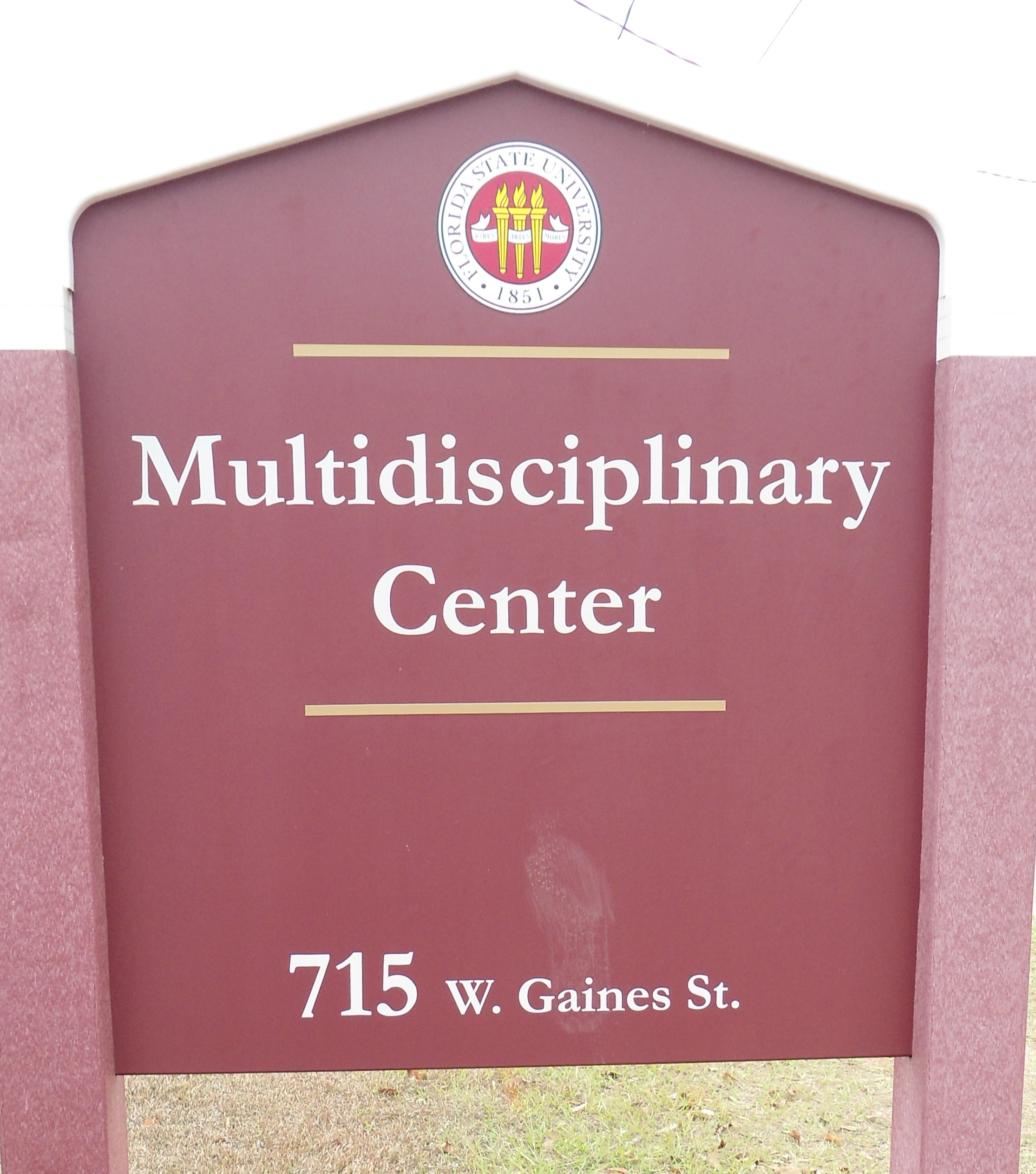




***Multidisciplinary Evaluation & Consulting Center***

****

**Doctoral Psychology Internship Program**

**Policies and Procedures Manual**

**DOCTORAL PSYCHOLOGY INTERNSHIP PROGRAM**

**POLICIES AND PROCEDURES**

**Table of Contents**

**Program Objectives……………………………………………… 3**

**Model of Training…………………………………………………4**

**Internship Management……………………………………….. 4**

**Admissions………………………………………………………... 6**

**Supervision Assignments……………………………………… 9**

**Content of Assignments……………………………………… 10**

**Supervision and Didactic Training……………………….. 23**

**Personnel Policies……………………………………………… 28**

**Training Resources……………………………………………. 31**

**Outcome Evaluation………………………………………….. 32**

**Intern Grievance Procedure………………………………… 35**

**Research………………………………………………………….. 40**

**Ethical Behavior……………………………………………….. 41**

**DOCTORAL PSYCHOLOGY INTERNSHIP PROGRAM**

**POLICIES AND PROCEDURES**

The Florida State University Multidisciplinary Evaluation and Consulting Center (FSU MDC) is a university-based training program located within the College of Social Work on the Florida State University campus in Tallahassee, Florida. The MDC provides a range of psychological services to children and adolescents and their families, including diagnostic, therapeutic and consultation services. The MDC team includes professionals from Psychology (Clinical and School) and Social Work. The Center works with several entities at FSU, including the College of Medicine, the College of Communication Disorders, the Psychology Department, and the Department of Educational Psychology and Learning Systems. Clients are referred by 20+ school districts and a number of medical and community agencies.

The MDC was formed in 1983 with a grant issued through the Florida legislature. Graduate students from Florida State University (FSU) have completed practica through the MDC since its inception. Doctoral psychology internships began in 1994 and the MDC joined the Association of Psychology Postdoctoral and Internship Centers (APPIC) in 1995. The internship was accredited by the American Psychological Association in 2007 and has been continually in good-standing since that time (Contact the CoA at: 750 First Street NE, Washington DC 20002-4242; (202) 202-336-5979).

**PROGRAM OBJECTIVES**

The primary purpose of the Doctoral Psychology Internship Program at the MDC is to prepare psychology graduate students for the professional practice of psychology in a variety of settings (e.g., schools, clinics, private practice, etc.).

Exposure to a variety of settings and mentors/supervisors is an integral feature of this internship. Diversity of training is promoted through participation in a variety of therapy and assessment experiences in each setting.

Clinical assignments are based on the intern's training goals and experience level, with increasing complexity and autonomy anticipated as the year progresses. Each intern is expected to be a contributing member of the MDC staff and, as the intern demonstrates skill development, responsibilities will also increase.

**MODEL OF TRAINING**

The Doctoral Psychology Internship Program at the MDC is guided by the Practitioner-Scholar Model. This model emphasizes developing professional competencies that are based on current research, scholarship, and practice. Interns are assisted in developing and expanding their skills in scholarly inquiry within the context of their clinical experiences. Interns are encouraged throughout the year to develop and utilize their critical thinking skills, their knowledge of the scientific literature, and their ability to evaluate new research findings as a basis for the practice of health service psychology. This is accomplished through mentoring and modeling, individual and group supervision, formal and informal consultation, case assignments, training placements, in-service training, attendance at professional conferences and workshops, and assigned readings.

