

Western Kentucky Psychology Internship Consortium

Internship Guide

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Internship Overview

Introduction to the Western Kentucky Psychology Internship Consortium.

The Western Kentucky Psychology Internship Consortium (WKPIC) is composed of two major treatment centers located in Hopkinsville, Kentucky. The Pennyroyal Center is a private, not-for-profit mental health center founded in 1967. The center serves eight counties in Western Kentucky, offering comprehensive care across five clinics, including integrated health care, full spectrum mental health treatment for children and adults, full spectrum substance abuse treatment, and full spectrum services for persons with developmental and intellectual disabilities.



Western State Hospital, founded in 1854, is one of the oldest continually-operating mental health hospitals in the United States. Today, the hospital is an acute care adult psychiatric facility operated by the Commonwealth of Kentucky and accredited by The Joint Commission and certified by the Centers for Medicare and Medicaid Services. Western State Hospital serves the 34 westernmost counties in the state, providing inpatient crisis stabilization through recovery-oriented practices.

The internship consortium is under the supervision of a committee composed of a licensed psychologist appointed by the Executive Director of the Pennyroyal Center and the Facility Director of Western State Hospital. WKPIC offers training to students in clinical and counseling psychology doctoral programs with regional, state, or APA accreditation. Our program stresses the progressive development of foundational skills needed for the professional practice of psychology across an integrated community health spectrum, and includes a broad range of settings, populations, and challenges.



The program is designed to prepare clinicians for assuming the role of an independent, innovative, recovery-focused, and competent practicing professional. Through intensive supervision, direct client contact across a variety of mental health settings, consortium-wide didactic seminars involving multiple disciplines, and consortium-wide leadership training, interns are provided with gradually increasing responsibilities as they progress toward greater autonomy over the course of their 12 months of training. WKPIC strives for the development of clinical competence, multicultural competence, and strong professional identity.



The internship utilizes a practitioner-scholar model, and emphasizes integrating supervised clinical hours and didactic experiences, with strong emphasis on fostering multicultural and ethical competence. Interns are expected to develop strong clinical skills with patients

from diverse socioeconomic and cultural backgrounds, gain a secure understanding of mental health care across a spectrum reaching from hospital-based services to traditional outpatient care with an integrated healthcare component, outreach, and consultation with other clinical and community-based professionals and organizations. Interns also gain experience with supervision of doctoral-level practicum students.

The internship year begins September 1st and it is a 12-month, full-time program for three interns. The stipend for each intern will be \$23,670. In addition, there is an attractive benefit package including health, dental and life insurance, professional liability insurance, holiday leave, paid time off and other appropriate benefits. Boosters and vaccinations, including yearly flu and pneumonia shots, are offered at no cost to interns through Western State Hospital.

WKPIC accepts applicants from APA-accredited clinical psychology and counseling psychology programs. Doctor of Education (Ed.D.) applicants will be considered on a case-by-case basis, if documented clinical coursework and intervention hours are comparable to those from accredited clinical/counseling programs. Applicants from university clinical and counseling programs on an accreditation track will be considered as well, with prior contact from the university training director explaining the school's training elements and stage in the accreditation process.

The application deadline is November 30th. A select number of applicants will be invited for interviews. Practicum requirements must have been completed, with at least 400 hours of AAPI Intervention Hours recorded or projected by the beginning of internship, and at least 100 AAPI Assessment Hours. The doctoral program must certify that the applicant is ready for internship. Due to state policies and regulations governing patient contact in state facilities, we cannot accept applicants with previous felony convictions, or misdemeanor convictions other than traffic offenses. WKPIC follows the Commonwealth of Kentucky's non-discrimination policies. Pursuant to Executive Order 2008-473 and relevant state and federal laws, it is the Commonwealth of Kentucky's policy to provide equal employment opportunity to all people in all

aspects of employer-employee relations without discrimination because of race, color, religion, sex, national origin, sexual orientation or gender identity, ancestry, age (40 and over), disability, veteran status or genetic information. We are particularly interested in receiving applications from a broad and diverse spectrum of people, including minorities, protected veterans, and individuals with disabilities.

WKPIC is accredited by the Commission on Accreditation of the American Psychological Association. Questions related to the program's accredited status should be directed to the Commission on Accreditation [Office of Program Consultation and Accreditation/American Psychological Association/750 1st Street, NE, Washington, DC20002/Phone (202) 336-5979/E-mail: apaaccred@apa.org/Web: www.apa.org/ed/accreditation].

WKPIC currently holds membership in APPIC, adheres to APPIC Match policies, and participates in APPIC Match. The Online APPI must be utilized by all applicants applying to our program. Supplemental material requests are restricted to only a redacted case conceptualization or treatment summary and/or a psychological evaluation report.



Internship Training Goals

Doctoral Internship Training Goals

It is the primary objective of the Western Kentucky Psychology Internship Consortium to provide doctoral interns with a planned, incremental, and progressively challenging series of training experiences designed to develop clinical, ethical, and multicultural competence in independent practice across the full spectrum of community mental healthcare. Experiences are structured to ensure that interns will achieve competence as a generalist, with experience in psychological assessment of children and adults, clinical interventions for children and adults, and consultative skills necessary for interacting with a variety of clinical disciplines and service systems.

Overall training expectations are as follows:

1. Interns participate in 24 hours of structured, didactic and experiential formal orientation at Western State Hospital, including but not limited to the following topics: History of Western State Hospital, Mission Statement, Confidentiality, The Experience of Mental Illness, Patient Rights and Ethics, Recognition and Prevention of Abuse, Suicide Prevent, EEO/Affirmative Action/ADA, Incident Management, Environment of Care, Hazardous Materials, Cultural Diversity 1 and 2, Age-Specific Competency, Anti-harassment, Infection Control and Employee Health, AIDS Education, Drug Testing 101, and Crisis Prevention Institute (CPI) Training (Level 1 and 2).
2. Interns participate in an additional 24 hours of structured, didactic, and experiential formal orientation at the Pennyroyal Center, designed to familiarize interns with the scope of care and consultation across an integrated health system. Topics and experiences include, but are not limited to introductions to clinics and clinic services, introduction and tours of community facilities and health partners (such as the jail, Justice Center, Jennie Stuart Medical Center, and other locations).
3. Interns may participate in additional hours of community orientation and experiential leadership training based on interest, including but not limited to military immersion

training (directly dependent upon offerings from Fort Campbell, cannot be guaranteed), police ride-along, SWAT demonstration, K-9 demonstration, attendance of Drug Court, attendance of civil court for commitment and guardianship proceedings, presentation to high school, community college, and university students interested in psychology careers, and attendance of nursing skills fairs and rural community health fairs. Additional orientation experiences are fully elective, intended to be enrichment experiences to further intern-specific interests, and may not be part of work hour totals.

4. Interns shadow supervisors for at least 2 weeks at the offset of new rotations or services experiences.
5. Interns conduct services in the presence of supervisors for at least 2 weeks following shadow experiences.
6. Interns participate in daily individual supervision of inpatient and clinic work, with verbal and written case presentations for at least 3 months following in-room supervision, with a minimum of four hours per week thereafter.
7. Interns participate in weekly consortium-wide group supervision related to individual therapy cases for the duration of their training year.
8. Interns participate in weekly didactic seminars designed to support clinical work by augmentation of understanding of issues related to theory, practice, models of intervention, ethical practice, patient rights, multicultural competence, supervision, and leadership, for the duration of their training year. Please see Appendix A for a sample seminar schedule.

9. Provide closely supervised clinical training experiences in the practice of psychology, with gradually increasing independence as competence is achieved.

The primary goal of our internship is to ensure that through a planned, incremental, and progressively challenging series of training experiences, interns will achieve competence as a generalist, with experience in psychological assessment of children and adults, clinical interventions for children and adults, and consultative skills necessary for interacting with a variety of clinical disciplines and service systems.

