



Intern Handbook

**2009-2010 Internship Program
in Clinical Psychology**

MayInstitute
Shaping Futures. Changing Lives.

**May Institute
41 Pacella Park Drive
Randolph, Massachusetts 02368**

www.mayinstitute.org

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Welcome to May Institute

Welcome

Welcome to May Institute and the Internship Training Program in Clinical Psychology. We are excited to begin working together with you over the next year. We are committed to a training experience that satisfies your development goals and fully prepares you to meet the professional challenges of the future.

Each year, all of our program staff look forward to new interns. It's a chance to share what we've learned with someone else, and as you will discover, developing others to work in this field has been part of the May's mission for the last 50 years.

But it's not just about giving. As a program we get a great deal from interns. You bring new ideas, enthusiasm, and excitement. Further, many of our interns have completed projects that have changed the way we do our work, or that have helped us share our practices with other professionals. And of course many interns continue at May as post-doctoral fellows, research collaborators, and staff.

Because of this relationship of mutual benefit, we consider you our partner. While you are here to learn and grow, we respect your

capacity to contribute to our own development and growth. Take this role seriously—we do. We only select interns whom we believe can help us develop and grow. Share your ideas and advice with your supervisors; suggest ways we can improve our processes. Pick up the slack whenever you find it.

It's your program now. You are our partner.

About the May Institute



May Institute, Inc. is a private nonprofit corporation. It was founded in 1955 by Dr. Jaques M. May, a physician, researcher, and author, and his wife, Marie-Ann May. Originally, the May's simply sought to create at home services for their two sons, both of whom had been diagnosed with autism. Not wanting to remand their children to an institution, the May's believed that they could hire and train others to care for their sons as they were now doing. They were quickly successful at this new model of service for people with autism and found many other families began asking them to arrange similar services for their children with developmental disabilities.

Over the years, the May's simple, in-home model grew into an actual program with purpose and mission. Their mission was to develop a center for the progressive treatment, education, and rehabilitation of children with autism and to advance the understanding of this disorder through research and training.

By the 1970's, the May Center had grown into a free standing program providing therapeutic day school and residential services to 39 individuals. Then, in 1978, the Center hired its first Executive Director, psychologist Walter P. Christian, PhD, ABPP. Under Dr. Christian's leadership, the program began expanding into more programs across New England and then into other states.

During the same era, Dr. Christian promoted an academic environment at the May, where practice was led by research, and where May staff made scientific and professional contributions within the field. Numerous publications and presentations were made establishing May Institute as a leader in progressive and empirically supported programs for people with disabilities. Indeed, since 1978, staff from May Institute have contributed over

What We Value

- Dignity for all we employ and serve
- Fair and supportive work environment
- Measurement of our results and success
- Diversity and cultural appreciation
- Highest possible standard of service
- Care for each person we serve and for each other as professionals
- The use of validated research to support our services
- Adherence to state-of-the-art clinical and business practices

MayInstitute

1000 professional publications and conference presentations to the field.

Further developments have included May programs to reach other clinical populations, such as adults with developmental disabilities, children and adults with brain injury, children and adults with mental illness. We have also expanded the range of services we provide: therapeutic schools, community-based day programs, residential services, outpatient clinics, and crisis and respite support. Another milestone, starting in 2005, has been the creation of the National Autism Center (NAC) of May Institute. NAC is a multiservice training, research, and dissemination center devoted to evidence-based practice with children who have autism.

May Institute has received numerous awards and commendations. It's schools have been recognized by the U.S. Department of Education as some of the nation's "Schools of Excellence." In 1997, May Institute was named "One of America's Best Nonprofits" in the book, *In Search of America's Best Nonprofits* (1997, Jossey-Bass). In 2005, May Institute received the Outstanding Training Program Award by the Association for Advancement of Cognitive and Behavior Therapy (AACBT). Recently, May Institute received the 2007 Award for Enduring Programmatic Contributions in Behavior Analysis from the Society for the Advancement of Behavior Analysis (SABA).

Today, May Institute, operates a comprehensive network of community-based services for over 25,000 individuals with mental illness, brain injuries and neurological disorders, autism, developmental disabilities, and other special needs. Over 2000 staff are employed in nearly 200 service locations in 18 states, including Massachusetts, Maine, Georgia and Florida.

This combination of expansion, quality, and contribution to the profession have allowed the full realization of the May's original mission.

Equal Opportunity for All

May Institute, Inc. is an equal opportunity employer with a track record of recruiting, hiring, retaining and developing staff without regard to race, religion, gender, age, disability, or sexual orientation. Our policies and operating conditions are nondiscriminatory and access to this training program, all other employment opportunities, training programs, and all human services provided by the organization are without restriction on the basis of race, religion, gender, age, disability, or sexual orientation. May Institute has developed an Affirmative Action/Equal Opportunity Plan that meets Federal and State requirements with respect to both employment and the provision of services. Policies and Procedures relative to Affirmative Action and Equal Opportunity can be found in "May Institute Corporate Policy & Procedures," available at your internship site.

If you feel as though you are the victim of discrimination at the May, please discuss this with your supervisor, the Director of Training, or the Human Resource Professionals listed below.

Your Human Resources Team		
Feel free to contact any May Human Resource Professional for assistance.		
Nancy Kiley Director of Benefits Administration	Nancy can help explain benefits, answer questions about payroll deductions, and clarify any benefits policies.	(781) 437-1221
Jocelyn LeMaire Vice President of Human Resources	Jocelyn is involved with the internship grievance procedure. (See that section of the Handbook for details.) Contact her if you feel you need to discuss something with a professional not connected with the internship program.	(781) 437-1231

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The Internship Program

History of the Program

The Internship Program in Clinical Psychology grew out of the May mission to train others in the services we have developed and provide. Our internship program has been a planned endeavor involving discussion with the May's Board of Trustees, Professional Advisory Board, and senior managers and executives. It is the product of several years of self-directed organizational learning and development.

Since the early 1980's May Institute has trained graduate students to work with children and adults with serious behavior disorders. These students have come from many disciplines (education, psychology, social work, counseling, etc.). In some cases, formal affiliations were established with major universities to provide training to their students. This early foundation established the May's capability to provide a structured training program that satisfied university training directors and began to expand our mission to train others for work in this field, into advanced graduate education.

In 1992, May Institute began an affiliation with South Shore Mental Health's APA Accredited Internship Program to provide training placements for its interns in clinical psychology. As part of this agreement, May psychologists functioned as supervisors. This initial experience was successful and in 1996 the May expanded its internship program to provide placements in affiliation with McLean Hospital's APA Accredited Internship Training Program

Over the course of five years, 16 interns fulfilled the APA requirements for diverse clinical training experiences through participation in May Institute outpatient, consultation, and educational settings.

The program began training students in September of 1997 and in 1998 the program completed a Self Study for Accreditation by the American Psychological Association. We were granted site visit in 1999 and received Accreditation by the APA in 1999*. Also in 1999, the program applied for membership to the Association of Psychology Postdoctoral and Internship Centers (APPIC) and was granted membership that same year. As an APPIC member program, the May Institute agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

In May 2004, the APA renewed our program's approval status with a five-year accreditation until our next review period, scheduled for 2008.

Program Philosophy and Model

The Internship Training Program in Clinical Psychology reflects the belief that internship is the cornerstone of training in clinical psychology. The program prepares interns to work with diverse populations in community behavioral healthcare and human service settings. Interns are selected based on the fit between their professional goals and our training mission and the fit between their pre-internship skills and experiences and the program requirements.

Since we assume that interns arrive for internship with many of the foundational skills of professional psychologists, our goal is to refine an intern's existing skills through a carefully organized sequence of training experiences. The expectation is that the intern will mature during the training year, accepting increasing responsibility and showing an increased level of competence.

Each intern is expected to demonstrate achievement of specific clinical competencies by the program's end, thereby demonstrating the capability to function autonomously and responsibly as an entry-level professional psychologist. These competencies are fully described in Chapter 3.

The process by which core competencies are achieved includes supervision, formal didactic experiences, direct service experience,

completion of research projects and reports, case presentations and interaction between interns. In addition, the training program includes specific seminar and direct experiences with issues of cultural, ethnic and individual differences specifically designed to teach the application of multi-cultural psychology to clinical cases.

