Thank you for your interest in our Clinical Psychology Internship Program. For the 2020-2021 internship year, we will be offering eight positions: Three positions will be in the Autism Track, two positions in the Child/Pediatric Psychology Track, one in the Adult/Adult Health Psychology Track, one in the Integrated Care Track, and one in the Pediatric Neuropsychology Track.

Please Note: Due to the ongoing COVID-19 pandemic, clinical training experiences, supervision, and didactic activities for the 2020-2021 training year will likely involve a mix of virtual formats (telehealth visits, Zoom didactics and tele-supervision) and in-person formats.

Applications for admission to our Psychology Internship Program will only be accepted from graduate students enrolled in APA Accredited Doctoral Programs in Clinical Psychology. It is expected that successful applicants will have completed at least three years of graduate training which has included formal educational and clinical experiences with assessment and intervention, as well as training and experience with research.

In order to be considered for admission to this program for the training year beginning July of 2020, you must submit your completed application via the APPIC Online Application Portal no later than November 1st, 2019. Please note that we will have five different match numbers: Autism Track (129413) Child/Pediatric Track (129414), Adult/ Health Psychology Track (129415), Integrated Care Track (129411) and Pediatric Neuropsychology (129412). Applicants may elect to apply to more than one track. Please indicate which track(s) you would like to apply for in your cover letter. We adhere to all APPIC Policies throughout the application and selection process.
In mid to late November, you will be notified by email regarding whether or not you are being offered an interview at our site. We will invite approximately 60 applicants to come to Indianapolis on one of our two interview dates: Thursday, January 9, 2020 and Wednesday, January 15, 2020. During the interview days, applicants will receive an overview of the program, meet with faculty and current interns, and tour our training facilities. Each applicant will participate in at least two individual interviews with faculty members. Please be advised that if you are asked to come for an interview we will ask you either to supply us with a photograph of yourself, or we will take one of you on the day of the interview. The photographs will only be used to help faculty accurately recall each applicant and are in no way used for decision-making or evaluation.

We look forward to reviewing your completed application through the APPIC Online Application Portal.

If you have any questions, please do not hesitate to contact us.

Sincerely,

Ann Lagges, PhD, HSPP, ABPP
Director of Training
Indiana University School of Medicine
Psychology Internship Program
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The Clinical Psychology Internship Program at the Indiana University School of Medicine is accredited by the American Psychological Association.

For questions regarding the program’s accreditation status please contact:
American Psychological Association
Office of Program Consultation and Accreditation
750 First Street, NE
Washington DC 20002-4242
202-336-5979
202-336-6123 (TDD/TTY)
202-336-5978 (fax)
www.apa.org/ed/accreditation
apaaccred@apa.org
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TRAINING PROGRAM PHILOSOPHY

The philosophy of the Psychology Internship program is consistent with the three missions of the Indiana University School of Medicine: Service, Education and Research. Our program is designed to train psychologists in Health Service Psychology who can make use of current research to implement evidence-based practice in a variety of clinical settings, and who will complete the program better prepared to conduct research that will be informed by experience in real-world clinical settings. Our program seeks applicants who have strong clinical training as well as a strong background in conducting and utilizing research. During their internship year, interns are provided with extensive opportunities to apply knowledge gained through research in assessment and intervention situations.

AIMS, COMPETENCIES, AND OUTCOMES

Aim 1: To produce health care professionals, prepared for entry level practice and licensure, who are able to provide quality, evidence-based assessment and treatment to patients across the lifespan, and from diverse backgrounds.

  Competency A: Assessment

  Outcome 1: Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client/patient strengths and psychopathology.

  Outcome 2: Demonstrates understanding of human behavior within its context (e.g. family, social, societal and cultural)

  Outcome 3: Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.

  Outcome 4: Selects and applies assessment methods that draw from the best available empirical literature that reflects the science of measurement and psychometrics; collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

  Outcome 5: Interprets assessment results following current research and professional standards and guidelines to inform diagnostic classification, case conceptualization and treatment recommendations while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

  Outcome 6: Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
Competency B: Intervention

Outcome 1: Establishes and maintains effective relationships with the recipients of psychological services

Outcome 2: Develops evidence-based intervention plans specific to the service delivery goals

Outcome 3: Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics and contextual variables

Outcome 4: Demonstrates the ability to apply the relevant research literature to clinical decision making.

Outcome 5: Modifies and adapts evidence-based approaches effectively when a clear evidence base is lacking

Outcome 6: Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation.

Competency C: Diversity

Outcome 1: Demonstrates understanding of how own personal/cultural history, attitudes and biases may affect own understanding of and interactions with people different from themselves.

Outcome 2: Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation and service.

Outcome 3: Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles including research, service and other professional activities.

Outcome 4: Demonstrates the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of prior training.

Outcome 5: Demonstrates ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

Outcome 6: Demonstrates the ability to independently apply knowledge and approach in working with the range of diverse individuals encountered during internship.

Competency D: Consultation and Interprofessional/Interdisciplinary Skills

Outcome 1: Demonstrates knowledge and respect for the roles and perspectives of other professions
Outcome 2: Applies knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior. This can include consultation to other trainees.

Aim 2: To produce professionals who can competently engage in aspects of practice outside direct care delivery such as supervision, and research.

Competency A: Supervision

Outcome 1: Demonstrates knowledge of supervision models and practices

Outcome 2: Applies knowledge of supervision models and practices with psychology trainees or other health service professionals. This may include role-played supervision or peer supervision with other trainees.

Competency B: Research

Outcome 1: Demonstrates the substantially independent ability to critically evaluate research

Outcome 2: Demonstrates the substantially independent ability to disseminate research or other scholarly activities via activities such as case conferences, presentations, or publications the local (including host institution), regional or national level.

Aim 3: To produce professionals who adhere to the highest levels of ethical and professional behavior in all aspects of their work.

Competency A: Ethical and Legal Standards

Outcome 1: Demonstrates good knowledge of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct

Outcome 2: Demonstrates good knowledge of and acts in accordance with relevant laws, regulations, rules and policies governing health service psychology at the organizational, local, state, regional and federal levels.

Outcome 3: Demonstrates good knowledge of and acts in accordance with relevant professional standards and guidelines.

Outcome 4: Recognizes ethical dilemmas as they arise, and applies ethical decision making processes in order to resolve the dilemmas.

Outcome 5: Conducts self in an ethical manner in all professional activities.
Competency B: Professional Values, Attitudes and Behaviors

Outcome 1: Behaves in ways that reflect the values and attitudes of psychology including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

Outcome 2: Engages in self-reflection regarding personal and professional functioning and engages in activities to maintain and improve performance, well-being and professional effectiveness.

Outcome 3: Actively seeks and demonstrates openness and responsiveness to feedback and supervision.

Outcome 4: Responds professionally in increasingly complex situations

Competency C: Communication and Interpersonal Skills

Outcome 1: Develops and maintains effective relationships with a wide range of individuals including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services

Outcome 2: Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated

Outcome 3: Demonstrates a thorough grasp of professional language and concepts

Outcome 4: Demonstrates effective interpersonal skills and the ability to manage difficult communication well.
TRAINING PROGRAM STRUCTURE

The Indiana University School of Medicine Psychology Internship Program is located within the Section of Psychology, Department of Psychiatry. Training sites for the internship program include the Neuroscience Center (Goodman Hall), Indiana University Hospital and Clinics (IU Health Facility), Riley Hospital for Children (IU Health Facility), The Pediatric Care Center (Riley/IUHP Medical Office), IU Health Methodist Hospital (IU Health Facility), IU Health North Clinic at Meridian Crossing, and IU Health Primary Care locations including IU-Methodist Family Medicine Center and Georgetown Medical Plaza. The sites provide interns with a variety of training experiences. All 25 psychologists involved in the training program have faculty appointments in the Section of Psychology, Department of Psychiatry and/or the Department of Neurology, are licensed to practice psychology in Indiana, and have endorsements in Indiana as Health Service Providers in Psychology (HSPP).

The Internship year is a full 12 months, beginning on the first working day of July and continuing through the last working day of the following June. The training year is structured into two, six-month core rotations (2-1/2 days per week) which are determined by their track as described below. Please note: each track has a separate Match number.

- Autism Track (Match number 129413) (3 positions): 2 Core rotations in Autism
- Child/Pediatric Psychology Track (Match number 129414) (2 positions): 2 Cores chosen from among: Child Outpatient, Pediatric Consultation Liaison, and Pediatric Neuropsychology
- Adult/Health Psychology Track (Match number 129415) (1 position): 1 Core in Adult Health Psychology and 1 Core in Adult Outpatient
- Integrated Care Track (Match number 129411) (1 position) 2 Core rotations in CHOICE
- Pediatric Neuropsychology Track (Match Number 129412) (1 position): 2 Core rotations in Pediatric Neuropsychology

Interns will also complete two days of elective rotations per week during each of the six-month rotations. Specific elective rotations will be selected via post-match discussion between each intern and the training director taking into account each individual intern’s interests and training goals.

To ensure breadth of training, interns are expected to complete at least one core or elective rotation in a traditional psychology/mental health setting, and one core or elective in a behavioral medicine setting. They are also required to complete at least one core or elective rotation with an adult population, and at least one core or elective rotation with a child-adolescent population.

Please see pages 10-21 for full descriptions of the available core and elective rotations.

In addition to the core rotations and elective rotations, interns attend a series of weekly didactics presented on a wide variety of topics. These didactics take place on Fridays from 1:00 – 4:00PM.

All interns also attend Director's Conference weekly on Fridays from 12:00-12:45PM, just prior to didactics. This is an opportunity for the interns to have regularly scheduled time with the Director of Training and/or the Assistant Directors of Training.
Interns also attend the Psychiatry Department Grand Rounds on Fridays from 11:00AM – 12:00PM from September to May. Interns must attend at least 75% of the Grand Rounds or they will be asked to make up missing sessions by viewing recorded sessions.

Interns are given the opportunity to schedule Quarterly Educational Seminars (QES). Interns are encouraged to develop full-day workshops, which need to include at least 6 hours of educational activity, in areas of interest specific to the intern class. The interns, coordinated by the Chief Intern, can select a topic from a list of available programs or create their own seminar. These seminars are to be conducted four times a year, once in each quarter of the academic year. The day of the week of these seminars should vary to include one Monday, Tuesday, Wednesday and Thursday unless prior approval is obtained from the Internship Executive Committee to due to unique circumstances. One QES will be done in the memory of Dr. Robert Ten Eyck, who supervised interns for many years, and funds are available for food and other activities of a seminar.

Interns may also have the opportunity to attend a conference providing training in hypnosis via the Knarr Hypnosis training fund which can cover conference attendance fees as well as travel.

Finally, the Section of Psychology Continuing Education program offers a number of workshops during the year. If interns wish to attend any of these events, they may do so free of charge.
CORE ROTATIONS

Adult Outpatient Clinic

Supervisor: Kristine Chapleau, PhD

At the Adult Outpatient Clinic, interns will learn to approach psychotherapy with an understanding of how social factors (e.g., belonging, racism, sexism, loss of status, interpersonal betrayal and violence) affect mental health. That is, interns will gain experience incorporating social factors into their diagnostic assessments and in determining appropriate treatment goals. Interns will provide individual psychotherapy (this includes conducting a clinical interview and diagnostic assessment) for approximately 6 patients per day. Patients present with a range of mood and anxiety disorders and interns will provide psychotherapy that is evidence-based and individualized to increase patient’s understanding of self, ability to manage symptoms, interpersonal effectiveness, and well-being. Interns will receive individual supervision and may have the opportunity provide supervision to practicum students.

