

# Western Kentucky Psychology Internship Consortium

**Internship Guide**

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□ Western Kentucky Psychology Internship Consortium

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## Internship Overview

*Introduction to the Western Kentucky Psychology Internship Consortium.*

### Overview

The Western Kentucky Psychology Internship Consortium is an APA-Accredited internship located in Hopkinsville, Kentucky. The internship is undergoing a shift during the 2020-2021 year from a consortium-based training program with inpatient and outpatient components to a single-site training program housed within Western State Hospital, a state psychiatric facility. We will retain the current program name until we submit a new self-study to APA, and our new proposed name of Western State Hospital Internship Program (W-SHIP) and course of studies is formally approved.



Western State Hospital (WSH), 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 is under the supervision of [Dr. Susan Redmond-Vaught](#) and the faculty and staff of the Psychology Department at Western State Hospital. The 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, didactic seminars involving multiple disciplines, and specific leadership training, interns are provided with gradually increasing responsibilities as they progress toward greater autonomy over the course of their 12 months of training. The internship 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 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 other clinical and community-based options and organizations. Interns also gain experience with supervision of doctoral-level practicum students, when available.

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 materials are not required. Three letters of reference are required, two of which must be from clinical supervisors. The internship year begins **September 1st** and it is a 12-month, full-time program for three interns, with slots filled exclusively through APPIC Match. The stipend for each intern will be \$32,000. 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.

The internship accepts applicants for three positions 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 an accredited clinical/counseling program. 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 22nd**. 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. Also, please note that due to current Kentucky state law and state policies, as well as PMHC policies, WKPIC prohibits the use of marijuana in ALL circumstances, and will refuse to hire students who tests positive for marijuana regardless of medical need, the presence of a prescription, or its legal status. **During the COVID-19 Pandemic emergency, the internship is willing to consider applicants who have not been able to complete expected practicum hours, or who have reduced face-to-face experience, on a case-by-case basis.**

The internship 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, DC 2002/Phone (202) 336-5979/  
E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)/Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)].



# Chapter 2

## Internship Training Goals

### *Doctoral Internship Training Goals*

It is the primary objective of this internship 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. Experiences are structured to ensure that interns will achieve competence as a generalist, with experience in psychological assessment, clinical interventions, 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 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 interns specific interests, and may not be part of work hour totals.

3. Interns shadow supervisors for at the offset of new rotations or services experiences.
4. Interns conduct services in the presence of supervisors following shadow experiences.
5. Interns participate in daily individual supervision of inpatient work, with verbal and written case presentations following in-room supervision.
6. Interns participate in weekly group supervision related to individual therapy cases for the duration of their training year.
7. 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 visit [www.wkpic.org](http://www.wkpic.org) for a sample seminar schedule.

Interns are provided closely supervised clinical training experiences in the practice of psychology, with gradually increasing independence as competence is achieved. Specific goals and competencies to be trained are as follows:

**1. Foster and develop independent professional skills in diagnostic interviews.**

- 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.**

- 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.**

- 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*

**D**octoral interns become part of vibrant, recovery-based, interdisciplinary treatment teams. We value our active learning environment, require participation in our 12-month, 2100-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. While the current pandemic situation may limit face-to-face activities, we are working to learn through, provide services through, and teach through a variety of telehealth and virtual options.

#### **Application Process**

The application deadline is in **November each year, with specific date identified in the APPIC listing and on the internship website**. 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. Also, please note that due to current Kentucky state law and state policies, as well as LifeSkills/Pennyroyal Center policies, WKPIC prohibits the use of marijuana in ALL circumstances, and will refuse to hire students who tests positive for marijuana regardless of medical need, the presence of a prescription, or its legal status.

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 materials are not required. Three letters of reference are required, two of which must be from clinical supervisors.

Applicants who are considered appropriate will be asked to engage in a virtual interview process with at least two of the internship faculty.

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) 889-2819

### **Facility Information**

Western State Hospital, one of four state-operated or state-supported acute psychiatric facilities in Kentucky, is a 165-bed free-standing hospital with a median length of stay of six days for new admissions. Approximately 690 employees treat approximately 2,100 adults during the course of a year.