The Internship Training Program is based on the scientist-practitioner model of training. Our interpretation of this model holds that the scientist-practitioner is a psychologist who bases clinical strategies on research findings, can reference research literature while developing an intervention plan, collects treatment data using a valid methodology, shares findings at professional conferences or through publication, and understands the current scientific limitations. This model supports an integrated approach to science and practice with the ultimate goal of developing a set of interlocking skills which foster a career-long process of investigation, assessment, and intervention.

The training requirements of this model are met through supervised field training experiences where issues of research and practice are applied and directly trained during clinical supervision; and participation in a year-long seminar and continuing education sequence covering the application of the scientific model for evaluating treatment outcome and the conduct of scientifically valid research ("Research Seminar"), taught by a leading scientist-practitioner in the field. Further training occurs during the mentored completion of a case study in the application of the principles of scientific psychology to a clinical case and a program evaluation project that uses established scientific methodologies to analyze a program outcome, process, or best practices issue.

Our clinical approach is founded on the principles of behavioral psychology. Accordingly, interns learn how to apply the behavioral paradigm to address a variety of clinical problems and presentations. Strategies are drawn from the empirical literature and may include applied behavior analysis, functional analysis, behavior therapy, cognitive-behavioral therapy, and dialectic behavior therapy. In addition, any proposed treatment strategy that can be empirically supported, its efficacy measured, and has some representation in peer-reviewed professional literature, may be considered depending on the case, the setting, and the competence of the intern's supervisor.

RESEARCH OUTCOMES

Interns are active in research implementation and dissemination. In past years, their research projects have been presented at annual conferences of the Association for Behavior Analysis (ABA), Association for Behavioral and Cognitive Therapies (ABCT), and the Berkshire Association of Behavior Analysis and Therapy (BABAT).

Studies are submitted regularly for publication and have appeared in journals such as *Clinical Case Studies*, *Journal of Brief Therapy*, *Education and Treatment of Children*, and *Journal of Positive Behavioral Interventions*.

Program Faculty and Staff

The Chief Psychologist is Dr. Lauren Solotar, licensed psychologist and Senior Vice President of Clinical Services. The Chief Psychologist is responsible for all aspects of service delivery quality, training quality, and clinical curriculum.

The Director of Training, Dr. James Luiselli, Senior Vice President of Applied Research, Clinical Training and Peer Review and Ms. Caroline Harrington, Coordinator of Clinical Training, provide operations management of the program. In addition, Dr. Luiselli and Ms. Harrington are responsible for all communications with accrediting agencies (APA, APPIC) and implementation of supervision of the training program. This arrangement of doctoral-level psychologist and designated administrative staff in the management of the program, reflects May Institute's commitment of quality resources.

The internship faculty meets at least once every other month (more often at the start of an internship year). Typical tasks include a review of each intern's progress, planning the direction of the program, evaluating the seminar series, and reviewing intern candidates.

Faculty Biographies

Deidre Donaldson, Ph.D.

Dr. Donaldson is a clinical supervisor and seminar instructor. She is the Director of Pediatric Psychology Services and oversees The Center for Children and Families, a partnership between May Institute and Saint Anne's Hospital, Fall River, MA. Training is provided in pediatric behavioral medicine consultation/liaison, outpatient behavioral services, and school-based services. Dr. Donaldson received the Ph.D. from Bowling Green State University in 1995. She completed her internship at Children's Hospital, Boston, and a 3 year post-doctoral fellowship at Rhode Island Hospital/Brown University, Providence where she remains on faculty as an Adjunct Assistant Professor (Research). Dr. Donaldson is a licensed psychologist in Massachusetts and Rhode Island. She has expertise in pediatric psychology and has conducted research in children's coping and adolescent suicide.

Laura Fisher, Psy.D.

Dr. Fisher is the ASD Diagnostic Clinic Director and a clinical psychologist at the National Autism Center's Autism Spectrum Disorders Assessment Clinic. She specializes in neuropsychological assessment of children and adolescents who are suspected of having autistic spectrum disorders and/or differential diagnosis, including mood, anxiety, attention, learning, and behavioral disorders. Dr. Fisher is also the primary supervisor of an APA-approved psychological training program at the National Autism Center. Previously, Dr. Fisher completed a pediatric neuropsychology fellowship at the Neurodevelopmental Center of North Shore Children's Hospital in Salem, Massachusetts, and an internship at the University of Massachusetts Medical School in Worcester, Massachusetts, where she conducted comprehensive neuropsychological assessments with children and adolescents, and provided intensive psychotherapy for teens and their families. Dr. Fisher received her doctoral degree in clinical psychology from the Chicago School of Professional Psychology.

Shawn Healy, Ph.D.

Dr. Healy is the Clinical Director of the May Counseling Center in Walpole and the Assistant Clinical Director of the May Behavioral Health Clinic in West Roxbury. Dr. Healy is a clinical supervisor and the coordinator of the Boston Behavioral Health practicum training program. He is a licensed psychologist and received his doctorate from Suffolk University in Boston, MA. Dr. Healy began at the May Institute as a pre-doctoral intern and subsequently completed his post-doctoral fellowship at the May. He then stayed on as a staff clinician. He has taught various psychology courses at Suffolk University, Emerson College, and Curry College. Dr. Healy currently works with a wide range of clients (children, adolescents, adults) and has a particular interest in working with adolescent males. His research interests are in conflict resolution which he incorporates into his clinical work.

James Luiselli, Ed.D., ABPP, BCBA

Dr. Luiselli is a seminar instructor and research supervisor. He is Senior Vice President of Applied Research, Clinical Training and Peer Review and Director of Training of the Pre-doctoral Internship Program. Dr. Luiselli received his Ed.D. from Boston University in 1979. Dr. Luiselli is a licensed psychologist, a Diplomate of the American Board of Professional Psychology, and a board certified behavior analyst. In 1996, Dr. Luiselli was named by the Association for the Advancement of Behavior Therapy as one of the 50 most influential behavioral psychologists, based on literature contributions and citations of his work. He holds several editorial board appointments including *Education and Treatment of Children*, *Behavior Modification*, *Behavioral Interventions*, among others. His research and clinical interests include applied behavioral interventions, antecedent intervention, developmental disabilities, and forensics. His books include: *Behavioral Medicine and Developmental Disabilities* (1989), *Self-Injurious Behavior: Analysis, Assessment and Treatment* (1992), *Antecedent Control: Innovative Approaches to Behavior Support* (1998), *Behavior Psychology in the Schools* (2002), and *Antecedent Interventions: Recent Developments in Community Focused Behavior Support* (2006).

Dipti Mudgal, Ph.D., BCBA

Dr. Mudgal is a clinical supervisor at the May Center for Education and Neurorehabilitation in Brockton, MA. She received her doctoral degree in school psychology from The University of Southern Mississippi and completed a post-doctoral fellowship in behavioral psychology at Johns Hopkins University School of Medicine. She is a licensed psychologist and board certified behavior analyst. Her current research interests include behavioral interventions for decreasing maladaptive behaviors and skills based intervention for emerging and new skills.

Gary Pace, Ph.D., BCBA

Dr. Pace is a seminar instructor and clinical supervisor. He is the Senior Vice President for Neurorehabilitation Services. He received his Ph.D. from the University of Kentucky and completed a post-doctoral fellowship at Johns Hopkins University School of Medicine. He is a licensed psychologist and board certified behavior analyst. He currently serves as the clinical director at the May Center for Education and Neurorehabilitation and teaches in the Masters in Applied Behavior Analysis program at Northeastern University. His current research interests include the application of behavioral interventions and learning strategies for individuals with acquired brain injuries, antecedent interventions, and severe behavior problems. Dr. Pace currently serves on the editorial boards of *Behavioral Interventions* and *Journal of Applied Behavior Analysis*.

Nina Pinnock, Ph.D., BCBA

Dr. Pinnock is Director of Community Consultation at the Fernandes Center for Children and Families, Fall River, MA. She has worked in schools in London, England, in Rhode Island and Massachusetts as a teacher and school psychologist. She obtained her Ph.D. from the University of Rhode Island. Dr. Pinnock completed an internship at the Kansas Psychology Consortium, Lawrence and Kansas City, KS. She completed a two-year postdoctoral fellowship in pediatric psychology at Children's Hospital, Columbus, Ohio, specializing in autism, mental retardation, and developmental delay. Dr. Pinnock is a board certified behavior analyst (BCBA). At the Fernandes Center, Dr. Pinnock is an integral member of the evaluation and diagnostic team for the autism clinic. Her work also includes home and classroom consultation, psychological evaluations, functional behavior assessments, and behavioral programming in schools, as well as supporting children and families in behavior, educational programming, and rehabilitative services. Dr. Pinnock has presented on autism and behavioral interventions at APA conventions, professional conferences and seminars, and to parent and community groups.

