

# The Northeastern Oklahoma Psychology Internship Program (NOPIP)

An APA-Accredited Psychology Internship  
[www.nopip.org](http://www.nopip.org)

## Internship Handbook 2023-2024

NOPIP is an APA-accredited psychology internship program. Our next site visit is scheduled in 2024. For any questions or concerns, please contact the American Psychological Association at the following address or by telephone:

Office of Program Consultation and Accreditation  
American Psychological Association  
750 First Street NE  
Washington, DC 20002-4242  
(202) 336-5979  
(202) 336-6123 (TDD)  
Email: [apaaccred@apa.org](mailto:apaaccred@apa.org)

Dear interns,

Welcome to NOPIP! We are happy to have you and look forward to working with you throughout your training year. In this handbook you will find important information that will help guide you for the next twelve months. Please review it and become acquainted with the various NOPIP procedures, requirements, and expectations. The current NOPIP chair is Scott Orth, Psy.D. and the vice chair is Jaime Myler, Psy.D. The contact information for each consortium site is listed below and site supervisor contact information can be found within the individual site descriptions beginning on page seven. You will find additional information about NOPIP on our website, [www.nopip.org](http://www.nopip.org).

### **Current NOPIP Sites:**

1. Indian Health Care Resource Center
  - Address: 550 S. Peoria Ave. Tulsa, OK 74120
  - Main phone number: 918-382-1241
2. Oklahoma Forensic Center
  - Address: P.O. Box 69 Vinita, OK 74301
  - Main phone number: 918-713-5581
3. Laureate Institute for Brain Research
  - Address: 6655 S. Yale Ave. Tulsa, OK 74136
  - Main phone number: 918-481-4000
4. Cherokee Nation Behavioral Health
  - Address: 19600 E. Ross St. Tahlequah, OK 74464
  - Main phone number: 918-772-4028
5. The University of Tulsa Counseling and Psychological Services
  - Address: 800 S. Tucker Dr. Tulsa, OK 74104
  - Main phone number: 918-631-2200

**We value diversity at NOPIP:** Qualified applicants are encouraged to apply and are subject to identical consideration and opportunity for acceptance regardless of cultural or individual differences. All interns are considered based on individual merit. NOPIP policies do not in any way try to limit diversity among cultural and ethnic groups. There is no discrimination based on personal status or group characteristics, including but not limited to classes protected under federal and Oklahoma state law. Selection of interns will be governed by the procedures published by APPIC.

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## **General NOPIP Overview:**

### **Mission:**

The primary mission of the Northeastern Oklahoma Psychology Internship Program (NOPIP) is to provide quality clinical training utilizing a diverse range of theoretical models and techniques, recognizing the importance of cultural and individual differences and diversity. The Practitioner-Scholar model is the underlying philosophy of NOPIP. All members consider the integration of research and practical experience essential in the development of professional competency. Therefore, NOPIP places an emphasis on applying evidence-based practices, research-based programming, and the application of science in practice. Our goal is to facilitate interns' development of critical thinking, conceptualization, and problem-solving skills. Prior to the completion of the internship, all interns are expected to be competent in providing basic psychological services to the community in an ethical, professional, and knowledgeable manner.

As a graduate of NOPIP, each intern is expected to have developed at least an intermediate level of skill in the nine profession-wide competence areas of research; ethical and legal standards; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional/interdisciplinary skills (see Competency Goals and Objectives section of this handbook for more information). Notably, as interns progress throughout the training year they are expected to demonstrate each profession-wide competency with increasing levels of independence and complexity, commensurate with demonstrated competence. Professional development is focused on throughout the internship year, emphasizing the integration of research and practical experience including knowledge of ethical and legal standards and knowledge of individual and cultural differences. Additionally, communication and interpersonal skills as well as professional values, attitudes, and behaviors consistent with practice informed by ethics, legal standards, and diversity are integrated throughout the internship year. Training is provided in a range of assessment and treatment activities conducted directly with patients or clients seeking psychological services and in a range of didactics, including didactic training series on cultural and individual difference and diversity, consultation, and supervision. Each intern is required to have at least 25% of their total hours in direct patient or client contact.

### **Program Model:**

The program's training model is based on the idea that interns differ in both prior experience and professional goals. The training needs for each intern are considered individually. Both required activities and individualized planning with supervisors are utilized to achieve profession-wide competencies and to allow for the pursuit of specific

goals. Each intern's training is planned, in consultation with site supervisors, to maximize growth and development as a future psychologist during the internship year. This plan ensures that all required profession-wide competencies are met while allowing for the pursuit of specific goals.

Training occurs primarily through the performance of clinical functions at the intern's site. As a consortium, NOPIP offers interns training experiences with diverse populations in a variety of settings. Clinical experience is carefully supervised to ensure a wide variety of opportunities in assessment and intervention activities with increasing complexity throughout the year. Interns receive a minimum of two hours of regularly scheduled face-to-face individual supervision and two hours of group supervision each week from a licensed psychologist. Additionally, weekly didactic training covering a variety of topics, including didactic training series on cultural and individual difference and diversity, consultation, and supervision, serves to enhance practical experience. Training is designed to promote integration of research and practice and to address various ethical, legal, diversity and professional issues. In addition, interns are encouraged to take advantage of educational opportunities in the community.

The internship program is planned and organized by the Consortium Internship Committee, consisting of representatives from each site, working together under the leadership of the NOPIP Chair. The Internship Chair is a licensed psychologist, as are the primary supervisors at each individual site. The Committee meets at least monthly and communicates frequently to plan and coordinate activities and resources.

### **Program Structure and Stipend:**

There are currently multiple placement sites available at NOPIP, each providing the opportunity to gain sufficient experience to develop skills in the areas of personal interest while ensuring training in a generalist model to achieve profession-wide competencies. These sites provide a myriad of services to a wide variety of individuals. Interns are assigned to year-long position, to be completed in no fewer than 12 months. A minimum of 36 hours per week is spent at the site, with an additional four hours of didactic training and supervision typically on Friday afternoons in Tulsa.

The internship stipend ranges from approximately \$28,700 to \$35,000. Each site is asked to make an annual commitment of resources which includes staff, time, and funding. For more specific information as to pay dates, tax issues, etc., please contact the individual sites.

## **NOPIP Site Descriptions:**

### **Indian Health Care Resource Center of Tulsa, Inc. (IHCRC):**

IHCRC is a nonprofit comprehensive health care facility serving the Tulsa-area American Indian community. The mission of IHCRC is to provide quality, comprehensive health care to Tulsa-area American Indian people in a culturally sensitive manner that promotes good health, well-being, and harmony. IHCRC provides medical, health and wellness education, dental, optometry, substance abuse, pharmacy, and behavioral health services. IHCRC serves individuals across the life span with economically diverse backgrounds.

IHCRC has a multidisciplinary behavioral health department comprised of psychologists, psychiatrists, licensed clinical social workers, licensed professional counselors, and substance abuse counselors. The behavioral health department of IHCRC provides comprehensive outpatient services utilizing evidenced-based practices. Services include clinical interviews, diagnostic assessments, substance abuse treatment, medication management, and therapy with individuals, families, and couples.

IHCRC provides three full-time placements for interns. The internship is focused on training interns to provide behavioral health services in an interdisciplinary medical facility while emphasizing cultural competency in providing service in American Indian communities. Interns are valued members of our multidisciplinary clinic and work collaboratively with a variety of mental health and medical professionals.

Main Contact Person: David Bright, Psy.D.: 918-588-1900 ext. 3237 or  
jbright@ihcrc.org

Other Licensed Staff on Site: Jason Menting, Psy.D. and Joanna Shadlow, Ph.D.

### **General Internship Responsibilities:**

- Psychotherapy/Counseling Services: Interns provide primarily individual therapy services, but some opportunity for couples and family therapy are available. Therapy services are offered to patients across the lifespan, including children, adults, and older adults. Group therapy opportunities are also available. For example, interns provide monthly smoking cessation sessions on a rotating basis to patients referred by their primary care providers. Interns are also encouraged to form new therapy or psychoeducational groups as needed to address patient needs and intern interests.
- Psychological Assessment: Interns have an opportunity to conduct a variety of

assessments over the course of the training year. The most requested assessments include ADHD, learning disability, and diagnostic clarification. Screenings for autism and dementia are also regularly requested.

- Consultation: Interns are available to provide on-call consultation services to our medical providers. These services can include conducting providing brief interventions during medical appointments to patients with alcohol or other substance use disorders and providing connection to IHCRC behavioral health services. In addition, observation of psychiatric appointments can be arranged with our psychiatric providers. Interns regularly engage in consultation with our Systems of Care program, which provides community-based wrap-around services to children and adolescents experiencing behavioral or emotional difficulties.
- Community Outreach: Interns participate in community activities, including attending Tulsa Indian Community Advisory Team meetings and annual powwow planning meetings. They have opportunities to be involved in multiple community events, including volunteering at the annual powwow, attending stomp dances, observing youth drum group practices, chaperoning youth dances, and assisting with events for families in the community.

### **Supervision/Time on Site:**

- Interns are expected to be on site for 36 hours per week
- A minimum of two hours per week of individual supervision will be provided
- Interns will also attend two hours of group supervision and two hours of didactic every Friday with all other interns in the consortium

### **Funding:**

- Interns at IHCRC are currently paid \$33,000, with payments made bi-weekly.

To learn more about Indian Health Care Resource Center, please visit [www.ihcrc.org](http://www.ihcrc.org)





## **Laureate Institute for Brain Research (LIBR):**

Laureate Psychiatric Clinic and Hospital (LPCH) is a private, not-for-profit psychiatric facility that is affiliated with the Saint Francis Health System. The Saint Francis Health System also includes four medical-surgical hospitals and over 450 primary care and specialty physician practices. Laureate provides mental health treatment services for adults and seniors across the full continuum of care. Substance abuse treatment is provided for adults. LIBR is on the same campus as LPCH. LIBR opened in 2009 and currently houses a multidisciplinary team of scientists and clinical research staff who apply neuroimaging, genetic, pharmacological, and neuropsychological tools to investigate the biology and treatments of neuropsychiatric disorders. Our psychology interns are recognized as valuable members of the treatment team.

Laureate offers one full-time internship position. The intern will split their time and work at LPCH for three days per week and at LIBR for two days per week. The intern works with their supervisor to identify LPCH units most relevant to their training goals and focuses on clinical research and neuroscience training at LIBR.

Main Contact Person: Robin Aupperle, Ph.D.: 918-502-5744 or  
raupperle@laureateinstitute.org

Other Licensed Staff on Site: Janet Adams-Westcott, Ph.D., Namik Kirlic, Ph.D. (LIBR), John Hurlburt, Ph.D., Victoria McCoy, Ph.D., and Tara Pyle, Ph.D.

### **Units at LPCH:**

- The LPCH Adult Behavioral Health Units provide acute care services to adults requiring medical supervision for mental health issues. The primary reasons for admission include danger to self or others, severe functional impairment, medication stabilization, and detoxification. The interns work with a multi-disciplinary team that includes psychiatrists, psychiatry residents, nurses, master's trained mental health professionals, drug and alcohol counselors, and activity therapists. The Adult Behavioral Health Units serve as a primary training site for psychiatry residents affiliated with the University of Oklahoma Health Sciences Center at Tulsa.
- The Mental Health and Drug and Alcohol Addiction Intensive Outpatient Units provide intensive outpatient services to individuals receiving treatment for a variety of mental health symptoms or conditions and/or chemical dependency, with clients receiving several hours (i.e., approximately 12 hours/week) of group-, individual- and family-focused therapies from clinicians within a multi-disciplinary team.
- The Laureate Eating Disorders Program includes both adolescent and adult tracks

and provides services within three levels of care: acute care

hospitalization, residential care, and partial hospitalization. Group-, individual-, and family-focused therapies are provided within a multi-disciplinary team.

### **General Internship Responsibilities at LPCH:**

- Complete psychosocial assessments and develop treatment plans
- Provide individual, family, and group therapy and case management services
- Complete psychological testing for purposes of differential diagnosis, determining current cognitive functioning, and ruling out malingering

### **LIBR Clinical Research Rotation:**

- Involves clinical activities as part of ongoing psychotherapy clinical trials, research training activities, and didactic activities. Eight hours per week will be protected for research and didactics.
- Clinical activities involve conducting empirically supported, manualized interventions for adults and/or adolescents experiencing anxiety, depression, and/or substance use. There are additional opportunities for administering structured psychosocial history, diagnostic interviews, and brief neuropsychological assessment batteries as part of ongoing research studies.
- Research activities involve conducting literature reviews, data analysis, and preparing results for conference presentation or publication. These activities would be tailored to the interests of the intern through collaboration with supervisors and mentors. Interns will be encouraged to submit their research for conference presentation and/or publication.
- There are several different completed and ongoing research projects that interns can focus their research training and experience, including data from longitudinal and clinical outcome studies focused on depression, anxiety, or substance use, and utilizing multiple levels of assessments, including self-report, behavior, bioassays, neurofeedback, and neuroimaging (using functional magnetic resonance imaging and electroencephalography). This includes the Tulsa 1000 study, a longitudinal observational study of 1000 treatment-seeking individuals with mental health problems across the categories of mood, anxiety, eating, and substance use disorders and the Adolescent Brain Cognitive Development (ABCD) study, a large multi-site, longitudinal study following 9-10-year-old children over a 10-year period (<https://www.laureateinstitute.org/abcd.html>), and NIGMS-funded Center of Biomedical Research Excellence (CoBRE) focused on Neuroscience-Based Mental Health Assessment and Prediction (NeuroMAP; <http://www.libr-neuromap.org>) and several other NIH-funded studies.
- Interns are also invited to participate in LPCH and LIBR staff development and

continuing education programs. LPCH programs include all day workshops, training seminars, and monthly case conferences. Interns are also invited to attend the monthly “William K. Warren, Jr. Frontiers in Neuroscience” and the quarterly “Diversity in Mental Health and Neuroscience” Lecture Series hosted by LIBR.

**Supervision/Time on Site:**

- Interns are expected to be on site for 36 hours per week
- A minimum of two hours per week of individual supervision will be provided
- Interns will also attend two hours of group supervision and two hours of didactic every Friday with all other interns in the consortium

**Funding:**

- Interns at LIBR are currently paid \$35,000, with payments made bi-weekly.

To learn more about LPCH, go to [www.laureate.com](http://www.laureate.com). To learn more about LIBR, go to [www.laureateinstitute.org](http://www.laureateinstitute.org)



## **Oklahoma Forensic Center (OFC):**

OFC serves all 77 counties of Oklahoma as the only inpatient forensic facility in the state and the largest inpatient behavioral health facility housed within the Oklahoma Department of Mental Health and Substance Abuse Services. OFC serves both men and women with 200 inpatient beds, a mock courtroom, therapy group rooms, and recreational areas. OFC serves two populations: 1) pretrial defendants who were deemed incompetent for adjudication, and 2) individuals adjudicated as Not Guilty by Reason of Insanity (NGRI)/Not Guilty by Reason of Mental Illness (NGRMI). OFC also provides inpatient and outpatient evaluations of adjudicative competency across all counties in Oklahoma.

OFC offers two full-time internship positions. Interns are important members of the psychology department and work closely with their supervisors. Supervision follows a developmental model, and interns gain increasing levels of responsibility and independence as competency in providing direct clinical services is demonstrated. Interns have frequent opportunities for interdisciplinary communication and training experiences are tailored to meet the intern's individual goals and interests. Assessment is a primary area for training, with the most common being evaluations of adjudicative competency and violence risk. There are also opportunities for more generalist assessments. As a result, the intern is exposed to a wide array of testing materials, with an emphasis placed on appropriate selection, administration, scoring, interpretation, and report writing. Interns also facilitate individual and group therapy for the NGRI/NGRMI population in addition to providing competency restoration training to defendants deemed incompetent for adjudication. The Psychology Department provides numerous empirically supported treatment manuals and interns are also encouraged to develop and implement groups that fit their specific areas of interest. Given the diversity and quantity of assessment and treatment opportunities at OFC, interns develop and hone a broad base of skills during their internship year.

Consistent with the Practitioner-Scholar model, OFC places high importance on using science and research to inform clinical practice. We are committed to research (e.g., OFC was one of the sites for the original standardization of the Mac-CAT-CA) and staff members are actively involved in on-going research projects, which interns are invited to be a part of. Additionally, the Psychology Department has routinely completed performance improvement projects that guide our practice. The following are examples of research and performance projects conducted by the Psychology Department:

- 2003: developed and implemented a report format for competency evaluations based on national and local standards, as outlined in the literature
- 2004: developed and implemented a research-based competency restoration

treatment program, whose materials have since been distributed throughout the United States

- 2005: developed a system of monitoring group therapy at OFC, developed group materials for a variety of psycho-educational groups, and assessed Oklahoma's legal satisfaction with OFC services which demonstrated high overall satisfaction with competency evaluations and forensic examiners
- 2007: developed a comprehensive model of violence risk assessment, based on the literature utilizing the best practices in the field
- 2009: evaluated the effectiveness of OFC's individual competency restoration program and made changes based on outcomes and developed a system to facilitate timely referral of patients for both competency evaluations and treatment
- 2011-2012: evaluated the utilization and quality of our psycho-educational groups and made changes based on outcomes
- 2015-2016: re-evaluated legal consumers' satisfaction in our competency reports and OFC services and compared these results to those we obtained in 2005
- 2020: surveyed staff members and patients during the COVID-19 pandemic regarding psychological distress and general concerns or worries related to COVID-19
- 2021-2022: examined the effectiveness of group tabletop gaming as a therapeutic medium and also examined overall satisfaction with therapy groups and the link between attending therapy groups and decreases in psychological distress

Main Contact Person: Scott Orth, Psy.D.: 918-713-5581 or [sorth@odmhsas.org](mailto:sorth@odmhsas.org)

Other Licensed Staff on Site: Jennifer Hale, Ph.D. and Jaime Myler, Psy.D.

### **General Internship Responsibilities:**

- Forensic assessment (adjudicative competency and violence risk)
- Generalist assessment (personality, cognitive, diagnostic, etc.)
- Facilitate individual therapy, group therapy, and competency restoration groups
- Conduct a brief mental status and competency screening process with new patients
- Complete brief risk assessments during an interdisciplinary admissions process
- Observe courtroom testimony and participate in a mock trial when available
- Assist with OFC staff training

### **Supervision/Time on Site:**

- Interns are expected to be on site for 36 hours per week
- A minimum of two hours per week of individual supervision will be provided
- Interns will also attend two hours of group supervision and two hours of didactic every Friday with all other interns in the consortium

**Funding:**

- Interns at OFC are currently paid \$35,000, with payments made bi-weekly.

To learn more about OFC, visit [oklahoma.gov/odmhsas/about/odmhsas-facilities/oklahoma-forensic-center.html](http://oklahoma.gov/odmhsas/about/odmhsas-facilities/oklahoma-forensic-center.html)



## **The University of Tulsa Counseling and Psychological Services Center (CAPS):**

The University of Tulsa (TU) is Oklahoma's oldest independent university, located four miles from downtown Tulsa. TU offers undergraduate and graduate degrees in a variety of areas. Student enrollment consists of approximately 4,500 students across undergraduate, graduate, and law programs.

CAPS staff provide clinical, educational, prevention based, and crisis services to the student body. CAPS staff are trained to help college students adapt to the changes and transitions of college life as well as to help faculty and staff function more effectively in their roles. The staff is sensitive to the unique characteristics of an intelligent, motivated, and diverse student body while being committed to the responsible practice of counseling and psychology. CAPS staff are also committed to a preventive approach, realizing the importance of efforts to address areas of potential difficulty before they become problems.

