



PSYCHOLOGY INTERNSHIP PROGRAM HANDBOOK

UNIVERSITY NEUROPSYCHIATRIC INSTITUTE

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Letters to Applicants

Dear Internship Applicant,

Thank you for your interest in our psychology internship training program. The University Neuropsychiatric Institute (UNI) is a multidisciplinary facility that offers a complete range of programs and services for the diagnosis and treatment of child, adolescent and adult psychiatric populations. Our hospital excels in its commitment to psychology's growth as a discipline, and its commitment to training. Our doctoral level psychology internship program has been accredited by the American Psychological Association since 2003*.

The University Neuropsychiatric Institute is a teaching hospital owned by the University of Utah and operates as part of the University of Utah Health Sciences Center. Interns at UNI are offered a wide scope of training opportunities which represent a blend of state-of-the-art interventions and assessment techniques. Staff expertise encompasses comprehensive psychological evaluations, family/marital therapy, group therapy, and individual psychotherapy. Our interns each participate in three of four possible training rotations: Adult Inpatient, Adolescent-Focused Inpatient, Child-Focused Inpatient and Day Treatment Youth. The overall program goal is to prepare interns for professional practice in a variety of settings.

Our staff at UNI is committed to the highest quality of internship training. We endeavor to provide our interns with an excellent experience that is both scholarly and collegial. One to one supervision, group supervision, and didactic training seminars are core aspects of our training program. Interns are also encouraged to attend the Grand Rounds series as well as other training opportunities provided in the Department of Psychiatry.

I strongly hope that you will consider our internship program and look forward to receiving your application.

Sincerely yours,

Sandra Whitehouse, Ph.D.
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750 First Street NE
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Dear Internship Applicant,

Thank you for considering the Psychology Internship Training Program at The University Neuropsychiatric Institute (UNI). Selecting an internship is an important decision for all psychology graduate students. The internship program at UNI provides a comprehensive clinical training experience with severe and diverse psychopathology in children, adolescents and adult psychiatric populations. UNI is a freestanding public, non-profit psychiatric hospital affiliated with the University Health Care Hospitals and Clinics. The UNI psychology staff consists of ten full time licensed psychologists and seven consulting psychologists, all of whom are committed to providing quality clinical care, training and supervision. Additional affiliated psychologists from UNI and the community are also on the professional staff of the University Neuropsychiatric Institute and provide didactic training opportunities.

The Psychology Internship Program at UNI is a well-developed APA accredited* training site which offers four full-time doctoral internship positions. Interns complete three full-time, four month rotations over the course of the training year. At the start of the year, interns select their preferred rotations from the four options available: adult inpatient, adolescent-focused inpatient, child-focused inpatient and youth day treatment populations. They are provided with supervised clinical experiences with psychiatric disorders across the developmental continuum. The internship program provides training in numerous treatment modalities and various assessment techniques, knowledge of the hospital practice of psychology, as well as exposure to matters of professional practice. The breadth and depth of clinical experience combined with our training seminars/activities, and quality supervision creates a unique and excellent internship training experience, with the goal of preparing interns for professional practice in a variety of settings. I appreciate your interest in our Psychology Training Program and hope that you will seriously consider continuing your professional training at The University Neuropsychiatric Institute. Minority and culturally diverse applicants are encouraged to apply.

I look forward to receiving your application. If I can provide additional information, please do not hesitate to contact me directly, preferably via email.

Sincerely,

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THE UNIVERSITY NEUROPSYCHIATRIC INSTITUTE

Mission

The University Neuropsychiatric Institute is committed to provide excellence in mental health care to the Intermountain West Community.

Vision

To provide leadership in patient care, built on a foundation of knowledge, innovation, and human values.

Values

Continuous Improvement
Innovation
Respect
Integrity

Caring
Advocacy
Communication
Collaboration

Administrators

Ross Van Vranken, LCSW, Chief Executive Officer

James Ashworth, M.D., Medical Director
Thomas Woolf, LCSW, Clinical Services Director
Sandra Whitehouse, Ph.D., Director of Psychology
CJ Powers, Ph.D., Director of Psychology Training

Accredited by the American Psychological Association Commission on Accreditation

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THE UNIVERSITY NEUROPSYCHIATRIC INSTITUTE

OVERVIEW

The University Neuropsychiatric Institute (UNI) is a 140 bed full-service psychiatric hospital providing inpatient, partial hospitalization, intensive outpatient, and outpatient services for children, adolescents and adults. UNI is set on a 10-acre site in the foothills of Research Park adjacent to the University of Utah campus. UNI, formerly known as The Western Institute of Neuropsychiatry, opened in 1986 following the development of a Clinical Management Agreement between National Medical Enterprises (NME) and the University of Utah. In March of 1994, The University of Utah formally purchased and took ownership and the name was changed to the University of Utah Neuropsychiatric Institute, now simplified to University Neuropsychiatric Institute. Since being purchased by the University of Utah, our clinical management has been provided through the Department of Psychiatry of the University of Utah College of Medicine. As a result our emphasis has been, and will continue to be, the provision of high quality clinical psychiatric services, and excellence in training and teaching.

As an integral part of the Salt Lake community and the Intermountain West, the University of Utah has committed greater resources to further strengthen our clinical services. As a result, UNI has become a regional center for excellence in mental health care and training. UNI has a number of specialty clinical programs that provide training opportunities for students in various disciplines, including Psychiatry, Pediatrics, Neurology, Psychology, Social Work, Education, Nursing, and Recreational Therapy.

UNI provides a rich treatment and educational environment and has evolved into a full "teaching hospital." The high quality staff and clinical expertise has allowed UNI to enjoy a reputation throughout the community and the Intermountain West as a leader in advanced psychiatric treatment. With 69 affiliated psychiatrists, 24 affiliated psychologists, and an additional 46 allied professionals, UNI has positioned itself as one of the regional experts capable of addressing difficult diagnostic cases, including severe psychopathology and complicated treatment issues. UNI's goal is to offer the best possible treatment provided by the highest trained staff and professionals in the Salt Lake City area.

The University Neuropsychiatric Institute addresses psychiatric disorders for a diverse population ranging from children to elderly patients. UNI has five inpatient programs, two day treatment/partial hospitalization programs, two intensive outpatient programs, specialty clinics and outpatient services. Treatment programs and clinical specializations are outlined below:

INPATIENT PROGRAMS:

Adult Intensive Treatment Unit (ITU) Program

The ITU Program is comprised of three separate units containing a total of 50 beds for acutely suicidal, homicidal and psychotic patients, detox patients, patients with co-morbid medical disorders and/or patients experiencing significant cognitive and/or neurological deficits.

Adult Inpatient Program

The Adult Inpatient Treatment Program specializes in the treatment of a broad range of general adult psychopathology, including mood and anxiety disorders, personality disorders, dissociative disorders, and post-traumatic stress disorders. This program has 14 beds but is able to flex up to 22 beds at times, depending on need and availability on the shared floor with the Recovery Inpatient Program.

Recovery Inpatient Program

The Recovery Inpatient Program is a 22 bed unit which provides intensive clinical services to adults experiencing chemical dependency and dual diagnoses. This inpatient program assists with detoxification and the withdrawal phase of chemical dependency.

Adolescent Inpatient Program

The Adolescent Inpatient Program includes two 20 bed units specializing in the treatment of severe mood disorders, suicidal youth, psychosis, anxiety disorders, eating disorders, abuse victims as well as externalizing behavior disorders.

Child Inpatient Program

The Child Inpatient Program includes two 14 bed units that specializes in the treatment of children 4 to 12 years of age who require the structure of a secure and consistent environment to treat severe mood and anxiety disorders, psychosis, abuse victims, attachment disorders and severe behavior disorders.

Each inpatient program provides a safe environment where a patient's medical, psychological, biological and social needs are assessed and appropriate interventions are implemented. Multidisciplinary treatment teams consisting of a psychiatrist, psychologist, social worker, registered nurse, expressive therapist and mental health worker complete a comprehensive diagnostic evaluation and then formulate an individual treatment plan. The plan focuses on stabilization, brief-focused treatment and aftercare. Each inpatient program provides a structured therapeutic milieu, appropriate clinical care and programmatic group therapies including recreational therapy groups, music therapy, art therapy, psychotherapy groups, coping skills and social skills groups. In addition, individual, family and marital/couples therapy are critical

components of treatment for the child, adolescent and adult inpatient populations.

DAY TREATMENT PROGRAMS:

Teenscope

Teenscope is structured day treatment program for up to 24 youths, designed to meet the mental health needs of adolescents who are experiencing significant problems including severe mood disorders, anxiety disorders, behavioral/conduct disorders, substance abuse and eating disorders.

Teenscope provides a therapeutic community where adolescents learn the importance of accepting responsibility for the consequences of their actions and the value of trusting themselves and others. The focus is on teaching life skills (e.g., coping skills and problem solving skills) that will assist the adolescent in successful reintegration into his/her family and community.

Kidstar

Kidstar is a day treatment program for up to 12 children, serving the psychiatric needs of children 5 to 12 years of age and their families. It provides a structured and nurturing milieu that addresses the emotional, behavioral and educational needs of children experiencing mood disorders, anxiety disorders, behavioral disorders and ADHD. Kidstar focuses on the child within the family or social system and attempts to address the emotional, environmental and biological factors, which impact the child's ability to function successfully.

Both Teenscope and Kidstar have clinical specialization and program milieu comparable to the youth inpatient programs. Once stabilized, many youth patients will transition from the inpatient unit into a day treatment program to continue treatment and to ensure continuity of clinical care. All day treatment patients are provided a multi-disciplinary treatment team consisting of a psychiatrist, psychologist, social worker, registered nurse, expressive therapist, mental health worker and program director. In addition to the program milieu and group therapy, patients and their families also participate in ongoing individual and family therapy. Additionally, UNI has an accredited school program within the facility. The University Academy provides all day treatment patients with educational services and educational specialists who can assist with academic and school related problems.

INTENSIVE OUTPATIENT PROGRAMS (IOP):

Recovery Works

Recovery Works is an eight-week adult chemical dependency intensive outpatient program designed to intensively treat the chemically addicted while allowing them to integrate into their home, work and community settings. Recovery Works incorporates the philosophy of Alcoholics Anonymous (AA), as well as a variety of other treatment approaches including psychotherapy groups, presentations, family groups, professional guest speakers and alumni guest speakers. Interns do not currently rotate through Recovery Works, though we do refer patients into this program following inpatient stabilization.