**INTERNSHIP MANAGEMENT**

1. **Administrative Psychologists.** Responsibility for the internship rests with the MDC Director, the Director of Training, the Director of Practicum Training/Director of Supervision of Supervision, and the Director of Mental Health Services. These administrative psychologists are the primary supervisors of the interns and approve intern assignments as well as other training activities.
2. **Director of Training.** The Director of Training (DOT) is the overall supervisor of the internship program. She/he is assigned responsibility for administration of the internship and ensuring that training standards are met.
3. **Selection.** The DOT is appointed and serves at the discretion of the MDC Director. Appointment as the MDC DOT is limited to persons meeting the following criteria:

(a) Earned doctorate in psychology

(b) Completion of an internship in clinical, counseling, or school psychology

(c) Licensed under Florida Statute 490 as "Psychologist"

and/or “School Psychologist”

(d) Florida State University Employee

1. **Terms of office.** Appointment as DOT is for a term so designated by the MDC Director.
2. **Responsibilities.** A number of functions explicitly assigned to the DOT include:
3. Chairing the Internship Committee
4. Coordinating intern recruitment and selection
5. Coordinating the selection and assignment of expectations and performance evaluations
6. Reviewing performance expectations and performance evaluations with interns and supervisors
7. Coordinating seminar schedules and other special training events
8. Assuring the internship continues to meet requirements for APPIC membership and APA accreditation
9. Monitoring supervision
10. Coordinating intern evaluations and reports to graduate schools
11. Reporting to the Administrative Psychologists on the operation of the internship program
12. **Internship Staff**
13. **Staff.** The Internship Staff includes the following:
14. Center Director
15. Director of Training
16. Director of Practicum Training/Director of Supervision of Supervision
17. Director of Mental Health Services
18. Psychology Staff as appointed by the MDC Director and the DOT
19. **Eligibility.** Appointment to the internship faculty is limited to persons meeting the following criteria:
20. Earned doctorate in psychology
21. Completion of internship in clinical, counseling, or school psychology
22. Licensure under Florida Statute 490 as "Psychologist" or “School Psychologist”
23. Full-time or part-time employment at the MDC
24. **Term.** Appointment as a member of the Internship Staff is for a term so designated by the MDC Director.
25. **Responsibilities.** Internship staff provide individual intern clinical supervision, coordinate intern seminars, and provide consultation and administrative services to the interns.
26. **Internship Committee**

**1. Membership.** Membership of the Psychology Internship Committee includes the following:

1. MDC Director
2. Director of Training
3. Director of Practicum Training/Director of Supervision of Supervision
4. Director of Mental Health Services
5. Psychology staff as appointed by the MDC Director
6. Interns

**2. Responsibilities.** The Psychology Internship Committee is the primary forum for training matters. Votes by the Committee reflect the judgment of the Committee.

**3. Meetings.** The Psychology Internship Committee meets at least once a year*.* Special meetings may be called by any member of the Internship Staff.

**ADMISSIONS**

1. **Eligibility for Internship Training**
2. **Required.** Applicants for the Doctoral Internship Program at the MDC are required to meet **each** of the following criteria:
3. Graduate student in an APA approved psychology doctoral program
4. At least three years of graduate education have been completed in psychology
5. Endorsement from the applicant's director of graduate training that the applicant is prepared for internship
6. Completion of at least 1000 hours of supervised practicum experience (including at least 300 hours devoted to assessment activities and at least 300 hours devoted to intervention/counseling activities)
7. Child-based assessment experience; broad-based training in child psychology, exposure to empirically supported treatments
8. Must pass criminal background check
9. **Diversity.** The internship endeavors to recruit interns from different ethnic, racial and personal backgrounds. Variations in experience and theoretical approach are welcomed, as are students from different branches of psychology (i.e., school, counseling, clinical, etc.).
10. **Publicizing the Internship.** The internship is publicized annually to attract a pool of applicants which is adequate in quantity and quality. The MDC maintains membership in the Association of Psychology Postdoctoral and Internship Centers. Potential applicants can learn more about the MDC's internship program through the APPIC directory or by reviewing our website (http://mdc.fsu.edu/).

**C. Admissions Process**

1. **Required application materials.** The completed internship application consists of the following documents to be submitted via the APPIC Online AAPI by the application deadline to be considered for interviews (to be conducted in December)
2. A completed "Uniform Internship Application" (AAPI on-line)
3. The applicant's curriculum vita
4. A copy of official transcripts of all graduate education
5. Three letters of recommendation from psychologists/ supervisors using the Standard Reference Form approved by APPIC
6. Verification of internship eligibility and readiness form (with Part II of the APPI)
7. **Applicant review.** The DOT reviews applications online and selects those applicants to be offered interviews. Applicants who are not selected to interview are notified in a timely fashion.
8. **Personal interviews.** Personal visits by applicants to the MDC are encouraged. The process for arranging personal on-campus interviews is as follows:
9. The DOT contacts applicants to inform them of possible interview dates
10. The DOT develops a schedule for the interviewees that includes:
11. Large group meeting to familiarize applicants with the program
12. Tour of facilities
13. Meetings with current interns
14. Individual interviews with MDC staff
15. Additional activities with current interns (optional and when available)

**4. Intern selection process.** The Intern Selection Committee includes the MDC Director, the Director of Training, the Director of Practicum Training, and the Director of Mental Health, as well as other persons that may be designated by the DOT.

The Intern Selection Committee nominates interns for the upcoming year's class as follows:

(a) The approved applicant files are reviewed by the DOT. Applicant records are available to members of the Selection Committee for inspection throughout the application process.

(b) The top 24 to 36 applicants will be offered personal interviews.

(c) Applicants are then interviewed by the Intern Selection Committee and ranked on a number of pre-specified criteria including assessment experience, therapy experience, consultation/school-based experience, goodness of fit and interview impressions obtained from the Committee and the Interns.

(d) Individual rankings by members are reduced to a single hierarchy to generate the final rank order list to be submitted to the internship match program.

1. **Notification.** As a member of the Association of Psychology Postdoctoral and Internship Centers, the internship adheres to the guidelines of the internship matching program as specified by APPIC (www.appic.org).

**SUPERVISION ASSIGNMENTS**

1. **Policy.**  Diversity, intensity, and relevancy of training are promoted through participation in the delivery of a variety of psychological services including assessment, therapeutic intervention and consultation.
2. **Considerations.** Factors considered in making supervision assignments include each of the following:
3. The intern’s initial competencies in assessment, therapeutic intervention and consultation.
4. The expected competencies that the intern needs to achieve by the completion of the internship.
5. The intern's training needs as perceived by individual intern and supervisors.
6. **Procedure.**
7. The training committee identifies supervisors and placements prior to the start of the internship. Given the small size of the internship staff, interns will have the opportunity to be supervised by a majority of the internship staff at some point. However, a doctoral level psychologist will assume primary responsibility for each intern.
8. Interns are encouraged to participate in additional training activities specific to their individual training goals and interests throughout the year.
9. **Orientation.** Interns participate in formal orientation during the first two weeks of internship. During this time, interns are introduced to the program’s philosophy, mission, history, organization, staff, and policies and procedures. If not completed before arrival, background checks and fingerprinting are conducted in cooperation with local school districts. Interns are provided with access to the procedural manual via Canvas (FSU’s online portal for courses) as well as the most recent version of the APA Ethical Principles of Psychologists and Code of Conduct, and are expected to carefully review these materials and ask for clarification, if needed. Interns are expected to sign a confidentiality agreement, agree (in writing) to review all policy and procedures and the APA Ethics Code, and provide written consent to exchange information with their training program.

During orientation, each intern is assigned a child to evaluate in the clinic.This evaluation is observed by a supervisor and feedback regarding test administration is provided. The remainder of the orientation is spent reviewing commonly used assessment instruments and exceptional student education criteria in Florida. In addition, didactic sessions are conducted on specialized topics relevant to intern training placements (e.g., empirically validated treatments/interventions, response to intervention/problem solving, assessment and differential diagnosis, risk assessment, abuse reporting, etc.). Interns also attend orientations in the outlying counties to meet with school staff and review school district policies and procedures. Interns are accompanied by their primary supervisor to these orientation meetings. Interns also are engaged with their primary supervisor in delineating baseline competencies and training goals. In the weeks following orientation, at least one informal social occasion is organized to allow the interns to get to know one another and the MDC staff.

**CONTENT OF ASSIGNMENTS**

1. **Policy.**  The intern's supervised experiences should be characterized by diversity and challenge. They are chosen to reflect the activities of psychologists working with children and families in clinical and school settings. Scholarly pursuit is an integral part of each internship activity and the program is designed to provide graduated, sequential training and skill building with each experience.

**B. Considerations.** Baseline competencies and interests of interns are used to guide the selection of placements. Given the small number of staff and the large geographical area served by the MDC, interns participate in several internship placements simultaneously throughout the year. This allows interns a full 12-month period to develop and refine skills within each area. The four primary areas of training are:

* 1. psychological assessment
  2. group and individual therapeutic intervention
  3. consultative services in the school setting
  4. supervision of psychology graduate students

Interns participate in the above experiences for the entire training year. Interns also participate one day a week in two specialized rotations in:

(1) Assessment of Autism Spectrum Disorders

(2) Assessment of Attention Disorders

1. **Training Areas.** The training areas emphasized throughout the internship experience are comprised of the core practice areas in health service psychology: assessment, intervention, consultation, supervision, and individual and cultural diversity. Throughout all training experiences, professional competencies consistent with the APA’s *Standards of Accreditation* are emphasized, including: research, ethical conduct and adherence to legal standards, professional values/attitudes/behaviors, and communication and interpersonal skills.

