

UNIVERSITY OF UTAH NEUROPSYCHIATRIC INSTITUTE

**PSYCHOLOGY INTERNSHIP PROGRAM
HANDBOOK**

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Dear Internship Applicant,

Thank you for your interest in our psychology internship training program. The University of Utah Neuropsychiatric Institute (UNI) is a multidisciplinary facility that offers a complete range of programs and services for the diagnosis and treatment of child, adolescent and adult psychiatric populations. Our hospital excels in its commitment to psychology's growth as a discipline, and its commitment to training. Our predoctoral psychology internship program has been accredited by the American Psychological Association since 2003*.

The Neuropsychiatric Institute is a teaching hospital owned by the University of Utah and operates as part of the University of Utah Health Sciences Center. Interns at UNI are offered a wide scope of training opportunities which represent a blend of state-of-the-art interventions and assessment techniques. Staff expertise encompasses comprehensive psychological evaluations, family/marital therapy, group therapy, and individual psychotherapy. Our interns participate in three training rotations that include child, adolescent, and adult populations. The overall program goal is to prepare interns for professional practice in a variety of settings.

Our staff at UNI is committed to the highest quality of internship training. We endeavor to provide our interns with an excellent experience that is both scholarly and collegial. One to one supervision, group supervision, and didactic training seminars are core aspects of our training program. Interns are also encouraged to attend the Grand Rounds series at the University Hospital as well as other training opportunities across the University of Utah campus.

I strongly hope that you will consider our internship program and look forward to receiving your application.

Sincerely yours,

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Dear Internship Applicant,

Thank you for considering the Psychology Internship Training Program at The University of Utah Neuropsychiatric Institute (UNI). Selecting an internship is an important decision for all psychology graduate students. The internship program at UNI provides a comprehensive clinical training experience with severe and diverse psychopathology in children, adolescents and adult psychiatric populations. UNI is a freestanding public, non-profit psychiatric hospital affiliated with the University Health Care Hospitals and Clinics. The UNI psychology staff consists of six full time licensed psychologists and eight consulting psychologists, all of whom are committed to providing quality clinical care, training and supervision. Additional affiliated psychologists from UNI and the community are also on the professional staff of the University of Utah Neuropsychiatric Institute and provide didactic training opportunities.

The Psychology Internship Program at UNI is a well-developed APA accredited* training site which offers three full-time predoctoral internship positions. Interns complete three four-month rotations with our child, adolescent, and adult populations. They are provided with supervised clinical experiences with psychiatric disorders across the developmental continuum. The internship program provides experience with both inpatient and day treatment psychiatric populations, training in numerous treatment modalities and various assessment techniques, knowledge of the hospital practice of psychology, as well as exposure to matters of professional practice. The breadth and depth of clinical experience combined with our training seminars/activities, and quality supervision creates a unique and excellent internship training experience, with the goal of preparing interns for professional practice in a variety of settings. I appreciate your interest in our Psychology Training Program and hope that you will seriously consider continuing your professional training at The University of Utah Neuropsychiatric Institute. Minority and culturally diverse applicants are encouraged to apply.

I look forward to receiving your application. If I can provide additional information, please do not hesitate to contact me directly, preferably via email.

Sincerely,

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THE UNIVERSITY OF UTAH NEUROPSYCHIATRIC INSTITUTE

Mission

The University Neuropsychiatric Institute is committed to provide excellence in mental health care to the Intermountain West Community.

Vision

To provide leadership in patient care, built on a foundation of knowledge, innovation, and human values.

Values

Continuous Improvement	Caring
Innovation	Advocacy
Respect	Communication
Integrity	Collaboration

Administrators

Ross Van Vranken, LCSW, Chief Executive Officer
Mary M. Talboys, LCSW, Associate Administrator

Michael Lowry, M.D., Medical Director
Thomas Woolf, LCSW, Clinical Services Director
James S. Kahn, Ph.D., Director of Psychology
Sandra Whitehouse, Ph.D., Director of Psychology Training

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THE UNIVERSITY OF UTAH NEUROPSYCHIATRIC INSTITUTE OVERVIEW

The University of Utah Neuropsychiatric Institute (UNI) is a 90 bed full-service psychiatric hospital providing inpatient, partial hospitalization, intensive outpatient, and outpatient services for children, adolescents and adults. UNI is set on a 10-acre site in the foothills of Research Park adjacent to the University of Utah campus. UNI, formerly known as The Western Institute of Neuropsychiatry, opened in 1986 following the development of a Clinical Management Agreement between National Medical Enterprises (NME) and the University of Utah. In March of 1994, The University of Utah formally purchased and took ownership and the name was changed to the University of Utah Neuropsychiatric Institute. For the past eight years, The University of Utah has provided our clinical management through the Department of Psychiatry of the University of Utah College of Medicine. As a result our emphasis has been, and will continue to be, the provision of high quality clinical psychiatric services, and excellence in training and teaching.

As an integral part of the Salt Lake community and the Intermountain West, the University of Utah has committed greater resources to further strengthen our clinical services. As a result, UNI has become a regional center for excellence in mental health care and training. UNI has a number of specialty clinical programs that provide training opportunities for students in various disciplines, including Psychiatry, Pediatrics, Neurology, Psychology, Social Work, Education, Nursing, and Recreational Therapy.

UNI provides a rich treatment and educational environment and has evolved into a full “teaching hospital.” The high quality staff and clinical expertise has allowed UNI to enjoy a reputation throughout the community and the Intermountain West as a leader in advanced psychiatric treatment. With over 50 affiliated psychiatrists and psychologists, and an additional 30 allied professionals, UNI has positioned itself as one of the regional experts capable of addressing difficult diagnostic cases, including severe psychopathology and complicated treatment issues. UNI’s goal is to offer the best possible treatment provided by the highest trained staff and professionals in the Salt Lake City area.

The University of Utah Neuropsychiatric Institute addresses psychiatric disorders for a diverse population ranging from children to elderly patients. UNI has five inpatient programs, two day treatment/partial hospitalization programs, two intensive outpatient programs, specialty clinics and outpatient services. Treatment programs and clinical specializations are outlined below:

INPATIENT PROGRAMS:

Adult Intensive Treatment Unit (ITU) Program

The ITU Program is comprised of three separate units containing a total of 40 beds for acutely suicidal, homicidal and psychotic patients, detox patients, patients with co-morbid medical disorders and/or patients experiencing significant cognitive and/or neurological deficits.

Adult Inpatient Program

The Adult Inpatient Treatment Program consists of a 20 bed unit specializing in the treatment of a broad range of general adult psychopathology, including mood and anxiety disorders, personality disorders, dissociative disorders, and post traumatic stress disorders.

Recovery Inpatient Program

The Recovery Inpatient Program provides intensive clinical services to adults experiencing chemical dependency and adults with dual diagnoses. This inpatient program assists with detoxification and the withdrawal phase of chemical dependency.

Adolescent Inpatient Program

The Adolescent Inpatient Program is a 20 bed unit specializing in the treatment of severe mood disorders, suicidal youth, psychosis, anxiety disorders, eating disorders, abuse victims as well as externalizing behavior disorders.

Child Inpatient Program

The Child Inpatient Program is an 8 bed unit that specializes in the treatment of children 5 to 12 years of age who require the structure of a secure and consistent environment to treat severe mood and anxiety disorders, psychosis, abuse victims, attachment disorders and severe behavior disorders.

Each inpatient program provides a safe environment where a patient's medical, psychological, biological and social needs are assessed and appropriate interventions are implemented. Multidisciplinary treatment teams consisting of a psychiatrist, psychologist, social worker, registered nurse, expressive therapist and mental health worker complete a comprehensive diagnostic evaluation and then formulate an individual treatment plan. The plan focuses on stabilization, brief-focused treatment and aftercare. Each inpatient program provides a structured therapeutic milieu, appropriate clinical care and programmatic group therapies including recreational therapy groups, music therapy, art therapy, psychotherapy groups, coping skills and social skills groups. In addition, individual, family and marital/couples therapy are critical components of treatment for the child, adolescent and adult inpatient populations.

DAY TREATMENT PROGRAMS:

Teenscope

Teenscope is structured day treatment program designed to meet the mental health needs of adolescents who are experiencing significant problems including severe mood disorders, anxiety disorders, behavioral/conduct disorders, substance abuse and eating disorders. Teenscope provides a therapeutic community where adolescents learn the importance of accepting responsibility for the consequences of their actions and the value of trusting themselves and others. The focus is on teaching life skills (e.g., coping skills and problem solving skills) that will assist the adolescent in successful reintegration into his/her family and community.

Kidstar

Kidstar is a day treatment program serving the psychiatric needs of children 5 to 12 years of age and their families. It provides a structured and nurturing milieu that addresses the emotional, behavioral and educational needs of children experiencing mood disorders, anxiety disorders, behavioral disorders and ADHD. Kidstar focuses on the child within his family or social system and attempts to address the emotional, environmental and biological factors, which impact the child's ability to function successfully.

Both Teenscope and Kidstar have clinical specialization and program milieu comparable to the youth inpatient programs. Once stabilized, many youth patients will transition from the inpatient unit into a day treatment program to continue treatment and to ensure continuity of clinical care. All day treatment patients are provided a multi-disciplinary treatment team consisting of a psychiatrist, psychologist, social worker, registered nurse, expressive therapist, mental health worker and program director. In addition to the program milieu and group therapy, patients and their families also participate in ongoing individual and family therapy. Additionally, UNI has an accredited school program within the facility. The University Academy provides all day treatment patients with educational services and educational specialists who can assist with academic and school related problems.

INTENSIVE OUTPATIENT PROGRAMS (IOP):

Recovery Works

Recovery Works is an eight-week adult chemical dependency intensive outpatient program designed to intensively treat the chemically addicted while allowing them to integrate into their home, work and community settings. Recovery Works incorporates the philosophy of Alcoholics Anonymous (AA), as well as a variety of other treatment approaches including psychotherapy groups, presentations, family groups, professional guest speakers and alumni guest speakers.

Staying Off Substances (SOS)

Staying Off Substances (SOS) is a ten-week intensive outpatient program for adolescents with identified drug and alcohol problems. The SOS treatment program meets four days a week from 4:00-7:00 P.M. The program is designed to allow adolescents to continue with their current school placement. The SOS program uses group therapy, psychoeducation, experiential therapies, including the ROPES course, and family therapy interventions. Adolescents must also attend Alcoholics Anonymous or another twelve-step group. Parent participation is required to maximize therapeutic gains and weekly aftercare is provided following the program.

SPECIALTY CLINICS and OUTPATIENT SERVICES:

Child and Adolescent Specialty Clinic

The Child and Adolescent Specialty Clinic provides assessment and treatment of Attention Deficit-Hyperactivity Disorder, Autism-Spectrum Disorders and Tourette's Disorders. Consultations for anxiety disorders and mood disorders are also completed.

Residents' Clinic

The Residents' Clinic provides reduced-cost psychotherapy and medication management by the resident physicians of the University of Utah Department of Psychiatry under the supervision of the Department of Psychiatry Faculty.

UNI Neurobehavior H.O.M.E. Program

The UNI H.O.M.E. (Healthy Options Medical Excellence) program is based on a care coordination model of "hands on care delivery" and blended funding for people with developmental disabilities. The goal is to improve the quality of healthcare and coordinate needed services for this population, while allowing for personal choices in health care decisions.

Outpatient Services

The University of Utah Neuropsychiatric Institute provides a comprehensive Outpatient Referral Network, which spans a four state area. Outpatient psychiatric services also include UNI Professional Offices in Salt Lake City, Utah.

PSYCHOLOGY SERVICES AT THE UNIVERSITY OF UTAH NEUROPSYCHIARIC INSTITUTE

The hospital psychology staff, under the direction of Dr. James S. Kahn, is responsible for the provision of psychological services at The University of Utah Neuropsychiatric Institute. UNI employs clinical, counseling and school psychologists. Training opportunities are provided to a postdoctoral psychology resident, pre-doctoral psychology interns and practica/externship students. Psychologists on staff are primarily assigned to a specific patient population or treatment program. All psychology staff members have admitting/attending privileges. Psychologists at UNI may be involved in a variety of different roles and functions providing both direct and indirect psychological services. In each hospital program, psychologists provide individual, family and or marital/couples therapy, conduct psychological evaluations including intellectual, personality, affective, behavioral as well as comprehensive neuropsychological assessments; provide process-oriented and psychoeducational group therapy services, provide supervisory and training experiences and act as program directors and administrators.