SPECIALTY CLINICS & OUTPATIENT SERVICES:

Child and Adolescent Specialty Clinic

The Child and Adolescent Specialty Clinic provides assessment and treatment of Attention Deficit-Hyperactivity Disorder, Autism-Spectrum Disorders and Tourette's Disorders. Consultations for anxiety disorders and mood disorders are also completed. Interns do not provide services at the Child and Adolescent Specialty Clinic but do refer patients into this program following inpatient stabilization and sometimes consult with the outpatient treatment teams when their patients are hospitalized.

Residents' Clinic

The Residents' Clinic provides reduced-cost psychotherapy and medication management by the resident physicians of the University of Utah Department of Psychiatry under the supervision of the Department of Psychiatry Faculty. Interns do not provide services in the Resident's Clinic but consult with providers whose patients are hospitalized on the adult units and often refer inpatients to the clinic for outpatient services after hospitalization.

UNI Neurobehavior H.O.M.E. Program

The UNI H.O.M.E. (Healthy Options Medical Excellence) program is based on a care coordination model of "hands-on care delivery" and blended funding for people with developmental disabilities. The goal is to improve the quality of healthcare and coordinate needed services for this population, while allowing for personal choices in health care decisions. Interns do not provide services for the H.O.M.E. Program but consult with outpatient providers for continuity of care.

Outpatient Services

The University Neuropsychiatric Institute provides a comprehensive Outpatient Referral Network, which spans a four state area. Outpatient psychiatric services also include UNI Professional Offices in Salt Lake City, Utah.

PSYCHOLOGY SERVICES AT THE UNIVERSITY NEUROPSYCHIATRIC INSTITUTE

The hospital psychology staff, under the direction of Dr. Sandra Whitehouse, is responsible for the provision of psychological services at The University Neuropsychiatric Institute. UNI employs clinical, counseling and school psychologists. Training opportunities are provided to postdoctoral psychology residents, doctoral-level psychology interns and practica/externship students. Psychologists on staff are primarily assigned to a specific patient population or treatment program. Psychologists at UNI may be involved in a variety of different roles and functions providing both direct and indirect psychological services. In each hospital program, psychologists provide individual, family and/or couples therapy, conduct psychological evaluations including intellectual, personality, affective, behavioral as well as comprehensive neuropsychological assessments; provide process-oriented and psychoeducational group therapy services, provide supervisory and training experiences and act as program directors and administrators.

Psychologists on staff at UNI are also members of the hospital Professional Staff, comparable to the "Medical Staff" in other hospital settings. Accordingly, psychology staff members have voting privileges in relation to hospital policies, procedures and bylaws. Psychology staff members have appointments in various departments at the University of Utah including the Departments of Psychiatry, Psychology and Educational Psychology. Psychology staff members are also involved in integral hospital committees, such as the Executive Committee, Credentials Committee, Ethics Committee, Utilization Review Committee, Adult Leadership Committee and the Youth Leadership Committee. Additionally, affiliated psychologists from the community who are members of the professional staff are often involved in the admission and care of their own private practice patients admitted to the treatment programs at UNI.

PSYCHOLOGY INTERNSHIP TRAINING PROGRAM OVERVIEW

The Psychology Internship Program and The University Neuropsychiatric Institute are committed to providing an internship program that emphasizes both the professional and personal development of its interns in a psychiatric hospital setting. The psychology training program at UNI was developed in 1992 and first became a member of the Association of Psychology Postdoctoral and Internship Center (APPIC) the same year. The internship training program received accreditation by the American Psychological Association (APA) in July 2003.

UNI currently has three full-time (approximately 40 hours per week) doctoral internship positions. Psychology Interns complete a minimum of 2000 hours during the course of the 12-month internship year. Psychology interns are assigned to three of four possible primary services over the course of the training year. These services include adult inpatient, adolescent-focused inpatient, child-focused inpatient and youth day treatment. Each is a four-month rotation. This rotation system provides a comprehensive training experience with severe and diverse psychopathology across the developmental continuum, exposure to numerous treatment modalities and assessment techniques, exposure to a variety of supervisors/mentors, and allows interns to tailor their clinical experiences to their training goals. Psychology interns work within a multidisciplinary treatment team on each rotation. This team approach allows for collaboration and coordination among psychiatry, psychology, social work, nursing, and educational and recreational therapy staff. Formal and informal training opportunities with individuals in each of these various disciplines may be arranged.

Internship Training Philosophy

The internship training program at UNI trains doctoral level clinical, counseling and school psychology students in accordance with a practitioner model. The primary goal of the program is to provide high quality training that will prepare psychology students for the practice of professional psychology. Upon completion of the program, interns are expected to be able to function as competent, ethical, entry-level psychologists able to provide a variety of psychological services in a variety of clinical settings. The internship experience at UNI provides comprehensive clinical training with moderate to severe psychopathology in child, adolescent and adult psychiatric populations. It is designed to prepare generalists who are capable of providing mental health services to diverse populations. The internship provides intensive experiential training in core areas of psychology practice including diagnosis and assessment, therapeutic intervention, psychological testing, crisis intervention,

consultation and scholarly inquiry. Interns also gain direct experience with the hospital practice of psychology and are exposed to matters of professional practice. Interns who complete the program will be capable of functioning autonomously and responsibly in a variety of professional psychology roles.

The internship training experience is primarily experiential and developmentally structured in terms of sequence, intensity, duration and frequency so that interns assume increased responsibility and independence as the year progresses. The training experiences are designed to build upon skills and competencies obtained during the intern's doctoral training and to provide new clinical and training experiences. All training experiences occur in an atmosphere of modeling, mentoring and collaborative interaction with the supervisors and senior psychology staff members. Internship training is accomplished through direct clinical experience, individual and group supervision, didactic seminars, treatment team staff meetings, psychotherapy seminar, professional consultation, peer-group meetings, continuing professional education and scholarly readings. The internship training program emphasizes an understanding and appreciation for diversity both within the group of interns and across all internship activities. While interns participate in core training activities to build useful competencies to function independently as professional psychologists, they also have the opportunity to focus on some of their own interests in each training rotation.

The internship program combines intensive clinical and didactic training to help solidify and consolidate the intern's understanding of psychological theory as it applies to clinical practice. While the primary focus of the internship is the clinical practice of psychology, the application of pertinent literature and research is strongly emphasized. Interns are exposed to the integration of research and practice through didactic training, seminars, supervision, treatment team meetings, case conferences, assigned readings in professional journals and books, continuing professional education and the activities of their supervisors. The internship encourages clinical thinking, independent scholarly inquiry and the consideration and implementation of scientific empirical findings in all clinical work.

Internship Training Goals and Objectives

The internship's training program emphasizes nine core areas of professional competency: A. Research, B. Ethical and legal standards, C. Individual and cultural diversity, D. Professional values, attitudes, and behaviors, E. Communication and interpersonal skills, F. Assessment, G. Intervention, H. Supervision, and I. Consultation and interprofessional/interdisciplinary skills. Within each area specific goals and objectives have been identified. At the conclusion of the 12-month internship training program, interns will be expected

to have achieved the following 21 goals and objectives and to demonstrate knowledge and professional competence with adult inpatient, adolescent-focused inpatient, child-focused inpatient and youth day treatment psychiatric populations. Interns are evaluated on these goals at mid and final points of each rotation, see Intern Evaluation Form in the Appendix. In addition, Interns track their hours, patient demographics, and the minority / diversity status of their patients. Use of electronic tracking software is encouraged, however, forms the assist in the tracking of the variables are included in the Appendix.

A. Research:

1. Demonstrate knowledge of current scientific literature/research and the application of these empirically supported assessment techniques and interventions into clinical practice.
2. Demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (eg. Case conferences, presentations, publications).

B. Ethical and Legal Standard

3. Demonstrate knowledge and the ability to practice psychology consistent with all ethical, legal and professional mandates, including the APA Ethical Principles of Psychologists and the Code of Conduct
4. Identify ethical and legal issues spontaneously and consistently, and demonstrates the ability to apply an ethical decision making process to address issues when they arise.
5. Demonstrate ethical conduct in working with patients, coworkers, documentation, and other professional activities.

C. Individual and Cultural Diversity

6. Demonstrate and understand of how one's own personal/cultural history, attitudes, and biases may affect how one understands and interacts with people different from yourself.
7. Demonstrate awareness of multicultural theory and empirical literature and the ability to apply knowledge to work effectively with a range of diverse individuals and groups, including those individuals who hold worldviews which create conflict with their own.
8. Demonstrate the ability to independently apply knowledge and approach in working effectively with a range of diverse individuals and groups encountered during internship.
9. Demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of all professional roles (e.g., research, services, communication with colleagues, and other professional activities).

D. Professional Values and Attitudes

10. Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
11. Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
12. Actively seek and demonstrate openness and responsiveness to feedback and supervision.
13. Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

E. Communication and Interpersonal Skills

14. Demonstrate the ability to develop and maintain effective relationships with a wide-range of individuals (including colleagues, communities, supervisors, supervisees, unit staff, and those receiving professional services)
15. Demonstrate an ability to produce and comprehend oral, non-verbal, and written communications that are informative, well-integrated, and use professional language.
16. Demonstrate effective interpersonal skills and the ability to manage difficult communication with co-workers and patients

F. Assessment

17. Demonstrate the ability to select an appropriate psychological assessment battery based on a specific referral question.
18. Demonstrate the ability to administer, interpret and integrate a variety of assessment measures following current research and professional standards to inform case conceptualization, classification and recommendations.
19. Demonstrate the ability to communicate in written and oral modalities the findings of an assessment in accurate and effective manner to a variety of audiences (e.g. physicians, psychologists, patients)

G. Intervention

20. Demonstrate the ability to select and effectively implement appropriate empirically-validated psychotherapeutic interventions based on a patient's specific therapeutic goals, patient characteristics and contextual variables.