Dennis Russo, Ph.D., ABPP, ABBP

Dr. Russo is Chief Clinical Officer of May Institute, seminar instructor and clinical supervisor. Dr. Russo contributes to the direction of the internship program as a member of the Internship Training Committee. Dr. Russo earned his Ph.D. in psychology from the University of California. Dr. Russo is a licensed psychologist, and is board certified in behavioral psychology (ABPP) and behavior therapy (ABBP). A recipient of the Lee Salk Distinguished Service Award from the Division of Pediatric Psychology of the American Psychological Association, Dr. Russo holds faculty appointments at Northeastern University and Tufts University School of Medicine. He has also held appointments at Harvard Medical School, Children's Hospital in Boston, Johns Hopkins University School of Medicine, and at the John F. Kennedy Institute for Handicapped Children in Baltimore, Maryland.

Dr. Russo is a past-president of the Association for the Advancement of Behavior Therapy and the Society for Pediatric Psychology. In addition, he serves on a number of editorial boards and has published over 50 articles, books, and chapters on the psychology of catastrophic and traumatic illnesses and disabilities, pediatric psychology, developmental disabilities, behavioral medicine, rehabilitation, and autism. His books include: Behavioral Pediatrics: Research and Practice (1982), and Behavioral Medicine with the Developmentally Disabled (1988).

Lauren Solotar, Ph.D.

Dr. Solotar is May Institute's Chief Psychologist and Senior Vice President of Clinical Services. Dr. Solotar is a clinical supervisor and a seminar instructor. A licensed psychologist, Dr. Solotar received her doctorate from the University of New York at Albany, State University of New York, where she trained under Dr. David Barlow. Dr. Solotar was the recipient of the University's Award for Excellence. She completed her internship at the Albany Psychology Internship Consortium. She has held a faculty appointment at Tufts University School of Medicine. Dr. Solotar is an expert in cognitive and dialectical behavior therapies, and specializes in the treatment of eating and anxiety disorders. She has extensive experience working with children and adolescents. Her research has been published in professional journals including *Behavior Therapy* and *Journal of Consulting and Clinical Psychology*, and she has written a chapter in the *Child Behavior Therapy Casebook*.

Training Placements

Internship Training Placements Psychological Services	
Behavioral Health Services	Applied Behavioral Services
<ul style="list-style-type: none"> • May Counseling Center, Walpole • May Behavioral Health, W. Roxbury (Boston) 	<ul style="list-style-type: none"> • May Center for Child Development • May Center for Education and Neurorehabilitation
National Autism Center	Pediatric Health Services
<ul style="list-style-type: none"> • National Autism Center 	<ul style="list-style-type: none"> • Fernandes Center for Children and Families, Fall River

The field training component of our program is structured around two placement options. This model was designed to capitalize on the diverse training opportunities at May Institute. All placement sites train interns to function independently as psychologists. Thus, interns are trained in the same clinical competencies. However, because each site may differ in service model and population, the site may have different outcome measures or requirements for meeting the competency standard.

Placement sites become available to interns after review by the Director of Training and other faculty. This review includes an assessment of the adequacy of the facilities, the presence of an appropriate clinical training population, the availability of a licensed psychologist at the site who can provide supervision and additional oversight, and other requirements.

Major and Minor Placement Option: Arranged with two sites, the major placement is where you will spend the majority of your time (60%, or three days), with the remaining time (40%, or two days) spent at your minor placement. An intern's placements are strategically selected. In the case of your major placement, you were selected because of the fit between your choice of major placement, your training goals, your experience and skills, and the program needs. Your minor placement was chosen by internship faculty after consideration of your goals and the need for interns to have a broad training experience.

Six-Month Rotation Option: Interns placed at sites within the May Center for Child Development, and the May Center for Education and Neurorehabilitation, can select the six-month rotation option. This placement choice has the intern spend six consecutive months at one center, followed by another six months at a second center. So arranged, this option allows interns to become fully integrated into the educational, clinical, administrative, training, and research operations at May Institute service centers serving children and adolescents with complex learning and behavioral profiles.

Supervision and Service Delivery: Regardless of placement option, you will have a clinical supervisor at each site and your total clinical supervision hours will reflect an aggregate of their time. In each case, your supervisor will provide you with on average, at least one hour of individual supervision per week, per site. Interns routinely find their supervisor exceeds this time when brief consults, feedback, and direct observation/feedback are included. In addition, you will receive group format supervision for at least 1 hour per week, per site, or additional individual supervision, for a total of 2 hours supervision per week.

In total, (50%) of your time will be spent providing direct service, with your weekly supervision time included in the direct service total hours.

During Supervision, you will review and discuss many topics, including, but not limited to clinical caseload, case formulation, evidence-based practices, evaluation, research, ethics, professional standards, and managing your productivity expectations. You should document your supervision sessions throughout the internship year.

FOUR TRAINING TRACKS

In 2008, the program had attained sufficient development of staff, placement opportunities, and other resources to formally declare four training tracks. Interns complete training at two sites (Major and Minor Placements). Often the sites are within the same track, but crossing tracks is possible for applicants with prior training and experience appropriate for any of the tracks.

Behavioral Health Services (BHS) placement sites deliver a range of outpatient, consultation, and day services across all age groups and presentations. These sites utilize clinical approaches primarily founded on the principles of behavioral and cognitive psychology. Clinical populations include adults, adolescents, children, and families with mild to moderate mental health disorders and developmental disability presentations; and adults with severe and persistent mental illness. Several placement sites have a large percentage of culturally and ethnically diverse clientele.

Applied Behavioral Services (ABS) placement sites deliver consultation and direct services, primarily for children and adolescents with severe behavior disorders associated with brain injury, autism, mental retardation, and other developmental disabilities. The primary clinical approach is based on the principles of applied behavior analysis.

Pediatric Health Services (PHS) placement site delivers outpatient, family, group, and consultation services for children with special healthcare needs and health conditions across development. Clinical approaches include behavioral, cognitive-behavioral, and applied behavior analysis in outpatient medical, clinical, and school settings. Primary diagnoses include developmental disabilities, behavior disorders, dual diagnoses (medical and psychiatric), and adjustment to chronic and complex medical conditions.

National Autism Center (NAC) placement site delivers diagnostic assessment services and family consultation and education, primarily to children and adolescents and their families, who have not been diagnosed with an autism spectrum disorder in the past. Diagnostic services are applied utilizing a process approach to autism assessment, and are based on the established gold standard of autism evaluation. Consultation to families is provided through a parent education series for newly diagnosed families and their children. Research opportunities exist through the National Standards Project.

Not all May placement sites are available each year. This is due to limited openings, the addition of post-doctoral fellows, changes in staffing, or failure to match with ideal candidates. The placement sites available for 2008-2009 are shown on the following page.

Training Placements, 2009-2010

Training Placement	Applied Behavioral Services Track (APPIC Program Code 171111)
May Center for Child Development 41 Pacella Park Drive Randolph	Interns at this placement participate in applied behavior analysis assessment and intervention with students (ages 5-22) who have autism and related developmental disabilities . Each intern maintains a clinical caseload, consults to classrooms, and contributes to research and peer review teams. Interns also work with senior clinical and educational staff on “systems” focused performance improvement projects concerned with instructional programming, curriculum development, behavior support, and staff training.
May Center for Education and Neurorehabilitation 596 Summer Street Brockton	Interns in this placement provide applied behavioral services to individuals who have experienced brain injury as a result of trauma or illness, and are currently served in a private school, and/or community-based residential program. Interns conduct assessments of severe behavioral challenges, develop individual treatment plans, and provide behavioral consultation to support staff working with severely challenged clients. In addition, this placement provides opportunities for interns to participate in IEP and curriculum development and ongoing research activities.
Training Placement	Behavioral Health Services Track (APPIC Program Code 171112)
May Behavioral Health 2020R Centre Street West Roxbury	Interns receive training and experience in outpatient clinical services with a culturally, ethnically, and socioeconomically diverse population. The population also includes exposure to severe and persistent mental illness and complex "dual diagnosis" cases. Interns learn general outpatient skills, with direct opportunity for individual and group treatment with children, adolescents, and adults..
May Counseling Center 95 West St., Walpole	This placement provides training and experience in the provision of outpatient psychological services to children, adolescents, and adults. These services include individual, family, and group therapy as well as consultation and psychological testing to community agencies. The populations include individuals with psychiatric and behavioral disorders, and a variety of other mental health problems including anxiety and stress-related problems, depression, and eating disorders.
Training Placement	Pediatric Health Services Track (APPIC Program Code 171113)
Fernandes Center for Children and Families, Saint Anne's Hospital 222 Milliken Blvd. Fall River	This placement is situated in a community-based outpatient hospital program focusing on pediatric and child psychological services . Duties may include: participation on an interdisciplinary, clinical team; outpatient behavioral treatment of a variety of child disorders (e.g., anxiety, depression, behavior disorders, developmental disabilities), and the psychosocial aspects of medical disorders (e.g., medical adherence, living with chronic illness, school adjustment); group-based treatments and consultation.
Training Placement	National Autism Center Track (APPIC Program Code 171114)
National Autism Center 41 Pacella Park Drive Randolph	Interns in this placement provide comprehensive neurodevelopmental evaluations to children and adolescents suspected of an autism spectrum disorder . Interns will have opportunities to administer, score, and provide written and verbal feedback to families of children ages 18 months to 21 years. Interns will receive comprehensive training in the administration of the Autism Diagnostic Observation Schedule, cognitive measures such as the Stanford Binet and Mullen Scales of Early Learning, and other specialized testing such as the NEPSY. Interns also have the chance to co-lead our Parent Education Series, “Pathways.” Participation in research activities (i.e. the National Standards Project) is also a possibility.