Adult Health Psychology

Supervisor: Yelena Chernyak, PhD

The goal of this core rotation is for interns to have a breadth of experience in providing health psychology services to adults in a variety of outpatient clinical treatment settings including cardiology, oncology, and behavioral sleep medicine. The setting for this rotation is divided between the IU Health Adult Outpatient Psychiatry Clinic and Study Center at the IU Health Neuroscience Center, the Simon Cancer Center Multidisciplinary Clinic, and Methodist Hospital’s Acute Heart and Lung Care Clinic. Specialized services provided include assessment, consultation, individual and group psychotherapy primarily utilizing CBT/ACT and other empirically supported interventions to deliver behavioral medicine, psychosocial support, coping skills building, symptom management, and behavioral modification. Interns will have the opportunity to work with a medically diverse clinical population experiencing acute and chronic medical conditions, provide consultation services, and interact with a multi-disciplinary medical team, and attend clinical case rounds in hospital based clinics. All clinical settings have a teaching mission allowing interns to interact with residents and fellows from various departments. IUH is a tertiary care facility with nationally and internationally recognized programs in specialized medical care. Please note: the 2-1/2 days/week of this Core rotation must include a full day on Tuesdays (Adult Sleep Clinic) a half or full day on a Monday or Thursday (Heart/Lung Clinic) and a half or full day on Wednesday (Oncology Clinic).
Child and Adolescent Outpatient

Supervisors: Bill Kronenberger, PhD, Ann Lagges, PhD, Gabriela Rodriguez, Ph.D.

The Child and Adolescent Psychiatry Clinic offers outpatient mental health services to families with children and adolescents under the age of 19. Families present to the clinic with a wide range of psychiatric and co-morbid medical conditions and often with complex social situations. The child outpatient rotation is divided among a number of the clinics that exist under the larger umbrella of this general clinic. Interns on this rotation will participate in two or more of the following: a full day in the pediatric testing clinic (Thursdays), TAC (Tics, Anxiety and Compulsions) Clinic (Mondays), Mood/Tics, Anxiety and Compulsions (TAC) Clinic (Wednesdays) and the Child and Adolescent ADHD/Disruptive Behavior Disorders Clinic (Mondays).

In all components of this rotation, the intern may have the opportunity to supervise a practicum student.

The pediatric testing clinic provides interns with experience providing intensive, full-day assessments to children and adolescents with complex issues involving cognitive abilities (approximately 90% of cases) and at times, issues involving personality/symptom assessment (approximately 10% of cases). The intern is responsible for some test administration, behavior observation and test interpretation.

In the Mood/Tics, Anxiety and Compulsions (TAC) clinic, interns will gain experience in working as part of a tiered psychology team, which includes practicum students, to provide the Evidence Based Practice of Psychology as applied to pediatric mood and anxiety disorders as well as OCD and tic disorders. This may include use of ESTs, but the majority of the time, due to the complex nature of patients presenting to the clinic, will involve making use of the best available research to develop individualized treatment plans for each patient and family.

In the Tics, Anxiety and Compulsions (TAC) clinic, interns will gain experience working with children, adolescents and their families presenting with primary diagnoses of OCD, Tourette’s Disorder and other tic disorders, as well as other anxiety disorders including selective mutism. Treatment will include Exposure and Response Prevention (ERP) for OCD and Comprehensive Behavioral Intervention for Tourette’s (CBIT) as well as other evidence based interventions as appropriate. The clinic is multidisciplinary in nature which allows patients to receive therapy and medication management services at the same visit. The team, including a psychologist, psychiatrist, psychiatric residents, psychology interns and psychology practicum students will meet prior to the afternoon clinic to discuss patients.

In the Child and Adolescent ADHD/Disruptive Behavior Disorders Clinic, interns will gain experience in evidence-based treatment of ADHD and disruptive behavior disorders. Patients present with primary diagnoses including ADHD and/or ODD as well as comorbid diagnoses including depressive disorders and anxiety disorders. Patient ages typically range from 4 – 16 years. Treatment approach is most often behavioral parent training to manage disruptive behaviors and cognitive-behavioral therapy to manage comorbid disorders, typically using the Modular Approach to Therapy for Children (MATCH-ADTC) manual. Experiences include diagnostic assessments and therapy. Given the presenting problems of
many of our patients, collaboration with schools and primary care providers is common. Interns will shadow the supervising psychologist initially and will gradually provide more services independently.

**Child and Adolescent Consultation Liaison Service**

Supervisors: Hillary Blake, PsyD, Amy Williams, PhD

The Riley Pediatric Consultation and Liaison services offers inpatient mental health services hospital-wide. Consultation requests are received from various services including Hematology/Oncology, Rehabilitation, Gastroenterology, Neurology, Pulmonology, Neurosurgery, General Surgery, Developmental Pediatrics, Critical Care, Endocrinology, Emergency Medicine, Hospitalist and Adolescent services, and the burn unit. Our service also consults for various acute psychiatric emergencies in the outpatient pediatric specialty clinics. Psychology interns will be involved in consultation requests involving diagnostic assessment, pain management, behavioral interventions, family conflict, coping with chronic or terminal illness, feeding issues, pre- and post-transplant evaluations, somatoform disorders, altered mental status and psychosis, and overdose/ingestion cases. Interns will carry an average of 2-6 cases per day, including new initial assessments and follow-up therapeutic interventions. The Pediatric Consultation and Liaison team is a multidisciplinary team which includes a full-time psychologist, psychiatrist, and two social workers. In addition, the intern will have the opportunity to work with psychiatry and triple board residents and medical students. Opportunities for supervision of medical students are available.

**Pediatric Neuropsychology Clinic**

Supervisors: Liz Begyn, PhD, HSPP, ABPP-CN, Rachel Jensen, Psy.D., HSPP, Brenna McDonald, Psy.D. HSPP, ABPP-CN, Jana Dykstra, Ph.D., HSPP, Kathleen Kingery, Ph.D., HSPP

The pediatric neuropsychology rotation is a core rotation that occurs all day Wednesday, all day Thursday, and Friday morning with the primary goal of providing interns with exposure to outpatient neuropsychological evaluation of children with medical conditions and associated cognitive sequelae. Patients ages 4 years through college age are seen in our clinic, and the most common medical diagnoses for these children and adolescents include brain tumors, leukemia, epilepsy, traumatic brain injury, concussion, genetic disorders, spina bifida, and hydrocephalus. Referrals are most commonly received from neuro-oncology, hematology-oncology, neurosurgery, neurology, physical medicine and rehabilitation, and developmental pediatrics. Evaluations (including interview, testing, and feedback) are conducted in entirety in one day. Interns on this rotation will observe and participate in diagnostic interviews with caregivers and patients, observe and conduct neuropsychological testing, observe feedback of test results to families, write neuropsychological evaluation reports, and work with postdoctoral fellows and graduate students in pediatric neuropsychology.

In addition, interns will attend a weekly neuropsychology case conference series (on Thursday mornings), which includes lectures related to the field of clinical neuropsychology and fact findings.
where interns can observe a postdoctoral fellow preparing for this aspect of board certification in neuropsychology and monthly pediatric neuropsychology seminar (on Wednesday mornings). Additional educational opportunities may include attending a twice-monthly pediatric epilepsy case conference, attending twice-monthly neuro-oncology case conference, observing an fMRI evaluation, and/or shadowing the pediatric neuropsychology fellows on the inpatient rehabilitation unit and neuro-oncology multi-disciplinary clinic. Interns may also have the opportunity to receive supervised experience supervising practicum students. The greater part of this rotation takes place in our outpatient clinic at the IU Health Neuroscience Center/Goodman Hall, with some of the additional opportunities taking place at Riley Hospital for Children at IU Health.

**Autism Core Rotation**

Supervisors: Noha Minshawi, PhD, Emily Roth, Psy.D.

The Christian Sarkine Autism Treatment Center (CSATC) is a comprehensive, hospital-based and university-affiliated treatment center engaging in clinical care, research, education and outreach activities in the state of Indiana. We are actively serving over 1,000 individuals with Autism Spectrum Disorders (ASD) and other neurodevelopmental disabilities (NDD) of all ages, abilities, and developmental levels. The CSATC was one of only five sites in the country involved in a research study funded by the National Institute of Mental Health that was focused on parent management training for individuals with autism. The mission of the CSATC is to provide evidence-based interventions to individuals with ASD and NDD, including gold-standard assessment and diagnosis, behavioral interventions, and medication management.

Psychology interns have the opportunity to participate in a variety of clinical opportunities that include both assessment and treatment of individuals with ASD and NDD. Assessment experience will include diagnostic interviews and standardized testing experiences. The treatment focus of the CSATC is behavioral in nature with a specific emphasis on the science of Applied Behavior Analysis (ABA). Interns will carry therapy caseloads that will include multiple modalities (e.g., individual therapy, parent training), as well as a variety of presenting problems (e.g., aggression, self-injury, social skills deficits, adaptive skills training). In addition to treatment experience, interns can pursue opportunities to expand their research skills on several ongoing studies based on time and interest.

**Integrated Care – CHOICE Program**

Supervisors: Lezlie Blackford, PhD, Melissa Butler, PhD, Danielle Henderson, Ph.D., Sarah Landsberger, PhD, Gabriela Rodriguez, Ph.D., Jen Vohs, PhD, Jennifer Downs, M.D., Ryan Harris, M.D., Amber Hunt, D.O, Rachel Yoder, M.D.

The CHOICE program—Changing Health Outcomes through Integrated Care Excellence is an integrated care program providing specialized behavioral health services in primary care adult and pediatric clinics. The CHOICE program strives to improve patient health and access to mental and behavioral health services through the integration of psychologists and psychiatrists into primary care practices. The CHOICE program is currently located at three separate IU Health locations:
Methodist Family Medicine Center, Georgetown Medical Plaza, and the Riley General Pediatric Clinic located in the Pediatric Care Center.

Interns on this rotation will become a part of the CHOICE team at least one of the three CHOICE program locations. Depending on the intern’s interests and supervisor availability interns may choose to split their core rotation between two CHOICE locations. CHOICE teams are comprised of psychologists, psychiatrists, psychiatry residents, and psychology interns. Interns will spend approximately 50% of their time in scheduled face-to-face therapy sessions and diagnostic evaluations with patients referred by primary care physicians and pediatricians. The other 50% of the time, interns will be available along with other CHOICE team members for consultations and “warm-hand offs” from primary care physicians and pediatricians. Many referrals tend to be for common psychiatric conditions, such as depression and anxiety, however a number of referrals also deal with adjustment difficulties, health behavior change (including management of chronic health conditions), and more severe forms of mental illness. Pediatric referrals tend to focus on depression, anxiety, and behavioral and developmental problems. Interns will use Evidence Based Practice methodology to provide appropriate evaluation and treatment for patients seen in these settings.
**ELECTIVE ROTATIONS**

**Adult Outpatient**

Supervisor: Kristine Chapleau, PhD, Danielle Henderson, Ph.D.

This rotation is a half or full day per week. Interns will have the opportunity to conduct diagnostic assessment and psychotherapeutic treatment for mood, anxiety, and personality disorders in an outpatient treatment setting at the Adult Psychiatry Clinic and Study Center at Indiana Neuroscience Center. Interns will have the opportunity to interact with multi-disciplinary treatment team members, social workers, physicians, and psychologists.

**Adult Psychosocial Oncology**

*Please note: this elective is also part of the Adult Health Psychology Core*

Supervisor: Yelena Chernyak, PhD

This rotation is a full day per week and is available only on Wednesdays. Outpatient psychosocial services are provided as part of the Indiana University Simon Cancer Center Complete Life Program. The treatment team, which consists of a psychiatrist, psychologist, social worker, dietitian, and chaplain, meets on a weekly basis for rounds and staffing. Psychological services provided include individual, family, and group therapy using CBT and other empirically-supported interventions for skills building, symptom management, behavior modification, and psychosocial support.