21. Demonstrate the ability to develop and maintain appropriate therapeutic relationships (e.g., build rapport, define boundaries, transference, counter-transference, termination issues, etc.)
22. Demonstrate an ability to apply relevant research literature to clinical decision making.
23. Demonstrate an ability to modify and adapt evidence-based approaches effectively when a clear evidence base is lacking.
24. Demonstrate an ability to evaluate treatment outcomes and to adapt intervention goals and methods as needed based on ongoing assessment.

H. Supervision

25. Demonstrate knowledge of supervision models and practices
26. Apply knowledge of supervision models and practices with practicum students and/or simulated practice.

I. Consultation and interprofessional/interdisciplinary skills

27. Demonstrate knowledge of consultation methods and ability to consult, collaborate and communicate within an multidisciplinary treatment team setting.
28. Demonstrate an ability to liaison with the community and professionals as appropriate to patient care (e.g. “warm hand-offs to next care providers, consultation with schools, DCFS case managers, etc).

INTERNSHIP TRAINING ROTATIONS

As part of the unique training experience at UNI, psychology interns rotate across three of four possible primary hospital services: adult inpatient, adolescent-focused inpatient, child-focused inpatient and youth day treatment services. Interns are actively involved in selecting their preferences. Over the 12-month period, interns participate in three distinct four-month rotations and have the opportunity to work with diverse populations and psychopathology.

Psychology interns are assigned a supervisor on each rotation who specializes with the specific population and can provide excellent mentoring and training. The opportunity to work with three different supervisors over the course of the year allows interns exposure to a variety of specializations, approaches and techniques. Each rotation is structured to provide direct clinical experiences that are graded in terms of case difficulty and the number of clients served. Clinical caseloads build slowly at the beginning of each rotation, affording a higher priority to training and supervision. On the inpatient services interns' clinical caseloads are capped at five. On the day treatment rotation caseloads are capped at six due to the reduced number of contacts per patient each week. Training on each rotation is personalized and adapted to the trainee's level of functioning as new professional challenges are encountered. Outlined below are the three psychology internship rotations.

Adult Inpatient Rotation

Psychology interns on the adult rotation provide psychological services to patients participating in all three of the adult inpatient programs (i.e., Adult Intensive Treatment Program, Adult Inpatient Program, Recovery Inpatient Program). The Adult Intensive Treatment Program is designed to treat patients 18 and older who are experiencing the most acute level of distress and symptoms. Patients participating in this program typically demonstrate an inability to function independently and/or have immediate safety risks. This program occupies three units (i.e., ITU North, South, and East) on the second floor of the hospital. The Adult Inpatient Program (4 North) and the Recovery Inpatient Program (4 South) occupy the fourth floor. Patients in both of these programs are able to contract for safety and function in a manner consistent with a higher degree of freedom. In all three programs, the intern participates as a multidisciplinary team member working collaboratively with psychiatrists, psychiatric residents, medical students, social workers, psychiatric nurses, recreational therapists and mental health workers. They provide individual, family, and couples therapy, psychological and neuropsychological assessment, and various consultation services. The intern may carry a caseload of up to five patients and continue to work with patients as they transition between units within the hospital to ensure continuity of care.

Psychology interns on the adult rotation regularly conduct a psycho-educational therapy group for the Recovery Inpatient Program. This group focuses on stressors and coping skills and is held twice a week. Practicum students co-facilitate this group and are supervised by the intern, which provides hands on supervision training. Additional “umbrella” supervision is provided by the intern’s supervisor.

Interns on the adult rotation participate in a weekend call schedule approximately once every seven weeks. Weekend call duties include individual and family therapy or psychological assessment, when requested by the attending psychiatrist, for patients not yet assigned to a psychologist, postdoctoral resident, or intern. As part of the on call duties, interns also lead an additional group which is held on Saturday morning. This is a multi-family group which focuses on communication skills and active listening. The intern on the adult rotation leads this group only on those weeks they are on call. Supervisors are available by phone and pager, but come into the hospital on an as needed basis to provide the necessary level of supervision. Interns are supported in balancing the time spent on call with the rest of their work week.

Interns are exposed to the Therapeutic Learning Program (TLP), which is a computerized cognitive-behavioral treatment program based on completion of treatment related modules. Patients work through this program identifying antecedents and consequences of their emotional and behavioral disturbances, and develop a behaviorally and cognitively based action plan to address their treatment concerns. The printouts from the Therapeutic Learning Program are reviewed in group and are available for use in individual therapy. Interns on the adult rotation also may also participate in Interpersonal Reconstructive Therapy (IRT) case conferences which are conducted for select patients. This occurs on an as needed basis at the requested of the attending psychiatrist on the team. This case conference involves presentation of the history and an extensive interview which the interns are able to observe. It is intended to provide diagnostic clarification and treatment recommendations for those patients who have complex presentations and have treatment resistant symptoms. Interns also have an opportunity to learn about and observe electroconvulsive therapy (ECT).

Adolescent- and Child-Focused Inpatient Rotations

Psychology interns on the adolescent-focused and child-focused rotations provide psychological services to patients admitted to these inpatient youth units. The interns on these rotations participate on a multidisciplinary team including psychiatrists, psychiatric residents, medical students, social workers, recreational therapists, psychiatric nurses, educational specialists and mental health workers. The interns attend informal treatment team rounds daily in which they review pertinent information and new developments for their

patients with the unit staff, the attending psychiatrist and the social worker. Interns carry a caseload of up to five patients (patients seen for both therapy and assessment count as 2 cases).

On the youth inpatient services, the psychology interns serve as the primary therapist and provide both individual and family therapy to each patient. Another crucial role of psychology interns on these rotations is to provide assessment services to aid in differential diagnosis and treatment planning. This allows the interns to gain experience with a wide variety of assessment measures addressing intellectual, cognitive, psycho-educational, affective, personality and/or behavioral functioning. In addition, interns are often asked to provide various consultation services or to develop behavioral management plans. Interns on the adolescent-focused and child-focused inpatient rotations also conduct a DBT-based coping skills group with adolescents and “tweeners” twice a week. Practicum students co-facilitate this group and are supervised by the intern, which provides hands on supervision training. Additional “umbrella” supervision is provided by the intern’s supervisor. Working within the multidisciplinary team, the intern also has the opportunity to be involved in or observe psychotherapy and recreational therapy groups, music and art therapy, as well as chemical dependency groups. Consultation with the educational specialists also provides the opportunity to acquire knowledge and experience related to educational programming and curriculum, as well as special education law/regulations and placements. Additional training opportunities include a weekly parent-training group.

Interns on the youth inpatient rotation also participate in a weekend call schedule, approximately once every seven weeks. Responsibilities include individual and family therapy or psychological assessment when requested by the attending psychiatrist, typically for newly admitted patients not yet assigned to a psychologist, intern, or postdoctoral resident. Supervisors are available by phone and pager, and can come into the hospital on an as needed basis to provide the necessary level of supervision. Interns are supported in balancing the time spent on call with the rest of their work week.

Youth Day Treatment Rotation

The psychology intern on the day treatment rotation provides psychological services to children (ages 4-12) in Kidstar and to adolescents (ages 13-18) in Teenscope. On this rotation, the psychology intern participates as a multidisciplinary team member working with psychiatrists, psychiatric residents, social workers, recreational therapists, psychiatric nurses, educational specialists and mental health workers. The intern carries a caseload of six patients and attends formal treatment team rounds once or twice weekly, depending on their current caseloads in each program. The intern serves as the primary therapist and provides both the individual and family therapy. They also

conduct psychological, neuropsychological and psycho-educational evaluations to aid in differential diagnosis and treatment planning. Interns on the day treatment rotation work closely with parents and guardians, providing parent training and addressing behavioral concerns as the patients transition back and forth on a daily basis between the program and their time at home. The intern also conducts a social skills training group twice a week with the children participating in Kidstar. Practicum students co-facilitate this group and are supervised by the intern, which provides hands on supervision training. Additional “umbrella” supervision is provided by the intern’s supervisor. In addition to providing direct services, interns on the day treatment rotation also have the opportunity to observe and participate in recreational therapy groups, music therapy, self-esteem groups, and educational programming. Working collaboratively with the educational specialists affords the intern knowledge and experience with educational issues, academic programming and special educational placements. Interns on this rotation also have the opportunity to observe a weekly parent-education group and a sibling support group provided for the families of inpatient and day treatment children.

Interns on the day treatment rotation also participate in the youth inpatient weekend call schedule, approximately once every seven weeks. Responsibilities include individual and family therapy or psychological assessment, when requested by the attending psychiatrist, for patients not yet assigned to a psychologist, intern, or postdoctoral resident. Supervisors are available by phone and pager, but come into the hospital on an as needed basis to provide the necessary level of supervision. Interns are supported in balancing the time spent on call with the rest of their work week.

Outpatient Therapy Opportunities

Over the course of the internship year, psychology interns have the opportunity to provide weekly outpatient therapy to 1-2 of their patients after they have discharged from the hospital or day treatment setting. This is an opportunity created to compliment the acute hospital and partial hospitalization training experience and to provide interns experience conducting longer term, ongoing outpatient therapy. The intern’s direct supervisor will assist in the selection of clients appropriate for outpatient follow-up and these outpatient cases will be closely monitored in individual supervision. Outpatient clients are identified early in the internship year to allow adequate time for the therapeutic process.

PSYCHOLOGY TRAINING ACTIVITIES AND OPPORTUNITIES

A wide range of formal didactic training experiences are offered as an integral part of the psychology internship training program at UNI. While the internship is primarily experiential, the formal training activities are considered essential components of the psychology internship, and take precedence over service delivery. The training experiences are designed to build on prior experience and training and to provide new experiences that are sequential, cumulative and graded in complexity. Each training opportunity is developed to provide the intern with the knowledge necessary to obtain competency in the training goal/objective areas of the internship. The training activities are also designed specifically to correspond and compliment the interns' comprehensive clinical experiences. A minimum of 20% of the internship experience is spent in formal training activities. Expectations for caseload responsibilities are set at approximately 50% to allow time for supervision, didactic training, clinical seminars, literature review and other training opportunities.