Psychologists on staff at UNI are also members of the hospital Professional Staff, comparable to the “Medical Staff” in other hospital settings. Accordingly, psychology staff members have voting privileges in relation to hospital policies, procedures and bylaws. Psychology staff members have appointments in various departments at the University of Utah including the Departments of Psychiatry, Psychology and Educational Psychology. Psychology staff members are also involved in integral hospital committees, such as the Executive Committee, Credentials Committee, Ethics Committee, Utilization Review Committee, and the Youth Leadership Group. Additionally, affiliated psychologists from the community who are members of the professional staff are often involved in the admission and care of their own private practice patients admitted to the treatment programs at UNI.

PSYCHOLOGY INTERNSHIP TRAINING PROGRAM OVERVIEW

The Psychology Internship Program and The University of Utah Neuropsychiatric Institute are committed to providing an internship program that emphasizes both the professional and personal development of its interns in a psychiatric hospital setting. The psychology training program at UNI was developed in 1992 and first became a member of the Association of Psychology Postdoctoral and Internship Center (APPIC) the same year. The internship training program received accreditation by the American Psychological Association (APA) in July 2003.

UNI currently has three full-time predoctoral internship positions. Psychology Interns are required to complete a minimum of 2000 hours during the course of the 12-month internship year. Psychology interns are assigned to three primary services, adult, adolescent and child for three separate four-month rotations. This rotation system provides a comprehensive training experience with severe and diverse psychopathology across the developmental continuum, exposure to numerous treatment modalities and assessment techniques, as well as experience with a variety of supervisors/mentors. Psychology interns work within a multidisciplinary

treatment team on each rotation. This team approach allows for collaboration and coordination among psychiatry, psychology, social work, nursing, and educational and recreational therapy staff. Formal and informal training opportunities with individuals in each of these various disciplines may be arranged.

Internship Training Philosophy

The Internship Training Program at UNI trains doctoral level clinical, counseling and school psychology students in accordance with a practitioner model. The primary goal of the program is to provide high quality training that will prepare psychology students for the practice of professional psychology. Upon completion of the program, interns are expected to be able to function as competent, ethical, entry-level psychologists able to provide a variety of psychological services in a variety of clinical settings. The internship experience at The University of Utah Neuropsychiatric Institute provides comprehensive clinical training with severe psychopathology in child, adolescent and adult psychiatric populations. It is designed to prepare generalists who are capable of providing mental health services to diverse populations. The internship provides intensive experiential training in core areas of psychology practice including diagnosis and assessment, therapeutic intervention, psychological testing, crisis intervention, consultation and scholarly inquiry. Interns also gain direct experience with the hospital practice of psychology and are exposed to matters of professional practice. Interns who complete the program will be capable of functioning autonomously and responsibly in a variety of professional psychology roles.

The internship training experience is primarily experiential and developmentally structured in terms of sequence, intensity, duration and frequency so that interns assume increased responsibility and independence as the year progresses. The training experiences are designed to build upon skills and competencies obtained during the intern's doctoral training and to provide new clinical and training experiences. All training experiences occur in an atmosphere of modeling, mentoring and collaborative interaction with the supervisors and senior psychology staff members. Internship training is accomplished through direct clinical experience, individual and group supervision, didactic seminars, treatment team staff meetings, psychotherapy seminar, professional consultation, peer-group meetings, continuing professional education and scholarly readings. The internship training program emphasizes an understanding and appreciation for diversity both within the group of interns and across all internship activities. While interns participate in core training activities to build useful competencies to function independently as professional psychologists, they also have the opportunity to focus on some of their own interests in each training rotation.

The internship program combines intensive clinical and didactic training to help solidify and consolidate the intern's understanding of psychological theory as it applies to clinical practice. While the primary focus of the internship is the clinical practice of psychology, the application of pertinent literature and research is strongly emphasized. Interns are exposed to the integration of research and practice through didactic training, seminars, supervision, treatment team meetings, case conferences, assigned readings in professional journals and books, continuing professional education and the activities of their supervisors. The internship encourages clinical thinking,

independent scholarly inquiry and the consideration and implementation of scientific empirical findings in all clinical work.

Internship Training Goals and Objectives

The internship's training program emphasizes seven core areas of professional competency: (1) Ethics and Professionalism, (2) Assessment and Diagnosis, (3) Intervention, (4) Consultation, (5) Diversity, (6) Supervision, and (7) Theories and Methods of Evaluation. Within each area specific goals and objectives have been identified. At the conclusion of the 12-month internship training program, interns will be expected to have achieved the following 21 goals and objectives and to demonstrate knowledge and professional competence with child, adolescent and adult psychiatric populations. Interns are evaluated on these goals at mid and final points of each rotation, see Intern Evaluation Form, Supervision Checklist – Assessment, and Supervision Checklist, Therapy, Appendix pages 51-59. In addition, Interns track their hours, patient demographics, and the minority / diversity status of their patients, see Appendix pages 47, 48 and 60.

A. Ethics and Professionalism:

1. Demonstrate knowledge and the ability to practice psychology consistent with all ethical, legal and professional mandates.
2. Demonstrate knowledge of current scientific literature/research and the application of these empirically supported assessment techniques and interventions into clinical practice.
3. Demonstrate professional responsibility (e.g., follow appropriate procedures, complete documentation requirements and assignments in a timely manner, punctuality for appointments, confidentiality, respect for others, etc.).
4. Demonstrate an understanding of the role and function of a psychologist within a psychiatric hospital setting and adhere to all hospital practices and policies, standard job functions and performance standards.
5. Demonstrate behaviors reflective of scholarly inquiry and a desire for professional growth and development evidenced by participation in supervision (e.g., sharing therapy tapes, having questions ready) knowledge of current research, contribution to team meetings, and self-motivation.
6. (*Evaluated by the Training Director*) Demonstrates desire for professional growth through active participation in didactic trainings and psychotherapy seminar (e.g., bringing scheduled therapy tapes, discussion of cases, prepared to discuss assigned readings).

B. Assessment and Diagnosis:

7. Demonstrate an understanding of child, adolescent and adult psychopathology and the ability to make differential diagnoses using the DSM-IV.
8. Demonstrate the ability to select an appropriate psychological assessment battery based on a specific referral question.
9. Demonstrate the ability to administer, interpret and integrate a variety of assessment measures (e.g., cognitive, behavioral, affective, personality, memory, motor, and verbal functioning).
10. Demonstrate the ability to develop an appropriate case formulation, link assessment data to treatment recommendations, communicate results, and prepare a quality written report.
11. Demonstrate a basic understanding of neuropsychological disorders and issues and the ability to use and interpret basic neuropsychological assessment measures.

C. Intervention:

12. Demonstrate the ability to utilize a theoretical framework to develop a competent case conceptualization and to formulate an appropriate treatment plan with obtainable therapeutic goals and interventions.
13. Demonstrate the ability to select appropriate empirically validated psychotherapeutic interventions based on a patient's specific therapeutic needs.
14. Demonstrate the ability to implement a variety of effective interventions (e.g., individual therapy, family therapy, marital/couples therapy, group therapy and crisis intervention) and to appropriately evaluate treatment outcomes.
15. Demonstrate the ability to develop and maintain appropriate therapeutic relationships (e.g., establish rapport, define boundaries, transference and counter transference, termination issues, etc.).

D. Consultation:

16. Demonstrate the knowledge of consultation methods and the ability to consult, collaborate and communicate within a multidisciplinary treatment setting and to liaison with the community and professionals as appropriate to patient care.

E. Diversity/Cross-cultural:

17. Demonstrate an awareness and sensitivity to issues of diversity and a desire to learn more about individuals from diverse backgrounds through diversity training seminars, reading and supervision.

18. Demonstrate an understanding of the effects of individual differences on the therapeutic process and the ability to evaluate and address the therapeutic needs of diverse populations (racial/ethnic/multi-cultural, gay/lesbian, disabled, etc.).

F. Supervision:

19. Develops skills in supervision (e.g., attends training, elicits feedback from supervisee on their goals, experiences and perceptions, discusses mutual responsibilities and expectations related to the supervision process, attends supervision punctually, provides constructive feedback, and participates in evaluating the supervisee.)

G. Theories and Methods of Evaluation:

20. Participates in training on theories and methods of evaluation, develops confidence providing positive as well as constructive evaluative feedback to program, completes evaluations of rotations, supervisors, and the internship.
21. Periodically reviews the patient satisfaction surveys and related data, is responsive to feedback, and participates in program development and improvement.

INTERNSHIP TRAINING ROTATIONS

As part of the unique training experience at UNI, psychology interns rotate across all three primary hospital services, child, adolescent and adult. Over the 12-month period, interns participate in three distinct four-month rotations and have the opportunity to work with diverse populations and psychopathology. Psychology interns are assigned a supervisor on each rotation who specializes with the specific population and can provide excellent mentoring and training. The opportunity to work with three different supervisors over the course of the year allows interns exposure to a variety of specializations, approaches and techniques. Each rotation is structured to provide direct clinical experiences that are graded in terms of case difficulty and the number of clients served. Clinical caseloads build slowly at the beginning of each rotation, affording a higher priority to training and supervision. On all rotations interns' clinical caseloads are capped at five. Training on each rotation is also personalized and adapted to the trainee's level of functioning as new professional challenges are encountered. Outlined below are the three psychology internship rotations.

Adult Rotation

Psychology interns on the adult rotation provide psychological services to patients participating in all three of the adult inpatient programs (i.e., Adult Intensive Treatment Program, Adult Inpatient Program, Recovery Inpatient Program). The Adult Intensive Treatment Program is designed to treat patients 18 and older who are experiencing the most acute level of distress and symptoms. Patients participating in this program typically demonstrate an inability to function independently or have immediate safety risks. This program occupies three units (i.e., ITU North, South, and East). The Adult Inpatient Program and the Recovery Inpatient Program occupy the Adult Unit. Patients on this unit are able to contract for safety and function in a manner consistent with the degree of freedom offered on this unit. In all three programs, the intern participates as a multidisciplinary team member working collaboratively with psychiatrists, social workers, psychiatric nurses, recreational therapists and mental health workers. They provide individual, family, and couples therapy, psychological and neuropsychological assessment, and various consultation services. The intern may carry a caseload of up to five patients and continue to work with patients as they transition between units within the hospital to ensure continuity of care.

Psychology interns on the adult rotation regularly conduct a psycho-educational therapy group on the Adult Unit. This group focuses on stressors and coping skills and is held twice a week. Interns on the adult rotation participate in a weekend call schedule approximately once every six weeks. Weekend call duties include individual and family therapy or psychological assessment, when requested by the attending psychiatrist, for patients not yet assigned to a psychologist, postdoctoral resident, or intern. As part of the on call duties, interns also rotate responsibility to lead a second group which is held on Saturday morning. This is a multi-family group which focuses on communication skills and active listening. The intern on the adult rotation leads this group only on those weeks they are on call. Supervisors are available by phone and pager, but come into the hospital on an as needed basis to provide the necessary level of supervision. The Monday following the call weekend is designated as a day off for compensation.

Interns are exposed to the Mastering My Life (MML) Program, which is a computerized cognitive-behavioral treatment program based on completion of treatment related modules. Patients work through this program identifying antecedents and consequences of their emotional and behavioral disturbances, and develop a behaviorally and cognitively based action plan to address their treatment concerns. The printouts from the Therapeutic Learning Program are reviewed in group and are available for use in individual therapy. Interns on the adult rotation also may opt to participate in the monthly Interpersonal Reconstructive Therapy (IRT) case conference series with Dr. Lorna Benjamin, Ph.D. They have the opportunity to observe their patients' involvement in the ROPES recreation therapy program and to learn about and observe electroconvulsive therapy (ECT).

Adolescent Rotation

Psychology interns on the adolescent rotation provide psychological services to adolescent patients admitted to the inpatient youth unit and adolescents participating in the Teenscope Day Treatment Program. The intern on the adolescent rotation participates on a multidisciplinary team including psychiatrists, social workers, recreational therapists, psychiatric nurses, educational specialists and mental health workers. The intern attends formal and informal treatment team rounds for both the inpatient and day treatment programs several times weekly. On the adolescent rotation, interns carry a caseload of up to five patients including therapy and assessment cases. It is common for the intern to continue to provide psychological services to a patient who, once stabilized, transitions from the inpatient unit to the Teenscope Day Treatment Program.

