WELLSPAN PHILHAVEN CBT
DOCTORAL INTERNSHIP PROGRAM
IN PSYCHOLOGY
Site Training Manual
2019-2020 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. In addition to adhering to the Profession Wide Competencies, WellSpan Philhaven CBT aims to train future psychologists proficient 1) in Cognitive Behavioral Therapy and 2) acting as a member of an integrated care team. Accordingly, we are aggressively recruiting a diverse group of interns with a passion for learning CBT and integrating these skills into medical settings, 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:

- A valuable community resource that provides more than $246 million in combined charitable, uncompensated care (2017).
- More than 19,000 employees
- Highly skilled primary care and specialty physicians and advanced practice clinicians, including more than 1,500 members of the WellSpan Medical Group
- More than 170 patient care locations that offer services such as diagnostic imaging, laboratory, rehabilitation, primary care, retail pharmacy, walk-in health care, durable medical equipment and other essential services
- A regional behavioral health care organization: WellSpan Philhaven
- A regional home care organization: WellSpan VNA Home Care

- Eight respected hospitals: Chambersburg Hospital, Waynesboro Hospital, WellSpan Ephrata Community Hospital, WellSpan Gettysburg Hospital, WellSpan Good Samaritan Hospital, WellSpan Surgery & Rehabilitation Hospital, WellSpan York Hospital and WellSpan Philhaven.

- Regional referral services in heart and vascular care, oncology, women and children services, orthopedics and spine care, neurosciences and behavioral health

- The region's only accredited Level 1 Regional Resource Trauma Center and Comprehensive Stroke Center with an endovascular neurosurgery program.

- Partnerships with respected organizations, including Johns Hopkins Medicine, Maryland Proton Treatment Center, Hanover Hospital, and Hospice & Community Care (formerly Hospice of Lancaster County), as well as hundreds of private-practice community physicians.

WellSpan Philhaven CBT: Overview

Behavioral 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. Doctoral interns perform a variety of clinical functions, including individual, marital, and family 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
- 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

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 1936 psychological service hours (40 hours per 52 weeks, minus 96 hours PTO and 6 paid holidays) 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 20 outpatient clients per week.
- Interns spend about 12 hours a week in Primary Care.
- 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 two diagnostic testing evaluations during the internship year. Interns will also complete assessments for bariatric surgery, spinal cord stimulation, morphine pumps, 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 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 2019-2020 is $26,499.20 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. This is to create a smooth transition into the training role and assure continuity of care for patients before exiting. Interns are required to have reliable transportation to clinical and training sites. Mileage to medical homes is reimbursed consistent with federal guidelines.

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, as well as customer service training every year. This customer service training addresses cultural competence.

Doctoral Internship Training Competencies

Consistent with APA Standards of Accreditation and Profession Wide Competences, 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:

C-8 D Profession-Wide Competencies

SoA Competency Area I. Research: Interns are expected to:

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

SoA Competency Area II. Ethical and legal standards: Interns are expected to:

- be knowledgeable of and act in accordance with each of the following:

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

SoA Competency Area III. Individual and cultural diversity: Interns are expected to have:

- an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;
- knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service;
- the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

SoA Competency Area IV. Professional values and attitudes: Interns are expected to:

- behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- actively seek and demonstrate openness and responsiveness to feedback and supervision.
- respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

SoA Competency Area V. Communication and interpersonal skills: interns are expected to:

- develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- demonstrate effective interpersonal skills and the ability to manage difficult communication well.

SoA Competency Area VI. Assessment: Interns are expected to:

- demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).
- demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.

- select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

SoA Competency Area VII. Intervention: Interns are expected to demonstrate the ability to:

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

SoA Competency Area VIII. Supervision: Interns are expected to:

- apply this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

SoA Competency Area IX. Consultation and interprofessional/interdisciplinary skills:

- apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Direct or simulated practice examples of consultation and interprofessional/interdisciplinary skills include but are not limited to:

- role-played consultation with others.
- peer consultation, provision of consultation to other trainees.