Didactic Training

Psychology interns participate in a weekly psychology didactic training series. This two hour experience is specifically designed to provide instruction and facilitate discussion regarding relevant clinical topics, concerns and treatment issues. The psychology training seminars are conducted by, and reflect the expertise of the UNI psychology staff members, multidisciplinary team members and professionals within the community. The intern training seminars are designed to be developmentally structured and to reflect the interns' current training needs. The trainings focus initially on general issues and become more specific throughout the course of the training year. Seminar topics address core aspects of the internship including ethics, assessment, specific psychopathology, diagnosis, group and family therapy, neuropsychology, diversity and psychopharmacology. In addition to the core trainings, interns are able to identify training areas of interest at the beginning of each internship year. Efforts are made to accommodate intern requests in the 12-month training schedule.

Beginning in 2007-2008, training directors from nearby internship sites including Primary Children's Medical Center, The Salt Lake Veteran's Administration Medical Center, the Utah State Hospital and UNI have collaborated in creating a shared didactic series led by key presenters from each site and the community at large. As well as enriching the didactics experience, this provides interns with an opportunity to network with other interns and psychologists in the surrounding area.

Supervision

Psychology interns are provided two-hour weekly individual supervision with a supervisor who specializes with the clinical population the intern is working with.

The supervision relationship is an integral part of the intern's training experience and provides interns with direct, intensive and personalized supervision of clinical work, a professional role model and supportive mentoring. Videotaping is used to maximize the supervision process and interns have the opportunity to participate as a co-therapist with their supervisors. Supervisors use therapy and assessment supervision checklists in order to provide specific feedback regarding the interns' progress and performance. Outside the scheduled weekly supervision, supervisors are available in treatment team meetings and in the hospital to assist interns with questions and address concerns that arise. Supervising staff members hold a variety of theoretical orientations including psychodynamic, cognitive-behavioral, interpersonal, solution-focused, attachment, and family systems. Many of our psychology staff members describe their theoretical orientation as integrative and combine a variety of the above mentioned orientations in conceptualizing clinical cases and developing effective interventions.

Psychology interns also participate in a one-hour weekly group supervision facilitated by the post-doctoral resident. This component of the training program is intended to provide additional support for the intern cohort and to foster collegial relationships and collaborative interactions.

Psychology interns co-facilitate groups with practicum students and to supervise these students in an "umbrella" style of supervision with the guidance of their direct clinical supervisors. This allows for direct experience with supervision and the evaluation process.

Psychotherapy Seminar

Over the course of the year, interns participate in a 2 hour, weekly psychotherapy seminar conducted by the Director of Psychology Training. The psychotherapy seminar is intended to provide psychology interns with additional training, supervision and exposure to a variety of theoretical orientations, therapeutic techniques, and relevant psychotherapy topics including ethics, professionalism, boundaries, therapeutic relationships, confidentiality and transference issues. Throughout the seminar a selection of cases are presented to illustrate a variety of clinical populations and therapeutic approaches. A compilation of relevant psychotherapy readings is also used to supplement the training seminar. A critical component of the psychotherapy seminar is reviewing and discussing videotaped individual, family, couples and group therapy sessions completed by the interns. This is designed to promote an open dialogue regarding therapeutic strategies and issues and to encourage constructive feedback. General topics to focus group discussion are organized by month.

Grand Rounds Series

The University Hospital hosts a Grand Rounds series on a monthly basis, which psychology interns are invited to attend. This Grand Rounds Series is coordinated by the Department of Psychiatry at the University of Utah and features presenters from across the country addressing relevant psychiatric issues. Because of the close affiliation with the University of Utah School of Medicine, psychology interns are also able to participate in several Grand Round series through the University Medical Center, including Psychiatry Grand Rounds, Neurology Grand Rounds, and Pediatric Grand Rounds. Additionally, interns are also encouraged to participate in various seminar series through the University of Utah's Department of Psychology.

Case Conferences

Psychology interns attend a monthly psychology staff meeting where they are exposed to a variety of issues related to the professional practice of psychology. In each staff meeting, the psychology staff and interns participate in clinical case conferences and topic discussions. Interns have the opportunity to participate in the clinical case conferences and are schedule to present their own case/topic at the end of the training year.

WEEKLY ALLOCATION OF HOURS

All psychology interns are expected to work 40 hours per week, Monday through Friday. With the exception of scheduled trainings, rounds, groups and monthly staff meetings, interns schedule their own appointments. The chart below illustrates how time is typically distributed among the various internship training activities. Given that each rotation provides a unique training experience, the allocations may vary slightly across rotations. Psychology interns also participate in a rotating on-call schedule approximately once every seven weeks and receive the following Monday or Tuesday off for compensation after their scheduled weekend.

Direct Service	
Therapy (Individual, Family, Couples/Marital)	12-14
Assessment.....	4-6
Group Therapy.....	3
Approximate Total:	19-23
 Training	
Didactic Training Seminar.....	2
Psychotherapy Seminar.....	1.5
Individual Supervision.....	2
Group Supervision.....	1
Supervision of practicum students.....	1
Staff Meeting/Case Conferences.....	1
Clinical Treatment Team Rounds.....	2.5
Approximate Total:	11
 Administrative/Planning	
Paperwork/Medical Records.....	5
Preparation and Planning.....	2
Literature Reviews/Research.....	2
Approximate Total:	9

INTERN EVALUATION PROCESS

The Psychology Internship Program is continually assessing each intern's knowledge, performance and conduct throughout the course of the internship year. Formal and informal evaluation is intended to facilitate the intern's professional growth by acknowledging strengths and identifying performance and conduct areas that need improvement. Evaluation of the intern's progress is cumulative and obtained from several sources including the intern's direct supervisor, the Director of Psychology Training, and the Training Committee. The Training Committee, which is chaired by the Training Director and consists of the interns' supervisors and other psychology staff members, meets monthly to share information and review each intern's progress. The steps in the evaluation process are outlined below:

1. During the internship orientation at the beginning of the training year, the Director of Psychology Training will thoroughly review the evaluation process, evaluation forms and the due process procedures with the interns.
2. At the beginning of each rotation, interns will review the Psychology Internship Evaluation Form (Appendix) with their direct supervisor in order to establish priority areas for supervision. Supervisors and interns will then complete a training agreement (Appendix) identifying personal training goals for the rotation. These goals can mirror the general objectives of the internship or can be more explicit and focused depending of the individual intern's training needs and objectives. The personal goals are intended to assist in directing the training experience and are reviewed on a regular basis. Goals are added to the training agreement following each rotation change. This training agreement also increases continuity in training and communication among supervisors.
3. Formal evaluations are completed by the intern's direct supervisor at the mid-point and end of each of the three rotations. To successfully complete each rotation the intern must receive a minimal rating of 3 (i.e., "Requires standard Doctoral Supervision") on each of the 21 objectives composing their final evaluation form. If an intern receives a lower "unacceptable" rating at any time a remediation plan is developed and implemented. The final evaluation on each rotation clearly indicates "passed" or "not passed." All three rotations must be passed in order to complete the internship.
4. The supervisor reviews the evaluation form with the intern, specifically focusing on the progress made and current recommendations. Both

the intern and the supervisor sign the written evaluation indicating that it has been reviewed and agreed upon. Based on the evaluations, the intern's training plan may be modified to better meet his/her training needs and the program's requirements. Throughout the supervision process, it is expected that feedback and discussions are continuous. Therefore, if the training objectives were not being met, feedback would be given to the intern prior to the formal evaluation, enabling the intern to address the specified area.

5. The Training Committee reviews all intern evaluation forms during monthly meetings and a formal vote regarding the successful completion of each rotation is taken.
6. Copies of all evaluations are given to the Director of Psychology Training who forwards a copy of the final evaluation on each rotation to the Training Director of the intern's graduate program. Written evaluations are maintained in the intern's file.
7. Interns also complete evaluations of the practicum students whom they supervise, and the practicum students, in turn, also evaluate their intern supervisor.
8. Any concerns or questions identified on any of the evaluations will be addressed. If the intern is experiencing serious problems, the Due Process Procedures for Responding to Problematic Performance and/or Conduct will be followed (Page 36).

TRAINING FACULTY

DIRECTOR OF PSYCHOLOGY

The Director of Psychology at UNI is ultimately responsible for ensuring the quality and the integrity of the hospital's psychology services and the psychology training program. In this role, the Director of Psychology has departmental fiscal responsibilities and is actively involved in the recruitment, interviewing and hiring of staff psychologists, delegation of psychological services, and the delegation of responsibility for the psychology training program. The Director of Psychology is responsible for ensuring that the delivery of psychology services maintain the highest standards of excellence and ensure that this is consistent with the American Psychological Association's ethical principles and the State of Utah Psychologists Licensing Act. The Director of Psychology is also responsible for scheduling and conducting monthly psychology staff meetings. The Director of Psychology also serves as a resource and as a liaison for both psychology staff members and interns to assist with the resolution of any problem which may arise.

DIRECTOR OF PSYCHOLOGY TRAINING

The Director of Psychology Training at UNI has the overall responsibility for the recruitment, selection, training and evaluation of the psychology interns and postdoctoral resident. This position is held by a doctoral level, licensed psychologist. The Director of Psychology Training coordinates intern placements, supervision and all educational components of the training program including didactic lectures, grand rounds, seminars, group supervision, and the weekly psychotherapy seminar. The Director of Psychology Training is responsible for ensuring that each intern receives an excellent and comprehensive internship training experience and maintaining communication with the intern's parent University or training program. The Director of Psychology Training is also responsible to schedule the monthly meeting of the training committee and to address any intern difficulties or problems that arise over the course of the internship year. In addition, the Director of Psychology Training acts as the liaison between APPIC and the internship program and is responsible for educating the psychology staff, hospital staff and hospital administration regarding any principles, regulations and/or recommendations regarding intern training forwarded by the American Psychological Association and the Association of Psychology Postdoctoral Internship Center. The Director of Psychology Training is also responsible for maintaining the internship program's APA accreditation status.

PSYCHOLOGY TRAINING COMMITTEE

The Psychology Training Committee is composed of all psychology staff members who are eligible to supervise. The Training Committee's primary responsibilities include assisting the Director of Psychology Training with the recruitment and selection of psychology interns, the placement and rotation of interns, and the planning and provision of the internship training activities. Members of the Psychology Training Committee meet monthly to review the interns' progress, evaluate the ongoing quality of the training program and to address any concerns or complaints about the internship training experience.