**1. Psychological assessment.** Psychological testing is one of the clinician's most valuable skills. While trainees typically arrive with considerable didactic background in psychological assessment, they are more limited in breadth and depth of practical experience. Graduate training should, however, provide a firm basis upon which to build expertise in the selection and use of different instruments.

During the entire training year, with increasing independence and proficiency, each intern will complete assessments in the school settings with formal and informal reporting of results and verbal presentation of results and recommendations to parents/guardians and school personnel. Types of evaluations will include assessments of intelligence, academic achievement, cognitive processing abilities, social and behavioral functioning, and emotional functioning. In addition, for two consecutive four-month periods, interns are part of a clinical team and participate in weekly evaluations of children referred to the MDC for assessment of Autism Spectrum Disorder or Attention Disorders. Finally, after schools close for the summer, interns complete a variety of assessments in the MDC. Referral questions range in scope, but all evaluations include traditional measures of ability and achievement, behavior checklists, and psycho-social histories, and often require the intern to consider multiple clinical diagnoses. Summer evaluations are considered a “capstone” assessment experience, as interns are expected to merge their experiences in schools and clinics to provide a well-considered evaluation for their clients.

**Description of four-month specialized training rotations.**

Interns participate in their assessment, therapeutic intervention, and consultation placements for the entire year. In addition, they participate in weekly specialized training experiences. The four-month rotations include:

* 1. **Training in the Assessment of Attention Disorders:** Interns will spend one day a week during four months of their internship year completing specialized assessments of children and adolescents referred as possibly having symptoms consistent with Attention-Deficit/Hyperactivity Disorder. The Attention Disorders specialty clinic was developed due to both an increased demand for this type of services based on presentation of symptoms in the patient population and a match with clinical/research interests of Clinical Psychology faculty at the FSU and the MDC staff. The need for this type of evaluation was evident due to the high prevalence of the disorder, its debilitating effects on school and social functioning, as well as frequently co-morbid psychiatric conditions including depression and anxiety that all can have a significant impact on educational outcomes. Referrals for these evaluations come from school districts, one of the community-based agencies served by the MDC, primary care providers/pediatrician’s offices, and/or private (self-pay) clients.

In addition to the general competencies identified for Psychological Assessment, interns are expected to develop specific competencies related to the identification and differential diagnosis of ADHD. This includes conducting specialized diagnostic interviews with parents, scoring and interpreting targeted behavioral inventories, conducting classroom observations, conducting teacher interviews, conducting cumulative file reviews, and using specialized instruments during direct testing with clients. Interns will gain in-depth knowledge and familiarity with the DSM-5, as they integrate data from multiple sources and consider clients from both a longitudinal (e.g., psychosocial history) and a cross-sectional (e.g., impairment, peer comparisons) viewpoint. Diagnostic decisions are made using the DSM-5 framework, with the intention of not only confirming or ruling out ADHD, but also pursuing an evaluation that provides broader or alternate diagnostic conclusions and recommendations as needed for the client. In other words, DSM-5 criteria is used to confirm or rule out the presence of an attention disorder as well as other emotional or behavioral disorders of childhood.

* 1. **Training in the Assessment of Autism Spectrum Disorders:** The rapidly rising incidence of Autism Spectrum Disorders nationwide has highlighted the increased need for comprehensive assessments of the disorder that will allow families to access appropriate services for their children both at the school and community levels. This is particularly true in our rural area where psychological services are limited in number and scope. As a result of this, the MDC has teamed with the FSU Center for Autism and Related Disabilities to develop a comprehensive assessment protocol. Interns will spend one day a week across a four-month interval of their internship year completing specialized assessments of children and adolescents to confirm or rule out Autism Spectrum Disorders. Interns will participate on a clinical team comprised of members of the MDC staff and other interns. Referrals for these evaluations come directly from the CARD, from one of 20 school districts, or one of the community-based agencies served by the MDC. Additionally, clients may self-pay for evaluation or seek referral through their primary care providers/pediatrician’s offices.

In addition to the general competencies identified for Psychological Assessment, and similar to the goals identified in the Attention Disorders rotation, interns are expected to develop specific competencies related to the identification and differential diagnosis of ASD. This includes conducting specialized diagnostic interviews with parents, scoring and interpreting targeted behavioral inventories, and using specialized instruments during direct testing with clients, specifically the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2). Interns will gain in-depth knowledge and familiarity with the DSM-5, as they integrate data from multiple sources and consider clients from both a longitudinal (e.g., psychosocial history) and a cross-sectional (e.g., impairment, peer comparisons) viewpoint. Diagnostic decisions are made using the DSM-5 framework, with the intention of not only confirming or ruling out ASD, but also pursuing an evaluation that provides broader or alternate diagnostic conclusions and recommendations as needed for the client. Additionally, interns are expected to complete evaluations that satisfy Florida State Statutes and educational law needed to make students eligible for school-based specialized programming, when appropriate. In sum, interns learn to conduct evaluations that not only satisfy clinical diagnostic criteria, but also satisfy educational eligibility criteria.

Assessment competencies expected for each intern should go substantially beyond the administration, scoring, and interpretation taught in graduate school. Competency in the area of Psychological Assessment is exemplified in this setting by the intern’s ability to:

* Collect relevant data from multiple sources and using multiple methods that are matched to the identified goals and questions of the reason for referral
* Collect data that is sufficient in depth and breadth to support diagnostic and/or eligibility decisions

|  |
| --- |
| * Integrate data from multiple sources, including data that may not be aligned with diagnostic conclusions. |
| * Develop appropriate recommendations that address identified areas of concern, identified deficits, and the original referral question. |
| * Demonstrate few to no errors on protocols or in test administration. |
| * Learn and sufficiently prepare for administering new or unfamiliar assessment batteries. * Establish rapport and successfully manage client behaviors, as well as modify the testing environment as needed. * Adjust or modify the assessment plan based on client presentation. |
| * Effectively conceptualize cases, including recognizing findings that both support and contraindicate diagnostic conclusions. |
| * Conduct thorough psychosocial, diagnostic, and/or behavioral interviews. * Suggest test batteries that are well-considered and address the reason for referral. |

**2. School-based & clinic-based group and individual treatment (Intervention).** Training in therapeutic intervention is provided through the supervised delivery of both individual and group therapy. Emphasis is placed on evidence-based treatment approaches for children and adolescents presenting with a variety of emotional and behavioral difficulties. As part of the treatment (intervention) training component, interns will deliver mental health services in both a school and an outpatient setting. Opportunities for participation as a co-therapist or as the lead therapist vary with the site. It is typical for interns to have involvement with two or three groups and/or five or more individual clients per week throughout the school year, with increasing independence in the therapist role as the training year progresses. Interns are responsible for all administrative and clinical tasks associated with their caseloads. Additionally, interns will lead and/or co-lead therapy groups corresponding with their respective specialty clinic assignments. Specifically, when assigned to the ASD assessment clinic, interns will serve as co-leaders/social coaches for a social skills group using the PEERS curriculum one evening per week. When assigned to the AD assessment clinic, interns will serve as leaders for one of two self-regulation groups using the Zones of Regulation framework one evening per week.

