



**VA Maryland Health Care System (VAMHCS)/
University of Maryland-School of Medicine (UMSOM)
Psychology Internship Consortium**



The VAMHCS/UMSOM Psychology Internship Consortium is accredited by the American Psychological Association. The next site visit will occur during the 2023 training year.

Questions related to the program's accreditation status should be directed to the
American Psychological Association Commission on Accreditation:
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INTRODUCTION

Welcome to the VA Maryland Health Care System (VAMHCS)/University of Maryland School of Medicine (UMSOM) Psychology Internship Consortium! We greatly appreciate your interest in our program. This brochure is designed to provide you with relevant information to assist you in determining if our program is an ideal fit with your training goals.

To provide some background, the University of Maryland School of Medicine, Baltimore VA Medical Center, and Perry Point VA Medical Center combined previously separate APA-accredited internship programs to form this Consortium in 2003. Our unified APA-accredited Consortium is dedicated to providing high-quality training that is firmly rooted in the scientist-practitioner model. Interns benefit from access to a range of training settings with diverse clinical, research, and administrative/policy opportunities. Our training program aspires to work collaboratively with interns to formulate tailored training plans. We view internship as a year of exploration, growth, and balance that is intended to prepare interns for the next step in their career (e.g., post-doctoral training, academia/research, and/or clinical service delivery). After reading through our materials, we hope you have an interest in training at our site.

COVID-19 Response

Members of leadership and training staff/faculty from VAMHCS and UM-SOM have worked collaboratively throughout the pandemic to prioritize high-quality training in a safe environment. Training has persisted without interruption and in accordance with local and national guidance (e.g., from APA, APPIC, and VA Office Of Academic Affiliations-OAA). The 2019-2020 internship cohort swiftly transitioned to virtual training in mid-late March of 2020, and all interns were able to maintain existing major and minor rotations. A comprehensive “teletraining” plan was implemented for each intern that included individualized teletraining goals and a coding system to track telesupervision and adherence to program competencies. All interns gained experience in provision of telehealth. Select requirements (e.g., assessment—see description on page 10) were modified due to limitations imposed by the pandemic. End-of-year events (e.g., intern research presentations, graduation) occurred over video conferencing platforms, and 100% of the cohort completed the training year virtually.

For the 2020-2021 training year, individualized training plans have been developed in collaboration with each intern. Several factors have been considered in creating plans (e.g., training track, training goals, personal circumstances, relevant guidance, specific clinical settings and safety procedures/protective equipment, telehealth readiness, etc.). As described above, a standardized coding system has been used to track individualized training goals, telesupervision, and all other training activities (e.g., clinical services, research, didactics, professional development). This approach has provided a method for monitoring the balance between different types of training activities. The training committee ensures that training plans are aligned with track-specific requirements and broad programmatic competencies. All interns have been provided equipment (e.g., laptops, monitors, mobile devices) to support remote training and provision of telehealth. At this time, 14/16 interns are exclusively engaging in virtual training. Nearly every major and minor rotation offering has maintained its usual areas of emphasis and typical training elements, despite being virtual. The only interns providing on-site, face-to-face care are those completing rotations in inpatient or residential programs. In those settings, there are strict screening and testing policies, and all individuals are required to wear personal protective equipment provided by the institution (PPE; e.g., surgical masks, face shields, etc.). All didactics and meetings exclusively occur over virtual platforms. We have developed multiple approaches for training to enhance our ability to adapt to evolving circumstances and guidance. For the 2021-2022 training year, determinations about training setting (e.g., virtual, in-person, hybrid) will be based on the status of the pandemic, the policies of our institutions, guidance from APA, APPIC, & OAA, and the safety and well-being of trainees and staff/faculty. We are committed to providing expeditious and transparent communications regarding any changes impacting current and/or incoming trainees.

Clinical Settings

University of Maryland School of Medicine - University of Maryland Medical Center

Founded in 1823 as the Baltimore Infirmary, the University of Maryland Medical Center (UMMC) is one of the nation's oldest academic medical centers. Located on the west side of downtown Baltimore, the Medical Center is distinguished by discovery-driven tertiary and quaternary care for the entire state and region and innovative, highly specialized clinical programs. The University of Maryland School of Medicine (UMSOM) is housed on the UMMC campus which is part of the University of Maryland Medical System (UMMS), a network of nine area hospitals: University of Maryland Medical Center, UMMC Midtown Campus, Mt. Washington Pediatric Hospital, UM Baltimore Washington Medical Center, UM Charles Regional Medical Center, University of Maryland Rehabilitation and Orthopedic Institute, UM St. Joseph Medical Center, UM Shore Regional Health, and UM Upper Chesapeake Health.

Patients admitted to the UMMC benefit from the talent and experience of the very finest physicians, nurses, researchers and other health care providers. Here, health care professionals from many disciplines work together as a team to cure illness, conquer disease, and assure the needed support for patient and family alike. All of the medical center's physicians are faculty members at the School of Medicine, the nation's fifth oldest and first public medical school and a recognized leader in biomedical research and medical education.

VA Maryland Health Care System

The Veterans Affairs Maryland Health Care System (VAMHCS) is a dynamic and progressive health care organization dedicated to providing high-quality, compassionate, and accessible care and service to Maryland's Veterans. Nationally recognized for its outstanding patient safety and state-of-the-art technology, the VAMHCS is proud of its reputation as a leader in Veterans' health care, research, and education. The VAMHCS is comprised of three major medical centers and six community-based outpatient clinics. Most clinical training opportunities occur in the medical centers, described more fully below.

Statistics for FY 2019 show that the VAMHCS recorded >700,000 separate outpatient encounters, with over 50,000 unique patients. The sheer volume of patients treated across the variety of clinics ensures that interns are exposed to a diversity of patient demographics, encounter a spectrum of degrees of complexity in presenting mental health and medical problems, and experience a variety of patient concerns with enough frequency to establish sound baseline knowledge of a variety of psychological phenomena.

Baltimore VA Medical Center: The Baltimore VA Medical Center is located in a vibrant city neighborhood on the campus of the University of Maryland at Baltimore (UMB) and is within walking distance of Oriole Park at Camden Yards, M&T Bank Stadium, Lexington Market and the Inner Harbor. The Baltimore VA Medical Center is the acute medical and surgical care facility for the VAMHCS and offers a full range of inpatient, outpatient and primary care services, as well as a number of specialized programs and services, including integrated mental health in primary care programs, a women Veterans evaluation and treatment program, health psychology and treatment for chronic pain, inpatient and outpatient mental health care services, a residential trauma recovery program, and an intensive outpatient substance abuse detoxification and treatment program. Three blocks from the medical center, the Baltimore Annex offers outpatient mental health programming in the following specialty areas: trauma recovery, neuropsychology, and psychosocial rehabilitation and recovery.

Perry Point VA Medical Center: The Perry Point VA Medical Center is located about 45 minutes north of Baltimore on a beautiful campus of approximately 400 acres on the banks of the Susquehanna River and the Chesapeake Bay. It provides a broad range of inpatient, outpatient, and primary care services and is a leader in providing comprehensive mental health care to Maryland's Veterans. The medical center offers long and short-term inpatient and outpatient mental health care, including the following specialized treatment programs:

- Mental Health Intensive Case Management
- Psychosocial Rehabilitation and Recovery Center
- Health Improvement Program
- Family Intervention Team

- Outpatient Trauma Recovery Services
- Substance Abuse Residential Rehabilitation Treatment Program (SAR RTP)
- Psychosocial Residential Rehabilitation Treatment Program (PR RTP)
- Domiciliary Residential Rehabilitation Treatment (for Homeless Veterans)

Loch Raven VA Medical Center: The Loch Raven VA Medical Center specializes in providing rehabilitation and post-acute care for patients in the VAMHCS. The center coordinates the delivery of rehabilitation services, including physical therapy, occupational therapy, kinesiotherapy and recreation therapy, to achieve the highest level of recovery and independence for Maryland's Veterans. The center also provides hospice and nursing home care to Veterans requiring non-acute inpatient care, in addition to offering specialized treatment for patients with Alzheimer's disease and other forms of dementia.

Community Based Outpatient Clinics (CBOCs): Each of our 6 CBOCs provide primary care and limited specialty medical care services. Every CBOC offers Primary Care-Mental Health Integration (PC-MHI), telemental health services, as well as specialty mental health services. Some of the larger CBOCs provide PTSD and Substance Use Disorder services.

- Cambridge VA Outpatient Clinic
- Fort Howard VA Outpatient Clinic
- Fort Meade VA Outpatient Clinic
- Glen Burnie VA Outpatient Clinic
- Rosedale VA Outpatient Clinic
- Pocomoke City VA Outpatient Clinic

Clinical and Research Innovation

As noted above, VAMHCS/UMSOM Consortium interns are exposed to clinical and research experiences within a number of centers. Having several robust research programs enhances the ability to provide state-of-the-art medical techniques and treatments while providing high quality scientist-practitioner training to Consortium interns.

The VAMHCS is home to the following specialized clinical and research centers:

1. *Epilepsy Center of Excellence* – focus on improving the health and well-being of Veteran patients with epilepsy and other seizure disorders through the integration of clinical care, outreach, research, and education
2. *Geriatric Research, Education and Clinical Center (GRECC)*- focus on promoting health and enablement models in older Veterans living with disability
3. *Mental Illness Research, Education and Clinical Center (MIRECC)* – focus on supporting and enhancing the recovery and community functioning of Veterans with serious mental illness through research, education, clinical training and consultation
4. *Multiple Sclerosis (MS) Center of Excellence – East (MSCoE East)* – focus on understanding multiple sclerosis, its impact on Veterans, and effective treatments to help manage multiple sclerosis symptoms

UMSOM boasts several research centers:

1. *Division of Services Research (DSR)* – focus on conducting research that improves the quality and outcomes of care for persons suffering from mental disorders
2. *National Center for School Mental Health (NCSMH)* – focus on strengthening policies and programs in school mental health by advancing evidence-based care in schools and collaborating at local, state,

national, and international levels to advance research, training, policy, and practice in school mental health

3. *Maryland Psychiatric Research Center (MPRC)*- focus on providing treatment to patients with schizophrenia and related disorders, educating professionals and consumers about schizophrenia, and conducting basic and translational research into the manifestations, causes, and treatment of schizophrenia
4. *Center for Behavioral Treatment of Schizophrenia (CBTS)* – focus on developing and evaluating behavioral treatments for schizophrenia and the integration of psychosocial and pharmacological treatments
5. *Taghi Modarressi Center for Infant Study (CIS)* – focus on providing multidisciplinary care in an outpatient setting for children ages 0-6 with emotional and behavioral concerns and studying the relationship between social competence and behavior problems, parenting factors and parenting stress, and routines and other related behaviors in preschool children
6. *General Clinical Research Center* - cornerstone for clinical research within the University of Maryland by providing supports the full spectrum of patient-oriented research
7. *UM School of Medicine Clinical and Translational Sciences Institute* – focus on providing a portal for high-quality cost-effective resources and services for clinical and translational researchers that will support clinical research, informatics, biostatistics, genomics and other core services, community engagement ethics and regulatory science, pilot projects and the development of novel technologies fully integrated through a shared organizational structure and wired by informatics
8. *UM Child and Adolescent Mental Health Innovations Center* – focus on developing and advancing evidence-based interventions for community mental health treatment, models for integration of behavioral health services, and multi-disciplinary training to improve services for underserved young people

PROGRAM OVERVIEW

Training Model and Program Philosophy

The VAMHCS/UMSOM Psychology Internship Consortium adheres to the scientist-practitioner approach to training. The Consortium applies this model by grounding the content and process of training in research, with the purpose of developing well-rounded and competent psychologists. Studies of methods of training have consistently demonstrated processes for effectively impacting trainee behavior, which include modeling desired behaviors, providing opportunities to practice those behaviors in a supervised environment, and provision of specific feedback on progress toward the desired behavior. Utilizing this approach, within a developmental framework of continuous reciprocal trainee feedback and program evaluation, the Consortium can meet the individualized goals of each trainee while enhancing progress toward core training competencies.

Our program believes that evidence-based practice for the psychological treatment of mental health and other conditions is crucial for the effective care of patients. We require our interns to actively engage in research that supports their ability to: 1.) identify and clearly describe the disorders and conditions presented by patients, 2.) select or create reliable and valid outcome measures that are sensitive to changes in patients' disorders or conditions, and 3.) identify and successfully administer treatments to improve these disorders or conditions.

As one of the few internship training programs recognized by the Academy of Psychological Clinical Science (APCS; <https://www.acadpsychclinicalscience.org/>), the Consortium is particularly interested in applicants from graduate programs that place an equally strong emphasis on scientific study and broad clinical training. While not a requirement, the ideal applicant has a combination of peer-reviewed publications and professional presentations

that clearly demonstrate their skills as a psychological scientist. Additionally, the ideal applicant is expected to have solid foundational training and skills across a broad range of clinical populations, evidence-based practices, and in a wide range of objective psychological assessments. **Each of these requisite skills should be clearly addressed in the application and in letters of recommendation.**

While adhering to a scientist-practitioner approach to training that underscores evidence-based practice, the Consortium aims to train and refine skills in core competency domains with the ultimate goal of facilitating the development of interns from trainees to independent psychologists. As an illustration, specific training in assessment or treatment for a particular presenting problem will be grounded in research, clinical practice guidelines, and expert consensus on that problem. In addition, to foster interns' development as independent scientist-practitioners, didactics and supervision will focus on the skills needed to function independently as a psychologist in a multidisciplinary hospital setting.

To round out existing scientific and clinical skills, extensive efforts are made to tailor the internship training experience to each individual intern's needs and allow a reasonable amount of focused specialization in each intern's area of emphasis. For example, psychology interns attend a weekly didactic seminar that is focused on general training in core competency domains. In addition, interns in specialty tracks attend seminars focused on their area of emphasis. Graduates of our program may pursue careers in research or clinical service but, in either case, their training will have prepared them to make a meaningful contribution to the effective care of patients.

Commitment to Diversity

The VAMHCS and UM are Equal Opportunity Employers. Our Consortium values and is deeply committed to cultural and individual diversity and encourages applicants from all backgrounds. The Consortium does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. Interns are taught to consider dimensions and intersections of diversity in every aspect of their work (e.g., clinical service delivery, research, etc.). Further, diversity-focused training is an integral component of the Consortium including, but not limited to, a diversity seminar series (required) and a diversity minor (optional).

Expectations

Interns are expected to be involved in their clinical training assignments to the benefit of the VAMHCS and UMSOM health care delivery systems and their own learning experiences. They are expected to participate in training meetings and to present material in case presentations, seminars, and other formats during the year, and to engage willingly in dialogue with staff in the service of professional training and development. Interns are expected to adhere to the ethical guidelines established for psychologists by the American Psychological Association and to the policies and procedures of their host institution and clinics.

Training Goals and Objectives

Along with adherence to a scientist-practitioner training model, the Consortium aims to develop and refine skills in eight core competency domains, which are deemed essential in facilitating the development of interns from trainees to independent psychologists. From these eight core domains, corresponding goals are generated and outlined below in Table 1 on the following page.

Table 1: Consortium Competencies and Goals

Competency	Goal
1. Professional Values, Attitudes, and Behaviors	Demonstrate a commitment to the professional values and attitudes symbolic of a health service psychologist.
2. Ethics and Legal Matters	Demonstrate an ability to think critically about ethical and legal matters as they pertain to the professional practice of psychology. Demonstrate increasing competence identifying and addressing ethical and legal matters, as required or suggested by the APA guidelines, state laws, or institutional policies.
3. Professional Communication, Consultation, and Interpersonal Skills	Demonstrate the ability to effectively communicate with teams of providers, staff, and other stakeholders as it relates to duties within the scope of professional psychology. Able to seek out consultation when needed and provide consultation to others in intern's area of expertise.
4. Individual and Cultural Diversity	Demonstrate an ability to think critically about pertinent cultural and/or other individual differences that might impact the patient's presenting problem or his or her ability to engage in treatment/assessment.
5. Theories and Methods of Psychological Diagnosis and Assessment	Demonstrate an ability to produce thorough and meaningful integrated psychological assessment reports and communicate those findings effectively to patients and others (e.g., other providers, families, etc.)
6. Theories and Methods of Effective Psychotherapeutic Intervention	Demonstrate the ability to consistently and effectively engage and collaboratively develop therapy goals with patients with a wide range of presenting problems. Effectively selects, tailors, and delivers appropriate evidence based (or where appropriate, evidence informed) interventions.
7. Scholarly Inquiry and Application of Current Scientific Knowledge to Practice	Demonstrate the initiative and ability to integrate scientific knowledge into professional clinical practice.
8. Clinical Supervision	Demonstrate an understanding of supervision theory and practice. Able to apply supervision principles to self under the guidance of a licensed psychologist. Ability to provide supervision to others when such activities are available in specific clinical settings.

Overview of Training Requirements and Training Tracks

The Consortium includes general requirements that are applicable to all interns, as well as track-specific experiences. All interns complete the Consortium's research and assessment requirements, and attend a didactic seminar (described below). Additionally, the Consortium offers a variety of UM- and VA-based training tracks. UM-based training tracks are year-long and include the following areas: clinical high risk for psychosis, inpatient and pediatric consult-liaison, and school mental health. VA-based training tracks include three, four-month major clinical rotations and optional minor rotations. Current VA training tracks include the following areas: comprehensive, health psychology, neuropsychology, serious mental illness, and trauma recovery. Interns are matched to a specific track and are provided with a comprehensive training plan that includes clinical training, research, and didactics in their area. Please see the [Training Tracks](#) section for more information.