**Cardio-Pulmonary/Thoracic Transplant Psychology**

*Please note: this elective is also part of the Adult Health Psychology Core*

Supervisor: Yelena Chernyak, PhD

This rotation is a full day per week and occurs on Mondays and Thursdays. Specialized psychological services are provided to the Advanced Heart and Lung Care Clinic at Methodist Hospital including pre-transplant psychological evaluations, individual therapy using CBT and other empirically-supported interventions, and group therapy for thoracic transplant patients. Interns will have the opportunity to work with a medically diverse clinical population, provide consultation services, and interact with a multi-disciplinary medical team in a hospital-based outpatient cardiology clinic. One hour of weekly individual supervision will be provided as part of this elective rotation.
**Adult Behavioral Sleep Medicine**  
**Please note: this elective is also part of the Adult Health Psychology Core**

Supervisor: Yelena Chernyak, PhD

This rotation is a full day per week and is available only on Tuesdays. The intern will participate in an adult behavioral sleep medicine clinic in the IU Health Adult Outpatient Psychiatry Clinic in collaboration with the IU Sleep Disorders Center under supervision of a psychologist with board certification in behavioral sleep medicine. The intern will provide assessment and treatment services to adults ages 18+ for sleep related presenting problems including insomnia, hypersomnia, circadian rhythm disorders, narcolepsy, anxiety disorders, and noncompliance with medical treatments such as CPAP for sleep apnea as well as possible coexisting psychiatric disorders. Skills training, education, and structured learning experiences (e.g. readings, webinars) will be provided to develop skills and knowledge in behavioral sleep medicine respective to intern experience. Initially the intern will shadow the supervising psychologist and then gradually provide more services independently. Treatments are typically short-term (4-8 sessions), are highly focused and specific to sleep problems, and have a strong basis in cognitive-behavioral psychology. Previous experience in behavioral sleep medicine is desirable but not required.

**Pediatric Psychology Testing Clinic**  
**Please note: this elective may also be part of the Child Outpatient Core**

Supervisor: Bill Kronenberger, PhD

This rotation is a full day per week and is only available on Thursdays. Please note, this rotation is part of the Child Outpatient Core Rotation, and so interns who complete that core rotation will already have this elective rotation included. Psychological testing is conducted two days per month, with one patient per day. Contact hours average 6-8 hours per child. Approximately 90% of testing cases involve evaluation of cognitive abilities (intelligence, achievement, memory, executive functioning, etc.), and 10% of testing cases involve personality testing (projective and/or objective). The other two days per month are used for didactics, additional supervision, learning new tests, test interpretation, and review of results. The intern is responsible for some test administration, supervision of a graduate student, behavior observation, and test interpretation; there is no report-writing. Supervision is provided by live observation of test administration, individual meetings to discuss results, and didactics covering major topics.
Child and Adolescent Mood/Tics, Anxiety and Compulsions (TAC) Clinic

Please note: this elective may also be part of the Child Outpatient Core

Supervisor: Ann Lagges, PhD

This rotation is a half or full day per week and occurs on Wednesdays. Interns will gain experience in the Evidence Based Practice of Psychology as applied to pediatric mood, anxiety, OCD and tic disorders. This may include use of ESTs, but the majority of the time, due to the complex nature of patients presenting to the clinic, will involve a modular approach to therapy making use of the best available research to develop individualized treatment plans for each patient and family. Experiences will include diagnostic assessments and therapy. Interns will most likely have the opportunity to assist in supervision of practicum students. Patients present with a wide range of primary diagnoses including depressive disorders, anxiety disorders, OCD, and tic disorders as well as comorbid secondary diagnoses including ADHD, ODD, Autism Spectrum Disorder, and intellectual disabilities. Co-occurring medical conditions and complex social situations in families are very common.

Child and Adolescent Tics, Anxiety and Compulsions (TAC) Clinic

Please note: this elective may also be part of the Child Outpatient Core

Supervisor: Ann Lagges, PhD

This rotation is a half or full day per week and occurs on Mondays. Interns will gain experience working with children, adolescents and their families presenting with primary diagnoses of OCD, Tourette’s Disorder and other tic disorders, as well as other anxiety disorders. Treatment will include ERP for OCD and Comprehensive Behavioral Intervention for Tourette’s (CBIT) as well as other evidence based interventions as appropriate. The clinic is multidisciplinary in nature which allows patients to receive therapy and medication management services at the same visit. The team, including a psychologist, psychiatrist, psychiatric residents, psychology interns and psychology practicum students will meet prior to the afternoon clinic to discuss patients and review relevant literature. Interns will most likely have the opportunity to assist in supervision of practicum students.
Child and Adolescent ADHD/Disruptive Behavior Disorders Clinic  
**Please note: this elective may also be part of the Child Outpatient Core**

Supervisor: Gabriela Rodriguez, PhD

This rotation is a half or full day per week and occurs on Mondays. Interns will gain experience in evidence-based treatment of ADHD and disruptive behavior disorders. Patients present with primary diagnoses including ADHD and/or ODD as well as comorbid diagnoses including depressive disorders and anxiety disorders. Patient ages typically range from 4 – 16 years. Treatment approach is most often behavioral parent training to manage disruptive behaviors and cognitive-behavioral therapy to manage comorbid disorders, typically using the Modular Approach to Therapy for Children (MATCH-ADTC) manual. Experiences include diagnostic assessments and therapy. Given the presenting problems of many of our patients, collaboration with schools and primary care providers is common. Interns will shadow the supervising psychologist initially and will gradually provide more services independently.

Pain Center Specialty Clinic

Supervisor: Amy Williams, PhD

This rotation is a full day per week on Thursdays. Interns will gain experience in assessment and treatment of pediatric patients with chronic pain who present to the Riley Pain Center. Treatment involves CBT for chronic pain (and other evidence based interventions), and biofeedback. Interns may also have the opportunity to co-lead a pain coping skills group for teens. The pain center is an interdisciplinary treatment team comprised of 2 pediatric anesthesiologists, a nurse practitioner, nursing, 1 pediatric psychologist, .5 pediatric psychology fellow, and a physical therapist. Interns may have the opportunity to gain experience in supervision of practicum students.
**Pediatric Behavioral Sleep Medicine**

Supervisor: Sarah Morsbach Honaker, PhD, CBSM

The intern will participate in pediatric behavioral sleep medicine clinics conducted through the Section of Pulmonology, Allergy, and Sleep Medicine in the Department of Pediatrics. Under the supervision of a psychologist with board certification in behavioral sleep medicine and in collaboration with several sleep physicians, he/she will provide assessment and treatment services for youth ages 0-18 presenting with sleep problems. Initially the intern will shadow the supervising psychologist and then gradually provide more services independently. The intern will also make follow-up phone calls to families to discuss treatment progress and engage in structured learning experiences (e.g. webinars, readings) to develop skills and knowledge in behavioral sleep. During the second half of the rotation, the intern will take the lead conducting co-therapy with patients. Treatments are typically short-term (2-4 sessions), are highly focused and specific to sleep problems, and have a strong basis in cognitive-behavioral psychology. While the most frequent presenting complaint will be insomnia, treatment will also address problems such as nightmares, circadian rhythm disorders, and hypersomnias. In addition to developing a strong foundation and understanding of normal sleep and behavioral sleep medicine treatments, the intern will gain familiarity with actigraphy as a clinical assessment tool, observe part of an overnight polysomnogram, shadow a sleep physician in clinic, and learn to screen for medical sleep disorders. The training experience further includes opportunities to work with infants and toddlers. This rotation is offered only on Wednesdays in the IU North location in Carmel. A full day experience is preferred, though half-day will be considered. Previous experience in behavioral sleep medicine is desirable but not required. Intern hours accrued during this rotation can be applied towards certification in behavioral sleep medicine (DBSM certification offered by the Society for Behavioral Sleep Medicine).

**Adolescent Dual Diagnosis Clinic**

Supervisor: Zack Adams, PhD

This rotation may occur on one full or two half days per week. Interns will join an established treatment team and gain experience working with adolescents and their families in the evaluation and treatment of co-occurring substance use and mental health disorders. Interns will be trained in delivery of ENCOMPASS, an integrated, evidence-based treatment model that involves standardized diagnostic assessment (using the KSADS structured interview), motivational enhancement, CBT, contingency management, and family sessions. Youth receive both therapy and medication management through this clinic, and interns will have ample opportunities to interact and coordinate care with an interdisciplinary team of psychiatrists, psychologists, psychiatric residents, social workers, and medical students in this rotation. Interns will attend weekly team meetings and weekly individual supervision sessions. There may be opportunities to obtain training in delivery of services outside the conventional in-person clinic setting (e.g., school-based services; telemedicine). Opportunities for scholarly work such as didactic material development, patient handouts, and scholarly articles for publication are also available.
Integrated Care – CHOICE Program

Supervisors: Lezlie Blackford, PhD, Melissa Butler, PhD, Danielle Henderson, Ph.D., Sarah Landsberger, Ph.D., Gabriela Rodriguez, PhD, Jen Vohs, PhD, Jennifer Downs, M.D., Ryan Harris, M.D., Amber Hunt, D.O, Rachel Yoder, M.D.

The CHOICE program—Changing Health Outcomes through Integrated Care Excellence is an integrated care program providing specialized behavioral health services in primary care adult and pediatric clinics. The CHOICE program strives to improve patient health and access to mental and behavioral health services through the integration of psychologists and psychiatrists into primary care practices. The CHOICE program is currently located at three separate IU Health locations: IU-Methodist Family Medicine Center, Georgetown Medical Plaza, and the Riley General Pediatric Clinic located at the Pediatric Care Center (PCC).

As an elective rotation, interns will become a part of the CHOICE team at one of the three CHOICE program locations, depending on the intern’s interests and supervisor availability. CHOICE teams are comprised of psychologists, psychiatrists, psychiatry residents, and psychology interns. Elective experiences are for 1 full day per week. Interns will spend approximately 50% of their day in scheduled face-to-face therapy sessions and diagnostic evaluations with patients referred by primary care physicians and pediatricians. The other 50% of the day, interns will be available along with other CHOICE team members for consultations and “warm-hand off”s from primary care physicians and pediatricians. Many referrals tend to be for common psychiatric conditions, such as depression and anxiety, however a number of referrals also deal with adjustment difficulties, health behavior change (including management of chronic health conditions), and more severe forms of mental illness. Pediatric referrals tend to focus on depression, anxiety, and behavioral and developmental problems. Interns will use Evidence Based Practice methodology to provide appropriate evaluation and treatment for patients seen in these settings.

Pediatric Psycho-Oncology

Supervisor: Stephanie Hullmann, PhD

This rotation is one full day or two half days per week. Interns will have the opportunity to conduct intake assessments, psychotherapy, and consultations with children and adolescents with cancer and their families. Interns may see patients in the outpatient Pediatric Hematology/Oncology clinic, infusion center, and/or inpatient medical unit at Riley. Presenting problems include: adjustment disorder, anxiety, depression, behavior problems, nonadherence, symptoms management, and end-of-life issues. Treatment is primarily cognitive-behavioral. This rotation takes a developmental approach; initially, the intern will shadow the supervising psychologist and gradually gain more independence. There will also be opportunities to attend weekly interdisciplinary treatment team meetings in which the interns may collaborate with Pediatric Hematology/Oncology medical and psychosocial staff.
**Child and Adolescent Gender Health Program**

Supervisor: Kelly Donahue, PhD

The intern will participate in Gender Health clinics conducted through the Department of Pediatrics in the Division of Adolescent Medicine. This rotation is available as a full day per week (ideal) although a half day per week (PM only) is possible. Clinics occur on Thursdays at the Riley Physicians Meridian Crossing office in Carmel.

Interns will receive supervision in the provision of gender-affirming care for transgender and gender expansive children and teenagers. This will include conducting comprehensive intake assessments for new patients; ongoing supportive therapy as patients explore their gender identity or pursue gender-affirming social or medical transition; and ongoing therapy to address co-occurring depression, anxiety, etc., using primarily a cognitive behavioral approach. Interns will also gain skills in providing psychoeducation to parents and families and addressing parent concerns or misperceptions about their child’s gender identity.

On Thursday afternoons, interns will participate in a multidisciplinary adolescent medicine clinic, which includes providers in medicine, psychology, social work, nursing, and nutrition. This dedicated team gender health clinic occurs on two Thursdays each month. Outside of this dedicated twice-monthly team gender health clinic, the majority of patients seen by the psychologist are for evaluations or therapy related to gender dysphoria. Remaining patients include referrals from providers in adolescent medicine for anxiety or depression.