GENERAL POLICIES

All psychology internship appointments are for a continuous 12-month period beginning at the end of June each year. Interns are paid a stipend of \$25,000 in twenty-four equal installments (i.e., twice monthly). As a University of Utah employee, interns receive a comprehensive health/life insurance benefit package and ten paid holidays including New Year's Day, Martin Luther King/Human Rights Day, President's Day, Memorial Day, Independence Day, Pioneer Day, Labor Day, Thanksgiving Day and the Friday after, and Christmas Day. In addition, interns are eligible to accrue paid time off during the course of the 12-month internship (see HR website for information). University of Utah employees also have additional staff privileges including access to university libraries and recreational equipment and facilities, and discounts at the bookstore and campus events. The Psychology Training Committee makes decisions regarding "Special Leave Requests" on a case by case basis. For additional information related to benefits, refer to the University of Utah's Policies and Procedures Manual at www.admin.utah.edu/ppmanual/.

Interns are strongly encouraged to use their accrued time-off throughout their training year to promote their own psychological and physical health, as the hospital setting is demanding and fast-paced. Requests for time-off must be made at least two weeks in advance and must be authorized by the intern's primary supervisor and the Director of Psychology. Each request is reviewed on an individual "first come first served" basis. Vacation hours may not be taken until accrued and may not be taken during the last three weeks of the internship. Additional time off around the primary winter holidays of Thanksgiving and Christmas is in high demand across all positions in the department, and most likely will not be available to those in training positions, which are time limited in nature. The actual holidays (e.g., Thanksgiving and the following Friday, December 25, and January 1) may be taken off by trainees not assigned

to on call duties for those dates. Unused accrued time off is paid out at the time employment ends.

Coverage issues for planned time off require some planning beforehand. Interns are responsible for reviewing potential coverage needs for upcoming time off with their supervisors. Cases are often covered by full time and PRN staff, but this depends on many different factors. Thoughtful consideration is needed to optimize patient care and to provide a smooth handoff. Coverage for groups also needs to be discussed and arranged prior to scheduled time off. Interns typically cover each other's groups when taking vacation time, which briefly increases responsibilities for that period. When this is not possible, special arrangements can often be made with other group leaders but this should be avoided if possible so that the group schedule on the unit is not disrupted.

A formal five-day orientation is conducted for the psychology interns at the beginning of each internship training year. This orientation is designed to familiarize interns with the hospital setting/staff and to address internship goals, requirements, expectations and policies and procedures. In addition, interns participate in a University Neuropsychiatric Institute orientation and a one-day orientation designed for University of Utah Employees to addresses policies and procedures and benefits information. Malpractice liability insurance coverage is provided by the University Neuropsychiatric Institute. Interns are required to sign up for internship hours with their parent university or training program. Interns are encouraged to participate in numerous training opportunities over the course of the year, including local professional meetings and conferences. Each intern is required to complete at least 2,000 training hours in order to satisfy training programs requirements and various state licensure requirements.

INTERN RIGHTS AND RESPONSIBILITIES

Intern Rights:

1. The right to a clear statement of general rights and responsibilities upon entry into the internship, including a clear statement of the goals, objectives and parameters of the training experience.
2. The right to training by professionals who practice in accordance with the APA ethical guidelines and the Utah State Psychologists Licensing Act.
3. The right and privilege to be treated with professional respect, recognizing the training and experience the intern brings with him/her.
4. The right to ongoing evaluation that is specific, respectful and pertinent.
5. The right to engage in an ongoing evaluation of the training experience.
6. The right to initiate an informal resolution of problems that might arise in the training experience (e.g.; supervision assignment) through request to the individual concerned and /or the Director of Psychology Training.
7. The right to due process to manage problems after informal resolution has failed or to determine when the intern's rights have been infringed upon.
8. The right to privacy and respect of one's personal life.

Intern Responsibilities:

1. The responsibility to read, understand and clarify, if necessary, the rights, responsibilities, expectations, goals, and objectives of the internship.
2. The responsibility to be familiar with and maintain behavior within the scope of the APA ethical guidelines and the laws and regulations specified by the State of Utah (Utah State Psychologists Licensing Act).
3. The responsibility to conduct oneself in a professional manner and to comply with all psychology staff policies and procedures and the hospital bylaws at The University Neuropsychiatric Institute.
4. The responsibility to actively participate in all scheduled training, weekly supervision, provision of clinical services and the overall activities of The University Neuropsychiatric Institute.

5. The responsibility to meet training expectations, goals and objectives by developing competency and skill in: Ethics and Professionalism; Assessment, Diagnosis and Treatment Planning; Intervention; Hospital Practice; Neuropsychology; and Diversity.
6. The responsibility to complete a training agreement and identify personal training goals with the individual supervisor on each rotation.
7. The responsibility to keep the supervisor informed of therapeutic action taken with each patient. Interventions such as crisis visits, home visits, letters, CPS referral and court appearances require prior approval by the supervisor.
8. The responsibility to be open to professionally appropriate feedback from immediate supervisors, professional staff and agency personnel.
9. The responsibility to prepare for each rotation by becoming familiar with expectations and reading appropriate literature, manuals, and/or test materials.
10. The responsibility to maintain appropriate medical records and comply with Quality Assurance Standards related to psychology documentation. Have all written documentation co-signed by the supervisor.
11. The responsibility to provide professionally appropriate feedback regarding supervision, scheduled training activities and the overall internship experience.
12. The responsibility to develop an intern organization and elect a chief intern during each rotation. The chief intern will act as the liaison to the Director of Psychology Training.
13. The responsibility to bring any problem experienced to the attention of the Director of Psychology Training and to conduct oneself in a professionally appropriate manner if the due process procedure is initiated.

SUPERVISOR RESPONSIBILITIES

1. The responsibility to act in a professional manner and in accordance with the APA ethical guidelines, Utah State Psychologists Licensing Act, psychology staff policies and procedures and the bylaws of The University Neuropsychiatric Institute.

2. The responsibility to ensure that interns are familiar with and adhere to the APA ethical guidelines, laws and regulations specified by the State of Utah, psychology staff policies and procedures and the bylaws of the University Neuropsychiatric Institute.
3. The responsibility to complete a training agreement which specifies each intern's personal training goals and the professional skills to be acquired on each rotation. This training agreement will also identify the types of training experiences and supervisory assistance needed to accomplish the training goals. This agreement is passed to the next supervisor to ensure continuity in the training experience.
4. The responsibility to provide a minimum of two hours of individual supervision per week and to be available to provide support/guidance to the intern outside of scheduled supervision times. Providing guidance regarding all clinical, ethical, legal and professional matters. The use of videotaped assessment and therapy sessions will be used to enhance the supervision process.
5. The responsibility to coordinate the training of the interns with appropriate unit personnel and to function as a liaison between the intern and other staff members.
6. The responsibility to provide ongoing feedback to the intern and to complete a formal evaluation of the intern's progress at the mid and end-point of each rotation. Written record of this evaluation will be maintained and a copy provided to the Director of Psychology Training.
7. The responsibility to co-sign all of the intern's written documentation in compliance with the Quality Assurance Standards.
8. The responsibility to participate in the intern's scheduled didactic training activities.
9. The responsibility to participate as a member of the Psychology Training Committee and attend monthly meeting to discuss the interns' progress and to assist with ongoing program evaluation.
10. The responsibility to assure that each intern is afforded the best possible training experience.

INTERNSHIP APPLICATION AND SELECTION PROCESS

The Psychology internship program at UNI abides by the APPIC standards, policies and selection procedures. Internship Applications must be submitted to the Director of Psychology Training by **November 15 or the next business day thereafter if this falls on a weekend**. The internship application and selection procedures are detailed below:

1. A list of applicants with complete applications is compiled by the Director of Psychology Training and presented to the Selection Committee. This committee is composed of all core training staff.
2. The Selection Committee reviews each application to determine whether the applicant meets the requirements for internship program. A combined objective and subjective rating system is used to choose applicants for the interview process. The following qualities are considered when selecting internship applicants to participate in this process: completion of all coursework, academic excellence, a minimum of 600 practicum hours (minimum of 100 hours of assessment experience, 500 hours of intervention experience), interpersonal maturity and sensitivity, diagnostic and intervention experience and expertise, a wide range of practical experiences, high ethical standards and professionalism, good clinical judgment, the ability to work as a team member and appropriate career interests. Minority and culturally diverse applicants are encouraged to apply.
3. Prospective intern candidates will be contacted by email no later than December 1st to schedule an interview. The dates available for the scheduled organized interview format will be provided at that time so that candidates are able to make travel arrangements as early as possible.
4. On-site interviews take place in December and January and are organized as a half-day experience. This includes an orientation to the internship training offered, a tour of the hospital, three to four individual interviews, and an informal lunch with the current interns. On-site interviews are preferred but not required. Those unable to attend the scheduled interview dates may schedule an individual date to interview or may participate in phone interviews. Applicants unable to make one of the scheduled interview dates are strongly encouraged to visit the facility if possible and to contact both psychology staff members and current interns to secure more information about the site, ask questions, and determine the degree of fit to the best of their ability. They may speak with any or all members of our psychology staff or with current

interns at any time. Minority applicants may request to speak with current or past diverse interns as well.

5. A subjective rating system is used by each interviewer to compliment the formal interview process. This information is compiled along with the data from the initial review of applications, and is used by the intern selection committee to rank candidates. All candidates are reviewed to ensure that fair and equal consideration has been given to each application. Efforts are made to select a diverse internship group (e.g., racial and ethnic minority, gender, geographic region, etc.).
6. The rank order list is submitted to the Internship Matching Program following the APPIC match policies. No information is provided to applicants regarding their status, rank order, or if they have been ranked. Results of the APPIC Match are released on the APPIC Match Day. In accordance with the APPIC match policies, no one at UNI may communicate, solicit or accept any rank-related information from any intern applicant.

Affirmative Action Statement

The Psychology Internship Program at The University Neuropsychiatric Institute actively supports and is in full compliance with the spirit and principles of affirmative action in the recruitment and selection of psychology interns. We provide equal opportunities for all qualified persons and do not discriminate on the basis of race, color, religion, sex, age, sexual orientation, national origin, or status of a handicapped person, disabled veteran, of veteran of the Vietnam era.