In both the inpatient and Teenscope programs, the psychology intern serves as the primary therapist and provides both individual and family therapy to each patient. They also conduct a cognitive-behavioral coping skills group with the Teenscope patients twice a week. Another crucial role of psychology intern on the adolescent rotation is to provide assessment services to aid in differential diagnosis and treatment planning. This allows the intern to gain experience with a wide variety of assessment measures addressing intellectual, cognitive, psycho-educational, affective, personality and/or behavioral functioning. In addition, interns are often asked to provide various consultation services or to develop behavioral management plans. Working within the multidisciplinary team, the intern also has the opportunity to be involved in or observe psychotherapy and recreational therapy groups, music and art therapy, as well as chemical dependency groups. Consultation with the educational specialists also provides the opportunity to acquire knowledge and experience related to educational programming and curriculum, as well as special education law/regulations and placements. Additional training opportunities include a weekly parent-training group.

Interns on the adolescent rotation also participate in a weekend call schedule, approximately once every six weeks. This call schedule services the youth inpatient population. Responsibilities include individual and family therapy or psychological assessment when requested by the attending psychiatrist, typically for newly admitted patients not yet assigned to a psychologist, intern, or postdoctoral resident. Supervisors are available by phone and pager, and can come into the hospital on an as needed basis to provide the necessary level of supervision. Interns receive the following Monday off as compensation for their time on call.

Child Rotation

The psychology intern on the child rotation provides psychological services to children (ages 4-12) on the youth inpatient unit and to children participating in the Kidstar Day Treatment program. On the child rotation, the psychology intern participates as a multidisciplinary team member working with psychiatrists, social workers, recreational therapists, psychiatric nurses, educational specialists and mental health workers. The intern attends treatment team rounds for both the inpatient and day treatment programs several times weekly to discuss patient care. On the child rotation, the intern carries a caseload of up to five patients and will commonly continue to provide psychological services to a patient who transitions from the child inpatient unit into the Kidstar Day Treatment Program.

Similar to the psychological services provided on the adolescent units, the intern on the child rotation is the primary therapist and provides both the individual and family therapy. Interns also conduct psychological, neuropsychological, and psychoeducational evaluations with the children in both the inpatient and day treatment programs to aid in differential diagnosis and treatment planning. The child rotation provides interns with an excellent opportunity to evaluate and treat children with severe and complicated psychiatric diagnosis. Interns working with the child populations are often asked to develop behavioral management plans or to provide consultative services. The intern on the child rotation also conducts a social skills training group twice a week with the Kidstar day treatment children. In addition to providing direct services, interns on the child rotation have the opportunity to observe and participate in recreational therapy groups, music therapy, self-esteem groups, and educational programming. Working collaboratively with the educational specialists affords the intern knowledge and experience with educational issues, academic programming and special educational placements. Interns on the child rotation also have the opportunity to observe a weekly parent-education group and a sibling support group provided for the families of inpatient and day treatment children.

Interns on the child rotation also participate in the youth inpatient weekend call schedule, approximately once every six weeks. Responsibilities include individual and family therapy or psychological assessment, when requested by the attending psychiatrist, for patients not yet assigned to a psychologist, intern, or postdoctoral resident. Supervisors are available by phone and pager, but come into the hospital on an as needed basis to provide the necessary level of supervision. Interns receive the following Monday off as compensation for their time on call.

Outpatient Therapy Opportunities

Over the course of the internship year, psychology interns have the opportunity to provide weekly outpatient therapy to 1 or 2 of their patients after they have discharged from the hospital setting. This is not a requirement of the internship, but an opportunity created to compliment the acute hospital training experience and to provide interns experience conducting ongoing outpatient therapy. The intern's direct supervisor will assist in the selection of clients appropriate for outpatient follow-up and these outpatient cases will be closely monitored in individual supervision. Outpatient clients will be identified early in the internship year to allow adequate time for the therapeutic process. Outpatient clients seen by psychology interns are charged a reduced fee of 25 dollars.

PSYCHOLOGY TRAINING ACTIVITIES AND OPPORTUNITIES

A wide range of formal didactic training experiences are offered as an integral part of the psychology internship training program at UNI. While the internship is primarily experiential, the formal training activities are considered essential components of the psychology internship, and take precedence over service delivery. The training experiences are designed to build on prior experience and training and to provide new experiences that are sequential, cumulative and graded in complexity. Each training opportunity is developed to provide the intern with the knowledge necessary to obtain competency in the training goal/objective areas of the internship. The training activities are also designed specifically to correspond and compliment the interns' comprehensive clinical experiences. A minimum of 20% of the internship experience is spent in formal training activities. Expectations for caseload responsibilities are set at approximately 50% to allow time for supervision, didactic training, clinical seminars, literature review and other training opportunities.

Didactic Training

Psychology interns participate in a weekly psychology didactic training series. This two hour experience is specifically designed to provide instruction and facilitate discussion regarding relevant clinical topics, concerns and treatment issues. The psychology training seminars are conducted by, and reflect the expertise of the UNI psychology staff members, multidisciplinary team members and professionals within the community. The intern training seminars are designed to be developmentally structured and to reflect the interns' current training needs. The trainings focus initially on general issues and become more specific throughout the course of the training year. Seminar topics address core aspects of the internship including ethics, assessment, specific psychopathology, diagnosis, group and family therapy, neuropsychology, diversity and psychopharmacology. In addition to the core trainings, interns are able to identify training areas of interest at the beginning of each internship year. Efforts are made to accommodate intern requests in the 12-month training schedule.

Beginning in 2007-2008, training directors from nearby internship sites including Primary Children's Medical Center, The Salt Lake Veteran's Administration Medical Center, the Utah State Hospital and UNI have collaborated in creating a monthly didactic series led by key presenters from each site. As well as enriching the didactics experience, this provides interns with an opportunity to network with other interns and psychologists in the surrounding area.

Supervision

Psychology interns are provided two-hour weekly individual supervision with a supervisor who specializes with the clinical population the intern is working with. The supervision relationship is an integral part of the intern's training experience and provides interns with direct, intensive and personalized supervision of clinical work, a professional role model and supportive mentoring. Video taping is used to maximize the supervision process and interns have the opportunity to participate as a co-therapist with their supervisors. Supervisors use therapy and assessment supervision checklists in order to provide specific feedback regarding the interns' progress and performance. Outside the scheduled weekly supervision, supervisors are available

in treatment team meetings and in the hospital to assist interns with questions and address concerns that arise. Supervising staff members hold a variety of theoretical orientations including psychodynamic, cognitive-behavioral, interpersonal, solution-focused, attachment, and family systems. Many of our psychology staff members describe their theoretical orientation as integrative and combine a variety of the above mentioned orientations in conceptualizing clinical cases and developing effective interventions.

Psychology interns also participate in a one-hour weekly group supervision facilitated by the post-doctoral resident. This component of the training program is intended to provide additional support for the intern cohort and to foster collegial relationships and collaborative interactions.

Psychotherapy Seminar

Over the course of the year, interns participate in a weekly psychotherapy seminar conducted by the Director of Psychology Training. The psychotherapy seminar is intended to provide psychology interns with additional training, supervision and exposure to a variety of theoretical orientations, therapeutic techniques, and relevant psychotherapy topics including ethics, professionalism, boundaries, therapeutic relationships, confidentiality and transference issues. Throughout the seminar a selection of training tapes are used to illustrate a variety of clinical populations and therapeutic approaches. A compilation of relevant psychotherapy readings is also used to supplement the training seminar. A critical component of the psychotherapy seminar is reviewing and discussing videotaped individual, family, couples and group therapy sessions completed by the interns. This is designed to promote an open dialogue regarding therapeutic strategies and issues and to encourage constructive feedback.

Grand Rounds Series

UNI hosts a Grand Rounds series on a monthly basis, which psychology interns are invited to attend. This Grand Rounds Series is coordinated by the Department of Psychiatry at the University of Utah and features presenters from across the country addressing relevant psychiatric issues. Because of the close affiliation with the University of Utah School of Medicine, psychology interns are also able to participate in several Grand Round series through the University Medical Center, including Psychiatry Grand Rounds, Neurology Grand Rounds, and Pediatric Grand Rounds. Additionally, interns are also encouraged to participate in various seminar series through the University of Utah's Department of Psychology and the Department of Educational Psychology.

Case Conferences

Psychology interns attend a monthly psychology staff meeting where they are exposed to a variety of issues related to the professional practice of psychology. In each staff meeting, the psychology staff and interns participate in clinical case conferences and topic discussions. Interns have the opportunity to participate and present in the clinical case conferences at this monthly psychology staff meeting.

WEEKLY ALLOCATION OF HOURS

All psychology interns are expected to work 40 hours per week, Monday through Friday. With the exception of scheduled trainings, rounds, groups and monthly staff meetings, interns schedule their own appointments. The chart below illustrates how time is typically distributed among the various internship training activities. Given that each rotation provides a unique training experience, the allocations may vary slightly across rotations. Psychology interns also participate in a rotating on-call schedule approximately once every six weeks and receive the following Monday off for compensation after their scheduled weekend.

Direct Service

Therapy (Individual, Family, Couples/Marital).....	12-14
Assessment.....	4-6
Group Therapy.....	3
Approximate Total:	19-23

Training

Didactic Training Seminar.....	2
Psychotherapy Seminar.....	1.5
Individual Supervision.....	2
Group Supervision.....	1
Staff Meeting/Case Conferences.....	1
Clinical Treatment Team Rounds.....	3-4
Approximate Total:	11

Administrative/Planning

Paperwork/Medical Records.....	5
Preparation and Planning.....	2
Literature Reviews/Research.....	2
Approximate Total:	9

INTERN EVALUATION PROCESS

The Psychology Internship Program is continually assessing each intern's knowledge, performance and conduct throughout the course of the internship year. Formal and informal evaluation is intended to facilitate the intern's professional growth by acknowledging strengths and identifying performance and conduct areas that need improvement. Evaluation of the intern's progress is cumulative and obtained from several sources including the intern's direct supervisor, the Director of Psychology Training, and the Training Committee. The Training Committee, which is chaired by the Training Director and consists of the interns' supervisors and other psychology staff members, meets monthly to share information and review each intern's progress. The steps in the evaluation process are outlined below:

1. During the internship orientation at the beginning of the training year, the Director of Psychology Training will thoroughly review the evaluation process, evaluation forms and the due process procedures with the interns.
2. At the beginning of each rotation, interns will review the Psychology Internship Evaluation Form (Appendix) with their direct supervisor in order to establish priority areas for supervision. Supervisors and interns will then complete a training agreement (Appendix) identifying personal training goals for the rotation. These goals can mirror the general objectives of the internship or can be more explicit and focused depending of the individual intern's training needs and objectives. The personal goals are intended to assist in directing the training experience and are reviewed on a regular basis. Goals are added to the training agreement following each rotation change. This training agreement also increases continuity in training and communication among supervisors.
3. On each rotation, supervisors utilize Supervision Checklists (Appendix) for both assessment and therapy cases. These forms are designed to provide ratings and specific feedback with regarded to intern clinical skill and performance.
4. Formal evaluations are completed by the intern's direct supervisor at the mid-point and end of each of the three rotations. To successfully complete each rotation the intern must receive a minimal rating of 3 (i.e., "Requires standard Pre-Doctoral Supervision") on each of the 21 objectives composing their final evaluation form. If an intern receives a lower "unacceptable" rating at any time a remediation plan is developed and implemented. The final evaluation on each rotation clearly indicates "passed" or "not passed." All three rotations must be passed in order to complete the internship.
5. The supervisor reviews the evaluation form with the intern, specifically focusing on the progress made and current recommendations. Both the intern and the supervisor sign the written evaluation indicating that it has been reviewed and agreed upon. Based on the evaluations, the intern's training plan may be modified to better meet his/her training needs and the program's requirements. Throughout the supervision

process, it is expected that feedback and discussions are continuous. Therefore, if the training objectives were not being met, feedback would be given to the intern prior to the formal evaluation, enabling the intern to address the specified area.

6. The Training Committee reviews all intern evaluation forms during monthly meetings and a formal vote regarding the successful completion of each rotation is taken.
7. Copies of all evaluations are given to the Director of Psychology Training who forwards a copy of the final evaluation on each rotation to the Training Director of the intern's graduate program. Written evaluations are maintained in the intern's file.
8. Any concerns or questions identified on the evaluation will be addressed. If the intern is experiencing serious problems, the Due Process Procedures for Responding to Problematic Performance and/or Conduct will be followed (Page 35).