Specific goals and competencies to be trained are as follows:

1. Foster and develop independent professional skills in diagnostic interviews of adults and children.

- a. Builds rapport with intake patients in inpatient and outpatient settings.

- b. Gathers thorough historical information and detailed impressions of current symptoms to facilitate diagnosis and risk assessment.
- c. Develops appropriate and concise case conceptualizations based on history, data, and, and behavioral observations, to facilitate diagnosis, care decisions, recovery planning, and consultation with other disciplines.
- d. Makes appropriate treatment decisions and recommendations.
- e. Demonstrates the ability to write clear, concise, and objective intake notes and reports.
- f. Demonstrates knowledge of current diagnostic terminology, and use appropriate and accurate diagnostic terminology supported by reported clinical evidence.

2. *Foster and develop independent professional skills in psychological assessment of adults and children.*

- a. Establishes or clarifies concise questions.
- b. Selects measures appropriate to age.
- c. Selects appropriate measures to explore assessment questions.
- d. Forms effective rapport to facilitate testing.
- e. Gathers adequate information and history to substantiate diagnostic impressions.
- f. Performs adequate mental status examination.
- g. Performs adequate risk assessment.
- h. Maintains focus in clinical interview and testing session, completes measures in estimated time frames.
- i. Accurately scores and interprets measures.
- j. Clearly communicates history, clinical observations, interpretations, impressions, and recommendations in oral and written format.
- k. Provides accurate diagnoses with adequate substantiation.
- l. Considers and accurately reflects multicultural factors influencing presentation and results.
- m. Uses correct current diagnostic terminology.
- n. Formulates appropriate recommendations based on findings.
- o. Clearly addresses and communicates patient strengths, building on these in recommendations.
- p. Identifies and arranges for specialty assessment, when indicated.

3. *Foster and develop independent professional skills in recovery planning and clinical interventions for adults and children.*

- a. Demonstrates ability to use scholarly inquiry (literature review, gathering and analyzing experiential data) to determine range of potential interventions.
- b. Selects interventions and therapeutic styles appropriate to patient age, developmental level, needs, and belief systems.
- c. Uses evidence-based interventions, including trauma-informed care and recovery-based principles.
- d. Forms effective rapport to facilitate assessment of stage of recovery.
- e. Assists patients and/or primary supports in clarifying strengths, resources, and patient-driven goals appropriate to stage of recovery.
- f. Accurately, regularly, and adequately assesses progress toward patient-driven goals, revising goals to reflect progress or lack of progress.
- g. Completes concise and informative documentation following each therapeutic session or intervention, consistent with site policies.
- h. Maintains appropriate therapeutic boundaries in all aspects of therapeutic sessions and interventions.
- i. Demonstrates ability to work within recovery teams to advocate for patient-driven goals and supports.
- j. Demonstrates ability to assist patients in using a broad spectrum of supports available in an integrated community health model.
- k. Demonstrates ability to use scholarly inquiry to explore alternatives if recovery progress becomes static.
- l. Demonstrates awareness of and sensitivity to cultural differences, and uses culturally competent knowledge, skills, and attitudes in all aspects of recovery planning and interventions.
- m. Demonstrates understanding of how personal values interact with and potentially conflict with patient values, and addresses these issues in supervision.
- n. Demonstrates ability to work effectively with patients representing diversity of level of symptoms, economic status, race, gender, gender identity, sexual orientation, sexual

practices, culture, ethnicity, disability, age, spirituality, and other areas of diversity.

- o. Demonstrates competence in discussing diversity issues with patients, and comfort in seeking resources (such as education, translation services, therapeutic supplies) from supervisory staff and consortium agencies to meet patient needs.

4. *Foster and develop independent professional skills in program development, professional development and identity, and leadership.*

- a. Demonstrates ability to complete and report upon comprehensive case reviews, and to design comprehensive system-wide intervention and recovery plans based on such reviews.
- b. Demonstrates understanding of and can articulate patient care and service issues related to continuity of care across an integrated health system.
- c. Demonstrates understanding of clinical demands of and roles of multiple disciplines in an integrated health system.
- d. Participates in departmental and program development meetings, reviews program data, and demonstrates understanding of data trends within programs.
- e. Demonstrates ability to form and maintain positive, productive, and effective working relationships with all staff and treatment disciplines, manage conflict, and show sensitivity to and respect for cultural differences.
- f. Presents and comports in a professional manner in the workplace.
- g. Demonstrates professional and ethical online presence, and understands current issues related to online activities.
- h. Organizes schedules, prioritizes or seek assistance with prioritizing, and manages multiple clinical responsibilities and assignments.
- i. Readily accepts and incorporates supervisory feedback.
- j. Readily pursues scholarly inquiry to further personal knowledge, knowledge of field, and improved patient care.
- k. Recognizes limits of competence.
- l. Demonstrates self-care to maintain professional functioning, including the ability to set appropriate limits when taking on tasks, seeks supervision and/or peer or professional support

- when needed, and engages in personal renewal with appropriate planning and coverage for clinical duties.
- m. Articulates a coherent, recognized model of supervision as a foundation for supervisory practices.
 - n. Demonstrates knowledge of and compliance with APA and Kentucky state ethical principles and codes of conduct in all aspects of clinical activities.



Intern Activities

Intern Applications, Activities, Responsibilities, and Evaluations

Doctoral interns at WKPIC become part of vibrant, recovery-based, interdisciplinary recovery teams. We value our active learning environment, require participation in our 12-month, 2000-hour mandatory training schedule, and encourage participation in a multitude of additional specialty trainings, facility and community-based leadership activities, and informal facility and community-based social activities.

Application Process

The application deadline is **November 30th**. Practicum requirements must have been completed, and each student should have completed approximately 400 hours of AAPI Intervention Hours recorded or projected by the beginning of internship, and at least 100 AAPI Assessment Hours (500 total). All predoctoral coursework requirements should be completed before entering the internship, but may be in progress at the time of application. The doctoral program must certify that the applicant is ready for internship. Due to state policies and regulations governing patient contact in state facilities, we cannot accept applicants with previous felony convictions, or misdemeanor convictions other than traffic offenses.

WKPIC currently holds membership in APPIC, adheres to APPIC Match policies, and participates in APPIC Match. The Online APPI must be utilized by all applicants applying to our program. Supplemental material requests are restricted to only a redacted case conceptualization or treatment summary and/or a psychological evaluation report.

Applicants who are considered appropriate will be asked to appear for a face-to-face interview with at least one of the governing committee members. Travel and lodging expenses related to interviews are the responsibility of the intern. Lunch will be provided during the interview day.

Additional inquiries regarding application can be made through:
Susan R. Vaught, Ph.D.
Internship Director
2400 Russellville Road
Western State Hospital
Hopkinsville, KY 42240
(270) 889-6025

Additional inquiries can be made through:
Zachary L. Meny, Psy.D.
Training Director
Pennyroyal Mental Health Center
200 Clinic Drive
Madisonville KY 42431
(270) 821-8874 ext 319

Facilities and Rotations

WKPIC rotations have been designed to provide maximum exposure to different settings and programs key to the provision of services in an integrated continuum of care, and to ensure the diversity of clinical populations served. Within each of the two primary consortium locations, unique learning experiences exist, which will be presented and discussed with on-site training supervisors.

The order of rotations is determined by the supervising committee of the consortium, to address each doctoral intern's educational needs and interests. Typically, interns spend roughly half of their time at each primary facility, with consortium-wide activities occurring in both locations. Rather than dividing the year by location, WKPIC provides interns with a stable year-long schedule dividing time between the settings.

Western State Hospital, one of four state-operated or state-supported acute psychiatric facilities in Kentucky, is a 207-bed free-standing hospital with a median length of stay of five days for new admissions. Approximately 670 employees treat approximately 2,000 adults during the course of a year.