**Pediatric GI Clinic**

Supervisor: Elaine Gilbert, PsyD

This rotation is a half or full day per week and is available on variable days depending on interest and goals of the trainee. This clinical elective rotation is within the Riley GI Division. Interns will learn research informed care for children and adolescents referred by their GI providers for a multitude of presenting issues including nonadherence, coping with chronic medical conditions, somatic and functional conditions, pain management, encopresis, as well as comorbid anxiety and mood issues. Beyond outpatient care this rotation has the potential to involve trainees in integrated clinics including the Healthy Weight Management Clinic and the Motility Clinic. Specialty skills that will be taught include brief assessment of patients with GI symptoms, CBT interventions for chronic medical conditions and pain management, as well as basic and advanced biofeedback skills.
Down syndrome and Catatonia Clinic

Supervisors: Jill Fodstad, Ph.D., HSPP, BCBA-D, Cassie Karlsson, M.D.

Offered: ½ Day Clinic on Monday Afternoons

Location: Adult Outpatient Psychiatry Clinic, Goodman Hall

Able to Begin Taking Interns: Spring 2021

Max # of Interns a Rotation: 1

Clinic Description: The Down syndrome and Catatonia Clinic is a specialty clinic providing unique care across the lifespan of person’s with Down syndrome. Primarily focused on assisting families access care when their child has experienced a regression in functioning due to catatonia – a state of psycho-motor immobility and behavioral abnormalities most often seen in this patient population due to trauma, major life changes, early onset dementia/Alzheimer’s, or major depression – the clinic also focuses on supporting individuals who may be experiencing other co-occurring psychiatric needs impairing their functioning. Using a combined treatment approach of psychopharmacology and psychotherapy with adjunctive therapies as needed, individuals and their families are provided with a plan of care the is tailored to their needs.

Intern Responsibilities/Opportunities:

• Conduct individual psychoeducation and psychotherapy with families/caregivers via 45- to 60-minute outpatient therapy appointments. Types of treatment modalities that may be used include (but are not limited to) the following:
  o Modified Cognitive Behavioral Therapy
  o Parent/Caregiver Management Training
  o Individualized & Function-based, ABA-based Caregiver Training
  o Biofeedback and Relaxation Skills Training
  o Note: Interns will have the opportunity to conduct psychotherapy via telepsychology services

• Coordinate care therapeutic care with psychologist, psychiatrist, and other trainees in the clinic; as well as other providers who may be providing care to the individual

• Do co-therapy with psychiatrist or psychiatry trainees

• Conduct progress monitoring assessments as part of standardized, clinic protocol
**Early and Emerging Self-Injury Clinic**

Supervisor: Jill Fodstad, Ph.D., HSPP, BCBA-D

*Offered:* Full Day Clinic on Thursdays

*Location:* Meridian Crossing, 2nd Floor, Riley Specialists Suite, Carmel, IN

*Able to Begin Taking Interns:* Spring 2021

*Max # of Interns a Rotation:* 1

**Clinic Description:** The Early and Emerging Self-Injury Clinic is a treatment-only specialty clinic providing unique care to families. The clinic is primarily focused on providing psychological evidenced-based interventions and support for families of young children (ages 1-7 years old), regardless of developmental status, who engage in self-injurious behaviors (e.g., head banging, hair pulling, face hitting, hand mouthing, rectal digging, rumination). Families are able to receive a variety of services including functional behavior assessments, brief ABA-based behavior consultations, parent/caregiver management training, coordination of care with other providers, and individualized care plans. Psychotherapy services are short-term, and referring therapeutic providers should be prepared to resume care within 6 months of treatment initiation. Families must be able to attend clinic appointments every 2-3 weeks for the duration of their care. Older children, adolescents, and adults diagnosed with developmental disabilities who engage in behavioral/psychiatric conditions impairing their functioning level will be considered on a case by case basis and based upon availability.

**Intern Responsibilities/Opportunities:**

- Conduct individual psychoeducation and psychotherapy with families/caregivers via 45- to 60-minute outpatient therapy appointments. Types of treatment modalities that may be used include (but are not limited to) the following:
  - Parent/Caregiver Management Training
  - Individualized & Function-based, ABA-based Caregiver Training
  - Relaxation Skills Training
  - Note: Interns will have the opportunity to conduct psychotherapy via telepsychology services
- Coordinate care therapeutic care with referring provider as well as other providers who may be providing care to the individual
TRAINING SUPERVISORS

Zack Adams, PhD
ENCOMPASS – Adolescent Dual Diagnosis Program

Liz Begyn, Ph.D. ABPP-CN
Pediatric Neuropsychology

Lezlie Blackford, PhD
Integrated Care

Hillary Blake, PsyD
Child Consultation Liaison

Melissa Butler, PhD
Integrated Care

Kris Chapleau, PhD
Adult Outpatient

Yelena Chernyak, PhD
Adult Health Psychology

Kelly Donahue, Ph.D.
Child and Adolescent Gender Health Program

Jill Fodstad, Ph.D.
Down Syndrome and Catatonia Clinic
Early and Emerging Self Injury Clinic

Elaine Gilbert, Psy.D.
Pediatric GI Clinic

Danielle Henderson, Ph.D.
Adult Outpatient
Integrated Care

Stephanie Hullmann, Ph.D.
Pediatric Psycho-Oncology

Sarah Morsbach Honaker, PhD, CBSM
Pediatric Behavioral Sleep Medicine

Rachel Jensen, PsyD
Pediatric Neuropsychology
William Kronenberger, PhD  
Section Chief and Pediatric Assessment

Ann Lagges, PhD, ABPP  
Training Director and Child Outpatient  
TAC and Child Mood/Anxiety Clinics

Sarah Landsberger, PhD  
Integrated Care

Noha Minshawi, PhD  
Autism

Gabriela Rodriguez, Ph.D.  
Disruptive Behavior Disorder Clinic  
Integrated Care

Emily Roth, Psy.D.  
Autism

Jenifer Vohs, PhD  
Integrated Care

Amy Williams, PhD, ABPP  
Pediatric Pain Clinic  
Child Consultation Liaison

**OTHER SUPERVISORS**

Jennifer Downs, M.D.  
Integrated Care

Jana Dykstra, Ph.D  
Pediatric Neuropsychology

Ryan Harris, M.D.  
Integrated Care

Amber Hunt, D.O.  
Integrated Care

Cassie Karlsson, M.D.  
Down Syndrome and Catatonia Clinic
Kathleen Kingery, Ph.D.
Pediatric Neuropsychology

Brenna McDonald, Psy.D., ABPP-CN
Pediatric Neuropsychology

Rachel Yoder, M.D.
Integrated Care
INTERNSHIP TRAINING PROGRAM RESOURCES

Interns are provided with diverse patient populations and clinical service sites including the Indiana University Neuroscience Center, Indiana University Hospital and Clinics, Riley Hospital for Children at Indiana University Health, IU Health-Methodist Hospital, the Pediatric Care Center (Riley/IUHP Medical Office), IU Health North Clinics at Meridian Crossing, and IU Health Primary Care clinics, all of which are affiliated with the IU School of Medicine.

All 25 psychologists identified as training supervisors have faculty appointments in the Department of Psychiatry and/or the Department of Neurology at the Indiana University School of Medicine and are licensed to practice psychology, with endorsement as Health Service Providers in Psychology (HSPP), in the state of Indiana. Four board-certified Child and Adolescent Psychiatrists also serve as other supervisors in the integrated care rotations.

The internship’s education coordinator, Rita Roush, provides support and meets regularly with the Director of Training. She assists the Director with ensuring that accreditation standards are met and that educational activities that support the curriculum are established. She develops, implements, and oversees the maintenance of filing, record keeping, distribution of materials, and other types of office/program systems. She coordinates intern recruitment, tracks and processes initial required documents for Intern appointment, manages the evaluative processes of the interns, program, faculty, and rotations, completes verification requests from former interns, and provides general administrative services to interns.

Interns receive a stipend which will be $25,000 for the 2020-2021 training year. Benefits offered at no cost to interns include: health insurance for the intern and family members, life insurance, disability insurance, malpractice coverage, vision and dental insurance, and on-campus parking. This package of benefits, fully funded by the internship program, is worth up to $10,500. Each intern is appointed to the House Staff of Indiana University School of Medicine and is entitled to 9 paid university holidays and an additional 15 PTO Days (Paid Time Off) as part of the training year. In addition, interns are provided with 3 professional days as part of their training year to be used for activities such as dissertation defense, post-doctoral or job interviews, or attendance at an approved conference that is not automatically considered part of the training program.

Interns are provided with IU Health laptops to use throughout their training year. The laptops will be configured to provide access to the EMR system from all training sites as well as off-site if necessary. Laptops also include all necessary software and/or online access to programs such as Microsoft Office, statistical packages, citation managers, video and photo editing software, and PDF creators. At all training sites, interns are provided with appropriate office space, with access to printers, copiers, scanners and telephones. Interns can also take advantage of Indiana University’s agreements with hardware and software companies to obtain free or discounted products for their home computers.

Clerical support is available at all sites to assist with issues such as record maintenance and patient scheduling. IT support from both IU and IU Health is available at all sites as well. IU IT services also provides free training opportunities throughout the year.
All interns are provided with email accounts and will have access to a secure smartphone based paging system. They have full access to wired and wireless internet connections at all sites. All interns have access to all online university resources such as a wide range of full-text journals. Highly skilled medical librarians can assist with complex literature searches.
INDIANA UNIVERSITY SCHOOL OF MEDICINE PSYCHOLOGY INTERNSHIP EVALUATION PROCEDURE

1. Halfway through each of the six-month rotations (3 and 9 month points of training year), all core and elective supervisors will complete copies of the Competency Feedback form and review with the intern(s) they are supervising. They will submit the forms to the Director of Training after both the supervisor and intern have signed the form.

2. If the rating on any item(s) falls below a 5 at the 3 or 9 month mid-rotation point, the Director of Training and supervisor meet to determine whether a remediation plan is needed to ensure adequate progress is being made for the intern to successfully complete the rotation and training program.

3. At the end of each six-month rotation (6 months and 12 months), Core and elective rotation supervisors will again complete a copy of the Competency Feedback Form for each intern they have supervised.

4. Each supervisor will review this form with the intern, and then the supervisor and intern will both sign the form prior to the Intern Evaluation and Planning Meeting held at the end of each of the two rotations.

5. All supervisors for each intern, or at least one representative from rotations with multiple supervisors, provided that representative has obtained input from the other supervisors, will attend the Intern Evaluation and Planning Meeting. Supervisors, along with the Director and Assistant Directors of Training complete the Competency Evaluation Forms for each intern for that rotation. The goal is to provide a comprehensive assessment of each intern’s competency at the end of each rotation taking into account input from all supervisors and program leadership. If, based on this comprehensive assessment, it is determined an intern is not meeting competency goals (see Requirements for Successful Completion of Internship on pages 27-28), a remediation plan will be developed (see page 38).

6. Each intern meets with either the director or one of the assistant directors of training to review the Competency Evaluation for the rotation. Both the Director/Assistant Director and Intern sign the Competency Evaluation.

7. If needed, due to unusual circumstances, the Executive Committee can request that a Final Comprehensive Competency Evaluation be completed at the end of the internship year. This occurs when exit criteria are not met (all competency areas must be at a level of 6 or higher to reflect a readiness for entry-level practice and licensure in all competency areas), but the Executive Committee believes that the level of competency reflected in the second rotation Summary Competency Evaluation does not adequately reflect the intern’s true level of competency. The Executive Committee calls a meeting of all of the intern’s supervisors from the entire year to arrive at this Final Comprehensive Competency Evaluation.
REQUIREMENTS FOR SUCCESSFUL COMPLETION OF INTERNSHIP

1. By the end of the training year, all competency areas will be rated at a level of “6” or higher reflecting a readiness for entry level practice and licensure in all competency areas. Please see evaluation procedures and forms on pages 26 & 56-67 as well as program aims, competencies and outcomes on pages 4-7

2. Adequate progress during the program will be defined as:
   - Achieving a minimum rating of “5” in all rated competency areas from all supervisors on the “Feedback forms” at the mid-rotation points (3 and 9 month points)
   - Achieving a minimum rating of a “5” in all competency areas on the Summary Competency Evaluation form and ratings of “6” or higher in at least 50% of competency areas by the end of the first six-month rotation
   - Achieving ratings of “6” or higher in all competency areas on the Summary Competency Evaluation form at the end of the training year reflecting readiness for entry level practice

3. If adequate progress is not being made, a remediation plan will be developed. Please see remediation procedures on page 38.

