in the intern's behavior to remove the Probation or modified schedule, then the DCT will discuss with the primary supervisor and the Chief Psychologist possible courses of action to be taken. The DCT will communicate in writing to the intern that the conditions for revoking the probation or modified schedule have not been met. This notice will include the course of action the DCT has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of another alternative. Additionally, the DCT will communicate to the Chief Psychologist and the intern's program Director of Clinical Training that if the intern's behavior does not change, the intern will not successfully complete the internship.
6. Suspension of Direct Service Activities requires a determination that the welfare of the intern's client has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the DCT in consultation with the Chief Psychologist. At the end of the suspension period, the intern's supervisor in consultation with the DCT will assess the intern's capacity for effective functioning and determine when direct service can be resumed.
7. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges with WellSpan Philhaven CBT. If the Probation Period, Suspension of Direct Service Activities or Administrative Leave interferes with the successful completion of the training hours required for completion of the internship, this will be noted in the intern's file and the intern's academic program will be informed. The DCT will inform the intern of the effects the administrative leave will have on the intern's stipend and accrual of benefits.

8. Dismissal from the Internship involves the permanent withdrawal of all WellSpan Philhaven CBT responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the problem behavior or concerns and the trainee seems unable or unwilling to alter her/his behavior, or the intern is unable to complete the internship due to physical, mental, or emotional illness, the DCT will discuss with the Chief Psychologist the possibility of termination from the training program or dismissal from WellSpan Philhaven CBT. In some circumstances, the conduct of an intern may be considered sufficiently serious to warrant immediate suspension or dismissal from the Internship Program. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor.
The following are examples of such conduct:
a. any action which materially jeopardizes the welfare of patients;
b. the use or possession of alcoholic beverages, or the use or possession of illicit controlled substances while on duty or on WellSpan Philhaven CBT property;
c. illegal, immoral, dishonest, or unprofessional behavior;
d. failure to report to work as assigned, without notification of the proper individuals;
e. breach of the intern's contract with WellSpan Philhaven CBT
f. any improper conduct that represents grounds for immediate discharge as described in WellSpan's Human Resources Policy ER-50.
If the Chief Psychologist determines that the conduct of the intern is sufficiently serious to warrant a suspension or dismissal from the Internship Program, the Chief Psychologist shall proceed as follows:
a. The Chief Psychologist shall convene a meeting of the Administrative Committee which consists of the Chief Psychologist and the Director of Training in addition to a representative from WellSpan Philhaven CBT Administration to discuss the matter, conduct any investigation the Administrative Committee deems appropriate and prepare written findings and recommendations. This meeting shall be held within five (5) business days of the Chief Psychologist being notified of the intern's conduct.
b. The findings and recommendations of the Administrative Committee shall be given to the involved intern within five (5) business days of the Committee's meeting.
c. In the event that the Administrative Committee recommends that the involved intern be suspended or terminated from the Internship Program, the intern may seek review of the decision as permitted in the Due Process Procedure described below.
d. When an intern has been dismissed, the DCT will communicate to the intern's academic department that the intern has not successfully completed the internship.

Due Process: Procedures for an Intern Requesting Review of an Action

The intern may challenge and request a review of the action. The steps to be taken are listed below:
1. Notice:
a. The intern submits a written request for review of an action to the DCT
b. Within three days of a written request, the DCT must consult with the
Chief Psychologist and implement a Review Panel by the procedures described below.
2. Hearing: The intern will have an opportunity to hear and respond to concerns. A Review Panel will be convened by the Chief Psychologist. The panel will consist of three staff members selected by the Chief Psychologist with recommendations from the DCT and the intern involved

in the dispute. The intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.
a. Within five (5) work days, a hearing will be conducted in which the challenge is heard and relevant material is presented. Within three (3) work days of the completion of the review, the Review Panel submits a written report to the Chief Psychologist, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.
b. Within three (3) work days of receipt of the recommendation, the Chief Psychologist 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 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, they will report back to the Chief Psychologist within five (5) work days of the receipt of the Director's request of further deliberation. The Chief Psychologist then makes a final decision regarding what action is to be taken.
d. The DCT 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.
3. Appeal: The intern will have an opportunity to appeal the actions taken by the Internship Program through submission of a letter to the Chief Psychologist within five (5) days of notification of the Hearing's decision. The Chief Psychologist will then collaborate with the DCT and the intern's applicable faculty member/department chair within their graduate program in order to determine an alternate course of action or maintain the hearing's decision in consideration of the intern's appeal. Formal documentation will occur of the appeal decision.

Grievance Procedure

In the event that an intern encounters any difficulties or problems (e.g. poor supervision, unavailability of supervisor, evaluations perceived as unfair, workload issues, personality clashes, other staff conflict) during his/her training experiences, the intern is strongly encouraged to first resolve the issue informally with the party involved. If the student has attempted to do so unsuccessfully or believes he or she is unable to do so without the assistance of an external party, the intern is encouraged to proceed through as many of the following steps as may be necessary for resolution of the problem.
1. Discuss the issue with the Director of Clinical Training or the Chief Psychologist, whose position is above the DCT. If the grievance is against the Director of Clinical Training, the intern should direct the complaint to the Chief Psychologist. At this initial exploratory stage, the student may speak confidentially to either of these members of the Clinical Training Committee who will help to clarify the problem. In some cases, this contact may be sufficient to resolve the complaint.
2. If necessary, the Director of Clinical Training or the Chief Psychologist may, with the permission of the intern, perform an informal investigation which may include interviewing the parties involved or any party who has evidence concerning the validity of the complaint.
3. If this informal investigation fails to lead to a resolution of the grievance, the intern can initiate a formal grievance by putting the complaint in writing to the Director of Clinical Training within seven (7) days after a failure to resolve the issue informally. The written complaint should include a full, factual explanation of the complaint and a suggested solution and should be dated and signed. The Director of Clinical Training will review the problem, investigate the circumstances, and render a decision within 14 calendar days. This decision will be presented in writing to the intern.