The Pennyroyal Center is a licensed comprehensive community mental center offering an integrated healthcare model to eight Kentucky counties including Caldwell, Christian, Crittenden, Hopkins, Lyon, Muhlenberg, Todd, and Trigg. It is operated by the Pennyroyal Mental Health-Mental Retardation Board, Inc., a private, not for profit organization that contracts with the Cabinet for Health and Family Services: Department for Behavioral Health, Developmental and Intellectual Disabilities to offer mental health, developmental and intellectual disabilities, and substance abuse services.

The Center provides services to adults, children, and adolescents. Its staff consists of psychiatrists, psychologists, social workers, nurses, and other clinical and

support staff who provide a wide variety of community-based programs. Our many offerings include, but are not limited to, integrated healthcare, the 24-hour crisis and referral RESPOND office, outpatient services, day programs for persons with severe and persistent mental illness, early intervention programs for children with developmental and intellectual disabilities, a residential placement and employment program for persons with developmental and intellectual disabilities, an outpatient and a transitional facility for adolescents with substance abuse problems, an inpatient facility for the treatment of dually-diagnosed substance abuse and mental health issues, a long-term family-based residential recovery program for women with substance abuse issues, and a wide array of prevention programs.

Adult Inpatient Rotation. While at Western State Hospital, doctoral interns gain firsthand experience in working with patients who struggle with severe and persistent mental illness, and understanding the operations and purposes of a state psychiatric facility. Interns participate in initial evaluations, psychological assessments, individual and group therapy sessions, development of positive behavioral supports, recovery team meetings, Recovery Mall programs (recovery-based groups and activities), program development and evaluation, staff and community education, and consultation with other mental health professionals. Specialty training opportunities include geriatrics, multiple medical needs, substance abuse interventions including Double Trouble philosophies and training, neuropsychological screening and assessment, and civil and criminal forensic assessment. Primary on-site supervisor: Susan R. Vaught, Ph.D.

Adult Outpatient Rotation. Outpatient adult, pediatric, and family experience will be gained through the Pennyroyal Center's Madisonville and Greenville Clinics. Doctoral interns participate in a full range of intake evaluations, assessment and testing, consultations to adults, families, pediatricians and schools, individual and family therapy, alcohol and substance abuse treatment, psychiatric and psychological evaluations, numerous community support services (including the integrated health model), and in-school services when applicable. Interns also spend time in the center's walk-in clinic for first time clients, gaining valuable experience in risk assessment, crisis stabilization, and outpatient service development and recovery planning. Specialty training opportunities include additional focus on pediatric and family evaluations and treatment if desired, civil forensic assessment, substance abuse interventions, evaluation of attention-deficit/hyperactivity disorder, evaluation of learning disabilities, evaluation of more severe developmental and intellectual disabilities, and trauma-informed assessment and care for children referred through community sources and DCBS. Primary on-site supervisor: Dr. Zach Meny (Madisonville). Dr. Cindy Geil (Greenville).

Pediatric Outpatient Rotation. Outpatient adult, pediatric, and family experience will be gained through the Pennyroyal Center's Madisonville and Greenville Clinics. Doctoral interns participate in a full range of intake

evaluations, assessment and testing, consultations to adults, families, pediatricians and schools, individual and family therapy, alcohol and substance abuse treatment, psychiatric and psychological evaluations, numerous community support services (including the integrated health model), and in-school services when applicable. Interns also spend time in the center’s walk-in clinic for first time clients, gaining valuable experience in risk assessment, crisis stabilization, and outpatient service development and recovery planning. Specialty training opportunities include additional focus on pediatric and family evaluations and treatment if desired, civil forensic assessment, substance abuse interventions, evaluation of attention-deficit/hyperactivity disorder, evaluation of learning disabilities, evaluation of more severe developmental and intellectual disabilities, and trauma-informed assessment and care for children referred through community sources and DCBS. Primary on-site supervisor: Dr. Zach Meny (Madisonville). Dr. Cindy Geil (Greenville).

Scheduling

The internship program begins on the first working day in September and extends through the last working day of August in the following calendar year.

Site-specific faculty meetings occur monthly, and dates and agenda may vary. Typical items include updates in site/facility policies and procedures, problem-solving about sites-specific and facility issues including patient care needs, upcoming events, group projects, and scheduling concerns. Consortium-wide faculty meetings occur quarterly in March, June, September, and December, alternating between the Pennyroyal Center’s executive office and Western State Hospital’s Library Conference Room, with open agenda items including internship status reports from all sites, training concerns or needs (including supplies or programs), continuing education opportunities, and revision of program brochure or evaluation materials as appropriate. Closed agenda items would include summaries of supervisory ratings for staff, supervision concerns, and other personnel issues. Additionally, the faculty meets once in January following intern interviews, to determine candidate match order. Current interns may attend the open portion of faculty meetings, as well as site-specific faculty meetings in full. Specific dates may vary.

Mandatory Consortium-Wide Activities

Pennyroyal Center Orientation (24 total hours across 3 working days, scheduled upon arrival)*

WSH Orientation (24 total hours across 3 working days, scheduled upon arrival)*

Intern Group Supervision: Thursdays, 1 – 2:30 p.m. (Western State Hospital)

Didactic Seminars: Fridays, 1:30-3:30 p.m. (Pennyroyal Center or WSH, updated schedule provided on arrival)*

Leadership Seminar: 10 2-hour sessions plus graduation (WSH, scheduled upon arrival)*

Kentucky Psychological Association Conference (November, scheduled upon

arrival, transport and travel arrangements and conference fees arranged through Pennyroyal Center)
Grand Rounds, As Announced

* *(See Appendix A for orientation, didactics, and leadership seminar schedule for the previous internship year)*

Mandatory Individual Supervision

Individual supervision 4 hours/week on-site at assigned rotation.

Rotation-Specific Inpatient Adult Activities

Initial/intake assessment

Testing and specialized assessment

Individual counseling

Group counseling

Recovery Team participation

Special Case Conference

Development of Positive Behavioral Support Plans

Psychology Departmental Meeting

Training in Administrative Models and Tasks

Recovery Services: Interns may co-lead one of 83 unique group sessions offered weekly on WSH's Recovery Mall. Sample topics include, but are not limited to Illness Education, Grief and Loss, Coping Skills (Mindfulness), Substance Abuse, Dealing with Feelings, Community Transition, and Readiness for Change. Interns with special interest in Recovery Services may develop and lead a module with supervisory approval and oversight.

Rotation-Specific Outpatient Adult Activities

Individual counseling

Intake/initial assessment

Same-day intakes/crisis assessment

Family Counseling

Couples Counseling

Group Counseling

Rotation-Specific Outpatient Pediatric Activities

Individual counseling

Intake/initial assessment

Same-day intakes/crisis assessment

Family Counseling

Couples Counseling

Group Counseling

Optional Training Activities

Interns will receive announcements for facility-based and community-based

training activities as opportunities arise. Site supervisors will assist with coverage as appropriate, to allow for additional training experiences.

Informal Social Events

Doctoral interns are encouraged to enjoy each other's company, bring family members, and interact with site staff at the following yearly consortium-wide activities:

Pennyroyal Center Picnic (July)
 Pennyroyal Center Staff Development Day (September)
 WSH Christmas Breakfast (December)
 WSH Psychology Christmas Gathering (December)

Community Entertainment Options

Hopkinsville. Hopkinsville, the sixth largest city in Kentucky, is a thriving small community with a mall, movie theater, historic performance theater, baseball team (Hoptown Hoppers), dozens of restaurants, a golf course and driving range, and many other community amenities.

The town's legacy as a stop along the Trail of Tears is commemorated in a park along 9th Street on the Little River. Every September, the Trail of Tears Indian Pow-Wow comes to town, located at the Trail of Tears Park. There is a museum, a sunken amphitheater, a group of plaques explaining and commemorating the great uprooting and journey, and a burial ground, including two important Cherokee Chiefs who died during the removal - Fly Smith and Whitepath. It is listed in the National Register of Historic Places.