CAPS offers one full-time internship position. The CAPS intern has opportunities to participate in all services offered by CAPS. Throughout the internship year experiences will be tailored to meet the intern's individual training goals, interests, and professional development needs. Two hours of individual supervision are provided to the intern by a licensed psychologist, in addition other opportunities for clinical consultation with CAPS staff clinicians and graduate students are provided through informal and formal methods.

Main Contact Person: Rebecca Hurst, Ph.D.: [rebecca-hurst@utulsa.edu](mailto:rebecca-hurst@utulsa.edu)

### **General Internship Responsibilities:**

- Counseling/Psychotherapy: There are many opportunities for individual therapy and group therapy. Possibilities for couples therapy also exist, although are much less frequent. It is expected the intern will carry a caseload of at least 15 direct client hours per week and will be capped at no more than 18 direct hours per week.
- Psychological Assessment: Instruments available include tests of intellect, personality, psychopathology, vocational interest, and interpersonal functioning. Psychological assessment decisions are individualized based on clinical needs of clients.
- Psychoeducational Workshops and Programs: CAPS hosts a variety of workshops. Some examples include Mental Health First Aid, Question Persuade

Refer (QPR), assertive communication and boundary setting, procrastination busting skills, imposter syndrome, stress management, healthy eating/body image, and culture shock in studying abroad.

- Consultation: CAPS provides many forms of consultation services to the university community. Consultation is often provided individually to address specific situations as they arise; however, programs can be designed to address larger or recurrent needs of a department, group, or organization.

### **Supervision/Time on Site:**

- Interns are expected to be on site for 36 hours per week
- A minimum of two hours per week of individual supervision will be provided
- There are weekly clinical staff meetings and clinical case conferences
- Interns will also attend two hours of group supervision and two hours of didactic every Friday with all other interns in the consortium

### **Funding:**

- Interns at CAPS are currently paid approximately \$31,200 (equivalent to \$15.00 per hour), with payments made monthly
- The CAPS intern is provided a rent free two-bedroom and two-bathroom apartment (utilities and internet not included).

To learn more about CAPS, go to [www.utulsa.edu/counseling-services/](http://www.utulsa.edu/counseling-services/)





## **Cherokee Nation Behavioral Health (CNBH):**

CNBH is a tribal, not-for-profit, outpatient behavioral health clinic located in the Cherokee Nation Outpatient Health Center (CNOHC). CNOHC is the largest health center operated by the Cherokee Nation and is the largest Indian Health Service joint venture health facility in the United States. CNBH offers three full-time internship positions.

CNBH offers a variety of services and programs to Cherokee Nation citizens and citizens of other federally recognized tribes. These include mental health and substance use disorders counseling, community prevention, community outreach, research, and evaluation. Outpatient services include individual and group therapy, grief and trauma counseling, substance abuse counseling, relapse prevention, medication assisted therapy (suboxone) clinic, parenting skills for disorders of childhood, psychiatry, psychological testing, and crisis intervention. At CNBH, interns gain experience in integrative services and receive training in implementing brief consultation and intervention in various medical clinics. Diagnostic skills and implementation of appropriate recommendations/referrals will be emphasized. Intervention experience will be provided in numerous areas, including, but not limited to adjustment to chronic illness, health-maintenance behaviors, behavior management, emotional problems, school accommodations, toileting problems, and sleep difficulties. Consultation with other agencies, including schools or other health providers, will be provided as needed.

Cherokee Nation Adult Behavioral Health provides tribal citizens aged 21 and older with individual and group outpatient therapy and psychiatric medication management. Inpatient referrals can be provided for psychiatric stabilization, residential mental health, substance/alcohol use disorders, and withdrawal management. In addition to these services, the Cherokee Nation Behavioral Health Medication Assisted Treatment (MAT) program utilizes an integrated behavioral health team approach to help treat opioid use disorders. Hero Project/Cherokee Nation's Children's Behavioral Health's helps support children, youth, families, and communities. They provide counseling and support services for families with children from newborn to 21 years of age who are citizens of a federally recognized tribe.

CNBH staff are trained in: Trauma Focused-Cognitive Behavioral Therapy (TF-CBT); Dialectical Behavior Therapy (DBT); Parent-Child Interaction Therapy (PCIT); Child Parent Psychotherapy (CPP); Eye Movement Desensitization and Reprocessing (EMDR); Positive Parenting Program (Triple P); Circles of Security (COS); Collaborative Assessment and Management of Suicidality (CAMS); Motivational Interviewing (MI); Infant Mental Health; and Integrated Behavioral Health.

Main Contact Person: Marti Velez, Psy.D.: 918-772-4028 or [marti-velez@cherokee.org](mailto:marti-velez@cherokee.org)

Other Licensed Staff on Site: Ashleigh Coser, Ph.D.

### **General Internship Responsibilities:**

- Individual and group therapy, crisis management, and psychological testing
- Psychodiagnostic assessment intakes, treatment planning, and case management
- Consultation and program development
- Opportunities for pediatric/behavioral health integration as well as bariatric surgery and dementia screenings
- Opportunities to participate in Cherokee Nation IRB and other board meetings, (i.e., Health Advisory Board)

### **Supervision/Time on Site:**

- Interns are expected to be on site for 36 hours per week
- A minimum of two hours per week of individual supervision will be provided
- Interns will also attend two hours of group supervision and two hours of didactic every Friday with all other interns in the consortium

### **Funding:**

- Interns at CNBH are currently paid \$28,700, with payments made bi-weekly.

To learn more about CNBH visit <https://health.cherokee.org/services-and-programs/behavioral-health/>



## **Employment Eligibility Requirements:**

In accordance with APPIC Match Policy 6b appointments of applicants to internship positions may be contingent upon the applicants satisfying certain employment eligibility requirements of the individual sites that comprise NOPIP. Per site, the following employment eligibility requirements are required:

### **Indian Health Care Resource Center (IHCRC):**

- Background Check:
  - The national criminal background check cross references an individual's social security number with States of residency in the USA. Employment/placement is contingent upon obtaining satisfactory results. Individuals are required to disclose if they have been convicted of a crime. Failure to disclose criminal history, and subsequently finding out about a criminal history as part of the background check, will result in an individual not being qualified to work at IHCRC. Additionally, any non-violent felony convictions, and all misdemeanor convictions, within the past 10 years may result in the rescinding of an offer or placement opportunity. Determining whether an offer/placement is rescinded or not is dependent upon what the actual crime entailed, the time and restitution paid as a result of the conviction, and proof of rehabilitation and growth following the conviction. Any violent felony convictions within the past 10 years will result in the rescinding of an offer or placement opportunity. Any violent felony convictions prior to 10 years from the date of application will be considered on a case-by-case basis. Any violence or crimes against children, at any time in one's history, will result in the rescinding of an offer or placement opportunity. All registered sex offenders will not be eligible for employment/placement opportunities.
- Drug Testing:
  - IHCRC requires all employees, including Interns, pass a 10-panel drug test. The 10-panel drug test screens for five street drugs (cocaine, heroin/morphine, amphetamines, PCP, marijuana), and five prescription drugs (benzodiazepines, barbiturates, methadone, propoxyphene, methaqualone). There is only a pass or fail opportunity when taking the drug test. Failure to pass the drug test will result in an individual not being eligible to work at IHCRC. Individuals having a legal prescription for one of the prescribed drugs must provide proof of the legal prescription to the Medical Review Officer (MRO) at the lab performing the test. If an individual has a legal prescription to be on one of the prescribed drugs, and can prove the prescription to the MRO, the test result will show as passed. All employees are also given a breathalyzer test to screen for alcohol at the time

- of the drug test.
- COVID Vaccination:
  - Proof of COVID vaccination required, but not for booster shots

### **Laureate Institute for Brain Research (LIBR):**

- Background Check:
  - A criminal history background report including sex offender registry search for all jurisdictions of residence in the previous seven years is completed. Applicants with prior convictions may be considered for employment based on the nature of the offense, the length of time since the conviction, and the position for which they are being considered. A signed declaration attesting that an employee is not currently required to register pursuant to the Oklahoma Sex Offenders Registration Act and the Mary Rippy Violent Crime Offenders Registration Act is required.
- Drug Testing:
  - A 10-panel drug screening is completed. Screening should be free from prohibited or illegal substances, including drugs and other chemicals. Presence of any controlled substances requires verification of a valid prescription from a licensed healthcare professional.
- COVID Vaccination:
  - Proof of vaccination or application for exemption required

### **Oklahoma Forensic Center (OFC):**

- Background Check:
  - Applicants with prior convictions, as determined by the Oklahoma State Bureau of Investigations, are considered for employment based on the nature of the offense, the length of time since the conviction, and the position for which they are being appointed.
- Drug Testing:
  - A 5-panel test for illegal substances is conducted on a urine specimen provided to the National Occupation Health Services in Tulsa, Oklahoma. A review of valid prescriptions may be requested, if needed.
- COVID Vaccination:
  - Vaccines are encouraged, but not required

### **The University of Tulsa Counseling and Psychological Services (CAPS):**

- Criminal Background Check:
  - All candidates who are finalists for a position must complete the Authorization to Release Information form acknowledging the receipt of

the Authorization and authorizing the University to conduct a criminal background investigation. The University will not consider a candidate unless and until he/she returns the Authorization. Once the hiring decision is made, the hiring official will forward the Authorization to Release Information forms to the Office of Human Resources' Employment Coordinator. The University will contract with an outside agency that qualifies as a Consumer Reporting Agency under the Fair Credit Reporting Act, 15 U. S.C. Sec. 1681a et seq., and that performs criminal background investigations. The University will authorize the agency to collect any information requested subject to the terms of the FCRA. The agency will provide its standard completed form (currently known as a Standard Report, but subject to change) with national, statewide and federal search to the Office of Human Resources. All such documentation will be maintained in confidential files within the Office of Human Resources. The candidate may not begin employment until the investigation has been completed and the Office of Human Resources has reviewed the results and has determined that the results are satisfactory. The investigation generally should be completed within two or three business days. Additional state by state investigations will be done, as the Office of Human Resources and the hiring official determines appropriate due to the unique history of the candidate or the candidate's position. Such further investigation may require additional time to complete. All costs for criminal background investigations will be paid out of a budget in the Office of Human Resources specifically set aside for this purpose. Exceptions, with the appropriate approval, may be made on a case-by-case basis where circumstances warrant, subject to satisfactory results of subsequent background investigations. The Vice-President of Human Resources and Risk Management or designee, the applicable Director, Dean and/or Vice President, in consultation with the Executive Vice-President must approve all exceptions in writing and in advance.

- COVID Vaccination:
  - Vaccinations are encouraged but not required

**Cherokee Nation Behavioral Health (CNBH):**

- Criminal background check required
- Drug testing required
- COVID Vaccination:
  - Vaccinations not required

## Policies:

### Leave Policy:

NOPIP allots interns *10 days* that may be used for sick or annual leave and will not reduce their stipend. At OFC, CAPS, and IHCRC, this is done through paid sick or annual leave. With the Laureate rotation, the intern's hourly rate is increased such that the intern will receive the full stipend even if they miss 10 days. Therefore, all interns will receive their allotted 10 days of annual/sick leave and their full stipend.

In addition to the 10 days of NOPIP leave, interns will receive *approximately 10 paid holidays*, such as Christmas and Thanksgiving. You will receive a list of the paid holidays for your rotation at the beginning of the internship year.

In addition to the 10 days of NOPIP leave and the paid holidays, an intern may petition their specific sites for *professional leave to attend conferences*. However, the availability of professional leave for conference is up to the discretion of those supervisors based on facility policies and cannot preclude the intern achieving the required hours for the completion of internship. If a site allows a specific number of leave days to attend professional conferences (i.e., two days) and an intern does not use part or all of them, the intern cannot request to use these as annual leave days for other activities.

It is very important to plan your leave days wisely. You will likely need time for job interviews, dissertation defense, graduation, etc. If you use up your leave days early in the year, you are not guaranteed time off at the end of the year. Any additional time off should be arranged with your site supervisor with the understanding that the hours will need to be made up if facility policies allow for this. Interns cannot “flex” hours to leave internship several weeks early. Interns must complete the Intern Leave Request Form whenever they plan to be absent (Appendix B). Leave requests must be approved by the site supervisor and by the NOPIP Chair. Interns must also inform the group supervision supervisor if they will miss group supervision and/or didactic training.

Interns who exceed their allotted NOPIP leave time will automatically be placed on an action plan to ensure they complete a minimum of 2000 hours within 12 months and meet applicable requirements for direct contact and supervision hours. Interns who exceed their leave time may be subject to discipline and/or dismissal from the internship program if accommodations cannot be arranged. There is no guarantee that consortium sites can extend an intern's position beyond a 12-month period.

If you require disability accommodations, appropriate paperwork must be provided to the NOPIP chair, vice chair, and site supervisor. Paperwork will be retained in your NOPIP internship file.

### **Group Supervision and Didactic Policies:**

1. If an intern will be absent or needs to leave early from group supervision and/or didactic, the intern must notify both their individual site supervisor and the group supervision supervisor as soon as possible
  - a. If an intern will be absent on a day he/she/they are scheduled to present a case or topic presentation, the intern is responsible for notifying both their individual supervisor and the group supervision supervisor as soon as possible, as well as, arranging an alternative date for the presentation.
2. Interns are expected to fully participate in group supervision and didactic presentations
  - a. Your active presence during group supervision and didactics is assumed and expected. You are expected to demonstrate a strong commitment to your professional development.
  - b. During group supervision and didactics, avoid distractions such as cell phone usage, coloring, side conversations, internet usage, etc.
3. If you require disability accommodations, appropriate paperwork must be provided to the NOPIP chair, vice chair, and site supervisor
  - a. Paperwork will be retained in your NOPIP internship file

## **Telesupervision/Didactic Policies:**

1. Due to the COVID-19 pandemic, NOPIP has previously utilized Zoom to deliver both group supervision and didactic training in emergent situations
  - a. While in-person delivery of these aspects of the training program are standard, there may be times Zoom will need to be utilized instead
  - b. The interns will be provided advanced notice by NOPIP if Zoom is expected to be used to deliver either group supervision or didactic training
2. Interns must partake in telesupervision/didactic from their internship site
  - a. In the event of adverse weather, interns may partake in telesupervision/didactic from home, pending approval from your site supervisor, and providing all requirements can be met and depending on individual site policies
3. If group supervision or didactic training takes place through Zoom, interns are still expected to adhere to the guidelines listed on page 23
4. Interns must be in a private space or utilize headphones to maintain confidentiality and decrease noise/distractions
5. Interns must keep their cameras on for the duration of telesupervision/didactic
6. Interns must avoid engaging in other activities during telesupervision/didactics, such as checking cell phones, sending emails, gaming, watching TV, etc.
7. If you require disability accommodations, appropriate paperwork must be provided to the NOPIP chair, vice chair, and site supervisor
  - a. Paperwork will be retained in your NOPIP internship file



## **Due Process and Grievance Policy:**

Any intern, faculty or site member experiencing problems with the training or application of rules of the consortium should follow the guidelines described below.

There are two exceptions:

1. If the party believes the problem is of a serious nature (e.g., patient abuse, grave supervisory violations, etc.), the party should speak directly with the Chair to determine if a formal complaint should be immediately filed. In such an instance, the Chair will maintain documentation of the issues discussed and action suggested to the party.
2. If the complaint is by or against the Chair, the complaining party should contact the Vice-Chair regarding the source of dissatisfaction. In such instances where this is the case, the Vice-Chair is substituted for the Chair in the due process steps below.

### **If an Intern is Dissatisfied with the Training Site:**

If the intern has a complaint, he/she/they are encouraged first to attempt resolution of the matter on an informal basis with his/her direct supervisor at the site where the issue is occurring. If the problem is not occurring at a specific site, he/she is encouraged to speak with a direct supervisor regarding the issue. The following are the steps for an intern to resolve a complaint about their training in most instances:

1. Discuss the issues with the site supervisor during supervision. The supervisor should then document the discussion in their individual supervision log, including the reason for the complaint and any recommendations provided to the intern or planned resolutions.
2. If the intern believes the problem has not been resolved by speaking with his/her supervisor, the intern should speak informally to the Chair regarding the source of dissatisfaction. The Chair should document the discussion in his/her individual supervision log, including the reason for the complaint and any recommendations provided to the intern or planned resolutions.
3. If after following steps 1 & 2, the intern continues to believe the problem has not been resolved, the intern may lodge a complaint directly to the Chair in writing and the complaint will be scheduled for formal discussion on the next meeting agenda of the Internship Committee.
4. The formal resolution of the intern's complaint will be made in writing. A copy of the resolution will be provided to the intern and all supervisors within the internship. It will be reflected in the monthly internship meeting minutes and the resolution will be placed in the intern's file.
5. If the intern continues to believe that the problem has not been resolved, he/she has the option of contacting their program's Director of Training and/or the

American Psychological Association at the following address or by telephone:

American Psychological Association  
750 First Street, NE  
Washington, DC 20002-4242  
(202) 336-5979  
(202) 336-6123 TDD

If a Site is Dissatisfied with an Intern's Performance:

If a supervisor or an internship training site is dissatisfied with the intern's work, professional demeanor, or some other aspect related to his/her training, the supervisor is encouraged first to attempt resolution of the matter on an informal basis with the intern and/or internship committee. Unless terminated, an intern will continue working at his/her designated site while conducting activities toward the completion of internship (duties determined by the supervisor).

The steps of due process should immediately begin if any of the following conditions exist:

- During the first three months of internship a supervisor believes the intern is performing at a level of "F" (Fail) or "R" (Needs Remedial Work) on any competency objective.
- Between the three-month evaluation and the final twelve-month evaluation, a supervisor believes the intern is performing at less than an Intermediate level on any competency objective.

The following are the steps of due process for a supervisor to address intern deficiencies in most instances:

1. The intern's direct supervisor at that site shall do all of the following:
  - A. Attempt to resolve this problem with the intern during supervision. The supervisor should verbally inform the intern that the steps to address significant competence problems under the NOPIP due process procedures are being followed.
  - B. The supervisor shall make informal written documentation of the problem in his/her individual supervision log, including that the intern was informed that the steps to address significant competence problems under the NOPIP due process procedures were being followed.
  - C. At the discretion of the supervisor, input may be informally sought during an internship meeting from the Internship Committee and/or faculty for help in resolving the problem. If such a discussion takes place, the meeting minutes will reflect that there was a discussion of the intern, the relevant problem, and

any recommendations by the Internship Committee.

2. If the problem remains unresolved, the intern's direct supervisor shall:
  - A. Attempt to resolve the problem with the intern during supervision for a second time and will continue to make written documentation of the problems in his/her individual supervision log. The supervisor will also informally present the issue for discussion at the next meeting of the Internship Committee for help in resolving the problem, including a proposed written "action plan" to remediate the problem. The meeting minutes will reflect that there was a discussion of the intern, the relevant problem, any recommendations by the Internship Committee, and review of an action plan to remediate the problem.
  - B. The supervisor will review the "action plan" with the intern and both will sign the document. The "action plan" will be kept with the direct supervisor in his/her individual supervision log, with a copy maintained in the NOPIP Intern File (see NOPIP Record Keeping and Retention section of the Consortium Bylaws). Any difficulty and/or success of the "action plan" to resolve the problems should be noted on the subsequent formal intern evaluation.
    - i. If the intern does not agree to the documented problem or "action plan," the intern must then request to have the matter scheduled for formal discussion on the next meeting agenda of the Internship Committee. The intern has the option to meet with the Internship Committee and present his/her view of the matter. The meeting minutes will reflect that there was a discussion of the intern, the intern was provided an opportunity to meet with the Committee, and the suggestions of the Internship Committee.
3. If after completing 1 & 2 above, a supervisor believes that a problem still exists, the intern's direct supervisor at that site can:
  - A. Make a formal written complaint to the Chair and request a formal resolution at the next meeting of the Internship Committee. The intern shall be notified in writing of such a meeting and shall have the option to meet with the Internship Committee to present his/her view of the matter. In the event that a formal resolution has been reached, the Chair will contact the intern's Director of Training from his/her academic program by phone to discuss the issues. In addition, any formal resolutions will be:
    - i. Documented in writing and placed in the NOPIP Intern's File (see NOPIP Record Keeping and Retention section of the Consortium Bylaws).
    - ii. Forwarded to the intern's academic program.