3

Training Goals and Objectives

Competency-Based Training

Research and experience shows that training is more likely to result in skill acquisition and use when it is focused on specific competencies. The more specific the training program is, the more likely that its goals will be attained.

The Internship Training Program in Clinical Psychology is focused on helping you attain competency in six specific domains: Clinical Assessment, Intervention, Clinical Research and its Practical Application, Diversity, Professional Skills and Ethics, and Supervision and Management (at the introductory level).

Competencies and Training Outcomes

- A competency is a complex skill—it is a skill comprised of multiple sub-skills.
- Membership in a profession is established when a person has the competencies of other professionals.
- The internship is designed to develop the competencies of the entry-level clinical psychologist.
- We set specific performance outcomes that help you on the path to attaining competence.

Training Goal

MayInstitute

Proficiency in Clinical Intervention

A psychologist is proficient in planning and implementing empirically supported interventions...

Outcome

The intern designed six treatment plans incorporating strategies supported in the research literature.

Outcome

When asked by a supervisor, the intern could explain the relevant research which supports the interventions.

Outcome

During Intern Case Seminar present the intern demonstrated th

In order to achieve these outcomes, we have organized a very specific set of training objectives and behavioral outcomes for each. You and your supervisor will both have the task of helping you attain these outcomes. You'll have plenty of opportunity to do so, since the training program is designed around helping you gain experience, receive supervision and instruction, and then demonstrate each competency.

Goal 1: Proficiency in Clinical Assessment

A psychologist is proficient in the most appropriate and valuable assessment strategies for the individual being served and the clinical situation being addressed.

OUTCOMES

There are five outcomes expected. These are fully listed in the appendix, "Training Goals and Competencies." Essentially, you will be asked to conduct clinical interviews, derive an accurate diagnosis, write reports and develop a comprehensive formulation. This work will be continuously evaluated by your supervisor, who will provide feedback and training around each case.

Your proficiency in clinical assessment is trained and evaluated during clinical supervision. As you present new cases, or present a new focus of interventions, your supervisor will inquire about your case formulation – your understanding of diagnosis and the influence of variables such as behavioral environment, medical factors and culture/ethnicity. Your formulation is the basis for evaluation of your assessment skills.

Goal 2: Proficiency in Clinical Intervention

A psychologist is proficient in planning and implementing empirically supported interventions appropriate for the individual being served and the setting where services are provided.

OUTCOMES

There are seven outcomes expected (eight for the Applied Behavioral Services track). These are fully listed in the appendix, "Training Goals and Competencies." Essentially, you will be asked to develop appropriate intervention strategies which can be referenced to the empirical literature. You should be able to cite that research base when asked by a supervisor (or a client). You should be able to recommend appropriate additional consultations

such as psychopharmacology evaluation, medical evaluation, psychological testing, and other services. Your supervisor will review your work and provide feedback and guidance during the implementation.

At the intern level, proficiency in clinical intervention is typically evaluated during clinical supervision when you present your recommended intervention. Your recommendation should be based on two empirical sources: 1) the research literature relative to the presentation and formulation, and 2) your direct observation of unique and specific features of the case. During these times, your ongoing performance is the means by which your intervention proficiency will be evaluated.

Goal 3: Proficiency in Clinical Research and Practical Application

A psychologist is proficient in the application of research knowledge and analytic skills to clinical services and clinical service delivery systems.

OUTCOMES

In order to gain experience and training in this competency domain, you will be asked to complete two research projects during the program year. One will be a well-conceived and executed clinical case study suitable for presentation at a conference or publication. Dr. Luiselli, the instructor of the Research Seminar series, will guide you in the process. Typically, this is a single-case research design.

Second, you will complete a program evaluation project where you objectively assess some aspect of a service delivery program where you work and present your findings in a report with recommendations and solutions. In the past, interns have designed patient satisfaction surveys, they have evaluated intervention programs, and they have drafted recommendations for improving clinical standards and systems. This project allows you to apply analytic skills toward specific outcomes that practicing psychologists must achieve every day. Again, Dr. Luiselli will provide mentoring and guidance throughout the project.

The four outcomes associated with this competency are described more fully in the appendix, "Training Goals and Competencies."

Goal 4: Proficiency in Clinical Issues of Diversity

A psychologist is sensitive to the influence of culture, ethnicity, and other individual differences (such as gender, age, education, economics, etc.) in clinical service delivery and is proficient at incorporating knowledge of diversity into her/his practice.

OUTCOMES

There are five outcomes in this competency domain, fully described in the appendix, "Training Goals and Competencies."

Essentially, you will be asked to identify aspects of diversity in your caseload and adjust your clinical approach and style on the basis of your findings. You will be asked to increase your awareness of your own diversity, and use this information as you develop formulations and clinical strategies.

Goal 5: Proficiency in Professional Skills and Ethics

A psychologist is proficient in the knowledge and application of the principles in the ethical practice of psychology. A psychologist is professional in conduct and demeanor while functioning as a psychologist. A psychologist is aware of standard paths to professional licensure and board certification.

OUTCOMES

The outcomes associated with this competency are described more fully in the appendix, "Training Goals and Competencies."

Essentially, you will be expected to adhere to the APA Ethical Principles of Psychologists and Code of Conduct in all of your work as an intern. You will be expected to conduct yourself professionally in all of your interactions with peers, supervisors, and colleagues. During the Ethics Seminar, you will be guided through the process of licensure and exam preparation and you will be introduced to the process of Board Certification.

Goal 6: Introduction to Supervision and Management

A psychologist understands the standards for clinical supervision, ethical issues inherent in supervision, and basic principles of effective supervision and management.

Because future roles of psychologists in clinical service delivery will likely include managerial or supervisory positions, we begin the process of orientation to these roles with an overview of standards and strategies for effective clinical

supervision and clinical management.

The four outcomes associated with this competency are described more fully in the appendix, "Training Goals and Competencies."

Evaluation

Evaluation is a continuous process. First, your supervisors and other program faculty meet regularly to discuss progress of all interns and coordinate training goals and strategies between supervisors and faculty. Second, during supervision you are continuously receiving feedback about your work and development from your supervisor.

More formal evaluation takes place at least twice per year in the form of a written report from your supervisors and other program faculty. The time for the first formal evaluation is the Month of February, allowing sufficient time for refocus and improvement, if that is needed. Each training outcome is rated either "not applicable" (it may not have been started at the time of the mid-year rating) or 1-5 with a five being "Fully Competent". Ratings of 1-3 are considered "In Development." During the mid year rating, most items are rated "three" or "two" since being "in development" is to be expected. Any rating below "two" should be considered serious since it suggests that sufficient progress is not being made at this time.

Additional, formal feedback may be provided if you are having difficulty completing a competency outcome. We are committed to providing feedback that will help you achieve the training outcomes you are looking for. Feedback is not a punitive process; it is about your development. We are fully invested in helping you achieve all of the competencies we have identified and will provide you with any additional resources (supplemental supervision, readings, tutoring, review meetings, etc.) if needed.