APPLICATION MATERIALS

1. Letter of application/interest. Please also include the following information in your letter:
 - The number of applicants to the graduate program, versus the number of applicants accepted into the program, for the cohort year in which the applicant began the graduate program.
2. A completed APPIC Application for Psychology Internship (AAPI) which includes:
 - Academic Program's Verification of Internship Eligibility and Readiness
 - A curriculum vita
 - Official university graduate transcripts
 - Three letters of professional recommendation.
 - As a supplemental item, one psychological evaluation and one case conceptualization.

Complete internship application must be received by November 15 or the following business day if this falls on a weekend.

Application materials should be submitted online following APPIC guidelines.

C.J. Powers, Ph.D.
Director of Psychology Training
University Neuropsychiatric Institute
501 Chipeta Way
Salt Lake City, Utah 84108
cj.powers@hsc.utah.edu

DUE PROCESS GUIDELINES AND PROCEDURES

Policy on the Management of Intern Problems/Concern

This document provides guidelines for managing problematic psychology intern conduct and/or performance. These guidelines are consistent with APPIC and APA standards and incorporate the University of Utah's human resources Policies and Procedures. These guidelines emphasize due process and ensure fairness in the program's decision about the intern. There are avenues of appeal that allow the intern to handle grievances and dispute program decisions.

Due Process: General Guidelines

Due Process ensures that decisions made about the interns are not arbitrarily or personally based. It requires that the training program identify specific evaluation procedures that are applied to all interns and provide appropriate appeal procedures available to the intern. All steps must be appropriately implemented and documented. The general due process guidelines include the following:

1. During the internship orientation the program's expectations for professional functioning are reviewed.
2. Internship evaluation procedures are clearly stipulated, including when and how evaluations will be conducted.
3. The procedures and actions involved in making decision about problematic performance and/or conduct are outlined for the interns.
4. Graduate program Training Directors are informed of any difficulty with interns, and when appropriate, input from the academic Training Director is sought regarding how to address the difficulty.
5. Remediation plans are developed and implemented for identified inadequacies. Each plan includes a time-frame for expected remediation and specifies the consequences for failure to rectify the inadequacies.
6. Interns are given sufficient time to respond to any action taken by the program.
7. Interns receive a written description of the procedures they may use to appeal the training program's action. These procedures are included in the Internship Handbook which is provided to and reviewed with the interns during the internship orientation.
8. Decisions and recommendations regarding the interns' performance and/or conduct are based on input from multiple professional sources.
9. Programs actions and their rationale are documented in writing and provided to all relevant parties.

Evaluation Process:

The Psychology Internship Program continually assesses each intern's performance and conduct. Feedback from the evaluations facilitates the intern's professional growth by acknowledging strengths and identifying performance and conduct areas that need improvement. At the mid-point and end of each rotation, supervisors provide written evaluations and meet with the intern to discuss their assessment, review progress, and offer recommendations. The evaluation clearly identifies the intern as having passed or not passed their rotation. The written evaluation is then signed by both the supervisor and the intern to indicate that it has been reviewed. The Training Committee also conducts a formal vote regarding each intern's "pass status" and their readiness to progress to the next rotation. The evaluation is then forwarded to the Training Director who sends a copy of each end-of-rotation evaluation to the intern's graduate program Training Director. Any concerns or difficulties that are identified on the end-of-rotation evaluations may be addressed using the appropriate steps listed under Procedures for Responding to Problematic Performance and/or Conduct.

An additional source of evaluation data is provided by the Training Committee, which is chaired by the Psychology Training Director and consists of the interns' supervisors and other psychology staff members. Training Committee members share information and review each intern's progress on a monthly basis. Based on these cumulative evaluations, the Training Director and the intern may modify the intern's training plan to better meet his/her training needs and the program's requirements.

Communication with Interns' Graduate Programs:

The Training Director is responsible for communicating with each intern's graduate program about the intern's activities and progress. At the end of each rotation, a copy of the supervisor's evaluation is forwarded to the intern's academic Training Director. At any time, if a problem arises that requires sanctions and brings into question the intern's ability to successfully complete the internship program, the Training Director will inform the academic Training Director of the sponsoring graduate program. The academic Training Director will be encouraged to provide input to assist in resolving the problem.

Definition of Problematic Performance and/or Conduct:

Problematic behavior is defined broadly as an interference in professional functioning which is reflected in one of the following ways: 1) an inability or unwillingness to integrate professional and legal standards into his/her repertoire

of professional behaviors; 2) an inability to acquire professional skills that reach an acceptable level of competency; 3) unprofessional conduct.

It is a matter of professional judgment as to when an intern's behaviors are serious enough to fit the definition of problematic performance and/or conduct rather than reflecting typical behavior, attitudes or characteristics which, while of concern and require mediation, are not unexpected or excessive for doctoral level interns in training. Problems typically become identified as impairments when they include one or more of the following characteristics:

1. The intern does not acknowledge, understand or address the problem when it is identified.
2. The problem is not merely a reflection of skill deficit, which can be rectified by academic, experiential, or didactic training.
3. The quality of service delivered by the intern is significantly impaired.
4. The problem is not restricted to one area of professional functioning.
5. A disproportionate amount of attention by training personnel is required.
6. The trainee's behavior does not change as a function of feedback or remediation efforts and/or time.

Procedures for Responding to Problematic Performance and/or Conduct:

The training program has well-defined procedures to guide its response to interns that demonstrate problematic performance or conduct. If an intern receives an "unacceptable rating" from his/her supervisor on the evaluation indicating inadequate skill development, or a staff member has concerns about the intern's behaviors (e.g., ethical or legal violation and professional competence), the following procedures will be initiated:

1. If the intern is not performing at a satisfactory level, the supervisor is expected to discuss this with the intern, increase the intern's supervision, and direct the intern to other appropriate resources to address the deficit area (e.g., assign readings). The Training Director is notified of the concern at this time, and the supervisor will keep a written record of the discussion and corrective steps agreed upon.
2. If the problem addressed in Step 1 persists, or a problem arises that is judged to be a serious violation that cannot be remedied by actions outlined in Step 1, the supervisor will communicate his/her concerns with the Training Director. The Training Director will meet with the intern, his/her direct supervisor, and when appropriate, the Director of Psychology, to discuss problematic performance and/or conduct and develop a remediation plan (to address the problematic behavior). A

remediation plan is a time-limited, remediation-oriented supervised period of training. It is designed to return the intern to an appropriate functioning level with the full expectation that the intern will complete the internship. Each remediation plan will include the following:

- a. a description of the intern's unsatisfactory performance or problematic behaviors
 - b. recommended actions needed from the intern to correct the identified problems
 - c. supportive intervention/modifications made to the intern's training program (e.g., increase supervision, change focus of supervision, require coursework or readings, reduce caseload and recommend personal therapy)
 - d. a time line for correcting the problem
 - e. the action to be taken if the problem is not corrected.
3. If the remediation plan developed in Step 2 is unsuccessful in addressing the problematic performance and/or conduct within the time-frame identified, the Training Director will meet with the Training Committee to discuss further courses of action. These may include one of the following sanctions or actions:

Modified Remediation Plan – It may be determined that continuing the remediation plan with specific modification is the most appropriate intervention (repeat Step 2). When the problem is considered severe, an intern may be required to complete a remediation plan and concurrently placed on probation.

Probation – The purpose of probation is to assess the intern's ability to complete the internship and return to an appropriate level of functioning. Probation is time limited and remediation-oriented. During this closely supervised training period, the Training Director and supervisor monitor the degree to which the intern addresses, changes, and/or otherwise improves the problem behaviors. During the probation period, the intern may be suspended from engaging in certain professional activities until there is evidence that the problem behaviors have been rectified. The intern will be given written notice of the probation that includes the following information:

- a. a description of the problematic performance and/or conduct
- b. specific recommendations for rectifying the problems
- c. the length of the probation period, during which the problem is expected to be rectified

- d. procedures to ascertain whether the problem has been appropriately rectified.

Dismissal from the Internship Program – When a combination of interventions does not rectify the problematic performance and/or conduct within a reasonable time, or when the trainee seems unable to alter his/her behavior, the Training Committee will consider the possibility of termination from the internship. Dismissal may also occur in cases of violations of the APA Code of Ethics, in particular, when imminent physical or psychological harm to a client is a major factor or when the intern is unable to complete the internship due to physical, mental or emotional illness.

If sanctions interfere with the successful completion of the training hours needed for the internship, this will be noted in the intern's file and his/her academic program will be notified. If deemed appropriate, special arrangements may be made to address this issue.

4. The Training Director will meet with the intern, the intern's supervisor and Director of Psychology to review the required remedial steps or sanctions. The intern may accept these conditions, or challenge the Training Committee's action as outlined below. In either case, the Training Director will inform the intern's academic program of the problematic performance/conduct and the specified procedures implemented by the Training Committee to address the concern.