Internship Activities

Clinical Problems Treated at WellSpan Philhaven CBT

Interns spend about 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 or more 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 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 two psychological test reports 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 required. 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. Records of all supervision are retained by supervisors. At the end of the internship year, supervision notes, communications regarding trainees, evaluations, etc. are retained in the interns' files. 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	07/03/19	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 Teams under PsychIntern
2	07/10/19	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	07/17/19	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 micro skills, 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	07/24/19	Motivational Interviewing Techniques Continued	
5	07/31/19	Stimulus Value and the culture of York and Adams counties	**Objectives:** Will identify their stimulus value as the clinician in the room and the impact of that in the treatment of patients who are similar and different. Interns will learn about the local demographics and culture of York and Adams counties. **Reading:** United States Census Bureau. (2017). QuickFacts: Adams County, Pennsylvania. Retrieved from https://www.census.gov/quickfacts/fact/table/adamscountypennsylvania/PST120217 United States Census Bureau. (2017). QuickFacts: York city, Pennsylvania. Retrieved from https://www.census.gov/quickfacts/fact/table/yorkcitypennsylvania/PST045217 United States Census Bureau. (2017). QuickFacts: York County, Pennsylvania. Retrieved from https://www.census.gov/quickfacts/fact/table/yorkcountypennsylvania/PST045217

6	08/07/19	Diversity Day at Lebanon Valley Community College	**Description:** The objective of this conference is to develop cultural awareness in the community by providing practical ideas and information for working with different cultures and abilities, and to initiate development of a local resource network. We are offering up to 6 CE Credits for this event. Recognition Psychologists, Social Workers and Counselors This program is sponsored by WellSpan Philhaven, an approved sponsor for Continuing Education Credits by the American Psychological Association for psychologists. WellSpan Philhaven is approved by the American Psychologist Association to sponsor continuing education credits for psychologists. WellSpan Philhaven maintains responsibility for the program and its contents. This program is approved for three (6) APA continuing education credits. WellSpan Philhaven has pre-approval from the Pennsylvania State Board of Social Work Examiners to sponsor continuing education credits to Pennsylvania Licensed Social Workers, Marriage and Family Therapists, and Licensed Professional Counselors. WellSpan Philhaven maintains responsibility for this program.
7	08/14/19	Structure of a Cognitive Therapy 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.

8	08/21/19	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.)
9	08/28/19	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	09/04/19	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	09/11/19	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	09/18/19	Introduction to DBT	**Presenters:** Wendy Wild, PsyD **Objective:** Learn the core components of a DBT program. Learn and experience DBT skills for mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness **Reading:** Linehan, M. (2015). DBT skills training manual (Second Edition ed.). New York, NY: The Guildford Press. Van Dijk, S. (2011). Don't let your emotions run your life for teens: Dialectical behavior therapy skills for helping teens manage mood swings, control angry outbursts, and get along with others. Oakland, CA: New Harbinger Publications.
13	09/25/19	Introduction to ACT	**Objectives:** Students will learn the theory and skills associated with ACT.
14	10/02/19	Collaboration with Schools and Community Resources	**Presenters:** Ed Briercheck, School Psychologist **Objectives:** Discuss collaborating with schools and review PA special education. Identify and discuss collaboration with community resources and supports for patients and families.
15	10/09/19	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.
16	10/16/19	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.
17	10/23/19	Psychopharmacology 101	**Presenter:** Dr. Pradipta Majumder **Objectives:** Learn about common medication classes and means to collaborate with psychiatry.

18	10/30/19	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.
19	11/06/19	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.
20	11/13/19	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

21	11/20/19	First Hour: Role play treatments for anxiety Second Hour: Student presentations on anxiety (1st)	**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.
22	11/27/19	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
23	12/04/19	First Hour: Techniques for treating depression: Part 2 Second Hour: Considering Privilege	Continue above. **Objective:** Students will consider the privileges and adversities offered and faced by themselves and their patients.

24	12/11/19	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	12/18/19	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	12/25/19	Christmas Day	Christmas Day
27	01/01/20	New Year's Day	New Year's Day

28	01/08/20	Medical Patients: First hour: Assessing medical patients, Second hour: Student presentations (2nd)	**Presenter**: Dr. Natalie Hetrich 8-9 **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.
29	01/15/20	Topic 1: Review of Training Program to Date Topic 2: Self Care/Burnout	**Objectives: 1)** 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. **2)** Students will learn signs, causes, and means to manage burn-out. Reading: Norcross, (2007).
30	01/22/20	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.