Competence in the area of Intervention is exemplified by the intern’s ability to:

|  |
| --- |
| * Gather relevant data regarding the social, emotional, behavioral, medical, family, and academic and intervention histories of children and adolescents referred for services. |
| * Establish and maintain therapeutic rapport. |
| * Develop evidence-based intervention plans specific to service delivery goals. |
| * Implement interventions informed by current scientific literature, assessment findings, diversity characteristics, and contextual variables. |
| * Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking or when a modified approach is appropriate to meet the needs of a SMH services recipient. |
| * Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation. |
| * Submit case notes that are sufficient in depth and breadth to convey treatment details. |
| * Understand and safeguard all aspects of patient confidentiality in line with HIPPA regulations and adhere to the APA Ethics Code for Therapy. |
| * Evaluate and address crisis concerns such as suicidality/homicidality, abuse and neglect, and other safety issues (including seeking appropriate supervision and appropriate documentation of the process). |
| * Present thorough, well-considered case conceptualizations to colleagues and supervisors. |
| * Participate, as appropriate, in group supervision. |
| * Participate in SMH didactic trainings and discussions. |

**3. School-based consultation services (Consultation).** The consultation experience during internship primarily takes place in the school setting. Interns are expected to work with teachers and other school personnel and professionals (consultees) on behalf of students (clients) experiencing behavioral and/or academic difficulties. Consultation services are primarily initiated through intern participation in their respective school Problem-Solving Teams (also referred to as Intervention Assistance Teams, RtI Teams, Student Intervention Teams, MTSS Teams, etc.). In most (elementary) school settings, interns will participate in a team meeting, during which children about whom teachers have academic and/or behavioral concerns are brought to the team to engage in problem-solving using Florida’s Problem-Solving/Response to Intervention Model; the frequency and composition of team meetings varies by site due to the unique structure of each school district. Interns are expected to be active members of the team and may be asked to engage in any or all of the following activities (simultaneously or in isolation) during the remainder of their time in the schools:

1. Classroom observations of students and/or teachers using structured, unstructured, and semi-structured methods (e.g. the Behavioral Observation of Students in Schools – BOSS). This information is used to compare students to their peers, gauge level of student engagement, and compare students to predetermined behavioral/academic expectations.
2. Teacher Interviews in order to gain a fuller understanding of the exact nature of the academic/behavioral concern(s), including the frequency, duration, and intensity of the concerns, as well as interventions that have been attempted with the student(s) and the success of those interventions. Interns are also expected to solicit input from other professionals or personnel that work with the student(s) on a regular basis to provide a comprehensive profile of the child’s strengths and weaknesses.
3. Review of records (cumulative school files, psychological files, etc.). This may include reviewing files for one or more students, or reviewing school-wide or class-wide data to determine how intensive an intervention should be (e.g. with a small group of students, with an individual student, class-wide or school-wide).
4. Screening/Assessment using standardized instruments (e.g. Woodcock-Johnson IV Tests of Achievement, Woodcock-Johnson IV Tests of Cognitive Abilities, Comprehensive Test of Phonological Processing – 2nd Edition, Vineland Adaptive Behavior Scales – Third Edition, Achenbach Teacher’s Report Form, etc.) or curriculum-based measures.
5. Functional Behavior Assessments

In some cases, this information may then be used to assist in the design of an empirically supported and/or evidence-based intervention targeted to address the specific concerns of the child or group of children in question. In other cases, it is used to provide recommendations in tandem with specialized programming for students identified with a disability. It is sometimes appropriate for interns to teach, model, and observe teachers/administrators in the implementation of any suggested interventions. As well, interns may be asked to participate in the progress monitoring process once an intervention has been implemented. This may include observing the consultee to assess fidelity, re-teaching the intervention, providing a method for or assisting in the collection of progress-monitoring data, graphing performance to document success of the intervention, and/or revision of the intervention. In keeping with the Problem-Solving approach, interns may continuously cycle through this process through the course of the academic year.

More often than not, interns are expected to assist Problem-Solving Teams in determining which students should be considered for Exceptional Student Education placement, as well as assist in the collection of the necessary data and documentation to support such a placement. For students that are candidates for placement in ESE, the intern is responsible for writing a comprehensive report that summarizes the problem-solving process, the student’s response to the implemented intervention, and any psychological testing that was completed. Supervision is addressed via weekly meetings using group and individual formats.

Competency in the area of Consultation is evaluated in terms of the following:

|  |
| --- |
| * Demonstrates knowledge and respect for the roles and perspectives of other professionals. |
| * Demonstrates increasing familiarity and ability to apply principles from Florida’s MTSS/RtI Model of disability identification (e.g., writing eligibility reports, conceptualizing data, etc.). |
| * Provides appropriate level of detail and support to classroom teachers and administrators regarding how to support SMH clients in the classroom. |
| * Proactively seeks the input of other professionals when working in areas of limited expertise. |
| * Participates in school-based meetings appropriate to their role. |
| * Responds to the needs of their schools when considering professional development training(s) and provides information and training that is relevant to their audience. |

1. **Training in supervision.** The MDC recognizes the unique opportunity that its organizational structure provides for interns to gain hands-on supervision experiences under the careful scrutiny of training faculty. The MDC subscribes to the definition of supervision as outlined in the 2002 Competencies Conference: Future Directions in Education and Credentialing in Professional Psychology. Supervision is defined as “An intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the client(s) she, he, or they see(s), and serving as a gatekeeper of those who are to enter the particular profession.” (Goodyear, Competencies Conference 2002)

Training in supervision is accomplished though several different means.

During the academic year, interns supervise practicum students who work alongside them in the school districts. The interns help train the practicum students in structured observations, teacher interviewing, and cumulative file review. Along with their primary supervisor, they guide the practicum students in the work they complete in the school districts. This training in supervision is supervised by the intern’s primary supervisor as well as during the consultation supervision; meetings are held at four to six week intervals. During this time, the Director of Practicum Training leads the interns in these meetings, which explore the following topics in school psychology practicum supervision: entering practicum, supervising casework and case conceptualization, providing feedback, managing difficult supervisees, supervising written results, fostering professional development, and monitoring ethical/legal issues.

Intern in Supervision is demonstrated by:

|  |
| --- |
| * Adopting and/or adapting a supervision model that meets the needs of their supervisee(s). |
| * Assessing the learning needs and developmental level of their supervisee(s). |
| * Delegating cases and/or responsibilities appropriately to meet the needs of supervisee(s) and client(s). |
| * Building a supervisory relationship and alliance, while maintaining appropriate professional boundaries. |
| * Providing feedback aimed at promoting growth in their supervisee(s). |
| * Supporting supervisee(s) in the development of their assessment and/or intervention skills. |
| * Consulting regularly with psychology supervisor(s) regarding the progress of their supervisee(s). |
| * Engaging in self-reflection regarding one’s own supervisory strengths and weaknesses. |
| * Participating in supervision of supervision didactics and group supervision. |

1. **Training in Individual and Cultural Diversity.** The MDC has an enduring commitment to individual and cultural diversity. Congruent with the position of the APA, the MDC agrees that development of competence in working with individuals of every variation of cultural or individual difference is not reasonable or feasible. Rather, the expectation is that interns will demonstrate knowledge, awareness, sensitivity, and skills when working with diverse populations. This requires that interns: demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves; have knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities; possess the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles; and work effectively with individuals whose group membership, demographic characteristics, and worldviews are different from their own.

Training initiatives to support this aim include diversity seminars, discussion of cases and case conceptualizations that focus on diversity, participation in community events (i.e., immersion experiences), and reflection papers. It is assumed that interns have prerequisite knowledge regarding topics of diversity from their respective training programs. As such, diversity topics are geared toward discussions related to the client populations we serve and/or encounter during the year.

1. **Didactic Seminars**: Training activities include regular (6 or more times per year) diversity seminars geared toward discussion of topics related to clients encountered during the course of internship, both expected (i.e., poverty, rural populations, trauma) and specific to interns’ caseloads (e.g., ethnic minorities, sexual identification and preference, disability). The first diversity seminar is focused on telling “our stories”, wherein interns and staff talk about their backgrounds, share about their personal experiences with diversity and difference, and discuss issues that are relevant to living in this particular region of the United States. This includes honest discussions about racial and ethnic tension, the role of poverty and lack of resources, the role of religion, and the impact of policies and politics. This discussion is designed to not only raise awareness about the context in which interns will be working, but to also begin the process of self-reflection and respect for others’ diverse experiences. There is no requirement to share beyond what one is comfortable disclosing. Rather, we have found this process to be critical in creating an open, supportive, collegial environment where interns can discuss their experiences throughout the year in a safe place.