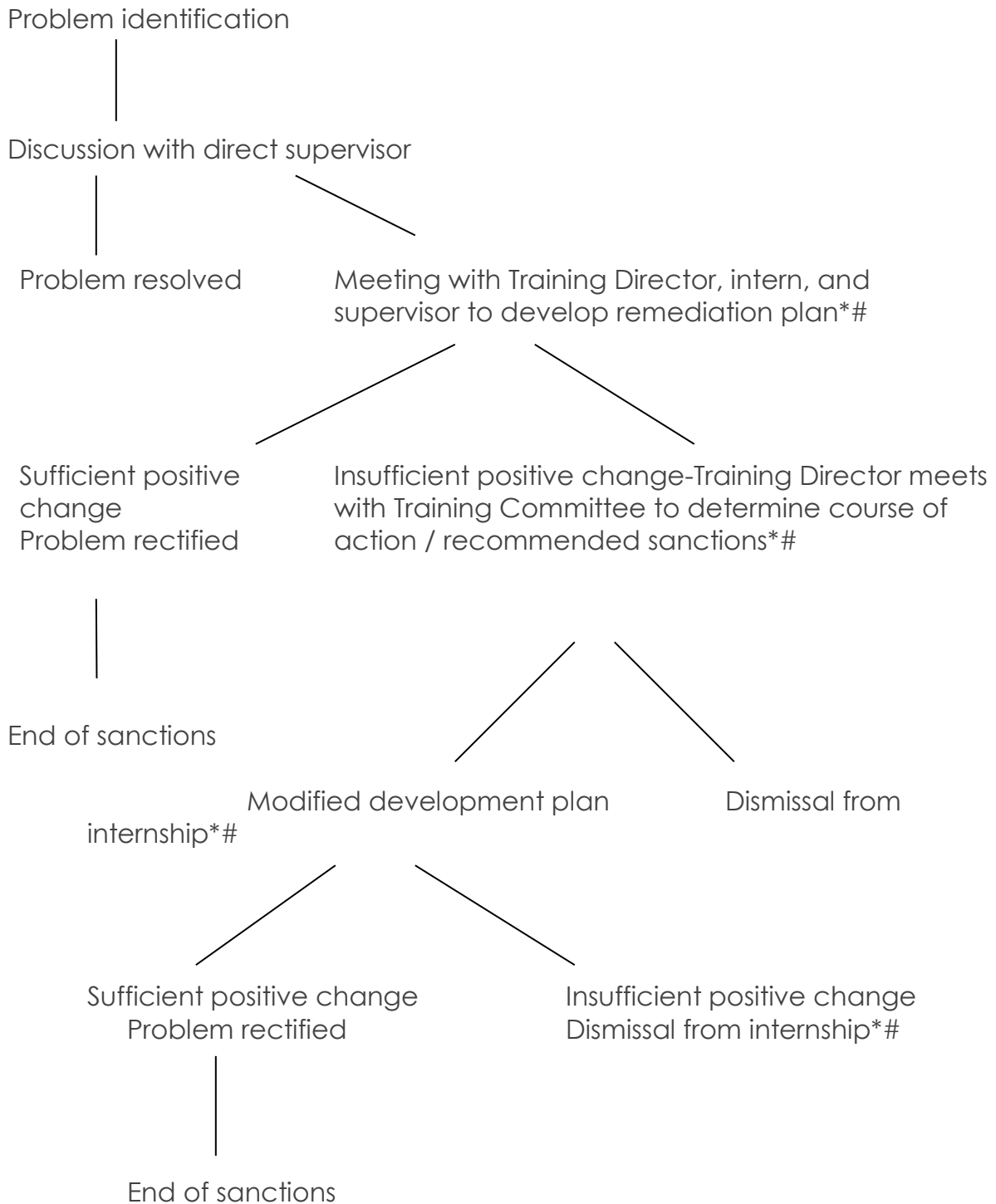
Psychology Intern Grievance Procedures:

In the event an intern has difficulty with a supervisor, has disagreements with any Training Committee's decision regarding their status in the program, or has other grievances about the training, the intern should:

1. Raise the issue with his/her supervisor in an effort to resolve the problem.
2. If the issue cannot be resolved with the individual supervisor, the issue should be discussed with the Training Director, or the Director of Psychology in the event that the Training Director is the immediate supervisor.
3. If the problem cannot be resolved with the Training Director and/or the Director of Psychology, or the intern disagrees with the Training Committee's final decision, the intern has the right to contact the University of Utah's Department of Human Resources to discuss the situation. Interns also have the right to file a complaint or grievance, and/or to request a formal hearing by the Office of Equal Opportunity and Employee Relations.

Psychology Interns are considered employees of the University of Utah and required to follow the University's Policies and Procedures. Interns should consult the University's Policies and Procedures for details regarding the process and time-frame for staff grievances (www.admin.utah.edu/ppmanual/ Policy 2-32). The procedures outlined in this document do not preclude the University of Utah's Policies and Procedures, rather they serve as guidelines to manage intern's problematic performance and/or conduct prior to contacting the University of Utah's Human Resources Department (801) 581-7447. Although interns are temporary employees, the six-month probationary period specified by the University's Policies and Procedures does not apply, as they are trainees contracted for a 12-month period.

Due Process Flow Chart



* Intern may challenge decision at this time

Academic training program informed

Psychology Internship Staff Roster

UNI's professional staff includes fourteen licensed psychologists who are direct supervisors for the internship program, and three licensed psychologists who fulfill other roles related to the internship. Psychology staff members participate and support the internship training program in a variety of ways. They may provide individual intern supervision and mentoring, participate in didactic training and seminars, provide consultation, contribute to psychology staff meetings and treatment team rounds, host case conferences, participate as members of the Psychology Training Committee and/or assist with ongoing program evaluation.

Brian Augustyn, Ph.D. (Supervisor)
Carol Ballou, Ph.D. (Supervisor)
Elaine Clark, Ph.D. (Supervisor)
Britt Holmes, Psy.D. (Supervisor)
Cristina Hudak, Ph.D. (Supervisor)
Jessica Jewell, Ph.D.
Tony Kemmochi, Psy.D. (Supervisor)
Richard (Rick) Merideth, Ph.D. (Supervisor)
Amanda R. Miller, Psy.D. (Supervisor)
Tiffani Morgan, Psy.D. (Supervisor)
Marc Porritt, Ph.D.
Christopher J. (C.J.) Powers, Ph.D. (Supervisor)
Deanna Reilly, Ph.D. (Supervisor)
Allison Smith, Ph.D. (Supervisor)
Amanda Stoeckel, Ph.D. (Supervisor)
Sandra Whitehouse, Ph.D. (Supervisor)
Lindsay Wilson-Barlow, Ph. D.

Brian Augustyn, Ph.D.

Dr. Brian Augustyn received his Ph.D. in Clinical Psychology from Biola University – Rosemead School of Psychology and completed his internship and postdoctoral hours at the University of Utah Neuropsychiatric Institute. Dr. Augustyn trained in a variety of clinical settings, including inpatient, outpatient, day treatment, medical centers, and specialized schools, with a background providing ABA discrete trial behavioral modification. His clinical work focuses primarily on therapy and psychological assessment with children, adolescents, and their families, with an emphasis in the areas of mood disorders, anxiety disorders, and autism spectrum disorder, while also providing support on the adult inpatient units as well. Dr. Augustyn also has a background in the integration of spirituality and psychology and has been published and presented research in this area. His theoretical orientation

focuses primarily on approaches emphasizing cognitive-behavioral therapy (CBT), dialectical behavior therapy (DBT), and other behavioral or solution-focused interventions. Dr. Augustyn has an adjunct faculty appointment at the University of Utah Department of Psychiatry, and is involved with the DBT consultation group, clinical documentation audit committee, inpatient hospital ethics committee, interview committee for the School of Medicine, supervising psychiatry resident, and teaching didactics for the psychology interns and psychiatry residents.

Carol Ballou, Ph.D.

Dr. Carol Ballou is a licensed psychologist who received her Ph.D. from the University of Utah's School Psychology Program. She has worked with the child and adolescent programs at the University Neuropsychiatric Institute for more than ten years, and currently balances her work at UNI with a private practice in psychology. Although her primary assignment was with the youth services programs, her training and experience also includes work with adults. Dr. Ballou has interests in family therapy, psychological assessment and diagnosis of serious psychopathology in children and adolescents. She has adjunct faculty appointments at the University of Utah in the Department of Educational Psychology and the Department of Psychiatry. Dr. Ballou provides PRN and weekend call coverage for the youth inpatient and day treatment programs, serves as a direct intern supervisor, participates in didactic training, and is a member of the Training Committee.

Elaine Clark, Ph.D.

Dr. Elaine Clark is a licensed psychologist at UNI and professor and dean of the College of Education the University of Utah. She received her Ph.D. in School Psychology from Michigan State University in 1982 and a Ph.D. in Clinical Psychology from BYU in 1988. She is actively involved with professional organizations at a state and national level. Dr. Clark's primary teaching and clinical interests are in the assessment and treatment of individuals with psychiatric disorders and neurological conditions. Her theoretical orientation is grounded in both cognitive-behavioral and psychodynamic theory. Dr. Clark serves as a primary supervisor within the internship program, is a member of the Psychology Training Committee, and provides didactic trainings to the interns on psychological and neuropsychological assessment.

Britt Holmes, Psy.D.

Dr. Britt Holmes received her Psy.D. from Palo Alto University through the PGSP-Stanford Psy.D. Consortium. She completed her internship and postdoctoral hours at the University Neuropsychiatric Institute. Dr. Holmes trained in a range of clinical settings, including inpatient, outpatient, and forensic facilities. Her focus is with patients with serious mental illness, and her

primary clinical interest is assessment and differential diagnosis. Dr. Holmes has extensive experience with psychological testing, including with the ADOS, Rorschach, and integrated test batteries. Therapeutically, she works from a cognitive-behavioral approach. Dr. Holmes has an adjunct faculty appointment at the University of Utah Department of Psychiatry and is credentialed by the National Register of Health Service Psychologists. She serves as a primary supervisor within the internship program, the department Technology and Testing Coordinator, and on the Psychology Training Committee.

Cristina Hudak-Rosander, Ph.D.

Dr. Cristina Hudak-Rosander received her Ph.D. in clinical psychology with a specialization in children and families from the University of Utah and completed her internship and postdoctoral residency at the University Neuropsychiatric Institute. Her body of graduate work focused on understanding the connection between childhood trauma and juvenile delinquency and she continues to have a clinical interest in addressing underlying effects of trauma that may be contributing to adolescent problem behaviors. She has completed training in Trauma Focused-Cognitive Behavioral Therapy and primarily integrates CBT and DBT into her clinical work, although she draws from interpersonal and psychodynamic theories when conceptualizing cases. Dr. Hudak-Rosander is currently a licensed psychologist in the Teenscope Intensive Day Treatment/Partial Hospitalization program and has an adjunct faculty appointment in the University of Utah Department of Psychiatry.

Dr. Jessica Jewell, Ph.D.

Dr. Jessica Jewell received her PhD in counseling psychology from the University of Utah with a focus on adolescents and families. She also holds a Master's degree in counseling and practiced as a therapist in a Utah-based wilderness therapy program while pursuing her doctoral degree. Dr. Jewell trained in a variety of settings, including residential and outpatient treatment, and has therapy and assessment experience with a wide range of populations, including children and incarcerated adolescents. She completed her internship at Wasatch Mental Health in Provo, UT, where she primarily conducted psychological assessments of children and adults. Dr. Jewell's therapeutic orientation is typically based on an integration of cognitive-behavioral and interpersonal process methodologies.

Dr. Tony Kemmochi, Psy.D.