The Pennyroyal Area Museum, established in October 1975, and opened on July 8, 1976, hosts a wide range of activities in its endeavor to preserve and interpret the past. Exhibits include the night riders of the Black Patch Tobacco Wars; Edgar Cayce, famed local clairvoyant; Jefferson Davis; period room settings; a pioneer bedroom; a miniature circus; antique quilts; black history; historic modes of transportation; as well as historical license plates from Kentucky. Every May, Hopkinsville hosts Little River Days, a 2-day family festival in Merchant Park downtown, involving road running, canoe racing, a bicycle tour, arts and crafts, food vendors and live entertainment. The museum also stages historical pilgrimages, reenactments, and programs across the year, at low or no cost.

During the total solar eclipse on August 21, 2017 Hopkinsville will be the closest metropolitan area to the expected point of greatest eclipse, which will occur about 12 miles (19 km) northwest of the city center. Multiple activities, fairs, and festivals have been scheduled leading up to this event.

Hopkinsville is located a short driving distance from Land Between the Lakes; Pennyroyal Forest State Resort Park; Nashville, TN; Fort Campbell, KY; Paducah, KY; and Evansville, IN.

Greenville/Muhlenberg County. Historic Muhlenberg County offers multiple points of interests and activities, including Lake Malone State Park in Dunmor, the Muhlenberg County Rail to Trails, 6-mile (9.7 km) converted railroad track running between Central City and Greenville, Brewco Motorsports shop in Central City, Duncan Center Museum & Art Gallery in Greenville, Four Legends Fountain in Drakesboro, Labor Day Cruise-In in Central City, Muhlenberg County Agriculture and Convention Center in Powderly, Paradise Park in Powderly, includes: Coal Mines Shotgun House, Merle Travis Birthplace, Paradise Park Museum, Springridge School, Tennessee Valley Authority Paradise Fossil Plant in Drakesboro (one of the largest Coal-Fired Power Plants in the United States), Public Boat Launch Ramp along the Green River, Public Fishing Lakes, and the Historic Village of Paradise Cemetery, the only remnant of the village along the Green River.

Responsibilities

Interns will be required to pass a pre-employment urine drug screening and background check. Urine drug screens occur at random throughout the year, across facilities and locations. Background checks may also be repeated at the direction of facility personnel staff. Failing a drug screen or background check at any point during the internship year is grounds for immediate dismissal.

Interns are required to present at training locations and for mandatory scheduled activities on time, and to follow the attendance policies of both Pennyroyal Center and their specific training site.

Interns are required to follow the standard operating procedures of The Pennyroyal Center at all times, and of Western State Hospital when on-site at that facility, including dress codes and codes of conduct. Updated SOPs will be provided during orientation.

Interns are expected to make use of supervision, to make every effort to progress through the stated internship training objectives, and to develop competence in general psychological practice as outlined in the rotation-specific activities.

Evaluation

Evaluation of Interns. Interns meet with supervisors at the beginning of the internship to engage in a collaborative process to establish personal and professional goals, goals related to supervision, and clarification of interest in specialty training opportunities. Additionally, interns review programmatic training goals with their individual supervisors twice during the internship year, in February and August. Supervisors complete the Intern Evaluation Form (see Appendix B) in consultation with other staff members who are in a position to evaluate the intern's progress in the categories of Psychological Assessment, Paperwork, Use of Supervision, Professional/Ethical Issues, Work with Diverse Populations, and

Personal Characteristics. Primary supervisors then review the evaluation in person with the intern, providing both verbal and written feedback. Evaluation forms are placed in intern files. Successful progress towards completion of the internship requires the following Minimum Thresholds for Achievement for Expected Competencies:

Mid-year: Objectives must average 3 with no specific competency scores below 2. Specific competency scores averaging between 2 and 3 require a formal remediation plan.

Year-end: Objectives must average 3 or above, with no specific competency scores below 3. an average score of 3 with no scores below 2 in the first half of the internship year, and an average score of at least 3 with no scores below 3 in the final evaluation at the end of the year.

Evaluation of Supervisors. In August, approximately two weeks before completion of the internship year, interns complete the Supervisor Evaluation Form (see Appendix B), and share these with their supervisors in the final evaluation meeting. Informal feedback from interns is welcomed and encouraged at any time. Supervisors are provided with a summary of their evaluations in February and August.

Evaluation of Didactics. At the conclusion of each didactic seminar, interns are asked to complete the Seminar Evaluation Form (See Appendix B). This feedback will be considered in future program development. Suggestions for needed didactic seminars are always welcome from interns and supervisors.

Evaluation of Program. At the end of the internship year, interns are asked to complete the Program Evaluation Form (see Appendix B), to provide feedback about the overall training program and training experience. This feedback will be used to improve future training programs. Interns are also encouraged to provide informal feedback at any time to their supervisors and/or training directors. Feedback and evaluations will be reviewed in consortium-wide faculty meetings conducted in March and September.



GRIEVANCE PROCEDURES

Internship-Specific Grievance Procedures: The Identification and Management of Intern Concerns

Doctoral internship represents a key period of growth, development, and change for interns as they move from student roles to increasingly independent professionals. Evaluation and feedback are essential to success of interns, supervisors, and the training program. In most cases, evaluation and feedback helps to create synergy, excitement, confidence, and competence throughout the internship experience. Unfortunately, serious circumstances may arise in which additional action is necessary.

WKPIC is dedicated to strict conformance with the American Psychological Association's Ethical Principles of Psychologists. The monitoring and assessment of compliance with these standards is the responsibility of the internship director, in consultation with the training director, other members of the training committee, and all staff who provide clinical supervision to interns. The internship director and training director also bear responsibility for advising agency and facility directors of these standards, and of the internship's compliance with them.

Grievance Procedure

WKPIC wishes to empower interns to effectively address situations through direct communication with supervisors, when possible. WKPIC welcomes input from university internship supervisors at any point in the problem resolution or grievance process. Interns enjoy two levels of protection as trainees, the first being intern-specific, and the second associated with being a temporary part-time employee of the Pennyroyal Center.

Procedure

Problem Resolution

1. Except in the case of egregious offenses or safety issues, if an intern has a problem with a supervisor, it is preferable that the intern first addresses the

problem directly with that supervisor. Mid-year evaluations will be conducted by the training director to afford an opportunity to express additional concerns.

2. If the intern needs support and guidance, the intern may seek advice from any member of the training committee (any clinical staff providing supervision to the intern), and/or the internship supervisor from their institution.
3. If the intern has addressed the problem with the supervisor and has not seen improvement, then the intern should speak with the training director or internship director about the problem. If the problem involves the training director or internship director, then the intern can speak to another member of the training committee or to the executive director of the Pennyroyal Center.
4. If the training director, internship director, and/or the executive director of the Pennyroyal Center cannot resolve the issue of concern to the intern, the intern may request a conference between their university internship director and the WKPIC internship director to attempt to forge an acceptable resolution.
5. If the conference cannot resolve the issue of concern to the intern, the intern may avail themselves of their status as temporary full-time employees of the Pennyroyal Center, and use the Pennyroyal Center's formal grievance procedure within 30 days of the original incident.
6. In the case of egregious offenses or safety issues, the intern should immediately contact the training director or internship director. If the problem involves the training director or internship director, the intern should immediately contact the executive director of the Pennyroyal Center. In the absence of the executive director of the Pennyroyal Center, the intern may receive immediate assistance from the facility director at Western State Hospital, until the director of the Pennyroyal Center can be reached. The university internship director should be involved in emergency situations related to interns as soon as possible.