In the past, subsequent diversity seminars took the form of a “book club”. We have maintained this model and expanded it to include listening to podcasts and reading articles relevant to the issues our interns have faced throughout the training year. This activity is meant to be more than a surface-level, informational, or didactic process. Rather, interns and staff actively discuss how these materials apply to direct experiences, ways to apply to our current cases, and examination of how our approach can help or hinder client growth. Given that 2/3 of our activities are assessment oriented, most of our diversity discussions tend to center around counseling activities, as those represent ongoing relationships. However, we also regularly discuss the importance of building client relationships, even in a testing capacity. Furthermore, we frequently discuss and advise interns on how to best advocate for clients from diverse backgrounds in the context of schools, where policies and procedures can sometimes be applied in a discriminatory way. Finally, our university campus also offers additional opportunities for interactions with diverse groups and organizations.

1. **Case Discussion/Conceptualization**: Beyond diversity and didactic seminars, the impact of diversity is regularly discussed in our specialized assessment clinics and during group supervision. During this time, interns are asked to directly address questions related to client and contextual variables that foster resilience, as well as present potential barriers.
2. **Community Events & Reflection Papers**: While at the MDC, interns *may* be required to participate in two immersion activities, pending the status of COVID in our greater Tallahassee community and the intern’s comfort level with attending events with potentially large groups of people. Specifically, each intern should make efforts to attend at least two community events that expose them to regional and cultural themes or that provide them with an opportunity to be around individuals that are from a different from themselves. This might include attending a food or arts festival, attending a lecture series, or participating in a local event. A reflection piece is written and provided to the Director of Internship and experiences are discussed during diversity seminars.
3. **Summative Diversity Self-Assessment/Reflection**: At the end of the training year, interns are required to select a case from their caseload and provide an analysis/self-reflection on the risk and resilience factors present, discuss how they were (or could improve in) responsive to the needs of the client, and how they increased their knowledge and skills in working with diverse populations.

Interns are expected to demonstrate competence related to Individual and Cultural Diversity via the following behaviors:

|  |
| --- |
| * Participating in diversity didactic trainings and discussions. |
| * Completing immersion activities and providing a thoughtful, reflective response to these experiences. |
| * Responding appropriately when personal views may be challenged or at odds with another individual. |
| * Demonstrating openness toward and/or a willingness to learn about people and experiences that personify a variety of characteristics that could be considered diverse. |
| * Projecting an approachable and culturally tolerant demeanor to individuals from all walks of life. |
| * Considering the diversity characteristics of clients and consumers of psychological services and making modifications when appropriate during all professional endeavors. |

As previously noted, throughout all training experiences outlined above, professional competencies consistent with the APA’s *Standards of Accreditation* are emphasized, including: research, ethical conduct and adherence to legal standards, professional values/attitudes/behaviors, and communication and interpersonal skills. Please refer to the *Psychology Intern Competency Assessment Form* provided at the start of internship and available upon request.

**SUPERVISION AND DIDACTIC TRAINING**

1. **Supervision.** Supervision is not only a regularly-scheduled endeavor at the FSU MDC, but it is also considered to be the cornerstone of the success of this program. Consistent with APA’s supervision expectations, interns receive *no less than* 4 hours of weekly, scheduled supervision throughout the training year. While it is assumed that interns’ supervision needs will change developmentally across the year, supervision remains a dedicated ongoing component of the internship program at the FSU MDC.

**1. Appointment of supervisors.** The Director of Training appoints the primary supervisor for each intern.

**2. Selection standards for primary clinical supervisors:**  Minimum standards for appointment as primary intern supervisor are:

1. Earned doctorate in psychology
2. Completion of an internship in clinical, school, or therapeutic intervention psychology
3. Licensure under Florida Statute as "Psychologist and/or School Psychologist"
4. Knowledgeable and experienced in the activities to be supervised

**3. Selection standards for secondary clinical supervisors:**

Minimum appointment standards for secondary supervisors are:

1. Member of the MDC staff
2. Advanced degree appropriate for their discipline
3. Licensure appropriate for their discipline
4. Knowledge and experienced in the activities to be supervised

**4. Term.** Supervision assignments are for the duration of the internship year.

**5. Supervision sessions.** As noted, the basic structure for individual supervision is scheduled, one-to-one, face-to-face discussion of relevant professional clinical activities and progress towards training goals. Unscheduled conferences may also be held, but do not substitute for structured supervision. Group supervision is similarly structured and may contain direct case processing, article discussions, and/or (brief) didactic sessions designed to meet individual training goals.

1. **Supervision hours.** As noted, minimum supervision hours per week will be at least two individual, face-to-face hours per week, and two or more hours of group or individual supervision, totaling **four or more hours weekly**. Following is a break-down of supervision hours/activities between the months of August and May:

Mondays

1. **1.0 hour of Specialty Clinic Group Supervision**: During group supervision, interns will present on their cases from the previous week’s clinic assessments. Interns should be prepared to present score data (meaning all psychoeducational assessments, behavior checklists, and adaptive assessments are scored and tabulated), background history, and interview data to the group. This time will be used to engage in case conceptualization and supervision, as well as engage in meaningful diversity discussions about cases and present research-based articles to peers. Additional time will be devoted to discussing ongoing cases as well as staffing upcoming cases. If more time is needed, an individual supervision appointment will be set up. Finally, for AD clinic only, interns will process and receive supervision for their Specialty Clinic therapy group (i.e., Zones).
2. **1.0 hour of School-based Individual Supervision:** Individual supervision for school placements is conducted with the interns’ primary supervisor. Interns are expected to bring all materials to supervision, including but not limited to: case logs with updated status reports, scored/checked protocols, and referral documents from their respective schools. This time is used to discuss the progress of ongoing cases, conceptualize cases, and plan for upcoming cases.
3. **1.0 hour of School Mental Health Individual Supervision**: Individual supervision for SMH occurs exclusively with Dr. Farrington. This time is used to discuss overall caseload, as well as individual treatment concerns for clients. Interns are expected to arrive prepared for supervision with any relevant material for the cases they are discussing and make sure that their case notes/progress notes are up to date ahead of supervision. This time may also be used to discuss individual cases within Specialty Clinic groups.
4. **1.0 hour (rotating) SOS and/or SMH Group Supervision**: Group supervision will take place approximately twice per month, once for Supervision of Supervision with Dr. Bennett and once for School Mental Health supervision with Dr. Farrington, each lasting an hour. During these times, interns process and discuss the supervisory relationship with their junior colleagues, review training expectations for supervisees, discuss cases and general issues encountered during counseling, and provide formal case presentations.
5. **1.0 hour (rotating) Specialty Clinic Treatment Group Supervision:** Group supervision takes place approximately once per month with Dr. Farrington in order to discuss specialty clinic treatment groups. During these times, interns discuss group process and logistics, as well as current cases.

Thursdays

1. **1.0 hour PEERS Specialty Clinic Treatment Group Supervision:** Prior to group starting, upon arrival from their respective schools, interns meet with Dr. Farrington and the post-doctoral resident to discuss, set-up, and process the PEERS group.

Fridays

1. **1.0+ hour(s) Specialty Clinic Group Supervision:** On testing days in the Center, interns are required to check-in with their supervisor regarding the status of the case when their client takes a break (e.g., mid-morning or at lunch) or at the conclusion of testing (see clinic supervisor). At this time, interns review the progress of testing, provide any preliminary hypotheses, and/or discuss modifications to the testing plan as appropriate. This time may also be devoted to coding behaviors such as the ADOS-2 when working in the ASD clinic. Finally, regardless of whether a case is being seen on Fridays, interns meet with specialty clinic supervisors to engage in diversity discussions/supervision.

Throughout the training year, individual supervision for consultation cases, specialty evaluation cases, mental health intervention cases, and supervisory activities is also provided on an as-needed basis with supervisors, and may include additional scheduled supervision appointments or immediate “on the spot” supervision. In sum, interns receive a *minimum* of 4 hours weekly supervision using both individual and group formats. Additional supervision activities are woven throughout the internship experience. Furthermore, interns are not required to wait for their weekly supervision meetings to seek supervision. Rather, interns are encouraged to maintain regular contact with supervisors.