Assessment Requirement

Across all tracks, consortium interns are required to complete a minimum of six psychological assessments during the training year. Although the nature of the report will vary depending on the clinic, population, and referral question, reports must include the following components to be considered "comprehensive":

- 1) Review of available pertinent medical records.
- 2) Development/administration/scoring of an appropriate assessment battery. This may include one of the following:
 - a. A multi-scale measure of psychopathology (e.g., MMPI-2-RF; PAI)
 - b. A multiple performance-based measure of academic achievement, IQ, or neurocognitive functioning (e.g., WJ-IV, WAIS, WISC, RBANS, etc.).
 - c. A battery of at least two performance-based neurocognitive measures that your supervisor deems appropriate for the referral question.
 - d. A developmental battery (e.g., Bayley Scales, ADOS)
 - e. A standardized interval behavioral observation in a naturalized setting (e.g., classroom)
 - f. *COVID-19 modification: #3 below acceptable
- 3) Completion of an appropriately thorough structured or semi-structured interview focused on: psychosocial factors, cultural and diversity considerations, and differential diagnosis
- 4) Behavioral Observations
- 5) Integrative summary of data
- 6) Diagnostic Impressions
- 7) Treatment Recommendations
- 8) Feedback Session

Though not required, interns are encouraged to include the administration of self-report inventories, a pre-assessment consultation with the referral source to refine the referral question, and a post-assessment feedback consultation with the referral source to discuss findings/recommendations. Intern assessment proficiency is monitored and evaluated by supervisors and the Assessment Coordinators. Some rotations may require additional assessment training and administration, as detailed in the rotation descriptions below.

Research Requirement

The Consortium requires that interns actively engage in research that supports their ability to: 1.) identify and clearly describe the disorders and conditions presented by our patients, 2.) select or create reliable and valid outcomes measures that are sensitive to changes in the patient's disorder or condition, and 3.) identify and successfully administer treatments to improve these disorders or conditions.

To fulfill the core research competency requirement, it is expected that each intern complete a research project during the course of the training year. Supervisors for research activities include VA and UMSOM faculty and staff, including psychologists, psychiatrists, pharmacologists, neurologists, and health economists. At the beginning of the training year, each intern is asked to outline their research experiences, interests, and goals on a brief inventory to facilitate matches with research mentors. Once matched with a research mentor, a specific research plan is developed and executed. There is considerable flexibility in the content, scope, and focus of intern projects, however, it is expected that it will consist of a project independent of the dissertation. Up to six hours per week can be used by interns for research time. Toward the end of the year, each intern presents the results of their research in a forum of their fellow peers and faculty. Many interns choose to participate in a poster presentation at the University of Maryland research colloquium, during which time they may present the results of their internship research or dissertation project. Many intern research projects have led to presentations at local, regional, and national research meetings as well as publications and ongoing collaborations. The research core competency requirement is coordinated by Christine Calmes, Ph.D. and Jill Bohnenkamp, Ph.D. VA-based interns also have the option of completing an [enhanced research minor](#) which affords up to 14 hours per week of research time.

Didactics

Consortium Interns meet weekly for two and half hours of required didactic training through a comprehensive Consortium Seminar Series. The seminar series, coordinated by Drs. Anjeli Inscore and Arthur Sandt, is intended to expose interns to a wide range of clinical and research topics and to stimulate discussion and professional development. Topics include legal and ethical issues, assessment and treatment of various psychological disorders

in children and adults, culturally-informed practice, stigma, couples, family and group treatment modalities, as well as career development topics (e.g., post-doctoral fellowships, job talks, licensure, research funding). Presenters are faculty and staff from the University of Maryland, the VA, and guest speakers from local universities and community organizations (such as the National Alliance for the Mentally Ill and the American Psychological Association). A sample schedule is provided in Table 2.

Diversity Seminar Series

Embedded within the seminar series is a monthly diversity seminar, coordinated by Dr. Candice Wanhatalo, which is focused on topics that enhance interns' understanding of culture and dimensions of diversity within clinical and research applications. Topics are a blend of didactic material and experiential exercises (with informed consent), designed to enhance intra/interpersonal awareness, knowledge, and practical skills. Topics typically include military culture, disabilities, LGBTQIA, race and privilege, spirituality, and microaggressions.

The objectives for the diversity seminar are to:

- provide an atmosphere in which individuals can explore themselves, their worldviews, and the worldviews of others, and how these beliefs might impact clinical work, scientific research, and professional development
- increase awareness and understanding of dimensions of diversity and cultural factors in diagnostic and therapeutic processes, and the research environment
- broaden interns' effectiveness in provision of clinical services and conduct of research in individuals with diverse characteristics

Additional Didactic Opportunities

In addition to the required weekly seminar series, there are a number of intensive trainings and consultation groups in evidenced-based treatments that are offered to Consortium interns. These include, but are not limited to: Social Skills Training, Cognitive Processing Therapy, Prolonged Exposure, Dialectical Behavior Therapy, Acceptance and Commitment Therapy, and Motivational Interviewing. Most trainings involve a formal workshop that is facilitated by a regional or national trainer, followed by a consultation group to assist in implementation of the treatment modality. Amid the pandemic, supplementary didactic opportunities have greatly expanded, and interns have also been provided with up-to-date information on local and national virtual didactic opportunities and resources.

There are many other educational opportunities available at VA and UMB locations including departmental grand rounds, journal clubs, and various symposia. The VA MIRECC organizes a twice-monthly meeting (September through May) during which invited speakers and local researchers present research findings, discuss grants or other projects on which they are working to receive input from peers, practice upcoming talks, or discuss other research-related issues. The UM Division of Services Research journal club meets Fridays at noon to discuss articles on a range of mental health services topics, with special emphasis on methodology issues. There is also a journal club focused on cognitive neuroscience, with emphasis on schizophrenia, which meets at the Maryland Psychiatric Research Center. The School of Medicine Office of Faculty Affairs and Professional Development offers monthly Psychiatry Grand Rounds and seminars throughout the year on topics such as writing a successful grant application, time management, and teaching methods. The schedule for these activities can be viewed here: <http://medschool.umaryland.edu/career/>. Last, each specialty track offers a didactics schedule specific to their specialty.

Table 2: Sample Seminar Schedule

Topic	Presenter(s)	Competency Area(s)
Introduction to Seminar/Review of Consortium Requirements/ Hopes & Fears	Moira Dux, Ph.D., Christine Calmes, Ph.D., Anjeli Inscore, Psy.D., & Arthur Sandt, Ph.D. <i>Director of Internship Training, Research Co-Coordinator, and Seminar Co-Coordiators</i>	Reflective Practice
Introduction to Diversity Seminar	Erika White, Ph.D. & Candice Wanhatalo, Ph.D. <i>Diversity Seminar Co-Coordiators/VAMHCS Psychologists</i>	Diversity
This is Baltimore: The Impact of Historical Structural Racism on Health	Chuck Callahan, D.O. <i>Vice President of Population Health, University of Maryland Medical Center</i>	Diversity
Tobacco Use/Cessation	Meagan Layton, Ph.D. <i>VAMHCS Primary Care-Mental Health Integration Psychologist</i>	Assessment & Intervention
2020 Annual School Health Interdisciplinary Program (SHIP) <i>Addressing the Needs of the Whole Child: What Works in School Health and Wellness</i>	Various experts in child psychology and psychiatry	Assessment, Intervention, Ethics, Diversity
Military Culture: Applications to Assessment & Intervention with Military Personnel & Veterans	Jon Hollands <i>VAMHCS Peer Support Specialist</i> Tony Gibson, MHA <i>Program Director - CRRC</i>	Diversity
Symptom Validity Assessment	David O'Connor, Ph.D. <i>VAMHCS Clinical Psychologist (Trauma-Dual-Diagnosis)</i>	Assessment
Supervision - # 1 of 4 Part Series	Arthur Sandt, PhD <i>VAMHCS Seminar Co-Coordinator & Staff Psychologist (SUD/Dual-Diagnosis)</i>	Supervision-Professional Development
Suicide Risk Assessment & Intervention	Aaron Jacoby, Ph.D. <i>VAMHCS Director of Mental Health</i>	Ethics; Assessment; Intervention
Introduction to Qualitative Research (Including How to Adapt Qualitative Work to Intern Research Projects)	Alicia Lucksted, Ph.D. <i>MIRREC Psychologist</i>	Research
Cultural Formation Interview	Anjana Muralidharan, Ph.D. <i>MIRECC Clinical/Research Psychologist</i>	Diversity
Intimate Partner Violence	Julia Caplan, LCSW-C <i>Coordinator for Intimate Partner Violence Baltimore VA Medical Center</i>	Ethics; Assessment; Intervention

Motivational Interviewing	Jade Wolfman-Charles, Ph.D., & Neil Weissman <i>VAMHCS Chief Psychologist & VAMHCS Staff Psychologist</i>	Intervention
Intern Clinical Presentations	VAMHCS/UM-SOM Psychology Interns	Intervention; Assessment
LGBTQIA – Clinical Assessment & Intervention	Erika White, Ph.D. <i>VAMHCS Diversity Co-Coordinator</i>	Diversity
Recovery-Oriented Cognitive Therapy	Jennifer Boye, Ph.D., & Julie Rife-Freese, Psy.D. <i>VAMHCS Staff Psychologists-Psychosocial Residential & Rehabilitation Treatment Program</i>	Intervention; Consultation
Virtual Voices	Samantha Hack, Ph.D. <i>MIRECC</i>	Reflective Practice; Diversity
CV Building & Performance-Based Interviewing	Kelly Gibson, LCSW-C <i>VAMHCS Chief of Social Work</i> Jade Wolfman-Charles, Ph.D. <i>VAMHCS Chief of Psychology</i>	Professional Development
Early Psychosis	Jason Schiffman, Ph.D. <i>Psychologist (University of Maryland-School of Medicine & University of Maryland, Baltimore County)</i>	Assessment; Intervention; Research

Evaluation Procedures

Multiple methods are used to evaluate the Consortium training model and intern progress with the eight identified training competencies. Interns are monitored throughout the year, with the aim of facilitating developmental learning and progress toward the eight core competency domains. In addition to measuring progress with these core domains, evaluations include measurement of rotation-specific competencies and open-ended qualitative feedback. A sample [clinical competency evaluation](#) form can be found in the appendices of this brochure. It is expected that all items be rated at the basic competency level (i.e., internship entry level with close supervision needed) or higher at the initial rotation evaluation for VA Interns and mid-year rating periods for UMSOM interns. By the end of the rotation or the training year, for VA and UMSOM interns respectively, it is expected that all items be rated, minimally, at the intermediate competency level (i.e., routine supervision needed). VA-based interns completing year-long clinical minors are evaluated at mid-year and at the conclusion of the year. Research competency evaluations are completed for all interns at the mid-year and end-year time points. A sample [research competency evaluation](#) form can be found in the appendices of this brochure. Table 3 below outlines information regarding the format and timing of evaluations.

If the supervisor perceives that there is a significant deficiency in the intern's competency, the supervisor is to complete the evaluation form at the time the deficiency is identified (even if this occurs outside of the designated evaluation time points) and review it with the intern and the Training Director so that remediation can begin expeditiously. Criteria for successful completion of the training year include completion of all training rotations, completion of six comprehensive integrative assessment reports, completion of a research project, and attendance in weekly didactic training. The Training Director maintains communication with the interns' graduate programs by providing a letter at the beginning of the year, which describes each intern's training plan, a letter mid-way through the year, which describes each intern's progress with the training plan, and a letter of internship completion at the end of the training year.

Although rotation supervisors provide formal competency evaluations, interns are also asked to provide a self-assessment of these core competency domains at the beginning of the training year and at the end of the training year. Although this self-assessment is not factored into the formal rating of an intern, it is an important aspect of the training program. The self-assessment serves as another opportunity to facilitate individualized training and core competency development, which is discussed individually with the Training Director and rotation supervisors.

During each evaluation time point, interns provide written evaluations of clinical and research supervisors and training sites, and submit them directly to the Training Director. Interns are expected to provide informal verbal feedback to supervisors throughout training and following submission of a formal written evaluation. The Training Director compiles information from formal evaluations, and provides summary data to each staff supervisor once the supervisor had had three different trainees in one training year (at the end of that training year) or at least two trainees over a two-year period (at the end of the second year). If a supervisor's ratings are low (e.g., rated Unacceptable or Below Expectations), the Training Director will initiate immediate action and will make every effort to maintain the anonymity of the intern. The nature of the immediate action will be determined on a case-by-case basis. Sample [clinical](#) and [research](#) supervisor evaluation forms can be found in the appendices of this brochure.

Last, interns provide confidential qualitative program-level feedback to the Training Director at the end of the training year. Interns are queried on the following experiences: clinical rotations, general strengths and weaknesses of the Consortium, didactic training, and the research requirement. Once de-identified and aggregated, this feedback is shared with the Training Committee to inform program improvements.

Table 3: Consortium Evaluation Schedule

Evaluation Type	Competency	Time Point	Scale
Trainee Clinical Competency Evaluation	1. Scientific Knowledge 2. Ethical and legal matters 3. Individual and cultural diversity 4. Professional values, attitudes, and behaviors 5. Communication, consultation, and interpersonal skills 6. Diagnosis & Assessment 7. Intervention 8. Supervision	VA: Initial and Final for each major rotation (6) VA: Mid-year and End-year (Final) for each minor rotation (if applicable; 2) UM: Oct (1 st Mid-Year), Feb (2 nd Mid-Year), June (Final) (3)	1= Below Entry/Remedial 2= Basic Competence/Entry Level (initial/mid) 3= Intermediate Competence (final) 4= Intermediate to Advanced Competence 5= Consistently Advanced/Autonomous N/O= Not Observed
Trainee Self-Assessment	1. Scientific Knowledge 2. Ethical and legal matters 3. Individual and cultural diversity 4. Professional values, attitudes, and behaviors 5. Communication, consultation, and interpersonal skills 6. Diagnosis & Assessment 7. Intervention 8. Supervision	Initial and Final (2)	1= Below Entry/Remedial 2= Basic Competence/Entry Level (initial/mid) 3= Intermediate Competence (final) 4= Intermediate to Advanced Competence 5= Consistently Advanced/Autonomous N/O= Not Observed
Trainee Research Competency Evaluation	1. Scholarly inquiry and research dissemination 2. Ethical and legal matters 3. Individual and cultural diversity 4. Professional values, attitudes, and behaviors 5. Communication, consultation,	Mid and Final (2)	1= Below Entry/Remedial 2= Basic Competence/Entry Level (mid) 3= Intermediate Competence (final) 4= Intermediate to Advanced Competence

	and interpersonal skills		5= Consistently Advanced/Autonomous N/O= Not Observed
Clinical and Research Supervisor/Site Evaluations	1. Quality of Supervision 2. Supervisory Responsibilities 3. Supervisory Content 4. Supervisory Tools 5. Assistance in Professional Development 6. Assistance in Meeting Training Goals 7. Supervisory Outcomes 8. Quality of Rotation 9. Summary Ratings	VA: Each major and minor rotation Final (3+) UM: Oct, Feb, June (3) All: Mid and Final Research (2)	UN=Unacceptable BE= Below Expectations ME= Meets Expectations SE= Slightly Above Expectations EE=Significantly Exceeds Expectations N/A= Not Applicable *Provided directly to Training Director
Year-End Program Evaluation	1. Rotation Specific 2. General Questions 3. Seminar 4. Research 5. Overall Experience	All: End of Year (June)	Qualitative Anonymous

Clinical Supervision and Support

Interns receive a minimum of four hours per week of supervision, at least two hours of which are individual, face-to-face supervision (telesupervision permitted amid pandemic) with a licensed psychologist. Supervisors are readily available to respond to interns' questions and provide impromptu guidance. When an intern's primary supervisor is on leave, back-up coverage is clearly delineated. At the beginning of a training rotation, the supervisor and intern jointly assess the intern's training needs and establish individualized training goals. Over the course of the rotation, the intern is expected to become more independent in his or her activities, consistent with the Consortium's developmental approach to training. As this process of attaining graduated levels of responsibility unfolds, the supervision becomes less directive and more consultative.

Staff psychologists with appropriate clinical privileges provide primary supervision to interns. Credentialed clinicians from allied professions and non-staff psychology consultants provide supplemental training expertise. There are opportunities for additional supervisory consultation with psychologists working outside the intern's normal assignment area as well. Consortium faculty use various modes and models of supervision in the training of interns, including co-therapy, analysis of audiotaped or videotaped sessions, supervisor "shadowing," and "junior colleague." In all cases, interns work closely with supervisors initially, and then gradually function more independently as their skills develop. Responsibility for ensuring adequacy of supervision rests with the Consortium Training Committee, under the leadership of the Psychology Training Program Director.

The Consortium Training Committee believes that evidence-based best practice guidelines for the psychological treatment of mental health and other conditions are crucial to the effective care of patients. Consortium supervisors are trained in a number of theoretical orientations and value the use of scientific literature to inform clinical practice. The Consortium Training Committee also asserts that evidence-based practice requires that psychologists maintain the skills to interpret relevant research findings and treatment developments, as well as the skills to contribute to this expanding knowledge base.