Filing a Formal Grievance

1. The intern should contact the Pennyroyal Center Human Resources Department for clarification and/or assistance in dealing with the issue of concern. Following contact and discussion with a representative(s) of the Human Resources Department, if the intern wishes to continue with the formal procedure, the intern should, under guidance of the Human Resources Department, state his/her grievance to his/her immediate supervisor, who should consult with his/her own supervisor if unable to resolve the grievance immediately.
2. If the intern is not able to resolve his/her grievance with the immediate supervisor under the guidance of and with the assistance of the Human Resources Department, then the intern may continue to avail themselves of that assistance and take the grievance to the supervisor's program director or director of clinical operations for resolution.

3. If the grievance is not resolved following the above procedures, the intern may continue to receive guidance and assistance from the Human Resources Department and take the grievance to the executive director who may assign the director of quality management to investigate the grievance. The executive director will have the final authority to resolve the grievance.
4. Any grievance directly involving the conduct of the immediate supervisor, providing that the intern has made reasonable efforts to resolve the grievance with the supervisor without resolution, should, after consulting the Human Resources Department, be referred directly to the executive director or his/her designee, who will have the final authority to resolve the grievance.
5. Decisions of the executive director are not subject to appeal. However, if any grievance directly involves the conduct of the executive director and the intern has made reasonable efforts to resolve the grievance with the executive director without resolution, then it may be referred to the Chairperson of the Board of Directors with a copy furnished to the Board's attorney. This process may only be initiated by contacting the Director of Human Resources, who will evaluate the situation and provide assurance that all other reasonable alternatives have been exhausted. If it is determined that this a grievance should be filed, the Director of Human Resources will assist in the process.
6. When the executive director has received a formal grievance, within three work days of receipt, the executive director will implement Review Procedures and inform the intern of any action taken.

Review Procedures

1. When needed, a review panel will be convened by the executive director to review a grievance filed by an intern.
 - a. The Panel will consist of three staff members selected by the executive director with recommendations from the internship director and the intern who filed the grievance. The executive director will appoint a Chair of the Review Panel.
 - b. In response to a grievance, the intern has a right to express concerns about the training program or WKPIC staff member and the WKPIC program or staff has the right and responsibility to respond.
2. Within five (5) work days, a Panel will meet to review the grievance and to examine the relevant material presented.
3. Within three (3) work days after the completion of the review the Panel will submit a written report to the executive director, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote if a consensus cannot be reached.
4. Within three (3) work days of receipt of the recommendation, the executive director will either accept or reject the Review Panel's recommendations. If the executive director rejects the recommendation, the executive director may refer the matter back to the Panel for further deliberation and revised recommendations or may make a final decision.
5. If referred back to the Panel, a report will be presented to the executive director within five (5) work days of the receipt of the executive director's request of

further deliberation. The executive director then makes a final decision regarding what action is to be taken and informs the internship director and the training director. This decision is not subject to appeal.

6. The internship director and training director inform the intern, staff members involved, and necessary members of the training staff of the decision and any action taken or to be taken.



DUE PROCESS

Internship-Specific Due Process Procedures:

The Identification and Management of Intern Problems

Doctoral internship requires increasing demonstration of professional competence and both professional and personal independence. As stated previously, evaluation and feedback are essential for success in these endeavors. In most cases, evaluation and feedback help to resolve any concerns that supervisors may have about intern performance. Unfortunately, serious circumstances may arise in which additional action is necessary.

Also as previously noted, WKPIC is dedicated to strict conformance with the American Psychological Association's Ethical Principles of Psychologists. The monitoring and assessment of compliance with these standards is the responsibility of the internship director, in consultation with the training director, other members of the training committee, and all staff who provide clinical supervision to interns. The internship director and training director also bear responsibility for advising agency and facility directors of these standards, and of the internship's compliance with them.

Due Process: General Guidelines

Due process ensures that disciplinary decisions related to interns are not arbitrary or based in personal bias. It requires that WKPIC identify specific evaluative procedures that are applied to all interns, and provide appropriate appeal procedures available to all interns. All steps must be appropriately documented and implemented.

General due process guidelines are listed below:

1. During the orientation period, the program's expectations related to professional functioning are presented to the interns in writing, including the Standard Operating Procedures of the Pennyroyal Center and Western State Hospital. These expectations are discussed in both group and individual settings.

2. Evaluation procedures are stipulated, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
3. The various procedures and actions involved in making decisions regarding problem behavior or concerns are articulated.
4. The intern's graduate program will be informed of any suspected difficulties with their intern, as noted in the procedures delineated below. When necessary, input on how to address such difficulties will be sought from these programs.
5. A remediation plan for identified inadequacies will be instituted; including a time frame for expected remediation and consequences of not rectifying the inadequacies.
6. A written procedure will be provided to the intern, which describes how the intern may appeal the program's action. Such procedures are included in the intern handbook. The Intern Handbook is provided to interns and reviewed during orientation.
7. Sufficient time will be provided for the intern to respond to any action taken by the program.
8. Input will be sought from multiple professional sources when making decisions or recommendations regarding the intern's performance.
9. Documentation of the actions taken by the program and its rationale will be provided to all relevant parties. This will be done in writing.

Due Process: Identifying and Managing Intern Problems

WKPIC believes in assisting interns in resolving problematic behavior that negatively affects their ability to adequately perform their duties and proceed through the training program.

Problematic Behavior. Problematic behavior is broadly defined as behavior that interferes with professional functioning, and is reflected in one or more of the following ways:

- a. Inability and/or unwillingness to acquire and integrate professional behavior and ethical standards.
- b. Inability and/or unwillingness to acquire the level of professional skills necessary to reach an acceptable level of competency;
- c. Inability and/or unwillingness to control personal stress, psychological problems, and/or excessive emotional reactions which interfere with professional functioning.
- d. Inability and/or unwillingness to abide by the standard operating procedures of The Pennyroyal Center or Western State Hospital.

Identifying Intern Problems. WKPIC has evaluative procedures designed to provide feedback about the intern's performance. Feedback on the intern's performance comes formally and informally from the intern's verbal self-reports,

peer interns, primary supervisor, training director, internship director, other supervising psychologists, and other staff at Pennyroyal Center or WSH. Interns may have difficulty in particular areas during the course of the internship. Most concerns can be resolved in the course of individual supervision. If this method fails, additional action may be required. Additional formal action is more likely to be considered if one or more of the following conditions apply:

- a. The intern does not acknowledge, understand, or address the problem when it is identified;
- b. The problem is not a reflection of skill deficit which can be rectified by further academic or didactic training;
- c. The quality of the intern's practice is negatively affected and may be considered to be detrimental to patient care;
- d. The problem is not restricted to one area of professional functioning, or if the problem causes a severe deficiency in one area of professional functioning;
- e. A disproportionate amount of attention by training personnel is required, compared to other interns in the group; and/or
- f. The intern's behavior does not change as a function of feedback, remediation efforts, and/or time.

Due Process: Procedure for Responding to Problematic Behavior by an Intern

It is essential to balance the needs of interns with the needs of patients, peer interns, and consortium personnel. The following steps will be taken to address problematic behavior. Depending on the seriousness of the behavioral problems, the process can begin at any level with higher levels being relevant to more serious problems. In cases of violation of the substance use policy of the Pennyroyal Center or WSH (e.g., illegal use, possession or distribution of controlled substances or illegal drugs, or failure of a random drug screen); conviction of a felony or potentially work-related misdemeanor such as theft, substance abuse offenses, or domestic violence; severe violations of the APA Code of Ethics; or when imminent physical or psychological harm to a patient (such as a substantiated incident of patient abuse, or sexual misconduct with a patient) has occurred due to intern actions, termination from the internship and temporary full time employment from the Pennyroyal Center may be immediate.

Verbal Warning. The intern is provided with a structured verbal warning to delineate the inappropriate behavior and request cessation of the behavior. Verbal warnings are filed only in the evaluation file, and no formal record of the action is kept in the permanent file beyond its effect on overall evaluation scores. Verbal warnings will follow the current format prescribed by the personnel policies of Pennyroyal Center, and will include written acknowledgement to the intern of the following points, in addition to any elements required by current Pennyroyal Center personnel policies:

- a. That the training director and internship director are aware of and concerned about the problem or the performance rating,

- b. That the concern has been brought to the attention of the intern,
- c. That the training director and internship director will work with the intern to rectify the problem or skill deficit,
- d. That the university internship director has been notified, and
- e. That the behaviors associated with the rating are not significant enough to warrant more serious action.