4. Adherence to all applicable House Staff/Graduate Medical Education (GME) policies https://medicine.iu.edu/education/gme/employment-terms-benefits/policies/


6. Completion of all core and elective rotations agreed upon at the start of the training year unless modifications are agreed upon by the intern and training faculty.

7. Completion of 1-year of full-time training (40 hours per week - 2000 hours total), and a minimum of 500 hours of direct patient contact. The internship starts the first working day of July, and concludes the last working day of June. No alterations of this time frame are possible except as noted in the Time off and Leave policies included in this brochure on pages 36-37.

8. Engaging in a minimum of four hours of supervision per week, at least two of which are regularly scheduled individual, face to face meetings with a core or elective supervisor. Please also see supervision requirements on pages 31-32.

9. Attendance of at least 75% of Department of Psychiatry Grand Rounds each week they are offered. Missed sessions may be made up by viewing the recordings of Grand Rounds.

10. Attendance for the full afternoon of didactics each week they are offered unless leave has been approved consistent with the Internship Leave of Absence Policy.
11. Attendance at Director’s Conference unless leave has been approved consistent with the Internship Leave of Absence Policy.
INTERN EXPECTATIONS FOR CORE AND ELECTIVE ROTATIONS

1. Interns are expected to be present on-site for full work days, Monday through Friday, unless it is a University holiday or if they are taking PTO or a professional day. Please note: for the duration of the COVID-19 pandemic there will likely be times where “on site” will be defined as working from home.
   a. Individual supervisors will determine start and end times of typical days, but the general guideline is that interns will be present from approximately 8:30AM to 5PM each day, with an approximately 30 minute lunch break, unless they and their supervisor have agreed upon a different schedule for the rotation as a whole or for a specific day.
   b. Interns may never exceed 40 hours per week in order to comply with federal labor regulations, but need to take care to not regularly work less than 38.5 hours per week in order to ensure eligibility for licensure in all 50 states.
   c. Any intern who needs to arrive later or leave earlier than the standard agreed upon arrival and departure times needs to discuss this, in advance, with their supervisor. The intern needs to be prepared to take PTO for any hours absent from work.
   d. Patient care duties will occasionally lead to the need to stay later than expected. When this occurs, supervisors will work with the intern to ensure their workweek does not exceed 40 hours as a result.
   e. Flex time is not available to interns. Interns cannot voluntarily work additional hours on a given day or week in order to leave early a different day or week. (e.g. an intern cannot stay 2 hours late each evening to work on paperwork Monday-Thursday and then not come in on Friday). Any schedule adjustments, other than those due to emergencies, must be arranged with the supervisor in advance (e.g. if an intern will be participating in an evening group leading to 10 hours worked on Tuesday, the supervisor may arrange for the intern to only work 10-4PM on Wednesday).
   f. If interns find they have periods of time with nothing to do, they are encouraged to talk with their supervisors about additional activities. It is not permissible to leave early, without having arranged an early departure with the supervisor, simply because work is completed.

2. Interns are expected to keep their phones or laptops with them and on during work hours and respond to secure messages through Diagnotes in a timely manner. It is acceptable to wait until the end of a patient session to return a message.

3. Interns are to check their university email accounts and Message Center in Cerner at minimum, on arriving in the morning, at mid-day, and before leaving in the evening, Monday through Friday. They are to respond to all Cerner messages and emails requiring a response before leaving for the day.

4. Patient concern calls should be returned within 24 hours.

5. Documentation needs to be completed within the timeframes specified by each supervisor.
OFF-SITE ACTIVITIES DURING CORE AND ELECTIVE ROTATIONS

If a supervisor is participating in an activity, such as a conference or meeting, that is related to the intern’s Core or Elective rotation, the intern may also participate in the activity as part of that Core or Elective rotation without taking PTO under the following circumstances:

1. The supervisor must be participating in the activity. In other words, both the supervisor and intern should be attending the same conference or meeting.

2. The supervisor must be the one to suggest that the intern participate in this activity as part of the rotation. Interns are not automatically permitted to participate in any activity their supervisor attends. The supervisor must make the decision about what activities will be most relevant to the intern’s training.

3. If the intern’s involvement in this activity does not interfere with any other Core or Elective rotation, the supervisor does not need approval from the Training Director or Internship Executive Committee in order for the intern to accompany him/her for this activity.

4. The activity must not include an absence from didactics. If didactics are to be missed, the intern must take PTO or a Professional Day.

5. If the intern’s involvement in the activity would impact another Core or Elective rotation, supervisors are asked to follow these guidelines:
   a. If the activity is related to an Elective rotation, it should be limited to no more than one day.
   b. If a single day activity related to a Core or Elective rotation would involve the intern missing a day from another Core or Elective rotation, both supervisors must agree that the activity will enhance rather than adversely impact training, and that the activity will not adversely impact patient care (e.g. bumping already scheduled patients).
   c. Multi-day activities related to a Core rotation may be acceptable in particularly unique circumstances (e.g. a rare opportunity to obtain free training in a rotation relevant assessment/intervention skill that is typically only available at a high cost) as long as didactics are not missed and any time away from an Elective rotation is discussed with the Elective supervisor so that make-up days can be arranged if deemed appropriate by the supervisors.
SUPERVISION REQUIREMENTS FOR PSYCHOLOGY INTERNSHIP

1. For the duration of the COVID-19 pandemic, tele-supervision over the Zoom Health platform, with video and audio on, will be utilized as needed.

2. Interns must have a minimum of two (2) hours of individual, regularly scheduled supervision per week that are provided by a doctoral level, licensed psychologist, formally identified as training faculty.

3. It is expected that Core supervisors will provide at least 1 hour of individual scheduled supervision per week and Elective supervisors will provided at least 30 minutes of individual scheduled supervision per week.

4. Interns must have a minimum of four (4) hours of total supervision per week. The additional two hours can be in the form of group supervision or may be provided as additional individual supervision. The additional two hours of supervision can also be provided by a professional other than a psychologist (e.g. a psychiatrist). If such hours are to be counted, the supervisor needs to be formally approved as a supervisor by the Internship Executive Committee.

5. It is expected that interns will obtain at least one (1) additional hour of supervision on their Core rotations, and at least 30 minutes of additional supervision on their Elective rotations.

6. This means that interns should be receiving 2 hours of total supervision activities/week on their Core rotations and at least 1 hour of total supervision activities/week on each of their Elective rotations.

7. If a supervisor must miss supervision due to vacation, illness or other absence, in the vast majority of circumstances, supervision time should either be made up later in the week or the supervisor should arrange for another internship supervisor to provide supervision time, including scheduled individual time, during that absence.

8. If an intern misses supervision due to vacation, holidays, illness or other absence, this should be noted on the intern tracking form, and the supervisor will not be required to make up the time.

9. Supervision is defined as an interactive experience between the intern and supervisor that occurs within the context of an hierarchical relationship, focuses on the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to the clients that she, he, or they see; and serving as a gatekeeper for those who are to enter the particular profession. (Please see IR C-14 I) This means that activities such as observation by the supervisor of the intern providing care, observation by the intern of others providing care, co-therapy with a supervisor, and attending multidisciplinary meetings, while important parts of training, are not counted as supervision hours.
10. Supervisors must engage in some direct observation of the intern providing care. This may be via live observation in person or in the context of a virtual visit/telehealth, or video recording. (Please see IR C-17 I)

11. Because supervision must occur in the context of a formally established hierarchical and evaluative relationship, activities such as a discussion an intern has with a professional, who is not in an evaluative relationship with the intern, (e.g. a psychologist or other professional who is not affiliated with our internship program) will not count as supervision.

12. If there is more than one supervisor on a Core or Elective rotation, one supervisor needs to be designated as primary and will have responsibility for making sure that the intern is receiving the minimum amount of required supervision per week for that rotation.

13. Supervisors should track time spent in supervision in their supervision notes. While interns do track their hours of supervision, it is probably best for supervisors to keep their own records as well.

14. Supervisors will be expected to complete Supervision Agreement forms (page 68) with each intern they supervise at the start of each Core or Elective rotation. Each supervisor must develop a plan to ensure the minimum amount of supervision is being provided on their rotation and document this in the Supervision Agreement.
TRACKING OF INTERNSHIP HOURS

1. Interns will track their direct (face-to-face) and indirect clinical hours, individual and group supervision hours, and total clock hours worked on the form provided to them by the program.

2. Supervisors will provide a verbal prompt to interns to record supervision that occurs outside of scheduled supervision time (e.g. please remember to record the 20 minute discussion we just had about your patient as supervision)

3. Supervisors will track, as closely as is reasonably possible, both individual and group supervision hours in their supervision notes or a supervision log, including impromptu supervision time.

4. Core and Elective supervisors and interns should compare recorded hours on a weekly basis to ensure the records match. Any discrepancies should be discussed and resolved before the intern turns in their weekly form.

5. Core supervisors will sign off on the forms on a weekly basis. If the Core supervisor notes that fewer than 2 hours of individual and 4 hours of total supervision are recorded for any given week, the Core supervisor will determine the reason for this and record the reason on the form. (e.g. intern took 2 days of PTO, the week contained a holiday, etc.)
   a. If the shortage is due to supervision being missed and not made up due to supervisor absences or scheduling issues, this should be noted as well. If this occurs more than twice per rotation, the Core supervisor should bring this to the attention of the Training Director.
   b. Interns must complete these forms in a timely manner to ensure that any issues can be addressed in a timely manner.

6. The Training Director will monitor all categories of hours on a monthly basis to ensure that interns are on track in terms of hours in all categories and will email each intern individually regarding their status with regard to hours.

7. A plan will be developed with any intern and their supervisor(s) if an intern is significantly behind in one or more categories.
LAPTOP POLICY

1. General information/rules
   a. Interns will be issued an IU Health laptop at the start of their training year that they will utilize for EMR access and documentation throughout their training year.
   b. The laptop can and should also be used for other work-related functions
   c. Limited personal use is permitted on the laptops (e.g. checking a non-IU/IUH email account)
   d. Adhere to all IU Health Guidelines regarding appropriate EMR use

2. Interns are expected to have their laptops with them each working day at all of their clinics unless instructed otherwise by their supervisor

3. Taking laptops home
   a. Interns may choose to take their laptops home for convenience (e.g. if an intern ends Monday in the PCC, but has a clinic in Goodman Hall Tuesday morning) but they are NOT to put in extra hours at home completing documentation as this would likely lead to exceeding the 40-hour workweek.
   b. Any documentation that is going to be done from home, due to unusual circumstances, needs to be pre-arranged with the supervisor.
   c. Interns may use the laptops from home to check their schedules in Cerner

4. Lost or stolen laptops should be reported immediately to Dr. Lagges, Chris Kellams, and the IU Health Help Desk
**INTERNSHIP TRANSITION OF CARE PROCEDURES**

1. On all core and elective rotations, it is expected that care of patients will be transferred to another intern, or other provider, only at the end of each 6-month rotation.

2. At the end of each 6-month rotation, transfer of any patients requiring ongoing care will occur via the following procedures.

   At least two weeks before the end of their rotation, each intern will complete a transfer of care form for each patient currently under their care with the following information:

   - Identifying information including name, medical record number, date of birth
   - Primary care physician name
   - Name(s) of any other key providers treating the patient
   - Diagnosis and current status/condition of patient
   - Recent events and any actions that need to be taken as a result (this may include things such as following up on outside evaluations, completion of checklists, sending a letter, etc.)
   - Changes in patient status that may require particular interventions
   - Supervisors can assist the interns in determining which patients meet criteria for being “currently” under their care.
   - The intern completing the rotation will meet with the “receiving” provider and review these completed forms. If transfer of care is to another intern, the “receiving” intern should be excused from their current rotation for 1-2 hours for this meeting. The time of the meeting should be arranged with the current supervisor(s) so that patient care on the current rotation is not disrupted. If possible, it may be beneficial for the supervisor to be present at this meeting.
   - After the current intern, receiving provider, and the intern supervisor have signed each form, the forms will be scanned into the patients’ medical records.