Each internship cohort is offered the opportunity to participate in a consultation group facilitated by a psychologist in a non-supervisory role. The group typically meets twice per month to provide support and encouragement regarding dissertation progress, supervision, adjustment to internship, living in a new city, and professional development. Finally, the Training Committee and/or Training Director meets once per month with the internship class to discuss current concerns as well as topics related to professional development.

Training Term

The internship training year is for a term of 12 months beginning on or around July 1st. Interns must work at least 2,080 hours, with most interns working an average of 40-50 hours per week. This length is consistent with the majority of other psychology internships in the United States and allows interns to meet state licensure requirements. Interns spend approximately 24 hours per week engaged in clinical activities at their major rotation/clinic. The remaining 16 hours include minor clinical rotations (up to 6 hours per week for VA-based interns), research (up to 6 hours per week for Consortium research requirement and up to 14 hour per week for VA-based interns completing an Enhanced Research Minor), seminars (3 or more hours per week), and administrative activities.

Stipend and Benefits

The current intern stipend is \$29,330. Interns accrue 4 hours bi-weekly of annual leave (13 days total), 4 hours bi-weekly of sick leave (13 days total), 10 federal holidays (& unplanned federal holidays such as a day of mourning), and up to 5 professional development days to attend conferences, present papers, or to defend their dissertations. Interns at both the VAMHCS and UMSOM have access to the health insurance coverage at their respective institutions. There is ample public transportation to the Baltimore VA Medical Center and the UMB campus, and interns can utilize a transit reimbursement program if they choose to use public transportation. Parking is not provided free of charge but is available downtown in for-pay parking garages.

TRAINING TRACKS

The Consortium offers training tracks in the following areas: comprehensive/general, health psychology, neuropsychology, serious mental illness, trauma recovery, clinical high risk for psychosis, inpatient and pediatric consult-liaison, and school mental health. As described below in more detail, UM-based training tracks span the full training year. VA-based training tracks include three, four-month major clinical rotations and optional minor rotations. Interns are matched to a specific track and are provided with a comprehensive training plan that includes clinical training, research, and didactics in their area of emphasis.

VAMHCS-Based Training Tracks

VA-based interns will have the opportunity to prioritize their preferences for rotation assignments at the beginning of the training year. A listing of typical rotation offerings is provided in Table 4: Rotations by Site. These rotations are offered regularly and are generally available each training year. However, there may be times when resource limitations require cancellation of a rotation without advance notice. To ensure an optimal training experience, the number of interns that can be assigned to each rotation is limited; therefore, it is not always possible for every intern to do all of their preferred rotations. The Training Director works with each intern upon their arrival to determine the best possible selection and scheduling of rotations.

Interns in the VA-based training tracks (Comprehensive, Neuropsychology, PTSD/Trauma Recovery, Health Psychology and Serious Mental Illness) complete three, four-month major rotations during the year, which are based at VA facilities, with some opportunities for research activities based at UMSOM. VA interns are expected to complete rotations at more than one VA facility throughout the training year (i.e., Baltimore, and Perry Point or Loch Raven). VA interns select rotation experiences based on their interest, availability, and institutional need.

Table 4: Rotations by Site

Site	Typical Major Rotations Offered
University of Maryland	School Mental Health
	Child Inpatient and Pediatric Consult-Liaison
	Clinical High Risk for Psychosis
Baltimore VA Medical Center	Health Psychology-Neurology/Chronic Pain
	Combined Health Psychology and Hospice & Palliative Care
	Dual Diagnosis (Outpatient Substance Use Treatment Program)
	Intensive Outpatient Substance Use Treatment Program (ACT)
	Primary Care – Mental Health Integration
Baltimore VA Annex	Neuropsychology
	Trauma Recovery Program (TRP): Posttraumatic Stress Disorder Clinical Team
	Psychosocial Recovery and Rehabilitation Center
Perry Point VA Medical Center	Gero-Neuropsychology – Community Living Center
	Mental Health Clinic
	Psychosocial Residential Rehabilitation and Treatment Program (PRRTP)
	Posttraumatic Stress Disorder Clinical Team (PCT) and Posttraumatic Stress Disorder Intensive Outpatient Program (PTSD IOP)
	Primary Care – Mental Health Integration
	Geropsychology – inpatient/outpatient
Loch Raven	Hospice/Palliative Care
	Primary Care – Mental Health Integration

University of Maryland-Based Training Tracks

NEW! Please click on the following link to view a video that highlights UM-based training tracks:
<https://youtu.be/9U5KmeOE3Qg>

All UM-based training tracks span the entire training year and integrate track-specific clinical, research, administrative, and didactic experiences. Given this training structure, it is not possible to add minor rotations.

University of Maryland Child-Focused Positions: General Information

There are 5 University of Maryland (UM) Child-Focused Internship Positions across three tracks:

- UM School Mental Health Track (3 positions)
- UM Clinical High Risk for Psychosis (1 position)
- UM Inpatient and Pediatric Consult-Liaison Track (1 position)

UM School Mental Health Track

The UM National Center for School Mental Health (NCSMH) is nationally recognized as a leading inter-professional training program for psychology, social work, counseling, and psychiatry trainees. This is the only American Psychological Association (APA) accredited psychology internship that offers comprehensive major rotation experiences in SMH practice, research, and policy with a goal of preparing scientist-practitioners to work in schools directly with vulnerable and underserved populations. The School Mental Health Internship Track was awarded APA's Award for Distinguished Contributions for the Education and Training of Child and Adolescent Mental Health Psychologists. Further information regarding this track can be found [here](#).

UM Clinical High Risk for Psychosis Track

The UM CHiRP Track is housed within the Department of Psychiatry, Division of Child and Adolescent Psychiatry in the UM School of Medicine. The CHiRP program is a SAMHSA funded research clinic for youth at clinical high-risk for psychosis, recently developed in collaboration with University of Maryland Baltimore County (UMBC), University of Maryland Baltimore (UMB), and the Maryland Early Intervention Program (MEIP). The CHiRP intern in this position completes a primary year-long clinical placement within the Division of Child and Adolescent Psychiatry. The CHiRP intern will gain supervised training and experience conducting intake and diagnostic evaluations, individual and group cognitive-behavioral therapy for clinical high-risk (CHR), provision of consultation with care providers, supervision of doctoral externs, community outreach and education, program development, and research opportunities. The UM CHiRP Track provides advanced training in clinical practice, research, training, and policy related to youth at clinical-risk for psychosis. Further information regarding this track can be found [here](#).

UM Inpatient and Pediatric Consult-Liaison Track

The Child Inpatient and Pediatric Consult-Liaison Track at the UM School of Medicine consists of major rotations in the child and adolescent inpatient unit, the Pediatric Consult-Liaison Program, and the Maryland Psychological Assessment and Consultation Clinic (MPACC). Patients seen during these rotations include children from birth to age 18 and their families. Although we see families from diverse ethnic and racial backgrounds, over 75% of patients are of African-American descent. Further information regarding this track can be found [here](#).

Table 5: Track Structures At A Glance

Track	Number of Rotations Required	Minor Required Within Track	Research	Required Track Specialty Didactics
UM School Mental Health	1 Full Year Rotation	Included within track	Required within track	Yes, in addition to general didactics

UM Clinical High Risk for Psychosis (CHiRP)	1 Full Year Rotation	Included within track	Required within track	Yes, in addition to general didactics
UM Inpatient and Pediatric Consult-Liaison	1 Full Year Rotation	Included within track	Required within track	Yes, in addition to general didactics
VA Comprehensive	3 electives (can be any major rotation, though preference for some rotations may be given to interns in a specific track)	None required	General intern research project; does not have to be within chosen electives	No, only need to attend general didactics
VA Health Psychology	2 within track, 1 elective	None Required	General intern research project; does not have to be within track	Yes, in addition to general didactics
VA Neuropsychology	2 within track, 1 elective	Included within track; Enhanced Research Minor possible	General intern research project; available and encouraged within track	Yes, in addition to general didactics
VA Serious Mental Illness	2 within track, 1 elective	None Required	General intern research project; available and encouraged within track	Yes, in addition to general didactics
VA Trauma Recovery	2 within track, 1 elective	None Required	General intern research project; available though not required within track	Yes, in addition to general didactics

*Please note all interns are also required to complete a minimum of 6 comprehensive assessments, and opportunities for completion of these assessments are contained within major rotations.

Major Rotation Descriptions

*For VA rotation descriptions, please see the full version of the brochure available here: <http://www.maryland.va.gov/services/mentalhealth/TrainingProgram.asp>

University of Maryland Internship Child-Focused Internship Positions

UM School of Medicine Child and Adolescent Inpatient and Pediatric Consult-Liaison Psychology Track

Clinic Setting

The Child and Adolescent Inpatient and Pediatric Consult-Liaison Program at the UM School of Medicine consists of rotations in the Division of Child and Adolescent Psychiatry's inpatient unit, the pediatric consult-liaison program, and the Maryland Psychological Assessment and Consultation Clinic (MPACC; see description [here](#)).

The Inpatient/Consult-Liaison Rotations will allow the intern to participate four days a week in the two programs for children and adolescents. The inpatient program is a 16-bed coed unit for children ages 5-18 years of age. The pediatric consult-liaison program at the UM School of Medicine serves children birth - 18. Consultation is provided to multiple units including: Shock Trauma, OB-GYN services, and pediatric

medical units, including oncology, neurology, and cardiology. Clinical populations treated in the consult-liaison service are those seen in the inpatient pediatric wards and in specialty programs.

Both programs involve interdisciplinary training experiences and the opportunity to work with and be an active member of an experienced hospital team. Within both rotations, there is ample opportunity available to be part of research and evaluation projects related to the child and adolescent service line.

Patient Population

Patients seen during these rotations include children from birth to age 18 and their families.

Inpatient Populations

The clinical population is approximately 80% male, 62% African-American and 38% other (Hispanic and Asian). Admissions are currently 400 per year but anticipated to increase to 500 per year with the expansion of the unit to serve youth ages 13-18. The main diagnoses for the 5-12 year old patients include 50% Disruptive Disorders: Oppositional Defiant, Conduct and Attention Deficit Hyperactivity Disorders; 40% Mood Disorders: Bipolar Disorder and Major Depressive Disorders; 18% Post Traumatic Stress Disorder and Anxiety Disorders; and 2% Psychotic Disorders. Approximately one third have a learning or speech and language disorder.

Consult-Liaison Population

Most cases referred for consultation are due to suicidal ideation endorsed while admitted for a medical concern or if a patient is admitted following a suspected suicide attempt within the context of a mood disorder, substance use, or trauma. Other consults are prompted by medical concerns with comorbid psychiatric concerns (e.g., depression or anxiety, disruptive behavior), coping with new medical diagnosis/injury, nonadherence to medical regimen, or somatic symptoms without clear medical/physiological etiology.

The population is balanced male-female, African American-Caucasian, and is largely working class to middle socioeconomic class, with a few higher socioeconomic status patients. Diagnostic categories are Mood disorders 40%, Disruptive disorders 40%, Adjustment Disorders 10%, Conversion Disorders 10%, Organic disorders and others 20%. "Other" disorders include substance abuse/dependence, pervasive developmental disorder, learning disorders, tic disorder, and elimination disorders. Co-morbidity is common. Children up to the age of 18 are seen through this service.

Clinical Approaches

Child Inpatient Program

The Inpatient unit provides multidisciplinary inpatient services and supports as well as consultation and planning related to transition back into the community. The program encourages active participation of parents and caregivers and works collaboratively with involved agencies.

The clinical emphasis is on diagnosis, assessment, and stabilization of the child and family, determination of initial needs for treatment and needs for longer term follow-up. The intern will participate in the unit multidisciplinary team consisting of occupational therapy, education, nursing, social work, and psychiatry. The intern's role consists of administering psychological assessments, providing consultation to the treatment team, leading therapeutic groups, and providing brief individual therapy. Therapeutic modalities include family systems and cognitive behavioral approaches. The intern will have opportunities to enhance skills related to family therapy, parent training, cognitive-behavioral therapy, dialectical-behavior therapy, motivational interviewing, trauma-informed care, and behavior modification. Children discharged may be referred to the University of Maryland Medical System Child and Adolescent Psychiatry Outpatient Clinic for longer term follow-up, affording interns experience with partnering on continuing care. Family

involvement is emphasized for both diagnostic and therapeutic services. In addition, collaborative working relationships are developed with schools, physicians, and other programs and communities.

Pediatric Consult-Liaison Program

The consult-liaison program provides psychological care to patient admitted to the hospital for medical reasons or patients admitted following a suspected suicide attempt. Reasons for referral may consist of comorbid psychiatric concerns presenting during hospitalization (e.g., depression or anxiety, disruptive behavior), coping with new medical diagnosis/injury, nonadherence to medical regimen, or somatic symptoms without clear medical/physiological etiology. The emphasis is on consultation as well as brief therapeutic intervention while a patient is admitted. The intern will have opportunities to enhance knowledge regarding medical diagnoses (e.g., diabetes, cancer, cardiology, pain conditions, etc.) and evidence-based interventions to address improvement in patient functioning/quality of life and adherence to medical regimens. The intern will also gain experience in providing brief intervention to patients presenting with psychiatric concerns awaiting a placement (e.g., an inpatient psychiatric unit, a DSS placement, etc.). For routine cases, the consultation request is discussed with the psychiatry attending and the psychology supervisor prior to the patient evaluation and then again after the patient is seen to develop a treatment plan. Treatment recommendations are discussed with the patient/family and the consultant team.

Supervision

The intern will receive 2 hours of supervision with the inpatient licensed psychologist in order to review cases, provide further intervention training, and establish concrete treatment plans for individual patients and their families. Additional supervision will be provided by other inpatient and consultation staff. Dr. Mackenzie Sommerhalder will be the supervisor for Pediatric Consult-Liaison Rotation and will provide an hour of supervision each week. Additional supervision will be provided by Dr. Kristin Scardamalia for the assessment clinic and by the intern's research supervisor. In addition, group supervision will be available as part of the assessment clinic, inpatient team meetings, and through weekly supervision group with the other child interns.

Expected Caseloads

The intern will carry approximately 5 to 6 patients on the inpatient unit at a given time for individual therapy or family work, and will function as the primary therapist for these cases. The intern is responsible for the direct care of these patients, including psychological assessment, individual therapy, and parent training. The intern will also coordinate care with outpatient providers, and give educational recommendations to schools. The intern is expected to be an active participant in the regular unit multi-disciplinary team meetings and to share psychological theory and best practice strategies with the team.

The child intern will have approximately 25-50 consultations over the course of the year as part of the consult-liaison rotation. The intern is expected to actively coordinate care with other key stakeholders for a given consultation, including child life specialists, social workers, and medical residents.

Additional Components

Assessment

The UM child inpatient and consult-liaison intern will provide a minimum of 6 comprehensive assessments to the Maryland Psychological Assessment and Consultation Clinic and will also provide some psychological assessment consultation and support to the inpatient unit.

Child Psychology: Maryland Psychological Assessment Clinic Rotation

The intern will participate in the Maryland Psychological Assessment and Consultation Clinic (MPACC), which offers a year-long experience providing assessment and consultation services to children and adolescents served through outpatient programs within the University of Maryland. Interns will spend approximately six hours per week in this clinic. Their time will be devoted to participating in training and supervision, conducting psychological assessments of children and adolescents (ages 2 to 18), conducting daycare/school observations, consulting with school and treatment staff, scoring, interpreting and writing reports, and providing feedback to families and treatment teams. Each intern will be responsible for 6 assessments over the course of the year. Clients are typically referred to MPACC from child and adolescent mental health programs in the University of Maryland System, including the 701 Outpatient Clinic, the School Mental Health Program, and the clinic that serves families of university employees.

MPACC referral questions are very diverse and can include differentiating between the breadth of clinical disorders and screening for learning problems, and making recommendations for school and treatment services. Tests administered include, but are not limited to: Autism Diagnostic Observation Schedule-2 (ADOS-2), NEPSY-II, Wechsler Intelligence Tests (WPPSI-IV, WISC-V, and WAIS-IV), Wechsler Individual Achievement Test-III and Woodcock Johnson IV - Tests of Achievement, Vineland Adaptive Behavior Scales, and a wide variety of behavior checklists. Feedback sessions involve the family and referring clinicians and emphasize the strengths and needs of the children and families.

During the first two months of internship, interns will complete intensive training in the Autism Diagnostic Observation Schedule-2 (ADOS-2) and spend time practicing the assessment. Interns will also have other targeted trainings during the year on assessment topics. Brittany Patterson, Ph.D., will provide weekly supervision of interns and co-lead diagnostic interviews and feedback sessions with interns and review and provide feedback on assessment reports.

Didactics

The Inpatient and Consult-Liaison Track promotes interprofessional collaboration and culturally competent, evidence-based practice. The intern will receive the following didactic components: (1) a weekly, cross Consortium seminar (2.5 hours); (2) specialized trainings (at training events, at conferences, and as part of rotations)

Research

The UM Child Inpatient and Consult-Liaison intern will be encouraged to pursue research requirement related to the child and adolescent service line.