The intern is free to involve the university internship supervisor at any time during the verbal warning process, at the intern’s discretion, but WKPIC will not contact university supervisors for this level of action. The written acknowledgment will be removed from the intern’s file when the intern responds to the concerns and successfully corrects the problematic behavior and completes the internship.

Appeal of Verbal Warning. Interns may appeal a verbal warning to the internship director and the executive director of the Pennyroyal Center, in writing. After review, the executive director will provide a written response, either confirming the warning or directing the internship director to remove the warning from the intern’s evaluation file. The decision of the executive director is final and not subject to additional appeal.

Written Warning. A written warning to the intern indicates the need to discontinue an inappropriate action or behavior. The university internship director will be notified of and provided with a copy of written warnings. Written warnings will contain the following components, in addition to any elements required by current Pennyroyal Center personnel policies:

- a. A description of the intern’s unsatisfactory performance or behavior,
- b. Actions needed by the intern to correct the unsatisfactory performance or behavior,
- c. The timeline allowed for correcting the unsatisfactory performance or behavior,
- d. Action to be taken if the unsatisfactory performance or behavior is not corrected,
- e. That the university internship director has been notified and consulted, and
- f. Notification that the intern has the right to request a review of this action.

A copy of this letter will be kept in the intern’s file. Consideration may be given to removing this letter at the end of the internship by the internship director. If the letter is to remain in the file, documentation should contain the position statements of the parties involved in the dispute.

Appeal of Written Warning. Interns may appeal a written warning to the internship director and the executive director of the Pennyroyal Center, in writing. After review, the executive director will provide a written response, either

confirming the written warning or directing the internship director to remove the written warning from the intern's evaluation file. The decision of the executive director is final and not subject to additional appeal.

Remediation Plan. For interns, a remediation plan is a time-limited, remediation-oriented, and closely supervised period of training designed to assist the intern in responding to personal reactions or environmental stressors, granted with the expectation that the intern will complete the internship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the training director, internship director, and university internship director. Remediation plans will contain the following elements, in addition to any elements required by current Pennyroyal Center personnel policies:

- a. Detailed description of the intern's unsatisfactory performance or behavior, with dated examples,
- b. Specific actions needed by the intern to correct the unsatisfactory performance or behavior,
- c. The timeline allowed for correcting the unsatisfactory performance or behavior,
- d. Action to be taken if the unsatisfactory performance or behavior is not corrected, up to and including termination of the internship,
- e. That the university internship director has been notified and consulted, and has been provided with a copy of the plan,
- f. The procedures to ascertain whether the problem has been appropriately rectified.

Several possible and concurrent courses of action may be included in a remediation plan, such as the following:

- a. Increasing the amount of supervision, either with the same or other supervisors,
- b. Change in the format, emphasis, and/or focus of supervision
- c. Recommending medical evaluation and/or personal therapy (a list of providers will be provided),
- d. Reducing the intern's clinical or other workload,
- e. Requiring contact with the university internship supervisor, and completion of any additional recommended tasks by that supervisor,
- f. Requiring specific academic coursework.

The length of a remediation plan period will be determined by the training director and internship director in consultation with the Human Resources Department of the Pennyroyal Center and the executive director of the Pennyroyal Center. The termination of the remediation plan will be determined, after discussions with the intern, by the internship director and the executive director of Pennyroyal Center.

Appeal of Remediation Plan. Interns may appeal the institution of a remediation plan, or any elements therein, with a written warning to the internship director and the executive director of the Pennyroyal Center, in writing. Interns may include letters or documents from their university internship director in the appeal. After review, the executive director will provide a written response, either confirming the institution of the remediation plan, or its specific elements, or directing the internship director to remove the remediation plan, or any of its specific elements, from the intern's evaluation file. The decision of the executive director is final and not subject to additional appeal.

Dismissal from the Internship. Dismissal from WKPIC involves the permanent withdrawal of all agency responsibilities and privileges, and informing the intern's university training program that the intern will not complete the program. In the event of serious infractions as noted in the offset of this section, this solution may be used immediately. Otherwise, when specific interventions do not, after a reasonable time period, rectify the problem behavior or concerns and the intern seems unable or unwilling to alter her/his behavior, the training director and internship director will discuss with the university internship director and the executive director of the Pennyroyal Center and the director of Human Resources the need for termination from the training program and dismissal from temporary full time center employment. The training director and internship director will inform the intern in writing and will meet with the intern in conjunction with the executive director of the Pennyroyal Center and a representative(s) of Human Resources, to review the decision. Dismissal decisions are not subject to appeal.

Withdrawal with Voluntary Severance. If an intern is unable to complete the internship due to physical, mental or emotional illness, withdrawal from the internship can be arranged with consultation between the internship director and the university internship director, and voluntary severance from temporary full time employment with the Pennyroyal Center. At the discretion of the executive director of the Pennyroyal Center, Administrative Leave with or without pay may be granted in lieu of traditional 14-day notice. Voluntary withdrawal with voluntary severance are not subject to appeal.





Didactics Schedule

Seminar Schedule with Topics, 2014-2015

INTERNSHIP FRIDAY SEMINAR SCHEDULE

Seminar schedule is subject to change, and the most recent version of the schedule can always be accessed at www.wkpic.org.



Evaluation Forms

Sample Intern, Supervisor, Program, and Seminar Evaluation Forms

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(270) 889-6025 ext 315



**Western Kentucky Psychology
Internship Consortium**

Zachary L. Meny, Psy.D.
Training Director
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Intern's Name

Intern's Primary Supervisor

Name of Internship Site

Term and Year

This form should be completed by the Doctoral Intern's Primary Supervisor, and include feedback from all other supervisors with whom the Intern had contact. Please complete this form taking into consideration the Intern's improvement over the current term, and in relation to the level of expertise expected for the Intern's level of training.

I. Mandatory Completion

These items are rated on a Yes/No basis with “No” ratings automatically requiring a performance improvement plan. Activities missed due to planned, scheduled, or approved absences, with completion of appropriate make-up classes or assignments as directed by the primary supervisor, should not be considered as a negative indicator of progress through the course of training.

Internship Objective: Provide closely supervised clinical training experiences in the practice of psychology, with gradually increasing independence as competence is achieved.

		Yes	No
New Employee Orientation at Western State Hospital completed,			
New Employee Orientation at Pennycroft Center completed.			
Supervisory shadowing x 2 weeks completed.			
In-person supervision x 2 weeks completed.			
Attendance of 90% of group supervision sessions completed.			
Attendance of 90% of didactic seminars completed, with make-up of missed classes.			
Attendance of 90% of Leadership Forums attended, with make-up of missed classes.			

Additional hours of community orientation or experiential training completed, to be considered in overall ratings of positive or exceptional professional initiative:

For Section II, General Competencies, please adhere to the following anchors in making your ratings:

1. **Insufficient/Unacceptable**

The intern demonstrates limited or no evidence of the knowledge, skills, and dispositions in the specified competence area or professional disposition, and disinclination to accept supervision and remediation. Interns scoring at this level during their Mid-Term Evaluation have not demonstrated the professional competencies needed to progress to the next level of clinical experience. They will require a Performance Improvement Plan for this area of study. Interns scoring at this level during Final Evaluation have not demonstrated the professional competencies needed to progress to the next level of clinical experience, and should not be considered to have passed this competence for purposes of completing the internship, unless otherwise specified by the Internship Director.