DIRECTOR OF PSYCHOLOGY

The Director of Psychology at UNI is ultimately responsible for ensuring the quality and the integrity of the hospital's psychology services and the psychology training program. In this role, the Director of Psychology has departmental fiscal responsibilities and is actively involved in the recruitment, interviewing and hiring of staff psychologists, delegation of psychological services, and the delegation of responsibility for the psychology training program. The Director of Psychology is responsible for ensuring that the delivery of psychology services maintain the highest standards of excellence and ensure that this is consistent with the American Psychological Association's ethical principles and the State of Utah Psychologists Licensing Act. The Director of Psychology is also responsible for scheduling and conducting bi-monthly psychology staff meetings. The Director of Psychology also serves as a resource and as a liaison for both psychology staff members and interns to assist with the resolution of any problem which may arise.

DIRECTOR OF PSYCHOLOGY TRAINING

The Director of Psychology Training at UNI has the overall responsibility for the recruitment, selection, training and evaluation of the psychology interns and post doctoral resident. This position is held by a doctoral level, licensed psychologist. The Director of Psychology Training coordinates intern placements, supervision and all educational components of the training program including didactic lectures, grand rounds, seminars, group supervision, and the weekly psychotherapy seminar. The Director of Psychology Training is responsible for ensuring that each intern receives an excellent and comprehensive internship training experience and maintaining communication with the intern's parent University or training program. The Director of Psychology Training is also responsible to address any intern difficulties or problems that arise over the course of the internship year. In addition, the Director of Psychology Training acts as the liaison between APPIC and the internship program and is responsible for educating the psychology staff, hospital staff and hospital administration regarding any principles, regulations and/or recommendations regarding intern training forwarded by the American Psychological Association and the Association of Psychology Postdoctoral Internship Center. The Director of Psychology Training is also responsible for maintaining the internship program's APA accreditation status.

PSYCHOLOGY TRAINING COMMITTEE

The Psychology Training Committee is composed of all psychology staff members, including those who serve as the individual supervisors for the internship. The Training Committee's primary responsibilities include assisting the Director of Psychology Training with the recruitment and selection of psychology interns, the placement and rotation of interns, and the planning and provision of the internship training activities. Members of the Psychology Training Committee meet monthly to review the interns' progress, evaluate the ongoing quality of the training program and to address any concerns or complaints about the internship training experience.

GENERAL POLICIES

All psychology internship appointments are for a continuous 12-month period beginning at the end of August each year. Interns are paid a stipend of \$20, 579 in twenty-four equal installments (i.e., twice monthly). As a University of Utah employee, interns receive a comprehensive health/life insurance benefit package and ten paid holidays including New Year's Day, Martin Luther King/Human Rights Day, President's Day, Memorial Day, Independence Day, Pioneer Day, Labor Day, Thanksgiving Day and the Friday after, and Christmas Day. In addition, interns are eligible to accrue 15 vacation days, 12 sick days, and 2 Personal Preference days during the course of the 12-month internship. University of Utah employees also have additional staff privileges including access to university libraries and recreational equipment and facilities, and discounts at the bookstore and campus events. The Psychology Training Committee makes decisions regarding "Special Leave Requests" on a case by case basis. For additional information related to benefits, refer to the University of Utah's Policies and Procedures Manual at www.admin.utah.edu/ppmanual/.

Interns are strongly encouraged to use their accrued time-off throughout their training year to promote their own psychological and physical health, as the hospital setting is demanding and fast-paced. Requests for time-off must be made at least two weeks in advance and must be authorized by the intern's primary supervisor and the Director of Psychology. Each request is reviewed on an individual "first come first served" basis. Vacation hours may not be taken until accrued or during the last three weeks of the internship.

A formal five-day orientation is conducted for the psychology interns at the beginning of each internship training year. This orientation is designed to familiarize interns with the hospital setting/staff and to address internship goals, requirements, expectations and policies and procedures. In addition, interns participate in a two-day University of Utah Neuropsychiatric Institute orientation and a one-day orientation designed for University of Utah Employees to addresses policies and procedures and benefits information. Malpractice liability insurance coverage is provided by the University of Utah Neuropsychiatric Institute. Interns are required to sign up for internship hours with their parent university or training program. Interns are encouraged to participate in numerous training opportunities over the course of the year, including local professional meetings and conferences. Each intern is required to complete at least 2,000 training hours in order to satisfy training programs requirements and various state licensure requirements.

INTERN RIGHTS AND RESPONSIBILITIES

Intern Rights:

1. The right to a clear statement of general rights and responsibilities upon entry into the internship, including a clear statement of the goals, objectives and parameters of the training experience.
2. The right to training by professionals who practice in accordance with the APA ethical guidelines and the Utah State Psychologists Licensing Act.
3. The right and privilege to be treated with professional respect, recognizing the training and experience the intern brings with him/her.
4. The right to ongoing evaluation that is specific, respectful and pertinent.
5. The right to engage in an ongoing evaluation of the training experience.
6. The right to initiate an informal resolution of problems that might arise in the training experience (e.g.; supervision assignment) through request to the individual concerned and /or the Director of Psychology Training.
7. The right to due process to manage problems after informal resolution has failed or to determine when the intern's rights have been infringed upon.
8. The right to privacy and respect of one's personal life.

Intern Responsibilities:

1. The responsibility to read, understand and clarify, if necessary, the rights, responsibilities, expectations, goals, and objectives of the internship.
2. The responsibility to be familiar with and maintain behavior within the scope of the APA ethical guidelines and the laws and regulations specified by the State of Utah (Utah State Psychologists Licensing Act).
3. The responsibility to conduct oneself in a professional manner and to comply with all psychology staff policies and procedures and the hospital bylaws at The University of Utah Neuropsychiatric Institute.
4. The responsibility to actively participate in all scheduled training, weekly supervision, provision of clinical services and the overall activities of The University of Utah Neuropsychiatric Institute.

5. The responsibility to meet training expectations, goals and objectives by developing competency and skill in: Ethics and Professionalism; Assessment, Diagnosis and Treatment Planning; Intervention; Hospital Practice; Neuropsychology; and Diversity.
6. The responsibility to complete a training agreement and identify personal training goals with the individual supervisor on each rotation.
7. The responsibility to keep the supervisor informed of therapeutic action taken with each patient. Interventions such as crisis visits, home visits, letters, CPS referral and court appearances require prior approval by the supervisor.
8. The responsibility to be open to professionally appropriate feedback from immediate supervisors, professional staff and agency personnel.
9. The responsibility to prepare for each rotation by becoming familiar with expectations and reading appropriate literature, manuals, and/or test materials.
10. The responsibility to maintain appropriate medical records and comply with Quality Assurance Standards related to psychology documentation. Have all written documentation co-signed by the supervisor.
11. The responsibility to provide professionally appropriate feedback regarding supervision, scheduled training activities and the overall internship experience.
12. The responsibility to develop an intern organization and elect a chief intern during each rotation. The chief intern will act as the liaison to the Director of Psychology Training.
13. The responsibility to bring any problem experienced to the attention of the Director of Psychology Training and to conduct oneself in a professionally appropriate manner if the due process procedure is initiated.

SUPERVISOR RESPONSIBILITIES

1. The responsibility to act in a professional manner and in accordance with the APA ethical guidelines, Utah State Psychologists Licensing Act, psychology staff policies and procedures and the bylaws of The University of Utah Neuropsychiatric Institute.
2. The responsibility to ensure that interns are familiar with and adhere to the APA ethical guidelines, laws and regulations specified by the State of Utah, psychology staff policies and procedures and the bylaws of the University of Utah Neuropsychiatric Institute.
3. The responsibility to complete a training agreement which specifies each intern's personal training goals and the professional skills to be acquired on each rotation. This training agreement will also identify the types of training experiences and supervisory

assistance needed to accomplish the training goals. This agreement is passed to the next supervisor to ensure continuity in the training experience.

4. The responsibility to provide a minimum of two hours of individual supervision per week and to be available to provide support/guidance to the intern outside of scheduled supervision times. Providing guidance regarding all clinical, ethical, legal and professional matters. The use of videotaped assessment and therapy sessions will be used to enhance the supervision process.
5. The responsibility to coordinate the training of the interns with appropriate unit personnel and to function as a liaison between the intern and other staff members.
6. The responsibility to provide ongoing feedback to the intern and to complete a formal evaluation of the intern's progress at the mid and end-point of each rotation. Written record of this evaluation will be maintained and a copy provided to the Director of Psychology Training.
7. The responsibility to co-sign all of the intern's written documentation in compliance with the Quality Assurance Standards.
8. The responsibility to participate in the intern's scheduled didactic training activities.
9. The responsibility to participate as a member of the Psychology Training Committee and attend monthly meeting to discuss the interns' progress and to assist with ongoing program evaluation.
10. The responsibility to assure that each intern is afforded the best possible training experience.

INTERNSHIP APPLICATION AND SELECTION PROCESS

The Psychology internship program at UNI abides by the APPIC standards, policies and selection procedures. Internship Applications must be submitted to the Director of Psychology Training by **November 15th**. The internship application and selection procedures are detailed below:

1. A list of applicants with complete applications is compiled by the Director of Psychology Training and presented to the Selection Committee. This committee is composed of all core training staff.
2. The Selection Committee reviews each application to determine whether the applicant meets the requirements for internship program. A combined objective and subjective rating system is used to choose applicants for the interview process. The following qualities are considered when selecting internship applicants to participate in this process: completion of all coursework, academic excellence, a minimum of 800 practicum hours with a minimum of 300 hours of intervention and assessment, interpersonal maturity and sensitivity, diagnostic and intervention experience and expertise, a wide range of practical experiences, high ethical standards and professionalism, good clinical judgment, the ability to work as a team member and appropriate career interests. Minority and culturally diverse applicants are encouraged to apply.
3. By December 1st, prospective intern candidates will be contacted by email to schedule an interview. The dates available for the scheduled organized interview format will be provided at that time so that candidates are able to make travel arrangements as early as possible.
4. On-site interviews take place in December and January and are organized as a half-day experience. This includes an orientation to the internship training offered, a tour of the hospital, three to four individual interviews, and an informal lunch with the current interns. On-site interviews are preferred but not required. Those unable to attend the scheduled interview dates may schedule an individual date to interview or may participate in phone interviews. Applicants unable to make one of the scheduled interview dates are strongly encouraged to visit the facility if possible and to contact both psychology staff members and current interns to secure more information about the site, ask questions, and determine the degree of fit to the best of their ability. They may speak with any or all members of our psychology staff or with current interns at any time. Minority applicants may request to speak with current or past diverse interns as well.
5. A subjective rating system is used by each interviewer to compliment the formal interview process. This information is compiled along with the data from the initial review of applications, and is used by the intern selection committee to rank candidates. All candidates are reviewed to ensure that fair and equal consideration has been given to each application. Efforts are made to select a diverse internship group (e.g., racial and ethnic minority, gender, geographic region, etc.).

6. The rank order list is submitted to the Internship Matching Program following the APPIC match policies. No information is provided to applicants regarding their status, rank order, or if they have been ranked. Results of the APPIC Match are released on the APPIC Match Day. In accordance with the APPIC match policies, no one at UNI may communicate, solicit or accept any rank-related information from any intern applicant.

AFFIRMATIVE ACTION STATEMENT

The Psychology Internship Program at The University of Utah Neuropsychiatric Institute actively supports and is in full compliance with the spirit and principles of affirmative action in the recruitment and selection of psychology interns. We provide equal opportunities for all qualified persons and do not discriminate on the basis of race, color, religion, sex, age, sexual orientation, national origin, or status of a handicapped person, disabled veteran, of veteran of the Vietnam era.

APPLICATION MATERIALS

1. Letter of application/interest

2. A completed APPIC Application for Psychology Internship (AAPI) which includes:
 - Academic Program's Verification of Internship Eligibility and Readiness
 - A curriculum vita
 - Official university graduate transcripts
 - A minimum of three letters of professional recommendation.
 - Two different sample psychological evaluations.
 - It would be appreciated if you can include the following, as a supplemental item:
 - The number of applicants to the graduate program, versus the number of applicants accepted into the program, for the cohort year in which the applicant began the graduate program.

Complete internship application must be received by November 15.

Application materials should be submitted online following APPIC guidelines.

Sandra Whitehouse, Ph.D.
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DUE PROCESS GUIDELINES AND PROCEDURES

Policy on the Management of Intern Problems/Concern

This document provides guidelines for managing problematic psychology intern conduct and/or performance. These guidelines are consistent with APPIC and APA standards and incorporate the University of Utah's human resources Policies and Procedures. These guidelines emphasize due process and ensure fairness in the program's decision about the intern. There are avenues of appeal that allow the intern to handle grievances and dispute program decisions.