Actions which may be taken by the Internship Committee when resolving a complaint about an intern include, but are not limited to:

1. Termination of the intern immediately, particularly where the matter involves a serious violation of legal or ethical standards by the intern or the site's organizational rules are broken that would lead to termination by the site;
2. Probationary status, which includes a specific plan of action for discharge from probation status or termination, should the plan not be fulfilled;
3. Verbal reprimand, with notation in the intern's record;
4. Mediation by a neutral party of the dispute between the intern and the site, with the mediator to be determined by the Internship Committee.

Other Complaints from the Community/Faculty Members:

Complaints may be filed in writing to the Chair or the Internship Committee by other interested parties who observe what they believe to be unethical behavior on the part of the intern and/or members of the Consortium. Anonymous complaints will not be formally processed. Informal attempts to resolve all problems will be attempted by the Chair directly contacting the complaining party prior to placement of the complaint on the Internship Committee agenda. The intern's direct supervisor will also be involved in resolving any complaint filed against an intern. The Chair will maintain notes on the issue including the complaint and steps taken to resolve the complaint.

## **Components of the NOPIP Training Program:**

While the specific components of the internship experience vary by site, certain key components are mandatory for all interns. Professional development is a focus throughout the training program, emphasizing the integration of research and practical experience including knowledge of ethical and legal standards and knowledge of individual and cultural diversity. Additionally, communication and interpersonal skills as well as professional values, attitudes, and behaviors consistent with practice informed by ethics, legal standards, and diversity are also integrated throughout the training program. Other specific training components are as follows:

1. **Intervention:** The types of therapy experiences offered through NOPIP are quite diverse, depending on the site, but include individual, couples, family, and group modalities. The intern is expected to develop competency in the delivery of therapy to consumers representing a variety of presenting problems and cultural and individual difference and diversity.
2. **Assessment:** Psychological assessment is an important part of the practice of professional psychology, and each intern is expected to become familiar with a variety of widely accepted assessment instruments. Interns are expected to develop competency in selecting, administering, scoring, and interpreting batteries of tests as well as producing written reports and providing feedback, as warranted. Interns are required to complete 10 written reports during the course of the year, and at least five of these reports must contain two measures (a cognitive measure and a measure of personality/psychopathology/etc.).
3. **Didactic Training:** Training is provided through weekly scheduled seminars and periodic community workshops. The training will typically take place in Tulsa to decrease travel demands. Training will address a variety of areas, including the didactic training series on cultural and individual differences and diversity, consultation, and supervision. These didactic training series will be provided largely by NOPIP supervisors. Additional trainings will focus on a number of areas, such as diagnoses, therapy techniques, ethical concerns, various psychological tests, and forensic evaluations. The professionals providing training in these other areas are generally licensed psychologists, but may also include psychiatrists, master's level clinicians, and others. The majority of training sessions will include ancillary materials, such as journal articles or reference lists. The training schedule is created prior to the beginning of the year when, as a group, supervisors discuss each topic and sequence them so that it is progressive in difficulty and sequential, with a firm foundation in generalist areas. NOPIP allows for flexibility to meet the individual needs of the cohort; therefore, input from interns is continually encouraged.

During orientation, you will be asked to complete a NOPIP training suggestions form after reviewing the training schedule. In addition, interns are encouraged to take advantage of agency and community training opportunities in areas relevant to the individual intern's interests.

4. Supervision: Supervision occurs at the individual and group level, including at least two hours of weekly individual supervision from licensed psychologists at the placement site. In addition to the primary supervisors, interns have a number of experienced secondary supervisors available at placement site. Each intern also regularly receives at least two hours of group supervision from a licensed psychologist per week. Since NOPIP is a consortium, interns have the benefit of varying professional perspectives in group supervision during the year. Interns receive group supervision from supervisors from various sites, different sites providing three continuous months of group supervision, allowing for a total of four different group supervisors in the training year. In addition, the internship chair will routinely communicate and occasionally meet with interns. Regardless of who is providing supervision, the following topics will be addressed: administrative issues (communication, policies and procedures, problem resolution, etc.), multidisciplinary issues/organizational behavior, professional development issues, intern progress, assessment and treatment issues, discussion of clinical cases (or case presentations when scheduled), training opportunities, and cultural and individual differences and diversity issues.

Group supervision provides an opportunity for interns to present clinical cases and to discuss various clinical concerns that may arise throughout the internship year. Feedback from supervisors and peers is an integral part of group supervision, as all interns participate in this weekly group activity. During the training year interns are required to present two formal case presentations and one formal topic presentation. Formal case presentations are expected to demonstrate competency in the application of relevant research literature to clinical decision making in assessment or intervention, including empirically supported treatments, where applicable. Formal topic presentations are expected to demonstrate competency in critical evaluation and dissemination of research or other scholarly activity in an area of the intern's choosing.

## **Competency Goals and Objectives:**

As interns progress throughout the training year, they are expected to demonstrate each profession-wide competency with increasing levels of independence and complexity, commensurate with demonstrated competence.

### **Goal 1:**

**Research Competency:** The intern will demonstrate at least an intermediate level of competence in research as evidenced by attaining a rating of at least “I” on each Research Competency item on the final Intern Evaluation Form.

*Objective 1.1* The intern will demonstrate competency in critically evaluating and disseminating, via formal topic presentation, research or other scholarly activities, sensitive to and informed by diversity characteristics and contextual variables.

*Objective 1.2* The intern will demonstrate competency in applying relevant research literature to clinical decision making in assessment or intervention, via clinical practice and formal case presentations, sensitive to and informed by diversity characteristics and contextual variables.

### **Training methods to achieve Goal 1, Objectives 1.1 to 1.2:**

- Interns will provide services directly with patients or clients seeking psychological services, utilizing relevant research or scholarly activities to guide services.
- During the training year interns will present one topic presentation demonstrating competence in critically evaluating and disseminating, via formal topic presentation, research or other scholarly activity.
- During the training year interns will be present two formal case presentations demonstrating competency in the application of relevant research literature to clinical decision making in assessment or intervention, including empirically supported treatments where applicable.
- Interns will be provided with individual and group supervision from at least three licensed psychologists to provide training in the application of relevant research literature to clinical decision making.

### **Goal 2:**

**Ethical and Legal Standards Competency:** The intern will demonstrate at least an intermediate level of competence in ethics and legal standards as evidenced by attaining a rating of at least “I” on each Ethical and Legal Standards Competency item on the final Intern Evaluation Form.

*Objective 2.1* The intern will demonstrate competency in knowledge of

ethical principles, practice guidelines, and/or state/national laws. The intern will recognize ethical dilemmas and apply ethical decision making to resolve ethical dilemmas, informed by diversity characteristics and contextual variables.

*Objective 2.2* The intern will demonstrate competency in conducting his/herself in an ethical manner in professional activities, including assessment, intervention, and decision making, informed by diversity characteristics and contextual variables.

Training methods to achieve Goal 2, Objectives 2.1 to 2.2:

- Interns will provide services directly with patients or clients seeking psychological services, utilizing ethical and legal standards to guide services and/or resolve ethical dilemmas.
- Interns will have professional interactions with psychologists and other mental health professionals utilizing ethical and legal standards to guide services and/or resolve ethical dilemmas.
- Interns will be provided with individual and group supervision by at least three licensed psychologists incorporating ethical and legal standards to service delivery.

**Goal 3:**

**Individual and Cultural Diversity Competency:** The intern will demonstrate at least an intermediate level of competence in individual and cultural diversity as evidenced by attaining a rating of at least “P” on each Individual and Cultural Diversity Competency item on the final Intern Evaluation Form.

*Objective 3.1* The intern will demonstrate competency in awareness of the impact of self (e.g., individual differences, transference, world views, personal/cultural history, attitudes, biases, etc.) on understanding and interacting with others, demonstrating attitudes (e.g., intellectual curiosity, open-mindedness, flexibility, appreciation of diversity, etc.) consistent with conducting professional activities with sensitivity to individual and cultural diversity.

*Objective 3.2* The intern will demonstrate competency in knowledge of current data relevant to addressing individual and cultural diversity in professional activities, including research, training, assessment, intervention, and supervision/consultation.

*Objective 3.3* The intern will demonstrate competency in the skills associated with applying awareness and knowledge of individual and cultural diversity to service delivery in diverse populations, including the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews may create conflict with their own.



Training methods to achieve Goal 3, Objectives 3.1 to 3.3:

- Interns will provide services directly with patients or clients seeking psychological services, informed by awareness, knowledge, and skills of individual and cultural diversity, current scientific literature, and contextual variables.
- Interns will have professional interactions with psychologists and other mental health professionals informed by awareness, knowledge, and skills of individual and cultural diversity, current scientific literature, and contextual variables.
- Interns will be provided with individual and group supervision by at least three licensed psychologists incorporating individual and cultural diversity to service delivery.
- Interns will be provided with didactic trainings and seminars that are specific to individual and cultural diversity.

**Goal 4:**

**Professional Values, Attitudes, and Behaviors Competency:** The intern will demonstrate at least an intermediate level of competence in professional values, attitudes, and behaviors as evidenced by attaining a rating of at least “I” on each Professional Values, Attitudes, and Behaviors Competency item on the final Intern Evaluation Form.

*Objective 4.1* The intern will demonstrate competency behaving in a professional manner, characterized by the values, attitudes and conduct reflected in the APA Code of Ethics.

*Objective 4.2* The intern will demonstrate competency in self-reflection of one’s own interpersonal style, approach to emotional expression, attitudes/values, skills and possible deficiencies; demonstrating an effort to increase one’s professional functioning, including openness to feedback and maintaining and improving performance, well-being, and professional effectiveness.

Training methods to achieve Goal 4, Objectives 4.1 to 4.2:

- Interns will provide services directly with patients or clients seeking psychological services, reflective of the values, attitudes, and conduct of psychology and informed by current scientific literature, diversity characteristics, and contextual variables.
- Interns will have professional interactions with psychologists and other mental health professionals, reflective of the values, attitudes, and conduct of psychology and informed by current scientific literature, diversity characteristics, and contextual variables.
- Interns will be provided with individual and group supervision by at least three licensed psychologists to provide exposure to, discussion of, and practice in professional behavior and self-reflection, including openness to feedback

and maintaining and improving performance, well-being, and professional effectiveness.

**Goal 5:**

**Communication and Interpersonal Skills Competency:** The intern will demonstrate at least an intermediate level of competence in communication and interpersonal skills as evidenced by attaining a rating of at least “I” on each Communication and Interpersonal Skills Competency item on the final Intern Evaluation Form.

*Objective 5.1* The intern will demonstrate competency in developing and maintaining effective relationships (e.g., rapport) with others, including patients or clients seeking psychological services, colleagues, organizations, professions, and/or communities.

*Objective 5.2* The intern will demonstrate competency in verbal, nonverbal and written professional communication about psychological phenomenon. Professional communications are informative, integrated (e.g., reflective of analyzing and synthesizing data), and demonstrative of knowledge of professional language and psychological concepts.

*Objective 5.3* The intern will demonstrate competency in effective interpersonal skills (e.g., verbal and nonverbal communication, listening effectively and reflectively, negotiation abilities, problem solving abilities, decision making abilities, assertiveness, etc.) to manage communications, including difficult communications that may address content that is emotionally loaded for one or more of the participants.

Training methods to achieve Goal 5, Objectives 5.1 to 5.3:

- Interns will provide services directly with patients or clients seeking psychological services, demonstrating the communication and interpersonal skills of psychologists, informed by current scientific literature, diversity characteristics, and contextual variables.
- Interns will have professional interactions with psychologists and other mental health professionals, demonstrating the communication and interpersonal skills of psychologists, informed by current scientific literature, diversity characteristics, and contextual variables.
- Interns will be provided with individual and group supervision by at least three licensed psychologists to provide exposure to, discussion and reflection of, and practice in communication and interpersonal skills of psychologists.

**Goal 6:**

**Assessment Competency:** The intern will demonstrate at least an intermediate

level of competence in psychological assessment as evidenced by attaining a rating of at least “I” on each Assessment Competency item on the final Intern Evaluation Form.

*Objective 6.1* The intern will demonstrate competency in assessment data collection, using multiple sources and methods, including intake/clinical interviews and the assessment of mental status; gathering relevant history and differential diagnosis information informed by current scientific literature, with sensitivity to diversity characteristics and awareness of impact of self.

*Objective 6.2* The intern will demonstrate competency in selecting and administering psychological assessments which addresses the identified goal and/or referral question. Test selection and administration is based on knowledge of current professional literature regarding psychological assessment.

*Objective 6.3* The intern will demonstrate competency in scoring and interpreting psychological instruments, following current research and professional standards and guidelines, which address the identified goal and/or referral question. Test interpretation is based on knowledge of current research and professional standards and guidelines.

*Objective 6.4* The intern will demonstrate competency in writing a well-organized, clear report that addresses the referral questions and provides the referral source with specific recommendations, as required. The intern will complete at least ten assessment evaluations during the internship year, resulting in formal written reports. Five of these reports must contain testing batteries with at least one personality, psychopathology, problem specific, or behavioral measure and one cognitive measure.

*Objective 6.5* The intern will demonstrate competency in providing written and/or oral feedback to clients and/or caregivers regarding assessment results and their implications; providing feedback in understandable terms with suitable recommendations and responses to issues raised by clients and/or caregivers.

Training methods to achieve Goal 6, Objectives 6.1 to 6.5:

- Interns will provide assessment services directly with patients or clients seeking psychological services, informed by current scientific literature, diversity characteristics, and contextual variables.
- Interns will be provided with up-to-date assessment materials.
- Interns will complete at least ten formal written assessment reports during the internship year. Five of these reports must contain batteries with at least one personality, psychopathology, problem specific, or behavioral measure and one cognitive measure.

- Interns will be provided with individual and group supervision by at least three licensed psychologists to provide exposure to, discussion of, and practice in assessment cases, and to discuss intervention cases.
- Interns will be provided with didactic trainings and seminars that are specific to assessment.

### **Goal 7:**

**Intervention Competency:** The intern will demonstrate at least an intermediate level of competence in the delivery of therapeutic intervention as evidenced by attaining a rating of at least “I” on each Intervention Competency item on the final Intern Evaluation Form.

*Objective 7.1.* The intern will demonstrate competency in case conceptualization and treatment planning based on diagnosis and theoretical orientation, including identifying, selecting, and applying applicable evidence-based interventions which are informed by current scientific literature, applicable assessment findings, diversity characteristics, and contextual variables.

*Objective 7.2.* The intern will demonstrate competency in effectively working with cultural and individual differences and diversity, including self-awareness of the impact of self (e.g. individual differences, transference, world views, biases, etc.), knowledge of literature regarding cultural and individual difference and diversity, and skills in the ability to integrate their self-awareness and knowledge.

*Objective 7.3* The intern will demonstrate competency in managing and understanding group dynamics, skills in facilitating group process, and effectively planning and leading psycho-educational and/or process groups.

*Objective 7.4* The intern will demonstrate competence in the ability to evaluate the outcomes of therapeutic interventions (e.g., individual, couples, family and/or group) continuously, adapting therapeutic approaches accordingly.

### **Training methods to achieve Goal 7, Objectives 7.1 to 7.4:**

- Interns will provide therapeutic services directly with patients or clients seeking psychological services, informed by current scientific literature, applicable assessment findings, diversity characteristics, contextual variables, and continuous evaluation of the outcomes of interventions.
- Interns will conduct therapy in a variety of modalities, depending on their site, including individual, couples, family, and group therapy.
- Interns will be provided with individual and group supervision from at least three licensed psychologists to provide exposure to, discussion of, and practice in

various theoretical orientations and therapy styles, and to discuss intervention cases.

- Interns will be provided with didactic training and seminars that are specific to therapeutic intervention.

**Goal 8:**

**Supervision Competency:** The intern will demonstrate at least an intermediate level of competence in supervision as evidenced by attaining a rating of at least “I” on the Supervision Competency item on the final Intern Evaluation Form.

*Objective 8.1* The intern will demonstrate competence in knowledge of the specialization of supervision (including ethical guidelines, standards for supervision, and effective evaluation of supervisees), informed by current scientific literature, diversity characteristics, and contextual variables.

Training methods to achieve Goal 8, Objective 8.1:

- Interns will be provided with didactic training on supervision with simulated practice of supervision (e.g., role-played supervision).
- Interns will create informed consent forms and evaluation forms related to supervision.

**Goal 9:**

**Consultation and Interprofessional/Interdisciplinary Skills Competency:** The intern will demonstrate at least an intermediate level of competence in consultation and interprofessional/interdisciplinary skills as evidenced by attaining a rating of at least “I” on the Consultation and Interprofessional/Interdisciplinary Competency item on the final Intern Evaluation Form.

*Objective 9.1* The intern will demonstrate competence in knowledge of specialization of consultation, informed by current scientific literature, diversity characteristics, and contextual variables.

Training methods to achieve Goal 9, Objective 9.1:

- Interns will be provided with didactic training on consultation with simulated practice of consultation.
- Interns will develop a consultation project for presentation.

## Requirements for the Completion of Internship:

1. Each intern is required to have a full-time experience of 40 hours per week for 50 weeks and a minimum of 2000 hours completed in no less than 12 months.
2. Each intern is required to have at least 25% (500 hours) of their total hours in direct patient or client contact. The majority of these hours must be include individual and/or group therapy as well as direct assessment hours.
3. Each intern is required to have a minimum of 200 hours of supervision from a licensed psychologist, 100 of which must be regularly scheduled individual supervision and the remaining 100 hours can be any combination of group and/or individual supervision.
4. Each intern is required to complete at least 10 psychological reports. Five reports must contain testing batteries with at least one personality, psychopathology, problem specific, or behavioral measure and one cognitive measure.
5. Each intern will be required to complete **two** case presentations during the training year in group supervision (guidelines listed on page 39). A **five-to-seven-page** writeup for **each** case presentation must be turned in to the NOPIP administrative assistant on **each** day you present.
6. Each intern will be required to complete **one** topic presentation during the training year in group supervision (guidelines listed on page 40). A **seven-to-ten-page** writeup of your topic presentation must be turned in to the NOPIP administrative assistant on the day you present.
7. Each intern must complete a **two-to-three-page** consultation seminar series work product and provide a copy to the NOPIP administrative assistant on the day it is due. Specific instructions will be provided during your consultation didactic training.
8. Each intern must complete a **seven-to-ten-page** supervision seminar series work product and provide a copy to the NOPIP administrative assistant on the day it is due. Specific instructions will be provided during your supervision didactic training.
9. Each intern must turn in a **completed work sample by July 1<sup>st</sup>** to the NOPIP administrative assistant. This sample is to include a de-identified psychological report that includes measures of cognitive functioning, personality, and behavioral/emotional functioning. A sample individual therapy and group therapy note are also required (if part of therapeutic responsibilities).
10. Each intern is required to obtain acceptable evaluation ratings in the profession-wide competency areas specified under the Competency Goals and Objectives section of this handbook.
11. Each intern should complete the Quality of Internship Experience Exit Evaluations (located in Appendix I) and turn it in to the to the NOPIP administrative assistant during their last month of internship. Exit evaluations will not be reviewed until after the completion of the training year.
12. If you require disability accommodations, appropriate paperwork must be provided

to the NOPIP chair, vice chair, and site supervisor. Paperwork will be retained in your NOPIP internship file.