In general, if an intern is having difficulty completing aspects of the program, the Director of Training will notify the intern in writing and then meet with the intern to discuss these difficulties and develop a plan for improvement. The intern's supervisors and other program faculty may be a part of this meeting. At the discretion of the Director of Training, an intern's graduate program may also be notified of performance difficulty.

However, if performance improvement does not occur by a reasonable amount of time, then the intern may be dismissed from the program with a status of "Internship Not Completed." Your rights in this process are fully described in the section "Due Process and Grievance."

Program Completion Requirements

The program is considered a 45 hour per week placement. On average, interns report working in the range of 45-55 hours per week. During the beginning of the internship year, interns spend time becoming familiar with travel to major and minor placements. Thus, with travel time, some interns report working 50-60 hours during their first few months. Once interns become familiar with efficient travel routes to their placements and consultation areas, interns report their weekly average stabilizes at 45-55 hours per week.

Normally, the entire internship is completed in 12 months. In some cases, this is extended, but only upon prior approval by the Director of Training, program faculty, and the intern's graduate program. In all cases, the internship will be completed within 24 months.

Interns exit the program upon completion of at least 2000 hours of training, which includes 1000 hours of direct service, 4 hours per week of supervision (2 of which are individual supervision), satisfactory completion of two research projects (which may include presentation of their project to faculty), and a rating of "fully competent" (either 4 or 5 on the five-point scale) on all intern competencies by their supervisors and/or instructors.

For clarification, direct service is any clinical service and activities involved with the delivery of direct service other than routine paperwork. This includes face-to-face clinical encounters, crisis consultation by phone, observation sessions, assessment protocols, special report writing, phone contact with other clinicians working on the case, phone contacts with other parties (e.g., follow-up with parents, school departments, etc.), and case conferences and similar meetings. *Not included* are routine documentation, filing records, time spent drafting case presentation materials, internship research projects, seminars, and travel time to and from sites.

Upon completion of the training program, you will be issued a certificate of completion listing the date of completion. This document will be useful when applying for licensure, board certification, or additional certification.

Program Completion Requirements

2160 hours of training (45 hrs/week X 48 weeks), which includes:

1. At least 1000 hours of direct service
2. 4 hours per week of supervision (2 of which are individual supervision)
3. Satisfactory completion of two research projects (one clinical case study, one program evaluation)
4. Rated as "Fully Competent" by supervisors and faculty on all training outcome (Competencies).
5. Completion of the above requirements within 24 months of start date.

4

Program Policies and Procedures

Policies and Procedures

The program adheres to all May Institute Policies and Procedures. A complete copy of the most recent May Policies and Procedures Manual will be given to you during orientation. Certain specific policies will be verbally reviewed then as well. In addition, the internship program has designed procedures to address issues specific to this program.

PRODUCTIVITY REQUIREMENTS

Interns at “fee for service” placement sites are given productivity expectations such as the number of clients seen weekly for individual therapy, the quantity of hours providing school consultation, and the frequency of evaluations completed each month. Each placement site has written productivity targets that will be adjusted to your training program, reviewed regularly, and revised as warranted. The topic of productivity is a responsibility of your primary supervisor, who will ensure that you achieve expectations successfully.

EARNED LEAVE USE POLICIES

The internship program earned leave use policies differ from May Institute policy in certain aspects. Unlike regular employees, interns receive a single allotment of 20 “earned leave” days after their first month of employment.

Interns may use earned leave days after approval by their clinical supervisor at the placement site or sites which will be affected by the leave. For example, an intern will be taking Monday off for personal business, but return on Tuesday. The leave only need be approved by the supervisor of the intern’s Monday placement site. A request to use earned leave must be submitted in writing to the supervisor(s) at least two weeks prior to use. Of course, in the

event of urgent leave needs, the intern would make a direct request to the supervisor(s) and receive instruction for how to proceed. This is consistent with May policy.

Because interns provide clinical services, there are certain restrictions on when earned leave time may be used and for how long. Interns may not take more than 1 week of earned leave at a time. Interns may be denied leave by a supervisor if the supervisor believes taking leave for a requested time period or for a requested duration would jeopardize clinical services or patient well-being. This policy is based on the Ethical Practices and Standards of Psychologists; all May psychologists consider clinical needs before planning earned leave time.

Similarly, interns may not take earned leave time during the last two weeks of the internship program. This is because the final two weeks are a clinically critical time in the closing and transfer of cases.

SICK CALLS

If an intern cannot attend work due to sudden illness, the intern should notify the clinical supervisor(s) at the appropriate placement, and seminar leaders (if appropriate). In addition, the intern should notify any clinical or consultation clients. Workdays missed due to illness will be deducted from the intern's "earned leave" bank.

MILEAGE (TRAVEL) REIMBURSEMENT

Because of the nature of our training program (major and minor placements), and training in consultation and point of need service delivery models, interns should expect to travel as part of their training experience. Some automobile mileage is considered a reasonable business expense, for which an intern may request reimbursement. Other travel is considered travel to work, and would NOT be covered. Your supervisor will clarify any questions you have. Some general guidelines are provided below:

- When an intern travels to her/his placement site, that is considered commute to work and is not reimbursed. Similarly, when an intern leaves the placement site at the end of a work day and commutes home, the mileage is not reimbursed. Exceptions may be granted for unusually long commutes to consultation sites—speak with a supervisor.
- The first consultation site an intern arrives at, at the start of a work day, is considered the intern's work commute for the day and is not reimbursed. Similarly, the travel from the final consultation site of the day, to home, is considered a work commute and is not reimbursed. Exceptions may be granted

for unusually long commutes from consultation sites—speak with a supervisor.

- Travel from one consult site to another during the course of a day is reimbursable. Travel from one placement site to another (e.g., the intern worked in the AM at major site, PM at minor site) is NOT reimbursable
- Travel from a placement or consult site to a seminar location is reimbursable. Travel to home, from a seminar site would NOT be reimbursed as it would be considered one's commute home.
- Travel from one placement site to another for supervision, required meetings, etc. would be reimbursed.

The policies can be complicated, since there are so many specific caveats. However, they are designed to be fair to both the organization (which typically do not reimburse commute expenses) and interns (who are asked to travel as part of their position). Please see a supervisor for clarification and for guidance on completing mileage reimbursement forms.

MILEAGE AND EXPENSE REIMBURSEMENT POLICY

In accordance with May Institute policy, reimbursement for mileage, staff travel and authorized out of pocket expenses must be sent to May's Finance division within 45 days from the end of the month in which expenses occurred. May employees submit requests for reimbursement on the Expense Reimbursement Form and Travel Reimbursement Form (provided during Orientation). Requests for reimbursement received in Finance after 45 days, will be returned to sender and **will not be paid**. All May Institute employees should ensure reimbursement forms are submitted to their supervisor for approval as soon as possible to adhere to this timeframe.

CONFERENCE ATTENDANCE

It is expected that interns will attend regional and national conferences as additional training opportunities. You may participate in two (2) conferences during the internship year without counting them toward earned leave. All additional conferences fall under the earned leave policy. Your attendance at conferences should be planned with and approved by your supervisors. There is no financial reimbursement for travelling to, speaking at, or attending conferences.

VERIFICATION OF CRIMINAL AND DRIVING RECORDS

Prior to the APPIC match, criminal record (CORI) and driving record checks are conducted on intern applicants. This is in accordance to Massachusetts Law, which requires criminal record checks to be conducted of all applicants to Human Service Agencies. In addition, the May requires driving record checks with the Department of Motor Vehicles to be conducted for all employees. Interns' match to our program is contingent upon the successful completion of both CORI and driving records verification.

Due Process

Due process is simply “fair play.” In some situations, that means notice, hearing, and/or specific legal procedures. Due process is applied in serious situations where the decision of the institution may affect your standing. These situations usually fall into one (or both) of two categories: academic decisions and disciplinary decisions. Your graduate school has probably explained their due processes in academic and disciplinary situations already.

However, since May Institute is a private institution, the rules of due process for academic institutions do not apply, even for what may appear to be academic decisions (such as your evaluations, your standing in the program, etc.).

We have developed an encompassing set of procedures designed to maintain fairness throughout any due process situation. Although we do not expect to have to undertake such a serious course of action, you should be aware of these procedures, just in case.

General Performance Requirements

An intern is expected to attend all scheduled seminars or otherwise notify the seminar instructor who has sole discretion to permit or deny absence. An intern is expected to complete all seminar projects or assignments given by an instructor such as but not limited to literature reviews, case presentations, or reports, within the deadlines set by the instructor.