31	01/29/20	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.

32	02/05/20	Topic: First Hour: (3rd) Student-Led Didactic Presentation Demonstrating Strategies for Scholarly Inquiry Second Hour: Introduction to Personality Disorders	**Objectives:** 1) Consistent with the practitioner-scholar model, students will demonstrate their ability to review and present relevant literature. 2) 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.
33	02/12/20	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.

34	02/19/20	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.
35	02/26/20	First Hour: Student-Led Didactic Presentation Demonstrating Strategies for Scholarly Inquiry (4th) Topic: Second Hour Cognitive Behavioral Therapy for Substance Abuse Part 1	**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).

36	03/04/20	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.
37	03/11/20	Topic: First Hour: Role Play Substance Abuse treatment Topic: Second Hour: Student-Led Didactic Presentation Demonstrating Strategies for Scholarly Inquiry (5th)	**Objectives: 1)** Students will role play the application of above skills. 2) Consistent with the practitioner-scholar model, students will demonstrate their ability to review and present relevant literature.

38	03/18/20	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.
39	03/25/20	Supervision Practice	**Objectives:** 1) Students will practice the skills of providing supervision.
40	04/01/20	First Hour: Functional Analysis of Behavior Second hour: Student Presentations (6th)	**Objectives:** 1) Students will learn the principles of FAB 2) Consistent with the practitioner-scholar model, students will demonstrate their ability to review and present relevant literature.
41	04/08/20	Cultural Diversity	**Presenter:** Dr. Luis Rivera **Objectives:** Define multicultural competency and practice application of multiculturally informed care to case vignettes.

42	04/15/20	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)
43	04/22/20	Student Presentations of Scholarly Inquiry (7th and 8th)	**Objective:** Consistent with the practitioner-scholar model, students will demonstrate their ability to review and present relevant literature.
44	04/29/20	Student Presentations of Scholarly Inquiry (9th) and 2nd hour Group Identified Topics	**Objective:** Consistent with the practitioner-scholar model, students will demonstrate their ability to review and present relevant literature. **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	05/06/20	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	05/13/20	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	05/20/20	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	05/27/20	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	06/03/20	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	06/10/20	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	06/17/20	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. The intern is rated again after having completed 6 months of the internship and again at the end of the year. Scores are used to inform training goals by

identifying an intern's relative strengths and weakness, inform performance evaluations, and inform areas of focus in supervision. 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 "Emerging Evidence of Competency"; 2 as "Partially Demonstrates Competency"; 3 as "Demonstrates Readiness to Enter Independent Practice"; 4 as "Demonstrates Strength in this Competency"; and 5 as "Demonstrates Advanced Preparation for Practice". The expected level of competency to remain in good standing by mid-year is that all elements within each competency area will be at a competency rating of 2 or better. The expected level of competency for successful completion of the internship is a rating of 3 or better on all elements within each competency area.

WellSpan Philhaven CBT Site Evaluation

INSTRUCTIONS TO SUPERVISORS:

Please complete the following WellSpan Philhaven CBT Competency Evaluation and review it with your intern before both you and your intern sign off on the form. It is our expectation that the evaluation process should be part of a dialogue related to developmental growth, in addition to an evaluation of current competencies, and should be valuable in setting training goals and objectives for future training activities and plans.

WellSpan Philhaven CBT

Internship Competency Evaluation

Name of Trainee: **Date:**

Clinical Supervisor: **Clinical Supervisor:**

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

Evaluation Criteria

PLEASE EVALUATE THE STUDENT IN YOUR INTERNSHIP USING THE SCALE BELOW. PLEASE INDICATE THE NUMBER THAT BEST DESCRIBES THE INTERN'S COMPETENCE.

-1- **Emerging Evidence of Competency:** limited knowledge and understanding of (a) how to analyze problems and of (b) intervention skills and the processes and techniques of implementing them. Remedial work is required as part of the supervision process. *Please comment on any responses of 1.

-2- **Partially Demonstrates Competency:** Psychology students at this level of competence have coped with enough real-life experiences to recognize some important recurring meaningful situational components, based on prior experience in actual situations. Generalization of diagnostic and intervention skills to new situations and patients is developing and support is needed to guide performance. This is a common rating for beginning interns.