While the COVID-19 pandemic initially affected the hospital, we have been able to maintain a COVID-free status among our patients, and a staff positivity rate of <.05% since late May/early June of 2020. COVID testing is readily available in Kentucky, and specifically in Hopkinsville. The hospital has adequate PPE, provides Fit-Testing to all employees in patient care, provides eye protection, and provides ample soap, hand-washing areas, and hand sanitizer (thank you to the amazing distilleries in the state!). We have a unit designated to treat COVID-positive psychiatric patients when the need arises, and an active in-house testing and contact-tracing protocol. At this time, interns are not providing face-to-face in-person care, but are assessing and treating patients through telehealth platforms.

While at Western State Hospital, doctoral interns gain firsthand experience in working with patients who struggle with severe and persistent mental illness, and in understanding the operations, purposes, and ever-changing role 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, 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, neuropsychological screening and assessment, and civil and criminal forensic assessment.

We do not currently work on a rotational model, but instead add experiences into the work week as interns become progressively competent and confident in their activities. During the COVID-19 state of emergency, most training activities will be via telehealth or virtual platforms. Primary on-site supervisor: Susan Redmond-Vaught, Ph.D.

### **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.

Staff 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. Faculty meetings occur quarterly in March, June, September, and December with open agenda items including internship status reports from all supervisors, 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 staff meetings and the open portion of faculty meetings. Specific dates may vary.

**Mandatory Supervision and Didactics\***

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

Intern Group Supervision: Thursdays, 1 – 2:30 p.m.

Didactic Seminars: Fridays, 1:30-3:30 p.m.

Leadership Seminar: 10 2-hour sessions plus graduation

Individual supervision 4 hours/week.

*\*These activities may be virtual during the pandemic.*

**Clinical Training Activities\***

Initial/intake assessment

Testing and specialized assessment

Individual counseling

Recovery Team participation

Special Case Conference

Development of Positive Behavioral Support Plans

Psychology Departmental Meeting

Training in Administrative Models and Tasks

Group Counseling\*\*

*\*These activities may be virtual during the pandemic.*

*\*\*This activity is temporarily suspended during the pandemic.*

**Optional Training Activities**

Interns will receive announcements for facility-based and community-based training activities as opportunities arise. During the pandemic, these experiences are likely to be virtual.

### **Informal Social Events**

Doctoral interns are encouraged to enjoy each other's company and participate in facility social events such as the WSH Holiday Breakfast in December, and psychology departmental gatherings—when these are again possible in the pandemic situation. Virtual meetings, phone calls, and socially-distanced outdoor activities (while masked) are the best options for now.

### **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 was the closest metropolitan area to the expected point of greatest eclipse, which occurred about 12 miles (19 km) northwest of the city center. Multiple activities, fairs, and festivals were held 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.

### **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. 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. Due to current Kentucky state law and state policies, as well as LifeSkills/PMHC policies, the internship prohibits the use of marijuana in

ALL circumstances, and will refuse to hire students who tests positive for marijuana regardless of medical need, the presence of a prescription, or its legal status in Kentucky or other states. To pass a background check, interns can have no charges on their record, with the exception of minor traffic violations.

Interns are required to present at training locations and for mandatory scheduled activities on time, and to follow attendance policies. During the COVID-19 pandemic, attendance may be virtual.

Interns are required to follow the standard operating procedures of Western State Hospital and LifeSkills/Pennyroyal Center at all times. 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/March 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 February/March and again in August, approximately two weeks before completion of the internship year, interns complete the Supervisor Evaluation Form (see Appendix B. Informal feedback from interns is welcomed and encouraged at any time. Supervisors are provided with a summary of their evaluations in March 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 mid-year and 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 September.





## GRIEVANCE PROCEDURES

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

### Grievance Procedures

**D**octoral 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 help to create synergy, excitement, confidence, and competence throughout the internship experience. Unfortunately, serious circumstances may arise in which additional action is necessary.

Our internship 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 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 human resource personnel and facility directors of these standards, and of the internship's compliance with them.