### **Case Presentation Guidelines:**

1. Case presentations will be presented in group supervision and should last approximately **30 minutes with 10 to 15 minutes reserved for discussion/questions**
2. Each intern will complete **two** case presentations
3. A **five-to-seven-page** writeup for **each** case presentation must be turned in to the NOPIP administrative assistant on **each** day you present
4. Expected to demonstrate competency in the application of relevant research literature to clinical decision making in assessment or intervention, including empirically supported treatments, where applicable
5. You can choose to present on either a testing case or an individual therapy case
6. A PowerPoint presentation can be utilized, but is not required
7. All patient information must be deidentified
8. Areas to address for individual therapy cases must include:
  - a. Presenting problems
  - b. Patient history
  - c. Case conceptualization
  - d. Theoretical and research basis for treatment
  - e. Course of treatment (anticipated or actual)
  - f. Assessment of progress
  - g. Complicating factors
  - h. Diversity considerations
  - i. Managed care or organizational considerations
  - j. Intern reflections
9. Areas to address for assessment cases must include:
  - a. Reason for assessment
  - b. Assessment procedures
  - c. Assessment results
  - d. Interpretation of results
  - e. Treatment implications
  - f. Complicating factors
  - g. Recommendations to patient/treatment providers
  - h. Diversity considerations
  - i. Managed care or organizational considerations
  - j. Intern reflections

## Topic Presentation Guidelines:

1. Topic presentations will be presented in group supervision and should last approximately **45 minutes with 15 minutes reserved for discussion/questions**
2. Each intern will complete **one** topic presentation
3. A **seven-to-ten-page** writeup of your topic presentation must be turned in to the NOPIP administrative assistant on the day you present
4. Expected to demonstrate competency in critical evaluation and dissemination of research or other scholarly activity in an area of the intern's choosing
5. Interns can present on any topic relevant to the field of psychology
6. A PowerPoint presentation can be utilized, but is not required
7. Handouts can be utilized, but are not required



## **Evaluations:**

### **Formal Evaluation of Interns:**

Formal evaluations conducted throughout the internship year are the primary means used to ensure achievement of the program's training requirements. Formal evaluation is based in part on direct observation (i.e., live observation, streaming, or video recording) of the intern. The evaluation criteria are behaviorally anchored to the Competency Goals and Objectives of NOPIP. To successfully complete internship, interns must have a rating of at least "Intermediate" on all competency objectives by the end of the year. To facilitate progress towards this goal, due process procedures will immediately begin if an intern's performance is substantially below expectations (see Due Process and Grievance Policy). Both the evaluation criteria and the competency goals and objectives are discussed in detail during orientation. A minimum of three formal evaluations are completed during the internship year at the points of three months, six months, and end of year. Results are discussed with the intern in a timely manner. Refer to Appendix E for a copy of the Intern Evaluation Form. A letter verifying the completion of internship cannot be provided to academic programs until the end of the year (or within the last few days). However, the internship can provide your program with a letter regarding your progress and expected completion date. You should check with your academic program at the beginning of the year to determine how the completion date may affect when you graduate. For example, some programs will post the date all degree requirements were met on a student's transcript, although the degree is not conferred until the following graduation ceremony.

### **Intern Evaluations of NOPIP:**

We value the opinions of our graduates and ask that at the conclusion of each year, interns complete forms providing feedback. Feedback is routinely used to monitor, make changes in, and improve NOPIP. Interns are asked to assess the quality of each of their sites, supervisors, NOPIP administration and the trainings offered throughout the year. Additionally, interns are asked to assess how well NOPIP prepared them in each of nine profession-wide competence areas of research; ethical and legal standards; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional/interdisciplinary skills. The forms do not request an intern write his/her/their name but based upon the small number of interns and the identified placement sites, it is clearly not "anonymous." Quality of Internship Experience Exit Evaluations are sealed in an envelope which is not viewed until after the conclusion of internship. All supervisors will view all responses, except for ratings of the individual supervisors which will only be provided to that particular supervisor. Please see Appendix I for the Quality of Internship Experience Exit Evaluation form.

## Intern Record Keeping:

### Monthly Intern Statistics Form:

Record-keeping is **required monthly** by each intern to ensure that internship requirements and standards are being met. There are two pages to the NOPIP Monthly Intern Statistics form (see Appendix A). On page one, you will tabulate your activities in the following areas: individual therapy, couples' therapy, family therapy, group therapy, crisis intervention, direct assessment, therapy, and assessment related non-contact service, individual and group supervision, training, research, consultation, outreach, and miscellaneous. On page two, you will list the assessment reports completed for that month, including the site, date of report, measures given, and report type. These records will be helpful as you apply for jobs and for licensure as a psychologist. **You must have your NOPIP Monthly Intern Statistics form turned into your supervisor for approval and signature by the end of each month. Signed forms must then be turned into the NOPIP administrative assistant by the 5<sup>th</sup> of the following month.** All interns and supervisors will receive feedback every three months regarding progress in relation to the required areas. Your supervisor will then keep you informed of any areas of concern or deficiency so that a plan to remedy the problem may be developed. The deadlines are important as they prevent the possibility of too much time passing before a deficiency in experience or training is identified and corrected. Refer to Appendix A for the NOPIP Monthly Intern Statistics form.

### Forms - Agency and NOPIP:

Your site may also have agency forms and record-keeping requirements of their own. Your supervisors will provide you with training and instruction on the maintenance of these records. It is your responsibility to complete agency records as needed.

NOPIP specific forms are in Appendices C, D, and H and include the following:

1. Grievance and Due Process Policy Signature Page
2. NOPIP Competency Goals and Objectives Signature Page
3. NOPIP Leave Policy Signature Page
4. NOPIP Group Supervision Format
5. Group Supervision Contract
6. Individual Supervision Contract
7. NOPIP Seminar Evaluation and Feedback

## **NOPIP Record Keeping and Retention:**

### **Individual Supervision Logs:**

Each NOPIP supervisor is responsible for maintaining an individual supervision log, to be maintained for seven years after the completion of supervision, with a summary document maintained for an additional 12 years. At a minimum, the individual supervision log requirements are:

1. Dates/length of supervision
2. Information about what cases and topics were discussed, such as:
  - a. Presenting problems and critical issues
  - b. Directives or directions being followed
  - c. Case progress
3. Documentation of any informal (formative) evaluation

### **NOPIP Intern Files:**

Intern Files are maintained in a secure location under the management of the training director.

The following information will be maintained in totality for seven years:

1. Application/attachment (i.e., de-identified psychological report)
2. Letters of reference
3. Site-specific orientation/documents
4. Signature sheets for NOPIP Due Process and Grievance Policy and NOPIP Competency Goals and Objectives
5. Intern evaluation forms
6. Disciplinary/Corrective actions
7. Sample assessment/evaluation
8. Sample case note (individual and group)
9. Requests for intern file access
10. Correspondence
11. Total time log (reflecting intern training experience)
12. NOPIP monthly intern statistics
13. Supervisor comments
14. Plans of action (if applicable)
15. Requests of leave
16. Certificate of internship completion

The following information will be permanently maintained:

1. Total time log (reflecting intern training experience)
2. Intern evaluation forms

3. Certificate of internship completion

**Complaints and Grievances:**

NOPIP maintains information and records of all formal complaints and grievances of which it is aware that have been submitted or filed against NOPIP and/or individuals or sites associated with NOPIP since its last accreditation site visit. Complaint and Grievances are maintained at OFC, in a locked file, in a locked office, within a secure suite.

## Appendices:

## Appendix A:

### Northeastern Oklahoma Psychology Internship Program Monthly Intern Statistics

Intern: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Site: \_\_\_\_\_

**Interns are to submit this form to their site supervisor for approval and signature by the end of each month. Once your supervisor has approved your hours, you are to submit the signed copy of this form to the NOPIP administrative assistant by the 5<sup>th</sup> of the following month.**

#### Number of Hours:

#### DIRECT CONTACT SERVICE:

Individual Therapy \_\_\_\_\_

Couples Therapy \_\_\_\_\_

Family Therapy \_\_\_\_\_

Group Therapy \_\_\_\_\_

Crisis Intervention \_\_\_\_\_

Direct Assessment \_\_\_\_\_

Other Direct Services (please list): \_\_\_\_\_

\_\_\_\_\_

Total Direct Contact Service: \_\_\_\_\_

#### NON-CONTACT SERVICE:

Therapy-related \_\_\_\_\_

Assessment or other-related \_\_\_\_\_

#### SUPERVISION:

Individual Supervision (licensed) \_\_\_\_\_

Group Supervision \_\_\_\_\_

#### MISCELLANEOUS:

Training Hours \_\_\_\_\_

Research \_\_\_\_\_

Consulting \_\_\_\_\_

Outreach \_\_\_\_\_

Other (please list): \_\_\_\_\_

\_\_\_\_\_

**TOTAL HOURS:** \_\_\_\_\_

**ASSESSMENT REPORTS COMPLETED THIS MONTH:**

Site	Date of Report	Measures	Report Type <b>C/P:</b> Includes Cognitive & one other measure <b>O:</b> Other

Intern Signature/Date: \_\_\_\_\_

Site Supervisor Signature/Date: \_\_\_\_\_

### **Requirements for Internship Completion (see page 38 for full list):**

- 2000 total hours, at least 25% of the total hours is in direct patient or client contact
- 100 hours of regularly scheduled individual supervision and 100 hours of group or additional individual supervision from a licensed psychologist.

### **Recording Guidelines and Definitions:**

- It is important that you research the requirements for licensure in the state where you plan to practice. Different documentation regarding the types of experiences you completed during internship could be required.
- For some activities, an intern may “double count” hours:
  - For example, if you were receiving supervision while doing a direct contact assessment, that could count for both areas. However, you can’t double count hours under more than one direct contact services category (i.e., individual therapy and crisis intervention).
  - In addition, your total hours should include only the actual number of clock hours spent on various activities. Although some activities can meet requirements for more than one category (i.e., supervision and assessment), they can’t be “double counted” toward your total hours. The total hours should include all of the hours spent at your sites, as well as any hours on training and research completing outside of your sites.

### **Direct Contact Service:** face-to-face assessment or therapy with a client

- **Individual Therapy:** face-to-face individual psychotherapy or psycho-educational activities
- **Couples Therapy:** face-to-face couple’s psychotherapy or psycho-educational activities
- **Family Therapy:** face-to-face family psychotherapy or psycho-educational activities
- **Group Therapy:** face-to-face group psychotherapy or psycho-educational activities
- **Crisis Intervention:** face-to-face crisis intervention services that do not meet the criteria of therapy or assessment
- **Direct Assessment:** face-to-face assessment of a client that may include the administration of tests, structured interviews, clinical interviews, or other assessment techniques
- **Other Direct Service:** any other face-to-face direct services that do not fall under the previous categories

### **Non-Contact Service:**

- **Therapy-related:** activities such as research therapy issues
- **Assessment or other related:** activities such as scoring tests, report writing, treatment plan development, etc.

### **Supervision:**

- **Individual:** weekly individual supervision from a licensed psychologist
- **Group:** weekly group supervision from a licensed psychologist

### **Miscellaneous:**

- **Training:** activities such as weekly didactic trainings, workshops attended, etc.
- **Research:** performing research activities related to a dissertation or other project
  - This does not include literature reviews related to treatment or assessment issues for a case, which would fall under Non-Contact Services
- **Consulting:** activities such as meeting with treatment teams or interdisciplinary staff members, group discussions on cases aside from supervision, etc.
- **Outreach:** activities such as conducting program activities in the community or other such settings (i.e., university).
- **Other Miscellaneous:** other miscellaneous activities that do not fit into the other miscellaneous categories



## Appendix B:

### Leave Request Form

#### Northeastern Oklahoma Psychology Internship Program

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A total of ten days (80 hours) may be used for sick or annual leave. Additional time off will only be approved in special circumstances and should be arranged with the supervisor with the understanding that the hours will need to be made up. Leave must be approved by the supervisor at the site affected by the leave and by the NOPIP Chair. \*Professional leave to attend conferences may be granted at the discretion of individual facilities and will not be counted against your annual leave.

**Name:** \_\_\_\_\_ **Site:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_

**Requested Leave:**

Beginning: (Date) \_\_\_\_\_ (Time) \_\_\_\_\_

Ending: (Date) \_\_\_\_\_ (Time) \_\_\_\_\_

**Total Hours of Leave Requested:** \_\_\_\_\_\*

**Number of hours of didactic training/group supervision missed:** \_\_\_\_\_

**Intern Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approval Signatures:**

Site Supervisor Signature: \_\_\_\_\_ **Date:** \_\_\_\_\_

NOPIP Chair Signature: \_\_\_\_\_ **Date:** \_\_\_\_\_

If denied, reason for denial of leave request: \_\_\_\_\_

\*Professional Leave; hours not counted against annual leave.

**Appendix C:**

Northeastern Oklahoma Psychology Internship Program Forms for Signature

**NOPIP Leave Policy**

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I have been informed of and have read the NOPIP Leave Policy and have been provided the opportunity to discuss any concerns with the Internship Chair. I understand that I am allotted *10 days* that may be used for sick or annual leave. I understand that any additional time off required beyond my 10 days needs to be arranged with and approved by my site supervisor and that those hours must be made up if facility policy allows for this. I understand that if I exceed my allotted 10 days off provided by NOPIP, I will automatically be placed on an action plan to help ensure I complete a minimum of 2000 hours within 12 months and meet applicable requirements for direct contact and supervision hours. I understand that I must inform my supervisor of any absences as soon as possible and that I must complete the Intern Leave Request Form. I understand that if I am going to miss group supervision or didactic training, I must inform both my site supervisor and the current group supervisor.

My signature below indicates that I understand and will follow this policy.

\_\_\_\_\_  
Intern Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intern Printed Name

\_\_\_\_\_  
Date

NOPIP Grievance and Due Process Policy

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I have read the NOPIP Grievance and Due Process Policy and been provided the opportunity to discuss any concerns with the Internship Chair. My signature below indicates that I understand and will follow this policy.

\_\_\_\_\_  
Intern Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intern Printed Name

\_\_\_\_\_  
Date

## NOPIP Competency Goals and Objectives

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I have read the NOPIP Competency Goals and Objectives in the NOPIP Handbook and have been provided with the opportunity to discuss any concerns and ask any question with the Internship Chairperson. My signature below indicates that I understand the Competency Goals and Objectives.

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Intern Signature

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Date

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Intern Printed Name

---

Date

## **Appendix D:**

### Northeastern Oklahoma Psychology Internship Program Group and Individual Supervision Contracts

#### **NOPIP Group Supervision Contract:**

In order to increase the consistency of group supervision within the NOPIP consortium, the following topics should be addressed. There may not be a discussion of each and every topic on a weekly basis, but interns should be allowed the opportunity to bring up issues for each of these major categories:

1. NOPIP Administrative Issues (communication, policies and procedures, problem resolution, etc.)
2. Multidisciplinary Issues/Organizational Behavior
3. Professional Development Issues
4. Intern Progress
  - a. Assessment and treatment issues
  - b. Discussion of clinical cases (or case presentations when scheduled)
  - c. Training Opportunities
5. Cultural and individual differences and diversity Issues

In accordance with Bernard and Goodyear (2004, as cited in Smith, Cornish, and Riva, 2014, Contracting for Group Supervision) “group supervision is the regular meeting of a group of supervisees with a designated supervisor or supervisors to monitor the quality of their work and to further their understanding of themselves as clinicians, of the clients with whom they work, and of service delivery in general. These supervisees are aided in achieving these goals by their supervisor(s) and by their feedback from and interactions with each other.”

This is an agreement for group supervision between the licensed supervisors of Northeastern Oklahoma Psychology Internship Program (NOPIP) and \_\_\_\_\_ (Name of supervisee) who is engaged in training within NOPIP. Group supervision will occur every Friday afternoon, as designated on the NOPIP Training and Group Supervision Schedule. The following major categories/topics may be addressed during group supervision: administrative issues (communication, policies and procedures, problem resolution, etc.), multidisciplinary issues/organizational behavior, professional development issues, multicultural issues, and intern progress (assessment and treatment issues, training opportunities, discussion of clinical cases). Supervisees will be expected to share two 30-minute case

presentations with the group at least twice during their training year and to provide one 45-minute topic presentation of their choosing.

**Purpose, goals, and objective of group supervision:**

Group supervision is different than individual supervision although it may have some of the same goals.

- Monitor and ensure the welfare of the clients seen by supervisees
- Promote the development of supervisees' professional identity, knowledge, skills, attitudes, values, and overall competence
- Enhance supervisees' abilities both to give and receive feedback
- Present organized and thorough case information (e.g., formal and informal case presentation)
- Provide a forum in which supervisees can learn to interact effectively within a group of colleagues

**Methods of evaluation:**

Group supervision serves both supportive and evaluative functions. Supervisees are encouraged to share challenges, concerns, and feelings related to their professional responsibilities. However, it is important to remember that not all disclosures will remain confidential; rather, supervisee disclosures may be considered by the supervisor to be relevant to the overall evaluation of supervisee progress and may be discussed among NOPIP supervisors for the purposes of advancing supervision, supervisee development, etc. Therefore, there is no assumption of confidentiality. NOPIP supervisors need to be free to discuss anything disclosed in group supervision with each other; to do less is to risk compromise of clinical and ethical obligations.

**Duties and responsibilities of the supervisor:**

The group supervisor will strive to create an atmosphere of respect, professionalism, and engaged learning.

- Work to provide a safe environment where discussions and differences of agreement can occur without harm
- Clarify the purpose of group supervision and how this differs from individual supervision (e.g., focus, expectation, norms)
- In collaboration with the group, set clear norms for the group supervision sessions and the behavior of group supervisees
- Clarify the role of the group supervisor in relation to the supervisees' individual supervisor(s)

- Avoid dual or multiple relationships with supervisees (such as friendships, business or financial relationships, social gatherings). No sexual relationship will occur between the group supervisor and group supervisees. Favoritism will be avoided.
- If a dual relationship does occur (e.g., supervisor provides both individual and group supervision to supervisee/s), discuss how potential problems can be reduced or addressed
- Discuss the theory or theories used in group supervision
- Examine and respond to clinical information presented in group supervision, including case presentations (formal and informal)
- Sign supervisee documentation, as needed
- Refrain from discussing material about an absent group supervisee
- Address and give procedures to help resolve any negative situations that may occur among group supervisees or between group supervisee(s) and supervisor
- Uphold the APA Code of Ethics
- Maintain active license and professional liability insurance
- Arrive at group supervision on time and let supervisees know in advance (if possible) of any changes to the schedule

**Duties and responsibilities of group supervisees:**

Group supervisees can benefit from the input, support, and shared experiences of multiple peer-colleagues while learning how to provide effective feedback and guidance to others.

- Come prepared with clinical questions, case presentations (formal and informal)
- Provide respectful feedback to other group members
- Refrain from discussing material about an absent group supervisee
- Follow all ethical codes, legal requirements, and procedures/policies of NOPIP and its’ consortium member sites
- Follow collaboratively-established group norms
- Consider group supervision to be a learning experience and seek the benefits of learning from the supervisor and group supervisees
- Arrive at group supervision on time and let the group supervisor know in advance (if possible) when an absence is unavoidable

I have read the above document, had an opportunity to discuss it, and agree to follow the provisions described.