UM School of Medicine School Mental Health (SMH) Track

Clinic Setting

The UM School of Medicine SMH Track provides advanced training in SMH practice, research, and policy and is designed to train psychologists in skills to improve access to high quality SMH services and programming (e.g. system-wide prevention efforts, focus on public health concerns), while reducing mental health care disparities. Specifically, SMH Track interns provide a full continuum of mental health services (i.e., mental health promotion, prevention and intervention) to youth and families directly in the community through a school placement. Interns provide this full array of mental health services at their major SMH placement in the UMSOM School Mental Health Program (SMHP) in Baltimore City, Maryland. In terms of the major SMH rotation, each intern provides clinical services in one school, focusing on promoting resiliency and well-being in addressing the mental health needs of students and families. Trainees are able to provide high quality school mental health care that integrates a culturally responsive and trauma-informed lens. The schools affiliated with the SMHP primarily serve students and families of color from culturally enriched, low income communities. Overall, SMH interns work with school teams, provide evidence-based intervention, prevention, consultation, assessment, and mental

health promotion services to youth across the developmental span with mental health and/or substance use disorders.

The comprehensive SMH Track provides a unique opportunity for interns to receive an intensive experience in comprehensive school mental health (SMH) across three critical realms: clinical practice, research, and policy. Additional aspects of the program include didactic, research, and policy training in evidence-based practices and a focus on advancing quality and sustainability in school mental health efforts. Training and supervision are provided by the National Center for School Mental Health.

Patient Population

The SMH Intern serves children between the ages of 5 and 19 years and their families. Although we see families from diverse ethnic and racial backgrounds, approximately 90% of clients are African-American. Typical presenting problems of students receiving individual, group, and family services include: depression, anxiety, posttraumatic stress, disruptive behaviors, family conflict, peer conflict, bereavement, abuse and neglect, family and community violence, substance abuse, and educational challenges.

Clinical Approaches

Interns receive rigorous clinical training across a three-tiered public health framework with major rotations within 1) the UM SMH Program (SMHP) in Baltimore City Public Schools and 2) the Maryland Psychological Assessment and Consultation Clinic (MPACC; see description [here](#)). Interns will complete an intensive clinical rotation (3 days per week) in which they provide a full continuum of evidence-based mental health services to underserved, diverse youth (ages 5-19 years) across a three-tiered public health framework (universal, targeted and selected interventions) in one of our 25 Baltimore City Public Schools (elementary, middle, or high school). Interns provide evidence-based individual, group, and family therapies; prevention and mental health promotion activities for small groups, classrooms, and school-wide programs; consultation to teachers, staff, and administrators; crisis intervention; and referral to community resources. Additionally, interns conduct assessments at the MPACC throughout the year (6 hours per week).

All SMH interns are responsible for coordinating and responding to referrals for mental health services as well as providing the direct services described above. There are also opportunities for participation on school teams and to be involved in the implementation of school-wide mental health promotion and prevention programs to improve the school and early childhood center climate (e.g., violence prevention programs, mentoring, positive behavioral interventions and supports). Primary therapeutic modalities include cognitive behavioral and family systems approaches. Interns also work in collaboration with UMSOM Psychiatry Fellows. Family involvement is encouraged for all services and supports. In addition, collaborative working relationships are developed with school employed staff and school-based partners, community agencies and programs, advocacy organizations, and other university programs.

Expected Caseload

The patient caseload will include individual and group psychotherapy clients, with an expectation that at least eight students are seen per day.

Supervision

The intern will receive supervision for four hours each week with licensed psychologists as part of the school mental health track. At least two of these hours will be face-to-face individual supervision. Additional support and supervision beyond the four hours will be provided by other SMHP leadership representing social work, counseling, and psychiatry fields.

Additional Components

Didactics

The SMH Track promotes interprofessional collaboration and culturally and linguistically competent, evidence-based practice; this curriculum is integrated throughout the internship didactic training. The curriculum is presented throughout the following didactic components: (1) a weekly, cross Consortium seminar (2.5 hours); (2) a weekly interprofessional SMH seminar series (60 minutes each); (3) a monthly interprofessional case conference with psychiatry fellows and SMH psychology and social work professionals (1 hour); and (4) specialized intensive trainings (during the summer months, at training events, at conferences, and as part of their rotations). This curriculum is also integrated into individual and group supervision.

As part of the program, psychology, social work, nursing, and psychiatry faculty collaborate to enhance didactics, specialty training in evidence-based practices and programs, training rotations, supervision, and coaching for a predoctoral psychology internship program. Psychology interns collaborate clinically in schools with educators, mental health and health providers, and community partners. The didactics utilize course instructors and supervisors from multiple professions, and with diverse practice, research, and policy experience, to provide education and training experiences related to SMH, interprofessional collaboration, and cultural and linguistic competency.

Research

As part of the School Mental Health rotation, the interns will work one day a week at the NCSMH and will be involved in an array of research projects related to school mental health evaluation, quality improvement, and sustainability. Interns will be assigned to at least two projects at the NCSMH and will be exposed to how research integrates into promoting best practices at local, state, and national levels in school mental health. Interns are required to conduct an independent research project during their internship year related to school or children's behavioral health that is integrated into their NCSMH rotation. Interns are guided in their selection of a research supervisor, who supports the intern in their conceptualization, design, and completion of their research project. Interns are required to present the findings to their internship class and research mentors in preparation for sharing their findings with the larger SMH community. Specifically, interns are encouraged to present posters and paper sessions at national conferences and/or publish their findings in peer-reviewed journals.

Policy

Interns participate in the advancement of SMH policy and programming as part of their NCSMH rotation (1 day per week) via engagement in a number of NCSMH projects, including monitoring of federal, state, and local legislation, development and dissemination of policy briefs, white papers, book chapters, and articles related to SMH policy, writing and dissemination of listservs, and developing resources related to SMH for dissemination to and use by state and local government and agencies. Interns will also have opportunities to attend policy related meetings and conferences.

The following centers/programs are affiliated with the SMH internship:

National Center for School Mental Health (NCSMH): The NCSMH is co-directed by Drs. Nancy Lever and Sharon Hoover. The NCSMH is the only federally-funded (HRSA) SMH program, research, and policy analysis center. Its mission is to *strengthen policies and programs in ESMH to improve learning and promote success for America's youth*. The NCSMH is co-leading, with the School-Based Health Alliance, the School Health Services National Quality Initiative (NQI). The NQI strives to advance accountability, excellence and sustainability for school health services nationwide by establishing and implementing an online census and national performance measures for school-based health centers and comprehensive school mental health systems. As part of these efforts the Center has developed the School Health Assessment and Performance Evaluation (SHAPE) System to help improve the quality and sustainability of school mental health systems in the United States. The Center works at local, state, and

national levels to advanced research, training, policy, and practice in SMH. Interns are involved in and lead numerous projects, such as advancing the literature and best practices needed to address trauma, documenting the quality and effectiveness of SMH services, increasing family engagement in mental health services delivered in schools, and advancing the SMH workforce by developing curriculum and training materials. Other opportunities for interns include grant writing (e.g., for federally funded projects, private foundations, and state and local projects), writing book chapters and peer-reviewed journal articles, preparing content for the listserv, and critically reviewing articles for leading SMH journals. Additionally, interns contribute to the ongoing mission of the NCSMH through helping to develop practical resources for educators, youth, families, and mental health providers, as well as authoring issue briefs and articles geared toward enhancing the dissemination of best practice and research in SMH.

School Mental Health Program: The School Mental Health Program is led by Dr. Nancy Lever, Executive Director, Jennifer Cox, LCSW-C, Program Director, Kelly Willis, LCSW-C, Associate Director, and Dr. Sharon Hoover, Senior Advisor. The SMHP is a longstanding (established in 1989), interdisciplinary outpatient mental health program that provides high quality comprehensive school mental health services (promotion, prevention, intervention, consultation) to youth and families in 23 Baltimore City schools working in close collaboration with families, schools, and communities. The SMHP has achieved national recognition for its commitment to advance access to high quality mental health care in schools. Baltimore was among the first nationally to develop school-based health centers and has become a leader in the systematic development of comprehensive school mental health systems. The SMHP staff is comprised of licensed social workers, professional counselors, psychologists, and graduate trainees (social work, psychology, counseling, psychiatry, nursing). The SMHP is one of five lead programs in Baltimore City providing SMH services. SMH services augment the work of school-employed mental health providers, are available to youth in both general and special education, offer a full continuum of mental health services within the school, and are intended to reduce barriers to learning and promote student success. The SMHP is committed to implementing evidence-supported practices and programs across the Public Health Triangle. With many faculty within the SMHP having expertise in several evidence-based practices and programs (e.g., Botvin LifeSkills, Adolescent Community Reinforcement Approach (A-CRA), Modularized Practice/Common Elements, Screening Brief Intervention Referral to Treatment (SBIRT), Cognitive Behavioral Interventions for Trauma in Schools (CBITS), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Coping Power, there are numerous opportunities for specialized training and skill practice.

The Family Informed Trauma Treatment Center (FITT): The director of the Family Informed Trauma Treatment Center (FITT) Center is Dr. Laurel Kiser. The mission of the FITT Center is to develop, implement, evaluate, and disseminate family-based interventions for urban and military families to support positive outcomes for children and families who have experienced chronic trauma and stress. The FITT Center is part of the National Child Traumatic Stress Network (NCTSN) and one of 15 Category II Centers nationwide. In 2000, under the leadership of the U.S. Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Center for Mental Health Services (CMHS), the NCTSN was established to raise awareness of the impact of childhood trauma and increase access to effective trauma treatments for thousands of our nation's children and adolescents. NCTSN chose the FITT Center to serve as a national expert on the role of families in the lives of children impacted by trauma and to further the availability of effective family trauma treatments. The FITT Center will lead the education, training, supervision, and coaching of clinicians related to effective family informed trauma treatment for children and adolescents, including intensive training and coaching in Trauma Focused Cognitive Behavioral Therapy (TF-CBT). Supervision related to TF-CBT will be provided by Vickie Beck, RN, a national certified TF-CBT trainer.

Child Psychology: Maryland Psychological Assessment Clinic Rotation

The School Mental Health interns participate in the Maryland Psychological Assessment and Consultation Clinic (MPACC), which offers a year-long experience providing assessment and

consultation services to children and adolescents served through outpatient programs within the University of Maryland. Interns will spend approximately six hours per week in this clinic. Their time will be devoted to participating in training and supervision, conducting psychological assessments of children and adolescents (ages 2 to 18), conducting daycare/school observations, consulting with school and treatment staff, scoring, interpreting and writing reports, and providing feedback to families and treatment teams. Each intern will be responsible for 6 assessments over the course of the year. Clients are typically referred to MPACC from child and adolescent mental health programs in the University of Maryland System, including the 701 Outpatient Clinic, the School Mental Health Program, and the clinic that serves families of university employees.

MPACC referral questions are very diverse and can include differentiating between the breadth of clinical disorders and screening for learning problems, and making recommendations for school and treatment services. Tests administered include, but are not limited to: Autism Diagnostic Observation Schedule-2 (ADOS-2), NEPSY-II, Wechsler Intelligence Tests (WPPSI-IV, WISC-V, and WAIS-IV), Wechsler Individual Achievement Test-III and Woodcock Johnson IV - Tests of Achievement, Vineland Adaptive Behavior Scales, and a wide variety of behavior checklists. Feedback sessions involve the family and referring clinicians and emphasize the strengths and needs of the children and families.

During the first two months of internship, interns will complete intensive training in the Autism Diagnostic Observation Schedule-2 (ADOS-2) and spend time practicing the assessment. Interns will also have other targeted trainings during the year on assessment topics. Brittany Patterson, Ph.D., will provide weekly supervision of interns and co-lead diagnostic interviews and feedback sessions with interns and review and provide feedback on assessment reports.

UM Clinical High Risk for Psychosis (UM CHiRP) Track.

The UM CHiRP Track provides advanced training in clinical practice, research, training, and policy related to youth at clinical high-risk for psychosis and those in the early stages of psychosis.

Clinical Approaches

Interns will be involved in all aspects of clinical services, providing a range of intervention services including: provider consultation, psychoeducation for individuals and family members, CBT and skills training, supported education and employment, safety planning and emergency service use reduction, and substance abuse treatment and risk reduction. Interns will complete a clinical rotation (2 days per week) at the CHiRP clinic housed within the UMSOM Division of Child and Adolescent Psychiatry, where they will be trained in the provision of modularized CBT for youth at clinical high-risk for psychosis. Clients include youth ages 12-25 and their families from the diverse, often underserved population in the greater Baltimore area, as well as individuals throughout the state of Maryland (including rural, underserved areas) that are seen through the telehealth program. Interns will also have the opportunity to conduct structured intake interviews, assist with program evaluation and development, and provide outreach and psychoeducational programming for providers and community members in the greater Baltimore area. In addition to this work, interns will also complete a clinical rotation (1/2 day per week) at the First Episode Clinic (FEC) at the Maryland Psychiatric Research Center (MPRC), with service provision including individual and group therapy to clients in the initial phases of psychosis and their families.

Expected Caseload

With high intensity needs of individuals identified with psychosis, caseloads will be approximately 8-10 individual clients at any time with additional individuals seen through Assessments and co-leading group sessions (Contact with approximately 15-20 clients per month). There will also be group therapy opportunities to be co-led with licensed providers within the clinic. The intern will have opportunities for both brief and comprehensive assessments through formal clinic connections and consultation opportunities throughout the state of Maryland related to the Maryland Early Intervention Program.

Supervision

The intern will receive supervision 3.5 hours per week with a licensed psychologist and additional 1.5 hours of supervision with other licensed providers to review cases, provide further intervention training, establish concrete treatment plans, and discuss research.

Additional Components

Assessment

The CHiRP intern will provide a minimum of 6 comprehensive assessments to the CHiRP clinic or other UM clinics for treating early psychosis (approximately 6 hours per week).

Didactics

The CHiRP Track promotes interprofessional collaboration and culturally competent, evidence-based practice. The CHiRP intern will receive the following didactic components: (1) a weekly, cross Consortium seminar (2.5 hours); (2) specialized intensive trainings (at training events, at conferences, and as part of the rotations) from Dr. Schiffman, a leading expert on CHR assessment and treatment, twice yearly.

Research

Primary research topic areas for the CHiRP intern to pursue as part of the research requirement for the internship and as part of the larger CHiRP internship experience would fall under three main categories described below:

Maryland Early Intervention Program

A large proportion of YouthFIRST's overall efforts are dedicated to supporting the Maryland Early Intervention Program (EIP). The EIP is a state-wide consortium designed to improve the lives of young people in the early stages of psychosis. Multiple core initiatives are central to the EIP: (1) *Research* concerning the identification, treatment, phenomenology, and etiology of psychosis; (2) *Outreach and Education* services to behavioral health providers, schools, and primary care settings; (3) *Clinical Services* for 12-30 year-olds who have recently experienced an initial episode of psychosis, or are suspected of being at risk of future psychosis; (4) *Consultation Services* for providers regarding identification and treatment of individuals who may be experiencing early symptoms of psychosis; (5) *Training and Implementation Support Services* to foster collaboration, resource sharing, and coordination of service delivery among established early intervention teams across the state of Maryland. More information about the EIP can be found at <http://www.marylandeip.com>.

Strive for Wellness Clinic

Members of YouthFIRST constitute core members of each EIP initiative, several of which are achieved in part by the EIP's Strive for Wellness (SFW) clinic. Co-directed by Youth FIRST director Dr. Schiffman, SFW is an early identification, research, and services clinic specializing in youth ages 12-25 who are suspected of being at clinical high-risk (CHR) for the onset of a psychotic disorder. Participants in SFW research complete an extensive assessment battery and are reevaluated every 6-12 months for several years. Although the SFW clinic is especially concerned with the CHR population, all individuals ages 12-25 who are receiving mental health resources are potentially eligible for research participation. This novel research paradigm provides unique clinical and research opportunities for trainees at YouthFIRST.

Within this longitudinal clinical research context, the SFW team is able to investigate an array of empirical questions. Current projects taking place within the EIP's SFW clinic include the following:

- Evaluation and development of brief screening tools to identify those most likely to meet high-risk criteria and develop psychosis
- Multimodal neuroimaging to identify neural biomarkers of psychosis risk
- Assessment of family functioning, stigma toward mental illness, and quality of life
- Experimental assessment of reward learning, aberrant salience, and neurocognitive functioning
- Examination of metabolic and other physical health parameters through blood assay and ecological momentary assessment

Multisite Assessment of Psychosis Study (R01)

In the first study of its kind, the YouthFIRST team and its collaborators are developing a novel screening instrument to detect psychosis-risk in the general population. Several thousand adolescents and young adults in three major cities (Baltimore, Philadelphia, and Chicago) will be recruited from the community and surveyed for known psychosocial and environmental risk factors for psychosis, including attenuated psychotic symptoms, sleep disturbances, and levels of stress exposure, among others. High-scoring participants and a random sample of low-scoring participants are subsequently invited into the laboratory for an in-depth, gold-standard clinical assessment of CHR and other psychiatric syndromes. The combined results of these two study phases will be used to empirically develop a brief self-report instrument with high ability to assess the likelihood of meeting CHR criteria and an unfavorable course of functioning. Led by YouthFIRST at UMBC and colleagues at Northwestern University and Temple University, this epidemiological study was recently funded by a large (R01) grant from the National Institute of Mental Health.

Social Work Training to Reduce the Duration of Untreated Psychosis (R34)

Recently funded by the National Institute of Mental Health (R34), this randomized controlled trial will administer an innovative online training program to over 1,200 clinical social workers in the state of Maryland. The training is designed to increase awareness of early psychosis and knowledge of screening implementation. Participating social workers are educated on the Maryland EIP, an early psychosis specialty network directed in part by Dr. Schiffman. The training is expected to facilitate rapid access to specialty care for those suspected of experiencing CHR or early psychosis, circumventing the extended DUP that is characteristic of current treatment as usual. This study represents a partnership between YouthFIRST, the Maryland EIP, and the University of Maryland School of Social Work.

Computerized Assessment of Psychosis-Risk (CAPR) Grant (NIH)

Early detection of young people at clinical high risk for psychosis offers a critical opportunity for early intervention to improve the course of illness, and perhaps even prevent onset entirely. Current interview-based methods for psychosis risk detection lack specificity, and are only available in a handful of research centers in the United States. The CAPR study aims to improve accessibility and broaden impact of high risk screening by testing brief computerized measures, ultimately able to be administered on the internet, and to improve prediction by focusing on tasks specific to underlying mechanisms driving emerging psychotic symptoms.

Maryland Clinical High Risk for Psychosis (CHiRP) Grant (SAMHSA)

This project intends to fundamentally improve the lives and functional trajectories of adolescents and young adults at clinical high-risk (CHR) for mental illness with psychosis. We are expanding our already existing CHR collaboration between the University of Maryland School of Medicine (UMSOM), UMBC, and the Maryland Behavioral Health Administration to create a comprehensive, evidence-based, stepped model of care clinic.

Central components of the stepped intervention include culturally-sensitive and state-of-the-art assessment, psychoeducation, cognitive behavioral therapy (CBT) for CHR as well as other concerns, supported education and employment, substance use treatment, and pharmacotherapy, as well as seamless transfer to specialty care within our existing clinical network in the case of an emergent disorder with psychosis.

Through a consumer and culturally informed approach, our clinical goals are to, 1) improve social and role functioning and quality of life among clients; 2) reduce the severity of psychosis-risk symptoms as well as other concerns (e.g. mood, substance misuse); 3) prevent or delay progression to formal psychosis; and 4) curb the burden of the first episode of psychosis (FEP) through stepped care, if diagnosable psychosis is to emerge. Our research goal is to investigate the effectiveness of these efforts.

Policy

The CHiRP intern would have the opportunity to learn more about state policy and regulations related to early identification and support of youth experiencing first episodes of psychosis as part of participation in Maryland EIP meeting, issues relating to sustainability for CHiRP services, and other state meetings and opportunities.

Training

The CHiRP intern would have the opportunity to help supervise a Master's Level extern and would also as part of the Maryland EIP Outreach team provide outreach and education to stakeholders (e.g., primary care providers, educators, health and mental health staff, hospital staff, emergency room staff, policymakers) on the basics of the early identification and treatment of youth with psychosis.

The following centers/programs are affiliated with the CHiRP internship:

National Center for School Mental Health (CSMH): Full description available [here](#).

School Mental Health Program: Full description available [here](#).

Maryland Psychiatric Research Center: Under the leadership of Dr. Bob Buchanan, The Maryland Psychiatric Research Center (MPRC) is an internationally renowned research center, which is dedicated to providing treatment to patients with schizophrenia and related disorders, educating professionals and consumers about schizophrenia, and conducting basic and translational research into the manifestations, causes, and treatment of schizophrenia. The MPRC is a University of Maryland School of Medicine (UMSOM) Organized Research Center, which resides in UMSOM Department of Psychiatry and operates as a joint program between UMSOM and the Maryland Department of Health.

Youth Focused Identification, Research, and Service Team (YouthFirst): YouthFIRST is a research team in the Department of Psychology at the University of Maryland, Baltimore County. Directed by Professor Jason Schiffman, Ph.D., the lab is dedicated to producing meaningful and useful research in the context of providing clinical services, while at the same time training future leaders in psychology. We focus on the scientific understanding of the origins of, and treatment and assessment for, schizophrenia-spectrum ("spectrum") and psychotic disorders in youth and young adults. We define our research into three overlapping themes including: (1) genetic high-risk research, (2) clinical high-risk research, (3) clinical services research.

Maryland Early Intervention Program: The Maryland Early Intervention Program (MEIP) is a collaborative effort among several centers, including the University of Maryland School of Medicine Department of Psychiatry's Maryland Psychiatric Research Center, National Center for School Mental Health, Psychology, and Psychiatric Services Research; the University of Maryland Medical System's Divisions of Child and Adolescent Psychiatry and Community Psychiatry; and the University of Maryland-Baltimore County Department of Psychology. This program was established in part by funding from Maryland's Department of Health. The MEIP offers specialized programs with expertise in the early

identification, evaluation, and comprehensive psychiatric treatment of adolescents and young adults at risk for, or in the early stages of, a mental illness with psychosis. It uses an integrated approach to addressing the health and mental health needs of young adults, including providing support for co-occurring substance use disorders, metabolic risks, and other co-occurring medical conditions. The MEIP is committed to reducing disability by equipping individuals and their families with tools to manage their illness, move successfully through the developmental stages of growth, and establish a life of their choosing. The MEIP includes four components: 1) Outreach and Education Services to groups interested in learning more about the early stages of mental illnesses with psychosis; 2) Clinical Services to individuals experiencing early psychosis and their families; 3) Consultation Services to professionals working with individuals experiencing early psychosis and their families; 4. Training and Implementation Support to professionals establishing Early Intervention Teams

UM Child-Focused Tracks: Supervisors' Training and Experience

Tiffany Beason, Ph.D. is an Assistant Professor at the University of Maryland School of Medicine and National Center for School Mental Health. She received her Ph.D. in Clinical and Community Psychology from University of Maryland Baltimore County and completed her internship and postdoctoral fellowship with the NCSMH. Dr. Beason's research interests relate to academic achievement, positive racial/ethnic identity, adaptive social and coping skills, and sense of community among youth and young adults. She currently works as a school mental health clinician in a Title I Baltimore City School. Clinically, Dr. Beason is trained as a generalist with specialized training in providing trauma-informed treatment in schools that serve primarily low-income youth and families of color. Dr. Beason engages in research, training and technical assistance. She is currently collaborating on projects focused on teaching educators and school mental health practitioners on how to address the mental health needs of youth through the use of culturally responsive and equitable practices.

Vickie Beck, A.P.R.N., B.C., She has almost over 35 years of experience as a clinical nurse specialist working with abused children and their parents. She is a nationally certified TF-CBT trainer, leading training and ongoing coaching for licensed clinicians and University of Maryland child and adolescent trainees. Ms. Beck provides trauma focused supervision and support to all child interns.

Melanie Bennett, Ph.D is an Associate Professor in the Department of Psychiatry at the University of Maryland School of Medicine, and the Director of the Division of Psychiatric Services Research. She received her Ph.D. in Clinical Psychology from Rutgers University in 1995. Dr. Bennett's research focuses on etiology and treatment of substance use disorders and serious mental illness, screening for substance use disorders, prevention of substance use disorders. She is the principle investigator/project leader for numerous grants from the NIAAA and the NIMH. Dr. Bennett provides support and supervision for CHiRP interns in the domains of clinical care and research, and has extensive experience mentoring trainees in clinical work, research, and professional development.

Jill Bohnenkamp, Ph.D. is an Assistant Professor at the University of Maryland School of Medicine and National Center for School Mental Health. She received her Ph.D. in Clinical and School Psychology from the University of Virginia, Curry School of Education in 2012. Dr. Bohnenkamp completed her pre-doctoral internship at Children's National Medical Center in Washington, D.C., and postdoctoral fellowship at the National Center for School Mental Health at the University of Maryland School of Medicine. Dr. Bohnenkamp provides individual and group clinical, research and policy supervision to school mental health and early childhood school mental health interns. Dr. Bohnenkamp's research interests focus on behavioral and academic outcomes of school mental health service provision, school mental health workforce development, mental health training for educators and pediatric primary care providers and increased access to mental health services for youth and families.

Kristin Bussell, RN, NP is a psychiatric and mental health nurse practitioner at the University of Maryland Medical Center. She has expertise in psychosis and antipsychotic-induced weight gain. She coordinates projects of Dr. Gloria Reeves and regularly publishes and presents on psychosis. She has extensive experience in community and school-based mental health treatment.

Elizabeth Connors, Ph.D., is an Assistant Professor at Yale University and is a faculty member of the National Center for School Mental Health. She received her Ph.D. in clinical psychology, with concentrations in community and child psychology, from the University of Maryland Baltimore County in 2014. Dr. Connors completed her pre-doctoral internship in the School Mental Health Track of the VAMHCS/UMSOM Psychology Internship Consortium. Dr. Connors' research interests focus on dissemination, implementation and program evaluation of evidence-based mental health services for children and families receiving care in school and community-based settings. She is trained as an Improvement Advisor for the NCSMH's National Quality Initiative's Learning Collaborative on Comprehensive School Mental Health.

Kay Connors, L.C.S.W., is the Co-Director of the Center of Excellence for Infant and Early Childhood Mental Health and the project director for the Family Informed Trauma Treatment Center, and has over 30 years of experience working with traumatized children and their families. Ms. Connors has provided mental health treatment to children and families in a variety of settings, including hospital, residential treatment, private practice, clinic, and home-based programs. Ms. Connors has directed programs, supervised staff, participated in outcome research as well as trained trainees and audiences locally and nationally in infant and early childhood and trauma treatments.

Dana Cunningham, Ph.D., is the Coordinator of the Prince George's School Mental Health Initiative (PGSMHI) and is involved in intern research and training. The PGSMHI is designed to provide intensive school-based counseling and supports to trainees in special education. Dr. Cunningham graduated from Southern Illinois University at Carbondale with a doctoral degree in Clinical Psychology in 2004. Following the completion of her internship at the VAMHCS/UMSOM Psychology Internship Consortium, she completed a two-year postdoctoral fellowship at the National Center for School Mental Health. She is currently an Assistant Professor in the Department of Psychiatry. Dr. Cunningham's research and clinical interests are in the area of resilience, empirically supported treatments for ethnic minority youth, and school mental health.

April Donohue, Ph.D., received her Ph.D. in clinical psychology from Northern Illinois University in 2011. She completed her clinical internship at the University of Maryland School of Medicine, and then joined the staff of the child outpatient clinic in 2011. She provides teaching and supervision to trainees in the Division of Child and Adolescent Psychiatry.

Sarah Edwards, DO, is an Assistant Professor in Division of Child and Adolescent Psychiatry, University of Maryland School of Medicine and Board-Certified Child and Adolescent Psychiatrist with specialized expertise in acute pediatric psychiatric care, early childhood mental health and treatment of complex pediatric trauma-related disorders. She is Assistant Division Director and Medical Director of the Child and Adolescent Psychiatry Clinical service line, which includes child inpatient, partial hospitalization, pediatric consultation-liaison, and outpatient sub-specialty services. Dr. Edwards is also the Training Director of the University of Maryland Child and Adolescent Psychiatry Fellowship. Through these roles, she has extensive clinical experience in the assessment and treatment of pediatric mental health conditions, and provides training to fellows, residents, and students. *Sharon Hoover, Ph.D.*, received her Ph.D. in clinical psychology from the University of Maryland Baltimore County in 2002, completing her clinical internship and two-year postdoctoral fellowship at the University of Maryland School of Medicine at the National Center for School Mental Health (CSMH) and the School Mental Health Program. She is the Co-Director of the NCSMH and an Associate Professor in the Department of Psychiatry. Dr. Stephan's clinical and research focus is in the implementation of empirically-supported interventions in schools, with a particular emphasis on serving traumatized youth and youth from health-disparate populations. She conducts research and clinical training in the areas of mental health-primary care collaboration and integration, quality assessment and improvement, co-occurring disorders, school transitions, and trauma. She provides research supervision within the SMH track.

Sharon Hoover, Ph.D. is a licensed clinical psychologist and Professor at the University of Maryland School of Medicine and Co-Director of the National Center for School Mental Health (NCSMH). She currently leads NCSMH efforts to support states, districts and schools in the adoption of national quality

performance standards of comprehensive school mental health systems (www.theSHAPEsystem.com). Dr. Hoover also serves as Director of the NCTSN Center for Safe Supportive Schools (CS3), focused on building trauma-responsive, comprehensive school mental health systems that attend to social determinants and injustices and engage and support marginalized populations, including youth of color and newcomer (refugee and immigrant) youth. Dr. Hoover has led and collaborated on multiple federal and state grants, with a commitment to the study and implementation of quality children's mental health services. Creating safe, supportive and trauma-responsive schools has been a major emphasis of Dr. Hoover's research, education and clinical work. She has trained school and community behavioral health staff and educators in districts across the United States, as well as internationally.

Laurel Kiser, Ph.D., M.B.A., received a Ph.D. in psychology from Indiana University and a M.B.A. from the University of Memphis. She completed internship and two years of post-doctoral training in child clinical psychology. She is an Associate Professor in Psychiatry at UMB. Dr. Kiser's career focus has been on the provision and evaluation of treatment for youth living in poverty, victims of neglect, physical and sexual abuse, with moderate to severe psychiatric and behavior disorders. Her research is on the protective role of rituals and routines for coping with trauma and she is supported by an NIMH K-23 Award for developing a manualized, multi-family skills-based intervention for traumatized families. Dr. Kiser is co-Principal Investigator of the National Child Traumatic Stress Initiative Category II Family Informed Trauma Treatment (FITT) Center. Clinically, she co-directs the Trauma Clinic and serves as the Psychologist supervisor for the Center for Infant Study. Dr. Kiser is also active in teaching and supervising Division trainees on childhood trauma in multiple venues. She provides trauma education in community settings for clinicians on assessment and treatment of young children impacted by violence exposure.

Nancy Lever, Ph.D., is a licensed clinical psychologist and Associate Professor at the University of Maryland School of Medicine and Co-Director of the National Center for School Mental Health (NCSMH). As Co-Director of the NCSMH and Executive Director of the University of Maryland School Mental Health Program, she has worked to advance innovative training and technical assistance efforts that aim to improve school mental services and supports. She leads the advancement of interdisciplinary school behavioral health training for advanced graduate psychology, psychiatry, and social work students, as well as for the current education, health, and behavioral health workforce. She has helped to advance a school mental health multi-tiered framework that is based on school-family-community partnerships, and culturally responsive, high-quality behavioral health services. She serves as a leader for National Quality Initiative on School Based Health Services, supporting states, districts, and schools in advancing school mental health policy and adopting national school mental health quality performance standards. She co-lead the development of a national school mental health curriculum and an online mental health literacy training curriculum for educators as part of her work with SAMHSA and the Mental Health Technology Transfer Center Network.

Alicia Lucksted, Ph.D. is an Associate Professor in the Department of Psychiatry at the University of Maryland School of Medicine. She received her doctoral degree in Clinical/Community Psychology from the University of Maryland College Park in 1997, and completed a postdoctoral research fellowship at the University of Pennsylvania Medical School, Department of Psychiatry, Center for Mental Health Policy and Services Research. Her research focuses on outcomes and change processes for psychosocial interventions regarding mental health recovery, psychiatric rehabilitation, and serious mental illnesses, using both quantitative and qualitative methods. Current content areas include societal and internalized stigma regarding mental illness, preventing the development of self-stigma, the impact of anticipated stigma on recovery and community participation, consumer navigation of early episodes of psychosis and services, the impacts of Mental Health First Aid as a public education program, and consumer and family led self-help and support programs.

Gloria Reeves, MD, is a child and adolescent psychiatrist with specialized expertise in pediatric psychopharmacology and obesity-related health issues among individuals with serious mental illness. Dr. Reeves received her medical degree from the University of Maryland School of Medicine and completed

a NIH-funded career development award to develop skills in state-of-the-art metabolic assessments of youth and adults with mental illness, and she has collaborated with interdisciplinary experts to study obesity-related side effects of antipsychotic medication treatment. Dr. Reeves partnered with pharmacists, child mental health experts, and child-serving state agency leadership to help develop an antipsychotic medication prior authorization program for publicly-insured youth. Dr. Reeves is the Medical Director of the Strive for Wellness program, a hybrid clinical and research program focused on psychosis prevention.

Kim Sadtler MSN, PMH, APRN-BC, NE-BC is the Nurse Manager of Patient Care Services for Behavioral Health, Child Inpatient and Partial Hospitalization, and Psychiatric Emergency Services at the University of Maryland Medical Center. She received her BSN at the University of Maryland School of Nursing and her MSN at Cincinnati College of Nursing. She is actively involved in quality and improvement efforts involving the implementation of trauma-informed programming and the reduction of seclusion and restraint.

Kristin Scardamalia, Ph.D., LSSP. received her doctorate in Educational Psychology with a specialty emphasis in neuropsychological assessment from the University of Texas at Austin. She completed her clinical internship at Travis County Juvenile Services, including training in forensic evaluation, and completed two years as a postdoctoral research fellow at the National Center for School Mental Health (NCSMH) where she now an Assistant Professor. Her research focuses on the intersection of the education, juvenile justice, and mental health systems and their contribution to the disproportionate number of minorities impacted by the school to prison pipeline. Her research addresses universal prevention and intervention through her work on the development of a modularized, classroom based, social emotional learning curriculum and through research on district-wide strategies to reduce exclusionary discipline practices. She has specialized assessment training in the areas of autism, neuropsychology, personality, and psycho-educational evaluations. She provides supervision and training related to child and adolescent assessment at the Maryland Psychological Assessment and Consultation Clinic (MPACC).

Cindy Schaeffer, Ph.D., received her doctorate in Child-Clinical Psychology (with a concentration in Community Psychology) from the University of Missouri in 2000 and completed her clinical internship with the University of Maryland's School Mental Health Program. After a postdoctoral fellowship in Prevention Science at the Department of Mental Health within the Johns Hopkins Bloomberg School of Public Health, she held faculty positions at the University of Maryland Baltimore County and the Medical University of South Carolina before joining the National Center for School Mental Health in 2015, where she is an Associate Professor. Dr. Schaeffer serves as a research mentor within the child track. Her research interests relate primarily to developing and evaluating multifaceted ecologically-based interventions for youth involved in the juvenile justice and child protective service systems and their families. Her current work involves adapting Multisystemic Therapy (MST) for CPS-involved families experiencing substance abuse and domestic violence, and developing a mobile phone app that supports parental management of youth with conduct problems. She is also working to promote effective alternatives to school suspensions and other school push-out policies that contribute to youth juvenile justice involvement.

Jason Schiffman, Ph.D., is a Professor with appointments at both UMBC and UMB. He is Director of Clinical Training, Director of the YouthFIRST lab in the Department of Psychology at UMBC. He completed his Ph.D. in 2003 at the University of Southern California under mentorship of Sarnoff Mednick. He received his undergraduate degree in psychology at Emory University under mentorship of Elaine Walker. Dr. Schiffman's research interests include early identification and treatment of youth at risk for psychosis and the reduction of stigma against people with serious mental health concerns.

Mackenzie Sommerhalder, Ph.D. is an Assistant Professor and the Director of Acute Clinical Services in the Division of Child and Adolescent Psychiatry, University of Maryland School of Medicine. She received her doctorate in Educational Psychology from the University of Nebraska at Lincoln. She completed her predoctoral internship at the Kennedy Krieger Institute/Johns Hopkins School of

Medicine, Behavior Management Clinic and Pediatric Psychology Clinic and Consultation Service. She completed two years as a postdoctoral fellow at the Johns Hopkins School of Medicine where she served as the psychological service provider for the Child and Adolescent Psychiatry Day Hospital, which included consultation with multidisciplinary team, comprehensive psychological evaluations, parent training, group therapy, and individual therapy. She also provided services to medical providers, families, and patients to optimize adherence, improve pain management, enhance adjustment/coping, and treat comorbid psychopathology for children hospitalized due to pediatric burns, bone marrow transplants, and nephrology conditions. Her research interests include: quality assessment and improvement, multi-tiered systems of supports in hospital settings, and parent training. She provides supervision and training related to the Child and Adolescent Inpatient and Pediatric Consultation-Liaison track.

HOW TO APPLY

Applicant Eligibility

1. The VAMHCS/UMSOM Psychology Internship Consortium participates in the APPIC National Matching Service (NMS). Applicants must be registered with NMS and apply through the online APPIC portal. Applicants may register with NMS on the following website: www.natmatch.com/psychint. Applicants who do not obtain a position through Phase I of the Match (e.g., applicants who withdraw or remain unmatched in Phase I) will be eligible to participate in Phase II of the Match with our site if those applicants register for the Match prior to the Rank Order List deadline for Phase I.
2. Applicants must be trainees in good standing in an APA-accredited or CPA-accredited doctoral program in clinical, counseling, or school psychology and approved for internship by their graduate program Training Director.
3. Applications are typically only reviewed for trainees who have successfully proposed their dissertation prior to the application deadline (11/01/2020). However, in light of potential delays imposed by the pandemic, we will review applications for individuals who plan to defend their dissertation proposal by 11/30/2020. Please note that interview invitations for qualified applicants will be rescinded if documentation of successful dissertation proposal defense by 11/30/2020 is not furnished.
4. Our program typically only considers applications from trainees who have completed a total of 500 combined intervention and assessment hours, of which at least 50 must be assessment hours. Hours completed at the Masters and Doctoral level count toward this requirement. We recognize that COVID-19 has negatively impacted accrual of clinical hours for many applicants. Therefore, applicants who have between 400-499 combined hours (including at least 25 assessment hours) will be considered. However, we ask that applicants falling below the total hour requirement (i.e., 400-499 total hours) and/or below the assessment requirement (i.e., 25-49 hours) briefly address readiness for internship despite lower hours than expected in their cover letters. General note about distribution of hours: Please keep in mind that the minimum number of intervention and assessment hours provided for our program in the APPIC online directory are set low to accommodate the different priorities of the various Consortium training tracks. For example, an applicant with 200 intervention hours might be competitive for the neuropsychology track, but would likely not be competitive for the more intervention-intensive tracks. Similarly, an applicant with 50 assessment hours would not be competitive for the neuropsychology track but might be competitive for another track.
5. Interns in VA-based tracks must be citizens of the United States and will have to present documentation of U.S. Citizenship prior to beginning the internship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns must complete a Certification of Citizenship in the United States prior to beginning VA training. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government

employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can only be granted by the US Office of Personnel Management. For UM-based tracks, J-1 visas **are** accepted. Green cards and F-1 and H1-B visas are **not** accepted.

6. Interns are subject to fingerprinting, employee health screening, and background checks. Selection decisions are contingent on passing these screens.
7. The VA conducts drug screening on randomly selected personnel. Interns are not required to be tested prior to beginning work, but once on staff they are subject to random selection.

Application Procedures

1. Complete the online APPIC APPI
2. In the cover letter, applicants should clearly indicate the track for which they wish to be considered. Indicate the appropriate APPIC Program Codes for each track (see below). As noted above, applicants falling below the total hour requirement and/or below the assessment hour requirement are asked to briefly address preparedness for internship despite the shortage in hours in their cover letters.
 - For all VA-based tracks (VA Comprehensive, VA Trauma Recovery, VA Neuropsychology, VA Health Psychology, and VA SMI Tracks): Please indicate in your cover letter the **one** track for which you wish to be considered.
 - UM Child Psychology Tracks: You may be considered for multiple child-focused tracks if you wish. Please clearly state in your cover letter which track is your top preference. You may not be considered for all tracks that you rank.
3. Submit the required de-identified psychological assessment report as your supplemental work sample. Please remove the client's name and any other protected health information. Unless information would identify the client to a likely application reviewer, it is helpful if relevant demographic information and the name of the clinic are included. If you are using an alias, please make this clearly noted on the assessment report.
4. Submit three letters of recommendation.
5. All applications materials should be submitted through the on-line APPIC portal: www.appic.org
6. The deadline for submission of applications is 11:59 PM EST. on November 1st, 2020.

Note: As previously mentioned, the ideal applicant has a combination of peer-reviewed publications and professional presentations that clearly demonstrate their skills as a psychological scientist. Additionally, the ideal applicant is expected to have solid foundational training and skills across a broad range of clinical populations, evidence-based practices, and in a wide array of objective psychological assessments. **Each of these requisite skills should be clearly addressed in the application and in letters of recommendation.**

Selection Procedures

A separate committee of internship training staff from each track reviews and evaluates each application on the domains of clinical experience, research experience, letters of recommendation, quality of graduate program, coursework and grades, life experiences, and goodness of fit with the training program. Each committee decides which applicants will be invited for interviews. Decisions regarding interviews will be communicated via email on or before December 15, 2020. Interviews will be conducted exclusively virtually (via video-based conferencing platforms) for the 2021-2022 recruitment cycle. There will **not** be an on-site interview option. The interview experience will consist of an overview of the consortium led by the training director, interviews with three or more staff/faculty from the track(s) in which an applicant indicated interest, and a non-evaluative meeting with current Consortium interns. Interviews are scheduled to occur on select Thursdays in January 2021.

The VAMHCS/UMSOM Psychology Internship Consortium abides by the policies stated in the Association of Psychology Post-Doctoral and Internship Centers (APPIC) Match Policies. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. Applicants are referred to the APPIC website for a detailed description of policies pertaining to the match: www.appic.org.

The VAMHCS and UM are Equal Opportunity Employers. Our Consortium values and is deeply committed to cultural and individual diversity and encourages applicants from all backgrounds.

APPIC Program Codes

Although our consortium is a unified and integrated internship, the training tracks listed below are treated as separate programs by the APPIC matching process.

Track	APPIC Number	Number of Positions
VA Comprehensive	134711	2
VA Health Psychology	134713	2
UM Clinical High Risk for Psychosis (CHiRP)	134714	1
UM Child Inpatient and Pediatric Consult-Liaison	134715	1
UM School Mental Health	134716	3
VA Neuropsychology	134717	3
VA Serious Mental Illness	134718	2
VA Trauma Recovery	134719	2

Contact Information

Please visit our Training Program website at:

<http://www.maryland.va.gov/services/mentalhealth/TrainingProgram.asp>. Requests for additional information about the VAMHCS/UMSOM Psychology Internship Consortium may be obtained via email (preferred) or telephone from the following individuals:

Primary Contacts:

Moira Dux, Ph.D.
Psychology Training Program Director
410-637-1383 (office) or 443-421-5922 (mobile)
Moira.Dux@va.gov

Jovan S. Bess, B.S.
Program Support Assistant
Jovan.Bess@va.gov

Secondary Contacts:

Nancy Lever, Ph.D.
Associate Director of Training (UM)
410-706-0980
Nlever@som.umaryland.edu

Jason Peer, Ph.D.
Associate Director of Training (VA)
410-637-1293
Jason.Peer@va.gov

CONSORTIUM ADMINISTRATION AND STAFF

Consortium Steering Committee

This committee has the responsibility for regulatory oversight of the Consortium's compliance with relevant accreditation criteria, policies, and guidelines and will serve to enhance cross-facility communication to ensure the quality of all aspects of the Consortium training program. The members of the committee are:

Moira Dux, Ph.D.	Psychology Training Program Director, VAMHCS/UMSOM Psychology Internship Consortium
Melanie Bennett, Ph.D.	Director, Division of Psychiatric Services Research, UM SOM
Jade Wolfman-Charles, Ph.D.	Chief Psychologist, VAMHCS
Ryan M. Scilla, M.D.	Acting Associate Chief of Staff for Education, VAMHCS
Aaron Jacoby, Ph.D.	Director, VAMHCS Mental Health Clinical Center
Jill RachBeisel, M.D.	Interim Chair, Department of Psychiatry, UMSOM
Mark Ehrenreich, M.D.	Chief of Medical Education, Department of Psychiatry, UMSOM

Consortium Training Committee

This committee is responsible for the day-to-day operation of the internship and for maintaining the Consortium's compliance with the criteria for accreditation of the American Psychological Association (APA) and with the guidelines of the Association of Psychology Postdoctoral and Internship Centers (APPIC). The Training Director and Training Committee closely oversee the recruitment process and the selection process to assure equitable treatment of all applicants and adherence to the standards of both APPIC and APA. The Committee is responsible for coordinating material and human resources, selection of interns, evaluating facilities for continued participation in the Consortium, the content of the Core Curriculum Seminars, and ensuring the quality of the clinical supervision within the internship.

Associate Director of Training, UM-SOM - Nancy Lever, Ph.D.:

In addition to sharing the responsibilities of the Training Committee, this individual is responsible for coordinating interns and training staff assigned to UM clinics, including communicating with administrative staff regarding hiring, orientation, and payroll. This individual is available to address any concerns raised by interns or training staff at UM sites.

Associate Director of Training, VAMHCS- Jason Peer, Ph.D.:

Similar to the Associate Director of Training role described above, this individual assists with issues that arise among VA-based interns and staff, with special attention to internship activities at the Perry Point VAMC, since the Training Director is typically based in Baltimore.

Assessment Co-Coordinator- Michael Poet, Psy.D. and Kristin Scardamalia, Ph.D.:

The Assessment Coordinators are responsible for coordinating the interns' training activities in the area of psychological assessment. These individuals ensure that interns are informed of the year-long assessment requirement and the criteria for assessments, track the completion of assessments throughout the year, works with supervisors and staff to optimize assessment opportunities, and provide supervision on assessment-related topics.

Seminar Co-Coordinator- Anjeli Inscore, Psy.D., and Arthur Sandt, Ph.D.:

The Seminar Co-Coordinator are responsible for developing core educational activities for interns, both across and within sites. The Co-Coordinator collaborate with the Training Director and Training Committee in regard to the content of the seminars and relationship between the content of the core curriculum and training objectives. The Co-Coordinator are responsible for the selection and scheduling of consultants, faculty seminars, and guest speakers.

Diversity Coordinator- Candice Wanhatalo, Ph.D.:

The Diversity Coordinator contributes to the Consortium's overall mission of excellence in training in issues of diversity. The Coordinator is responsible for retention of interns dedicated to training in cultural competence, implementing a curriculum that provides training in all areas of diversity, and serving as a mentor and supervisor to interns that participate in the Diversity Minor training experience. Finally, this individual may represent the Consortium at local and national conferences dedicated to diversity and cultural competence for recruitment of interns.

Research Co-Coordinator- Christine Calmes, Ph.D. and Jill Bohnenkamp, Ph.D.:

The Research Co-Coordinator contribute to the Consortium's overall mission by creating a scientist-practitioner environment for interns. The Co-Coordinator are responsible for establishing research opportunities that have relevance to clinical practice across the VAMHCS and UMSOM, guiding and mentoring interns in their research involvements, and evaluating interns' progress.

Program Evaluation and Development Coordinator- Shayla Mross, Ph.D.

The Program Evaluation and Development Coordinator assists with analyzing and interpreting data from Consortium evaluations as well as feedback from applicants, trainees, supervisors, and leadership (as applicable) to facilitate a data-driven approach to refining, expanding, and enhancing Consortium offerings and procedures. The Coordinator is also involved in overseeing collection of data related to accreditation.

Intern Representative(s):

One or more intern volunteers are identified at the beginning of the training year to serve as representative(s) to the Training Committee. They provide invaluable input from the interns' perspective into the Training Committee's discussions and decisions and serve as a conduit for any concerns that the interns may want to bring to the Training Committee.

APPENDIX A

VAMHCS/UMSOM PSYCHOLOGY INTERNSHIP CONSORTIUM PSYCHOLOGY TRAINEE CLINICAL COMPETENCY ASSESSMENT FORM

Trainee: _____ Supervisor: _____

Date: _____ Rotation/Clinic: _____

Evaluation time point:	UM interns:	October	February	June
	VA interns:	1 st rotation	Initial	Final
		2 nd rotation	Initial	Final
		3 rd rotation	Initial	Final
	Minor Rotation:	Mid-Year	Final	

ASSESSMENT METHOD(S):

<input type="checkbox"/> Direct observation*	<input type="checkbox"/> Review of written work
<input type="checkbox"/> Videotape	<input type="checkbox"/> Review of raw test data
<input type="checkbox"/> Audiotape	<input type="checkbox"/> Discussion of clinical interaction
<input type="checkbox"/> Case presentation	<input type="checkbox"/> Comments from other staff

COMPETENCY RATINGS**

- 1 – Trainee does not demonstrate basic competency. Intensive supervision needed and remedial plan required (below intern entry level expectations).
- 2 – Trainee demonstrates basic competency. Close supervision is needed and further growth necessary. A remedial plan may be needed (expected intern entry level).
- 3 – Trainee demonstrates an intermediate level of competency, typical for interns throughout the training year. Performance is acceptable, but regular/typical supervision is needed and further growth is desirable (minimal intern completion level).
- 4 – Trainee demonstrates an intermediate to advanced level of competency, typical of interns at the end of the training year. Performance demonstrates skillfulness. Intermittent supervision needed (preferred intern completion level).
- 5 – Trainee demonstrates consistently advanced level of competence, well beyond that which is expected for interns at the end of the training year. Performance demonstrates capacity for independent practice. Minimal supervision needed (above expected level for internship).

N/O – Not Observed

*APA requires that each intern be evaluated based, in part, on direct observation (or video recording).

**Competency ratings reflect your assessment of the amount/intensity of supervision needed. This does not mean the supervisee receives less than the required amount of supervision on the rotation.

COMPETENCY AREA 1: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

GOAL: Demonstrates a commitment to the professional values and attitudes symbolic of a health service psychologist as evidenced by a variety of behaviors.

Rating Scale

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O – Not Observed

ITEMS	RATING
1. Exhibits professional demeanor across settings	
2. Actively/meaningfully participates in team meetings	
3. Maintains professional boundaries	
4. Prioritizes various tasks efficiently	
5. Makes adjustments to priorities as demands evolve	
6. Engages in self-reflection regarding personal and professional functioning	
7. Manages personal stressors so they have minimal impact on professional practice	

COMPETENCY AREA 2: ETHICS AND LEGAL MATTERS

GOAL: Demonstrates an ability to think critically about ethical and legal matters as they pertain to the professional practice of psychology. Demonstrates increasing competence identifying and addressing ethical and legal matters, as required or suggested by the APA guidelines, state laws, or institutional policies. Conducts self in an ethical manner in all professional activities.

Rating Scale

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O – Not Observed

ITEMS	RATING
1. Adherence to APA ethical guidelines	
2. Adherence to relevant organizational, regional and federal regulations and policies governing health service psychology	

3. Effectively identifies ethical and legal issues	
4. Effectively addresses ethical and legal issues	
5. Evaluates risk (e.g., suicidal/homicidal concerns) when appropriate	
6. Discusses issues of confidentiality with patients	
7. Discusses and obtains informed consent with patients	
8. Recognizes and responds appropriately to patient crises	
9. Maintains complete records of all patient interactions	
10. Notes are timely	

**COMPETENCY AREA 3: PROFESSIONAL COMMUNICATION, CONSULTATION
AND INTERPERSONAL SKILLS**

GOAL: Demonstrates the ability to effectively communicate with teams of providers, staff, and other stake holders as it relates to duties performed within the scope of professional psychology. Able to seek out consultation when needed and provide consultation to others in intern's area of expertise.

Rating Scale

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O – Not Observed

ITEMS	RATING
1. Demonstrates an ability to identify when consultation is needed	
2. Actively seeks consultation when treating complex cases and working with unfamiliar symptoms	
3. Gives the appropriate level of guidance when providing consultation to other health care professionals	
4. Coordinates care with other providers in or outside the clinical setting	
5. Demonstrates an ability to take into account the referring provider(s) level of knowledge regarding psychological theory, methods, and principles when providing information	
6. Handles differences with staff members effectively	
7. Demonstrates openness to feedback	
8. Demonstrates an ability to relate well to those seeking input	
9. Is able to discuss differences in perspectives within professional settings	

10. Recognizes the difference between the need for supervision and consultation	
---------------------------------------------------------------------------------	--

COMPETENCY AREA 4: INDIVIDUAL AND CULTURAL DIVERSITY

GOAL: Demonstrates an ability to think critically about pertinent cultural and/or other individual differences that might impact the patient's presenting problem, or his or her ability to engage in treatment/assessment, in order to effectively work with a range of diverse individuals and groups of clients.

Rating Scale

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O – Not Observed

ITEMS	RATING
1. Discusses individual differences with patients	
2. Recognizes when more information is needed regarding patient's diversity	
3. Actively seeks supervision or consultation about issues related to diversity	
4. Aware of own identity and potential impact on clients	
5. Actively seeks out scientific literature or other materials to expand understanding of individual and cultural differences	
6. Demonstrates ability to integrate knowledge of diversity and cultural differences into professional practice	

COMPETENCY AREA 5: THEORIES AND METHODS OF PSYCHOLOGICAL DIAGNOSIS AND ASSESSMENT

GOAL: Demonstrates an ability to produce thorough and meaningful integrated psychological assessment reports and communicate those findings effectively to patients and others (e.g., other providers, families, etc.)

Rating Scale

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O – Not Observed

ITEMS	RATING
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1. Selects appropriate assessment measures	
2. Effectively administers psychological tests	
3. Effectively scores psychological tests	
4. Demonstrates effective diagnostic interviewing skills	
5. Demonstrates effective differential diagnostic skills	
6. Accurately interprets psychological tests	
7. Accurately integrates and synthesizes information from multiple sources (e.g., tests, chart, self-report, medical evaluations, medication list)	
8. Writes assessment reports that effectively address the referral question(s)	
9. Formulates well conceptualized and useful recommendations	
10. Reports clearly describe all pertinent information (e.g., presenting problem, background information)	
11. Effectively communicates results with patients and others (e.g., family members, referring provider)	
12. Reports have minimal careless errors (e.g., typos, scoring errors)	

AT THIS TIME, I HAVE COMPLETED ____/6 TOTAL COMPREHENSIVE PSYCHOLOGICAL ASSESSMENTS.

**COMPETENCY AREA 6: THEORIES AND METHODS OF
EFFECTIVE PSYCHOTHERAPEUTIC INTERVENTION**

GOAL: Demonstrates the ability to consistently and effectively engage and collaboratively develop intervention goals with patients with a wide range of presenting problems. Effectively selects, tailors and delivers appropriate evidence based (or where appropriate, evidence informed) interventions.

Rating Scale

- 1** – Intensive supervision needed
- 2** – Close supervision needed
- 3** – Regular/Typical supervision needed
- 4** – Intermittent supervision needed
- 5** – Minimal supervision needed
- N/O** – Not Observed

ITEMS	RATING
1. Maintains effective relationships with patients	
2. Establishes measurable goals with patients as part of the treatment planning process	

3. Formulates a useful case conceptualization from a theoretical perspective	
4. Monitors patient progress towards reaching treatment goals and evaluates intervention effectiveness	
5. Selects appropriate interventions with patients	
6. Implements appropriate interventions with patients	
7. Effectively applies intervention strategies	
8. Effectively manages the termination process	
9. Demonstrates an awareness of personal issues that could interfere with treatment	
10. Implements evidenced-based interventions with appropriate modifications consistent with patient population	
11. Develops appropriate goals for the nature and duration of the group	
12. Demonstrates the ability to maintain group order and focus on goals of session	
13. Displays an ability to manage group dynamics	
14. Demonstrates an ability to function as a group (co-)facilitator	

**COMPETENCY AREA 7: SCHOLARLY INQUIRY AND APPLICATION OF
CURRENT SCIENTIFIC KNOWLEDGE TO PRACTICE**

GOAL: Demonstrates the initiative and ability to integrate scientific knowledge into professional clinical practice.

Rating Scale

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O – Not Observed

ITEMS	RATING
1. Independently seeks out information to enhance clinical practice	
2. Demonstrates initiative to incorporate scientific knowledge into clinical practice	
3. Identifies areas of needed knowledge with specific clients	
4. Responsive to supervisor's suggestions of additional informational resources	

COMPETENCY AREA 8: CLINICAL SUPERVISION

GOAL: Demonstrates an understanding of supervision theory and practice. Able to apply supervision

principles to self under the guidance of a licensed psychologist. Ability to provide supervision to others when such activities are available in specific clinical settings.

Rating Scale

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O – Not Observed

ITEMS	RATING
1. Identifies major components of models of supervision	
2. Seeks out information regarding supervision theory/practice using relevant scientific and other professional sources	
3. Demonstrates ability to effectively self-supervise	
4. Demonstrates an ability to establish good working rapport with his or her supervisee	
5. Demonstrates an ability to establish good working rapport with his or her supervisor	
6. Consistently recognizes relevant issues related to supervision	
7. Effectively applies supervision skills	
8. Effectively discusses the supervisory process with supervisor	
9. Effectively receives supervisory feedback	
10. Effectively gives supervisory feedback	

ROTATION-SPECIFIC GOALS

Please list the major goals specific to the rotation and rate the intern's performance meeting them.

Rating Scale

- 1 – remediation required
- 2 – basic competence
- 3 – intermediate competence
- 4 – intermediate to advanced competence
- 5 – consistently advanced competence
- N/O – Not Observed

1. Goal:

Comments:

Rating: _____

2. Goal:

Comments:

Rating: _____

3. Goal:

Comments:

Rating: _____

4. Goal:

Comments:

Rating: _____

5. Goal:

Comments:

Rating: _____

SUPERVISOR COMMENTS

Summary of strengths:

Areas needing additional development, including recommendations:

Remedial Work Instructions: In the rare situation when it is recognized that a trainee needs remedial work, a competency assessment form should be filled out **immediately**, prior to any deadline date for evaluation, and shared with the trainee and the Training Director. In order to allow the trainee to gain competency and meet passing criteria, these areas must be addressed proactively and a remedial plan needs to be devised and implemented promptly. Please see *Procedures for Remediation of Trainees' Problematic Behaviors and Performance and Addressing Trainees' Grievances* for further guidance. Once the remedial plan has been satisfied, the trainee will receive an updated evaluation, clearly marked as such.

Areas in need of remediation, including any recommendations:

CRITERIA FOR COMPLETION

Start of Rotation (VA) or Mid-Year (UM): All competency items should be rated as a 2 or higher (expected internship entry level). If a competency item is rated as a 1, then a remedial action plan is required for that item. A remedial action plan may be developed for items rated at a 2.

End of Rotation (VA) or End-Year (UM): All competency items should be rated as a 3 or higher (minimal internship completion level), and any remedial action plan initiated prior to this date must be completed in order to successfully complete the rotation/internship year.

_____ We have reviewed this evaluation together. The trainee HAS successfully completed the above goal for this evaluation period.

_____ We have reviewed this evaluation together. The trainee HAS NOT successfully completed the above goal for this evaluation period. The Training Director has been informed and steps have been taken to implement a remediation plan, as indicated in the *Procedures for Remediation of Trainees' Problematic Behaviors and Performance and Addressing Trainees' Grievances* document.

Supervisor's Signature: _____

Date _____

Supervisor's Printed Name: _____

Trainee Comments Regarding Competency Evaluation (if any):

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

Trainee's Signature: _____ Date _____

Trainee's Printed Name: _____

APPENDIX B

VAMHCS/UMSOM PSYCHOLOGY INTERNSHIP CONSORTIUM PSYCHOLOGY TRAINEE RESEARCH COMPETENCY ASSESSMENT FORM

Trainee: _____ Supervisor(s): _____ Date: _____

Research Project Title: _____

Evaluation time point: Mid-Year End-of-Year

COMPETENCY RATINGS

- 1 –** Trainee does not demonstrate basic research competency. Intensive supervision needed and remedial plan required for continued progress on research project (below intern entry level expectations).
- 2 –** Trainee demonstrates basic research competency. Close supervision is needed and further growth necessary for successful completion of research tasks. A remedial plan may be needed (expected intern entry level).
- 3 –** Trainee demonstrates an intermediate level of competency, typical for interns throughout the training year. Performance is acceptable, but regular/typical supervision is needed for research tasks and further growth is desirable (minimal intern completion level).
- 4 –** Trainee demonstrates an intermediate to advanced level of research competency, typical of interns at the end of the training year. Performance demonstrates research skillfulness. Intermittent supervision needed (preferred intern completion level).
- 5 –** Trainee demonstrates consistently advanced level of research competence, well beyond that which is expected for interns at the end of the training year. Performance demonstrates capacity to function autonomously as an independent researcher. Minimal supervision needed (above expected level for internship).

N/O – Not Observed

**Note:* Competency ratings reflect your assessment of the amount/intensity of supervision needed. This does not mean the supervisee receives less than the required amount of supervision on the rotation.

SCHOLARLY INQUIRY AND RESEARCH DISSEMINATION

Demonstrates the knowledge, skills, and ability to employ sound scientific methods to research development and implementation, critically evaluate and use empirical data to solve problems, and contribute to scientific knowledge via dissemination of research.

Rating Scale

- 1 –** Intensive supervision needed
- 2 –** Close supervision needed

- 3 – Regular/Typical supervision needed
 4 – Intermittent supervision needed
 5 – Minimal supervision needed
 N/O – Not Observed

ITEMS	RATING
1. Utilizes scientific literature to formulate research aims and hypotheses	
2. Demonstrates an awareness of applicable scientific methods and procedures	
3. Utilizes appropriate data analytic approaches	
4. Demonstrates an ability to accurately interpret analyses	
5. Considers alternate explanation(s) of results	
6. Aware of limitations of study	
7. Demonstrates ability to discuss implications of research	
8. Disseminates research through local, regional, and/or national platforms	
9. Contributes to manuscript preparation and submission	

COMPETENCY AREA: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

Demonstrates a commitment to the professional values and attitudes symbolic of a health service researcher as evidenced by a variety of behaviors.

Rating Scale

- 1 – Intensive supervision needed
 2 – Close supervision needed
 3 – Regular/Typical supervision needed
 4 – Intermittent supervision needed
 5 – Minimal supervision needed
 N/O – Not Observed

ITEMS	RATING
1. Exhibits professional demeanor across research settings	
2. Actively/meaningfully participates in research meetings	
3. Maintains professional boundaries	
4. Prioritizes various tasks efficiently	
5. Makes adjustments to priorities as demands evolve	
6. Manages personal stressors so they have minimal impact on research progress	
7. Effectively receives supervisory feedback	
8. Effectively gives feedback to supervisor	

COMPETENCY AREA: ETHICS AND LEGAL MATTERS

Demonstrates an ability to think critically about ethical and regulatory matters as they pertain to research. Demonstrates increasing competence identifying and addressing ethical and regulatory research issues, as required or suggested by the APA guidelines, state laws, or institutional policies (e.g., IRB).

Rating Scale

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O – Not Observed

ITEMS	RATING
1. Awareness of, and adherence to, APA ethical guidelines	
2. Effectively identifies ethical and regulatory research issues	
3. Effectively addresses ethical and regulatory research issues	
4. Evaluates research-related risk when appropriate	
5. Discusses issues of confidentiality with participants	
6. Discusses and obtains informed consent with research participants	
7. Maintains complete records of all research forms and data	

COMPETENCY AREA : PROFESSIONAL COMMUNICATION, CONSULTATION AND INTERPERSONAL SKILLS

Demonstrates the ability to effectively communicate with teams of providers, staff, and other stake holders involved in the research. Able to seek out consultation when needed and provide consultation to others in intern's area of expertise.

Rating Scale

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O – Not Observed

ITEMS	RATING
-------	--------

1. Demonstrates an ability to identify when consultation is needed	
2. Actively seeks consultation when completing complex or unfamiliar research tasks	
3. Gives the appropriate level of guidance when providing research-related consultation	
4. Coordinates research activities with other investigators and team members in or outside the research setting	
5. Handles differences with research team members effectively	
6. Demonstrates an ability to relate well to those seeking input	
7. Is able to discuss differences in perspectives within professional settings	

COMPETENCY AREA: INDIVIDUAL AND CULTURAL DIVERSITY

Demonstrates an ability to think critically about pertinent cultural and/or other individual differences that might impact research design, implementation, analysis, or interpretation.

Rating Scale

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O – Not Observed

ITEMS	RATING
1. Recognizes the influence of cultural and/or other individual difference factors on research process	
2. Actively seeks supervision or consultation about issues related to diversity and impact on research	
3. Actively seeks out scientific literature or other materials to expand understanding of how individual and cultural differences affect research	

RESEARCH PROJECT GOALS

Please list the major goals of the research project and rate the intern's performance on meeting them.

Rating Scale

- 1 – remediation required
- 2 – basic competence
- 3 – intermediate competence
- 4 – intermediate to advanced competence
- 5 – consistently advanced competence
- N/O – Not Observed

1. Goal:

Comments:

Rating: _____

2. Goal:

Comments:

Rating: _____

3. Goal:

Comments:

Rating: _____

SUPERVISOR COMMENTS

Summary of strengths:

Areas needing additional development, including recommendations:

Remedial Work Instructions: In the rare situation when it is recognized that a trainee needs remedial work, a competency assessment form should be filled out **immediately**, prior to any deadline date for evaluation, and shared with the trainee and the Training Director. In order to allow the trainee to gain competency and meet passing criteria, these areas must be addressed proactively and a remedial plan needs to be devised and implemented promptly. Please see *Procedures for Remediation of Trainees' Problematic Behaviors and Performance and Addressing Trainees' Grievances* for further guidance. Once the remedial plan has been satisfied, the trainee will receive an updated evaluation, clearly marked as such.

Areas in need of remediation, including any recommendations:

CRITERIA FOR COMPLETION

Mid-Year: All competency items should be rated as a 2 or higher (expected internship entry level). If a competency item is rated as a 1, then a remedial action plan is required for that item. A remedial action plan may be developed for items rated at a 2.

☐ Mid-year presentation complete

End of Year: All competency items should be rated as a 3 or higher (minimal internship completion level), and any remedial action plan initiated prior to this date must be completed in order to successfully complete the rotation/internship year.

☐ End-of-year presentation complete

_____ We have reviewed this evaluation together. The trainee HAS successfully completed the above goal for this evaluation period.

_____ We have reviewed this evaluation together. The trainee HAS NOT successfully completed the above goal for this evaluation period. The Training Director has been informed and steps

have been taken to implement a remediation plan, as indicated in the *Procedures for Remediation of Trainees' Problematic Behaviors and Performance and Addressing Trainees' Grievances* document.

Supervisor's Signature: _____ Date _____

Supervisor's Printed Name: _____

Trainee Comments Regarding Competency Evaluation (if any):

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

Trainee's Signature: _____ Date _____

Trainee's Printed Name: _____

APPENDIX C

VAMHCS/UMSOM Psychology Training Program Clinical Supervisor/Site Feedback Form

Student Name: _____

Supervisor Name: _____

Rotation/Clinic: _____

Date: _____

Evaluation Period:

UM Interns: First mid-year (Oct.) ☐ Second mid-year (Feb.) ☐ Final ☐

VA Interns: Major Rotation: Initial ☐ Final ☐

Minor Rotation: Initial ☐ Final ☐

Please use the scale provided below to rate your current supervisor and rotation/site:

*UN	Unacceptable	Supervisor/site is performing <i>far below</i> my expectations within this domain. Supervision is consistently inadequate within this domain and/or poses potential harm to patients or trainees (e.g., ethical violation such as breach of confidentiality, boundary violations; hostile work environment).
*BE	Below Expectations	Supervisor/site is performing <i>slightly below</i> my expectations within this domain. Supervision is, at times, inadequate in meeting the trainee's needs within this domain. This domain is a clear area for growth.
ME	Meets Expectations	Supervisor/site <u>meets</u> my expectations within this domain.
SE	Slightly Above Expectations	Supervisor/site <u>slightly surpasses</u> my expectations within this domain.
EE	Significantly Exceeds Expectations	Supervisor/site <u>greatly exceeds</u> my expectations within this domain.
N/A	Not Applicable	This area/domain is not applicable/does not apply.

IMPORTANT: Please note that any “unacceptable” (UN) ratings may automatically trigger follow-up action by the training director. Thus, this rating should be reserved for circumstances in which you believe the supervisor's behavior/aspects of your training site may pose potential harm to patients or trainees.

**Please provide a brief explanation in the comments section for any domain with a rating of UN or BE. You may use the comments section to explain other ratings, whenever necessary.*

QUALITY OF SUPERVISION

Category 1: Supervisory Process / Working Alliance

My supervisor...	Rating					
	UN	BE	ME	SE	EE	N/A
Set clear expectations at the outset of the rotation/year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressed interest in and commitment to my growth as a clinician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appeared open to feedback (e.g., I felt “safe” expressing positive and negative feelings regarding supervision) AND adequately responded to this feedback (e.g., implemented changes or addressed differences in opinion), as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided feedback in a constructive/tactful manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”? Yes ☐

No ☐ **Please note that discussing these items with your supervisor is not required, though typically encouraged.*

Comments:

Category 2: Supervisory Responsibilities

My supervisor...	Rating					
	UN	BE	ME	SE	EE	N/A
Was at supervisory meetings promptly and reliably.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was available for supervision outside of regularly scheduled meetings (e.g., spot supervision, urgent/emergent situations, phone consultation).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided feedback in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educated me about expectations with respect to roles, documentation, and policies (e.g., confidentiality, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaboratively developed a plan to meet my training goals/needs at the start of the rotation, and reviewed throughout the course of supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped me navigate/problem-solve any challenges I encountered within the rotation (e.g., time management concerns, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensured that I had the resources necessary to perform my rotation-related duties (e.g., keys, office space, manuals,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

computer access, etc.).						
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Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”? Yes ☐

No ☐ *Please note that discussing these items with your supervisor is not required, though typically encouraged.

Comments:

Category 3: Supervisory Content

In supervision, my supervisor...	Rating					
	UN	BE	ME	SE	EE	N/A
Discussed ethical issues/concerns and legal matters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussed case conceptualization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussed client diversity & case conceptualization in context of diversity-related client factors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussed/provided education about risk issues and their documentation (e.g., suicide and homicide risk assessment, reporting child abuse, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged me to engage in scholarly inquiry/reference the literature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided opportunities for training in theories and methods of psychological diagnosis and assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided guidance in the administration of empirically supported treatments, based on the client’s presenting problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided tiered clinical supervision (“supervision of supervision”).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”? Yes ☐

No ☐ *Please note that discussing these items with your supervisor is not required, though typically encouraged.

Comments:

Category 4: Use of Supervisory Tools

Note: For Category 4, please indicate whether or not a given supervisory tool was used by your supervisor by checking the “Yes” or “No” box. If the tool was used by your supervisor (e.g., you checked “Yes”), please rate how effective your supervisor was in using that tool. Mark “N/A” if a tool was not used by your supervisor.

My supervisor made effective use of...	Used in Supervision?	Rating					
		UN	BE	ME	SE	EE	N/A

Modeling skills (e.g., role play exercises, etc.).	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live supervision when co-leading groups.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live supervision in other clinical contexts (e.g., observation of assessment, clinical interviews, individual sessions, etc.).	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audio recordings.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharing their own case material/past experiences with clients, when appropriate.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific didactic materials (e.g., readings, trainings) that were effective in expanding my knowledge base in the field and/or rotation specialty area.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”? Yes ☐

No ☐ **Please note that discussing these items with your supervisor is not required, though typically encouraged.*

Comments:

Category 5: Professional Development

My supervisor...	Rating					
	UN	BE	ME	SE	EE	N/A
Guided me in becoming a valued member of the treatment team/clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged me to demonstrate greater autonomy, as my capabilities and skills allowed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussed development of my professional identity as a psychologist in the treatment context (e.g., interdisciplinary team, school, clinic, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged application of current scientific knowledge to clinical practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided opportunities for training in professional communication and consultation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”? Yes ☐

No ☐ **Please note that discussing these items with your supervisor is not required, though typically encouraged.*

Comments:

Category 6: Assistance in Meeting Rotation-Specific Training Goals

Please Note: This section provides you the opportunity to evaluate your supervisor’s effectiveness in teaching/supervision of the training goals set forth at the beginning of the rotation/year. Please refer to the Psychology Trainee Competency Assessment Form to fill in your training goals for the rotation below.

The supervisor demonstrated developmentally appropriate and constructive feedback in teaching/supervision of the following treatment modalities/skills, which represent the core focus of this rotation:	Rating					
	UN	BE	ME	SE	EE	N/A
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”? Yes ☐

No ☐ **Please note that discussing these items with your supervisor is not required, though typically encouraged.*

Comments:

Category 7: Supervisory Outcomes

As a result of the supervision I received on this rotation with this supervisor...	Rating					
	UN	BE	ME	SE	EE	N/A
I feel more confident with respect to my clinical knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel more confident in my clinical skills/abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My competence in clinical assessment has increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My competence in the delivery of therapy has increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have become more autonomous in my professional activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel more prepared for the next step in my career (e.g., postdoctoral fellowship, staff psychologist, faculty position).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”? Yes ☐

No ☐ **Please note that discussing these items with your supervisor is not required, though typically encouraged.*

Comments:

Category 8: Overall/Global Rating of Supervision

Overall...	Rating					
	UN	BE	ME	SE	EE	N/A
The supervisor fulfilled his/her supervisory responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The supervisory content was effective in meeting my training needs for the rotation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The supervisor adequately addressed diversity issues in supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The supervisor provided adequate assistance in my development as a scientist-practitioner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The supervisor provided adequate assistance in my professional development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”? Yes ☐

No ☐ **Please note that discussing these items with your supervisor is not required, though typically encouraged.*

Comments:

What were the best aspects of supervision (e.g., specific strengths)?

What aspects of supervision could use the most improvement (e.g., specific growth

edges)?

Please note your summary recommendation for this supervisor for future trainees.

*Do Not Recommend**

Recommend

Recommend Without Hesitation

☐☐☐

*Please provide comments:

QUALITY OF ROTATION/CLINIC SITE

My current site/rotation provided...	Rating					
	UN	BE	ME	SE	EE	N/A

Sufficient orientation to its mission, policies, and general procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training opportunities in line with my training goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resources needed to perform rotation/clinic-related duties (e.g., office space, books/manuals, computer access, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A sense of being an integrated/valued member of the treatment team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper safety measures to protect against potentially threatening situations (e.g., shuttle to parking garage, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you provided feedback to your site regarding any items rated “UN” or “BE”? Yes ☐ No ☐

**Please note that discussing these items with your supervisor is not required, though typically encouraged.*

Comments:

Aside from the supervision you received on this rotation...

What were the best aspects of this rotation/clinic site?

What aspects of the rotation/clinic site could use the most improvement?

Please note your summary recommendation for this rotation/clinical site for future trainees.

*Do Not Recommend**

Recommend

Recommend Without Hesitation

☐☐☐

*Please provide comments:

Acknowledgment & Signatures

I have discussed the supervisor's strengths and growth edges as well as the best aspects and areas for improvement in the rotation with my supervisor as of this date. Yes ☐ No ☐

Student Signature _____ Date _____

Training Director _____ Date _____

Moir Dux, Ph.D.

VAMHCS/UMSOM Psychology Training Program

Supervisor/Trainee Discussion Guidance Form

In addition to considering specific strengths and growth edges you identified using the supervisor evaluation form, please use the following questions to help guide your discussion of supervision with your supervisor. Importantly, this form is only meant to help guide your discussion – you are not required to share this form with your supervisor.

- What did you find most helpful in supervision?
- What aspects of your supervisor's approach to supervision have been most useful/ effective in your development as a scientist-practitioner?
- What would you like more of in terms of supervision*?

Aside from the supervision you received on this rotation...

- What aspects of your clinic/site have been most useful/effective in your development as a scientist-practitioner?
- What aspects of the rotation/clinic site could use the most improvement*?

**Small Disclaimer: Discussing what you would like more of (e.g., "Please listen to every minute of every session and provide me with detailed written feedback!") does not guarantee that this will happen. BUT it may be helpful in starting a conversation about your training needs and how your supervisor can support you in meeting those needs.*

APPENDIX D

VAMHCS/UM-SOM Psychology Training Program Research Supervisor/Site Feedback Form

Student Name: _____

Supervisor Name: _____

Site(s): _____

Date: _____

Research Project Title:

Enhanced Research Minor: Yes ☐

No ☐

Evaluation Period: Mid ☐

Final ☐

Please use the scale provided below to rate your current supervisor and rotation/site:

*UN	Unacceptable	Supervisor/site is performing <u>far below</u> my expectations within this domain. Supervision is consistently inadequate within this domain and/or poses potential harm to participants or trainees (e.g., ethical violation such as breach of confidentiality, boundary violations; hostile work environment).
*BE	Below Expectations	Supervisor/site is performing <u>slightly below</u> my expectations within this domain. Supervision is, at times, inadequate in meeting the trainee's needs within this domain. This domain is a clear area for growth.
ME	Meets Expectations	Supervisor/site <u>meets</u> my expectations within this domain.
SE	Slightly Above Expectations	Supervisor/site <u>slightly surpasses</u> my expectations within this domain.
EE	Significantly Exceeds Expectations	Supervisor/site <u>greatly exceeds</u> my expectations within this domain.
N/A	Not Applicable	This area/domain is not applicable/does not apply.

IMPORTANT: Please note that any “unacceptable” (UN) ratings may automatically trigger follow-up action by the training director. Thus, this rating should be reserved for circumstances in which you believe the supervisor's behavior/aspects of your training site may pose potential harm to research participants, patients, or trainees.

****Please provide a brief explanation in the comments section for any domain with a rating of UN or BE. You may use the comments section to explain other ratings, whenever necessary.***

QUALITY OF SUPERVISION

Category 1: Supervisory Process / Working Alliance

My supervisor...	Rating					
	UN	BE	ME	SE	EE	N/A
Set clear expectations at the outset of the rotation/year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressed interest in and commitment to my growth as a researcher.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appeared open to feedback (e.g., I felt “safe” expressing positive and negative feelings regarding supervision) AND adequately responded to this feedback (e.g., implemented changes or addressed differences in opinion), as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided feedback in a constructive/tactful manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”? Yes ☐

No ☐ **Please note that discussing these items with your supervisor is not required, though typically encouraged.*

Comments:

Category 2: Supervisory Responsibilities

My supervisor...	Rating					
	UN	BE	ME	SE	EE	N/A
Was at supervisory meetings promptly and reliably.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided feedback in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educated me about expectations with respect to roles, documentation, and policies (e.g., confidentiality, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaboratively developed a plan to meet my research training goals/needs at the start of the year, and reviewed throughout the course of supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped me navigate/problem-solve any challenges I encountered within the research rotation (e.g., time management concerns).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensured that I had the resources necessary to perform my research-related duties (e.g., office space, computer access, appropriate statistical software, manuals, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”? Yes ☐

No ☐ *Please note that discussing these items with your supervisor is not required, though typically encouraged.

Comments:

Category 3: Supervisory Content

In supervision, my supervisor...	Rating					
	UN	BE	ME	SE	EE	N/A
Discussed ethical issues/concerns and legal matters pertinent to research.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged me to engage in scholarly inquiry/reference the literature to formulate research aims and hypotheses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussed/provided education about applicable scientific methods and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussed/provided education about analytic approaches relevant to my research project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided guidance with interpretation of data analyses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped me to explore alternate explanation(s) for results.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged me to consider limitations of my study/project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged me to consider cultural and/or other individual difference factors at various stages of my research project (e.g., study design, data analysis, interpretation of results).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided guidance in outlining implications of my research.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged me to disseminate my research project through local, regional, and/or national platforms (e.g., poster presentation), and assisted with this, as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”? Yes ☐

No ☐ *Please note that discussing these items with your supervisor is not required, though typically encouraged.

Comments:

Category 4: Use of Supervisory Tools

Note: For Category 4, please indicate whether or not a given supervisory tool was used by your supervisor by checking the “Yes” or “No” box. If the tool was used by your supervisor (e.g., you checked “Yes”), please rate how effective your supervisor was in using that tool. Mark “N/A” if a tool was not used by your supervisor.

My supervisor made effective use of...	Used in	Rating
----------------------------------------	---------	--------

	Supervision?	UN	BE	ME	SE	EE	N/A
Direct instruction (e.g., modeling skills, observation of research assessment, observation of participant interviews, documentation, data analysis, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharing their own past experiences in the context of research, when appropriate.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific didactic materials (e.g., readings, trainings) that were effective in expanding my knowledge base in the research specialty area.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”? Yes ☐

No ☐ *Please note that discussing these items with your supervisor is not required, though typically encouraged.

Comments:

Category 5: Professional Development

My supervisor...	Rating					
	UN	BE	ME	SE	EE	N/A
Guided me in becoming a valued member of the research team/clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged me to demonstrate greater autonomy in the setting, as my capabilities and skills allowed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussed development of my professional identity as a psychologist in the context of research.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided opportunities for training in professional communication and research-related consultation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”? Yes ☐

No ☐ *Please note that discussing these items with your supervisor is not required, though typically encouraged.

Comments:

Category 6: Assistance in Meeting Research Project Goals

Please Note: This section provides you the opportunity to evaluate your supervisor’s effectiveness in teaching/supervision of the training goals set forth at the beginning of the year. Please refer to the Psychology Trainee Research Competency Assessment Form to fill in your training goals below.

The supervisor demonstrated developmentally appropriate	
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and constructive feedback in teaching/supervision of the following areas of research competency, which represent the core focus of this research project:	Rating					
	UN	BE	ME	SE	EE	N/A
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”? Yes ☐

No ☐ *Please note that discussing these items with your supervisor is not required, though typically encouraged.

Comments:

Category 7: Supervisory Outcomes

As a result of the supervision I received from this supervisor...	Rating					
	UN	BE	ME	SE	EE	N/A
I feel more confident with respect to my research competence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel more confident in my ability to utilize the scientific literature to formulate research aims and hypotheses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My competence in conducting and interpreting data analyses has increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My competence in discussing implications of research findings has increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have become more autonomous in conducting research activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel more prepared for the next step in my career (e.g., postdoctoral fellowship, staff psychologist, faculty position).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”? Yes ☐

No ☐ **Please note that discussing these items with your supervisor is not required, though typically encouraged.*

Comments:

Category 8: Overall/Global Rating of Supervision

Overall...	Rating					
	UN	BE	ME	SE	EE	N/A
The supervisor fulfilled his/her supervisory responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The supervisory content was effective in meeting my training needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The supervisor adequately addressed diversity issues in supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The supervisor provided adequate assistance in my development as a scientist-practitioner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The supervisor provided adequate assistance in my professional development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”? Yes ☐

No ☐ **Please note that discussing these items with your supervisor is not required, though typically encouraged.*

Comments:

What were the best aspects of supervision (e.g., specific strengths)?

What aspects of supervision could use the most improvement (e.g., specific growth edges)?

Please note your summary recommendation for this supervisor for future trainees.

Do Not Recommend*

Recommend

Recommend Without Hesitation

☐
☐
☐

*Please provide comments:

QUALITY OF CLINIC/SITE

My current clinic/site provided...	Rating					
	UN	BE	ME	SE	EE	N/A
Sufficient orientation to its mission, policies, and general procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research training opportunities in line with my training goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resources needed to perform research-related duties (e.g., office space, books/manuals, computer access, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A sense of being an integrated/valued member of the research team/clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper safety measures to protect against potentially threatening situations (e.g., shuttle to parking garage, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you provided feedback to your site regarding any items rated “UN” or “BE”? Yes ☐ No ☐

*Please note that discussing these items with your supervisor is not required, though typically encouraged.

Comments:

Aside from the supervision you received...

What were the best aspects of this clinic/site?

What aspects of the clinic/site could use the most improvement?

Please note your summary recommendation for this clinic/site for future trainees.

*Do Not Recommend**

Recommend

Recommend Without Hesitation

☐☐☐

***Please provide comments:**

Acknowledgment & Signatures

I have discussed the supervisor's strengths and growth edges as well as the best aspects and areas for improvement in the clinic/site with my supervisor as of this date. Yes ☐ No ☐

Student Signature _____ Date _____

Training Director _____ Date _____

Moira Dux, Ph.D.

VAMHCS/UMB Psychology Training Program Supervisor/Trainee Discussion Guidance Form

In addition to considering specific strengths and growth edges you identified using the supervisor evaluation form, please use the following questions to help guide your discussion of supervision with your supervisor. Importantly, this form is only meant to help guide your discussion – you are not required to share this form with your supervisor.

- What did you find most helpful in supervision?
- What aspects of your supervisor's approach to supervision have been most useful/ effective in your development as a scientist-practitioner?
- What would you like more of in terms of supervision*?

Aside from the supervision you received...

- What aspects of your clinic/site have been most useful/effective in your development as a scientist-practitioner?
- What aspects of the clinic/site could use the most improvement*?

**Small Disclaimer: Discussing what you would like more of (e.g., "Please complete all of my data analyses!") does not guarantee that this will happen. HOWEVER, it may be helpful in starting a conversation about your training needs and how your supervisor can support you in meeting those needs.*