In addition, an intern is expected to meet all performance requirements of the program, such as maintain a clinical caseload at a productivity level set by their supervisor, deliver assigned clinical services at a level that is suitable for an intern in clinical psychology (this level is determined by the program faculty and the intern’s supervisor), and maintain appropriate clinical records.

If an intern fails to meet these standards, the program may notify the intern either verbally or in writing that the intern is not meeting a performance expectation of the program. This notification will be made by the Director of Training of the program after discussion with the relevant faculty member(s). The intern may then be assigned a date to meet with the Director of Training to discuss the deficient performance and develop a performance improvement plan which includes a deadline for improvement. The intern’s graduate program may be notified of this status.

If the intern fails to improve in the indicated areas by the deadline date, then the intern may be dismissed from the program.

When an intern receives notification of deficient performance, she or he will be offered an opportunity to respond or defend. If at any time the intern wishes to dispute the facts of deficient performance, the intern should use the Grievance Process, outlined on page 28.

Ethical and Professional Performance Requirements

Interns are required to adhere to all of the policies and procedures of May Institute. Interns will be provided with access to May Institute's Policies and Procedures Manual. Any violation of a May Institute Policy may be grounds for disciplinary action.

Interns are also required to adhere to the Ethical Standards and Principles of Psychologists, as developed and amended by the American Psychological Association. Interns will be given a copy of these ethical standards. Any violation of these standards will be grounds for disciplinary action.

Interns found to be in violation of May Institute Policies and the Ethical Standards and Principles of Psychologists will be given verbal or written notice of the charges and associated details so they may have opportunity to respond and defend. The intern will then meet with the Director of Training for formal hearing and discussion of the charges. The intern's supervisor or relevant faculty member(s) may also attend. In certain cases, at the discretion of May Institute, an intern's clinical privileges may be temporarily suspended until the intern has time to organize a response to the charges.

In both cases, disciplinary action may consist of any or all of the following: 1) retraining or re-instruction in appropriate procedure, protocol, or action, 2) formal censure and reprimand, 3) suspension without pay, 4) dismissal from the program, 5) formal complaint to the appropriate committee(s) of the American Psychological Association. In any case, it is the discretion of May Institute to notify the intern's graduate program of the details of the infraction and the response taken by May Institute.

Academic Rules

1. Attend all scheduled seminars; excessive absences are not permitted.
2. Seminar absences must be arranged with the seminar instructor.
3. Complete all seminar projects or assignments to standard, as rated by the seminar instructor.
4. If an intern fails to meet the above standards, the Director of Training will meet with the intern to develop a performance improvement plan that states a deadline for improvement.
5. If improvement is not achieved by the deadline, then the intern may be dismissed.
6. The program may notify an intern's graduate program of the intern's status in training at any time.
7. Maintain a clinical caseload, adequate productivity, adequate service delivery standards, and records. These standards will be conveyed by your supervisors.

Grievance Procedure

If you believe that your performance or ethical conduct has been judged unfairly (including disputing a performance rating by a member of the internship faculty), then you have a right to make a formal complaint. The procedure described below permits formal consideration of your concerns.

Although you are free to use the grievance procedure any time you feel you need to, you are encouraged to first attempt to resolve the issue directly with the individual(s) of concern. Our experience has been that the majority of day-to-day concerns and issues are quickly resolved by frank discussion between the parties involved. If you feel uncomfortable doing so, you should speak with the Director of Training for assistance, or with your supervisor.

If you continue to believe that you have been treated unfairly, you are encouraged to follow the formal procedures outlined below. In all cases, your grievances will be considered openly and you will be dealt with fairly. If your grievance is supported, the Internship Training Committee will advocate for program or corporate policy changes to remedy the situation for future interns. The act of making a grievance will not in itself jeopardize your training status with May Institute.

STEP 1

Report the grievance in writing to your supervisor.

Report the grievance in writing, to your supervisor as soon as possible.

Your supervisor will respond back to you in writing within ten (10) workdays of receiving the written grievance. (If the grievance involves the major supervisor, you may skip to Step 2.)

STEP 2

Report the grievance in writing to the Director of Training.

If a resolution is not reached in Step 1, you should report the grievance in writing to the Director of Training. If requested by either party, a meeting may be held as well.

The Director of Training will work to resolve the grievance as quickly as possible, and respond in writing to both you and your supervisor within fourteen (14) workdays of receiving the written grievance. (If the grievance involves the Director of Training, you may skip to Step 3.)

STEP 3

Notify May Institute Vice President of Human Resources in Writing.

If a resolution is not reached in Step 2, you should report the grievance in writing to the May Institute Vice President of Human Resources. The Vice President of Human Resources will work to resolve the grievance as quickly as possible, and respond in writing to you, your supervisor, and the Director of Training within fourteen (14) workdays of receiving the written grievance.

STEP 4

Notify the President/CEO of May Institute

If a resolution has not been reached in Step 3, you may appeal in writing to the President/CEO of May Institute. The President/CEO will work to resolve the grievance as quickly as possible and will respond in writing to you, your supervisor, and the Director of Training within fourteen (14) workdays of receiving the grievance. This decision is considered final and binding.

5

Your Role in Program Evaluation

Continuous Improvement

We could not create and manage a high quality program without help from interns. As much as you receive service from the program, you contribute service as well. One way in which you contribute is by giving feedback. Throughout the program year, we will ask for your feedback on the organization and quality of the program. Sometimes this will be during intern meetings—group meetings held between interns and the Director of Training roughly every 4-6 weeks throughout the program year.

Sometimes we will request written feedback, such as ratings about seminars. Sometimes it will be written feedback about the program overall and about your supervisors, which we may ask to share with your supervisors.

In all cases, please be assured that we want your honest feedback and we truly believe that your evaluation is the key to our continuous improvement.

We would also like to encourage you to provide unsolicited feedback, verbal or written, and most importantly suggestions for how we might improve aspects of our program. In fact, the present form of this program is the result of numerous recommendations made by our interns. We look forward to your suggestions.

Seminar Evaluations

Following the final meeting of each seminar series (see the next chapter for more details), you will be asked to complete a seminar evaluation. This evaluation should be given directly to the program coordinator. The seminar instructor may provide you with a blank evaluation form; but if she or he does not, you should still complete an evaluation form (see Seminar Evaluation Form in Appendices, Section A).

These forms are then reviewed by the seminar instructor as part of her or his quality improvement. In fact, many instructors have improved their teaching strategies and content on the basis of feedback from interns.

The program coordinator will collate the evaluation data and forward it to the seminar instructor and Director of Training, who will follow-up where needed, and will utilize the data as part of our outcomes monitoring and quality indicators.

Both the APA and APPIC require internal quality improvement practices. So, while it also makes good sense, being thorough helps us meet this important regulatory standard. Please help out by completing the evaluation forms in a timely manner.

Program Evaluations

You will be asked to evaluate the internship program in general (including your satisfaction with minor and major placement supervision) at least twice per year. The first evaluation will coincide with your supervisor's evaluation of you. It occurs during the month of February. You will be notified to provide your evaluation by the program coordinator. You should return completed forms to the program coordinator. The Director of Training will review your Program Evaluations, and possibly meet with you to review your ratings. After supervisors have completed their evaluations of your progress, the Director of Training will share your ratings with your supervisors and possibly other faculty.

The program evaluation data are collated by the program coordinator and reviewed with the Director of Training. The Director of Training may contact you for more information, which will be used to give feedback to supervisors and faculty about program direction and improvement areas. A composite evaluation will be created where all intern ratings are pooled. We use this as an overall evaluation of the internship program and supervisors mid year.

At the end of the year, before you leave the program, the program coordinator will again supply you with rating forms. These ratings will be shared with your supervisors. We believe that it is important for an intern to gain experience providing fair and honest performance feedback. This rating is an opportunity to gain that experience.

If an intern has any concerns about revealing internship program and supervisor ratings at the end of the year, please speak with the Director of Training. Copies of the program evaluation form are located at the end of this handbook, Appendix section.

End of Year Program Evaluation

Toward the end of your training year, you will meet individually with the Director of Training to secure your feedback about our performance this year. Specifically, the two of you will review your program evaluation ratings, your open-ended feedback about the seminar series and the program in general. You may be asked to complete an overall program evaluation prior to the meeting, and this will be reviewed as well. Copies of this evaluation tool are located at the end of this handbook, Appendix section.