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Supervisee Signature

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Date

## **NOPIP Individual Supervision Contract:**

This is an agreement between \_\_\_\_\_(Supervisee) and \_\_\_\_\_(Supervisor) and \_\_\_\_\_(Agency/Setting).

Effective Dates: \_\_\_\_\_

In accordance with Falender and Shafranske (2004) supervision includes (1) supportive and educative activities designed to improve the application of psychological theory, therapy, assessment, and techniques directly to clients and (2) development of competence in the supervisee. It includes observation, evaluation, ongoing feedback, supervisee self-assessment, and the acquisition of knowledge and skills by instruction, modeling, and problem solving. Supervision ensures that the practice of psychology is conducted in a competent manner that adheres to ethical and legal standards as well as professional practices and that promotes and protects the welfare of the client, the profession, and society at large. While perhaps the most important task of supervision is to “monitor the supervisee’s conduct to ensure that appropriate and ethical professional practices are implemented leading to the best possible clinical outcome for the client” (Falender & Shafranske, 2004, p. 6) other important aspects include assessment and gatekeeper functions. Supervision includes tasks such as: relationships, teaching/learning, counseling, monitoring, evaluation, consultation, and administrative. Supervision does not include therapy.

### **Supervisor Roles:**

- Provide a minimum of \_\_\_\_\_ hours of regularly scheduled face-to-face individual supervision each week
  - Individual supervision will be scheduled to occur on \_\_\_\_\_(day of week) from \_\_\_\_\_ (time of day) to \_\_\_\_\_ (time of day).
  - Any individual supervision times that are missed due to conflicts in schedules will be rescheduled and made-up as soon as possible
  - In the case of supervisor prolonged absence from work (e.g., vacation, sickness) individual supervision will be rescheduled and made up as soon as possible or individual supervision with another licensed psychologist associated with NOPIP and \_\_\_\_\_ (Agency/Setting) will be provided.
  
- Adhere to all NOPIP, agency, ethical, licensing, and legal codes and principles
  - Including, but not limited to:



- respect for boundaries (social and/or sexual) with clients, staff, and others within NOPIP and \_\_\_\_\_(Agency/Setting)
  - adherence to due process procedures as detailed in NOPIP Intern Handbook
- Maintain supervision logs in supervisor’s personal office
  - Supervision logs include at a minimum:
    - dates of individual supervision
    - topics of discussion
    - documentation of any informal evaluation
- Model professionalism
  - When and if multiple roles arise (e.g., clinical supervisor, chair, vice-chair, etc.) with supervisee, supervisors minimize potential conflicts via careful explanations of expectations and responsibilities associated with each role
- Be respectful of and address cultural and diversity differences within the supervisory dyad and across the supervisor-supervisee-client triad
- Follow the theory of developmental approaches to supervision which is consistent with NOPIP’s goal to facilitate interns’ development of critical thinking, conceptualization, and problem-solving skills within the competencies of individual and group therapy, psychological assessment, and professional development
  - Individual supervision will provide supportive and educative activities that follow a developmental sequence from the novice practice of psychology to the seasoned practice of psychology.
  - Activities will progress from prescriptive and supportive with structure to flexible with increasing autonomy as the supervisee gains and demonstrates competencies.
  - Supervisors will assess supervisees’ individual learning needs at the onset of and throughout the internship training sequence
- Assign therapy and assessment cases to the supervisee in accordance with APA Ethical Standard 2.05 (Delegation of work to others)
- Provide supervision in areas only within the boundaries of supervisory competence consistent with APA Ethical Standards 2.01 (Boundaries of competence) and 2.03 (Maintaining Competence)
  - Including, but not limited to:

- Demonstration of psychological theory, therapy, assessment, and techniques
  - Assist supervisee in development of competencies of individual and group therapy, psychological assessment, and professional development via observation, evaluation, ongoing feedback, and dissemination of knowledge and skills by instruction, modeling, and problem solving
- Focus individual supervision on the professional development of the supervisee to improve the application of psychological theory, therapy, assessment, and techniques directly to clients
  - While supervision will not include therapy of the supervisee it will include, but is not limited to:
    - the exploration of values, beliefs, interpersonal biases, and conflicts considered to be sources of countertransference in the context of case materials
    - the exploration of personal issues in terms of the effect of these issues on clients and professional functioning
    - the review of actual work samples
    - the review of complete information regarding clients and files in supervision
      - Case conceptualization includes, but is not limited to:
        - Psychosocial history (e.g., presenting information, psychiatric history, legal history, family history, educational history, employment history, military history, relationship history, medical history, substance use history)
        - Theoretical framework
        - Multicultural conceptualization
        - Empirical and research support and background
        - Developmental considerations
        - Differential diagnoses
- Provide ongoing evaluation (formative during the supervisory experience and summative at the conclusion of the supervisory experience as well as informal and formal) in accordance with NOPIP’s goal to facilitate interns’ development of critical thinking, conceptualization, and problem solving skills within the competencies of individual and group therapy, psychological assessment, and professional development
  - Formal evaluation will be documented on the NOPIP Intern Evaluation form, Appendix C of the NOPIP Intern Handbook

**Additional Supervisor Roles:**

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**Supervisee Roles:**

- Receive a minimum of two hours of regularly scheduled face-to-face individual supervision each week
  - Individual supervision will be scheduled to occur on \_\_\_\_\_(day of week) from \_\_\_\_\_ (time of day) to \_\_\_\_\_ (time of day).
  - Any individual supervision times that are missed due to conflicts in schedules will be rescheduled and made-up as soon as possible
  - In the case of supervisor prolonged absence from work (e.g., vacation, sickness) individual supervision will be rescheduled and made up as soon as possible or individual supervision with another licensed psychologist associated with NOPIP and \_\_\_\_\_(Agency/Setting) will be provided.
  
- Adhere to all NOPIP, agency, ethical, licensing, and legal codes and principles
  - Including, but not limited to:
    - Informing all clients, staff, and others within \_\_\_\_\_ (Agency/Setting) of supervisee’s status
      - Give name of supervisor and appropriate contact information of supervisor to clients, staff, and others within \_\_\_\_\_ (Agency/Setting)
    - respect for boundaries (social and/or sexual) with clients, staff, and others within NOPIP and \_\_\_\_\_ (Agency/Setting)
    - adherence to due process procedures as detailed in NOPIP Intern Handbook
  
- Maintain records in accordance with \_\_\_\_\_ (Agency/Setting)
  - All progress notes will be completed on time and with all necessary information (i.e., date, time, information regarding type and content of contact, etc.)
  - Provide supervisor with a list of all progress notes to be co-signed

- Maintain all required record keeping as detailed in the NOPIP Intern Handbook
  - Obtain a minimum of 2000 hours during the NOPIP Internship year, of which:
    - A minimum of 25% (or 500 hours) is in direct client care
      - Of the 500 hours, the majority must include individual and/or group supervision as well as direct assessment hours
    - A minimum of 100 hours is in individual supervision
    - A minimum of 100 hours is in group or additional individual supervision
  
- Disclose in supervision previous experience, including areas of present competency and areas of weaknesses
  
- Be respectful of and address cultural and diversity differences within the supervisory dyad and across the supervisor-supervisee-client triad
  
- Focus individual supervision on your professional development to improve the application of psychological theory, therapy, assessment, and techniques directly to clients
  - While supervision will not include therapy of the supervisee it will include, but is not limited to:
    - the exploration of values, beliefs, interpersonal biases, and conflicts considered to be sources of countertransference in the context of case materials
    - the exploration of personal issues in terms of the effect of these issues on clients and professional functioning
    - the review of actual work samples
    - the review of complete information regarding clients and files in supervision
      - Case conceptualization includes, but is not limited to:
        - Psychosocial history (e.g., presenting information, psychiatric history, legal history, family history, educational history, employment history, military history, relationship history, medical history, substance use history)
        - Theoretical framework
        - Multicultural conceptualization
        - Empirical and research support and background
        - Developmental considerations
        - Differential diagnoses

- Share complete information regarding clients and files in supervision
- Abide by supervisor final decisions
  - However, supervisees are expected to express disagreement and differences with supervisors should they arise, including, but not limited to conflicts in the supervisory relationship
- Demonstrate openness to learning as a continuous, developmental, life-long process
- Demonstrate openness and receptivity to feedback

**Additional Supervisee Roles:**

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**Supervisory Relationship:**

- Will include open communication and two-way feedback
  - The supervisory relationship is a two-way process through which growth is enhanced and mentoring is accomplished
  - Individual goals within the competencies of individual and group therapy, psychological assessment, and professional development will be jointly developed for the supervisee
- Will foster and facilitate a positive learning relationship that encompasses respect, encourages ultimate autonomy, and enhances the training experiences of NOPIP
  - Attention and respect will be accorded to cultural and diversity differences within the supervisory dyad and across the supervisor-supervisee-client triad
- Will encourage supervisees to be open to the facilitation of a positive learning relationship that encompasses respect, encourages ultimate autonomy, and enhances the training experiences of NOPIP
  - Attention and respect will be given to cultural and diversity differences within the supervisory dyad and across the supervisor-supervisee-client triad
- Will provide conditions that model conceptual knowledge of the personal and professional nature of the supervisory relationship

- Including, but not limited to:
  - Sensitivity to the evaluative nature of supervision
  - Sensitivity to supervisee personal and professional needs
  - Facilitation of supervisee self-exploration and problem solving
  - Facilitation of appropriate balance of challenge and support

**Additional Supervisory Relationship Roles:**

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\_\_\_\_\_  
Supervisee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**Appendix E:**  
 Northeastern Oklahoma Psychology Internship Program  
 Intern Evaluation Form

Name: \_\_\_\_\_

Site: \_\_\_\_\_

- Evaluation:     1<sup>st</sup> (3 months)  
                    2<sup>nd</sup> (6 months)  
                    3<sup>rd</sup> (12 months)  
                    Other (Specify: \_\_\_\_\_)

Methods of Intern Assessment:

- \_\_\_\_\_ Direct Observation (required)     Live observation         Streaming         Video Recording  
 \_\_\_\_\_ Audiotape  
 \_\_\_\_\_ Review of Written Work  
 \_\_\_\_\_ Review of Raw Test Data  
 \_\_\_\_\_ Case Presentation                     During Individual Supervision     During Group Supervision  
 \_\_\_\_\_ Comments from Other Staff  
 \_\_\_\_\_ Other (Specify): \_\_\_\_\_

<b>Competency Ratings Descriptions</b>	
<b>NA</b>	<b>Not applicable for this training/Not assessed during training experience.</b>
<b>A</b>	<b>Advanced/Skills comparable to autonomous practice at the licensure level.</b> Competency attained at full psychology staff privilege level; however, as an unlicensed trainee, supervision is required while in training status.
<b>HI</b>	<b>High Intermediate/Occasional supervision needed.</b> Competency attained in all but non-routine cases; supervisor provides overall management of trainee's activities; depth of supervision varies as clinical needs warrant. Minimum level of competency required at the end of postdoctoral year.
<b>I</b>	<b>Intermediate/Should remain a focus of supervision.</b> Routine supervision of each activity. Minimum level of competency required at the end of pre-doctoral internship.
<b>E</b>	<b>Entry Level/ Continued intensive supervision is needed.</b> Routine, but intensive, supervision is needed. Minimum level of competency required at the end of doctoral program level training.
<b>R</b>	<b>Needs remedial work.</b> Requires remedial work if trainee is in internship.
<b>F</b>	<b>Fail.</b> Engages in unethical and/or grossly irresponsible practice and/or actions.

\*Ratings are based on how an intern is currently performing in each of the assessed areas. At the end of the internship year demonstrated competence, as evidenced by attaining a rating of at least "I" on each objective, is required on the final Intern Evaluation.

**Research Competency:** Competency in this area includes understanding the value of science for the practice of psychology. Competency demands evaluating, disseminating, and applying research to guide services provided to patients or clients seeking psychological services, sensitive to and informed by diversity characteristics and contextual variables.

**Objective 1.1: Evaluation/Dissemination**

Critically evaluate and disseminate, via formal topic presentation, research, or other scholarly activity, sensitive to and informed by diversity characteristics and contextual variables.

- A** Evaluates and disseminates research that guides services and is sensitive to and informed by diversity characteristics and contextual variables.
- HI** Evaluates and disseminates research that generally guides services and is generally sensitive to and informed by diversity characteristics and contextual variables. May occasionally need supervisory assistance in the evaluation and dissemination of research with difficult or novel cases.
- I** Evaluates and disseminates research that generally guides services and is generally sensitive to and informed by diversity characteristics and contextual variables. May require supervisory assistance in the evaluation and dissemination of research.
- E** Evaluates and disseminates research that generally guides services and is generally sensitive to and informed by diversity characteristics and contextual variables. Require extensive supervisory assistance in the evaluation and dissemination of research.
- R** Evaluation and dissemination of research to guide services indicates significant inadequacies in understanding, evaluation, and dissemination of research.
- F** Engages in unethical and/or illegal practice and/or actions.
- NA** Not applicable for this training/Not assessed during training experience.

**Objective 1.2: Application**

Application of relevant research literature to clinical decision making in assessment or intervention, including empirically supported treatments where applicable, demonstrated via clinical practice and two formal case presentations. Formal case presentations are sensitive to and informed by diversity characteristics and contextual variables.

- A** Applies research to clinical decision making in assessment or intervention sensitive to and informed by diversity characteristics and contextual variables.
- HI** Applies research to clinical decision making in assessment or intervention sensitive to and informed by diversity characteristics and contextual variables. May occasionally require supervisory assistance in applying relevant research literature with difficult or novel cases.
- I** Applies research to clinical decision making in assessment or intervention sensitive to and informed by diversity characteristics and contextual variables. May require supervisory assistance in applying relevant research literature.
- E** Applies research to clinical decision making in assessment or intervention sensitive to and informed by diversity characteristics and contextual variables. Requires extensive supervisory assistance in applying relevant research literature.
- R** The application of research to guide clinical decision making in assessment or intervention indicates significant inadequacies in the application of research. Misses or misapplies important research.
- F** Engages in unethical and/or illegal practice and/or actions.
- NA** Not applicable for this training/Not assessed during training experience.



**Ethical and Legal Standards Competency:** Being knowledgeable of ethical principles, practice guidelines and/or state/national laws; recognizing ethical dilemmas and applying ethical decision making in resolving ethical dilemmas. Competency in this area guides assessment, intervention, decision-making, and professional behavior in all professional activities.

**Objective 2.1: Knowledge, Recognition, and Application**

Knowledge of ethical principles, practice guidelines, and/or state/national laws; recognition of ethical dilemmas and the ability to apply ethical decision making to resolve ethical dilemmas. Knowledge, recognition, and application of ethical and legal standards are sensitive to the complexity and multi-dimensionality of cultural and individual differences and diversity.

- A** Spontaneously and consistently recognizes situations where ethical and/or legal issues may be pertinent, applying ethical and legal standards with sensitivity to the complexity and multidimensionality of cultural and individual differences and diversity. Uses reliable judgment concerning necessity of seeking out consultation/supervision as needed.
- HI** Consistently recognizes situations where ethical and/or legal issues may be pertinent, applying ethical and legal standards with sensitivity to the complexity and multidimensionality of cultural and individual differences and diversity. Appropriately asks for supervisory input.
- I** Generally recognizes situations where ethical and/or legal issues may be pertinent. Generally applies ethical and legal standards with sensitivity to the complexity and multidimensionality of cultural and individual differences and diversity. Is responsive to supervisory input.
- E** Often unaware of ethical and/or legal issues, requiring extensive supervisory assistance in applying relevant ethical and/or legal issues.
- R** May lack knowledge of ethical and/or legal issues. May frequently disregard supervisory input regarding ethics and/or laws.
- F** Engages in unethical and/or illegal practice and/or actions.
- NA** Not applicable for this training/Not assessed during training experience.

**Objective 2.2: Professional Ethical Behavior**

Ethical professional behavior is demonstrated in all professional activities, including assessment, intervention, and decision-making. Ethical professional behavior is sensitive to the complexity and multi-dimensionality of cultural and individual differences and diversity.

- A** Spontaneously and consistently engages in professional ethical behavior that is sensitive to the complexity and multi-dimensionality of cultural and individual difference and diversity.
- HI** Consistently engages in professional ethical behavior that is sensitive to the complexity and multi-dimensionality of cultural and individual difference and diversity. Appropriately asks for supervisory input.
- I** Generally engages in professional ethical behavior that is sensitive to the complexity and multi-dimensionality of cultural and individual difference and diversity. Is responsive to supervisory input.
- E** May engage in professional behavior that is insensitive to the complexity and multi-dimensionality of cultural and individual difference and diversity, requiring extensive supervisory assistance in applying sensitivity to the complexity and multi-dimensionality of cultural and individual difference and diversity.
- R** Engages in behaviors that are insensitive to the complexity and multi-dimensionality of cultural and individual difference and diversity. May frequently disregard supervisory input

regarding ethical professional ethical behavior.

**F** Engages in unethical and/or illegal practice and/or actions.

**NA** Not applicable for this training/Not assessed during training experience.

**Individual and Cultural Diversity Competency:** Competency in this area requires having attitudes (e.g., intellectual curiosity, open-mindedness, flexibility, appreciation of diversity, etc.), knowledge (i.e., knowledge of self and others and knowledge of relevant data), and skills (e.g., communicating empathy, engaging others, establishing rapport, etc.) to conduct all professional activities with sensitivity to individual and cultural diversity.

### **Objective 3.1: Awareness**

Self-aware of the impact of self (e.g., individual differences, transference, world views, personal/cultural history, attitudes, biases, etc.) on understanding and interacting with others, demonstrating attitudes (e.g., intellectual curiosity, open-mindedness, flexibility, appreciation of diversity, etc.) consistent with conducting professional activities with sensitivity to individual and cultural diversity.

**A** Spontaneously and consistently aware of the impact of self on the understanding and interacting with others. Spontaneously and consistently demonstrates attitudes consistent with conducting professional activities with sensitivity to individual and cultural diversity.

**HI** Consistently aware of the impact of self on the understanding and interacting with others. May occasionally require supervisory assistance in exploring self-awareness, though consistently demonstrates attitudes consistent with conducting professional activities with sensitivity to individual and cultural diversity.

**I** Generally aware of the impact of self on the understanding and interacting with others. May require supervisory assistance in exploring self-awareness, though generally demonstrates attitudes consistent with conducting professional activities with sensitivity to individual and cultural diversity.

**E** Often unaware of the impact of self on understanding and interacting with others. Requires substantial input and guidance in exploring self-awareness, though generally demonstrates attitudes consistent with conducting professional activities with sensitivity to individual and cultural diversity.

**R** May frequently lack awareness of the impact of self on understanding and interacting with others. Attitudes are frequently inconsistent with conducting professional activities with sensitivity to individual and cultural diversity.

**F** Engages in unethical and/or illegal practice and/or actions.

**NA** Not applicable for this training/Not assessed during training experience.

### **Objective 3.2: Knowledge**

Knowledge of current data relevant to addressing individual and cultural diversity in professional activities, including research, training, assessment, intervention, and supervision/consultation.

**A** Spontaneously and consistently aware of current data relevant to addressing individual and cultural diversity in professional activities, including research, training, assessment, intervention, and supervision/consultation. Uses reliable judgment concerning necessity of seeking out consultation/supervision as needed.

**HI** Consistently aware of current data relevant to addressing individual and cultural diversity in professional activities, including research, training, assessment, intervention, and supervision/consultation, though may occasionally need supervisory guidance or assistance

in novel cases/circumstances.