-3- **Demonstrates Readiness to Enter Independent Practice:** At this level, the intern can see his or her actions in terms of long-range goals or plans of which he or she is consciously aware. At this level, the developing psychologist can assess and treat individuals without constant supervision, and the use of supervision is more consistent with consultation of a licensed provider. This is the goal by completion of internship.

-4- **Demonstrates Strength in this Competency:** Demonstrates significant ability to integrate research, personal life experiences, and prior clinical work in a manner consistent with considerable time licensed in the flied.

-5- **Demonstrates Advanced Preparation for Practice:** Either based on adherence to the research or extensive exposure, demonstrates a high level of expertise.

ASSESSMENT METHOD(S) FOR COMPETENCIES

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

C-8 D Profession-Wide Competencies

SoA Competency Area I. Research: Areas of observation and evaluation include, but are not limited to, presentations to the intern cohort, presentations to WellSpan Philhaven entities, community presentations, citation of research in report writing, citation of research in supervision, and provision of psychoeducation.

Interns are expected to:

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

1* 2 3 4 5

Comments:_____
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_____

SoA Competency Area II. Ethical and legal standards: Areas of observation and evaluation include, but are not limited to, the ability to cite and follow regulations, provision of therapy within appropriate boundaries, interpersonal manner in all contexts, ChildLine reporting, and critical thinking within case presentations in supervision.

Interns are expected to:

- Be knowledgeable of and act in accordance with each of the following:
  - the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
  - relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
  - relevant professional standards and guidelines.

1* 2 3 4 5

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

1* 2 3 4 5

Comments:_____
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_____

- Conduct self in an ethical manner in all professional activities.

1* 2 3 4 5

Comments:_____
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SoA Competency Area III. Individual and cultural diversity: Areas of observation and evaluation include, but are not limited to, insight into one's stimulus value, effectiveness working with individuals different than oneself, and provision of culturally informed treatment.

Interns are expected to have:

- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;

1* 2 3 4 5

Comments:_____
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_____

- Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service;

1* 2 3 4 5

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

1* 2 3 4 5

Comments:_____
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SoA Competency Area IV. Professional values and attitudes: Areas of observation and evaluation include, but are not limited to, reflections shared in didactic and group or individual supervision, and manner across training settings.

Interns are expected to:

- Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

1* 2 3 4 5

Comments:_____
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_____

- Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.

1* 2 3 4 5

Comments:_____
_____
_____
_____

- Actively seek and demonstrate openness and responsiveness to feedback and supervision.

1* 2 3 4 5

Comments:_____
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- Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

1* 2 3 4 5

Comments:_____
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SoA Competency Area V. Communication and interpersonal skills: Areas of observation and evaluation include, but are not limited to, interactions with patients, the intern cohort, colleagues and supervisors; and report and note writing.

Interns are expected to:

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

1* 2 3 4 5

Comments:_____
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- Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.

1* 2 3 4 5

Comments:_____
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- Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

1* 2 3 4 5

Comments:_____
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SoA Competency Area VI. Assessment: Areas of observation and evaluation include, but are not limited to, a biopsychosocial assessment for treatment, a cognitive case conceptualization, medically specific assessments, and psychological or neuropsychological batteries.

Interns are expected to:

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.

1* 2 3 4 5

Comments:_____
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- Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).

1* 2 3 4 5

Comments:_____
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- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.

1* 2 3 4 5

Comments:_____
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_____

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

1* 2 3 4 5

Comments:_____
_____
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_____

- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

1* 2 3 4 5

Comments:_____
_____
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- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

1* 2 3 4 5

Comments:_____
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_____

SoA Competency Area VII. Intervention: Areas of observation and evaluation include, but are not limited to, review of live, audio or video recorded sessions; role play; case presentation; and Cognitive Therapy Rating Scale score. *Adherence to a solid Cognitive Behavioral case conceptualization is important given WellSpan Philhaven CBT's aim to train future psychologists proficient in Cognitive Behavioral Therapy.

Interns are expected to demonstrate the ability to:

- Establish and maintain effective relationships with the recipients of psychological services.