Due Process: General Guidelines

Due Process ensures that decisions made about the interns are not arbitrarily or personally based. It requires that the training program identify specific evaluation procedures that are applied to all interns and provide appropriate appeal procedures available to the intern. All steps must be appropriately implemented and documented. The general due process guidelines include the following:

1. During the internship orientation the program's expectations for professional functioning are reviewed.
2. Internship evaluation procedures are clearly stipulated, including when and how evaluations will be conducted.
3. The procedures and actions involved in making decision about problematic performance and/or conduct are outlined for the interns.
4. Graduate program Training Directors are informed of any difficulty with interns, and when appropriate, input from the academic Training Director is sought regarding how to address the difficulty.
5. Remediation plans are developed and implemented for identified inadequacies. Each plan includes a time-frame for expected remediation and specifies the consequences for failure to rectify the inadequacies.
6. Interns are given sufficient time to respond to any action taken by the program.
7. Interns receive a written description of the procedures they may use to appeal the training program's action. These procedures are included in the Internship Handbook which is provided to and reviewed with the interns during the internship orientation.
8. Decisions and recommendations regarding the interns' performance and/or conduct are based on input from multiple professional sources.
9. Programs actions and their rationale are documented in writing and provided to all relevant parties.

Evaluation Process:

The Psychology Internship Program continually assesses each intern's performance and conduct. Feedback from the evaluations facilitates the intern's professional growth by acknowledging strengths and identifying performance and conduct areas that need improvement. At the mid-point and end of each rotation, supervisors provide written evaluations and meet with the intern

to discuss their assessment, review progress, and offer recommendations. The evaluation clearly identifies the intern as having passed or not passed their rotation. The written evaluation is then signed by both the supervisor and the intern to indicate that it has been reviewed. The Training Committee also conducts a formal vote regarding each intern's "pass status" and their readiness to progress to the next rotation. The evaluation is then forwarded to the Training Director who sends a copy of each end-of-rotation evaluation to the intern's graduate program Training Director. Any concerns or difficulties that are identified on the end-of-rotation evaluations may be addressed using the appropriate steps listed under Procedures for Responding to Problematic Performance and/or Conduct.

An additional source of evaluation data is provided by the Training Committee, which is chaired by the Psychology Training Director and consists of the interns' supervisors and other psychology staff members. Training Committee members share information and review each intern's progress on a monthly basis. Based on these cumulative evaluations, the Training Director and the intern may modify the intern's training plan to better meet his/her training needs and the program's requirements.

Communication with Interns' Graduate Programs:

The Training Director is responsible for communicating with each intern's graduate program about the intern's activities and progress. At the end of each rotation, a copy of the supervisor's evaluation is forwarded to the intern's academic Training Director. At any time, if a problem arises that requires sanctions and brings into question the intern's ability to successfully complete the internship program, the Training Director will inform the academic Training Director of the sponsoring graduate program. The academic Training Director will be encouraged to provide input to assist in resolving the problem.

Definition of Problematic Performance and/or Conduct:

Problematic behavior is defined broadly as an interference in professional functioning which is reflected in one of the following ways: 1) an inability or unwillingness to integrate professional and legal standards into his/her repertoire of professional behaviors; 2) an inability to acquire professional skills that reach an acceptable level of competency; 3) unprofessional conduct.

It is a matter of professional judgment as to when an intern's behaviors are serious enough to fit the definition of problematic performance and/or conduct rather than reflecting typical behavior, attitudes or characteristics which, while of concern and require mediation, are not unexpected or excessive for predoctoral interns in training. Problems typically become identified as impairments when they include one or more of the following characteristics:

1. The intern does not acknowledge, understand or address the problem when it is identified.
2. The problem is not merely a reflection of skill deficit, which can be rectified by academic, experiential, or didactic training.

3. The quality of service delivered by the intern is significantly impaired.
4. The problem is not restricted to one area of professional functioning.
5. A disproportionate amount of attention by training personnel is required.
6. The trainee's behavior does not change as a function of feedback or remediation efforts and/or time.

Procedures for Responding to Problematic Performance and/or Conduct:

The training program has well-defined procedures to guide its response to interns that demonstrate problematic performance or conduct. If an intern receives an “unacceptable rating” from his/her supervisor on the evaluation indicating inadequate skill development, or a staff member has concerns about the intern's behaviors (e.g., ethical or legal violation and professional competence), the following procedures will be initiated:

1. If the intern is not performing at a satisfactory level, the supervisor is expected to discuss this with the intern, increase the intern's supervision, and direct the intern to other appropriate resources to address the deficit area (e.g., assign readings). The Training Director is notified of the concern at this time, and the supervisor will keep a written record of the discussion and corrective steps agreed upon.
2. If the problem addressed in Step 1 persists, or a problem arises that is judged to be a serious violation that cannot be remedied by actions outlined in Step 1, the supervisor will communicate his/her concerns with the Training Director. The Training Director will meet with the intern, his/her direct supervisor, and when appropriate, the Director of Psychology, to discuss problematic performance and/or conduct and develop a remediation plan (to address the problematic behavior). A remediation plan is a time-limited, remediation-oriented supervised period of training. It is designed to return the intern to an appropriate functioning level with the full expectation that the intern will complete the internship. Each remediation plan will include the following:
 - a. a description of the intern's unsatisfactory performance or problematic behaviors
 - b. recommended actions needed from the intern to correct the identified problems
 - c. supportive intervention/modifications made to the intern's training program (e.g., increase supervision, change focus of supervision, require coursework or readings, reduce caseload and recommend personal therapy)
 - d. a time line for correcting the problem
 - e. the action to be taken if the problem is not corrected.
3. If the remediation plan developed in Step 2 is unsuccessful in addressing the problematic performance and/or conduct within the time-frame identified, the Training Director will meet with the Training Committee to discuss further courses of action. These may include one of the following sanctions or actions:

Modified Remediation Plan – It may be determined that continuing the remediation plan with specific modification is the most appropriate intervention (repeat Step 2). When the problem is considered severe, an intern may be required to complete a remediation plan and concurrently placed on probation.

Probation – The purpose of probation is to assess the intern’s ability to complete the internship and return to an appropriate level of functioning. Probation is time limited and remediation-oriented. During this closely supervised training period, the Training Director and supervisor monitor the degree to which the intern addresses, changes, and/or otherwise improves the problem behaviors. During the probation period, the intern may be suspended from engaging in certain professional activities until there is evidence that the problem behaviors have been rectified. The intern will be given written notice of the probation that includes the following information:

- a. a description of the problematic performance and/or conduct
- b. specific recommendations for rectifying the problems
- c. the length of the probation period, during which the problem is expected to be rectified
- d. procedures to ascertain whether the problem has been appropriately rectified.

Dismissal from the Internship Program – When a combination of interventions does not rectify the problematic performance and/or conduct within a reasonable time, or when the trainee seems unable to alter his/her behavior, the Training Committee will consider the possibility of termination from the internship. Dismissal may also occur in cases of violations of the APA Code of Ethics, in particular, when imminent physical or psychological harm to a client is a major factor or when the intern is unable to complete the internship due to physical, mental or emotional illness.

If sanctions interfere with the successful completion of the training hours needed for the internship, this will be noted in the intern’s file and his/her academic program will be notified. If deemed appropriate, special arrangements may be made to address this issue.

4. The Training Director will meet with the intern, the intern’s supervisor and Director of Psychology to review the required remedial steps or sanctions. The intern may accept these conditions, or challenge the Training Committee’s action as outlined below. In either case, the Training Director will inform the intern’s academic program of the problematic performance/conduct and the specified procedures implemented by the Training Committee to address the concern.

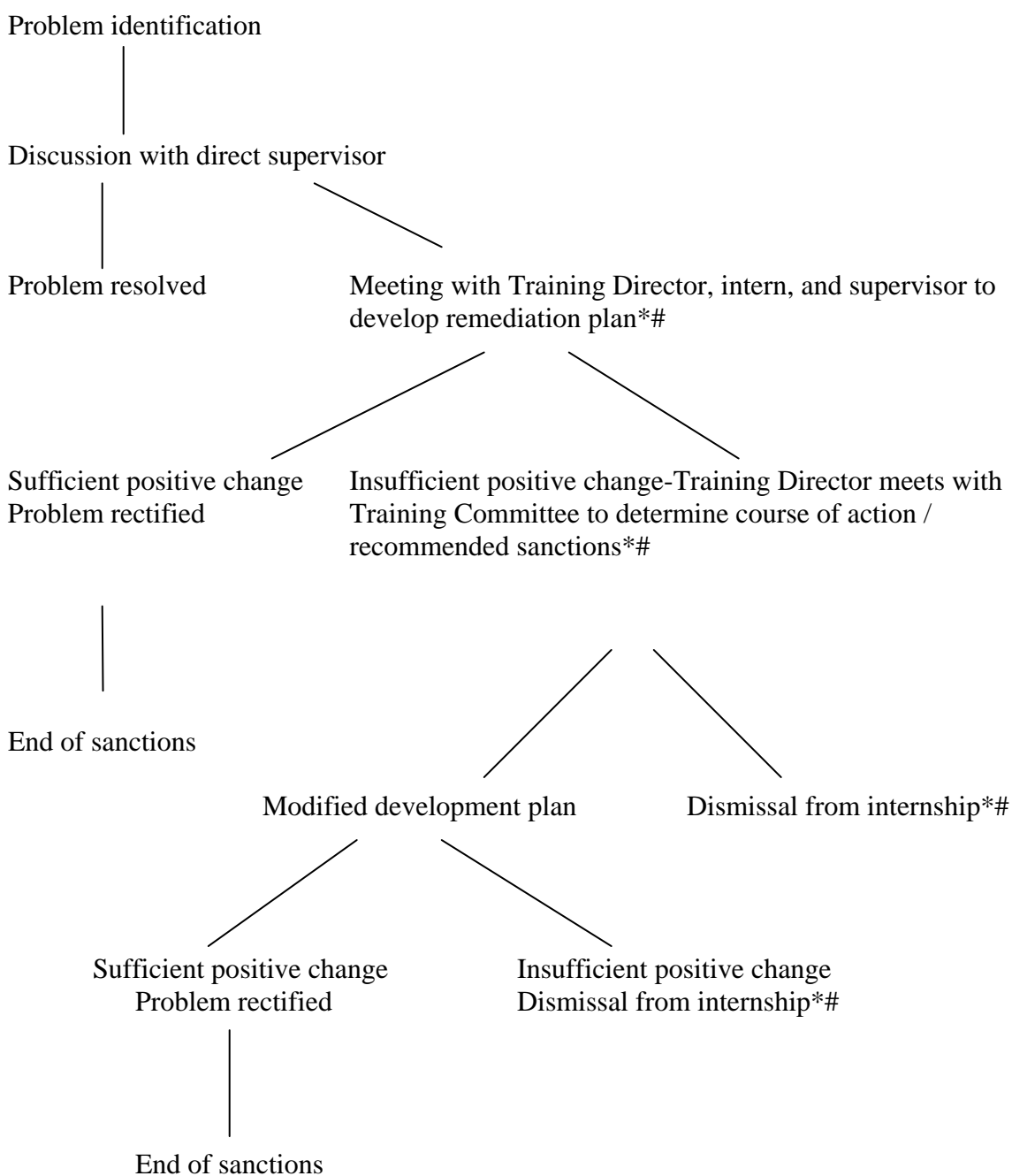
Psychology Intern Grievance Procedures:

In the event an intern has difficulty with a supervisor, has disagreements with any Training Committee's decision regarding their status in the program, or has other grievances about the training, the intern should:

1. Raise the issue with his/her supervisor in an effort to resolve the problem.
2. If the issue cannot be resolved with the individual supervisor, the issue should be discussed with the Training Director, or the Director of Psychology in the event that the Training Director is the immediate supervisor.
3. If the problem cannot be resolved with the Training Director and/or the Director of Psychology, or the intern disagrees with the Training Committee's final decision, the intern has the right to contact the University of Utah's Department of Human Resources to discuss the situation. Interns also have the right to file a complaint or grievance, and/or to request a formal hearing by the Office of Equal Opportunity and Employee Relations.

Psychology Interns are considered employees of the University of Utah and required to follow the University's Policies and Procedures. Interns should consult the University's Policies and Procedures for details regarding the process and time-frame for staff grievances (www.admin.utah.edu/ppmanual/ Policy 2-32). The procedures outlined in this document do not preclude the University of Utah's Policies and Procedures, rather they serve as guidelines to manage intern's problematic performance and/or conduct prior to contacting the University of Utah's Human Resources Department ((801) 581-7447. Although interns are temporary employees, the six-month probationary period specified by the University's Policies and Procedures does not apply, as they are trainees contracted for a 12-month period.