#### **Grievance Procedure**

We wish to empower interns to effectively address situations through direct communication with supervisors, when possible. We welcome 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 employee of LifeSkills/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 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 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 internship director about the problem. If the problem involves the internship director, then the intern can speak to another member of the training committee or to the executive director of LifeSkills/Pennyroyal Center.
4. If the internship director, and/or the executive director of LifeSkills/Pennyroyal Center cannot resolve the issue of concern to the intern, the intern may request a conference between their university internship director and the 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 LifeSkills/Pennyroyal Center, and use LifeSkills/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 internship director. If the problem involves the internship director, the intern should immediately contact the executive director of LifeSkills/Pennyroyal Center. In the absence of the executive director of LifeSkills/Pennyroyal Center, the intern may receive immediate assistance from the facility director at Western State Hospital, until the director of LifeSkills/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 LifeSkills/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 internship staff members and the internship 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. This decision is not subject to appeal.
6. The internship 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.



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## DUE PROCESS

*Internship-Specific Due Process Procedures:*

*The Identification and Management of Intern Problems*

**D**octoral 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, our internship 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 all staff who provide clinical supervision to interns. The internship director also bears responsibility for advising agency and facility directors of these standards, and of the internship's compliance with them.

### **Guidelines**

Due process ensures that disciplinary decisions related to interns are not arbitrary or based in personal bias. It requires that our internship 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:

- 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 LifeSkills/Pennyroyal Center and Western State Hospital. These expectations are discussed in both group and individual settings.

- Evaluation procedures are stipulated, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
- The various procedures and actions involved in making decisions regarding problem behavior or concerns are articulated.
- 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.
- A remediation plan for identified inadequacies will be instituted, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
- 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.
- Sufficient time will be provided for the intern to respond to any action taken by the program.
- Input will be sought from multiple professional sources when making decisions or recommendations regarding the intern's performance.
- Documentation of the actions taken by the program and its rationale will be provided to all relevant parties. This will be done in writing.

### **Managing Intern Problems**

The faculty and staff of this internship believe 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:

1. Inability and/or unwillingness to acquire and integrate professional behavior and ethical standards.
2. Inability and/or unwillingness to acquire the level of professional skills necessary to reach an acceptable level of competency.
3. Inability and/or unwillingness to control personal stress, psychological problems, and/or excessive emotional reactions which interfere with professional functioning.
4. Inability and/or unwillingness to abide by the standard operating procedures of LifeSkills/Pennyroyal Center or Western State Hospital.

Identifying Intern Problems. The internship 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, internship director, other supervising psychologists, and when appropriate, staff at LifeSkills/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:

1. The intern does not acknowledge, understand, or address the problem when it is identified.
2. The problem is not a reflection of skill deficit which can be rectified by further academic or didactic training.
3. The quality of the intern's practice is negatively affected and may be considered to be detrimental to patient care.
4. 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.
5. A disproportionate amount of attention by training personnel is required, compared to other interns in the group; and/or
6. The intern's behavior does not change as a function of feedback, remediation efforts, and/or time.

### **Procedure for Response**

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 LifeSkills/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 LifeSkills/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 LifeSkills/Pennyroyal Center, and will include written acknowledgement to the intern of the following points, in addition to any elements required by current LifeSkills/Pennyroyal Center personnel policies:

1. That the training director and internship director are aware of and concerned about the problem or the performance rating,
2. That the concern has been brought to the attention of the intern,
3. That the training director and internship director will work with the intern to rectify the problem or skill deficit, and
4. 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 the internship 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 LifeSkills/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 LifeSkills/Pennyroyal Center personnel policies:

1. A description of the intern's unsatisfactory performance or behavior,
2. Actions needed by the intern to correct the unsatisfactory performance or behavior,
3. The timeline allowed for correcting the unsatisfactory performance or behavior,
4. Action to be taken if the unsatisfactory performance or behavior is not corrected,
5. That the university internship director has been notified and consulted, and
6. 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 LifeSkills/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 LifeSkills/Pennyroyal Center personnel policies:

1. Detailed description of the intern's unsatisfactory performance or behavior, with dated examples.
2. Specific actions needed by the intern to correct the unsatisfactory performance or behavior, with specific steps to follow to remediate all problems.
3. The timeline allowed for correcting the unsatisfactory performance or behavior,
4. Action to be taken if the unsatisfactory performance or behavior is not corrected, up to and including termination of the internship.
5. That the university internship director has been notified and consulted, and has been provided with a copy of the plan.
6. The procedures to ascertain whether the problem has been appropriately rectified, including when and how verbal and written feedback on the extent to which corrective actions were or were not successful in addressing the issues of concern will occur.

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

1. Increasing the amount of supervision, either with the same or other supervisors,
2. Change in the format, emphasis, and/or focus of supervision,
3. Recommending medical evaluation and/or personal therapy (a list of providers will be provided),
4. Reducing the intern's clinical or other workload,

5. Requiring contact with the university internship supervisor, and completion of any additional recommended tasks by that supervisor,
6. 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 LifeSkills/Pennyroyal Center and the executive director of LifeSkills/Pennyroyal Center. The termination of the remediation plan will be determined, after discussions with the intern, by the internship director and the Human Resources Department, and if necessary and appropriate, the executive director of LifeSkills/Pennyroyal Center.

Appeal of Remediation Plan. Appeal of Remediation Plan. Interns may appeal the institution of a remediation plan, or any elements therein, in writing, to the internship director and the executive director of LifeSkills/Pennyroyal Center. 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 the internship 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 at the beginning 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 internship director will discuss with the university internship director and the executive director of LifeSkills/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 internship director will inform the intern in writing and will meet with the intern in conjunction with the executive director of LifeSkills/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, or other personal situations not related to ongoing disciplinary action from the internship or academic program, 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 LifeSkills/Pennyroyal Center. At the discretion of the executive director of LifeSkills/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.



## Appendix

# A

## Didactics Schedule

See [www.wkpic.org](http://www.wkpic.org) for current year schedule and topics.

**Appendix**

**B**

**Evaluation Forms**

*Sample Intern, Supervisor, Program, and Seminar Evaluation  
Forms*

Susan R. Vaught, Ph.D.  
Internship Director  
Western State Hospital  
2400 Russellville Road  
Hopkinsville, KY 42240  
(270) 889-2819



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**Intern**

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**Primary Supervisor**

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**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 Pennyroyal 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 makeup 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.**

<b>Diagnostic Interviews</b>		<b>5</b> Outstanding	<b>4</b> Above Expectation	<b>3</b> Meets Expectation	<b>2</b> Below Expectation	<b>1</b> Insufficient/ Unacceptable	<b>N/A</b> 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.**

<b>Psychological Assessment</b>	<b>5 Outstanding</b>	<b>4 Above Expectation</b>	<b>3 Meets Expectation</b>	<b>2 Below Expectation</b>	<b>1 Insufficient/ Unacceptable</b>	<b>N/A No Basis for Evaluation</b>
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.						

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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.**

<b>Recovery Planning and Clinical Interventions</b>		<b>5</b> Outstanding	<b>4</b> Above Expectation	<b>3</b> Meets Expectation	<b>2</b> Below Expectation	<b>1</b> Insufficient/ Unacceptable	<b>N/A</b> 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 patientdriven goals appropriate to stage of recovery.							
Accurately, regularly, and adequately assesses progress toward patientdriven 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 patientdriven goals and supports.							
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<b>Recovery Planning and Clinical Interventions (Continued)</b>		<b>5</b> Outstanding	<b>4</b> Above Expectation	<b>3</b> Meets Expectation	<b>2</b> Below Expectation	<b>1</b> Insufficient/ Unacceptable	<b>N/A</b> 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							

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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.**

<p><b>Program Development, Professional Development and Identity, and Leadership</b></p>		<p><b>5</b> Outstanding</p>	<p><b>4</b> Above Expectation</p>	<p><b>3</b> Meets Expectation</p>	<p><b>2</b> Below Expectation</p>	<p><b>1</b> Insufficient/ Unacceptable</p>	<p><b>N/A</b> No Basis for Evaluation</p>
<p>Organizes schedules, prioritizes or seek assistance with prioritizing, and manages multiple clinical responsibilities and assignments.</p>							
<p>Readily accepts and incorporates supervisory feedback.</p>							
<p>Recognizes limits of competence.</p>							
<p>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.</p>							
<p>Articulates a coherent, recognized model of supervision as a foundation for supervisory practices.</p>							
<p>Readily pursues scholarly inquiry to further personal knowledge, knowledge of field, and improved patient care.</p>							
<p>Demonstrates knowledge of and compliance with APA and Kentucky state ethical principles and codes of conduct in all aspects of clinical activities.</p>							

<b>Program Development, Professional Development and Identity, and Leadership (Continued)</b>		<b>5</b> Outstanding	<b>4</b> Above Expectation	<b>3</b> Meets Expectation	<b>2</b> Below Expectation	<b>1</b> Insufficient/ Unacceptable	<b>N/A</b> 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 Goal: 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.

**Unique Strengths:**

**Areas for Improvement:**

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**Intern Signature**

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**Susan R. Redmond-Vaught, Ph.D., Internship Director**

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2400 Russellville Road  
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Danielle M. Smith, Psy.D., MSCP  
Training Director  
Pennyroyal Center  
735 North Drive  
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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.

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<b>Quality of Supervisory Relationship</b>		<b>5</b> Strongly Agree	<b>4</b> Agree	<b>3</b> Neutral	<b>2</b> Disagree	<b>1</b> Strongly Disagree	<b>N/A</b> 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.							

<b>Quality of Professional Learning Experience</b>		<b>5</b> Strongly Agree	<b>4</b> Agree	<b>3</b> Neutral	<b>2</b> Disagree	<b>1</b> Strongly Disagree	<b>N/A</b> 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:**

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**Intern's Signature/Date**

Susan R. Vaught, Ph.D.  
Internship Director  
Western State Hospital  
Center  
2400 Russellville Road  
Hopkinsville, KY 42240  
(270) 889-2819



**Western Kentucky Psychology  
Internship Consortium**

Danielle M. Smith, Psy.D., MSCP  
Training Director  
Pennyroyal

735 North Drive  
Hopkinsville, KY 42240  
(270) 886-5163

## 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.**

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		<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/A</b>
		<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>No Basis for Evaluation</b>
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)							

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		<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/A</b>
		<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>No Basis for Evaluation</b>
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 SupervisorSupervisee 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)

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Psychological Testing, Assessment, Evaluations | <input type="checkbox"/> 1. Adults          |
| <input type="checkbox"/> 2. Mental Status Exams                            | <input type="checkbox"/> 2. Geriatric       |
| <input type="checkbox"/> 3. Psychosocial Histories                         | <input type="checkbox"/> 3. Sexually Abused |
| <input type="checkbox"/> 4. Individual Psychotherapy                       |   |
| <input type="checkbox"/> 5. Group Psychotherapy                            |   |
| <input type="checkbox"/> 6. Alcohol/Drug Abuse Counseling                  |   |
| <input type="checkbox"/> 7. Forensic Services                              | <input type="checkbox"/> 7. Minorities      |
| <input type="checkbox"/> 8. Neuropsychological Evaluations                 | <input type="checkbox"/> 8. Gays/Lesbians   |
| <input type="checkbox"/> 9. Crisis Intervention                            | <input type="checkbox"/> 9. Inpatients      |
| <input type="checkbox"/> 10. Consultation                                  |   |
| <input type="checkbox"/> 11. Recovery Model                                |   |
| <input type="checkbox"/> 12. Other _____                                   |   |

**POPULATIONS:** (please check all that apply)

- 1. Adults
- 2. Geriatrics
- 3. Sexually Abused
- 4. Trauma/Complex Trauma
- 5. Minorities
- 6. Immigrants
- 7. LGBTQIA+
- 8. Low Income
- 9. Other \_\_\_\_\_

**Site Strengths**

**Areas for Improvement**

**Additional comments or concerns**

\_\_\_\_\_  
**Intern's Signature/Date**



Well prepared	4	3	2	1	N/A
Knowledgeable of subject	4	3	2	1	N/A
Responsive to questions	4	3	2	1	N/A

Well prepared	4	3	2	1	N/A
Knowledgeable of subject	4	3	2	1	N/A
Responsive to questions	4	3	2	1	N/A

<b>CONTENT</b>	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:**