These ratings are also saved as part of our year-to-year comparisons and quality improvement system.

Final Note

In all, we have devised this system of continuous feedback to more clearly involve our interns in the governance of this program. Feedback is solicited often and through a variety of channels, so that interns have a role in solving program inadequacies promptly, and certainly have a role in long-term planning and improvement throughout the training year.

6

Internship Seminar Series

Internship Seminar Series

Seminars are an opportunity for interns to increase depth of knowledge in areas directly related to their clinical work. There is a year-long seminar series that addresses the application of evidence-based methods to clinical and systems problems, issues of professional and career development, and critical topics related to assessment, treatment, and research. In addition to didactic training, seminars enable interns to receive guidance and advice from practicing psychologists, peers, and recognized experts within and outside May Institute.

2009-2010 Seminar Series

For 2009-2010, the internship seminar series combines a professional development specialty track, an applied and clinical research specialty track, and the May Institute Continuing Education (CE) Program. Areas of concentration include assessment, supervision, professional development, diversity in clinical practice, ethics and professional standards, developmental disabilities, child, adolescent, and adult psychiatry, and neuropsychology. There are 2-3 seminars (1.5-2 hours long) scheduled each month and attendance by interns is mandatory. A detailed seminar schedule is distributed during the first week of the training year.

Interns also participate in two (2) peer supervision seminars each month. These seminars (1.5 hours long) give you the opportunity to share clinical experiences, present cases, advise about areas of expertise, and learn more about the activities of your peers. One member of the internship faculty "sits in" on the peer supervision seminars according to a rotating schedule. This arrangement allows interns to interact regularly with the entire faculty throughout the internship year.

Research Projects

As a requirement of the internship program, interns are required to complete two research projects. One project is a clinical case study, using single-subject design and methodology. The case is written in a format suitable for submission to a professional journal, and is presented before faculty and peers. This activity is considered a major training outcome of the program. By completing this project, interns receive guidance, mentoring, and training on the embodiment of the scientist-practitioner model. Our definition of the model holds that scientist-practitioner psychologists routinely approach the clinical situation using empirically derived strategies such as objective data collection, measurement of progress, measurement of outcome, and they present their findings to peers and colleagues, either in oral or written form.

We find that interns who engage in the preparation of a clinical research project improve in their clinical skills since they must approach their caseload with the careful and thoughtful technique of a clinical researcher.

The second project is a program evaluation. Interns are asked to apply research and analytic skills to evaluate a program, a group intervention, or any systems aspect of their clinical settings. This second project has resulted in many valuable improvements in our programs. More importantly, interns who engage in this activity receive guidance, mentoring, and training in the application of research methodology to evaluate whole systems performance, or to solve clinical systems problems. This is an important skill for psychologists, one that is drawn upon by senior psychologists practicing in hospitals, community agencies, and large practices.

Both projects are completed as part of the Research Seminar. Both within and outside of the seminar, interns receive guidance and mentoring by Dr. James Luiselli. In addition to completing the seminar requirements, Dr. Luiselli works with interns following completion to assist them in submitting the project for publication or for acceptance at a conference. In fact, most completed projects are later presented at professional conferences, or published in professional journals, or both

Intern Exit Checklist

At the completion of the internship program, and before you begin your new professional role, here are several tasks you should complete:

- Make sure all paperwork has been completed and all cases are ready to be transferred. If you are not sure what this entails, speak with a clinical supervisor.
- Check with co-authors about various tasks regarding research projects or manuscripts in preparation (e.g., your new address, authorship issues, etc.)
- Change your address with Human Resources—they will need to know where to send your final check.
- Complete your last mileage and other expense reports and submit. Be sure to include your new address (where the check will be sent).
- Return any testing materials, books, or journals that you borrowed.
- Give a final draft of your research projects to the Program Director.
- Submit your final program evaluations (internship program evaluation, and any missing seminar evaluations) to the Program Coordinator.
- Give your next address, phone number (home and work), and e-mail address to the Program Coordinator.

A

Appendices

The documents in this section have been referenced in this handbook:

- **Internship Training Goals and Competencies**
- **Supervision Preparation Form**
- **Seminar Evaluation Form**
- **Program Evaluation Form**

Competency 1: Proficiency in Clinical Assessment

A psychologist is proficient in the most appropriate and valuable assessment strategies for the individual being served and the clinical situation being addressed.

How the Training Goal is Met and Measured		
Behavioral Health Services	Applied Behavioral Services	MEASUREMENT
1. The intern completed six clinical interviews which met supervisor's standard.	1. The intern completed three clinical interviews which met supervisor's standard.	Direct observation, review during supervision, or permanent product review.
2. The intern completed at least one structured interview which met supervisor's standard.	2. The intern completed at least two structured interviews which met supervisor's standard.	Permanent product review.
3. The intern completed three clinical evaluations that incorporated the use of a standardized assessment tool (psychological test or symptom rating scale) which were written into a report that met the supervisor's standard.	3. The intern completed three clinical evaluations which incorporated the use of functional assessment tools (indirect observation tools, behavior rating scales, etc.) which were written into a report that met the supervisor's standard.	Review during supervision, or permanent product review.
4. In each of the above outcomes, the intern diagnosed clinical conditions accurately, using the appropriate and most current DSM nosology.	4. In each of the above outcomes, the intern identified and objectively defined behaviors of concern and developed a functional hypothesis for each.	Review during supervision, or permanent product review.
5. In each of the above outcomes, the intern could also describe all relevant medical, psychological, developmental, family, and cultural factors which influence the clinical presentation.	5. In each of the above outcomes, the intern could also describe all relevant medical, psychological, developmental, family, and cultural factors which influence the clinical presentation.	Direct observation by instructor.

Competency 2: Proficiency in Clinical Intervention Design and Implementation:

A psychologist is proficient in the planning and implementation of empirically supported interventions appropriate for the individual being served and the setting where services are provided.

How the Training Goal is Met and Measured		
Behavioral Health Services	Applied Behavioral Services	MEASUREMENT
1. The intern designed and implemented six treatment plans incorporating strategies supported in the research literature, which met the supervisor's standard.	1. The intern designed and implemented six treatment plans incorporating strategies supported in the research literature, which met the supervisor's standard.	Direct observation, review during supervision, or permanent product review.
2. When asked by a supervisor, the intern could explain the relevant research which supports the interventions prescribed.	2. When asked by a supervisor, the intern could explain the relevant research which supports the interventions prescribed.	Direct observation, review during supervision, or permanent product review.
3. The intern demonstrated the ability to develop and sustain a therapeutic relationship.	3. The intern demonstrated the ability to develop and sustain a therapeutic or consultative relationship.	Direct observation, review during supervision, or permanent product review.
4. The intern designed and implemented at least one treatment plan based on cognitive-behavioral intervention strategies, which met the supervisor's standard.	4. The intern designed and implemented at least one intervention based on antecedent control strategies, which met the supervisor's standard.	Direct observation, review during supervision, or permanent product review.
5. The intern participated in treatment planning meetings and other utilization review requirements for the clinical setting.	5. The intern designed and implemented at least one intervention based on consequence control strategies, which met the supervisor's standard.	Direct observation, review during supervision, or permanent product review.
6. Where necessary, the intern identified a need for specialty consultation (psychopharmacology, medical, allied health, psychological testing, etc.) and included that recommendation in her/his treatment plan.	6. Where necessary, the intern identified a need for specialty consultation (psychopharmacology, medical, allied health, psychological testing, etc.) and included that recommendation in her/his treatment plan.	Direct observation or review during supervision.
7. During clinical case presentations to colleagues and supervisor, the intern demonstrated the ability to explain the intervention and rationale to the satisfaction of the clinical supervisor.	7. The intern demonstrated the ability to teach behavioral interventions to an implementing staff and conduct ongoing technical consultation, which met the supervisor's standard.	Direct observation or review during supervision.

Competency 3: Proficiency in Clinical Research and Practical Application:

A psychologist is proficient in the application of research knowledge and analytic skills to clinical service delivery and clinical service delivery systems.