Due Process Flow Chart



* Intern may challenge decision at this time

Academic training program informed

PSYCHOLOGY STAFF ROSTER

UNI's professional staff includes six licensed psychologists who are direct supervisors for the internship program, and nine licensed psychologists who fulfill other roles related to the internship. Psychology staff members participate and support the internship training program in a variety of ways. They may provide individual intern supervision and mentoring, participate in didactic training and seminars, provide consultation, contribute to psychology staff meetings and treatment team rounds, host case conferences, participate as members of the Psychology Training Committee and/or assist with ongoing program evaluation.

Carol Ballou, Ph.D.

Dr. Carol Ballou is a licensed psychologist who received her Ph.D. from the University of Utah's School Psychology Program. She has worked with the child and adolescent programs at the University of Utah Neuropsychiatric Institute for more than ten years, and currently balances her work at UNI with a private practice in psychology. Although her primary assignment was with the youth services programs, her training and experience also includes work with adults. Dr. Ballou has interests in family therapy, psychological assessment and diagnosis of serious psychopathology in children and adolescents. She has adjunct faculty appointments at the University of Utah in the Department of Educational Psychology and the Department of Psychiatry. Dr. Ballou provides PRN and weekend call coverage for the youth inpatient and day treatment programs, participates in didactic training, and serves as a consultant to the Psychology Training Program.

Lorna Benjamin, Ph.D.

For many years, Lorna Benjamin, Ph.D., FDHC, was Professor of Psychiatry, University of Wisconsin-Madison. There, in addition to teaching psychopathology and psychotherapy to Psychiatry residents and Psychology interns, she had a large clinical practice. Now Professor of Psychology and Adjunct Professor of Psychiatry at the University of Utah, she teaches Interpersonal Reconstructive Therapy (IRT) to Psychology graduate students in the IRT clinic at the University of Utah Neuropsychiatric Institute. The approach systematically integrates cognitive behavioral, client centered and psychodynamic therapy approaches to be helpful to the CORDS (Comorbid, Often Rehospitalized, Dysfunctional and Suicidal) population. IRT also is effective with "standard outpatients," but this training concentrates on "the forgotten ones," those who are too complicated and too ill to be included in Randomized Control Trials. The clinic has a research protocol that assesses effectiveness, and it includes standard symptoms measures (e.g., BDI-II, BAI, SCID I and II) as well as assessments of social interactions and "internalized representations of important others" are via Structural Analysis of Social Behavior (SASB). For her work with SASB, Dr. Benjamin received an honorary degree from the University of Umea, Sweden. Professor Benjamin is the author of *Interpersonal Diagnosis and Treatment of Personality Disorders, 2nd Ed.* (Guilford Press, hardcover 1996; paperback 2003) and *Interpersonal Reconstructive Therapy (IRT): an integrated personality based treatment for complex cases* (Guilford Press, hardcover, 2003; paperback. 2006). Dr. Benjamin serves as a consultant to the Psychology Training Program and hosts a monthly case conference series that the interns are welcome to attend.

Laura B. Brockbank, Ph.D.

Dr. Laura Brockbank is a licensed psychologist who received her Ph.D. in School Psychology from the University of Utah, with specialized training in pediatric neuropsychology. Dr. Brockbank has extensive training and experience with early childhood psychological disorders and works with inpatient child and adolescent populations at UNI, and sees outpatients within her private practice. She holds faculty appointments in the Department of Educational Psychology and the Department of Psychiatry at the University of Utah. Dr. Brockbank's primary clinical interests include the assessment of child and adolescent psychopathology, individual and family therapy, and neuropsychological assessment. While her theoretical orientation based on psychodynamic theory, she utilizes an integrative approach tailored to the setting and needs of the patient. She provides PRN and weekend call coverage to the youth inpatient and day treatment programs, participates in the didactic training of interns, and serves as a consultant to the Psychology Training Program.

Christine Burns, Ph.D.

Dr. Christine Burns received her Ph.D. from Texas A & M University. At the Neuropsychiatric Institute, she is involved in providing services on the adult units including psychological assessment, individual, couples and family therapy. She also serves as a primary supervisor within the internship program, and is a member of the Psychology Training Committee. She is a licensed psychologist and holds faculty appointments in both the Department of Psychiatry and the Department of Educational Psychology at the University of Utah. She teaches seminars in psychiatric interviewing and introductory psychotherapy for the Department of Psychiatry in addition to providing individual supervision for the psychiatric residents. Her conceptual orientation is grounded in psychodynamic theory, though she utilizes an integrative approach tailored to the setting and needs of the patient.

Elaine Clark, Ph.D.

Dr. Elaine Clark is a licensed psychologist at UNI and professor and chair of the Department of Educational Psychology at the University of Utah. She received her Ph.D. in School Psychology from Michigan State University in 1982 and a Ph.D. in Clinical Psychology from BYU in 1988. She is actively involved with professional organizations at a state and national level. Dr. Clark's primary teaching and clinical interests are in the assessment and treatment of individuals with psychiatric disorders and neurological conditions. Her theoretical orientation is grounded in both cognitive-behavioral and psychodynamic theory. Dr. Clark serves as a primary supervisor within the internship program, is a member of the Psychology Training Committee, and provides didactic trainings to the interns on psychological and neuropsychological assessment.

Julia Connelly, Ph.D.

Dr. Connelly is a licensed psychologist at UNI and a primary supervisor for the internship program. She received her Ph.D. in School Psychology from the University of Utah. She completed her predoctoral internship at UNI and her postdoctoral residency at UNI and within the UNI HOME program, which specializes in providing treatment for DDMR and

PDD spectrum populations. She also completed an internship in the Salt Lake City schools and worked as a school psychologist within the Jordan School District of Salt Lake City for several years. Dr. Connelly's primary clinical interests are in the assessment and treatment of individuals from the DDMR and PDD spectrum populations. Dr. Connelly hails from East Germany and is bilingual (German and English).

Sue Connor, Ph.D.

Dr. Connor is a licensed psychologist who received her doctorate in clinical psychology from Duquesne University, and completed her post doctoral training at Dominion Hospital Eating Disorder Treatment Center and The Center for Post Traumatic Disorders Recovery in Washington, DC. Since 2000, Dr. Connor has been an active member of the Salt Lake City community participating in local activities promoting education and awareness about eating disorder recovery, suicide prevention, chronic illness/ pain management, and overcoming post traumatic stress disorders. Dr. Connor is on the Medical Staff at the University of Utah Neuropsychiatric Institute where she assisted in the development of a specialized eating disorder treatment protocol and continues to support the training of medical students as an adjunct faculty member for the Department of Psychiatry. Experienced in the treatment of mental health issues across the lifespan, Dr. Connor is pleased to be a part of the multidisciplinary treatment team at UNI, and also provides staff training and mentorship of therapists as Clinical Director of New Life Center, a nationally recognized treatment center for eating disorders in Salt Lake City. She provides PRN and weekend call coverage to the youth inpatient and day treatment programs, participates in the didactic training of interns, and serves as a consultant to the Psychology Training Program.

Ken Critchfield, Ph.D.

Dr. Ken Critchfield is a licensed psychologist at UNI and completed his Ph.D. at the University of Utah in 2002. He is the co-director of the Interpersonal Reconstructive Therapy clinic, as well as an Adjunct Assistant Professor in Psychology and Psychiatry. Dr. Critchfield's research and clinical interests focus on the process and outcome of psychotherapy, personality disorder, and attachment-based interpersonal perspectives on development and psychopathology. Dr. Critchfield completed postdoctoral training at Cornell Medical with John Clarkin and Otto Kernberg focused on comparing psychosocial treatments for borderline personality disorder. Since returning to Utah he has worked closely with Lorna Smith Benjamin to operationalize and test the efficacy of Interpersonal Reconstructive Therapy, as well as to supervise its use clinically. In addition to work at UNI he maintains a small private practice and consults on issues of methodology, design, and analysis for projects involving the interface between interpersonal measurement (especially using the SASB model), personality, and psychopathology. Dr. Critchfield participates in the didactic training of the interns and hosts a case conference series that the interns are welcome to attend.

James S. Kahn, Ph.D.

Dr. James Kahn is the Director of Psychology at the University of Utah Neuropsychiatric Institute. Dr. Kahn received his Ph.D. in School Psychology from the University of Utah and has two faculty appointments there. He is a licensed psychologist who, in addition to training

and experience as a school psychologist, has trained in psychiatric and pediatric settings both with adults as well as with children and adolescents. Primary clinical and research interests include assessment and treatment of adolescent psychopathology, affective and anxiety disorders in children/adolescents and adults, parent training and cognitive-behavioral therapy. Dr. Kahn serves as a primary supervisor within the internship program, and is a member of the Psychology Training Committee.

Amanda R. Miller, Psy.D.

Dr. Amanda Miller is the manager of the Teenscope Intensive Day Treatment / Partial Hospitalization Program. She received her Psy.D. in Clinical Psychology from Baylor University and completed her postdoctoral residency at The University of Utah Neuropsychiatric Institute. She has provided psychological services to the adolescent and child units (i.e., individual and family therapy and psychological assessment). Dr. Miller also has extensive training and experience with adults in a variety of clinical settings. Her conceptual orientation is grounded in psychodynamic theory, though she utilizes an integrative approach tailored to the setting and needs of the patient. Dr. Miller provides guidance and training opportunities to the psychology interns in her role as Teenscope manager, and also serves on the Psychology Training Committee.

Deanna L. Reilly, Ph.D.

Dr. Deanna Reilly is a licensed psychologist who received her Ph.D. in Clinical Psychology from the University of Texas Southwestern Medical Center, and completed extensive postdoctoral training in neuropsychological assessment. She holds adjunct faculty appointments in the Department of Educational Psychology and the Department of Psychiatry at the University of Utah. At the Neuropsychiatric Institute, she is primarily involved in providing psychological services to the adult units (i.e., individual, couples, and family therapy, and cognitive and psychological assessment). Conceptually, she subscribes to psychodynamic and interpersonal theoretical orientations, but uses an integrative clinical approach based on the setting and needs of the patient. Dr. Reilly serves as a primary supervisor within the internship program, and is a member of the Psychology Training Committee.

Steve N. Ross, Ph.D., ABPP

Dr. Steve N. Ross is the Associate Training Director of the Residency Training Program at the Department of Psychiatry, University of Utah Health Sciences Center. He is also the Psychology Division Director in the Psychiatry Department and the Director of the Residents Psychotherapy Clinic. Dr. Ross received his Ph.D. in Counseling Psychology from the University of Utah and is a Diplomate in Counseling Psychology. His areas of interest include addictions, group process and cognitive-behavioral therapy. Dr. Ross is an affiliated psychology staff member whose office is located within the hospital, and he participates in the didactic training of the interns. He subscribes to a cognitive-behavioral model of therapy.

Suzanne Tyndall, Ph.D.

Dr. Suzanne Tyndall is a licensed psychologist who received her Ph.D. in clinical psychology from the University of Utah and also completed the School Psychology respecialization program there. Her undergraduate training was completed at Connecticut College and the University of New Haven. Dr. Tyndall completed her predoctoral internship at the Astor Home for Children in Rhinebeck, New York, and afterward served as the Clinical Coordinator there. She also has experience as a school psychologist in Utah. Dr. Tyndall has extensive experience in the assessment, diagnosis and treatment of children ranging from two to eighteen years of age, in settings including inpatient, long-term residential, preschool day treatment, and the public schools. She serves as a primary supervisor within the internship program, and is a member of the Psychology Training Committee.

Sandra Whitehouse, Ph.D.

Dr. Sandra Whitehouse is a licensed psychologist who is the Director of Psychology Training at The University of Utah Neuropsychiatric Institute and holds an adjunct faculty appointment in the Department of Psychiatry at the University of Utah. She also serves as a primary supervisor within the internship program, leads the Psychology Training Committee, and is a member of the Youth Leadership Group which makes management decisions for the youth inpatient unit. She was educated at UCLA, Macquarie University (Sydney, Australia), and the University of Utah, where she received a Ph.D. in counseling psychology with advanced specialization in psychological assessment. She completed her predoctoral internship at the UCSD-San Diego VAMC Consortium with rotations in acute child / adolescent inpatient, PTSD, and Dual Diagnosis Substance Abuse / Mental Illness populations. Research interests include healing aspects of hospital environments. Dr. Whitehouse works with children, adolescents and adults, with an eclectic orientation (cognitive behavioral and object relations emphasis).