4. If the decision is not satisfactory to the intern, she/he is encouraged within seven days to submit a written appeal to the Chief Psychologist that should include a full explanation of why the intern does not feel the proposed decision was satisfactory, a suggested solution, and should be dated and signed. The Chief Psychologist will review the problem, investigate the circumstances, and render a decision within 14 calendar days. This decision will be presented in writing to the intern. If the intern is not satisfied with this decision, she/he can continue the grievance process as outlined in the WellSpan Human Resources Grievance Policy.

Application Requirements

Comprehensive Exams should be passed and the Dissertation Proposal should be approved by the start of the internship. Applicants from APA approved Ph.D. and Psy.D. programs in Clinical Psychology are preferred. Our Internship Program agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. Prospective interns are expected to apply for internship at WellSpan Philhaven CBT by completing the following materials and submitting them to APPIC. All application materials must be received by no later than November 1, 2017.

1. APPIC Uniform Application materials (including Professional Conduct Form, Practicum Documentation, Verification of Internship Eligibility and Readiness, etc.)
2. Curriculum vita
3. Official Graduate transcripts
4. One assessment report (remember to remove all identifying information)
5. A written report of a case conceptualization. The case conceptualization is to reflect a cognitive-behavioral framework for understanding the client and for intervention.
6. Three letters of reference (at least 2 must be from current supervisors)
7. NatMatch code (obtained from National Matching Services, Inc., 595 Bay Street, Suite 301, Box 29, Toronto, Ontario, Canada M5G 2C2.

Practica and Academic Preparation Requirements*:*

The applicants are expected to be enrolled in an APA accredited program in clinical psychology, although counseling psychology is considered acceptable and will be considered. Ph.D. and Psy.D. programs are preferred. General course work and training should include ethics/professional issues, multicultural competence, assessment, psychopathology, psychometrics, and treatment. Given the strong emphasis our internship places on training in cognitive behavioral therapy, some exposure to training in CBT is expected. While these are only guidelines, we suggest 300 AAPI intervention hours and 50 AAPI assessment hours be completed. Comprehensive Exams should be passed and the Dissertation Proposal should be approved by the start of the internship. An onsite interview is strongly preferred. Applicants are invited for interview via e-mail and can expect to receive notification of their interview status by December 1st. Interviews are conducted in early December. The interviews are one hour in length and are conducted on site with our primary faculty.

For more information, please contact:

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Internship Director of Clinical Training
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Fax. 717-851-3372

Email: wwild@wellspan.org

Training and Supervising Faculty

Chief, Supervising Psychologist

Allen R. Miller, Ph.D, MBA

Areas of Interest: Cognitive Behavior Therapy with all ages; Anxiety/Mood Disorders; Medical Conditions/Pain; Personality Disorders; Addictions

Director of Clinical Training, Supervising Psychologist

Wendy Wild, Psy.D.

Areas of Interest: Anxiety Disorders; Childhood Disruptive Disorders; Mood Disorders; Trauma; Pain MGMT/Medical Concerns; Personality Disorders

Supervising Psychologists:

Beth Davis, Psy.D.

Areas of Interest: Bipolar Disorder; Anxiety Disorders; Depression; Family Therapy; Gay, Lesbian, Bisexual Issues; Geriatric Psychiatry

Kathleen Jansen, Psy.D.

Areas of Interest: Crisis Intervention, Trauma, PTSD, Cognitive Behavior Therapy with Adults, Disaster Mental Health, Emergency Services Workers/First Responders

Lawrence McCloskey, Ph.D., ABPP in Clinical Psychology and Clinical Neuropsychology

Area of Interest: Neuropsychology Evaluation

Thomas Pallmeyer, Ph.D.

Areas of Interest: Adoption Related Issues, Men's Issues (sexual dysfunction, career/relationship issues), PTSD, Anxiety Disorders, Child and Adolescent (ADHD, ODD, etc.); Young Adult Issues (emancipation, adjustment to adulthood)

Luis Rivera, Ph.D.

Areas of Interest: Individual, Couples, Sex therapy, Bariatric Assessments, ADD/ADHD Assessments, and Forensic Evaluations. Fluent in Spanish.

Kristi Schippers, Psy.D.

Areas of Interest: Anxiety Disorders, Postpartum Depression, Cognitive-Behavioral Therapy, Women's Issues, Depression, Bariatric Evaluations

WellSpan Philhaven CBT
Doctoral Internship Program in Clinical Psychology
Site Training Manual

SIGNATURE PAGE

I, _____, (Intern) have read and understand all material presented in this training manual.

Intern Signature: _____ Date: _____

University: _____