2. **Below Expectation**

The intern demonstrates inconsistent and limited knowledge, skills, and dispositions in the specified competence area, but openness to and good use of supervision and remediation. Interns scoring at this level during their Mid-Term Evaluation need remediation in this competence area, and possibly a Performance Improvement Plan. Interns scoring at this level during their Final Evaluation have not demonstrated the professional competencies needed to progress to the next level of clinical experience, and should not be considered to have passed this competence for purposes of completing the internship, unless otherwise specified by the Internship Director.

3. **Meets Expectations**

The intern demonstrates consistent and proficient knowledge, skills, and dispositions in the specified competence area or professional disposition. Interns scoring at this level during their Mid-Term or Final Evaluation have demonstrated the professional competencies needed to progress to the next level of clinical experience.

4. **Exceeds Expectations**

The intern demonstrates strong (i.e., exceeding the expectations of a beginning professional) knowledge, skills, and dispositions in the specified competence area or professional disposition, though some supervision or consultation may be required. Interns scoring at this level during their Mid-Term or Final Evaluation have demonstrated the professional competencies needed to progress to the next level of clinical experience.

5. **Outstanding**

The intern demonstrates very strong (i.e., performing at the level of a more experienced clinician) knowledge, skills, and dispositions in the specified competence area or professional disposition. Functions independently and proactively, without need for supervision or direction, seeking consultation as appropriate for level of practice. Interns scoring at this level during their Mid-Term or Final Evaluation have demonstrated the professional competencies needed to progress to the next level of clinical experience.

N/A No Basis for Evaluation

No opportunity to supervise the intern or observe the intern with respect to the competency area or professional disposition. N/A ratings do not count against the intern in any way.

II. General Competencies

Internship Objective: Foster and develop independent professional skills in diagnostic interviews of adults and children.

Diagnostic Interviews		5 Outstanding	4 Above Expectation	3 Meets Expectation	2 Below Expectation	1 Insufficient/ Unacceptable	N/A No Basis for Evaluation
Builds rapport with intake patients in inpatient and outpatient settings							
Gathers thorough historical information and detailed impressions of current symptoms to facilitate diagnosis and risk assessment.							
Develops appropriate and concise case conceptualizations based on history, data, and, and behavioral observations, to facilitate diagnosis, care decisions, recovery planning, and consultation with other disciplines.							
Makes appropriate treatment decisions and recommendations.							
Demonstrates the ability to write clear, concise, and objective intake notes and reports.							
Demonstrates knowledge of current diagnostic terminology, and use appropriate and accurate diagnostic terminology supported by reported clinical evidence.							

Internship Objective: Foster and develop independent professional skills in psychological assessment of adults and children.

Psychological Assessment	5 Outstanding	4 Above Expectation	3 Meets Expectation	2 Below Expectation	1 Insufficient/ Unacceptable	N/A No Basis for Evaluation
Establishes or clarifies concise questions.						
Selects appropriate to age.						
Selects appropriate measures to explore assessment questions.						
Forms effective rapport to facilitate testing.						
Gathers adequate information and history to substantiate diagnostic impressions.						
Performs adequate mental status examination.						
Performs adequate risk assessment.						
Maintains focus in clinical interview and testing session, completes measures in estimated time frames.						
Accurately scores and interprets measures.						
Clearly communicates history, clinical observations, interpretations, impressions, and recommendations in oral and written format.						
Provides accurate diagnoses with adequate substantiation.						
Considers and accurately reflects multicultural factors influencing presentation and results.						
Uses correct current diagnostic terminology.						
Formulates appropriate recommendations based on findings.						
Clearly addresses and communicates patient strengths, building on these in recommendations.						
Identifies and arranges for specialty assessment, when indicated.						

Internship Objective: Foster and develop independent professional skills in recovery planning and clinical interventions for adults and children.

Recovery Planning and Clinical Interventions		5 Outstanding	4 Above Expectation	3 Meets Expectation	2 Below Expectation	1 Insufficient/ Unacceptable	N/A No Basis for Evaluation
Demonstrates ability to use scholarly inquiry (literature review, gathering and analyzing experiential data) to determine range of potential interventions.							
Selects interventions and therapeutic styles appropriate to patient age, developmental level, needs, and belief systems.							
Uses evidence-based interventions, including trauma-informed care and recovery-based principles.							
Forms effective rapport to facilitate assessment of stage of recovery.							
Assists patients and/or primary supports in clarifying strengths, resources, and patient-driven goals appropriate to stage of recovery.							
Accurately, regularly, and adequately assesses progress toward patient-driven goals, revising goals to reflect progress or lack of progress.							
Completes concise and informative documentation following each therapeutic session or intervention, consistent with site policies.							
Maintains appropriate therapeutic boundaries in all aspects of therapeutic sessions and interventions.							
Demonstrates ability to work within recovery teams to advocate for patient-driven goals and supports.							

Recovery Planning and Clinical Interventions (Continued)		5 Outstanding	4 Above Expectation	3 Meets Expectation	2 Below Expectation	1 Insufficient/ Unacceptable	N/A No Basis for Evaluation
Demonstrates ability to assist patients in using a broad spectrum of supports available in an integrated community health model.							
Demonstrates awareness of and sensitivity to cultural differences, and uses culturally competent knowledge, skills, and attitudes in all aspects of recovery planning and interventions.							
Demonstrates understanding of how personal values interact with and potentially conflict with patient values, and addresses these issues in supervision.							
Demonstrates ability to work effectively with patients representing diversity of level of symptoms, economic status, race, gender, gender identity, sexual orientation, sexual practices, culture, ethnicity, disability, age, spirituality, and other areas of diversity							
Demonstrates competence in discussing diversity issues with patients, and comfort in seeking resources (such as education, translation services, therapeutic supplies) from supervisory staff and consortium agencies to meet patient needs.							

Internship Objective: Foster and develop independent professional skills in program development, professional development and identity, and leadership.

Program Development, Professional Development and Identity, and Leadership		5 Outstanding	4 Above Expectation	3 Meets Expectation	2 Below Expectation	1 Insufficient/ Unacceptable	N/A No Basis for Evaluation
Organizes schedules, prioritizes or seek assistance with prioritizing, and manages multiple clinical responsibilities and assignments.							
Readily accepts and incorporates supervisory feedback.							
Recognizes limits of competence.							
Demonstrates self-care to maintain professional functioning, including the ability to set appropriate limits when taking on tasks, seeks supervision and/or peer or professional support when needed, and engages in personal renewal with appropriate planning and coverage for clinical duties.							
Articulates a coherent, recognized model of supervision as a foundation for supervisory practices.							
Readily pursues scholarly inquiry to further personal knowledge, knowledge of field, and improved patient care.							
Demonstrates knowledge of and compliance with APA and Kentucky state ethical principles and codes of conduct in all aspects of clinical activities.							

Program Development, Professional Development and Identity, and Leadership (Continued)		5 Outstanding	4 Above Expectation	3 Meets Expectation	2 Below Expectation	1 Insufficient/ Unacceptable	N/A No Basis for Evaluation
Demonstrates ability to complete and report upon comprehensive case reviews, and to design comprehensive system-wide intervention and recovery plans based on such reviews.							
Demonstrates understanding of and can articulate patient care and service issues related to continuity of care across an integrated health system.							
Demonstrates understanding of clinical demands of and roles of multiple disciplines in an integrated health system.							
Participates in departmental and program development meetings, reviews program data, and demonstrates understanding of data trends within programs.							
Demonstrates ability to form and maintain positive, productive, and effective working relationships with all staff and treatment disciplines, manage conflict, and show sensitivity to and respect for cultural differences.							
Presents and comports in a professional manner in the workplace.							
Demonstrates professional and ethical online presence, and understands current issues related to online activities.							

III. Narrative

Internship Objectives: Foster and develop independent professional skills in diagnostic interviews, psychological assessment, recovery planning and clinical interventions, program development, professional development and identity, and clinical leadership.