1* 2 3 4 5

Comments:_____
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- Develop evidence-based intervention plans specific to the service delivery goals.

1* 2 3 4 5

Comments:_____
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_____

- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

1* 2 3 4 5

Comments:_____
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- Demonstrate the ability to apply the relevant research literature to clinical decision making.

1* 2 3 4 5

Comments:_____
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_____

- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking,

1* 2 3 4 5

Comments:_____
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_____
_____

- Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

1* 2 3 4 5

Comments:_____
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_____

SoA Competency Area VIII. Supervision: Areas of observation and evaluation include, but are not limited to, feedback given to peers; role play of supervision; supervision sessions recorded for review; and acting as group supervisor to the intern cohort under the guidance of a faculty supervisor.

Interns are expected to:

- Apply this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

1* 2 3 4 5

Comments:_____
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_____

SoA Competency Area IX. Consultation and interprofessional/interdisciplinary skills: Areas of observation and evaluation include, but are not limited to, feedback from Primary Care placement sitesand feedback from clinic psychiatrists or nursing staff. *The ability to interact well within a multidisciplinary team is important given WellSpan Philhaven CBT's aim to train future psychologists proficient in interacting within integrated care teams.

Interns are expected to:

i. Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

1* 2 3 4 5

Comments:_____
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Direct or simulated practice examples of consultation and interprofessional/interdisciplinary skills include but are not limited to:

ii. Role-played consultation with others.

1* 2 3 4 5

Comments:_____
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iii. Peer consultation, provision of consultation to other trainees.

1* 2 3 4 5

Comments:_____
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_____

This Intern has received the following internship hours under my supervision at this point.

Individual Supervision

Group Supervision

Therapy Intervention (Meadowlands and Primary Care)

Assessment (face-to-face time only)

Didactic/Training

Clinically-related supportive activities (particularly documentation)

GOAL FOR INTERN EVALUATIONS AT MID-YEAR (DECEMBER 31ST)

Good Standing requirements: A 2 or better is obtained under each Profession Wide Competency.

GOAL FOR INTERN EVALUATIONS AT COMPLETION OF INTERNSHIP (JUNE 30TH)

Good Standing requirements: A 3 or better is obtained under each Profession Wide Competency.

_____ The intern HAS successfully completed the above goal. We have reviewed this evaluation together.

_____ The intern HAS NOT successfully completed the above goal. We have made a joint written remedial plan as attached, with specific dates indicated for completion. Once completed, the rotation will be re-evaluated using another evaluation form, or on this form, clearly marked with a different color ink. We have reviewed this evaluation together.

Therapy Supervisor: _____ Date: _____

Therapy Supervisor: _____ Date: _____

Assessment Supervisor: _____ Date: _____

Director of Internship Training: _____ Date: _____

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

Intern: _____ Date: _____

INTERN COMMENTS REGARDING COMPETENCY EVALUATION (IF ANY):

_____

_____

_____

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.

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:

Wendy E. Wild, Psy.D.
Internship Director of Clinical Training
WellSpan Philhaven CBT
3550 Concord Road, Suite B
York, PA 17402
Tel.: 717-812-2285
Fax. 717-851-3372
Email: wwild@wellspan.org

Training and Supervising Faculty

Chief, Supervising Psychologist

Kathleen Jansen, Psy.D.

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

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; DBT informed treatment

Supervising Psychologists:

Natalie Hetrich, Psy.D.

Areas of Interest: Psychological evaluation; Rehabilitation psychology; Integrated care

Sheri Keogh, Psy.D.

Areas of Interest: Children and Adolescents; Anxiety Disorders; Cognitive-Behavioral Therapy; Dialectical Behavior Therapy; Faith-Based Therapy

Lawrence McCloskey, Ph.D., ABPP in Clinical Psychology and Clinical Neuropsychology
Area of Interest: Neuropsychology Evaluation

Nina Pacholec, Ph.D.
Areas of Interest: anxiety disorders, mood disorders, child and adolescent therapy, cognitive behavior therapy, and DBT informed treatment

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)

Arielle Nickie, Psy.D.
Areas of Interest: Cognitive Behavioral Therapy, Mindfulness, Anxiety Disorders, Chronic Medical problems, Cultural Diversity, Bariatric Evaluations

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: _____