3. If the care of patients seen by an intern during their last rotation is to be transferred to an intern who will be beginning their internship year, and the receiving intern is not yet on campus, the formal transfer of care should be to the supervising provider who will then facilitate the transfer to the new intern as quickly as possible to minimize disruption of care.
TIME OFF AND LEAVE POLICIES

PAID TIME OFF

Paid time off (PTO) for psychology interns is provided consistent with GME policy and classification of psychology interns at the PGY1 level. PGY1 House Staff members receive fifteen (15) week days free from their training responsibilities as part of their training year.

PTO may be used for illness, vacation, dissertation defense, and other personal or non-program sponsored educational activities.

Except in emergency situations (e.g. acute illness), PTO must be approved in advance by the intern’s supervisor and the Director of Training.

It is expected that all interns will be present and active in their internship duties until the last working day of June. Requests for PTO during the last two weeks of internship will need to be reviewed on a case by case basis to ensure that an intern is not, in effect, concluding their internship year prior to the end of the 12-month training period. If a PTO request is approved for any days during the last two weeks of internship, interns must be present, at minimum, at least one day of the last week of internship.

No payment will be made for unused paid time off at the completion of training.

PROFESSIONAL DAYS

Interns may take up to three (3) professional days per year that will not be counted as PTO.

These days may be used only for dissertation defense, job or postdoctoral fellowship interviews, or conference attendance if the conference is approved by the Director of Training.

Use of professional days must be approved in advance by the intern’s supervisor(s) and the Director of Training. Requests to use one or more professional days for conference attendance must be submitted no less than 1 month in advance.

LEAVE OF ABSENCE

Extended leave for psychology interns follows the IU School of Medicine Leave of Absence Policy for House Staff.

Key Provisions:

The School of Medicine provides eligible house staff two types of leaves of absence, a standard leave of absence, and a family/medical leave of absence in accordance with the Family and Medical Leave Act of 1993 (FMLA).
All full-time house staff may be granted up to six weeks School of Medicine standard paid leave with full benefits for bona fide events including: Short-term disability or sick leave, and parental leave. The department chair/program director will determine what constitutes a bona fide leave and the length of leave on a case-by-case basis.

Eligible house staff (house staff who have worked for the School of Medicine at least twelve months and at least 1250 hours during the twelve-month period prior to the first day of leave.) are entitled by law to a maximum of twelve weeks of FMLA leave (up to six weeks paid and six weeks unpaid) with full benefits for the following qualifying events: Birth of a child or care for the newborn; placement with the employee of a child for adoption or foster care; the need for the house staff member to care for a spouse, child, or parent with a serious health condition; a serious health condition that renders the house staff member unable to perform the functions of the job. All requests for leaves of absence will be made in writing to the department chair/program director at least thirty days in advance, or as soon as reasonably practicable. In addition, all requests for leaves of absence require the final approval of the Director for Graduate Medical Education.

Given that psychology interns are appointed for 12 months to House Staff, they are immediately eligible for School of Medicine standard paid leave, but not FMLA leave.

**Paid time off must be taken as part of the School of Medicine leave and counted against the six weeks paid leave; this applies to the FMLA leave as well.**

**MAKE UP TIME**

For a leave of absence that extends beyond the 15 days of PTO, the intern will be required to make up the missed days after the end of the internship year. Any required make up time will be paid, and fringe benefits will be provided by the program.

**ADDITIONAL PROVISIONS FOR LEAVES OF ABSENCE**

If a leave extends past six weeks in the first twelve months of a House Staff member’s appointment, or twelve weeks for all other appointments beyond the first year of appointment, health benefits may be provided at the house staff member's expense and with the approval of the School of Medicine.

This document is not intended to cover all of the provisions of the FMLA. Some of the key requirements of the FMLA are listed that will have the most significant impact on personnel practices for house staff. If more information is required, please contact the Office of Graduate Medical Education.
INDIANA UNIVERSITY SCHOOL OF MEDICINE PSYCHOLOGY INTERN REMEDIATION PROCEDURES

1. A formal remediation plan may be developed after discussion between the supervisor and Director of training if any rating(s) on a Feedback Form(s) completed by supervisors at mid-rotation (3 and 9 month points) falls below a 5.

2. A formal remediation plan will be required if an intern is not meeting goals based on the Competency Evaluation at the end of the first rotation.

   - Any rating below a “5” on the Competency Evaluation at the end of the first rotation will lead to a remediation plan.
   - Not having 50% or more of rated areas at a “6” or higher at the end of the first rotation will lead to a remediation plan.

3. A formal remediation plan may also be requested at any point during the training year if a supervisor has concerns, and informal attempts to address those concerns have failed.

   - The supervisor will bring these concerns to the Director of Training. If the Director agrees that a remediation plan is warranted, a plan will be developed at this point.
   - If the supervisor and Director of Training cannot reach an agreement regarding whether a formal plan is warranted, the issue will be brought to the Internship Executive Committee.

4. A formal remediation plan may also be requested if an incident of sufficient gravity occurs that formal remediation is warranted prior to attempting informal remediation.

   - The supervisor will bring the concerns to the Director of Training. If the Director agrees that a remediation plan is warranted, a plan will be developed at this point.
   - If the supervisor and Director of Training cannot reach an agreement regarding whether a formal plan is warranted, the issue will be brought to the Internship Executive Committee.

5. If a formal remediation plan is developed, progress/response to the plan will be documented in writing, by the supervisor, no less frequently than once per month until either the remediation is determined to have been successful, or is replaced by a new remediation plan.

6. In extreme cases in which program completion is in doubt, the case will be brought to the Internship Executive Committee to determine the appropriate course of action.
**GRIEVANCE PROCEDURES**

1. If an intern has a concern or disagreement involving a supervisor or another intern that they are unable to resolve informally, they are to bring this concern to either the Director or one of the Assistant Directors of Training. If the concern or disagreement involves the Director and Assistant Directors of Training, the intern should bring this concern to the Director of the Section of Psychology.

2. If the intern feels the problem can be resolved via collaborative discussion among the involved parties with the assistance of the Director or Assistant Directors of Training/Director of Section of Psychology, they may elect attempting this method of resolution prior to filing a formal grievance.

3. If the problem is not resolved to the intern’s satisfaction following collaborative discussion, or if the intern does not believe such discussion would be appropriate or sufficient given the nature of the concern, the concern will be addressed as a formal grievance, and the following procedures will be implemented.
   - The intern will be asked to provide a written description of their grievance
   - The written copy will be presented to the Internship Executive Committee with the Chief Intern excused given that the topic of discussion includes confidential information regarding a fellow intern.
   - Written statements will also be solicited from other involved individuals for Executive Committee review.
   - If any member of the Internship Executive Committee is involved in the grievance, they will also be excused.
   - The Internship Executive Committee will determine what possible options exist to address the grievance.
   - The Internship Executive Committee will vote on a plan of action. Decisions will be reached by majority vote.
   - Within one month of the intern filing the grievance, the Executive Committee review of and vote regarding the matter will be completed, and the plan of action will be presented to the intern and other involved individuals individually, in person, by a designated, uninvolved member of the Executive Committee and in written format. If all are satisfied with the resolution, and respond in writing indicating this satisfaction, the matter will be considered tentatively resolved.
   - The designated, uninvolved Executive Committee member will follow up with the intern and other involved individuals 1 month following the resolution of the grievance to ensure that the plan was implemented appropriately and is resolving the situation as expected. If all individuals are satisfied with the outcomes of the plan, all will sign off on a final closure statement indicating successful resolution of the grievance.
• If the intern is not satisfied with the resolution of the matter, they may ask the designated, uninvolved Executive Committee member to bring the matter back to the Executive Committee to consider other potential forms of resolution, or the intern may elect to file a Mistreatment Incident Report Form with Graduate Medical Education (GME). [https://mednet.iu.edu/Pages/SupportResources/Report-Mistreatment-Form.aspx](https://mednet.iu.edu/Pages/SupportResources/Report-Mistreatment-Form.aspx)

  • If the intern elects to ask the Executive Committee to consider alternative forms of resolution, they will be asked to submit this request in writing, and will be informed of the outcome by the designated, uninvolved Executive Committee member in person and in writing. Other involved individuals may also be asked to provide written responses regarding the intern’s concerns with the original plan of action.

  • If the intern elects to pursue resolution through GME, please see the GME policy regarding the Learning Environment for more details [https://mednet.iu.edu/resfellow/SitePages/Current%20Resident%20and%20Fellows.aspx](https://mednet.iu.edu/resfellow/SitePages/Current%20Resident%20and%20Fellows.aspx)

• All decisions of the Internship Executive Committee will be subject to the approval of the Director of the Section of Psychology and the Chair of the Department of Psychiatry.

4. If the intern believes that due to the nature of the grievance, that it would be inappropriate to begin with the Internship Grievance Procedure, they may elect to pursue resolution of their concern through GME via the Mistreatment Incident report form without first attempting to work through the program level grievance process. [https://mednet.iu.edu/Pages/SupportResources/Report-Mistreatment-Form.aspx](https://mednet.iu.edu/Pages/SupportResources/Report-Mistreatment-Form.aspx)

5. Records of all grievances, which will include all written documents from all involved individuals and the Executive Committee, will be kept by the internship permanently in electronic format on a secure drive on the Department server.
DISCIPLINARY ACTION, TERMINATION AND DUE PROCESS

1. Prior to initiation of disciplinary action, issues regarding intern competence will first be addressed via the Remediation Procedures outlined on page 38 of this brochure. If despite appropriate remediation efforts, an intern continues to demonstrate serious deficits in one or more competency areas, the issue will be brought to the Internship Executive Committee.

2. Issues of sufficient gravity may be brought directly to the Internship Executive Committee for potential referral to Graduate Medical Education (GME) for potential suspension or termination without prior attempts at remediation. Such issues could include but are not limited to behavior that threatened the safety of patients, staff or visitors to the hospitals or involved legal, serious ethical violations.

3. The Internship Executive Committee, with Chief Intern excused, will discuss and vote regarding how to proceed. Possible decisions could include additional remediation efforts, or referral to Graduate Medical Education (GME) for potential suspension or termination.

4. Prior to referral to GME for potential disciplinary action, the intern will be given a chance to appeal this referral. They will be invited to present any relevant information to the Internship Executive Committee. The Internship Executive Committee will again vote regarding how to proceed. The appeal process will be completed in one month or less.

5. All decisions of the Internship Executive Committee will be subject to the approval of the Director of the Section of Psychology and the Chair of the Department of Psychiatry.

6. The full GME policies and procedures governing Discipline, Termination and Due Process can be found via the following link: https://iu.app.box.com/v/gme-policy-nonreappt-term

7. Once a referral is made to GME, these policies will govern subsequent proceedings. Please note, once referred to GME, the intern has a right to a formal hearing to appeal any decisions made. Details are outlined in the GME policy. https://iu.app.box.com/v/gme-policy-nonreappt-term
STATEMENT OF NON DISCRIMINATION

The Indiana University School of Medicine Psychology Internship Program adheres to the non-discrimination policies of Indiana University and does not engage in discrimination based on characteristics such as age, color, disability, ethnicity, gender, marital status, national origin, race, religion, sexual orientation or veteran status. Please also see the Equal Opportunity/Affirmative action statement of Indiana University https://policies.iu.edu/policies/ua-01-equal-opportunity-affirmative-action/index.html

The psychology Internship Program adheres to the Americans with Disabilities Act of 1990 and will provide accommodations to interns consistent with the GME policy https://iu.app.box.com/v/gme-policy-accommodations.

COMMITMENT TO TRAINING DIVERSE INTERNS

In addition to adhering to non-discrimination policies, the Indiana University School of Medicine Psychology Internship Program strives to achieve as much diversity as possible in each of our internship classes, and to create a supportive environment that permits interns from diverse backgrounds to succeed.