How the Training Goal is Met and Measured		
Behavioral Health Services	Applied Behavioral Services	MEASUREMENT
1. The intern completed a single-subject case design, using a clinical case from their caseload, and described it in a written report that met the standard of the Research Instructor.	1. The intern completed a single-subject case design, using a clinical case from their caseload, and described it in a written report that met the standard of the Research Instructor.	Direct observation by instructor.
2. The intern applied research and analytic skills to evaluate a clinical services program, and described the outcome in a written report that met the standard of the Research Instructor.	2. The intern applied research and analytic skills to evaluate a clinical services program, and described the outcome in a written report that met the standard of the Research Instructor.	Direct observation and permanent product review by instructor.
3. When presenting her/his research before faculty and peers, the intern could explain the nature of the project, methods, and outcomes to the satisfaction of the Research Instructor.	3. When presenting her/his research before faculty and peers, the intern could explain the nature of the project, methods, and outcomes to the satisfaction of the Research Instructor.	Direct observation and permanent product review by instructor.
4. While conducting research, the intern adhered to all ethical standards as outlined in the APA “Ethical Principles of Psychologists and Code of Conduct.”	4. While conducting research, the intern adhered to all ethical standards as outlined in the APA “Ethical Principles of Psychologists and Code of Conduct.”	Direct observation by instructor.

Competency 4: Proficiency in Clinical Services to Diverse Groups/Sensitivity to Diversity in Clinical Practice:

A psychologist is sensitive to the influence of culture, ethnicity, and other individual differences (such as gender, age, education, economics, etc.) in clinical service delivery and is proficient at incorporating knowledge of diversity into her/his practice.

How the Training Goal is Met and Measured		
Behavioral Health Services	Applied Behavioral Services	MEASUREMENT
1. During clinical supervision, the intern could identify aspects of cultural and ethnic diversity, and individual differences in current cases and used that information to alter clinical approach, interactions, and treatment, as necessary.	1. During clinical supervision, the intern could identify aspects of cultural and ethnic diversity, and individual differences in current cases and used that information to alter clinical approach, interactions, and treatment, as necessary.	Direct observation and permanent product review by instructor.
2. The intern incorporated knowledge of cultural and ethnic diversity, and individual differences within her/his caseload when developing case conceptualizations and intervention design and implementation.	2. The intern incorporated knowledge of cultural and ethnic diversity, and individual differences within her/his caseload when developing case conceptualizations and intervention design and implementation.	Direct observation by supervisor.

Competency 5: Proficiency in Professional Ethics and Development.

A psychologist is proficient in the knowledge and application of the ethical practice of professional psychology. A psychologist is professional in conduct and demeanor while functioning as a psychologist. A psychologist is aware of standard paths to professional licensure and board certification.

How the Training Goal is Met and Measured		
Behavioral Health Services	Applied Behavioral Services	MEASUREMENT
1. While providing psychological services, the intern adhered to all ethical standards as outlined in the APA “Ethical Principles of Psychologists and Code of Conduct.”	1. While providing psychological services, the intern adhered to all ethical standards as outlined in the APA “Ethical Principles of Psychologists and Code of Conduct.”	Direct observation throughout the internship period and review during supervision.
2. While conducting research, the intern adhered to all ethical standards as outlined in the APA “Ethical Principles of Psychologists and Code of Conduct.”	2. While conducting research, the intern adhered to all ethical standards as outlined in the APA “Ethical Principles of Psychologists and Code of Conduct.”	Direct observation throughout the internship period and review during supervision.
3. During all activities while in the role of psychology intern, the intern conducted her/himself professionally, and in a manner that reflects positively upon the profession of psychology.	3. During all activities while in the role of psychology intern, the intern conducted her/himself professionally, and in a manner that reflects positively upon the profession of psychology.	Direct observation throughout the internship period and review during supervision.
4. The intern demonstrated an understanding of the process of licensure application and exam preparation which met the standard set by the Ethics Instructor.	4. The intern demonstrated an understanding of the process of licensure application and exam preparation which met the standard set by the Ethics Instructor.	Direct observation by instructor.
5. The intern demonstrated an understanding of the process of professional board certification and its value to their professional goals which met the standard set by the Ethics Instructor.	5. The intern demonstrated an understanding of the process of professional board certification and its value to their professional goals which met the standard set by the Ethics Instructor.	Direct observation by instructor.

Competency 6: Introduction to Supervision and Management of Psychological Services.

A psychologist understands the standards for clinical supervision, ethical issues inherent in supervision, and basic principles of effective supervision and management.

How the Training Goal is Met and Measured		
Behavioral Health Services	Applied Behavioral Services	MEASUREMENT
1. The intern demonstrated understanding of the standards of clinical supervision, which met the standard of the Ethics Instructor.	1. The intern demonstrated understanding of the standards of clinical supervision, which met the standard of the Ethics Instructor.	Direct observation by instructor.
2. The intern demonstrated understanding of the various ethical considerations of clinical supervision, which met the standard of the Ethics Instructor.	2. The intern demonstrated understanding of the various ethical considerations of clinical supervision, which met the standard of the Ethics Instructor.	Direct observation by instructor.
3. The intern completed a workshop which reviewed psychological principles of effective supervision and management.	3. The intern completed a workshop which reviewed psychological principles of effective supervision and management.	Direct observation by instructor.

Seminar Evaluation

Seminar:	Instructor:
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Rating Scale	4 Strongly Agree	3 Somewhat Agree	2 Somewhat Disagree	1 Strongly Disagree
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Criteria	Rating	Criteria	Rating
The objectives of the seminar were clearly stated at the outset.		I learned something new at this seminar.	
The content of the course was related to the objectives		The instructor has a clear understanding of the material.	
The content was well organized.		The instructor was well prepared and organized.	
The content was understandable.		The instructor responded to questions professionally.	
The content fit the time available.		The instructor was easy to follow.	
The teaching methods were effective.		The instructor maintained my interest throughout.	
The teaching materials were helpful.		The facilities were conducive to my learning.	
The teaching materials were clean and readable.		The seminar met my objectives.	
The topic was applicable to my needs.		Overall, I found the seminar a valuable experience.	

Comments:

Intern: _____

Program Evaluation

Thank you for your participation this year. Your feedback about our program is very valuable to us. Please take some time to answer the questions below. If you would like to make additional comments, please feel free to attach them, as well.

Please return this form to the Coordinator of Clinical Training by [list date here]

Name	Program Year
Major Placement	Supervisor(s)
Minor Placement	Supervisor(s)
Additional Placement	Supervisor(s)

1. I am satisfied with the quality of the training I have been receiving.

Rating	1 Strongly Disagree	2	3	4	5 Strongly Agree
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Comments: _____

2. I am learning what I was hoping to learn at this program.

Rating	1 Strongly Disagree	2	3	4	5 Strongly Agree
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Comments: _____

3. I am being fairly treated by the May Institute.

Rating	1 Strongly Disagree	2	3	4	5 Strongly Agree
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Comments: _____

4. I am finding the experience challenging.

Rating	1 Strongly Disagree	2	3	4	5 Strongly Agree
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Comments: _____

5. My field training is helping me develop clinical knowledge and experience.

Rating	1 Strongly Disagree	2	3	4	5 Strongly Agree
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Comments: _____

6. My training is helping me to function more independently as a clinician.

Rating	1 Strongly Disagree	2	3	4	5 Strongly Agree
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Comments: _____

7. The seminar series has provided me with valuable information.

Rating	1 Strongly Disagree	2	3	4	5 Strongly Agree
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Comments: _____

8. I am meeting my goals for training and development.

Rating	1 Strongly Disagree	2	3	4	5 Strongly Agree
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Comments: _____

9. I would recommend this placement to others seeking training.

Rating	1 Strongly Disagree	2	3	4	5 Strongly Agree
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Comments: _____

10. I am satisfied with the quality of the supervision at my MAJOR placement.

Rating	1 Strongly Disagree	2	3	4	5 Strongly Agree
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Comments: _____

11. I am satisfied with the quality of the supervision at my MINOR placement.

Rating	1 Strongly Disagree	2	3	4	5 Strongly Agree
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Comments: _____

12. I am satisfied with the amount of time available for supervision at my MAJOR placement.

Rating	1 Strongly Disagree	2	3	4	5 Strongly Agree
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Comments: _____

13. I am satisfied with the amount of time available for supervision at my MINOR placement.

Rating	1 Strongly Disagree	2	3	4	5 Strongly Agree
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Comments: _____

14. My supervisors are helping me sort through the clinical challenges I am facing.

Rating	1 Strongly Disagree	2	3	4	5 Strongly Agree
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Comments: _____

15. My supervisors are helping me achieve my training goals.

Rating	1 Strongly Disagree	2	3	4	5 Strongly Agree
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Comments: _____

16. Additional comments or ideas:

Comments: _____

Intern: _____

Date: _____