During the summer months (i.e., June and July), supervision, while continuous, takes a different approach where hours are distributed in order to meet APA expectations:

* Interns work with each supervisor, rather than having a primary
* Interns are expected to use office hours to seek case supervision with various supervisors prior to seeing clients each week.
* Supervision occurs on the day of assessment when an intern tests.
* Supervision occurs after assessment is completed to process the case before writing begins.
* All ADOS-2’s are observed by supervisors and supervision on coding is provided the day a client is seen.
* Protocols are left in supervisors’ boxes OR in checkers’ boxes for checking no later than the day after the testing appointment.
* Regular feedback is provided on written products with follow-up meetings as appropriate
* Supervisors observe at least two intern feedbacks
* Tuesdays from 12-1:30 are group supervision and case conceptualization exercises
* Thursdays from 12-1:30 are group professional development didactics, discussion, and supervision meetings
* Additional meetings may be scheduled based on cohort need/interest

1. **Content of Supervision.** With regard to the content of supervision hours between the months of August and May, group supervision in specialty clinics includes in-depth training in identification and differential diagnosis, use of specialized instruments (including supervision in scoring and administration), and direct supervision of cases. As well, on non-client weeks, interns are expected to present a research article relevant their cases to the group and engage in supervisory conversations regarding the application of research to practice, and engage in case processing related to issues relevant to individual and cultural diversity. Individual supervision hours are devoted to discussing clients and cases, managing caseloads, providing feedback, guiding interns through any ethical issues that may arise or have arisen, and assuring that administrative tasks are appropriately handled.

In terms of supervision content during the months of June and July, individual supervision is shared across supervisors and is the responsibility of the particular supervisor(s) in charge of the case(s) to which an intern has been assigned. Interns are expected to present cases to their supervisor(s) prior to the testing date, review the relevant history of the case, propose a battery, and discuss potential modifications or additions as needed. Interns are also expected to meet with supervisors on the same day testing occurs to review results and case conceptualizations, or (as appropriate) make modifications to the testing battery. Group SOS supervision is used to discuss issues related to supervision and specific scenarios with current supervisees. Finally, group SMH supervision is used to discuss group progress and treatment planning, as well as discuss treatment effectiveness, identify obstacles to treatment and how to overcome them, discuss ethical issues that may have arisen, and discuss diversity factors the impact treatment.

1. **Documentation.** Supervision contact is documented by the intern as required by their academic program. Supervisors document the occurrence of supervision on a weekly basis. Notes on interns’ current clinical cases may also be kept by supervisors.
2. **Work products.** Supervisors co-sign all work products, including progress notes, written reports, etc. Confidentiality of submitted documents is maintained following standard MDC policy.
3. **Confidentiality.** It is the responsibility of the supervisor to assure that MDC policies regarding confidentiality and security of records are maintained. Interns are informed of these policies during orientation and indicate their awareness of and obligation to follow these policies.
4. **Didactic Seminars.** In addition to practical experience and individual supervision, interns participate in regularly scheduled seminars.
5. **Seminar content and schedule.** The schedule of seminars is reviewed and publicized by the Administrative Psychology staff as each topic is identified. Typical seminars at the MDC include the scope of practice and expertise of psychologists, physicians, social workers, school personnel, and other experts in various fields related to the practice of psychology. Furthermore, each intern is required to present on an academic intervention and a behavioral intervention to MDC staff and trainees completing practicum or internship placements at the MDC. One presentation is given in the fall and the other in the spring. Interns are given guidelines for presentation requirements, but ultimately present on an area of interest or expertise. Additional opportunities for training are made available and interns are strongly encouraged to provide trainings/presentations in their respective school districts.
6. **Seminar structure.** Information is presented in lecture and demonstration format. Involvement of other MDC staff, including psychology staff, is encouraged.
7. **Attendance.** Seminar participation is mandatory. Except for authorized absence from the MDC, interns are expected to attend every meeting and every seminar.
8. **Colloquia.** Interns have the option to attend seminars and colloquia sponsored by academic departments, as they are available (e.g. Psychology, Education, Social Work, and College of Medicine). Interns are also apprised by the DOT of other local, regional, and state training opportunities available.

**PERSONNEL POLICIES**

1. **Employment.** All the MDC Doctoral Psychology interns are assigned to the MDC Director. Interns report to the director for administrative and management matters.
2. **Pay and Benefits.**
3. **Training stipend.** The intern’s stipend provides not less than $32,000 for one full year, paid biweekly.
4. **Health Insurance** options will be provided to interns at the beginning of each training year and interns are allowed to select from available the plan(s).

1. **Attendance/Vacation/Leave Policies.** Dependable and prompt attendance is an essential function of every staff and intern position at the Multidisciplinary Center. Any planned absences should be scheduled and approved well in advance.

The following days have been designated as official University holidays; staff and interns will have these days off (or the associated day(s) of observance as designated by the University for that academic year): Labor Day, Veteran’s Day, two Thanksgiving Holidays, Christmas Day, New Year’s Day, Martin Luther King Jr. Day, Memorial Day, and Independence Day.

In addition, the university typically closes for a “winter break” between (observed) Christmas Day and (observed) New Year’s Day, and interns will have these days off. If additional days are offered by the University, interns will have leave as well. The Center does not close for spring break as many of our counties have different break dates.

Other leave will be divided into sick and annual leave. Interns may use sick leave as needed; a specific cap is not placed on sick leave unless the amount of time used negatively impacts the integrity of the training program or prohibits the intern from successfully attaining the required 2000 hours. Sick leave is to be used only in the event of *illness or health-related concerns*. This includes time for medical or dental appointments for the intern or their immediate family members. Sick leave may not be transferred to annual leave hours.

Total annual leave for interns will be capped at 10 days. Annual leave is defined as time off for *vacation or professional development*. Professional development is defined as time off for professional conference attendance, dissertation defense, and job or postdoctoral interviews. Interns are not allowed to take leave on more than one Friday and one Monday per semester so as not to disrupt specialty clinic participation or supervision time.

Interns taking annual leave for any reason will first receive approval by their primary supervisor and the director. All leave hours will be tracked by the staff and reviewed regularly. Leave forms should be completed and submitted to supervisors for signatures for both annual and sick leave.

**C. Fingerprinting/Level 2 Background Screening.** All MDC personnel, including interns, who are permitted access on school grounds when students are present or have direct contact with students, are required, prior to beginning work, to meet Level II screening requirements of Sections 1012.32 & 435.04 of Florida Statutes. Once the screening is complete and the intern is cleared, a laminated card will be issued by Leon County Schools. This card will be checked upon entering schools in the districts that are served by the MDC.

1. **Duty Schedule.**
2. **Accumulated training hours.** Accreditation requirements and the MDC Doctoral Psychology Internship Program expect 2,000 hours of supervised experience and training spread across 12 months. The internship program obligates interns on average for *a minimum of* 40 hours per week, however, interns can expect to average anywhere from 40 to 50 hours per week during the training year. A number of factors can influence whether an intern’s hours will exceed the minimum average of 40 per week. These include the intern’s writing, organizational and time management skills; dissertation status; and the particular school placement to which an intern is assigned. Regular and transparent communication with supervisors is encouraged to help interns monitor and balance their internship experience. While the accumulation of hours is an important goal, the *quality* of those experiences is equally important and is the key to a successful internship experience.

Per our most recent accreditation cycle (2019), the FSU MDC is obligated to collect data from interns regarding hours worked for the 2020-2021, 2021-2022, and 2022-2023 cohorts to insure that our provided/projected hour estimates are an accurate reflection of the actual intern experience.

1. **Training year.** The beginning and ending dates of the training year are published in advance on the internship website as well as the APPIC directory. Typically, the internship year runs from August through July (see APPIC DOL for specific training year dates).
2. **Working hours.** Unless specifically excused, interns are required to be at their assigned placements during regular teacher hours for school placements and for eight hours (each) Monday and Friday. Deviations from standard hours require approval by the supervisor and the director and will be worked out with individual interns as needed.
3. **Living and Transportation Arrangements.**
4. Interns are responsible for arranging their own living accommodations.
5. Interns are responsible for making their own commuting arrangements, but are expected to have a reliable vehicle due to weekly travel requirements to work in their assigned schools.
6. Interns will be reimbursed for mileage regularly relevant to placement travel.
7. **Maintenance of Records.** Intern records are maintained *indefinitely*. All records are maintained in physical files between reaccreditation cycles. Once an accreditation cycle has been completed, intern files are scanned into an electronic record that is maintained by the Director of Training.