In an effort to ensure that we are maximizing our efforts to recruit and retain diverse interns and faculty, the position of Diversity Coordinator was established in 2019. This individual holds a seat on the Internship Executive Committee and is charged with keeping the Executive Committee focused on issues relevant to recruitment and retention of diverse faculty and interns as well as evaluation of these efforts.

Efforts undertaken in the first half of 2019 include:

- Intern recruitment: implementation of a systematic way for application raters to record self-disclosed information related to diversity, development of a semi-structured interview format to help reduce potential bias in interviews
- Intern retention/climate: Include a wider range of questions relevant to diversity climate in the 2019 alumni survey

ADA CONSISTENT RESOURCES AND FACILITIES

All of our training facilities are fully ADA compliant in terms of accessibility. In addition, if an intern who is in need of additional resources to succeed in our program matches with our program, we would follow the GME procedures as discussed in the document accessed via the following link: https://iu.app.box.com/v/gme-policy-accommodations
FACULTY AND PROGRAM EVALUATION

In order to ensure the continuing quality of the Psychology Internship Program, regular formal evaluation of all aspects of the training program and its faculty are conducted and reviewed. Interns are required to complete a formal written evaluation of each core and elective rotation, each supervisor, and each didactic training activity. In addition, each intern is required to complete an evaluation of the Director of Training and of the internship as a whole near the end of the internship year.

Internship alumni are surveyed 1 year following graduation to evaluate how well the program prepared them in all profession-wide competency areas.

These evaluations are regularly reviewed by the Internship Executive Committee and summary evaluation data are reviewed by the faculty as a whole in order to make appropriate changes in the overall structure of the Internship and its training programs, procedures, and policies.

Evaluations of individual faculty members are considered to be confidential and are available only to that faculty member, his/her administrative supervisor, members of the Internship Executive Committee, the Director of Training, the Director of the Section of Psychology, and the Chairman of the Department of Psychiatry. Individual data may be used to guide particular faculty members in their development as a supervisor and teacher.

RECORDS RETENTION POLICY

The IU School of Medicine Psychology Internship program will keep, and permanently maintain accurate records of all interns’ training experiences, including which core and elective rotations were completed, evaluations, and certificates of completion. The purpose of this record keeping is to enable the program to provide evidence regarding each intern’s progress through the program while enrolled, and to permit the program to verify training experiences after completion to assist graduates in licensure and other credentialing purposes.

Hard copies of records will be stored on-site for 3 years, and then moved off-site for long-term storage. Electronic copies of all relevant documents are also made and placed in files on the Department of Psychiatry’s secure server for each intern as they progress through the program. The electronic files will be kept indefinitely and can be accessed immediately at any time, even after hard copies have been moved to long-term storage or, if, after an extended period of time due to space limitations, or through accident such as fire or flood, the hard copies are destroyed.
COMMUNICATION WITH DIRECTORS OF CLINICAL TRAINING

The Directors of Clinical Training for our interns’ graduate programs will be updated on intern progress, in writing, no less frequently than the mid-point and end of the training year. If a problem arises, communication will be more frequent, and at a level appropriate to the situation.

GRADUATE MEDICAL EDUCATION

The Office of Graduate Medical Education (GME) provides administrative support for and supervisory oversight of all residency and fellowship and Clinical Psychology programs of IU School of Medicine. The office serves as the human resource office for IUSM trainees. For more information about the core administrative services, and full detail of all GME policies go to https://medicine.iu.edu/education/gme/employment-terms-benefits/policies/
INTERNISHIP ADMINISTRATION

Ann Lagges, Ph.D. is the Director of Training for the Internship program and Melissa Butler, Ph.D. and Noha Minshawi, Ph.D. are the Assistant Directors of training. Rita Roush is the Educational Coordinator for the program.

Internship Executive Committee

The Internship Executive Committee includes supervisors who represent each of the training sites, the internship’s Diversity Coordinator, the Director and Assistant Directors of Training, the Director of the Section of Psychology and the Chief Intern. It is chaired by the Director of Training.

The purpose of the Internship Executive Committee is to provide administrative and organizational direction for the Psychology Internship Program. The Internship Executive Committee meets monthly to review the operations of the program and to develop and revise Internship Program policies and procedures as needed.

The Internship Executive Committee also regularly reviews the progress of each intern and is at times called upon to resolve areas of difficulty or conflict between interns and members of the faculty consistent with the program’s Grievance Procedure (page 39-40)

The Internship Executive Committee also has the authority to determine remediation plans for interns and to determine if a problem with an intern is serious enough to warrant lodging a complaint requesting disciplinary action or termination with the Associate Dean for Graduate Medical Education consistent with the program’s Disciplinary Action, Due Process and Termination procedures (page 41)

In matters relating to intern remediation, referral for disciplinary action/termination, and the resolution of intern complaints, conflicts, or disputes, decisions of the Internship Executive Committee will be reached by majority vote with each member having one vote. If the conflict involves the Director of Training, the Director of the Section of Psychology or any other member of the Internship Executive Committee, he/she will not participate as a voting member in decisions related to that dispute.

The Chief Psychology Intern will not be included in deliberations related to the remediation, disciplinary referrals, or evaluation of a specific intern. In all other matters, the Chief Psychology Intern will function as a voting member of the Internship Executive Committee.

The actions and decisions of the Internship Executive Committee are subject to the approval of the Director of the Section of Psychology and the Chair of the Department of Psychiatry.

The proceedings of the Internship Executive Committee meeting will be recorded in regular minutes which will be distributed to the members of the Internship Executive Committee and are available to other members of the training faculty.
APPLY TO THE PROGRAM

APPIC Match Numbers

129413 – Autism Track (3 positions)
129414 - Child/Pediatric Psychology Track (2 positions)
129415 - Adult/Health Psychology Track (1 position)
129411 - Integrated Care Track (1 position)
129412 – Pediatric Neuropsychology Track (1 position)

PLEASE SUBMIT YOUR APPLICATION BY NOVEMBER 1, 2019 THROUGH THE APPIC ONLINE APPLICATION PORTAL

Applications for admission to the Psychology Internship Program are accepted from graduate students enrolled in APA Accredited doctoral programs in Clinical Psychology. It is expected that successful applicants will have completed at least three years of graduate training which has included formal educational and clinical experiences with assessment and intervention, as well as training and experience with research. Applicants should have at least some experience and demonstrated interests relevant to the track(s) to which they are applying.

Applicants must complete the AAPI, provide a transcript or transcripts documenting their graduate education in clinical psychology, and three letters of recommendation. Their Director of Training must also indicate on the APPI that the applicant is ready to apply for internship. Deadline for submission of application materials is November 1 of each year.

Applications are initially reviewed by the Director and Assistant Directors of Training to determine that minimal program requirements are met (e.g. that the applicant is enrolled in an APA accredited program in Clinical Psychology). All applications meeting minimum requirements are distributed among members of the Internship Admissions Committee for review.

The Internship Admissions Committee, is composed of at least eight training faculty members representing all training sites and core rotations, and is chaired by the Director of Internship Training. Appointments to the committee are made by the Director of Internship Training and the Director of the Section of Psychology.

Each application will be reviewed by at least two Internship Admissions Committee members. A third member will review the application if the initial two committee members have divergent opinions regarding an applicant.

The Internship Admissions Committee meets in late November to discuss committee members’ evaluations of the applicants, and to narrow the applicant pool to approximately 60 applicants who will be offered interviews. All qualified applicants who self-identify as a member of an under-represented group will be offered an interview as part of our efforts to ensure optimal diversity of our internship classes.
Applicants invited for interviews will be offered a choice of two dates in January to come to campus to meet with faculty and current interns and tour the training facilities. Each applicant will participate in individual interviews with at least two faculty members who will complete formal evaluations of each applicant.

After interviews are completed, the Admissions Committee will meet again as a group to discuss the applicants and develop rank order lists for all tracks for submission to the Match.

All actions of the Admissions Committee, Training Faculty, and current interns will be consistent with APPIC policies. These policies are reviewed by all involved in the admissions process prior to the start of each admissions cycle.

Interns admitted to the program will be appointed to the House Staff of Indiana University School of Medicine for 12 calendar months beginning July 1 and ending June 30. Upon appointment to the House Staff of Indiana University School of Medicine, psychology interns will complete a contract issued by the Graduate Medical Education (GME) Office and be expected to abide by the policies and procedures of the Indiana University School of Medicine House Staff. Please see the section of this handbook containing the GME House Staff policies.

Interns, consistent with GME requirements, will be required to have a Criminal Background Check and Motor Vehicle Record Check, sign the Contract of Appointment to House Staff, Patent Agreement and the IU School of Medicine Statement of Principles. Cases in which there are any findings from the Criminal Background Check or Motor Vehicle Record Check will be reviewed by Dr. Howenstine, Director of Graduate Medical Education to determine the appropriate course of action.

Interns must complete a Health Screening including an annual PPD screening, Flu vaccine, and Immunization Verification. PPD screening and flu vaccines will be paid for by the program if these are done on site, but any additional vaccines or titers that must be performed will be billed to the intern’s private insurance with the intern bearing responsibility for any copays. Interns are also required to complete an I-9 for determining eligibility to work in the United States. IU Health also requires all IU Health also requires all GME appointees to complete a drug screen and that results are negative for all substances including THC. In order to prepare interns for the administrative, academic, and clinical expectations of internship, they are required to complete the Online Orientation Modules sponsored by the IU School of Medicine.

During the period of their appointment to the House Staff, the clinical activities of the interns, which are pursued as an approved part of their training program, will be covered by the liability insurance maintained by the GME Office. In addition, interns will be paid a stipend of $25,000, provided with health insurance for the intern and family members, life insurance, disability insurance, vision and dental insurance, and on campus parking. Termination of appointment to the House Staff will occur at the end of 12 months or when the intern finishes his or her training program. Premature termination of the appointment may be accomplished in a fashion outlined by the House Staff contract.
The Psychology Internship Program at the Indiana University School of Medicine is Accredited by the American Psychological Association.

For questions regarding the program’s accreditation status please contact:
American Psychological Association
Office of Program Consultation and Accreditation
750 First Street, NE
Washington DC 20002-4242
Telephone: (202) 336-5979
TDD/TTY: (202) 336-6123
Fax: (202) 336-5978
www.apa.org/ed/accreditation
apaaccred@apa.org
FREQUENTLY ASKED QUESTIONS

What is a typical work week like for an intern?

Interns will work a maximum of 40 hours per week, typically being on-site from approximately 8 or 9 AM to 4 or 5 PM Monday through Friday. This estimate includes all core and elective rotations, meetings, administrative activities, and didactics. The internship faculty value balance, and support the notion that interns have commitments, interests and activities outside of work. The internship is a 1-year full-time (2000 hour) program, and must include a minimum of 500 patient contact hours.

Are interns expected to work on the weekends?

No, interns are not on-call or expected to work at night or on the weekends. Interns are only expected to respond to patient emergencies during the work day; psychiatry residents, fellows, and faculty cover call for evenings and weekends.

Are post-doc positions available upon graduation from the internship program?

Yes, there are post-doctoral fellowship positions available annually. Currently, there are pediatric and adult post-doctoral positions available in neuropsychology in the Department of Psychiatry and Neurology. Two post-doctoral fellowships in Autism are available, and one post-doctoral position is available in Adult Health Psychology. Others that may be available, depending on funding for the 2021-2022 year, include Integrated Care and Pediatric Pain.

What benefits are included? Are spouses and children included?

Interns receive a stipend which will be at least $25,000 for the 2019-2020 training year. Benefits offered at no cost to interns include: health insurance for the intern and family members, life insurance, disability insurance, malpractice coverage, vision and dental insurance, and on-campus parking. This package of benefits, fully funded by the internship program, is worth up to $10,500. Each intern is appointed to the House Staff of Indiana University School of Medicine and is entitled to 9 paid university holidays and an additional 15 PTO Days (Paid Time Off) as part of the training year. 3 professional days are also included as part of the internship program.

How many internship positions are available?

A total of eight internship positions are available for the 2020-2021 year. Three positions will be in the Autism Track, Two in the Child/Pediatric Track, One in the Adult/Health Psychology Track, One in the Integrated Care Track and One in the Pediatric Neuropsychology Track.