UTAH AND SALT LAKE CITY

Most of Utah lies on a high plateau above 4,000 feet in elevation. The Wasatch Range of the Rocky Mountains dominates the Wasatch Front from Brigham City in the north to Provo in the south. Salt Lake City itself lies in a valley between the Wasatch Mountain range and the Oquirrh Mountain Range. To the east of Salt Lake City is the Uintah Range and to the southeast is the Colorado River Plateau. Carving a slice out of the northwestern Utah are the Great Salt Lake and Bonneville Salt Flats. The Alpine Forest and snowcapped peaks of the Wasatch national Forrest border the eastern side of the Salt lake Valley. Seven major canyons surround the valley making day hiking and picnicking easily accessible within minutes.

Salt Lake City and the Salt Lake Valley are growing in population at a high rate. Salt Lake City is known as a city with a cosmopolitan atmosphere and small town friendliness. Salt Lake itself hosts modern high rises, commercial centers, unique site seeing attractions, historic sites, dozens of excellent restaurants, beautiful shopping malls and classic old buildings. Salt Lake City recently hosted the 2002 winter Olympic games and is home to internationally acclaimed Olympic venues. Salt Lake City is also home to nationally acclaimed ballet, dance and opera companies. The Utah Symphony is world-renowned as is the world famous Mormon Tabernacle Choir. Salt Lake's major convention centers, The Salt Palace Convention Center, Delta Center and the E-Center host everything from professional sporting events to rock concerts. Salt Lake City has a nationally recognized planetarium, zoo and aviary. Salt Lake City is also the home to several professional sports teams including: the Utah Jazz National Basketball Association Team, the Grizzlies Hockey Team, and the Salt Lake Stingers, a Triple AAA League Baseball Team. Salt Lake City is where the University of Utah is located. Brigham Young University is located approximately 30 miles south of Salt Lake City and Weber State University is located in Ogden, approximately 30 miles north of Salt Lake City. Utah is also home to the Salt Lake Community College and Utah Valley Community College. Logan is approximately 80 miles to the north of Salt Lake City and is home to Utah State University. Small private colleges, such as Westminster College are also located in the Salt Lake City area. Brigham Young University, the University of Utah and Utah State University all have APA approved graduate programs in psychology.

For the outdoor recreational enthusiast, Utah is truly a paradise. Utah has over 1,000 fishable lakes, rivers and streams. Campers and backpackers may choose from over 3,000 public and private campgrounds throughout the state. Much of the state is administered by the National Forest Service and there are hundreds of miles of backcountry roads and trails, many of which are only accessible to backpackers. Sailing, windsurfing, kayaking, rock climbing and mountain biking are extremely popular sports. White water rafting has also become very popular and there are over 400 miles of raftable rivers. There are also more than 10 public golf courses within minutes of the downtown area. Utah also has many ski resorts, 11 of which are less than a 60-minute drive from downtown Salt Lake City. Snowfall averages more than 500 inches each winter season at these resorts. The light powder that covers the

slopes has been described as the “greatest snow on earth,” and makes Utah a mecca to those stoked on powder skiing. The terrain is ideal for cross-country skiing, and snowmobiling is easily accessible. Helicopter skiing and snowcat skiing in Utah’s backcountry is also available. Utah also has the distinction of being home to several national parks including: Arches, Bryce Canyon, Canyonlands, Capital Reef and Zion. Utah is also the home to several national monuments including: Cedar Breaks, Dinosaurland, Grand Staircase Escalante, National Bridges, Rainbow Bridge, and Timpanogos Cave. Two national recreation areas can also be found within the state of Utah, Flaming Gorge and Glen Canyon. Flaming Gorge is one of the largest fresh water lakes in America and is excellent for camping, fishing and water-skiing. Glen Canyon contains Lake Powell, the second largest man-made reservoir in the world. Lake Powell is almost 200 miles long and contains almost 2,000 miles of sandstone shoreline offering superb fishing, water-skiing, swimming and house boating.

During the summer months, the temperatures of the Salt Lake valley rise above 90 degrees and cool into the 50’s at night. In the winter months, the average daytime high is approximately 30 degrees. Salt Lake City receives a moderate amount of snowfall during the winter months in the valley and much more in the nearby mountains.

For further information about Salt Lake City and Utah, contact the Utah Travel Counsel at:

Utah Travel Counsel
Counsel Hall
Capital Hill
Salt Lake City, Utah 84114
(801) 538-1030
www.utah.com

APPENDIX

Intern: _____
Rotation: _____
Supervisor: _____

University of Utah Neuropsychiatric Institute
PSYCHOLOGY INTERNSHIP HOURS

Week	Supervision	Training	Individual Therapy	Family Therapy	Group Therapy	Assessment Consultation	Unit Rounds Case Conference	Paperwork Report Writing	Other	Week Total Hours
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										

Total Rotation Hours: _____

Cumulative Internship Hours: _____

University of Utah Neuropsychiatric Institute

Psychology Intern Personal Training Goals/Objectives

Individual training goals/objectives are to be set by the intern and his/her supervisor at the start of each rotation and can be general in nature or specific to each rotation. Training goals/objectives will be formally evaluated at the end of each rotation.

Rotation 1 _____

Goal 1: _____

Method: _____

Achieved Continue

Goal 2: _____

Method: _____

Achieved Continue

Comments: _____

Intern

Supervisor

Date

Rotation 2 _____

Goal 1: _____

Method: _____

Achieved Continue

Goal 2: _____

Method: _____

Achieved Continue

Comments: _____

Intern

Supervisor

Date

Rotation 3 _____

Goal 1: _____

Method: _____

Goal 2: _____

Achieved Continue

Method: _____

Comments: _____

Achieved Continue

Intern

Supervisor

Date

Additional Goals/Objectives

Rotation: _____

Goal ____: _____

Method: _____

Achieved Continue

Rotation: _____

Goal ____: _____

Method: _____

Achieved Continue

Comments: _____

University of Utah Neuropsychiatric Institute

Psychology Intern Evaluation Form

Intern: _____

Supervisor: _____

Rotation: _____ **Mid** _____ **Final** _____

Date: _____

Please complete the attached evaluation form and return it to Sandra Whitehouse, Ph.D.

UNI PSYCHOLOGY INTERN EVALUATION FORM

1 - Requires Extensive Supervision

2 - Requires Standard Practicum Level Supervision

3 - Requires Standard Pre-Doctoral Supervision

4 - Requires minimal Pre-Doctoral Supervision

5 - Requires Standard Post-Doctoral Supervision

NA - Not Applicable to this Rotation

Goals/Objectives	Comments	Rating					
		1	2	3	4	5	NA
ETHICS AND PROFESSIONALISM 1. Demonstrates knowledge and the ability to practice psychology consistent with all ethical, legal and professional mandates.	<hr/> <hr/> <hr/> <hr/>						
2. Demonstrates knowledge of current scientific literature/research and the application of these empirically supported assessment techniques and interventions into clinical practice.	<hr/> <hr/> <hr/> <hr/>						
3. Demonstrates professional responsibility (e.g., follows appropriate procedures, completes documentation requirements and assignments in a timely manner, punctuality, confidentiality, respect for others, etc.)	<hr/> <hr/> <hr/> <hr/>						
4. Demonstrates an understanding of the role and function of a psychologist within a psychiatric hospital setting and adherence to all hospital practice and policies, standard job functions and performance standards.	<hr/> <hr/> <hr/> <hr/>						

<p>5. Demonstrates behaviors reflective of scholarly inquiry and a desire for professional growth and development evidenced by participation in supervision (e.g., sharing therapy tapes, having questions ready), knowledge of current research, contribution to team meetings and self-motivation.</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA
<p>ITEM EVALUATED BY TRAINING DIRECTOR</p> <p>6. Demonstrates desire for professional growth through active participation in didactic trainings and psychotherapy seminar (e.g., bringing scheduled therapy tapes, discussion of cases, prepared to discuss assigned readings).</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA
<p>ASSESSMENT AND DIAGNOSIS</p> <p>7. Demonstrates an understanding of child, adolescent and adult psychopathology and the ability to make differential diagnoses using the DSM-IV.</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA
<p>8. Demonstrates the ability to select an appropriate psychological assessment battery based on a specific referral question.</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA
<p>9. Demonstrates the ability to administer, interpret and integrate a variety of assessment measures (e.g., clinical interview, cognitive, behavioral, personality, affective, memory, motor and language functioning etc.).</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA

<p>10. Demonstrates the ability to develop an appropriate case formulation, link assessment data to recommendations, communicate results and prepare a quality written report.</p>	<hr/> <hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA
<p>11. Demonstrates a basic understanding of neuropsychological disorders and issues and the ability to use and interpret neuropsychological assessment measures.</p>	<hr/> <hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA
<p>INTERVENTION</p> <p>12. Demonstrates the ability to utilize a theoretical framework to develop a competent case conceptualization and to formulate an appropriate treatment plan with obtainable therapeutic goals.</p>	<hr/> <hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA
<p>13. Demonstrates the ability to select appropriate empirically validated psychotherapeutic interventions based on a patient's specific therapeutic needs.</p>	<hr/> <hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA
<p>14. Demonstrates the ability to implement a variety of effective interventions (individual, family, marital/couples, group and crisis intervention) and to appropriately evaluate treatment outcomes.</p>	<hr/> <hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA
<p>15. Demonstrates the ability to develop and maintain appropriate therapeutic relationships (e.g., build rapport, define boundaries, transference, counter-transference, termination issues, etc.)</p>	<hr/> <hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA

<p>CONSULTATION</p> <p>16. Demonstrates the knowledge of consultation methods and ability to consult, collaborate and communicate within a multidisciplinary treatment team setting and to liaison with the community and professionals as appropriate to patient care.</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA
<p>DIVERSITY/CROSS-CULTURAL</p> <p>17. Demonstrates an awareness and sensitivity to issues of diversity and a desire to learn more about individuals from diverse backgrounds through diversity training seminars, reading and supervision.</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA
<p>18. Demonstrates an understanding of the effects of individual differences on the therapeutic process and the ability to evaluate and address the therapeutic needs of diverse populations (e.g., racial, ethnic, multi-cultural, gay, lesbian, disabled, etc.).</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA
<p>SUPERVISION</p> <p>19. Develops skills in supervision (e.g., attends training, elicits feedback from supervisee on their goals, experiences and perceptions, discusses mutual responsibilities and expectations related to the supervision process, attends supervision punctually, provides constructive feedback, and participates in evaluating the supervisee.)</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA

<p>THEORIES AND METHODS OF EVALUATION:</p> <p>20. Participates in training on theories and methods of evaluation, develops confidence providing positive as well as constructive evaluative feedback to program, completes evaluations of supervisors, rotation, and the internship program.</p>	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA
<p>21. Periodically reviews the patient satisfaction surveys and related data, is responsive to feedback, and participates in program development and improvement.</p>	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA

<u>OVERALL INTERN RATING</u>	1	2	3	4	5
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Intern's Greatest Strengths _____

Areas in Need of Improvement _____

Rotation Passed **Rotation Not Passed**

Intern _____ **Supervisor** _____ **Date** _____

Training Director _____ **Date** _____

Acceptable level of performance for successful completion of the internship is defined as: Able to practice with standard pre-doctoral supervision (rating of 3) on each of the 17 Goals/Objectives by the final rating on each of the three rotations. An intern can obtain an acceptable performance if a developmental program is designed, implemented and successfully passed.