In terms of training, interns are provided with extensive training regarding record-keeping. This includes what information is maintained in clinic versus school files; how to present information that maintains confidentiality and privacy, but is appropriately informative to third parties; how to document and respond to crisis intervention; and requiring caseload lists and status reports during weekly supervision.

**TRAINING RESOURCES**

1. **Policy.** An active training program requires provision of adequate facilities and services by the sponsoring agency.
2. **Procedures.** The customary support available to other staff at the MDC is available to interns, following standard MDC policies and procedures.
3. **Responsibility.** The individual supervisor is responsible for the provision of necessary support services and responsible for accessing off-site services.
4. **Offices.** We believe that the more thoroughly integrated the intern's activities are with those of the MDC staff, the more rewarding is the training experience.Interns are assigned a shared office that is located at the FSU MDC. Interns are also provided work space at their respective training placements.
5. **Clerical Support.** Interns are afforded the same clerical and administrative assistance as are staff psychologists.

1. **Additional Support**. Telephones and computers are made available for the interns to use during their internship. Interns are also provided access to high speed internet and email accounts. Interns receive university identification cards, which allow them access to the major university library, which is located on the FSU campus. Interns have access to all testing equipment and materials for therapeutic intervention activities with children.
2. **Canvas**. Interns have access to the FSU MDC’s Canvas site, an on-line academic learning management system. This comprehensive resource has an intern-only section for intern training materials (e.g., scholarly articles, report writing tools, materials for school-based activities, power point presentations, etc.). Additionally, documents and information related to all the specialty clinics, school-based placements, and psychological assessment are provided on the site.

**OUTCOME EVALUATION**

1. **Policy.** The internship evaluation process should be continuous and mutual. The Director of Training is responsible for systematic evaluation of intern progress and program adequacy.
2. **Ratings of Intern Performance.** Supervisors formally assess the performance of their assigned interns three times during the training year, at 5, 10, and 12 months. A single form is completed for each intern, reflecting the combined assessment from all supervisors across all competency domains. Supervisors meet prior to the delivery of feedback and complete the form as a group. Feedback is then provided to each individual intern, by the contributing respondents, with the Director of Training coordinating the meeting.

For evaluations completed for fall and spring, interns are expected to attain ratings for all competency areas indicating that they are **Performing consistent with expectations for current level of training** or higher (i.e., ratings of 3 or higher). Any competency area(s) rated as **Performing slightly below expectations for current level of training** (i.e., ratings of 2) will result in meeting with all supervisors to determine accommodations and supports needed to demonstrate appropriate growth. Any competency area(s) rated as **Performing well below expectations for current level of training** (i.e., ratings of 1) may result in a formal remediation plan for the intern to improve the identified areas of weakness. If a formal remediation plan is implemented, this will be shared with the intern’s DCT.

At the end of the training year, all competency areas should be rated at a level of **Performing consistent with expectations for current level of training** or higher (i.e., ratings of 3 and above). For any area(s) rated as **Performing slightly below expectations for current level of training** (i.e., ratings of 2), a letter of explanation to the intern’s DCT will accompany the final evaluation form, as well as any additional actions that may need to be taken by the intern, where appropriate. An intern that receives a rating of **Performing well below expectations for current level of training** (i.e., ratings of 1) will be required to complete additional remedial activities prior to being formally released from internship. A written remedial plan must accompany such a rating and will be shared with the intern’s DCT.

1. **Schedule.** Interns are evaluated three times during the training year using the *Psychology Intern Competency Evaluation Form*. Evaluations occur roughing during the months of December, April/May, and at the end of July, which is considered a summative evaluation.
2. **Contents.** Supervisor ratings of interns focus on the following areas identified in the Standards of Accreditation formally adopted by APA (January 2017):
3. Research
4. Ethical conduct & adherence to legal standards
5. Individual & cultural diversity
6. Professional values, attitudes, & behaviors
7. Communication & interpersonal skills
8. Psychological assessment
9. Intervention
10. Supervision
11. Consultation
12. **Procedure.** The rating procedure is initiated by the DOT:
13. The DOT makes available the "Psychology Intern Competency Assessment Form” to supervisors approximately 7 to 14 days before the end of the rating period. Supervisors then meet as a group to complete a single evaluation form with all supervisors contributing to their respective areas of contact with the intern.
14. Supervisors:
15. evaluate interns on the schedule.
16. share completed evaluation forms with the intern.
17. request the intern sign the evaluation form.

(c) The DOT

1. maintains copies of all evaluation forms in the interns’ files.
2. provides copies of all evaluations to the interns’ university training director as soon as possible after their completion and review.

**4. Problematic intern performance.** Grievance procedures are outlined in the next section of this document. Any concerns or difficulties that are identified during the evaluation period may be addressed by the appropriate steps listed under the problematic intern performance.

1. **Ratings of Training Experience.**
2. **Schedule.** Interns rate their experiences at the end of each semester using the *Supervisor Evaluation Form*.
3. **Contents.** Interns are asked to evaluate their supervisors with respect to training activities pertaining to psychological evaluations, therapeutic intervention, consultation, mentoring, supervisory relationship and interaction.
4. **Procedure.** The rating procedure is initiated by the DOT:
5. The DOT distributes the Supervisor Evaluation Form to interns approximately 7-14 days before the end of the rating period.
6. Interns rate each supervision experience on the rating forms and review them individually with respective supervisors. Once forms are signed by both the intern and supervisor, they are submitted to the DOT for review and maintenance of data.
7. Should a concern arise with a supervisor, interns are able to initiate the Grievance procedures outlined in this document.
8. **Communications with Graduate Schools.** The DOT is responsible for notifying graduate programs in writing that their students have been selected for internship within 72 hours of the match. Intern evaluations are forwarded to each intern’s respective DCT as soon as possible after their completion, accompanying any additional documentation required by the intern’s training program. A final letter summarizing the training year upon the completion of internship is provided to each respective training program for the current intern cohort. Informal communication between the DOT and the graduate program is encouraged at any time during the year. When major changes in the structure of the internship occur, the DOT will inform the graduate program faculty contact.
9. **Program Self-assessment and Quality Enhancement:** Consistent with concerns regarding accountability and outcomes of services, the MDC is committed to multiple-level program evaluation. This is accomplished through the following:
10. **Intern Supervisor Ratings**. Intern evaluations of individual supervisors at three intervals (i.e., December, April/May, and July) using the *Supervisor Evaluation Form* (see Outcome Evaluation, Section C).
11. **Exit Interviews**. The FSU MDC conducts an “exit interview” with each intern cohort, wherein interns provide feedback about the program, including how well it met its training goals and ways to improve the overall program’s effectiveness. This is a mandatory event for interns and all supervising psychologists. An entire day is devoted to this process; interns provide feedback in the morning and supervisors remain in the afternoon to process and make adjustments to the training program accordingly.
12. **Staff Meetings**. The FSU MDC supervising psychologists meet every other month to discuss interns and the overall health of the internship program. Specific topics include, initial assessments and review of placements, preparing for intern evaluations and reviewing performance, transitioning from school placements to clinic placements, preparing for the exit process, and discussion of ARO data.
13. **Proximal and Distal Data Reviews**. In January of each training year, supervising psychologists meet to discuss one- and three-year post graduate data from online surveys completed by intern alumni.

**INTERN GRIEVANCE PROCEDURE**

1. **Policy.** The MDC Doctoral Psychology Internship Program follows the standard MDC grievance policy.

1. **Responsibility.** It is the responsibility of the DOT to inform each new class of interns and supervisors of the official grievance policy. This is completed during orientation on the first day of the internship.