- I** Generally aware of current data relevant to addressing individual and cultural diversity in professional activities, including research, training, assessment, intervention, and supervision/consultation, though may need supervisory guidance or assistance in the awareness and/or knowledge of the data.
- E** Often unaware of current data relevant to addressing individual and cultural diversity in professional activities, including research, training, assessment, intervention, and supervision/consultation, requiring supervisory guidance and assistance in the awareness and/or knowledge of the data.
- R** May frequently lack knowledge of current data relevant to addressing individual and cultural diversity in professional activities, including research, training, assessment, intervention, and supervision/consultation.
- F** Engages in unethical and/or illegal practice and/or actions.
- NA** Not applicable for this training/Not assessed during training experience.

### **Objective 3.3: Skills**

The ability to apply awareness and knowledge of individual and cultural diversity to service delivery in diverse populations, including the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews may create conflict with one's own.

- A** Spontaneously and consistently to apply awareness and knowledge of individual and cultural diversity to service delivery in diverse populations without substantial supervisory input. Uses reliable judgment concerning necessity of seeking out consultation/supervision as needed to work effectively with individuals whose group membership, demographic characteristics, or worldviews may create conflict with one's own.
- HI** Consistently to apply awareness and knowledge of individual and cultural diversity to service delivery in diverse populations without substantial supervisory input. May need supervisory input and guidance to work effectively with individuals whose group membership, demographic characteristics, or worldviews may create conflict with one's own.
- I** Generally able to apply awareness and knowledge of individual and cultural diversity to service delivery in diverse populations without substantial supervisory input. Needs supervisory input and guidance to work effectively with individuals whose group membership, demographic characteristics, or worldviews may create conflict with one's own.
- E** Often unable to apply awareness and knowledge of individual and cultural diversity to service delivery in diverse populations without substantial supervisory input. Requires substantial input and guidance to work effectively with individuals whose group membership, demographic characteristics, or worldviews may create conflict with one's own.
- R** May frequently disregard supervisory input regarding applying awareness and knowledge of individual and cultural diversity to service delivery in diverse populations. Demonstrates impaired ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews may create conflict with one's own.
- F** Engages in unethical and/or illegal practice and/or actions.
- NA** Not applicable for this training/Not assessed during training experience.

**Professional Values, Attitudes, and Behaviors Competency:** Professional interactions with others are characterized by values, attitudes and conduct reflected in the APA Code of Ethics, including the General Principles (i.e., beneficence and nonmaleficence, fidelity and responsibility, integrity, justice, and respect for people’s rights and dignity). Introspection, self-knowledge, and self-awareness are used in the self-reflection of one’s own interpersonal style, approach to emotional expression, attitudes/values, skills, and possible deficiencies; demonstrating an effort to increase one’s professional functioning, including openness to feedback and maintaining and improving performance, well-being, and professional effectiveness.

**Objective 4.1: Professional interactions**

Behaving in a professional manner, characterized by the values, attitudes and conduct reflected in the APA Code of Ethics and informed by current scientific literature, diversity characteristics, and contextual variables.

- A** Spontaneously and consistently behaves in a professional manner informed by current scientific literature, diversity characteristics, and contextual variables. Uses reliable judgment concerning necessity of seeking out consultation/supervision as needed.
- HI** Consistently behaves in a professional manner informed by current scientific literature, diversity characteristics, and contextual variables, though may occasionally need supervisory guidance or assistance in novel cases/circumstances.
- I** Generally behaves in a professional manner informed by current scientific literature, diversity characteristics, and contextual variables, though may require supervisory guidance and assistance.
- E** While generally behaving in a professional manner, may engage in professional interactions that are insensitive to the values, attitudes and conduct reflected in the APA Code of Ethics.
- R** Engages in behaviors that are insensitive to the values, attitudes and conduct reflected in the APA Code of Ethics. May frequently disregard supervisory input regarding behaving in a professional manner informed by current scientific literature, diversity characteristics, and contextual variables.
- F** Engages in unethical and/or illegal practice and/or actions.
- NA** Not applicable for this training/Not assessed during training experience.

**Objective 4.2: Self-reflection**

Using introspection, self-knowledge, and self-awareness to recognize one’s own interpersonal style, approach to emotional expression, attitudes/values, skills and possible deficiencies; demonstrating an effort to increase one’s professional functioning, including openness to feedback and maintaining and improving performance, well-being, and professional effectiveness.

- A** Spontaneously and consistently engages in self-reflection, demonstrating an effort to increase one’s professional functioning, including openness to feedback and maintaining and improving performance, well-being, and professional effectiveness. Uses reliable judgment concerning necessity of seeking out consultation/supervision as needed.
- HI** Consistently engages in self-reflection, demonstrating an effort to increase one’s professional functioning, including openness to feedback and maintaining and improving performance, well-being, and professional effectiveness, though may occasionally need supervisory input and guidance.
- I** Generally engages in self-reflection, demonstrating an effort to increase one’s professional functioning, including openness to feedback and maintaining and improving performance, well-being, and professional effectiveness, though needs supervisory input and guidance.

- E** Often struggles with engaging in self-reflection, requiring substantial input and guidance in utilizing introspection, self-knowledge, and self-awareness to recognize one's own interpersonal style, approach to emotional expression, attitudes/values, skills and possible deficiencies.
- R** May frequently lack self-reflection. May frequently disregard supervisory input regarding self-reflection.
- F** Engages in unethical and/or illegal practice and/or actions.
- NA** Not applicable for this training/Not assessed during training experience.

**Communication and Interpersonal Skills Competency:** Communication and interpersonal skills are informed by current scientific literature, diversity characteristics, and contextual variables. Competency in this area includes developing and maintaining professional relationships with others, including developing and maintaining constructive alliances with appropriate boundaries with clients. Intern acquires, organizes, and communicates information about psychological phenomenon and applies it to clinical work in a thoughtful manner. Professional communication is informative, integrative, and demonstrative of knowledge of professional language and psychological concepts.

**Objective 5.1: Developing and Maintaining Effective Relationships**

Develops and maintains rapport with appropriate professional boundaries with others, including patient or clients seeking psychological services, colleagues, organizations, professions, and/or communities. Effective relationships are informed by current scientific literature, diversity characteristics, contextual variables, and self-reflection.

- A** Spontaneously and consistently develops and maintains rapport with appropriate professional boundaries, including patients or clients seeking psychological services, colleagues, organizations, professions, and/or communities. Relationships are informed by current scientific literature, diversity characteristics, contextual variables, and self-reflection. Uses reliable judgment concerning necessity of seeking out consultation/supervision as needed.
- HI** Consistently develops and maintains rapport with appropriate professional boundaries, including patients or clients seeking psychological services, colleagues, organizations, professions, and/or communities. Relationships are informed by current scientific literature, diversity characteristics, contextual variables, and self-reflection, though may occasionally need input, guidance, and supervision on fine points.
- I** Generally develops and maintains adequate rapport with appropriate professional boundaries, including patients or clients seeking psychological services, colleagues, organizations, professions, and/or communities. Relationships are largely informed by current scientific literature, diversity characteristics, contextual variables, and self-reflection. Requires need input, guidance, and supervision on fine points.
- E** While generally develops and maintains adequate rapport with appropriate professional boundaries, including patients or clients seeking psychological services, colleagues, organizations, professions, and/or communities, needs supervisory input and guidance applying current scientific literature, diversity characteristics, contextual variables, and self-reflection to the development and maintenance of adequate rapport.
- R** May frequently lacks the ability to develop and maintain adequate rapport. May frequently disregard supervisory input in this area.
- F** Engages in unethical and/or illegal practice and/or actions.

**NA** Not applicable for this training/Not assessed during training experience.

### **Objective 5.2: Professional Communication**

Verbal, nonverbal, and written professional communication about psychological phenomenon is informative, integrated (e.g., reflective of analyzing and synthesizing data), and demonstrative of knowledge of professional language and psychological concepts.

- A** Verbal, nonverbal, and written professional communication about psychological phenomenon is spontaneously and consistently informative, integrated, and demonstrative of knowledge of professional language and psychological concepts. Uses reliable judgment concerning necessity of seeking out consultation/supervision as needed.
- HI** Verbal, nonverbal, and written professional communication about psychological phenomenon is consistently informative, integrated, and demonstrative of knowledge of professional language and psychological concepts. May need supervisory guidance.
- I** Verbal, nonverbal, and written professional communication about psychological phenomenon is generally informative, integrated, and demonstrative of knowledge of professional language and psychological concepts. Needs supervisory guidance.
- E** While verbal, nonverbal, and written professional communication about psychological phenomenon is generally informative, integrated, and demonstrative of knowledge of professional language and psychological concepts, needs extensive supervisory guidance.
- R** Verbal, nonverbal, and written professional communication about psychological phenomenon is frequently not informative, integrated or demonstrative of knowledge of professional language and psychological concepts.
- F** Engages in unethical and/or illegal practice and/or actions.
- NA** Not applicable for this training/Not assessed during training experience.

### **Objective 5.3: Interpersonal Skills**

Utilizes interpersonal skills of verbal and nonverbal communication, listening effectively and reflectively, negotiation abilities, problem solving abilities, decision making abilities, assertiveness, etc. to manage communications, including difficult communications that may address content that is emotionally loaded for one or more of the participants.

- A** Spontaneously and consistently utilizes interpersonal skills of verbal and nonverbal communication, listening effectively and reflectively, negotiation abilities, problem solving abilities, decision making abilities, assertiveness, etc. to manage communications, including difficult communications that may address content that is emotionally loaded for one of more of the participants. Uses reliable judgment concerning necessity of seeking out consultation/supervision as needed.
- HI** Consistently utilizes interpersonal skills of verbal and nonverbal communication, listening effectively and reflectively, negotiation abilities, problem solving abilities, decision making abilities, assertiveness, etc. to manage communications, including difficult communications that may address content that is emotionally loaded for one of more of the participants. May need supervisory guidance.
- I** Generally utilizes interpersonal skills of verbal and nonverbal communication, listening effectively and reflectively, negotiation abilities, problem solving abilities, decision making abilities, assertiveness, etc. to manage communications, including difficult communications that may address content that is emotionally loaded for one of more of the participants. Needs supervisory guidance.
- E** Needs extensive supervisory guidance in utilizing interpersonal skills of verbal and nonverbal communication, listening effectively and reflectively, negotiation abilities,

problem solving abilities, decision making abilities, assertiveness, etc. to manage communications, including difficult communications that may address content that is emotionally loaded for one of more of the participants.

- R** Interpersonal skills of verbal and nonverbal communication, listening effectively and reflectively, negotiation abilities, problem solving abilities, decision making abilities, assertiveness, etc. to manage communications, including difficult communications that may address content that is emotionally loaded for one of more of the participants are frequently not used.
- F** Engages in unethical and/or illegal practice and/or actions.
- NA** Not applicable for this training/Not assessed during training experience.

**Assessment Competency:** Assessment is an ongoing, interactive process serving to describe, conceptualize, characterize, and predict relevant aspects of a client. Assessments attend to diversity characteristics as well as data collection, scoring, interpretation, and communication of results. Written communication is timely, clear, adequately organized, and relevant to referral questions, and uses appropriate grammar and terminology while acknowledging sources of and gaps in information. Verbal communication is professional, respectful, culturally sensitive, and consistent with non-verbal communication.

#### **Objective 6.1: Assessment Data Collection**

Formally collect assessment data, using multiple sources and methods, including intake/clinical interviews and the assessment of mental status; gathering relevant history and differential diagnosis information informed by current scientific literature, with sensitivity to diversity characteristics and awareness of the impact of self (e.g., individual differences, transference, world views, etc).

- A** Demonstrates a thorough knowledge of and ability to gather assessment data, including the assessment of mental status. Gathers relevant history and relevant diagnostic criteria to develop an accurate diagnostic formulation autonomously. Data collection is consistently informed by current scientific literature. Consistently demonstrates sensitivity and awareness of the impact of self on assessment.
- HI** Occasional input needed regarding fine points of assessment data collection, including fine points of assessing mental status and fine points of relevant history and diagnostic criteria to develop an accurate diagnostic formulation in difficult clientele or unusual findings. Data collection is informed by current scientific literature. Demonstrates sensitivity and awareness of the impact of self on assessment.
- I** Generally needs supervision and guidance in gathering assessment data, including relevant history and relevant diagnostic criteria, to develop an accurate diagnostic formulation. Data collection is informed by current scientific literature. Demonstrates sensitivity and awareness of the impact of self on assessment though may need input, guidance, and supervision on fine points.
- E** Needs extensive supervisory guidance in the assessment of mental status, gathering relevant history and differential diagnosis information to develop an accurate diagnostic formulation. Needs extensive supervisory guidance to consider and explore the impact of self on assessment.
- R** Frequent errors in the assessment of mental status. Frequent errors of omission or inclusion in gathering relevant history and differential diagnosis information. May seem unconcerned or disregards the impact of self on assessment.
- F** Engages in unethical and/or illegal practice and/or actions.

**NA** Not applicable for this training/Not assessed during training experience.

### **Objective 6.2: Psychological Test Selection and Administration**

Appropriately chooses the tests to be administered. Promptly and proficiently administers appropriate tests in area of practice. Demonstrates competence in administering intelligence and personality/ psychopathology/ problem specific/ behavioral measures. Test selection and administration is based on knowledge of current professional literature regarding psychological assessment.

- A** Autonomously chooses appropriate tests to answer referral questions. Proficiently administers all tests. Completes all testing efficiently. Uses knowledge of professional literature regarding psychological assessment in the selection and administration of tests.
- HI** Occasional input needed regarding fine points of test administration. Occasionally needs supervision and guidance in the selection and administration of tests.
- I** Generally needs supervision regarding test selection and administration. Generally needs consultation regarding appropriate tests to administer.
- E** Test administration is slow, irregular. May need to recall client to further testing sessions due to poor choices in test selection.
- R** Frequently fails to follow standardization in test administration.
- F** Engages in unethical and/or illegal practice and/or actions.
- NA** Not applicable for this training/Not assessed during training experience.

### **Objective 6.3: Psychological Test Scoring and Interpretation**

Accurately and thoroughly scores and interprets psychological tests. Demonstrates competence in scoring and interpreting intelligence and personality/ psychopathology/ problem specific/ behavioral measures. Test interpretation is based on knowledge of current research and professional standards and guidelines, which address the identified goals and/or referral question(s).

- A** Skillfully and efficiently scores tests and interprets tests autonomously. Accurately interprets and integrates results prior to supervision. Makes accurate and thorough formulations based on test results.
- HI** Demonstrates knowledge of scoring methods and interpretation. Reaches appropriate conclusions with some support and guidance from supervision.
- I** Completes scoring and interpretation on typical clientele with some supervisory input, occasionally uncertain how to handle difficult clientele or unusual findings. Understands basic use of tests, but may occasionally reach inaccurate conclusions from the test results.
- E** Needs extensive supervision and guidance in scoring and interpreting tests.
- R** Frequently makes scoring errors. Reaches inaccurate or insupportable conclusions from test results.
- F** Engages in unethical and/or illegal practice and/or actions.
- NA** Not applicable for this training/Not assessed during training experience.

### **Objective 6.4: Assessment Writing Skills**

Writes a well-organized, clear report that addresses the referral question and provides the referral source with specific recommendations as required. Reports use appropriate grammar, spelling, and terminology; cite sources of information; and acknowledge gaps in information.

- A** Report is clear and thorough, follows a coherent outline that is an effective summary of the major relevant issues. Report clearly draws conclusions based on supportive evidence. Report uses appropriate grammar, spelling, and terminology; cites sources of information; and acknowledges gaps in information. Report makes useful and relevant recommendations



as required.

- HI** Report covers essential points without serious error, may need polish in cohesiveness and organization. Report makes useful and relevant recommendations as required. Conclusions reached are clearly based on supportive evidence.
- I** Report covers essential points, but may include errors in cohesiveness, conclusions, recommendations, etc. Rewrites are required, but major rewrites are rarely, if ever, required.
- E** Report may miss essential points and may include errors in cohesiveness, conclusions, recommendations, etc. Reports require extensive rewrites.
- R** Inaccurate conclusions or grammar, spelling, organization, etc. interfere with report communication. Reports require frequent major rewrites.
- F** Engages in unethical and/or illegal practice and/or actions.
- NA** Not applicable for this training/Not assessed during training experience.

### **Objective 6.5: Assessment Feedback**

Plans and carries out a written and/or oral feedback interview to clients and/or caregivers regarding assessment results and their implications; providing feedback in terms that clientele and/or caregiver can understand with suitable recommendations and responses to issues raised by clientele and/or caregiver.

- A** Plans and implements the feedback session appropriately. Foresees areas of difficulty in the session and responds empathically to the client and/or caregiver concerns. Adjusts personal style and complexity of language and feedback details to accommodate client and/or caregiver needs.
- HI** With supervisory input, develops and implements a plan for the feedback session. May need some assistance to identify issues which may become problematic in the feedback session. May need intervention from supervisor to accommodate specific needs of client and/or caregiver. Adjusts personal style and complexity of language and feedback details to accommodate client and/or caregiver needs.
- I** Develops plan for feedback session with the supervisor. Presents basic assessment results, but supervisor may have to assist in presenting more complex issues. Adjusts personal style and complexity of language and feedback details with assistance.
- E** Supervisor frequently needs to assume leadership role in feedback session to ensure that correct feedback is given or to address emotional issues of client and/or caregiver.
- R** Feedback session does not adequately address areas of difficulty or responds empathically to client and/or caregiver concerns. Does not modify interpersonal style in response to feedback.
- F** Engages in unethical and/or illegal practice and/or actions.
- NA** Not applicable for this training/Not assessed during training experience.

**Intervention Competency:** Evidence-based interventions are identified, selected, and applied to therapeutic services provided to patient or clients seeking psychological services, as applicable. Interventions are based on current psychological theory and research related to interventions and techniques. Clients are conceptualized in a manner consistent with theories and sensitive to the complexity and multi-dimensionality of cultural and individual differences and diversity. Outcomes of interventions are evaluated continuously, and interventions are adapted accordingly.

### **Objective 7.1: Case Conceptualization and Therapy Goals/Treatment Planning**

Formulates a useful case conceptualization that is based on diagnoses and theoretical orientation. Therapy goals/treatment plans reflect applying and implementing applicable evidence-based interventions which are informed by research, applicable assessment findings, cultural and individual differences and diversity, and contextual variables.

- A** Independently produces thorough case conceptualizations within own preferred theoretical orientation; can also draw some insights into cases from other orientations. Consistently sets realistic goals. Treatment approaches are consistently based on knowledge of current professional literature and, where applicable, empirically supported treatments.
- HI** Reaches case conceptualizations autonomously; recognizes improvements when pointed out by supervisor. May need supervisory guidance in therapy goals and treatment approaches in difficult clientele. Treatment approaches are usually based on knowledge of current professional literature and, where applicable, empirically supported treatments.
- I** Reaches case conceptualization with supervisory assistance. Needs supervisory guidance in therapy goals and treatment approaches aside from those addressed by clients. Treatment approaches are often based on knowledge of current professional literature and, where applicable, empirically supported treatments.
- E** Needs extensive supervision to reach useful case conceptualization and treatment goals and approaches. Needs assistance to apply knowledge of current professional literature and empirically supported treatments.
- R** Responses to clients indicate significant inadequacies in theoretical understanding and case conceptualization. Unable to set appropriate treatment goals based on knowledge of client and current professional literature and empirically supported treatments.
- F** Engages in unethical and/or illegal practice and/or actions.
- NA** Not applicable for this training/Not assessed during training experience.

### **Objective 7.2: Intervention and Sensitivity to Clientele Diversity**

Therapy approaches and interventions reflect applying applicable evidence-based interventions which are informed by research, applicable assessment findings, cultural and individual differences and diversity, and contextual variables. Treatment is applied with sensitivity to cultural and individual differences and diversity, including self-awareness of the impact of self, knowledge of literature regarding cultural and individual differences and diversity, and skills in the ability to integrate self-awareness and knowledge.

- A** Treatment and interventions are based on knowledge of current literature, effectiveness, and self-awareness of personal competence in utilizing treatment approaches and interventions. Treatment facilitates client acceptance and change and is applied with sensitivity to diversity issues. Spontaneously demonstrates motivation to increase knowledge and expand range of treatment approaches, interventions, and effectiveness through reading, training, and consultation as needed.
- HI** Treatment and interventions are based on knowledge of current literature, effectiveness, and self-awareness of personal competence in utilizing treatment approaches and interventions. Treatment facilitates client acceptance and change and is applied with sensitivity to diversity issues; seeks consultation readily when needed. Generally seeks reading, training, and consultation as a means to increase knowledge and expand range of treatment approaches, interventions, and assessment of treatment effectiveness.
- I** Treatment facilitates client acceptance and change and is applied with sensitivity to diversity issues, though supervisory guidance is required to do so. Readily accepts reading, training,

and consultation as a means to increase knowledge and expand range of treatment approaches, interventions, and assessment of treatment effectiveness.

- E** Needs extensive supervisory guidance to apply treatments so that client acceptance and change is facilitated. Needs extensive supervisory guidance to apply treatments with sensitivity to diversity issues. Needs extensive supervisory guidance to increase knowledge and expand range of treatment approaches, interventions, and assessment of treatment effectiveness.
- R** May seem unconcerned about increasing knowledge and expanding range of treatment approaches and interventions.
- F** Engages in unethical and/or illegal practice and/or actions.
- NA** Not applicable for this training/Not assessed during training experience.

### **Objective 7.3: Group Therapy Skills and Preparation**

Knowledge of group dynamics and skills in effectively planning and facilitating/leading psychoeducational and/or process groups that, when applicable, are based on empirically supported treatment; including intervening in groups skillfully, attending to member participation, attending to group communication, and preparing necessary materials to facilitate group goals and tasks.

- A** Spontaneously and consistently elicits participation and cooperation from all members, confronts group problems appropriately and independently, and independently prepares for each session. If organization allows, can manage group alone in absence of co-therapist/supervisor.
- HI** Consistently elicits participation and cooperation from all members, confronts group problems appropriately and independently, and independently prepares for each session. Seeks input on group process issues as needed then works to apply new knowledge and skills.
- I** Generally requires ongoing supervision to identify key issues and initiate group interaction. Identifies problematic issues in group process but requires assistance to handle them. May require assistance organizing group materials and process.
- E** Has significant insufficiencies in knowledge of group dynamics and understanding and implementation of group process. Unable to maintain control in group sufficient to cover content areas. Preparation is somewhat disorganized.
- R** Lacks knowledge of group dynamics and understanding and implementation of group process. Frequently unprepared for group therapy.
- F** Engages in unethical and/or illegal practice and/or actions.
- NA** Not applicable for this training/Not assessed during training experience.

### **Objective 7.4: Evaluating Intervention Outcomes**

The effectiveness of therapy approaches and interventions, reflecting applicable evidence-based interventions, are evaluated continuously. Evaluation results inform and, when necessary, adapt therapeutic approaches and interventions, including intervention goals and methods.

- A** Spontaneously and consistently evaluates the effectiveness of therapy approaches and interventions, utilizing results to adapt therapeutic approaches and interventions, including intervention goals and methods, when necessary. Uses reliable judgment concerning necessity of seeking out consultation/supervision as needed.
- HI** Consistently evaluates the effectiveness of therapy approaches and interventions, utilizing results to adapt therapeutic approaches and interventions, including intervention goals and methods, when necessary. May require supervision to adapt therapeutic approaches and interventions, including intervention goals and methods, when necessary in novel cases.

- I** Generally evaluates the effectiveness of therapy approaches and interventions. May require supervision to adapt therapeutic approaches and interventions, including intervention goals and methods, when necessary.
- E** Needs extensive supervisory guidance in evaluating the effectiveness of therapy approaches and interventions and in adapting therapeutic approaches and interventions, including intervention goals and methods, when necessary.
- R** May frequently lack the knowledge to evaluate the effectiveness of therapy approaches and interventions and to adapt therapeutic approaches and interventions, including intervention goals and methods, when necessary. May frequently disregard supervisory input in this area
- F** Engages in unethical and/or illegal practice and/or actions.
- NA** Not applicable for this training/Not assessed during training experience.

**Supervision Competency:** Supervision includes (1) supportive and educative activities designed to improve the application of psychological theory, therapy, assessment, and techniques directly to clients and (2) development of competence in the supervisee. It includes observation, evaluation, ongoing feedback, supervisee self-assessment, and the acquisition of knowledge and skills by instruction, modeling, and problem solving. The intern should understand the specialization of supervision, including standards, ethical issues and effective evaluation, and be prepared for future supervision experiences that are consistent with theories and sensitive to the complexity and multi-dimensionality of cultural and individual differences and diversity.

### **Objective 8.1 Supervision Knowledge**

The intern should understand the specialization of supervision, including standards, ethical issues and effective evaluation, and be prepared for future supervision experiences. Intern should demonstrate the capacity to effectively engage in supervision of others.

- A** Possesses an accurate working knowledge of the specialization of supervision, including various models and techniques. Able to employ effective supervisory skills in a consistent manner and accurately evaluate complex ethical dilemmas related to supervision to arrive at appropriate resolutions.
- HI** Possesses an accurate working knowledge of the specialization of supervision, including various models and techniques. Able to employ effective supervisory skills in a generally consistent manner with limited supervision or feedback.
- I** Possesses a generally accurate working knowledge of the specialization of supervision, including various models and techniques, but requires further education and/or training. Able to employ some effective supervisory skills, but may be inconsistent and requires routine training or supervision/consultation.
- E** Possesses some working knowledge of the specialization of supervision, including various models and techniques, but requires further training or supervision/consultation. Able to employ limited supervisory skills in an effective manner.
- R** Possesses very limited working knowledge of the specialization of supervision, including various models and techniques. Able to employ almost no supervisory skills in an effective manner.
- F** Engages in unethical and/or illegal practice and/or actions.
- NA** Not applicable for this training/Not assessed during training experience.

## **Consultation and Interprofessional/Interdisciplinary Skills**

**Competency:** Consultation to, with, and for individuals, groups, and organizations involves applying and extending the special knowledge of psychologists to problems involving human behavior in various areas, to seeking or sharing knowledge, or to promoting effectiveness in professional activities. The intern should be prepared to engage in appropriate and ethical consultation with persons inside and outside their own field, consistent with theories and sensitive to the complexity and multi-dimensionality of cultural and individual differences and diversity.

### **Objective 9.1: Consultation Knowledge**

Intern should understand the theoretical foundations and parameters of consultation, including ethical issues and current controversies within the field. Intern should demonstrate the capacity to effectively engage in consultation.

- A** Can independently choose appropriate means of evaluating consultation issues in complex cases based on parameters in the field. Aware of all major ethical considerations and able to incorporate them into consultation activities. Able to formulate professional and relevant written work product or presentations with minimal supervisory input. Effective in establishing rapport when consulting with other parties in even difficult or highly contentious situations.
- HI** Aware of parameters and ethical concerns related to consultation in routine cases and seeks supervision when unsure in complex cases. Able to formulate a professional and relevant written or presented work product for routine cases, but may occasionally require significant supervisory input on more complex cases. Effective in establishing rapport when consulting with other parties in all but very difficult situations.
- I** Aware of most parameters and ethical concerns related to consultation in routine cases, but few in complex cases. Able to independently design and implement consultation in routine cases with routine supervision; unable to independently design and implement consultation in complex cases. Written or presented work product generally effective in routine cases, but requires some improvement. Generally effective in establishing rapport when consulting with other parties.
- E** Aware of some basic parameters in consultation. Can occasionally identify ethical concerns. Understands the process of designing and implementing consultation, but unable to do so independently. Unable to create a written or presented work product without significant revision. Minimally effective in establishing rapport when consulting with other parties.
- R** Unaware of parameters or ethical issues related to consultation which significantly hinders ability to effectively consult with others. Does not understand the process of designing or implementing consultation, and therefore, unable to create even minimally effective written or presented work product. Ineffective in establishing rapport when consulting with other parties.
- F** Engages in unethical and/or illegal practice and/or actions.
- NA** Not applicable for this training/Not assessed during training experience.

**Overall Comments/Summary:**

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Supervisor Signature/Date

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

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Intern Signature/Date

## **Appendix F:**

### Northeastern Oklahoma Psychology Internship Program

#### Consortium Bylaws

Revised 7/29/2020

**Organization:** Northeastern Oklahoma Psychology Internship Program (NOPIP) is a consortium composed of organizations/individuals committed to the education and training of the student of psychology. The organization of NOPIP was established by the founding agencies with input from the community. Any changes in the organization are decided by a majority vote of eligible members. Membership in the consortium is open to organizations/individuals that support NOPIP's mission and are able to provide resources which help the intern develop skills needed to serve in the role of psychologist.

**Governing Body:** The rules and supervision of this internship will be the responsibility of the members of the Internship Committee, comprised of eligible member sites.

**Consortial Agreement:** A consortial agreement is signed prior to selecting interns for the upcoming training year. The signing parties formally agree to adhere to NOPIP policies, procedures, and guidelines as outlined in the Annual Consortial Agreement, Consortium Bylaws, and Handbook.

#### **Criteria to be a Member Site:**

1. Ability and commitment to provide adequate supervision for the intern.
2. Ability and commitment to provide the intern with opportunities for growth through direct client contact.
3. Ability and commitment to provide resources necessary for training.
4. Ability to assume some responsibility for the organization and administration of the internship.
5. Approval by the Internship Committee.
6. Agencies will not be considered for membership in NOPIP without a financial commitment to provide agreed upon stipends.

**Application Procedure to Become a Member Site:** Application procedures for organizations/individuals involve submitting the Application for Consortium Membership to the chairman which includes, but is not limited to, information such as:

1. A description of the organization
2. Training/supervision/resources available
3. Activities in which the intern would be involved

#### 4. Funding availability

Members of the Internship Committee will review the request and evaluate the appropriateness for inclusion as a placement site. If additional information is needed, the chairman will be responsible for notifying the applicant of needed information. Inclusion as a site requires a majority vote of the Internship Committee, which is composed of one representative from each of the Consortium's voting members. In other words, if the current membership consists of four members, three of four of these members must vote for approval.

**Obligations of Member Sites:** All Member sites shall have the following responsibilities and obligations:

1. To follow NOPIP philosophy, model, and goals as described in the public materials posted by NOPIP, including the Internship Handbook and Website
2. To follow and implement NOPIP policies and procedures addressing trainee admission, financial support, resource access, performance expectations, leave, due process and grievance policy, and evaluations
3. To provide supervision, training, training materials and equipment necessary for training at each individual site
4. To notify the Internship Committee of any significant changes in their anticipated participation in the Northeastern Oklahoma Psychology Internship Program.
5. To pay an annual membership fee (\$1000.00) by September 1st each year to cover APA, APPIC, and other administrative costs for the upcoming year. This fee can be waived by a majority vote of the Internship Committee. The site responsible for clerical support for the consortium (e.g., extensive administrative support such as secretarial support, allocation of the chair's time, etc.) will be exempt from the payment of the annual \$1000.00 fee in exchange for these services.
6. To submit, prior to November 15 of each year, an Annual Consortial Agreement stating their commitment, in terms of funding and other resources, for the upcoming training year which begins on the first working day of September. The intern positions shall be represented as a line item in the member site's annual budget.
7. All member sites shall classify interns as employees, and not contractors. Each member shall provide interns with payment beginning no later than six (6) weeks following the commencement of employment. Payment shall reflect an approximately equal distribution of the stipend over twelve (12) months.
8. Member sites will represent funding for intern position(s) specifically in their budget. This may be indicated as either an individual line item, or for agencies that have only one line item for personnel costs, as a specific position control indicating the salary within their personnel costs. Intern positions will not be budgeted through temporary means of funding (e.g., grants, etc.).
9. To complete formal evaluations on interns throughout the year. The evaluation criteria are behaviorally anchored to the Competency Goals and Objectives of



NOPIP. In order to successfully complete internship, interns must have a rating of at least “Intermediate” on all competency objectives by the end of the year. A minimum of three formal evaluations are completed during the internship year at the points of three months, six months, and end of year. Results are discussed with the intern in a timely manner.

Failure to meet these obligations will be grounds for removal from membership in the Consortium.

**Faculty Membership:** Other psychologists in Oklahoma have expressed a willingness to provide training and supervision of the intern in a volunteer capacity. Any psychologist willing to serve in this capacity will be included as a faculty member upon approval by the vote of the Internship Committee. The primary supervisor of the intern will be responsible for coordinating training with these psychologists.

**Meetings:** The Internship Committee shall meet monthly. Meetings are held the second Friday of each month at 8:30am. The meetings of the governing body are open to all members, including a designee of each site placement and faculty members. Interns may elect a representative to attend meetings, with site supervisor approval. Interns’ progress will be discussed at each meeting, during a Supervisor’s Only portion of the meeting during which intern representatives will not participate. Any discussion of intern performance problems will be documented in the meeting minutes, whether being addressed through formal or informal means. When appropriate, the intern will receive feedback regarding his/her progress in this program from his/her/their supervisor.

**Voting:** Voting members of the Internship Committee include a representative of all approved internship sites. If an agency has more than one site and training supervisor, they may have one vote based on each membership fee that is paid. For example, if an agency has two sites but pays only \$1000.00 for membership, they will be treated as only one member. If an agency has two sites, and each pays a membership fee, they will be treated as two separate sites with two votes. A quorum shall consist of one less than the total number of member sites. Intern representatives attending monthly meetings do not hold voting member status.

**Conflicts of Interests:** Member sites shall not vote on matters in which there is a conflict of interest. If there is a conflict of interest the affected member site(s) shall immediately disclose the conflict of interest in order to be removed from voting.

Clerical and technical support: Agencies are responsible for all clerical and technical support associated with work completed at their site. One site will be responsible for

clerical support for the consortium. Clerical support of the consortium includes: filing, postage, letters, applications, banking records and general maintenance of NOPIP Intern Files. This site will be exempt from the payment of the annual \$1000.00 fee in exchange for these services. This position will normally be maintained at the site where the Chair of the internship is located. Exceptions can be approved by a majority vote of the membership.

**Training materials and equipment:** Each site shall provide the training materials and equipment necessary for training at each individual site. The consortium does not accept responsibility for the misuse or damage to this equipment. Interns are expected to abide by the same rules and regulations given an employee in the handling of property belonging to any agency.

**Officers:** The positions of Chair and Vice-Chair are decided by a majority vote of the voting consortium members every two (2) years. All permanent staff are eligible to serve in one of these positions, if selected by the voting members. Elections take place the first consortium meeting of November, with new duties assumed by incoming officers the first of February. There are no restrictions for maximum time any member may serve. Officers can be removed from office by a majority vote of the voting consortium members, and any vacant positions are filled immediately by a majority vote of the voting consortium members. The responsibilities of each office are defined below:

- **Chair:**
  - The Chair must be a psychologist, appropriately trained and credentialed (i.e., licensed, registered, or certified) to practice psychology in Oklahoma. The Chair is primarily responsible for directing the activities of the NOPIP consortium. These activities include:
    - Meetings - Sets and presides over monthly meetings of consortium members.
    - Memberships - Ensures membership applications are completed, member sites responsibilities and obligations are satisfied, and any substantial changes are communicated with necessary agencies (APA, APPIC, Match).
    - Grievance - Ensures due process procedures are followed in resolving disputes, complaints, ethical violations, and other issues identified by interns and staff.
    - Policies and Procedures - Updates policies and procedures as needed.
    - Quality Improvement - Ensures mechanisms are in place to provide valuable feedback regarding areas where improvement is needed.

- Financial - Provides feedback for members regarding financial resources. Pays bills as due from the funds set up for the management of this consortium.
- **Vice-Chair:**
  - The Vice-Chair assumes the responsibilities of the Chair when the Chair is absent or unable to do so.

**Amending Bylaws:** Any changes to these Bylaws require a majority vote of the members of the Internship Committee.

## Appendix G:

### Northeastern Oklahoma Psychology Internship Program Annual Consortial Agreement 2023-2024 Internship Year

The following document represents a consortia agreement between the organizations temporarily joining the “Northeastern Oklahoma Psychology Internship Program” (hereinafter referred to as “NOPIP”) for the internship year of 2022-2023 only. The term of this agreement will begin no sooner than January 3<sup>rd</sup>, 2022 through to the pre-determined end of the 2022-2023 internship year on August 1, 2022.

NOPIP is a consortium composed of voluntary independent agencies organized for the sole and exclusive purpose of providing pre-doctoral psychology internship training, an educational purpose. It is the intent of the undersigned parties (hereinafter referred to as “Member Agencies” of NOPIP) that this training program conform to the requirements of the State of Oklahoma psychology licensing laws, and the guidelines of the American Psychological Association with regard to professional psychology internships. Any changes in the organization are decided by a majority vote of eligible members. Membership in the consortium is open to organizations that support NOPIP’s mission and can provide resources which help the interns develop skills needed to serve in the role of psychologist. In order to become a member site, an organization must make a formal application, and if accepted, agree to follow the NOPIP Bylaws as outlined in the NOPIP Handbook, including an annual fee of \$1,000 per site. Thus, the Member sites are recognized as fully participatory member agencies through and until July 31, 2023, but any further association with NOPIP not related to supporting internship trainees of the 2022-2023 training cohort must follow the outlined process in the NOPIP Bylaws.

The NOPIP members agree to the following guidelines, including:

- Following the training program’s philosophy, model, and goals as described in the public materials posted by NOPIP, including the Internship Handbook and website.
- Following and implementing the NOPIP policies and procedures addressing trainee admission, financial support, resource access, performance expectations, leave, due process and grievance policy, and evaluations.
- Provide supervision, training, training materials and equipment necessary for training at each individual site
- Providing the agreed upon intern stipend and benefits (if applicable) to be paid as outlined in the Bylaws and by the annual Commitment of Resources.

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Signature Oklahoma Forensic Center	Printed name	Date
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Signature University of Tulsa Counseling and Psychological Services Center	Printed name	Date
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Signature Indian Health Care Resource Center	Printed name	Date
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Signature Laureate Institute for Brain Research	Printed name	Date
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Signature Cherokee Nation Behavioral Health	Printed name	Date
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## Appendix H:

### NOPIP Didactic Training Evaluation and Feedback

Topic: \_\_\_\_\_  
 Name of Presenter: \_\_\_\_\_  
 Date of Presentation: \_\_\_\_\_

Please indicate (by circling the category) which type of training this seminar addresses:

<p>Skills</p> <p>(e.g., adding to clinical skills, learning of new technique, how to correctly apply particular treatment, etc.)</p>	<p>Knowledge</p> <p>(i.e., primarily information based, an example might be a discussion about ethics, information regarding job searches, etc.)</p>	<p>Awareness</p> <p>(i.e., presentations focused on increasing your awareness as a clinician including multicultural, religion, underprivileged populations, or other topics)</p>
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Very Poor/Unacceptable	Undesirable	Fair	Favorable	Excellent/Superior
1	2	3	4	5

**Presenter:**

N/A      1    2    3    4    5    **Knowledge of subject** (How well did the presenter display both breadth and depth of information related to presentation topic, supported with applicable resources, i.e. literature, case examples, personal/professional experience, etc.?)

Comments:

N/A      1    2    3    4    5    **Communication** (How would you rate the presenter's effectiveness in using written and oral forms of communication via handouts, outlines, discussions, etc.?)

Comments:

N/A      1    2    3    4    5    **Presentation Style** (To what degree did their approach to organizing and presenting the information enhance or detract from the seminar?)

Comments:

N/A      1    2    3    4    5    **Related to scientific-professional literature, including citations and references** (When appropriate to the topic at hand, how well did the presenter provide a clear connection between the scientific/theoretical-professional supportive literature and the foundational principles of their presentation?)

Comments:

N/A      1    2    3    4    5    **Overall rating of presenter(s)**

**Effectiveness of Presentation:**

N/A      1    2    3    4    5    **Increasing your understanding/awareness** (To what degree do you feel that this seminar presentation enhanced what you know in a new way and/or awareness of the given topic within the framework of your professional development?)

Comments:

N/A      1    2    3    4    5    **Developing your skills and abilities** (To what degree do you feel that this presentation helped you improve or acquire new clinical skills and abilities e.g., a new intervention technique, more in-depth understanding of an intervention, more advanced conceptualization skills of presenting concerns, better assessment technique to differentiate diagnoses, etc.?)

Comments:

N/A      1    2    3    4    5    **Relevance of activities** (How connected to your current clinical roles/duties was this presentation topic?)

Comments:

N/A      1    2    3    4    5    **Overall effectiveness of the presentation** (How do you rate the presentation in a general sense of achieving its intended purpose?)

Comments:

Comments:

## Appendix I:

### Quality of Internship Experience Exit Evaluations:

To allow improvements in the internship experience from year to year, we request your feedback and suggestions. This type of feedback in such a limited group, by its nature, does not allow for anonymity. However, the results of this survey will be sealed until you have received your final evaluation. Your answers cannot be used against you. Your opinions and feedback is valued and taken seriously. Please be honest in your ratings of the following categories: (1) NOPIP Administration Evaluation, (2) NOPIP Site Evaluation, (3) Supervisee Evaluation of Supervisors and Supervision, (4) NOPIP Offered Trainings Evaluation, and (5) NOPIP Achieved Competency Goals and Objectives Evaluation.

### NOPIP Administration Evaluation:

Chair Name: \_\_\_\_\_

Date: \_\_\_\_\_

Vice- Chair Name: \_\_\_\_\_

Please rate the following aspects of NOPIP Administration using the following scale:

- 1 = Very Poor/Unacceptable
- 2 = Undesirable
- 3 = Fair
- 4 = Favorable
- 5 = Excellent/Superior

Description	Rating					
Clarity of policies and procedures	N/A	1	2	3	4	5
Clarity of competency goals and objectives	N/A	1	2	3	4	5
Problem resolution	N/A	1	2	3	4	5
Respect for diversity of interns	N/A	1	2	3	4	5
Communication	N/A	1	2	3	4	5
Accessibility	N/A	1	2	3	4	5
Individual consideration of interns	N/A	1	2	3	4	5
Facilitation of training and other opportunities	N/A	1	2	3	4	5

**Comments:**



**NOPIP Site Evaluation:**

Site Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please rate the following aspects of the above listed site using the following scale:

1 = Very Poor/Unacceptable
2 = Undesirable
3 = Fair
4 = Favorable
5 = Excellent/Superior

Description	Ratings					
Accommodations/Office and supplies	N/A	1	2	3	4	5
Support staff	N/A	1	2	3	4	5
Testing materials	N/A	1	2	3	4	5
Other resource materials (training materials/manuals, group treatment materials/manuals, references, library, etc)	N/A	1	2	3	4	5
Diversity opportunities with staff (psychology and multidisciplinary)	N/A	1	2	3	4	5
Interdisciplinary opportunities	N/A	1	2	3	4	5
Diversity of clientele	N/A	1	2	3	4	5
Level of work (too much, too little?)	N/A	1	2	3	4	5

**Comments:**

**Supervisee Evaluation of Supervisor and Supervision:**

Supervisor’s name: \_\_\_\_\_

Date: \_\_\_\_\_

Dates of supervision: \_\_\_\_\_

Please rate the following aspects of supervision with the above listed supervisor using the following scale:

- 1 = Very Poor/Unacceptable
- 2 = Undesirable
- 3 = Fair
- 4 = Favorable
- 5 = Excellent/Superior

**Supervisor:**

Description	Rating					
Supervisor was accessible	N/A	1	2	3	4	5
Supervisor was knowledgeable	N/A	1	2	3	4	5
Supervisor was personable	N/A	1	2	3	4	5
Supervisor was flexible	N/A	1	2	3	4	5
Supervisor was prompt	N/A	1	2	3	4	5
Supervisor modeled professionalism with clear boundaries	N/A	1	2	3	4	5
Supervisor demonstrated openness and receptivity to feedback	N/A	1	2	3	4	5
Supervisor established clear and reasonable expectations of me	N/A	1	2	3	4	5
Supervisor demonstrated adherence to all NOPIP, agency, ethical, licensing, and legal codes and principles	N/A	1	2	3	4	5
Supervisor provided supervision within the boundaries of his/her supervisory competence	N/A	1	2	3	4	5
Supervisor demonstrated and/or modeled psychological theory, therapy, assessment, and techniques	N/A	1	2	3	4	5
Supervisor used techniques such as live observation, reviewing taped sessions, giving direct suggestions and advice, providing didactic experiences, modeling, etc. in order to assist supervisee in the development of competencies of individual and group therapy and psychological assessment	N/A	1	2	3	4	5
My supervisor helped me to develop professionally by providing both challenge and support	N/A	1	2	3	4	5
My supervisor’s feedback encouraged me to keep trying to professionally improve	N/A	1	2	3	4	5
I felt comfortable discussing my areas of weakness with my supervisor	N/A	1	2	3	4	5
My supervisor modeled openness to learning as a continuous, developmental, life-long process	N/A	1	2	3	4	5

**Supervisor Comments:**

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**Supervision:**

Description	Rating				
Individual supervision was in accordance with the individual supervision contract	N/A	1	2	3	4 5
Supervision followed the theory of a developmental sequence (e.g. activities progressed from prescriptive and supportive with structure to flexible with increasing autonomy)	N/A	1	2	3	4 5
Supervision included the review of supervisee’s actual work samples	N/A	1	2	3	4 5
When necessary, supervision explored supervisee values, beliefs, interpersonal biases and conflicts considered to be sources of countertransference in the context of case materials in a knowledgeable, professional, and sensitive manner	N/A	1	2	3	4 5
When necessary, supervision explored supervisee’s personal issues in terms of the effect of these issues on clients and professional functioning in a knowledgeable, professional, and sensitive manner	N/A	1	2	3	4 5
Ongoing evaluation of supervisee was in accordance with the individual supervision contract	N/A	1	2	3	4 5
Supervision included ongoing informal formative evaluation completed in a professional and sensitive manner	N/A	1	2	3	4 5
When necessary, supervision included ongoing formal formative evaluation in a professional and sensitive manner	N/A	1	2	3	4 5
Supervision included summative evaluation in a professional and sensitive manner	N/A	1	2	3	4 5
The supervision I received helped me grow as a professional	N/A	1	2	3	4 5
The supervision I received helped me better see the complexities of and nuances in my cases	N/A	1	2	3	4 5
The supervision I received helped to improve my ability to conceptualize my cases	N/A	1	2	3	4 5
The supervision I received helped me to examine, modify, and refine my approaches to therapy	N/A	1	2	3	4 5
The supervision I received helped me professionally develop in the competencies of individual and group therapy	N/A	1	2	3	4 5
The supervision I received helped me professionally develop in the competency of psychological assessment	N/A	1	2	3	4 5
The supervision I received helped me professionally develop in the competency of professional development	N/A	1	2	3	4 5
I am satisfied with the supervision I received	N/A	1	2	3	4 5

**Supervision Comments:**

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**Supervisory Relationship:**

Description	Rating					
The supervisory relationship included open communication	N/A	1	2	3	4	5
The supervisory relationship included two-way feedback	N/A	1	2	3	4	5
The supervisory relationship facilitated a positive learning relationship	N/A	1	2	3	4	5
The supervisory relationship was characterized by acceptance, trust, and respect	N/A	1	2	3	4	5

**Supervisory Relationship Comments:**

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**NOPIP Offered Trainings Evaluation:**

Date: \_\_\_\_\_

Please rate the following aspects of the trainings offered at NOPIP (typically your Friday didactic trainings) using the following scale:

- 1 = Very Poor/Unacceptable
- 2 = Undesirable
- 3 = Fair
- 4 = Favorable
- 5 = Excellent/Superior

Description	Ratings					
Variety of trainings offered	N/A	1	2	3	4	5
The training schedule is sequential, cumulative, and graded in complexity	N/A	1	2	3	4	5
Provided up-to-date training materials	N/A	1	2	3	4	5
Trainers were prepared for training	N/A	1	2	3	4	5
Trainers were knowledgeable of their topics	N/A	1	2	3	4	5
Training topics were clear	N/A	1	2	3	4	5
Training topics had professional relevance	N/A	1	2	3	4	5
Overall quality of trainings offered	N/A	1	2	3	4	5

**Comments:**

## NOPIP Achieved Competency Goals and Objectives Evaluation:

Date: \_\_\_\_\_

NOPIP strove to provide you quality clinical training utilizing a diverse range of theoretical models and techniques, recognizing the importance of cultural and individual differences and diversity.

In an effort to assess how well NOPIP prepared you in each of nine profession-wide competence areas of research; ethical and legal standards; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional/interdisciplinary skills (as detailed in Competency Goals and Objectives and the Intern Evaluation Form), please rate the following aspects of your perceived achieved competencies using the following scale:

- 1 = Very Poor/Unacceptable
- 2 = Undesirable
- 3 = Fair
- 4 = Favorable
- 5 = Excellent/Superior

### **Research Competency:**

Description	Ratings					
Your ability to critically evaluate and disseminate research or other scholarly activity, sensitive to and informed by diversity characteristics and contextual variables.	N/A	1	2	3	4	5
Your ability to apply relevant research literature to clinical decision making in assessment or intervention, including empirically supported treatments where applicable, sensitive to and informed by diversity characteristics and contextual variables.	N/A	1	2	3	4	5

### **Ethical and Legal Standards Competency:**

Description	Ratings					
Your knowledge of ethical principles, practice guidelines, and/or state/national laws and your ability to recognize ethical dilemmas and apply ethical decision making to resolve ethical dilemmas. Knowledge, recognition, and application of ethical and legal standards are sensitive to the complexity and multi-dimensionality of cultural and individual differences and diversity.	N/A	1	2	3	4	5
Your ability to demonstrate ethical professional behavior is in all professional activities, including assessment, intervention, and decision-making. Ethical professional behavior is sensitive to the complexity and multi-dimensionality of cultural and individual differences and diversity.	N/A	1	2	3	4	5

**Individual and Cultural Diversity Competency:**

Description	Ratings					
Your awareness of the impact of self (e.g., individual differences, transference, world views, personal/cultural history, attitudes, biases, etc.) on understanding and interacting with others.	N/A	1	2	3	4	5
Your knowledge of current data relevant to addressing individual and cultural diversity in professional activities, including research, training, assessment, intervention, and supervision/consultation.	N/A	1	2	3	4	5
Your ability to apply awareness and knowledge of individual and cultural diversity to service delivery in diverse populations, including the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews may create conflict with your own.	N/A	1	2	3	4	5

**Professional Values, Attitudes, and Behaviors Competency:**

Description	Ratings					
Your ability to behave in a professional manner, characterized by the values, attitudes and conduct reflected in the APA Code of Ethics and informed by current scientific literature, diversity characteristics, and contextual variables.	N/A	1	2	3	4	5
Your ability to use introspection, self-knowledge, and self-awareness to recognize your own interpersonal style, approach to emotional expression, attitudes/values, skills and possible deficiencies; demonstrating an effort to increase your professional functioning, including openness to feedback and maintaining and improving performance, well-being, and professional effectiveness.	N/A	1	2	3	4	5

**Communication and Interpersonal Skills Competency:**

Description	Ratings					
Your ability to develop and maintain rapport with appropriate professional boundaries with others, including patient or clients seeking psychological services, colleagues, organizations, professions, and/or communities. Effective relationships are informed by current scientific literature, diversity characteristics, contextual variables, and self-reflection.	N/A	1	2	3	4	5
Your verbal, nonverbal, and written professional communication about psychological phenomenon is informative, integrated (e.g., reflective of analyzing and synthesizing data), and demonstrative of knowledge of professional language and psychological concepts.	N/A	1	2	3	4	5
Your ability to utilize interpersonal skills of verbal and nonverbal communication, listening effectively and reflectively, negotiation abilities, problem solving abilities, decision making	N/A	1	2	3	4	5

abilities, assertiveness, etc. to manage communications, including difficult communications that may address content that is emotionally loaded for one or more of the participants.	
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**Assessment Competency:**

Description	Ratings					
Your ability to formally collect assessment data, using multiple sources and methods, including intake/clinical interviews and the assessment of mental status; gathering relevant history and differential diagnosis information informed by current scientific literature, with sensitivity to diversity characteristics and awareness of the impact of self (e.g., individual differences, transference, world views, etc.).	N/A	1	2	3	4	5
Your ability to promptly and proficiently administer appropriate tests in area of practice; appropriately choosing the tests to be administered and demonstrating competence in administering intelligence and personality/ psychopathology/ problem specific/ behavioral measures. Test selection and administration is based on knowledge of current professional literature regarding psychological assessment.	N/A	1	2	3	4	5
Your ability to accurately and thoroughly score and interpret psychological tests, demonstrating competence in scoring and interpreting intelligence and personality/ psychopathology/ problem specific/ behavioral measures. Test interpretation is based on knowledge of current research and professional standards and guidelines, which address the identified goals and/or referral question(s).	N/A	1	2	3	4	5
Your ability to write a well-organized, clear report that addresses the referral question and provides the referral source with specific recommendations as required; using appropriate grammar, spelling, and terminology, citing sources of information, and acknowledging gaps in information.	N/A	1	2	3	4	5
Your ability to plan and carry out a written and/or oral feedback interview to clients and/or caregivers regarding assessment results and their implications; providing feedback in terms that clientele and/or caregiver can understand with suitable recommendations and responses to issues raised by clientele and/or caregiver.	N/A	1	2	3	4	5



**Intervention Competency:**

Description	Ratings					
Your ability to formulate a useful case conceptualization that is based on diagnoses and theoretical orientation. Therapy goals/treatment plans reflect applying and implementing applicable evidence-based interventions which are informed by research, applicable assessment findings, cultural and individual differences and diversity, and contextual variables.	N/A	1	2	3	4	5
Your therapeutic approaches and interventions reflect applying applicable evidence-based interventions which are informed by research, applicable assessment findings, cultural and individual differences and diversity, and contextual variables. Treatment is applied with sensitivity to cultural and individual differences and diversity, including self-awareness of the impact of self, knowledge of literature regarding cultural and individual differences and diversity, and skills in the ability to integrate self-awareness and knowledge.	N/A	1	2	3	4	5
Your knowledge of group dynamics and skills in effectively planning and facilitating/leading psychoeducational and/or process groups that, when applicable, are based on empirically supported treatment; including intervening in groups skillfully, attending to member participation, attending to group communication, and preparing necessary materials to facilitate group goals and tasks. Treatment effectiveness is assessed by collection of quantitative outcome data.	N/A	1	2	3	4	5
Your ability to evaluate the effectiveness of therapy approaches and interventions, reflecting applicable evidence-based interventions, continuously. Evaluation results inform and, when necessary, adapt therapeutic approaches and interventions, including intervention goals and methods.	N/A	1	2	3	4	5

**Supervision Competency:**

Description	Ratings					
Your ability to understand the specialization of supervision, including standards, ethical issues and effective evaluation, and your ability to effectively engage in supervision of others.	N/A	1	2	3	4	5

**Consultation and Interprofessional/Interdisciplinary Skills Competency:**

Description	Ratings					
Your ability to understand the theoretical foundations and parameters of consultation, including ethical issues and current controversies within the field, and your ability to effectively engage in consultation.	N/A	1	2	3	4	5

## Appendix J:

### End of the Training Year Document Checklist

The following documents must be turned in by the end of the training year:

- A **five-to-seven-page** writeup for **each** case presentation
  - a. Must be turned in to the NOPIP administrative assistant on **each** day you present
- A **seven-to-ten-page** writeup of your topic presentation
  - a. Must be turned in to the NOPIP administrative assistant on the day you present
- A **two-to-three-page** consultation seminar series work product
  - a. A copy must be turned in to the NOPIP administrative assistant on the day it is due
- A **seven-to-ten-page** supervision seminar series work product
  - a. A copy must be turned in to the NOPIP administrative assistant on the day it is due
- A **completed work sample**
  - a. Must be turned in **by July 1<sup>st</sup>** to the NOPIP administrative assistant
  - b. This sample is to include a de-identified psychological report that includes measures of cognitive functioning, personality, and behavioral/emotional functioning
  - c. A sample individual therapy and group therapy note are also required (if part of therapeutic responsibilities)
- The **Quality of Internship Experience Exit Evaluations**
  - a. Located in Appendix I
  - b. Must be turned in to the to the NOPIP administrative assistant during the last month of internship
  - c. Exit evaluations will not be reviewed until after the completion of the training year

**Appendix K:**

**Northeastern Oklahoma Psychology Internship Program  
Application for Consortium Membership:**

Date of Application: \_\_\_\_\_

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

E-mail of contact: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Financial:**

Please indicate the number of positions you wish to fill.

\_\_\_\_\_ Full Time Rotation Interns (36 hours per week)

\_\_\_\_\_ Primary Rotation Interns (24 hours per week)

\_\_\_\_\_ Secondary Rotation Interns (12 hours per week)

Stipends currently range from \$23,000 to \$30,000 annually. APA also expects stipend increases every few years. NOPIP strives to maintain a reasonable stipend around the regional average. Can you meet these funding requirements if you fill your desired intern positions?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

The stability of member sites is important to NOPIP. Therefore, we require that the funding of an internship position is a line item in an organization's annual budget. This should be demonstrated and specifically stated in a letter of support from the administration of an applicant site. The letter should also state commitment to ongoing funding past the initial year. Would your organization be able to fund a position in this manner and provide such a letter?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

The NOPIP bylaws specify that “All member sites shall classify interns as employees, and not contractors. Each member shall provide interns with payment beginning no later than six (6) weeks following the commencement of employment. Payment shall reflect an approximately equal distribution of the stipend over twelve (12) months.” Would your organization be able to classify the interns as employees (as opposed to contractors)?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

NOPIP members are required to pay \$1000 annual dues by September 1<sup>st</sup> each year to cover APA, APPIC, and other administrative costs for the upcoming year. Would your organization be able to pay these dues in a timely manner?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

**Organization Description:**

Setting:

Population(s) Served:

Services Provided:

**Staff:**

Please list all licensed psychologists that would supervise interns:

Will each of these supervisors be available to provide at least two hours of individual supervision weekly as required by APPIC standards?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

Will each of these supervisors be available to provide didactic training at least three times annually?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

Names and areas of other staff that might be involved in intern training, supervision, or support services:

What administrative support will be provided (i.e., office space, computers, etc)?

**Training Resources:**

Please list the assessment instruments that would be available for use by interns in your organization:

Please list any additional activities interns could participate in at your organization:

Please list any other information you feel would be pertinent for NOPIP to consider in your application (attach further information if necessary):