Intern Strengths:

Areas for Improvement:

Supervisor's Signature

Intern's Signature

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Supervisor Evaluation

Term/Year _____

SUPERVISOR BEING EVALUATED _____

Intern's Name

Intern's Primary Supervisor

The purpose of this evaluation is to gather information about the quality of our internship supervision, to ensure that supervision remains productive and beneficial for our interns. The form should be completed by doctoral interns and returned to the primary supervisor. Ratings on this form will have no impact on intern evaluations, program status, or post-internship support and documentation.

Quality of Supervisory Relationship		5 Strongly Agree	4 Agree	3 Neutral	2 Disagree	1 Strongly Disagree	N/A No Basis for Evaluation
We have established comfortable working rapport.							
Supervisor is involved and committed to the supervisory process.							
Supervision creates a climate conducive to open communication and productive use of supervision time.							
Provides appropriate information and teaching to clinical work and professional development.							
Is knowledgeable about and willing to discuss all aspects of diversity.							
Helps me achieve my learning goals							
Keeps appointments with me and arrives on time.							
Accessible to me to assist on more urgent concerns.							
Facilitates maintaining records and reports which are timely and complete.							
Shares and negotiates expectations of my intern role and supervision.							
Gives clear feedback about my competencies and skills.							
Explains his/her criteria fairly in evaluating me.							
Applies his/her criteria fairly in evaluating me.							

Quality of Professional Learning Experience		5 Strongly Agree	4 Agree	3 Neutral	2 Disagree	1 Strongly Disagree	N/A No Basis for Evaluation
Instills enthusiasm for responsibility and actively managing my professional development.							
Urges my adherence to high ethical standards.							
Encourages a sense of professional integrity and responsibility in practicum activities.							
Expects a sense of professional decorum in dress and behavior on my part.							
Models specific assessment and/or treatment procedures for me.							
Helps me integrate relevant material from other areas of psychology.							
Encourages me to consult the conceptual and empirical literature for empirically valid procedures.							
Shares technical and theoretical knowledge regarding assessment modalities relevant to patient needs and problems.							
Shares recovery modalities and interventions relevant to patient needs and problems.							
Shares community resources available to assist patients, or to facilitate appropriate referral.							

Supervisor Strengths:

Areas for Improvement:

Intern's Signature/Date

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**Western Kentucky Psychology
Internship Consortium**

Site Evaluation

Term/Year _____

Intern's Name

Intern's Primary Supervisor

The purpose of this evaluation is to gather information about the quality of our internship site, to ensure that the training we offer remains productive and beneficial for our interns. The form should be completed by doctoral interns and returned to the primary supervisor. Ratings on this form will have no impact on intern evaluations, program status, or post-internship support and documentation.

		5 Strongly Agree	4 Agree	3 Neutral	2 Disagree	1 Strongly Disagree	N/A No Basis for Evaluation
Site provides appropriate resource and reference materials.							
Site has a consistent philosophy and plan to guide its programming.							
Site offers training that is planned, incremental, and progressively challenging.							
Site provides an adequate forum for discussing intervention issues.							
The practices, services, and psychologists at the site follow ethical guidelines.							
This intern experience helped me learn to apply what I have learned in my educational program and practicum experiences.							
The intern seminars are effective in linking what I learned in academic settings to real situations.							
The internship sites have a professional atmosphere.							
Interns are treated with respect by supervisors and staff.							
Interns are encouraged to meet among themselves.							
Interns are encouraged to make suggestions for improvements.							
Work expected of interns is appropriate.							
The program provides avenues for professional development (e.g., workshops, training)							

		5 Strongly Agree	4 Agree	3 Neutral	2 Disagree	1 Strongly Disagree	N/A No Basis for Evaluation
Training includes sensitivity to diverse client experiences and backgrounds.							
Professionals at the site demonstrate appreciation of diversity and individual differences (e.g., age, gender, gender identity, sexual orientation, disability, social class, religion/spirituality).							
Site encourages awareness of own values and beliefs regarding diversity, and the impact of those beliefs on others.							
Site encourages integration of theoretical and empirical knowledge regarding diversity into clinical practice.							
Supervisors addresses diversity in Supervisor-Supervisee relationship.							
Supervisor demonstrates respect for individual differences between supervisor and supervisee.							
Supervisors process diversity and differences in worldview in the supervisor-supervisee relationship that affect case conceptualization or approach with patients.							
Supervisors integrate diversity theory and practice in supervision of supervisee's work with clients.							

PROFESSIONAL EXPERIENCES: (please check all that apply)

Populations:

- | | |
|--|---|
| <input type="checkbox"/> 1. Psychological Testing, Assessment, Evaluations | <input type="checkbox"/> 1. Adults |
| <input type="checkbox"/> 2. Mental Status Exams | <input type="checkbox"/> 2. Adolescents |
| <input type="checkbox"/> 3. Psychosocial Histories | <input type="checkbox"/> 3. Children |
| <input type="checkbox"/> 4. Individual Psychotherapy | <input type="checkbox"/> 4. Geriatric |
| <input type="checkbox"/> 5. Group Psychotherapy | <input type="checkbox"/> 5. Sexually Abused |
| <input type="checkbox"/> 6. Family Psychotherapy | <input type="checkbox"/> 6. Low Income |
| <input type="checkbox"/> 7. Marital/Relationship Therapy | <input type="checkbox"/> 7. Minorities |
| <input type="checkbox"/> 8. Alcohol/Drug Abuse Counseling | <input type="checkbox"/> 8. Gays/Lesbians |
| <input type="checkbox"/> 9. Forensic Services | <input type="checkbox"/> 9. Inpatients |
| <input type="checkbox"/> 10. Neuropsychological Evaluations | <input type="checkbox"/> 10. Outpatients |
| <input type="checkbox"/> 11. Crisis Intervention | <input type="checkbox"/> 11. Incarcerated |
| <input type="checkbox"/> 12. Consultation | <input type="checkbox"/> 12. Other |
| <input type="checkbox"/> 13. Parenting Skills Training | |
| <input type="checkbox"/> 14. Integrated Health Care | |
| <input type="checkbox"/> 15. Recovery Model | |
| <input type="checkbox"/> 16. Other _____ | |

Site Strengths

Areas for Improvement

Additional comments or concerns

Supervisor's Signature/Date

Intern's Signature/Date



SEMINAR EVALUATION FORM

Title:

Date:

Duration:

Location:

OBJECTIVES

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
1. I achieved a basic understanding of the topics covered in this session.	4	3	2	1	N/A
2. I can identify the key issues related to this topic as they pertain to my training needs.	4	3	2	1	N/A
3. I have a good understanding of where to seek additional information about this topic.	4	3	2	1	N/A

PRESENTER(S)

Presenter #1:	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Presenter #3	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
Well prepared	4	3	2	1	N/A	Well prepared	4	3	2	1	N/A
Knowledgeable of subject	4	3	2	1	N/A	Knowledgeable of subject	4	3	2	1	N/A
Responsive to questions	4	3	2	1	N/A	Responsive to questions	4	3	2	1	N/A
Presenter #2:	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Presenter #4	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
Well prepared	4	3	2	1	N/A	Well prepared	4	3	2	1	N/A
Knowledgeable of subject	4	3	2	1	N/A	Knowledgeable of subject	4	3	2	1	N/A
Responsive to questions	4	3	2	1	N/A	Responsive to questions	4	3	2	1	N/A

CONTENT

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
Written description consistent with actual presentation	4	3	2	1	N/A
Relevant to my field	4	3	2	1	N/A
Length of time suitable	4	3	2	1	N/A
Level appropriate for my knowledge base	4	3	2	1	N/A
Handouts useful	4	3	2	1	N/A

*Please complete both sides of this evaluation form

OVERALL SESSION IMPRESSIONS

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
Session met my overall training needs in this area					
Would recommend repeating this session next year					

Describe the most helpful aspects of this session:

Please share any suggestions for improving this session:

Please list topics for future trainings you would like to attend: