



Clinical Psychology Internship Program

Department of Psychiatry & Behavioral
Sciences

Feinberg School of Medicine

Northwestern University

Program Handbook
2017-2018

WELCOME

Welcome to the Clinical Psychology Internship Program at Northwestern University's Feinberg School of Medicine. We are excited to have you here. We hope that our commitment to education, research, and patient care translates into a stimulating, productive, and satisfying training experience for you. In addition, we hope that you will come to feel part of the Northwestern community.

Our goal is to train clinical psychologists who are skilled as both clinicians and scholars. Clinical psychology interns can expect to receive broad and general preparation for entry-level practice. Postdoctoral fellows in our department receive intensive specialty preparation for independent practice and develop more advanced clinical-research skills. A strong emphasis is placed in our clinics on evidence-based assessment and treatment. Psychological services and training at Northwestern have, for many years, been based on a scientist-practitioner model emphasizing the contributions of science to practice and practice to science. This training philosophy reflects our broader mission of providing state-of-the-science care to patients and of developing the next generation of clinical scholars. Our program is characterized by three defining features. We have, for over 60 years, endeavored to be:

- Scholarly: Given the range of conceptual models and clinical practices available, it is essential that interns develop a critical understanding of the strengths and limitations of the literatures surrounding alternative approaches, an ability to evaluate the adequacy of models and research, and an ability to translate this understanding into clinical practice. With this in mind, our interns and fellows will be prepared to use science to guide practice and to conduct research which advances both science and clinical practice.
- Pluralistic: There is no dominant paradigm for understanding human development, psychopathology, assessment, or treatment in contemporary clinical psychology. Rather, our field is characterized by its conceptual diversity. With this in mind, our interns and fellows are exposed to a broad range of conceptual models and clinical practices.
- Multidisciplinary: Professional psychologists often practice in multidisciplinary settings and work in conjunction with individuals from other professions. Moreover, advances in basic and applied knowledge frequently develop at the interface of academic domains. With this in mind, our interns and fellows work closely with physicians, nurses, occupational therapists, and social workers.

Our goal is to develop clinical psychologists who are, at the same time, sensitive clinicians and critically minded scholars. This reflects the aim of the broader institution to serve local, national, and global communities as stewards and disseminators of knowledge.

Looking forward to an exceptional year...

Sincerely,

Mark A Reinecke

Mark A Reinecke, PhD, ABPP, ACT
Professor & Chief Psychologist

TABLE OF CONTENTS

WELCOME	2
GOALS	4
OBJECTIVES AND COMPETENCIES.....	4
TRAINING PLAN.....	9
POST-DOCTORAL FELLOWSHIP.....	16
PROGRAM SETTINGS.....	20
PROGRAM ADMINISTRATION.....	22
PROGRAM FACULTY.....	23
SALARY AND BENEFITS.....	24
PROGRAM ASSESSMENT	25
RIGHTS AND RESPONSIBILITIES.....	25
GRIEVANCE PROCEDURES.....	25
PROBATION AND DISMISSAL.....	27
INTERNSHIP PROGRAM TABLES.....	29
INITIAL POST-INTERNSHIP POSITIONS.....	30
ACCREDITATION	31
REFERENCES	32
APPENDIX: TRAINING FORMS	32

GOALS

The Internship Program in Clinical Psychology at Northwestern University is designed to train the next generation of leaders in clinical psychology. We develop professional psychologists who are clinically perceptive and technically skilled, and who demonstrate a comprehensive and critically minded knowledge of psychological theory, treatment, and applied research.

Trainees are immersed in clinical programs that emphasize expert diagnosis, early intervention, continuity of care, and access to a broad range of evidence-based treatments; an educational curriculum that is programmatic, integrative, and individualized; and research programs of national standing. Our program is designed such that trainees receive broad and intensive generalist training during their internship year. The patient populations served by Northwestern Memorial Hospital and our affiliated clinics are demographically, socioeconomically, and diagnostically diverse. Trainees acquire the theoretical, empirical, and methodological knowledge necessary to treat a wide range of complex clinical problems within a multidisciplinary setting.

Steeped in a rich tradition of training and supported by a wealth of opportunities and resources, Northwestern offers trainees an exceptional environment in which to complete the final preparations for their professional careers.

OBJECTIVES AND COMPETENCIES

Our programs are designed to develop core functional and foundational competencies based on the educational and training benchmarks provided by the American Psychological Association's Task Force on Assessment of Competence in Professional Psychology.^{1,2,3} In so doing our programs endeavor to develop advanced competencies in preparation for careers as master clinicians, researchers, evaluators, consultants, supervisors, educators, administrators, and advocates. Trainees are prepared to seek board certification by the American Board of Professional Psychology. Taken directly from the APA Task Force report we endeavor to develop the following competencies:

FOUNDATIONAL COMPETENCIES

1. Professionalism.

Professional values and ethics as evidenced in behavior and comporment that reflects the values and ethics of psychology, integrity, and responsibility.

- 1.1. Integrity. Continually monitors and independently resolves situations that challenge professional values and integrity.
- 1.2. Deportment. Consistently conducts self in a professional manner across settings and situations.
- 1.3. Accountability. Independently accepts personal responsibility across settings and situations.
- 1.4. Concern for the welfare of others. Independently acts to understand and safeguard the welfare of others.

1.5. Professional identity. Consolidation of professional identity as a psychologist; knowledgeable about issues central to the field; evidence of integration of science and practice.

2. Reflective practice/self-assessment/self-care

Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.

2.1. Reflective practice. Reflectivity in the context of professional practice (reflection-in-action), reflection acted upon, self used as a therapeutic tool.

2.2. Self-assessment. Accurate self-assessment of competence in all competency domains; integration of self-assessment in practice.

2.3. Self care. Self-monitoring of issues related to self-care and prompt interventions when disruptions occur.

3. Scientific knowledge and methods

Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.

3.1. Scientific mindedness. Independently applies scientific methods to practice.

3.2. Scientific foundation of psychology. Knowledge of core science.

3.3. Scientific foundation of professional practice. Knowledge and understanding of scientific foundations independently applied to practice.

4. Individual and cultural diversity

Awareness, sensitivity, and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.

4.1. Self. Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation.

4.2. Others. Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation.

4.3. Interaction of self and others. Independently monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation.

4.4. Applications based on individual and cultural context. Applies knowledge, skills, and attitudes regarding intersecting and complex dimensions of diversity for example, the relationship

between one's own dimensions of diversity and one's own attitudes towards diverse others to professional work.

5. Ethical and legal standards and policy

Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

- 5.1. Knowledge of ethical, legal, and professional standards and guidelines. Routine command and application of APA Ethical Principles and Code of Conduct and other relevant ethical, legal, and professional standards and guidelines.
- 5.2. Awareness and application of ethical decision making. Commitment to integration of ethics knowledge into professional work.
- 5.3. Ethical conduct. Independently and consistently integrates ethical and legal standards with all foundational and functional competencies.

6. Interdisciplinary systems

Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.

- 6.1. Knowledge of the shared and distinctive contributions of other professions. Working knowledge of multiple different worldviews, professional standards, and contributions across contexts and systems; intermediate level knowledge of common and distinctive roles of other professionals.
- 6.2. Functioning in multidisciplinary and interdisciplinary contexts. Beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning, such as communicating without jargon, dealing effectively with disagreements about diagnosis or treatment goals, supporting and utilizing the perspectives of other team members.
- 6.3. Understands how interdisciplinary collaboration/consultation enhances outcomes. Recognizes and engages in opportunities for effective collaboration with other professionals towards shared goals at an intermediate level of ability.
- 6.4. Respectful and productive relationships with individuals from other professions. Develops and maintains collaborative relationships over time despite differences.

FUNCTIONAL COMPETENCIES

7. Assessment

Assessment and diagnosis of problems, capabilities, and issues associated with individuals, groups, or organizations.

- 7.1. Measurement and psychometrics. Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups and context.
- 7.2. Evaluation methods. Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning.
- 7.3. Application of methods. Independently selects and administers a variety of assessment tools and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice.
- 7.4. Diagnosis. Utilizes case formulation and diagnosis for intervention planning in the context of human development and diversity.
- 7.5. Conceptualization and recommendations. Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment.
- 7.6. Communication of findings. Communication of results in written and verbal forms clearly, constructively, and accurately in a conceptually appropriate manner.

8. Intervention

Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.

- 8.1. Knowledge of interventions. Applies knowledge of evidence-based practice, including empirical bases of intervention strategies, clinical expertise, and client preferences.
- 8.2. Intervention planning. Independent intervention planning, including conceptualization and intervention planning specific to case and context.
- 8.3. Skills. Demonstrates advanced clinical skills and judgment.
- 8.4. Intervention implementation. Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate.
- 8.5. Progress evaluation. Evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures.

9. Consultation

The ability to provide expert guidance or professional assistance in response to a client's needs or goals.

- 9.1. Role of consultant. Determine situations that require different role functions and shift to roles accordingly.

- 9.2. Addressing referral question. Knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question.
- 9.3. Communication of findings. Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations.
- 9.4. Application of methods. Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases.

10. Research/evaluation

Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.

- 10.1. Scientific approach to knowledge generation. Demonstrates independent and/or collaborative generation and dissemination of knowledge.
- 10.2. Application of scientific method to practice. Demonstrates independent evaluation of own outcomes and changes in practice that reflect the results of the evaluation.

11. Supervision

Supervision and training in the professional knowledge base and evaluation of the effectiveness of various professional activities.

- 11.1. Expectations and roles. Understands complexity of the supervisor role including ethical, legal, and contextual issues.
- 11.2. Process and procedures. Knowledgeable of procedures and practices of supervision.
- 11.3. Skills development. Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients.
- 11.4. Awareness of factors affective quality. Understanding of other individuals and groups and intersection dimensions of diversity in the context of supervision practice, able to engage in reflection on the role of one's self on therapy and in supervision.
- 11.5. Participation in supervision process. Provides supervision independently to others in routine cases.
- 11.6. Ethical and legal issues. Command of and application of relevant ethical, legal, and professional standards and guidelines.

OPTIONAL COMPETENCIES

12. Education

Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skills in professional psychology.

12.1. Knowledge. Knowledge of outcome assessment of teaching effectiveness.

12.2. Skills. Evaluation of effectiveness of learning/teaching strategies addressing key skill sets.

13. Management

Manage the direct delivery of services and/or the administration of organizations, programs, or agencies.

13.1. Management. Manages direct delivery of professional services; awareness of basic principles of resource allocation and oversight.

13.2. Administration. Awareness of principles of policy and procedures manual for organization, program, or agency; awareness of business, financial, and fiscal management issues.

13.3. Leadership. Development of mission, goal-setting, implementing systems to accomplish goals and objectives; team-building and motivational skills.

13.4. Evaluation of management and leadership. Develops own plans for how best to manage and lead an organization.

14. Advocacy

Actions targeting the impact of social, political, economic, or cultural factors to promote change at the individual (client), institutional, and/or systems level.

14.1. Empowerment. Intervenes with client to promote actions on factors impacting development and functioning.

14.2. System change. Promotes change at the level of institutions, community, or society.

TRAINING PLAN

Our curriculum has, for many years, been based on the “Boulder” or Scientist-Practitioner model. Each activity during the internship year is designed to assist in developing professional psychologists who are educated, compassionate, ethical, scholarly, intellectually disciplined, and demonstrate wisdom and judgment through an awareness of larger professional and social issues.

Our curriculum is designed to be programmatic and to systematically facilitate the development of professional competencies required for independent practice as a professional psychologist. Training activities are sequential, cumulative, and developmentally graded in nature. The various training

activities together form a cohesive set of experiences organized around the goals and objectives of the training program.

Our curriculum is designed to be integrative and to facilitate the synthesis of core competencies into day-to-day practice. Effectiveness necessitates bringing together the elements of professionalism, reflective practice, scientific knowledge and methods, relationships, individual and cultural diversity, ethical and legal standards and policy, and interdisciplinary systems into the practice of assessment, intervention, consultation, and research.

Our curriculum is individualized. Whereas professional practice requires core foundational and functional competencies, we also endeavor to facilitate the independent and unique professional identity of each trainee. Flexibility in clinical, supervisory, and scholarly activities, as well as opportunities to develop supervisory, educational, managerial, and/or advocacy skills, is encouraged to meet the goals of each trainee. Each intern meets with the Director of Training during their first weeks on campus to discuss their goals and to develop an individualized training program. We view these training programs as flexible, living documents. They can be modified and refined over the course of the internship year to meet interns' changing needs and goals.

CORE EXPERIENCES

The internship program at Northwestern offers training in assessment and treatment of psychopathology with adolescents and adults. We accept 3 interns per year.

Psychopathology & Psychotherapy. All interns receive broad, advanced training in psychological assessment, diagnostic interviewing, case formulation, individual and group psychotherapy, and consultation with outpatient adults. Training is based in the outpatient psychiatry clinics of Northwestern Medicine (NM), including community mental health programs affiliated with Northwestern Memorial Hospital, and the Eating Recovery Center-Insight Behavioral Health Centers (ERC-Insight). ERC-Insight's focus is on IOP, PHP, and residential levels of care with adolescents and adults. Interns receive mentored training in a range of evidence-based forms of psychotherapy, including CBT, DBT, CBT for Psychosis, Mindfulness-based CBT/ACT, and CBASP, as well as psychodynamic and psychoanalytic psychotherapy.

ELECTIVE ROTATIONS

Health Psychology. Interns may elect to receive training in diagnostic interviewing, case formulation, individual and group psychotherapy, and consultation through the Infectious Disease-HIV Clinic of the Department of Medicine at Northwestern Memorial Hospital, as well as the Consultation/Liaison service of the Department of Psychiatry and Behavioral Sciences. This is an elective rotation and opportunities may vary from year to year. Participation in each of these programs is with the consent of the instructor.

Positive Sobriety Institute (PSI). Interns may elect to receive training in assessment and treatment of alcohol and substance abuse through PSI. The program provides patients with comprehensive, individually-tailored, evidence-based assessment, rehabilitation, and recovery services. Interns may also participate in research on alcohol and substance abuse with Daniel Angres, MD and the staff of PSI. Rotation opportunities may vary from year to year. Participation in this rotation is with the consent of the instructor.

ORIENTATION ACTIVITIES

Orientation is held during the first two weeks of the internship year. Our goal during the first week is to familiarize incoming interns with the program, and to introduce the class to members of our faculty and trainees from other disciplines. The first week includes introductions, Internship and Fellowship Programs orientation, Department of Psychiatry and Behavioral Sciences/McGaw Medical Center orientation, Northwestern Memorial Hospital orientation, Northwestern Medicine, as well as orientation activities at ERC-Insight and the Positive Sobriety Institute.

During the second week of orientation interns review basic clinical practices in preparation for contact with patients. This second week includes lectures and discussion of evidence-based practice, engagement, assessment and treatment planning, termination, risk management, integrated care, psychopathology review, and psychopharmacology. Trainees meet again with the Director of Training to finalize their individual training plans.

INTERNSHIP ACTIVITIES

To meet the goals and objectives of internship training there is a comprehensive curriculum based upon a 40-hour week. Within the curriculum there is some, albeit modest, flexibility. Interns individualize their training and may opt to receive training in couples, family, and/or group treatment; attend additional didactic activities in the medical school, hospital, and university; and/or tailor efforts in scholarship, consultation, supervision, education, management, and advocacy.

Psychopathology and Psychotherapy Rotations

Clinical Training:

Approximate hours per week = 16

Interns spend about 50-60% of their time providing supervised patient care. This includes direct patient contact in assessment and intervention including diagnostic evaluations, psychological or neuropsychological testing, individual or group psychotherapy, and case consultation. Experiences are primarily in outpatient settings, including the Northwestern Medicine clinic and the clinics of ERC-Insight and the Positive Sobriety Institute. Interns receive intensive training with a range of evidence-based assessment tools and therapy approaches. Northwestern is a “supervision rich” environment—Interns receive 4-6 hours of individual or group supervision per week and participate in CBT and Psychodynamic Psychotherapy case conferences. Interns co-lead psychotherapy groups with members of our faculty. The patient contact to supervision ratio is approximately 3:1.

1. Diagnostic evaluations.

Interns complete comprehensive diagnostic evaluations and case formulations of patients presenting to the outpatient clinics of Northwestern Medicine. Interns at Northwestern serve as members of clinical teams, each directed by a faculty psychiatrist. Diagnostic evaluations and case formulations are discussed with members of the treatment team and the supervising psychologist. This experience allows interns to refine their skills in assessment, diagnosis, problem identification, case formulation, and treatment planning. Using a biopsychosocial approach, interns learn to identify the complex and interacting individual and environmental factors that predispose, precipitate, perpetuate, and protect against mental health problems. From this understanding they

make recommendations for multi-approach/multi-modal treatments including case management, dual diagnosis treatment, family treatment, pharmacotherapy, psychotherapy, and skills training. In so doing they interact with nurses, occupational therapists, psychiatrists, and social workers. Interns present the cases to multidisciplinary treatment teams, and so become familiar with the roles of other professions, how to function in interdisciplinary settings, and how multidisciplinary care enhances treatment outcomes.

2. Psychological Assessment.

All interns complete objective and psychological or neuropsychological assessments over the course of the year. Psychological assessment is supervised by faculty at each site, and feedback is given to patients and colleagues. This program interns to refine their skills in semi-structured interviewing; selecting, administering, and interpreting instruments; integrating interview and test results to develop a parsimonious formulation of the patient's presenting problems; and presenting the results of the assessment and recommendations to patients and referring healthcare providers.

3. Individual psychotherapy.

Interns treat patients with a range of presenting problems, diagnoses, and personal characteristics. They refine their skills in delivering evidence-based treatment to individuals presenting with anxiety, mood disorders, eating disorders, psychotic disorders, as well as co-morbid substance use or personality disorders. A range of evidence-based interventions (including CBT, DBT, BA, IPT, CBASP) and psychodynamic psychotherapy are employed.

4. Couples and family treatment (elective).

Interns may elect to see couples or families for relational distress. Both cognitive-behavioral and systems models are used. Interns may also see families using a family-focused treatment model for mood and psychotic disorders.

5. Group treatment.

Interns completing rotations through the Northwestern Medicine, ERC-Insight, and the Positive Sobriety Institute will co-facilitate psychotherapy groups. The robust group program provides numerous opportunities that include, but are not limited to, behavioral activation for depression, relapse prevention for bipolar disorder, CBT for Psychosis, integrated dual diagnosis treatment for substance use, CBT for social anxiety, DBT for mood disorders, ERP, and DBT for borderline personality disorder and eating disorders. Interns co-lead groups with master clinicians, giving them an opportunity to work with seasoned psychotherapists.

Didactic Experiences

Approximate hours per week = 8

Interns participate in a range of didactic activities each week. All didactic activities in our department are scheduled on Wednesdays, giving interns completing rotations at disparate sites an opportunity to come together and to participate in training activities with other trainees in our department. Didactic activities include:

1. Cognitive-Behavioral Therapy Seminar & Case Conference.

Amanda Holly, PhD, Coordinator

This weekly seminar is designed to integrate science and empirical research with clinical practice in cognitive and behavioral therapy. Readings provided for the lectures are selected from high impact peer-reviewed journals or chapters from recent books. The aim is to familiarize interns with contemporary approaches to cognitive and behavioral therapy (including BA, CBASP, ACT, and MBCBT), and to do so in ways in which clinical practice and empirical research mutually inform one another. Interns are exposed not only to controlled outcome research and meta-analytic reviews, but to translational research and studies of psychopathology, assessment, and moderators and mediators of clinical change. The seminar is aligned with (a) individual and group supervision structure and content and (b) the disease-based clinics that form part of the core clinic services structure.

2. Psychodynamic and Interpersonal Therapies Seminar & Case Conference.

Eryn Weber-Shifrin, PhD, Kim Hogan, PhD, & Jane Conron, PhD, Coordinators

The Division of Psychology at Northwestern University has a long and distinguished tradition of excellence in psychodynamic and psychoanalytic psychotherapy. This weekly seminar and case conference is designed to familiarize interns with recent developments in psychodynamic theory and clinical practice. Readings are selected from high impact peer-reviewed journals or chapters from recent books. The seminar and case conference is aligned with the individual and group supervision interns receive in their clinical rotations.

3. Professional Issues Seminar

Clinical Research Seminar, Sarah Rosenbloom, PhD, Coordinator

Individual and Cultural Diversity Seminar, Doug Morrison, PhD, Coordinator

Hispanic Mental Health Seminar, Rebecca Chamorro, PhD, Coordinator

Ethics in Reflective Practice, Patricia Walker, PhD, Coordinator

Supervision Seminar, Paul Pender, PsyD, ABPP, Coordinator

- Clinical Research Seminar. This monthly seminar presents practical guidance on developing a program of clinical research. Speakers are members of our faculty who have established careers which successfully integrate research with clinical practice. Topics include “Working with Your IRB”, “How to Get an Academic Job”, “Applying for a K-Award”, “Editorial Review: The Art of Polite and Constructive Critique”, “Finding Foundation Support,” and “Career Spotlights.”
- Individual and Cultural Diversity. This monthly seminar focuses on the integration of knowledge, skills, and attitudes regarding the intersecting and complex dimensions of individual differences and diversity to assessment, intervention, consultation, and research. Through readings, special presenters, and discussion interns develop a more nuanced and meaningful appreciation of the

cultural contexts in which they interact with others. Interns are asked to complete formal case reports describing how cultural factors and individual differences may influence symptom presentation, as well as the development and maintenance of their patient's concerns. These reports are reviewed with their supervisors and shared with the coordinator of the Diversity Seminar and the Director of Training.

- Ethics and Risk Management in Practice. This monthly seminar endeavors to provide interns with an understanding of clinical ethics and principles of risk management which they may apply in their clinical work and integrate into their professional development. Ethical practice is the best risk management and is something psychologists should strive toward in every encounter with every patient. Doing so requires the development of a capacity to reliably identify, distinguish, regulate and subordinate personal feelings and motives in favor of therapeutic motives. Problems in ethics and risk management, on the other hand, often involve lapses on the part of psychologists, where personal motives are unknowingly pursued to the detriment of patient care. This seminar will help interns reflect upon and work toward developing this capacity. The topics covered in this seminar will follow contemporaneous training experiences over the course of the internship year. Readings from high impact peer reviewed journals will be included.
- Supervision. This seminar focuses on the theories and methods of clinical supervision. Through readings, special presenters, and discussion interns develop a basic working knowledge of processes and outcomes of professional supervision.
- Hispanic Mental Health. This 4 week seminar focuses on clinical practices with Latino and Latina clients. The focus of this seminar is practical—To provide interns with an understanding of Hispanic culture and how this can inform case formulation and treatment.

4. Grand Rounds.

Mark Reinecke, PhD, Grand Rounds Committee Member

The Department of Psychiatry and Behavioral Sciences sponsors a weekly Grand Rounds series. In addition to speakers from Northwestern University, invited speakers include nationally and internationally prominent clinical researchers. An attempt is made to invite an equal number of psychologists and psychiatrists to present their work, and to balance clinical, translational, and basic science presentations. A balance is maintained, as well, between presentations focused upon neuroscience, biological substrates of psychopathology, psychosocial treatment, and community intervention. Once per month interns are invited to have lunch with an internationally prominent clinical scholar, offering an opportunity for informal discussion. Interns are required to present their research at Grand Rounds, and are invited to present research findings at our department's annual Scholar's Day poster session.

In addition, interns are invited to participate in two "elective" activities—A Dissertation Support Group (sponsored by Michael Newcombe, PhD) and an Internship Support Group (facilitated by Mary Pfeffer, PhD). These activities are optional.

In addition, our department sponsors a monthly "Friday Digest" research lunch where trainees and faculty present their new research. Directed by Karen Abram, PhD, this meeting is informal and quite well-attended. It provides a venue for participants to hear about emerging areas of clinical, translational,

and basic research, and for presenters to receive feedback and recommendations for research that is “not quite ready for prime time.”

Finally, interns are invited to attend Grand Rounds and academic or clinical presentations sponsored by other departments and programs within the medical school. It’s a stimulating academic environment

Consultation

Approximate hours per week = 1

Interns serve as member of treatment teams in our Northwestern medicine clinics, and offer a range of consultative services for psychiatrists, psychologists, social workers, occupational therapists, nurses, and mental health technicians within the clinics. Interns provide psychological testing, coordinate assessment and treatment planning for patients with complex clinical needs involved in multi-modal treatments, medical summaries for disability determination, and extended diagnostic evaluations for treatment planning.

Scholarly Activities

Approximate hours per week = 4

Participation in research is both supported and encouraged during the internship year. Strong support is provided for completing and defending one’s dissertation prior to the end of the internship year. Senior research faculty in our department are available to assist interns with completing their dissertations and provide guidance and support for new research projects. Statistical and computing resources are available, and funding is available to present one’s findings at a national conference. Interns are encouraged to submit a manuscript for publication. As noted, interns are required to present their work at Grand Rounds (during winter quarter) and have the opportunity to present their newest work at Scholar’s Day, a departmental research meeting held in late May or early June. Although there are additional opportunities for involvement in research during the internship year, it is worth acknowledging that a *primary focus* is on clinical training and on supporting interns’ work on their dissertations. Interns are required to have defended their dissertations prior to beginning a postdoctoral fellowship at Northwestern University. Interns are strongly encouraged to participate in ongoing research with faculty members after their dissertations have been defended. A elective dissertation support group is led by Michael Newcomb, PhD of the Department of Medical Social Sciences.

Participation in evaluation is an integral part of the internship year. Interns are expected to be familiar with the theories and methods of evaluation both at the case and service level. At a minimum, interns should incorporate the use of clinical measures into their practice in a way that outcomes inform formulation, planning, and/or implementation approaches to treatment. Participation in service or program level evaluations can be arranged based on availability and interest.

Education (Elective)

Approximate hours per week as agreed on training plan.

Teaching opportunities within our doctoral program in clinical psychology are available for interested interns. This experience is designed in collaboration with the Director of Training.

Management (Elective)

Approximate hours per week as agreed on training plan.

Opportunities to engage in administrative and management projects are available to interns. This experience is designed in collaboration with the Director of Training.

Advocacy (Elective)

Approximate hours per week as agreed on training plan.

Opportunities to engage in advocacy projects are available to interns. This experience is designed in collaboration with the Director of Training.

POST-DOCTORAL FELLOWSHIP

A range of opportunities for post-doctoral training are available at Northwestern. Northwestern Memorial Hospital, for example, sponsors one post-doctoral fellowship in clinical psychology through Northwestern Medicine. The fellowship is designed to support the acquisition of *specialized* clinical skills and to allow the fellow to develop a program of clinical research. Fellowship training is highly individualized, with approximately 50% of one's time devoted to clinical practice and supporting activities (i.e., supervision and didactics), and 50% devoted to research and professional development (i.e., grant writing, preparation of manuscripts for publication, teaching). As during the internship year, this involves a triadic focus on clinical, research, and professional training. Working with senior clinical and research mentors, our goal is to prepare the fellow for a career in academic clinical psychology. Fellows develop competencies that will position them well for their first professional appointment. This program has been quite successful. Recent graduates of our program have appointments at the University of Wisconsin, Brown University, the College of Charleston, the University of Chicago, Yale University, Washington University in St. Louis, and Northwestern University.

Interns also may apply for clinical and research fellowships in several departments at Northwestern University. With a faculty of over 150 clinical psychologists, the Division of Psychology at Northwestern University offers a wealth of opportunities for advanced clinical and research training. The availability of opportunities with specific labs and faculty members will vary from year to year depending upon grant support.

CHIEF FELLOW

During the spring quarter of each training year interested interns submit their names to the Internship Training Committee for consideration for Chief Fellow. The training committee then appoints next year's chief by consensus. The role of the Chief Fellow is similar, in many ways, to that of a Chief Resident. Responsibilities include serving as a liaison between the trainees and the Internship and Fellowship Training Committee (attends monthly meetings), serving on the Grand Rounds Committee, organizing the Brown Bag seminar, organizing the trainee feedback during the annual program review, serving as a liaison between trainees and Northwestern Medicine administration (e.g., case assignments, practice updates, trouble shooting), and facilitating transitions in psychology trainee intake and psychotherapy services from one training year to the next.

SUPERVISION

Primary Supervisors

All primary supervisors are licensed psychologists on the faculty of Northwestern University's Feinberg School of Medicine. Those who supervise patients seen through Northwestern Medicine, the Department of Infectious Diseases, or the Consultation-Liaison Service, also have medical staff appointments at Northwestern Memorial Hospital. Supervising psychologists are, then, well integrated into the day-to-day operations of Northwestern Memorial Hospital and our affiliated clinics. Primary supervisors assume ultimate responsibility for clinical services provided. They assist interns in case formulation and in matching clinical services with patient needs taking into account diagnosis, acuity, and relevant empirical bases. Supervisors ensure that treatment adheres to contemporary clinical practice guidelines, and co-sign all medical records. The use of primary supervisors is designed to give trainees a single "point of contact" in an academic medical center which is complex in its staffing and services. So that primary supervisors are familiar with all the cases under their direction, trainees are required to present—after the first 2 to 4 sessions—a brief report capturing their assessment, diagnostic impressions, problem list, case formulation, and plan. Primary supervisors should be informed of situations involving risk, clinical deterioration, and treatment non-adherence. They also should be informed whenever significant changes in mental status or functioning occur. In addition to the primary supervisors, the Director of Training (Mark Reinecke, PhD), Residency Training Director (Joan Anzia, MD), and Medical Director (Will Cronenwett, MD) are available for consultation should clinical emergencies arise within our Northwestern Medicine clinics. Senior clinical supervisors also are available should clinical emergencies arise at the Center on Halsted (Hector Torres, PhD), ERC-Insight (Susan McClanahan, PhD; Angela Picot-Derrick, PhD; Ellen Astrachan-Fletcher, PhD; Anne Kubal, PhD), or the Infectious Disease/HIV Clinic (Lisa Rosenthal, MD).

Individual supervisors are drawn from a pool of faculty with a wide range of areas of expertise. All are experienced clinicians on the faculty of the Feinberg School of Medicine. Supervisors are selected to meet the clinical training needs of the intern. Interns may request additional supervision at any time, and are provided with access to master clinicians in a variety of practice areas. The individual supervision structure is aligned with (a) the didactics structure and content (i.e., specific cognitive and behavioral therapy approaches and specific psychodynamic and interpersonal therapy approaches), and (b) the disease-based clinics that form the core clinic services structure (i.e., anxiety disorders, mood disorders, psychotic disorders, eating disorders, and personality disorders).

Group Supervisors

Group supervisors and the coordinators of our CBT and Psychodynamic Psychotherapy Case Conferences are experienced clinicians and clinical scholars. Group supervision and case conferences allow interns to become familiar with a wide variety of cases and clinical perspectives. Group supervision and case conferences are aligned with (a) the didactics structure and content (i.e., specific cognitive and behavioral therapy approaches and specific psychodynamic and interpersonal therapy approaches), and (b) the disease-based clinics that form part of the core clinic services structure (i.e., anxiety disorders, mood disorders, psychotic disorders, and personality disorders).

Clinical Teams

As noted, interns at Northwestern Medicine are members of multidisciplinary clinical teams. Led by an attending psychiatrist, clinical teams serve as a place for reviewing assessments, formulations, and treatment plans. They also provide a forum for discussing at-risk patients and for seeking consultation on challenging clinical problems. The team structure allows trainees to discuss a wide variety of cases and in this sense offers case conference and peer supervision features to their experience.

MENTORS

Mentors are assigned to each trainee in our department to shepherd them through their course of training. For interns, the Director of Training serves as a mentor. Weekly meetings focus on facilitating progress through the internship and the transition from pre-doctoral trainee to independent professional. For post-doctoral fellows, mentors are drawn from the large pool of core clinical and research faculty.

NEEDS ASSESSMENT

Each trainee completes a needs assessment within the first two weeks of the training year. Information about relative strengths and weaknesses is used to guide the development of their individual training plan. Clinical and didactic training experiences are selected to develop skills across each of the core competency areas seen as essential for independent practice as a professional psychologist. Interns are encouraged to identify relative strengths or areas of clinical interest they would like to refine and develop over the course of the training year. This assessment adds key elements of self-reflection and individualization. A copy of our Needs Assessment Form is located in Appendix A.

INDIVIDUAL TRAINING PLANS

Each trainee in collaboration with the Director of Training constructs an individualized training plan that delineates the following: training and career goals, current competencies, training objectives designed to enhance existing skills and develop new skills, and agreed upon training activities that will accomplish the objectives. The training plans are flexible and may be adapted over the course of the year based upon the interest and needs of the intern. A copy of the Individual Training Plan form is located in Appendix A.

INDIVIDUAL TRAINING REVIEWS

Each trainee reviews their progress in collaboration with their individual supervisors and the Director of Training on a regular basis. This process includes ongoing assessment of progress towards goals and objectives, a summary of training activities, reassessment of core competencies (at mid-year and end-of-year reviews), summary of strengths, and areas for additional development. For interns, a summary of progress will be sent to their home program Director of Training mid-year and end of the year. A copy of the Individual Training Review form is located in Appendix A.

TRAINEE ASSESSMENT

Trainees complete a self-assessment of progress at the mid-point and end of each training year. They assess themselves in the areas of foundational and functional competencies. A copy of the Self-Assessment Form is located in the Appendix.

Trainees are evaluated at the mid-point and end of each training year by each of their clinical supervisors using the Clinical Competency Rating Scale (CCRS). This is a behaviorally-anchored and developmentally graded rating scale. The results are integrated and discussed in individual meetings with the Director of Training. Benchmarks are based on key skills involved in clinical assessment, formulation, treatment, and evaluation. A copy of the form is located in the Appendix.

Trainees complete a Clinical Competency Exam (CCE). This is a performance-based clinical evaluation modeled after the board certification examination format used by the American Board of Professional Psychology. Trainees submit two work samples--a psychological assessment report (including data) and a summary of a psychotherapy session--in preparation for an oral examination. A description and guidelines for the exam are located in the Appendix.

Trainees are also provided with feedback regarding their progress by the Director of Training at the mid-point and end of the training year. This provides an overview of the opinions of the instructors and mentors involved in clinical and research training. Domains evaluated are based on those provided by the American Psychological Association. Copies of our evaluation forms may be found in the Appendix. The Director of Training prepares a written narrative summarizing each interns progress at the midpoint (January) and end (June) of the training year. These letters are shared with the Director of Training of each interns doctoral program.

REMEDIATION PLAN

Should difficulties or shortcomings be noted, a competency remediation plan is developed in conjunction with the Director of Training, members of the Internship Training Committee, and the interns supervisors and mentor. A competency remediation plan provides a roadmap for trainees that are not progressing as expected in specific competencies and/or domains. These remediation needs are identified during competency assessment and corrective plans are woven into their individual training review plan. Clear expectations, advisement, timelines for corrective action, and review dates are included in remediation plans. During the reviews, the trainee will be given the opportunity to discuss oral and written feedback with the Director of Training. Should deficiencies be of such severity that the trainee is at risk for failing the internship or fellowship they will be placed on probation.(Refer to section on “Probation and Dismissal”.)

PROGRAM REQUIREMENTS

Standards for successful completion of the internship include:

1. Successful completion of all clinical rotations and clinical activities (including a minimum of 700 hours of direct clinical service);
2. Regular attendance at all assigned didactic activities, seminars, case conferences and supervisions;

3. Attainment of the required clinical competencies (as reflected in performance on the Clinical Competency Rating Scale and a Clinical Competency Exam);
4. Completion of an academic (research) presentation. This requirement is fulfilled by a Grand Rounds Presentation or by a presentation at a professional conference;
5. Completion of all administrative requirements including reports and medical records; and
6. Demonstration of the highest ethical and professional standards.

PROGRAM SETTINGS

Our clinical psychology internship is sponsored by the Department of Psychiatry and Behavioral Sciences at Northwestern University. Our program is housed at Northwestern Memorial Hospital, a tertiary care medical center in Chicago, Illinois, and at several affiliated clinics, including ERC-Insight, the Center on Halsted, and the Positive Sobriety Institute. Northwestern University is “committed to excellent teaching, innovative research, and the personal and intellectual growth of its students.” The mission of Northwestern Memorial Hospital is to serve as an “academic medical center where patient comes first...[and] the quality of our services is enhanced through their integration with education and research in an environment that encourages excellence of practice, critical inquiry and learning.” The medical school and hospital are ranked in the top tier of academic medical centers nationally.

DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE

The clinical psychology internship program is administered by the Division of Psychology of the Department of Psychiatry and Behavioral Sciences of the Feinberg School of Medicine and the McGaw Medical Center of Northwestern University. The clinical programs of the hospital and our affiliated clinics emphasize expert diagnosis, early intervention, continuity of care, and access to new therapies and clinical research protocols. The Department of Psychiatry and Behavioral Sciences and our affiliated clinics strive to deliver individualized care in outpatient, inpatient, IOP, and PHP settings. Each clinic is led by a faculty member who is an expert in the area. Many of our clinical supervisors also engage in clinical or translational research related to their clinical interests.

The Department’s educational programs include courses and clinical rotations in undergraduate medical education; a doctoral (PhD) program in clinical psychology; a residency program in adult psychiatry; pre-doctoral internship and postdoctoral fellowship programs in clinical psychology; clinical fellowships in child, geriatric, and addictions psychiatry; research fellowships; and continuing education for practicing mental health professionals. One of our major objectives is to develop academic clinicians, many of whom will elect to stay in the Department as they further their careers.

Our Department features several nationally recognized research programs. These research programs conduct basic, translational, and clinical research related to the development and treatment of psychopathology. Areas of special emphasis include neuroimaging, genetics, public policy, prevention and evidence-based psychotherapy. The objectives of the research programs are to improve our ability to diagnose psychiatric disorders early in their course, when the possibility of recovery is greatest, and

to develop disease-altering treatments. Clinical and research training is conducted in several settings. These include:

NORTHWESTERN MEDICINE

All interns receive clinical training through the outpatient clinics of Northwestern Medicine (NM). Interns spend two days per week in their rotations at Northwestern Medicine. Based within Northwestern Memorial Hospital, our programs included a range of acute treatment programs as well as community mental health programs. Over 75,000 patient visits are tallied each year through our clinics, with over 1500 active patients at any given time. Given the large number of patients seen, interns are able to gain experience in assessment and treatment of patients with a wide range of presenting concerns. Given our location in an urban environment, patients are heterogeneous with regard to ethnic background, age, sexual orientation, religion, and socioeconomic background. Post-doctoral fellows continue their training in Northwestern Medicine and select specialty training housed in other parts of the hospital.

ERC-INSIGHT

All interns complete clinical training at ERC-Insight, a multidisciplinary clinic specializing in the assessment and treatment of mood, anxiety and eating disorders. Interns spend two days (16 hours) per week in their rotations at ERC-Insight. These hours may be spread over 2-3 days, such that they have a full clinical experience. With a staff of over 100 psychologists, psychiatrists, and social workers, ERC-Insight offers clinical psychology interns a broad range of opportunities for training in outpatient, IOP, PHP, and Residential Care settings. Directed by Susan McClanahan, PhD, Angela Picot-Derrick, PhD, and Anne Kubal, PhD, the programs at ERC-Insight provide interns with an opportunity to receive advanced training in a range of evidence-based treatments, including CBT, DBT, ACT, and MBCBT.

NORTHWESTERN MEMORIAL HOSPITAL

Interns also may elect to receive clinical training in behavioral medicine through the Department of Infectious Diseases-HIV Clinic and the Department of Psychiatry and Behavioral Sciences Consultation-Liaison (C/L) service. Directed by Lisa Rosenthal, MD, these rotations are based in Northwestern Memorial Hospital and provide interns with an exposure to behavioral medicine in a multidisciplinary setting. An emphasis is placed on rapid assessment, case formulation, and treatment. Participation in this rotation is with the permission of the instructor.

INSTITUTE FOR SEXUAL AND GENDER MINORITY HEALTH AND WELLBEING /ISGMH (Formerly IMPACT)

Interns with an interest in LGBTQ Health research may elect to receive clinical research training through the ISGMH Program. ISGMH is a clinical research program based in the Department of Medical Social Sciences of the Feinberg School of Medicine. Directed by Brian Mustanski, PhD, the mission of ISGMH is to conduct translational research that improves the health of the LGBTQ community and to increase understanding of the development of sexual orientation and gender identity. The program develops innovative, evidence-based interventions and prevention programs to enhance sexual health, resiliency, and mental health, and reduce substance use and risk of HIV among adolescents and young adults. LGBTQ Health interns work one day per week at ISGMH. Ongoing studies of note include: 1) "Project Q2", a longitudinal study of individual and sociocultural predictors of mental health, substance use, HIV risk, and resilience among LGBTQ – it is the largest study of LGBTQ youth ever completed, 2) "Keep It Up! 2.0", a three-city randomized clinical trial examining the efficacy of an online HIV prevention intervention for YMSM, and 3) "RADAR", a longitudinal study of a dynamic dyadic-network cohort of

YMSM and their serious sexual partners aiming to delineate multilevel influences on HIV and substance use. Participation in this rotation is with the permission of the instructor.

PROGRAM ADMINISTRATION

Our clinical psychology training programs are directed by Mark A. Reinecke, PhD, with strategic guidance and oversight provided by the Internship Training Committee. This committee is comprised of faculty central to the operations of the internship and fellowship programs. Our Chief Fellow is a member of the Internship Training Committee, and serves as a liaison to the interns and fellows. Current Internship Training Committee members include:

- James Anderson, PhD
- Ellen Astrachan-Fletcher, PhD
- Jane Conron, PhD
- Anne Kubal, PhD
- Kathryn Macapagal, PhD
- Susan McClanahan, PhD
- Doug Morrison, PhD
- Brian Mustanski, PhD
- Nancy Norton, PhD
- Paul Pendler, PhD
- Angela Picot-Derrick, PhD
- Stacy Sanford, PhD
- Vicky Singh, PhD
- John Stutesman, PsyD
- Shawn Taylor, PhD
- Patricia Walker, PhD

Dr. Reinecke works closely with other educational administrators in the Department of Psychiatry and Behavioral Sciences. He serves on the Department Executive Education Committee, working closely with Joan Anzia, MD, Vice-Chair for Education, Linda Teplin, PhD, Vice-Chair of Research, and Jason Washburn, PhD, Director of Graduate Education and Clinical Training. Dr. Reinecke also works closely with John Csernansky, MD, Chair of Department. Administrative oversight of the internship program is provided by the Department of Psychiatry and Behavioral Sciences. The administrative structures of our programs are open, transparent, democratic, and highly responsive. Despite the administrative complexity of academic medical centers, the Director of Training serves as the point person through which all information and decisions flow.

PROGRAM FACULTY

James Anderson, PhD	Psychodynamic Psychotherapy
Daniel Angres, MD	Substance Abuse, Addiction Psychiatry
Joan Anzia, MD	Vice Chair for Education
Ellen Astrachan-Fletcher, PhD	DBT, Eating Disorders
Rodney Benson, PhD	CBT, Anxiety Disorders
Michelle Birkett, PhD	LGBTQ Research
Nancy Burke, PhD	Psychodynamic Psychotherapy
Inger Burnett-Zeigler, PhD	Chief Diversity Officer, Cultural Diversity, Mindfulness
Richard Carroll, PhD	Marital Therapy, Sexual Dysfunction
Rebeca Chamorro, PhD	Hispanic Mental Health
Jane Conron, PhD	Psychodynamic Psychotherapy, Attachment Theory
Will Cronenwett, MD	Medical Director, Northwestern Medicine
David Daskovsky, PhD	Psychodynamic Psychotherapy
Cynthia Dopke, PhD	DBT, Severe and Chronic Mental Illness
Howard Feldman, PhD	Assessment
Sheehan Fisher, PhD	Depression, Paternal Mental Health
Alan Friedman, PhD	Integrative Medicine
Ronald Ganellan, PhD	Neuropsychological Assessment, Adult ADHD
Jamie Gayle, PhD	LGBTQ Health
George Green, PhD	LGBTQ Research, Health Disparities, HIV Risk
Kimberly Hogan, PhD	Psychodynamic Psychotherapy
Amanda Holly, PhD	CBT, Anxiety, Anger Management, Chronic Pain
Alan Jaffe, PhD	Forensic Psychology
Cassandra Kissiel, PhD	Trauma, Public Policy
Anne Kubal, PhD	Eating Disorders, Non-suicidal Self-Injury
Renanah Lehner, PhD	Assessment
Joanne Marengo, PhD	Psychoanalytic Psychotherapy
Zoran Martinovich, PhD	Statistics and Research Methodology
Susan McClanahan, PhD	Chief Clinical Officer, ERC-Insight; Eating Disorders
Drew McLeod, PhD	LGBTQ Health
Neera Mehta, PhD	Psychotherapy, Adults Attachment
Helene Moore, PsyD	Positive Psychology
Doug Morrison, PhD	Diversity and Individual Differences
Daniel Mortenson, PhD	CBT, ACT; Anxiety and Mood Disorders
Brian Mustanski, PhD	LGBTQ Research; Director, ISGMH
Michael Newcomb, PhD	LGBTQ Research; Dissertation Support Group
Nancy Norton, PhD	Psychodynamic Psychotherapy
Paul Pasulka, PhD	Neuropsychological Assessment
Paul Pender, PsyD	Disability, Work Place Mental Health, Supervision
Mary Pfeffer, PhD	Psychodynamic Psychotherapy; Intern Support Group
Angela Picot-Derrick, PhD	ACT, MBCT, Eating Disorders, Body Dissatisfaction
James Reilly, PhD	Neuropsychological Assessment
Mark Reinecke, PhD	Chief Psychologist; CBT, Depression, Anxiety, Suicide
Ellen Rosenberg, PhD	Psychodynamic Psychotherapy
Sarah Rosenbloom, PhD	Health Psychology, Depression, Anxiety
Lisa Rosenthal, MD	Consultation-Liaison Psychiatry

Stephanie Ross, PhD	Clinical Research Seminar
Steve Rothke, PhD	Neuropsychological Assessment, Forensic Psychology
Bradley Saks, PsyD	Weight management, Eating Disorders
Doreen Salina, PhD	Correctional Psychology, Dual Diagnosis, Trauma, Substance Abuse
Stacy Sanford, PhD	Health Psychology, Supportive Oncology
Katherine Schaefer-Berg, PhD	CBASP, Chronic Depression
Stephen Schlesinger, PhD	CBT; Couples and Marital Therapy
Eryn Weber-Shiffrin, PhD	Psychodynamic Psychotherapy
Vicky Singh, PhD	CBT, Anxiety Disorders
Nancy Slagg, PhD	Psychodynamic Psychotherapy
John Stutesman, PsyD	Psychodynamic Psychotherapy
Frank Summers, PhD	Psychodynamic Psychotherapy
Shawn Taylor, PhD	Psychodynamic Psychotherapy
Hector Torres, PhD	LGBTQ Health
Steve Tovian, PhD	CBT; Health Psychology
Katherine Uphoff, PhD	Psychodynamic Psychotherapy
Patricia Walker, PhD	Ethics, Risk Management
Cynthia Weinstein-Coyle, PhD	ACT, MBCT

SALARY AND BENEFITS

Interns are considered employees of Northwestern University and enjoy the same rights and privileges accorded medical residents. Clinical psychology interns receive a salary of \$29,435.00 per year. In addition interns and fellows receive health insurance, life and disability insurance, 15 days of vacation, sick and professional day benefits, as well as national and state holidays. Interns and fellows may qualify for employee discounted parking and transportation benefits. They are eligible to join the First Northern Credit Union. University tuition reimbursement is available if specific criteria are met. Interns and fellows are provided with a range of support services including legal assistance (through the Northwestern University Law School), shuttle bus service to the train stations and the Evanston campus, and a range of student benefits (through the Northwestern University “WildCard” program).

Participation in research and scholarly activity are supported and encouraged at Northwestern. Interns and fellows receive a book allowance and financial support to present their research at conferences. Interns and fellows receive electronic library access, copying privileges, library privileges, and (if requested) statistical support for their work.

The Division of Psychology, Northwestern Medicine, ERC-Insight, the Positive Sobriety Institute, and the ISGMH program are well resourced with clerical staff. The administrative assistants support staff and trainees and are responsible for the day-to-day clerical operations of the clinic including but not limited to reception, filing, scheduling, and billing.

PROGRAM ASSESSMENT

Trainees provide ongoing feedback about the program. We're very interested in recommendations for enhancing our program and in addressing needs or difficulties quickly. Adjustments in the content or methods of supervision and didactics are made as appropriate to meet the needs of our interns. There are four mechanisms for trainees to provide this feedback; two are formal and two informal.

The Director of Training has an "open door" policy. Interns and fellows are encouraged to access him whenever needed. The Director's office is merely yards away from the trainee offices, and he has dedicated time set aside to be available to the interns or fellows. Any problems are assessed and addressed in a collaborative and swift fashion.

The Director of Training also meets weekly with the trainees. The Chief Fellow offers announcements related to hospital policies and procedures and fields questions and concerns. The Director of Training offers announcements related to the training program and fields questions and concerns. Problems are addressed as needed.

Trainees provide feedback to clinical supervisors, didactics coordinators, and mentors on a semi-annual basis. They discuss their feedback directly with the supervisors and coordinators, and the information is shared with the Director of Training. Results are reviewed and discussed with trainees and with the training committee.

In addition to formal reviews of their training experiences over the course of the year, interns complete a formal program review near the end of the academic year describing the strengths and weaknesses of the program, and their recommendations for how it might be enhanced.

RIGHTS AND RESPONSIBILITIES

The clinical psychology pre-doctoral internship and postdoctoral fellowship programs at Northwestern follow all policies and procedures related to trainee and employee rights and responsibilities outlined by Northwestern University and Northwestern Memorial Hospital. Policies and procedures related to trainee and employment practices are detailed in the Northwestern University Human Resources site (www.northwestern.edu) and Northwestern Memorial Hospital Human Resources site (www.nmhintranet.nmh.org) and include statements and practice guidelines for non-discrimination and grievances.

GRIEVANCE PROCEDURES

Grievance procedures can be initiated in the following four types of situations: (1) an intern or fellow may seek redress for actions taken by any member of the faculty or staff of the Division of Psychology, the Department of Psychiatry and Behavioral Sciences, Northwestern Memorial Hospital, or our affiliated clinics and programs; (2) an intern or fellow may challenge actions or decisions taken by the Director of Training ; (3) the Director of Training or a member of the faculty may initiate action against an intern or fellow; and (4) an intern or fellow with a disability may initiate an action if the pre-doctoral intern or postdoctoral fellow believes any University or Hospital employee or staff member has discriminated against him or her because of a disability. These situations are described below.

REDRESS FOR ACTION

An intern or fellow may seek redress for actions taken by any member of the faculty or staff of the Division of Psychology, the Department of Psychiatry and Behavioral Sciences, Northwestern Memorial Hospital or our affiliated clinics by formally presenting a concern to the Director of Training. The Director of Training will review the area of concern, gather information, and render a decision and recommendation. If the intern or fellow wishes to appeal the decision and recommendation of the Director of Training, this person may appeal to the Chief Psychologist and may request that a Review Panel be convened, as described below.

INTERN OR FELLOW CHALLENGE

If an intern or fellow wishes to formally challenge any action taken by the Director of Training, the pre-doctoral intern or postdoctoral fellow must, within five (5) work days of receipt of the decision, inform the Director of Training and the Chief Psychologist in writing of such a challenge. When a challenge is made, the intern or fellow must provide the Director of Training and the Chief Psychologist with information supporting their concern. Within three (3) work days of receipt of this notification, the Director of Training and Chief Psychologist will implement Review Panel procedures as described below.

FACULTY CHALLENGE

If a faculty member has a specific trainee concern that is not resolved informally through consultation or intervention by the Director of Training, the faculty member may seek resolution of the conflict by written request to the Director of Training for a review of the intern or fellow's behavior. Within three (3) working days of receipt of the faculty member's challenge, the Director of Training will consult with the Chief Psychologist and a Review Panel will be convened, as discussed below.

DISCRIMINATION DUE TO A DISABILITY

If an intern or fellow believes any University or Hospital employee or staff member has discriminated against him or her because of a disability, this person has the right to seek a review of such concerns. For this type of grievance, the Division of Psychology will follow Northwestern University's Informal Complaint and Formal Grievance Procedures for qualified students with a disability (i.e., a student who has provided documentation of disability and is registered with the Office of Services for Students with Disabilities). The Grievance Procedure for this type of grievance can be found on the "Grievance Procedure" webpage of Northwestern University's Office of Services for Students with Disabilities (<http://www.northwestern.edu/disability/students/registered/grievance.html>).

REVIEW PANEL AND PROCESS

When needed, a Review Panel will be convened to address: (1) an appeal of a decision and recommendation in response to a redress for action, (2) an intern or fellow challenge, or (3) a faculty challenge.

- The Review Panel will consist of three core faculty members of the Division of Psychology who are selected by the Chief Psychologist. Faculty members who are party to the dispute will be

recused from deliberations and will not receive any communications associated with ongoing deliberations.

- Within five (5) work days of convening the Review Panel, a hearing will be conducted in which the challenge is heard and relevant material presented. Within three (3) work days of the completion of the review, the Review Panel will submit a written report to the Director of Training and the Chief Psychologist, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.
- The intern or fellow has the right to hear the challenge and all relevant material that is presented to the Review Panel. The intern or post-doctoral fellow has the right to dispute or explain the challenge and/or any relevant material presented to the Review Panel.
- As the review panel represents the Internship Training Committee and the Faculty of the Division of Psychology, the vote and recommendations of this panel will stand as the final decision of the Internship Training Committee and the Faculty. The Review Panel will prepare a summary letter regarding its decision that will be provided to the intern or fellow, the Director of Training and the Chief Psychologist.
- Within three (3) work days of receipt of the recommendation, the Director of Training will either accept or reject the Review Panel's recommendations. If the Director of Training rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the Director of Training may refer the matter back to the Review Panel for further deliberation and revised recommendations.
- If referred back to the Review Panel, the panel will report back to the Director of Training and the Chief Psychologist within five (5) work days of the receipt of the Director of Training's request of further deliberation with a final decision and recommendations.
- After the final decision of the review panel is rendered, the Director of Training will inform the intern or fellow and, if necessary, the Graduate School and/or the Medical School and/or the Chair of the Department of Psychiatry and Behavioral Sciences of the decisions and recommendations made.
- If the intern or fellow disputes the final decision, the intern or fellow has the right to contact the Chair of the Department of Psychiatry and Behavioral Sciences to make a final appeal.

PROBATION AND DISMISSAL

The clinical review status of Clinical Probation is reserved for trainees with difficulties sufficiently serious to raise the possibility of eventual dismissal. The normal or expected developmental difficulties associated with becoming a clinical psychologist do not ordinarily warrant probationary status. The problems that may warrant probation and dismissal include but are not limited to failure to correct identified deficits in meeting administrative requirements (e.g., attendance, charting), failure to respond

to supervision, and other difficulties interfering with clinical functioning that put patient well-being in jeopardy.

The Director of Training will work with any trainee placed on Clinical Probation to develop a corrective plan. Remediation plans, including plans for probation, include clear expectations, advisement, timelines for corrective action, and review dates. During the reviews, the trainee will be given the opportunity to discuss oral and written feedback with supervisors and the Director of Training. Probationary status must be resolved favorably by the end of the training year.

Nonclinical reasons, such as failure to meet academic deadlines, research incompetence, and ethical and professional shortcomings, also exist for probation and dismissal. Whatever the source of the recommendation to dismiss, the Internship Training Committee will make the decision after soliciting and hearing an array of evidence and faculty opinion on all relevant aspects of the trainee's performance. No proxy votes will be permitted. Balloting will not be secret; however, the details of the voting other than the outcome will remain confidential information. In all cases the Internship Training Committee's decision to dismiss a trainee may be appealed to the Chief Psychologist and Chair of the Department of Psychiatry and Behavioral Sciences. See the section on grievance procedures for more information.

Consistent with the standards established by Northwestern University and Northwestern Memorial Hospital, some actions on the part of trainees are considered so egregious as to warrant immediate dismissal without the benefit of probation. Such actions include but are not limited to abusive, inconsiderate, or harmful behavior towards patients, visitors, or fellow employees; theft or abuse of hospital or university property; falsification of patient records, data, or employment records; unauthorized possession or use of patient records; violations of patient confidentiality; physical violence or threats of violence against another person or property; possession, use, sale, or being under the influence of drugs or alcohol while on hospital or university property; possession of a weapon on hospital or university property; refusal to complete work assignments; sexual harassment; and serious safety violations.

Note that in all matters related to probation and dismissal, the Director of Training works closely with the university and hospital administration. This includes the managers and medical directors of the clinics in which the trainee is involved as well as the Chief Psychologist. Additionally, for interns the Director of Training also works closely with the trainee's home Director of Training.

INTERNSHIP PROGRAM TABLES

Date Program Tables updated: June, 2017

Overview: The internship program in clinical psychology at Northwestern University is designed to train clinical psychologists who are skilled as both clinicians and scholars. Our program has been based for many years upon a Scientist-Practitioner model, and places an emphasis upon evidence-based clinical practices. This training philosophy reflects our belief that clinical practice and clinical research mutually inform one another. This training philosophy also reflects our broader mission of providing state-of-the-science care to patients and of developing the next generation of clinical scholars. Our program, as such, is scholarly, pluralistic, and multidisciplinary. The large majority of our interns go on to complete post-doctoral fellowships in clinical psychology, and to careers combining clinical practice and research. Many of our graduates go on to careers in academic medical center, VAMC, college, or university settings.

Application Requirements: Our program does not require that applicants have received a specific number of hours of practicum experience in diagnostic interviewing, testing, or psychotherapy, or that they have received a minimum number of hours of individual supervision. We evaluate applications holistically, and do not employ “cut scores”. That said, a preference is given to applicants who have had three years of practicum training, and who have some experience with evidence-based forms of psychotherapy. A preference is given to individuals from APA- or CPA-accredited doctoral programs based upon a Scientist-Practitioner or Clinical Scientist model. Inasmuch as we are interested in supporting interns’ development as clinical scholars, we are very interested in both your clinical and research interests, and the fit of your interests with those of our faculty. Competitive applicants will have completed a comprehensive curriculum of coursework in clinical psychology, have passed their preliminary or comprehensive exams, and have made progress with their dissertations (such that one can reasonably expect you will be able to defend your dissertation by the end of the internship year). We provide strong support for completing your dissertation by the end of the internship year as completion of a doctorate is required if an intern wishes to stay on as a post-doctoral fellow at Northwestern. The large majority of our interns come to Northwestern with an interest in clinical scholarship. They will, then, have some record of academic productivity (as reflected in publications and/or conference presentations). The nature of our interns’ interests, though, are quite broad. We are *very* interested in attracting a diverse group of interns, and so strongly encourage interns from underrepresented groups or disadvantaged backgrounds to apply.

Summary of Financial and Other Benefit Support for Interns:

- Annual Stipend/Salary for Full-time Interns (2017-2018): \$29,435.
- Medical insurance? Yes
- Trainee contribution to cost required? None
- Coverage of family member(s) available? No
- Coverage of legally married partner available? No
- Coverage of domestic partner available? No
- Life insurance: Yes
- Disability insurance: Yes

- Vacation and Personal Time Off (PTO and/or Vacation): 15 days, plus National, State and University holidays.
- Hours of Annual Paid Sick Leave: Yes. We are supportive in providing reasonable unpaid leave to interns in excess of personal time off and sick leave
- Other Benefits: Book fund, travel allowance, Wildcard, discounted parking, University tuition reimbursement (if requirements are met), library and computer/IT resources, copy privileges, statistical support, legal assistance (through Northwestern Law School)

INITIAL POST-INTERNSHIP POSITIONS

2017-1	Post-doctoral fellow	VAMC
2017-2	Post-doctoral fellow	Child Study Center
2017-3	Post-doctoral fellow	VAMC
2017-4	Post-doctoral fellow	VAMC
2017-5	Post-doctoral fellow	CMHC
2016-1	Post-doctoral fellow	Academic Medical Center
2016-2	Assistant Professor	(Tenure Track; Research University)
2016-3	Post-doctoral fellow	Academic Medical Center
2016-4	Post-doctoral fellow	University Clinic
2016-5	Post-doctoral fellow	VAMC
2016-6	Post-doctoral fellow	Academic Medical Center
2015-1	Post-doctoral fellow	Academic Medical Center
2015-2	Post-doctoral fellow	Department of Psychology
2015-3	Post-doctoral fellow	Academic Medical Center
2015-4	Director of Research	(National healthcare corporation)
2015-5	Post-doctoral fellow	CMHC
2015-6	Post-doctoral fellow	Private clinic affiliated with university department
2015-7	Assistant Professor	(Tenure track; Liberal Arts College)

Total number of interns: 18

Post-doctoral fellowship: 15

Academic position: 2

Private Industry: 1

Number who did not seek employment: 0

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2015-2017	
Total # of interns who were in the 3 cohorts	18	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Community mental health center	1	
Federally qualified health center		
Independent primary care facility/clinic	5	
University counseling center		
Veterans Affairs medical center	4	
Military health center		
Academic health center	6	
Other medical center or hospital		
Psychiatric hospital		
Academic university/department	1	1
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		
Not currently employed		
Changed to another field		
Other		
Unknown		

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

ACCREDITATION

The pre-doctoral internship program sponsored by the Department of Psychiatry and Behavioral Sciences of Northwestern University's Feinberg School of Medicine is accredited by the American Psychological Association:

Commission on Accreditation
Office of Program Consultation and Accreditation
Education Directorate
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
(202) 336-5979

REFERENCES

1. Fouad, N. A., Grus, C. L., Hatcher, R. L., Kaslow, N. J., Hutchings, P. S., Madson, M. B., Collins, F. L., & Crossman, R. E.. (2009). Competency benchmarks: A model for understanding and measuring competence in professional psychology across training levels. *Training and Education in Professional Psychology, 3*, S5-S26.
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APPENDIX: TRAINING FORMS

1. Self Assessment of Training Needs
2. Individual Training Plan
3. Individual Training Review
4. Self Assessment of Progress
5. Clinical Competency Rating Scale
6. Clinical Competency Exam
7. Trainee Evaluation Form
8. Faculty Review Form
9. Program Review Form
10. Diversity Considerations Form

SELF ASSESSMENT OF TRAINING NEEDS - 1

Trainee:	Date:
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CLINICAL EXPERIENCE

Evaluate your relative strengths and weaknesses in the following competency areas. Refer to the Objectives section of the Program Handbook for definitions of the categories listed.

	<i>Strength:</i>	<i>Weakness:</i>
ASSESSMENT		
Interview	_____	_____
Self-report (direct) measures	_____	_____
Performance-based (indirect) measures	_____	_____
INTERVENTION		
Modality:		
Individual therapy	_____	_____
Family treatment	_____	_____
Group treatment	_____	_____
Approach:		
Cognitive & behavioral therapies	_____	_____
Psychodynamic & interpersonal therapies	_____	_____
Diagnoses:		
Mood disorders	_____	_____
Anxiety disorders	_____	_____
Psychotic disorders	_____	_____
Personality disorders	_____	_____
Demographics (range):		
Race	_____	_____
Sexual orientation	_____	_____
Disability	_____	_____
Gender	_____	_____

Comments:

FOUNDATIONAL COMPETENCIES

Evaluate your relative strengths and weaknesses in the following competency areas. Refer to the Objectives section of the Program Handbook for definitions of the categories listed.

	<i>Strength:</i>	<i>Weakness:</i>
PROFESSIONALISM		
Integrity	_____	_____
Depontment	_____	_____
Accountability	_____	_____
Concern for the welfare of others	_____	_____
Professional identity	_____	_____
REFLECTIVE PRACTICE		
Reflective practice	_____	_____
Self-assessment	_____	_____
Self-care	_____	_____
SCIENTIFIC KNOWLEDGE AND METHODS		
Scientific mindedness	_____	_____
Scientific foundation of psychology	_____	_____
Scientific foundation of professional practice	_____	_____
INDIVIDUAL AND CULTURAL DIVERSITY		
Self	_____	_____
Others	_____	_____
Interaction of self and others	_____	_____
Applications based on individual and cultural context	_____	_____
ETHICAL AND LEGAL STANDARDS AND POLICY		
Knowledge of ethical, legal, and professional standards and guidelines	_____	_____
Awareness and application of ethical decision making	_____	_____
Ethical conduct	_____	_____
INTERDISCIPLINARY SYSTEMS		
Knowledge of the shared and distinctive contributions of other professions	_____	_____
Functioning in multidisciplinary and interdisciplinary contexts	_____	_____
Understands how interdisciplinary collaboration/consultation enhances outcomes	_____	_____
Respectful and productive relationships with individuals from other professions	_____	_____

Comments:

CORE FUNCTIONAL COMPETENCIES

Evaluate your relative strengths and weaknesses in the following competency areas. Refer to the Objectives section of the Program Handbook for definitions of the categories listed.

	<i>Strength:</i>	<i>Weakness:</i>
ASSESSMENT		
Measurement and psychometrics	_____	_____
Evaluation methods	_____	_____
Application of methods	_____	_____
Diagnosis	_____	_____
Conceptualization and recommendations	_____	_____
Communication of findings	_____	_____
INTERVENTION		
Knowledge of interventions	_____	_____
Intervention planning	_____	_____
Core skills	_____	_____
Intervention implementation	_____	_____
Progress evaluation	_____	_____
CONSULTATION		
Role of consultant	_____	_____
Addressing referral question	_____	_____
Communication of findings	_____	_____
Application of methods	_____	_____
RESEARCH/EVALUATION		
Scientific approach to knowledge generation	_____	_____
Application of scientific method to practice	_____	_____
SUPERVISION		
Expectations and roles	_____	_____
Process and procedures	_____	_____
Skills development	_____	_____
Awareness of factors affecting quality	_____	_____
Participation in supervision process	_____	_____
Ethical and legal issues	_____	_____

Comments:

OPTIONAL FUNCTIONAL COMPETENCIES

Evaluate your relative strengths and weaknesses in the following competency areas. Refer to the Objectives section of the Program Handbook for definitions of the categories listed.

<i>Check and rate if an area of interest:</i>	<i>Strength:</i>	<i>Weakness:</i>
<input type="checkbox"/> EDUCATION		
Knowledge	_____	_____
Skills	_____	_____
<input type="checkbox"/> MANAGEMENT		
Management	_____	_____
Administration	_____	_____
Leadership	_____	_____
Evaluation of management and leadership	_____	_____
Interpersonal relationships	_____	_____
Affective skills	_____	_____
Expressive skills	_____	_____
<input type="checkbox"/> ADVOCACY		
Empowerment	_____	_____
System change	_____	_____

Comments:

INDIVIDUAL TRAINING PLAN

Trainee:	Date:
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GOAL STATEMENTS

Overall career goals:
Training goals:

TRAINING OBJECTIVES

Development objectives:
Remediation objectives:

TRAINING ACTIVITIES

For each training activity list:

- *Skill areas*
- *Hours per week*
- *Supervisor/mentor*

1. Clinical:
2. Didactics:
3. Consultation:
4. Scholarship:
5. Supervision:
6. Education (optional):
7. Management (optional):
8. Advocacy (optional):

SIGNATURES

Date: _____
Trainee: _____
Training Director: _____

INDIVIDUAL TRAINING REVIEW

Trainee:	Date:
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GOAL STATEMENTS

Overall career goals:
Training goals:

TRAINING OBJECTIVES

Development objectives:
Remediation objectives:

SUMMARIZE TRAINING ACTIVITIES

SUMMARIZE PROGRESS TOWARDS GOALS AND OBJECTIVES

SUMMARIZE PROGRESS TOWARDS PROGRAM REQUIREMENTS

Interns:

- Participate in all SMHC orientation seminars
- Participate in all required didactic training activities
- Successfully complete psychological assessment reports
- Successfully provide a minimum of 700 hours of direct clinical services
- Present the results of a research project at Grand Rounds
- Meet or surpass expectations on the Clinical Competency Rating Scale
- Pass the Clinical Competency Exam

Fellows:

- Participate in all required didactic training activities
- Successfully provide a minimum of 500 hours of direct clinical services
- Complete a manuscript of publication quality detailing an original research project
- Present the results of a research project at Scholar's Day
- Successfully provide a minimum of 150 hours of non-clinical/non-research professional services
- Meet or surpass expectations on the Clinical Competency Rating Scale

SIGNATURES

Date: _____
Trainee: _____
Training Director: _____

SELF ASSESSMENT OF PROGRESS

Trainee:	Date:
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Competency descriptions (use for rating):

- A Advanced. Skilled for entry into independent practice. No supervision required. Expected for licensure.
 HI High intermediate. Independent in all but non-routine cases. Occasional supervision required. Expected for fellowship entry.
 I Intermediate. Semi-independent practice in all but non-routine cases. Moderate supervision required. Expected for internship entry.
 R Needs remedial work. Intense supervision required. Expected for practicum entry, but unsatisfactory for internship and fellowship.

Professionalism:	R	I	HI	A
Reflective practice:	R	I	HI	A
Scientific knowledge and methods:	R	I	HI	A
Individual and cultural diversity:	R	I	HI	A
Ethical and legal standards and policy:	R	I	HI	A
Interdisciplinary systems:	R	I	HI	A
Assessment:	R	I	HI	A
Intervention:	R	I	HI	A
Consultation:	R	I	HI	A
Research/evaluation	R	I	HI	A
Supervision:	R	I	HI	A
Education (optional):	R	I	HI	A
Management (optional):	R	I	HI	A
Advocacy (optional):	R	I	HI	A

Performance expectations:

- Interns. Score HI (high intermediate) across at least 90% of the areas.
- Fellows. Score A (advanced) at least 90% of the areas.

Final score (circle): PASS or FAIL

Comments:

CLINICAL COMPETENCY RATING SCALE (CCRS)

Trainee:	Reviewer:	Date:
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Methods of assessment (check all that apply):

- Direct observation
- Audiotape/videotape
- Case presentation
- Discussion with faculty

Competency descriptions (use for rating):

- A Advanced. Skilled for entry into independent practice. No supervision required. Expected for licensure.
- HI High intermediate. Independent in all but non-routine cases. Occasional supervision required. Expected for fellowship entry.
- I Intermediate. Semi-independent practice in all but non-routine cases. Moderate supervision required. Expected for internship entry.
- R Needs remedial work. Intense supervision required. Expected for practicum entry, but unsatisfactory for internship and fellowship.

ASSESSMENT

Procedures appropriate for referral question:	R	I	HI	A
Interprets data accurately:	R	I	HI	A
Draws conclusions accurately:	R	I	HI	A
Communicates conclusions clearly:	R	I	HI	A
Scientific basis of assessments:	R	I	HI	A
Sensitivity to patient characteristics:	R	I	HI	A

THERAPY

Core listening skills:	R	I	HI	A
Ability to form collaborative relationship:	R	I	HI	A
Assessment skills:	R	I	HI	A
Problem identification skills:	R	I	HI	A
Formulation skills:	R	I	HI	A
Selection of interventions:	R	I	HI	A
Application of interventions:	R	I	HI	A
Evaluation of progress:	R	I	HI	A
Scientific basis of interventions:	R	I	HI	A
Sensitivity to patient characteristics:	R	I	HI	A

Performance expectations:

- Interns. Score HI (high intermediate) across at least 90% of the areas.
- Fellows. Score A (advanced) at least 90% of the areas.

Final score (circle): PASS or FAIL

Comments:

CLINICAL COMPETENCY EXAM (CCE)

Trainee:	Reviewers (3):	Date:
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Competency descriptions (use for rating):

- A Advanced. Skilled for entry into independent practice. No supervision required. Expected for licensure.
- HI High intermediate. Independent in all but non-routine cases. Occasional supervision required. Expected for fellowship entry.
- I Intermediate. Semi-independent practice in all but non-routine cases. Moderate supervision required. Expected for internship entry.
- R Needs remedial work. Intense supervision required. Expected for practicum entry, but unsatisfactory for internship and fellowship.

WORK SAMPLES. Submit de-identified samples: testing report, psychotherapy summary, audiotape or videotape of a psychotherapy session.

Assessment	One	Two	Three
<i>Consensus</i>			
1. Procedures appropriate for referral question:	_____	_____	_____
2. Interprets data accurately:	_____	_____	_____
3. Draws conclusions accurately:	_____	_____	_____
4. Communicates conclusions clearly:	_____	_____	_____
5. Scientific basis of assessments:	_____	_____	_____
6. Sensitivity to patient characteristics:	_____	_____	_____

Therapy

1. Core listening skills:	_____	_____	_____	_____
2. Ability to form collaborative relationship:	_____	_____	_____	_____
3. Assessment skills:	_____	_____	_____	_____
4. Problem identification skills:	_____	_____	_____	_____
5. Formulation skills:	_____	_____	_____	_____
6. Selection of interventions:	_____	_____	_____	_____
7. Application of interventions:	_____	_____	_____	_____
8. Evaluation of progress:	_____	_____	_____	_____
9. Scientific basis of interventions:	_____	_____	_____	_____
10. Sensitivity to patient characteristics:	_____	_____	_____	_____

ORAL EXAMINATION. Assessment case (discuss battery). Therapy case (offer formulation and recommendations); 10-minutes role play.

Assessment	One	Two	Three
<i>Consensus</i>			
1. Procedures appropriate for referral question:	_____	_____	_____
2. Interprets data accurately:	_____	_____	_____
3. Draws conclusions accurately:	_____	_____	_____
4. Communicates conclusions clearly:	_____	_____	_____
5. Scientific basis of assessments:	_____	_____	_____
6. Sensitivity to patient characteristics:	_____	_____	_____

Therapy

1. Core listening skills:	_____	_____	_____	_____
2. Ability to form collaborative relationship:	_____	_____	_____	_____
3. Assessment skills:	_____	_____	_____	_____
4. Problem identification skills:	_____	_____	_____	_____
5. Formulation skills:	_____	_____	_____	_____
6. Selection of interventions:	_____	_____	_____	_____
7. Application of interventions:	_____	_____	_____	_____
8. Evaluation of progress:	_____	_____	_____	_____
9. Scientific basis of interventions:	_____	_____	_____	_____
10. Sensitivity to patient characteristics:	_____	_____	_____	_____

Performance expectations:

- Interns. Score HI (high intermediate) across at least 90% of the areas.
- Fellows. Score A (advanced) at least 90% of the areas.

Final score (circle): PASS or FAIL
Comments:

TRAINEE EVALUATION FORM

Trainee:	Activity:	Faculty:	Date:
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Type of activity:

- Didactics
- Mentorship

Rate the extent to which the trainee meets expectations using the numbers 1 (not at all) through 5 (very much so), and then provide comments about any strengths or weaknesses you would like to note.

Participation:	1	2	3	4	5
Preparation:	1	2	3	4	5
Openness:	1	2	3	4	5
Self assessment:	1	2	3	4	5
Self reflection:	1	2	3	4	5
Critical thinking:	1	2	3	4	5

Comments:

FACULTY REVIEW FORM

Faculty:	Activity:	Trainee:	Date:
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Rate the extent to which the faculty member has helped you develop using the numbers 1 (not at all) through 5 (very much so):

Professionalism	1	2	3	4	5
Reflective practice	1	2	3	4	5
Scientific knowledge and methods	1	2	3	4	5
Individual and cultural diversity	1	2	3	4	5
Ethical and legal standards and policy	1	2	3	4	5
Interdisciplinary systems	1	2	3	4	5
Assessment	1	2	3	4	5
Intervention	1	2	3	4	5
Consultation	1	2	3	4	5
Research/evaluation	1	2	3	4	5
Supervision	1	2	3	4	5
Education (optional)	1	2	3	4	5
Management (optional)	1	2	3	4	5
Advocacy (optional)	1	2	3	4	5

Now rate the extent to which the faculty member was numbers 1 (not at all) through 5 (very much so):

To what extent was the supervision/mentorship/presentation of high overall quality?	1	2	3	4	5
To what extent was the supervision/mentorship/presentation interesting?	1	2	3	4	5
To what extent was the supervision/mentorship/presentation informative?	1	2	3	4	5
To what extent was the supervisor/mentor/presenter prepared?	1	2	3	4	5
To what extent was the supervisor/mentor/presenter organized?	1	2	3	4	5
To what extent was the supervisor/mentor/presenter engaging?	1	2	3	4	5

What aspect of the supervision/mentorship/presentation did you like most and why?

What aspect did you like the least and why?

Comments:

PROGRAM REVIEW FORM

Internship or Fellowship:	Trainee (optional):	Date:
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Rate the extent to which the program has met your expectations needs using the numbers 1 (not at all) through 5 (very much so), and then provide comments about any strengths or weaknesses you would like to note.

GUIDING PRINCIPLES

Scholarly	1	2	3	4	5
Multidisciplinary	1	2	3	4	5
Pluralistic	1	2	3	4	5

COMPETENCY DEVELOPMENT

Professionalism	1	2	3	4	5
Reflective practice	1	2	3	4	5
Scientific knowledge and methods	1	2	3	4	5
Individual and cultural diversity	1	2	3	4	5
Ethical and legal standards and policy	1	2	3	4	5
Interdisciplinary systems	1	2	3	4	5
Assessment	1	2	3	4	5
Intervention	1	2	3	4	5
Consultation	1	2	3	4	5
Supervision	1	2	3	4	5
Education (optional)	1	2	3	4	5
Management (optional)	1	2	3	4	5
Advocacy (optional)	1	2	3	4	5