1. **Purpose.** The general purpose of the Grievance Procedure is to provide a structured means by which an intern may seek formal resolution to personal, professional, or ethical conflicts involving other interns and staff members. The intern is treated in a manner generally similar to staff members who have such concerns. These procedures are designed to be consistent with Principle 1 (Resolving Ethical Issues) of the Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 2002 & Amendments, 2010 & 2016). The second purpose of the Grievance Procedure is to provide a means by which a training staff member can address specific concerns about an intern. These situations will be addressed separately. Interns are also reminded that the Association Psychology Postdoctoral and Internship Centers (APPIC) offers free “Problem Consultation” services in which interns and training sites can seek information consultation when issues arise during internship. This avenue is recommended prior to initiating formal grievance procedures.
2. **Psychology intern grievance procedure – conflict between interns:**
3. The intern is fully expected to first discuss the conflict directly with the person with whom the intern has the grievance in an effort to resolve the problem.
4. If the matter cannot be resolved informally, the intern should discuss the concern with their immediate supervisor. If the intern’s informal attempts to resolve the grievance are unsuccessful with their immediate supervisor’s assistance, the intern may submit a formal, written grievance to the MDC Director, outlining the specifics of the grievance with all supporting documents, including attempts to solve the problem informally, and the request for a hearing to resolve the matter. Throughout this procedure, the sponsoring university faculty advisor is kept appraised of the intern’s grievance and subsequent procedures. In addition, the DOT requests the graduate program’s policies and procedures for identifying and dealing with the problem trainees.

1. The MDC Director will review the issue based on the materials supplied by the intern and the subject of the grievance and will then appoint a Hearing Committee consisting of two supervisors (one of which will be the Director of Training). This committee will meet with the intern to resolve the grievance after reviewing the relevant material and will submit a formal written recommendation to the MDC Director. The MDC Director has final discretion regarding outcome within the MDC. The MDC Director then informs the intern, staff members involved, graduate training director and, if necessary, members of the training staff of the decision and any action taken or to be taken.
2. If the intern disputes the MDC Director’s final decision, the intern has the right to appeal, which must be in writing and submitted to the MDC Director. This will then trigger procedures for resolving conflicts between interns and supervisors (see below). In cases involving breach of civil law, including discrimination or sexual harassment, the intern may consider appealing directly to the Employee Relations Department or to the Executive Assistant to the President for Human Resources. The intern also has the civil right to pursue concerns through any legal means outside and beyond the MDC regardless of the nature or seriousness of the concern.
3. **Psychology intern grievance procedure – conflicts between interns and supervisors:**
   1. The intern is fully expected to first discuss the conflict directly with the person with whom the intern has the grievance in an effort to resolve the problem.
   2. If the matter cannot be resolved informally, the intern should go directly to the Director of Training, unless they are the focus of the conflict. In that case, the intern should go directly to the Center Director.
   3. If the intern’s informal attempts to resolve the grievance are unsuccessful, the intern may submit a formal, written grievance to the MDC Director and may request input and/or participation of the Assistant Director of Finances and Administration through the College of Social Work, who has been identified as an outside neutral party for resolving grievances, should they arise (hereafter referred to as the ADFA). They may choose to involve the ADFA only after informal attempts at conflict resolution have proven unfruitful. Formal grievances should include an outline of the specifics of the grievance with all supporting documents, including attempts to solve the problem informally, and the request for a hearing to resolve the matter. If the intern is challenging a formal evaluation, they should do so within five days of receipt of the evaluation. Throughout this procedure, the sponsoring university faculty advisor is kept appraised of the intern’s grievance and subsequent procedures. In addition, the DOT requests the graduate program’s policies and procedures for identifying and dealing with the problem trainees.
   4. The MDC Director, and if appropriate the ADFA, will review the issue based on the materials supplied by the intern and the subject of the grievance and will then appoint a Hearing Committee consisting of two supervisors (one of which will be the Director of Training unless that person is named in the grievance) and the ADFA. This committee will meet with the intern to resolve the grievance after reviewing the relevant material and will submit a formal written recommendation to the MDC Director. Unless the grievance is filed against the MDC Director, the Director will have final discretion regarding outcomes within the MDC; if the Director is named in the grievance, then final discretion regarding outcomes will be the joint responsibility of the training staff, the ADFA and the Dean of the College of Social Work. The MDC Director then informs the intern, staff members involved, graduate training director and, if necessary, members of the training staff of the decision and any action taken or to be taken.
   5. If the intern disputes the final decision, the intern has the right to appeal, which must be in writing and submitted to the MDC Director and the ADFA. In cases involving breach of civil law, including discrimination or sexual harassment, the intern may consider appealing directly to the Employee Relations Department or to the Executive Assistant to the President for Human Resources. The intern also has the civil right to pursue concerns through any legal means outside and beyond the MDC regardless of the nature or seriousness of the concern.
4. **Problematic intern performance**
5. The supervisor is fully expected to first discuss the problem directly with the intern and try to resolve issues informally.
6. When it is recognized that an intern is performing slightly below expectations for their current level of training or an intern is struggling to meet their competencies, all relevant supervising psychologists will meet with the DOT and the intern to discuss accommodations and supports needed for the intern to demonstrate appropriate growth. This will be appropriately documented, but may not result in a formal remediation plan.
7. When it is recognized that an intern needs more intense remedial work, the Psychology Intern Competency Evaluation form may be filled out and shared with the intern and the DOT or written document expressing supervisor concerns may be submitted to the DOT. A written remedial plan is developed with the supervising psychologists, the DOT, and the intern. The plan will include specific competencies to be addressed, corrective actions to be undertaken and dates for completion. The remedial plan is reviewed and signed by both the supervisor initiating the concern, the DOT, and the intern. Weekly supervision includes review of the plan and the specific corrective actions to ensure that the intern is making satisfactory progress. At the end of the specified period, the Psychology Intern Competency Evaluation form is completed OR additional documentation is provided updating the DOT on the intern’s progress toward meeting their goals, including discontinuing the plan as appropriate. This is reviewed with the intern.

Any time a remedial plan is initiated, the supervisor and the DOT will provide the intern with a detailed letter outlining the extent to which the corrective actions specified in the remedial plan have or have not been successful in addressing the competency goals of concern. If the remedial plan has not been successful, a review committee, consisting of the MDC Director, the DOT, and the intern’s supervisor, reviews all the specifics of the competency goals of concern, the remedial plan, the intern’s efforts with the specific corrective actions and the current outcome of those actions. The intern may also submit any documentation concerning the competency goals of concern and the remedial plan. Throughout this process, the DOT engages in regular communication with the intern’s graduate advisor from his or her sponsoring university. At the end of this process, the committee can choose to recommend:

1. No further action taken.
2. Continued implementation of the above-outlined remedial plan, with modifications if needed, for a specified period of time, with another review at the end of that period, or
3. Immediate dismissal from the program.

At this point, the intern may either:

1. Agree with the decision
2. Challenge the decision using the steps outlined in section of the Psychology Intern Grievance Procedures

**RESEARCH**

1. **Basic guidelines.** Supervisors and interns need to adhere to the following elementary rules when considering conducting research, including dissertation research, at the MDC.
2. The internship year is principally an experience in applied training; research is of subordinate importance.
3. Research activities must be conducted within the limitations of internship commitments and available time. Interns should anticipate that preparing and conducting research, including dissertation activities, will require initiative and exertion *outside of the normal training schedule*.
4. Research activities are conducted in accordance with the MDC policies and requirements of the Florida State University. These requirements include compliance with rules involving client's rights and confidentiality of records.
5. Research at the MDC, whether by staff, intern or outside agent, requires the consent of the MDC Director and review and approval by the FSU Human Subjects Committee.
6. If an intern is collecting research data at the MDC, it is required that a member of the MDC staff be designated as the intern's research supervisor. Intern and supervisor are required to meet weekly for the duration of the data collection.
7. The MDC Director should be provided with copies of the completed research manuscript as well as of any published or presented papers resulting from the research.
8. **Dissertations.** Intern research activities may include working on dissertation projects. Dissertations usually entail considerations *in addition to* the directions cited above.
9. Responsibility for the dissertation remains with the interns and their universities.
10. Dissertation preparation and data collection are typically prolonged ventures demanding considerable enterprise *outside of the normal working schedule* and may involve on-site activity beyond the internship year.
11. If an intern intends to collect dissertation data at the MDC, it is required that the intern's research chair concur with the designation of a member of the MDC psychology staff as the intern's on-site research supervisor. This appointment should not encumber the on-site research supervisor to attend dissertation defense or otherwise participate in off-site activities. The MDC Director should be provided with a copy of the completed dissertation.

**ETHICAL BEHAVIOR**

Psychology interns and supervisors adhere to the published ethical guidelines of the American Psychological Association. The guidelines can be accessed at <http://www.apa.org/ethics/>. Interns are provided with this link via Blackboard during orientation.