Supervision Checklist – Assessment

Intern: _____ Rotation: _____ Date: _____

Supervisor: _____ (Circle one) Audiotape Videotape Observation

Assessment Measures: WISC-III WAIS-III

- | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|
| 1. Is the clinical question to be answered clarified before testing is started? | NO | YES | N/A |
| 2. Are appropriate measures chosen and if applicable are any limitations of testing addressed (medication, culture, race, age, tolerance of testing)? | NO | YES | N/A |
| 3. Does the intern explain their status as an intern and discuss supervision and billing issues? | NO | YES | N/A |
| 4. Is the clinical interview adequate? | NO | YES | N/A |
| 5. Did they have the patient sign the consent/billing form? | NO | YES | N/A |
| 6. Is the intern able to establish rapport for testing? | NO | YES | N/A |
| 7. Is the intern prepared with all necessary testing supplies and forms? | NO | YES | N/A |
| 8. Is test standardization/test protocol followed verbatim? | NO | YES | N/A |
| 9. Are breaks taken when needed? | NO | YES | N/A |
| 10. Are the subtest started at the appropriate item and is basal established? | NO | YES | N/A |
| 11. Are discontinuation rules followed? | NO | YES | N/A |
| 12. Are responses appropriately queried? | NO | YES | N/A |
| 13. Are time limitations followed? | NO | YES | N/A |
| 14. Are demonstrations performed appropriately? | NO | YES | N/A |
| 15. Are responses accurately recorded? | NO | YES | N/A |
| 16. Are all assessment measures scored and calculated accurately? | NO | YES | N/A |
| 17. Is an appropriate case formulation derived from the assessment data? | NO | YES | N/A |
| 18. Are findings appropriately charted, addressing the initial clinical question and diagnostic impressions? | NO | YES | N/A |
| 19. Are the results communicated effectively in the written report? | NO | YES | N/A |
| 20. Are appropriate treatment recommendations made? | NO | YES | N/A |

Comments: _____

Intern Signature

Supervisor Signature

Date Reviewed

Supervision Checklist – Therapy

Intern: _____ Rotation: _____ Date: _____

Supervisor: _____ (Circle One) Audiotape Videotape Observation

Therapy Session #: _____ (Circle one) Individual Family Marital/Couples Other

1. Does the intern explain their status as an intern and discuss supervision and billing issues?	Needs Improvement	Adequate	N/A
2. Did they have the patient sign the consent/billing form?	Needs Improvement	Adequate	N/A
3. Is the intern able to establish sufficient rapport?	Needs Improvement	Adequate	N/A
4. Is the intern sensitive and respectful of the patients individual and cultural differences?	Needs Improvement	Adequate	N/A
5. Does the intern conduct themselves in a professional manner (e.g., appropriate personal boundaries)?	Needs Improvement	Adequate	N/A
6. Is appropriate empathy conveyed?	Needs Improvement	Adequate	N/A
7. Is the content of the session appropriate and consistent with the treatment plan?	Needs Improvement	Adequate	N/A
8. Are appropriate goals clearly delineated in the treatment plan by the intern?	Needs Improvement	Adequate	N/A
9. Do the intern's verbalizations facilitate or impede insight and change?	Needs Improvement	Adequate	N/A
9. Is the intern's level of activity or directiveness appropriate to the patient's need?	Needs Improvement	Adequate	N/A
10. Is the intern able to use inductive reasoning to highlight dysfunctional patterns?	Needs Improvement	Adequate	N/A
11. Are transference/countertransference issues appropriately managed?	Needs Improvement	Adequate	N/A
12. Is termination handled appropriately?	Needs Improvement	Adequate	N/A

Comments: _____

Intern Signature

Supervisor Signature

Date Reviewed

Minority Group Status of Patients Seen by Psychology Interns

	Placement	Total	American Indian/Alaskan	Asian	Black	Caucasian	Hispanic	Polynesian/ Pacific Islander	Other/ Mixed	Gay/Lesbian or Bisexual
Rotation 1	Child	34	0	0	3	30	1	0	0	0
2003-2004	Adolescent	45	0	1	1	38	4	0	1	0
	Adult	60	1	1	0	54	4	0	0	2
Rotation 2	Child	39	1	0	0	33	4	0	1	0
2003-2004	Adolescent	40	0	0	0	36	3	1	0	2
	Adult	62	1	0	0	54	5	0	2	2
Rotation 3	Child	49	0	1	5	36	3	2	2	0
2003-2004	Adolescent	50	0	1	0	41	7	0	1	0
	Adult	61	0	0	0	55	4	0	2	2
Rotation 1	Child	50	0	1	0	46	3	0	0	0
2004-2005	Adolescent	59	0	0	1	46	12	0	0	0
	Adult	60	0	1	0	57	0	2	0	4
Rotation 2	Child	45	1	0	5	38	2	0	0	0
2004-2005	Adolescent	38	1	0	0	36	1	0	0	1
	Adult	46	0	0	0	42	4	0	0	1
Rotation 3	Child	47	1	0	3	32	7	1	3	0
2004-2005	Adolescent	53	0	2	2	44	3	1	0	1
	Adult	59	2	1	1	45	4	1	1	4
Rotation 1	Child	33	0	0	1	28	4	0	0	0
2005-2006	Adolescent	53	0	0	2	41	5	0	4	1
	Adult	54	1	0	0	45	1	0	2	5
Rotation 2	Child	32	0	0	0	27	5	0	0	0
2005-2006	Adolescent	34	0	0	1	27	2	1	1	2
	Adult	71	1	4	0	58	3	2	3	0
Rotation 3	Child	30	1	0	1	24	3	1	0	0
2005-2006	Adolescent	52	2	1	1	42	2	0	0	4
	Adult	56	4	0	0	42	5	0	0	4
TOTALS		1311	17	14	27	1082	101	12	23	35
Percent		---	1.3%	1%	2%	82.6%	7.7%	0.9%	1.8%	2.7%

Supervisor Evaluation Form
University of Utah Neuropsychiatric Institute

Supervisor _____ Rotation _____

Intern(optional) _____ Year _____

If you answer No to any of the questions below, please elaborate on the lines provided.

Did you feel you were treated in a respectful manner and that your supervisor valued your clinical opinions, diversity and educational background? _____

Did you receive your two hours of weekly supervision and was your supervisor available to provide support and to address concerns (i.e., emergencies) outside of scheduled supervision. _____

Were your training needs emphasized during supervision and were your personal training goals integrated into supervision? _____

Did the supervision adequately address issues of your clinical work (i.e., therapy, assessment, treatment planning, etc.) as well as your professional development? _____

Did your supervisor provide a diverse and flexible experience with regard to therapeutic approaches and interventions? _____

Was feedback provided in a timely, constructive and specific manner? _____

Supervisor Evaluation Form
University of Utah Neuropsychiatric Institute

Did you feel that your supervision included a teaching component (didactic, literature, etc.) and that you learned from your supervisor? _____

Did your supervisor act in an ethical and professional manner and provide you with an appropriate professional mentor relationship? _____

Did you feel your supervisor was approachable and that you could discuss issues in an open manner? _____

Did you feel supported by your supervisor and did he/she advocate on your behalf when necessary (treatment team issues, etc.)? _____

Supervisor's strengths: _____

Recommendations to improve the supervision process: _____

*** This evaluation form to be held by the postdoctoral resident, reviewed by the Director of Psychology Training after completion of the internship.*

Rotation Evaluation Form

University of Utah Neuropsychiatric Institute

Rotation _____ Year _____

Intern (optional) _____

If you answer No to any of the questions below, please explain on the lines below.

Were you able to gain exposure to a diverse clinical population and issues/diagnoses? _____

Did you receive adequate breadth and depth in your clinical experience and training? _____

Did you gain exposure and training in areas of personal interests and were you able to meet your personal training goals? _____

Was the workload balanced and appropriate to prepare you for future professional practice? _____

Did you feel that your training needs were appropriately balanced with the clinical needs of the rotation? _____

Did you feel supported on the rotation by the unit staff and other professionals? _____

Did you feel that there was collaboration among the professionals and that your clinical opinion was respected? _____

What would you identify as the strengths of the rotation? _____

What would you change about the rotation in order to improve the training experience? _____

**** This evaluation form will be held by the postdoctoral resident and reviewed by the Director of Psychology Training after the completion of the internship.**

Psychology Internship Evaluation Form

University of Utah Neuropsychiatric Institute

Year-end

The purpose of the year-end evaluation is to provide feedback to the Training Committee regarding your internship training experience. This evaluation is intended to reflect your general impressions of the overall internship experience. Specific comments regarding rotations and supervisors should be made on the appropriate evaluation forms. Your feedback is very important and will help us to identify the strengths of the internship and to address areas in need of improvement.

Using the scale below, please circle the number that best represents the training/preparation you received during our internship training year.

1 = Inadequate 2 = Below Average 3 = Average 4 = Above Average 5 = Excellent

Training Areas

Ethics and Professionalism

	1	2	3	4	5
Ethical, Legal and Professional Issues	1	2	3	4	5
Scholarly Inquiry	1	2	3	4	5
Integration of Research and Clinical Practice (Empirically Supported Assessment and Interventions)	1	2	3	4	5

Comments: _____

Assessment, Diagnosis and Treatment Planning

	1	2	3	4	5
Psychopathology (General)	1	2	3	4	5
Adult	1	2	3	4	5
Adolescent	1	2	3	4	5
Child	1	2	3	4	5
Psychological Assessment	1	2	3	4	5
Differential Diagnosis (Use of the DSM-IV)	1	2	3	4	5
Report Writing	1	2	3	4	5
Treatment Planning and Goals	1	2	3	4	5

Comments: _____

Psychology Internship Evaluation Form

University of Utah Neuropsychiatric Institute

Page 2

Intervention

	1	2	3	4	5
Individual Therapy	1	2	3	4	5
Family Therapy	1	2	3	4	5
Group Therapy	1	2	3	4	5
Marital/Couples Therapy	1	2	3	4	5
Crisis Intervention	1	2	3	4	5
Behavioral Interventions/Contracts	1	2	3	4	5
Consultation	1	2	3	4	5
Therapeutic Relationship Issues (e.g., rapport, communication, termination, transference, counter-transference and boundaries)	1	2	3	4	5

Comments: _____

Hospital Practice

	1	2	3	4	5
Issues of Hospital Professional Practice	1	2	3	4	5
Consultation with Professional Staff	1	2	3	4	5
Exposure to Managed Health Care Issues	1	2	3	4	5
Functioning as a Multidisciplinary Team Member	1	2	3	4	5
Coordination of Services with Community	1	2	3	4	5
Agencies/Professionals	1	2	3	4	5
Documentation Standards and Practice					

Comments: _____

Neuropsychology

	1	2	3	4	5
Neuropsychological Disorders/Issues	1	2	3	4	5
Neuropsychological Assessment	1	2	3	4	5
Neuropsychological Report Writing and	1	2	3	4	5

Recommendations

Comments: _____

Psychology Internship Evaluation Form

University of Utah Neuropsychiatric Institute

Page 3

Diversity

1 2 3 4 5

Role of Individual and Multicultural Diversity in Psychology

1 2 3 4 5

Exposure to Diverse Populations

1 2 3 4 5

Assessment Considerations with Diverse Populations

1 2 3 4 5

Therapeutic Needs/Effective Interventions for Diverse

1 2 3 4 5

Populations

Comments: _____

Training Activities

Individual Supervision (General)

1 2 3 4 5

Availability of Supervision

1 2 3 4 5

Quality of Supervision

1 2 3 4 5

Professional Mentoring

1 2 3 4 5

Respect for Individual Differences and Needs

1 2 3 4 5

Respect of Personal and Professional Boundaries

1 2 3 4 5

Group Supervision

1 2 3 4 5

Staff Meetings/Case Conferences

1 2 3 4 5

Psychotherapy Seminar

1 2 3 4 4

Comments: _____

Didactic Training Seminars

1 2 3 4 5

Most Valuable

Least Valuable

Suggested Didactic Trainings: _____

General Internship Experience

<u>Breadth of Internship Experience</u>	1	2	3	4	5
Depth of Internship Experience	1	2	3	4	5
Exposure to Areas of Professional Interest	1	2	3	4	5
Assistance Obtaining Personal training Goals	1	2	3	4	5
Psychology Staff-Intern Relations	1	2	3	4	5
Psychology Staff Support of the Interns	1	2	3	4	5
Preparation for Professional Practice	1	2	3	4	5
Preparation for Licensure	1	2	3	4	5
Assistance in Obtaining Postdoctoral Position	1	2	3	4	5
Assistance in Obtaining Initial Professional Position	1	2	3	4	5
Utility of Internship Orientation (3-day)	1	2	3	4	5
Clarity of Internship Expectations, Goals and Objectives	1	2	3	4	5
Adequate Intern Resources (e.g., computer, library access and supplies)	1	2	3	4	5
Evaluation and Feedback Procedures	1	2	3	4	5
Other (specify)	1	2	3	4	5

Strengths of the Internship Experience: _____

Limitations of the Internship Experience: _____

Recommendations to Improve the Internship Experience: _____

OVERALL EVALUATION OF THE INTERSHIP PROGRAM **1 2 3 4 5**

Additional Comments on Your Internship Training Experience: _____

Personal Information

In addition to the personal information requested, please provide us with a permanent address or contact person (parent, relative, employer, etc.) through which we may contact you in the future for subsequent follow-up surveys.

Name: _____ Date: _____

Permanent Home Address: _____

Work Address: _____

Phone: _____(Home) _____(Work) _____(Other)

E-mail: _____

Contact Person/Address: _____

Phone: _____