What is the cost of living in Indianapolis?

Living in Indianapolis is very affordable! Indianapolis was named the Most Affordable Housing Market, and has a 91.9 Cost of Living Index based on the National Average of 100!
What is the theoretical orientation of the faculty?

The theoretical orientation of the faculty is diverse, including behavioral, cognitive-behavioral, multimodal, and interpersonal.

How far apart are the rotation sites?

The Neuroscience Center, Indiana University Hospital Clinics, Riley Hospital for Children and the Pediatric Care Center (PCC) are all located on the 500-acre campus of Indiana and Purdue Universities in downtown Indianapolis (IUPUI). University Hospital, Riley Hospital and the PCC are within walking distance of each other on the campus. The Neuroscience Center (Goodman Hall) is connected to the campus by way of free shuttles, a 10 minute drive, or a 15 to 20 minute walk. The IU Health North – Meridian Crossing location is approximately a 30 minute drive from downtown and so efforts are made to minimize days in which interns must travel between the northside and downtown locations. The Georgetown Integrated Care site is approximately a 15-20 minute drive from downtown.

If I have more questions, how can I contact someone?

Please contact Rita Roush, Program Coordinator
Email: rjroush@iu.edu
Mailing Address: 355 W. 16th Street
Goodman Hall, Suite 2800
Indianapolis, IN., 46202
Office: 317-963-7308
Fax: 317-963-7325
Indy Welcomes All

Facts about Indianapolis

• Based on 2010 census data, the population of the city of Indianapolis is 820,445 and the metro area is home to 1,756,241.

• Indianapolis is diverse in terms of race, ethnicity, country of origin, language, religion, sexual orientation and gender identity. Based on 2010 census data the population of Indianapolis is 61.8% white, 27.5% black, 9.4% Hispanic/Latino and 2.1% Asian.

• Living in Indianapolis is extremely affordable! Indianapolis was rated in the top 10 affordable cities by Money Magazine in 2012 and was the largest city in the top 10!

Fun things to do in Indy – if you get bored during your year here, you aren’t trying

• Sports - Home of the 2006 World Champion Indianapolis Colts (and host of the 2012 Super Bowl), Indiana Pacers, Indiana Fever, Indianapolis Indians AAA baseball, and the Indianapolis Motor Speedway with events such as the Indy 500.
• Fitness – Do you like running? Yoga? Cycling? Team sports? There are clubs, marathons/half-marathons, triathlons (yes, there is water in Indy), countless gyms, yoga studios, and personal trainers to meet your every fitness need!

• Parks and Outdoor Activities - Close proximity to Eagle Creek Park (the largest municipal park in the nation), White River State Park, the Monon Trail, the Indianapolis Zoo, and many wonderful state parks within an hour drive.

• Dining – Indianapolis is home to countless award winning restaurants in all price ranges! We have some amazing established and up and coming chefs who are drawing national attention. Downtown, Broad Ripple, Mass Ave, Fountain Square, and the International Market Place offer options ranging from steakhouses, fine dining, small farm-to-fork establishments, vegetarian/vegan restaurants and cuisine from around the world!

• Cultural Activities - A variety of opportunities with the Indianapolis Symphony Orchestra, the Indiana Repertory Theater, Phoenix Theater, Indy Fringe Fest, the Heartland Film Festival, and the Indianapolis Arts Center.

• Museums - Options are available for all interests including the Children's Museum, the Indianapolis Museum of Art, Indiana State Museum, NCAA Hall of Champions, and the Eiteljorg Museum.

• Family Friendly Activities - Indianapolis is a great place to find family friendly activities. The zoo and Children’s Museum are great downtown options and Conner Prairie just northeast of the city offers a unique living history experience with hands on activities. Indianapolis is also home to many excellent public and private schools, and countless opportunities for kids to get involved in sports, camps and the arts!

• Festivals – Festivals abound in Indy throughout the year! Food, music and culture are not in short supply!

• Shopping – From the small, independent shops on Mass Ave., to numerous malls, to outlet shopping just south of Indianapolis in Edinburg, there are options for every shopping need!

• Orchards, farmers markets and more!

• For more information see Visit Indy
Internship Admissions, Support and Initial Placement Data

Internship Program Admissions
Applications for admission to the Psychology Internship Program are accepted from graduate students enrolled in APA Accredited doctoral programs in Clinical Psychology. It is expected that successful applicants will have completed at least three years of graduate training which has included formal educational and clinical experiences with assessment and intervention, as well as training and experience with research. Applicants should have at least some experience and demonstrated interests relevant to the track(s) to which they are applying.

Applicants must complete the AAPI, provide a transcript or transcripts documenting their graduate education in clinical psychology, and three letters of recommendation. Their Director of Training must also indicate on the APPI that the applicant is ready to apply for internship. Deadline for submission of application materials is November 1 of each year.

Applications are initially reviewed by the Director and Assistant Directors of Training to determine that minimal program requirements are met (e.g. that the applicant is enrolled in an APA accredited program in Clinical Psychology). All applications meeting minimum requirements are distributed among members of the Internship Admissions Committee for review.

The Internship Admissions Committee, is composed of at least eight training faculty members representing all training sites and core rotations, and is chaired by the Director of Internship Training. Appointments to the committee are made by the Director of Internship Training and the Director of the Section of Psychology.

Each application will be reviewed by at least two Internship Admissions Committee members. A third member will review the application if the initial two committee members have divergent opinions regarding an applicant.

The Internship Admissions Committee meets in late November to discuss committee members’ evaluations of the applicants, and to narrow the applicant pool to approximately 60 applicants who will be offered interviews. All qualified applicants who self-identify as a member of an under-represented group will be offered an interview as part of our efforts to ensure optimal diversity of our internship classes.

Applicants invited for interviews will be offered a choice of two dates in January to come to campus to meet with faculty and current interns and tour the training facilities. Each applicant will participate in individual interviews with at least two faculty members who will complete formal evaluations of each applicant.

After interviews are completed, the Admissions Committee will meet again as a group to discuss the applicants and develop rank order lists for all tracks for submission to the Match.

All actions of the Admissions Committee, Training Faculty, and current interns will be consistent with APPIC policies. These policies are reviewed by all involved in the admissions process prior to the start of each admissions cycle.
Interns admitted to the program will be appointed to the House Staff of Indiana University School of Medicine for 12 calendar months beginning July 1 and ending June 30. Upon appointment to the House Staff of Indiana University School of Medicine, psychology interns will complete a contract issued by the Graduate Medical Education (GME) Office and be expected to abide by the policies and procedures of the Indiana University School of Medicine House Staff. Please see the section of this handbook containing the GME House Staff policies.

Interns, consistent with GME requirements, will be required to have a Criminal Background Check and Motor Vehicle Record Check, sign the Contract of Appointment to House Staff, Patent Agreement and the IU School of Medicine Statement of Principles. Cases in which there are any findings from the Criminal Background Check or Motor Vehicle Record Check will be reviewed by Dr. Howenstine, Director of Graduate Medical Education to determine the appropriate course of action.

Interns must complete a Health Screening including an annual PPD screening, Flu vaccine, and Immunization Verification. Interns are also required to complete an I-9 for determining eligibility to work in the United States. In order to prepare interns for the administrative, academic, and clinical expectations of internship, they are required to complete the Online Orientation Modules sponsored by the IU School of Medicine.

**INTERNSHIP PROGRAM TABLES**

**Date Program Tables are updated:** 7/15/2019

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<tr>
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<td>Describe any other required minimum criteria used to screen applicants: None</td>
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**Financial and Other Benefit Support for Upcoming Training Year***

| Annual Stipend/Salary for Full-time Interns | $25,000.00 |
| Annual Stipend/Salary for Half-time Interns | N/A |
| Program provides access to medical insurance for intern? | Yes |
| If access to medical insurance is provided |
| Trainee contribution to cost required? | No |
| Coverage of family member(s) available? | Yes |
| Coverage of legally married partner available? | Yes |
| Coverage of domestic partner available? | No (this is a change since there is now marriage equality) |
| Hours of Annual Paid Personal Time Off (PTO and/or Vacation) | 15 Days |
| Hours of Annual Paid Sick Leave | Included in PTO |
| In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? | Yes, please see GME general leave policy |
| Other Benefits | 9 paid holidays and 3 paid professional days, malpractice insurance, parking, disability insurance, life insurance |

**Initial Post-Internship Positions**

(Aggregated Tally for the Preceding 3 Cohorts) **2016-2019**

| Total # of interns who were in the 3 cohorts | 19 |
| Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree | 0 |
| PD | EP |
| Community mental health center | 0 |
| Federally qualified health center | 0 |
| Independent primary care facility/clinic | 0 |
| University counseling center | 0 |
| Veterans Affairs medical center | 0 |
| Military health center | 0 |
| Academic health center | 16 |
| Other medical center or hospital | 1 |
| Psychiatric hospital | 0 |
| Academic university/department | 0 |
| Community college or other teaching setting | 0 |
| Independent research institution | 0 |
| Correctional facility | 0 |
| School district/system | 0 |
| Independent practice setting | 2 |
| Not currently employed | 0 |
| Changed to another field | 0 |
| Other | 0 |
| Unknown | 0 |

Indiana University School of Medicine Psychology Intern

FEEDBACK FORM

To be completed by all supervisors at 3, 6, 9 and 12 months

NOTE: Data from all supervisors’ feedback forms will also be used in completing the Competency Evaluation at the end of each rotation (6 and 12 month points).

Intern Name: ____________________________________________________________

Rotation: ________________________________________________________________

Supervisor(s) : __________________________________________________________

1st rotation midpoint (3 months)     1st rotation end (6 months)
2nd rotation midpoint (9 months)   2nd rotation end (12 months)

Assessment Methods Used

_____ Direct Observation  _____ Video Observation

_____ Review of Written Work  _____ Discussion of Clinical Interactions

_____ Review of Raw Test Data  _____ Case Presentation

_____ Comments from Other Staff  _____ Patient Feedback

Competency Ratings Descriptions

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**Comments:**

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**SUMMARY OF STRENGTHS:**

**AREAS IN NEED OF ADDITIONAL DEVELOPMENT:**

Supervisor(s) signature: _______________________________ Date: __________________________
INTERN COMMENTS:

My supervisor has reviewed this feedback form with me and that the information from this form will be incorporated into my Competency Evaluation at the end of each rotation (6 and 12 months). I understand that my signature does not necessarily indicate my agreement.

Intern signature: _______________________________ Date: _______________________________
Indiana University School of Medicine Psychology Intern
COMPETENCY EVALUATION FORM

Intern Name: ____________________________________________________________

Core Rotation & Supervisor(s): ____________________________________________

Elective Rotations & Supervisors:

1st Rotation  2nd Rotation  Final Comprehensive  (circle one)

Assessment Methods Used

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Comments:

SUMMARY OF STRENGTHS:

AREAS IN NEED OF ADDITIONAL DEVELOPMENT:

COMPETENCY GOALS:

At the end of the 1st rotation, all competency areas be rated at a level of 5 or higher all with 50% or more of items at a level of 6 or higher.

At the end of the 2nd rotation, all competency areas will be at a level of 6 or higher reflecting a readiness for entry level practice and licensure in all competency areas.
ACHIEVEMENT OF COMPETENCY GOAL:

_____ The intern has successfully completed their competency goal. We have reviewed this evaluation together

_____ The intern has not successfully completed their competency goal. We have made a joint, written remediation plan which is attached to this evaluation, and which includes specific dates for completion. Once completed, the rotation will be re-evaluated. We have reviewed this evaluation together.

Core Supervisor(s) signature: ___________________________ Date: ___________________________

Elective Supervisors signatures: ___________________________ Date: ___________________________

________________________ Date: ___________________________

Director/Asst. Director of Training signature: ___________________________ Date: _________

INTERN COMMENTS:

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Intern signature: ___________________________ Date: ___________________________
# SUPERVISION AGREEMENT

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Agreed upon goals for this rotation:

1. 

2. 

3. 

4. 

5. 

Comments:

_________________________  ______________________
Signature of Intern        Signature of Supervisor