Dr. Tony Kemmochi obtained his doctoral degree from the American School of Professional Psychology in the San Francisco Bay Area where he received culturally rich training in one of the most diverse communities in the world. His treatment approach is based on Control Mastery Theory, an innovative

theoretical orientation that combines Psychodynamic, Humanistic, and Cognitive Behavioral Therapy. As a bilingual immigrant, he is mindful of multicultural factors that impact our experience in the world. He has worked with highly diverse clientele such as immigrants, children of immigrants, oppressed racial minorities, multiracial individuals, individuals with various sexual orientations and gender identities, youth to senior individuals, and people of various socioeconomic statuses. He is well versed in the treatment of mild to severe mental disorders such as identity struggles, culture-bound syndromes, depression, anxiety, trauma, developmental disorder, substance abuse/dependency, cognitive disorders, psychotic disorders, and personality disorders. While he incorporates evidence-based treatments, he recognizes the importance of practice-based evidence, especially when working with under-served populations who have been overlooked by the mainstream research.

Richard (Rick) Merideth, Ph.D.

Dr. Rick Merideth received his PhD in Clinical Psychology from Brigham Young University (BYU). He received specialized training at BYU in conducting autism assessments and learning disability evaluations for college students. He completed his clinical internship at Valley Mental Health in Salt Lake City working with children, adolescents, and adults with a variety of mental illnesses and cultural backgrounds. He is bilingual (Spanish) and specializes in working with Hispanic populations in both therapy and assessment.

Amanda R. Miller, Psy.D.

Dr. Amanda Miller is the manager of the Teenscope Intensive Day Treatment / Partial Hospitalization Program. She received her Psy.D. in Clinical Psychology from Baylor University and completed her postdoctoral residency at The University Neuropsychiatric Institute. She has provided psychological services to the adolescent and child units (i.e., individual and family therapy and psychological assessment). Dr. Miller also has extensive training and experience with adults in a variety of clinical settings. Her conceptual orientation is grounded in psychodynamic theory, though she utilizes an integrative approach tailored to the setting and needs of the patient. Dr. Miller serves as a primary supervisor within the internship program and is a member of the Psychology Training Committee.

Tiffani Morgan, Psy.D.

Dr. Tiffani Morgan received her Psy.D. from Indiana University of Pennsylvania. She earned a B.S. in psychology at the University of Utah and a Master's degree in family therapy at Antioch University Seattle. Dr. Morgan's doctoral internship was at the Utah State Hospital, and she completed postdoctoral hours in residential treatment and neuropsychological assessment. Dr. Morgan has experience in a variety of inpatient and outpatient settings with

children, families, and adults and has also worked extensively with the geriatric population in skilled nursing facilities. She provides psychological services (individual and family therapy and psychological assessment) primarily to the child and adolescent inpatient program at UNI. Therapeutically, she utilizes cognitive-behavioral and family systems approaches. Dr. Morgan has an adjunct faculty appointment at the University Of Utah Department Of Psychiatry. She serves as a primary supervisor within the internship program, and is a member of the Psychology Training Committee.

Marc Porritt, Ph.D.

Dr. Marc Porritt received his PhD in Clinical Psychology from Loma Linda University with a formal specialization in neuroscience and neuropsychology. His clinical emphasis is assessment and treatment of developmental disorders and severe psychopathology in adults and children. He completed his clinical internship at Valley Mental Health in Salt Lake City assisting in homeless outreach to the severe and persistently mentally ill and providing a wide range assessments to adults and children across the valley system. He also completed a post-doctoral residency in adult inpatient mental health at the University Neuropsychiatric Institute. Dr. Porritt Provides services on adult and child units at UNI. He works primarily from a cognitive behavioral orientation with emphasis on mindfulness based “third wave” treatment such as Acceptance and Commitment Therapy (ACT) and Dialectic Behavioral Therapy (DBT).

Christopher J. (C.J.) Powers, Ph.D.

Dr. CJ Powers is the Director of Psychology Training at The University Neuropsychiatric Institute. He received his PhD in Clinical Child Psychology from the Pennsylvania State University, and completed his internship and post-training at Geisinger Medical Center, in Danville, PA. He is a Staff Psychologist on the Child and Adolescent Inpatient Units at the University Neuropsychiatric Institute. He also serves as a primary supervisor within the internship program and leads the Psychology Training Committee. Dr. Powers specializes in working with teenagers (and their families) with mood disorders and conduct problems. His primary treatment approaches include cognitive behavioral orientation (CBT), Acceptance and Commitment Therapy (ACT) and Dialectic Behavioral Therapy (DBT). Dr. Powers is also the Principal Investigator for an outcome research project that is examining the efficacy of the Teenscope Day Treatment Program. He has extensive research experience and has presented findings in national conferences and published in international peer-reviewed journals. He is also a Psychiatry Resident Supervisor and is on the Interview Committee for the School of Medicine.

Deanna Reilly, Ph.D.

Dr. Deanna Reilly graduated from Texas A&M University, received her Ph.D. in Clinical Psychology from the University of Texas Southwestern Medical Center, and completed extensive postdoctoral training in neuropsychological assessment. Dr. Reilly holds adjunct faculty appointments in the Department of Educational Psychology and the Department of Psychiatry at the University of Utah. She serves as a primary supervisor within the internship program, and is a member of the Adult Leadership Group which makes management decisions for the adult units. Her clinical work at the Neuropsychiatric Institute is primarily focused on providing psychological services to the adult units (i.e., individual, couples, and family therapy, and cognitive and psychological assessment). Conceptually, she subscribes to psychodynamic and interpersonal theoretical orientations, but uses an integrative clinical approach based on the setting and needs of the patient.

Allison Smith, Ph.D.

Dr. Allison Smith received her Ph.D. from Northern Illinois University with a focus on child clinical/developmental psychopathology. She trained in a variety of settings, including, inpatient, outpatient, group homes, and forensic settings, and she has therapy and assessment experience with both children and adults. She completed her internship and postdoctoral residency at the University of Utah Neuropsychiatric Institute. Dr. Smith's focus is on youth and families experiencing serious mental illness. Conceptually she works from the perspective of developmental psychopathology and cognitive-behavioral therapy. Clinically she integrates cognitive-behavioral strategies, including dialectical behavior therapy (DBT) and Acceptance and Commitment Therapy (ACT) skills, based on the situation and needs of the patient. Dr. Smith has an adjunct faculty appointment in the University of Utah Department of Psychiatry and is a member of the Psychology Training Committee.

Amanda Stoeckel, Ph.D.

Dr. Amanda Stoeckel is a licensed psychologist and the Program Specialist for the Comprehensive Assessment and Treatment (CAT) Program at the University Neuropsychiatric Institute. She received her Ph.D. in School Psychology from the University of Northern Colorado and completed her clinical internship at the University Neuropsychiatric Institute. Dr. Stoeckel completed a postdoctoral fellowship at the VA Advanced Fellowship Program in Mental Illness Research at the VISN 19 MIRECC VA Salt Lake City Health Care System. She has an adjunct faculty appointment at the University of Utah Department of Psychiatry. Her focus is providing psychological services to youth and young adults within the CAT Program, and she has extensive training in psychological assessment. Dr. Stoeckel's

therapeutic orientation is typically based on cognitive-behavioral methodology.

Sandra Whitehouse, Ph.D.

Dr. Sandra Whitehouse is a licensed psychologist who is the Director of Psychology at The University Neuropsychiatric Institute and holds an adjunct faculty appointment in the Department of Psychiatry at the University of Utah. She also serves as a primary supervisor within the internship program, leads the Psychology Training Committee, and is a member of the Youth Leadership Group which makes management decisions for the youth inpatient unit. She was educated at UCLA, Macquarie University (Sydney, Australia), and the University of Utah, where she received a Ph.D. in counseling psychology with advanced specialization in psychological assessment. She completed her doctoral internship at the UCSD-San Diego VAMC Consortium with rotations in acute child / adolescent inpatient, PTSD, and Dual Diagnosis Substance Abuse / Mental Illness populations. Research interests include healing aspects of hospital environments. Dr. Whitehouse works with children, adolescents and adults, with an eclectic orientation (cognitive behavioral and object relations emphasis).

Lindsay Wilson-Barlow, Ph. D.

Dr. Lindsay Wilson-Barlow received her Ph.D. in clinical psychology from Texas Tech University in Lubbock, TX. There, she developed broad interests in human development and behavior. As such, she received a breadth of clinical training in a variety of settings, including forensic, Veterans' Affairs, inpatient and outpatient rehabilitation programs, and community mental health facilities. She completed a pre-doctoral internship at the Durham VA Medical Center (Durham, NC) and a post-doctoral fellowship at the SLC VA Healthcare system (SLC, UT). She recently joined UNI as a licensed psychologist who works primarily with inpatient youth. Of particular interest to Lindsay is case conceptualization of patients with complex clinical presentations. She was trained primarily under a cognitive-behavioral framework, and her current approach can best be described as "integrative"-- largely shaped by Evidence-Based Practices (CBT, DBT, ACT, interpersonal process) with a strong respect for humanistic factors.

ABOUT UTAH AND SALT LAKE CITY

Most of Utah lies on a high plateau above 4,000 feet in elevation. The Wasatch Range of the Rocky Mountains dominates the Wasatch Front from Brigham City in the north to Provo in the south. Salt Lake City itself lies in a valley between the Wasatch Mountain range and the Oquirrh Mountain Range. To the east of Salt Lake City is the Uintah Range and to the southeast is the Colorado River Plateau. Carving a slice out of the northwestern Utah are the Great Salt Lake and Bonneville Salt Flats. The Alpine Forest and snowcapped peaks of the Wasatch national Forrest border the eastern side of the Salt lake Valley. Seven major canyons surround the valley making day hiking and picnicking easily accessible within minutes.

Salt Lake City and the Salt Lake Valley are growing in population at a high rate. Salt Lake City is known as a city with a cosmopolitan atmosphere and small town friendliness. Salt Lake itself hosts modern high rises, commercial centers, unique site-seeing attractions, historic sites, dozens of excellent restaurants, beautiful shopping malls and classic old buildings. Salt Lake City recently hosted the 2002 Olympic winter games and is home to internationally acclaimed Olympic venues. Salt Lake City is also home to nationally acclaimed ballet, dance and opera companies. The Utah Symphony is world-renowned as is the world famous Mormon Tabernacle Choir. Salt Lake's major convention centers, The Salt Palace Convention Center, Delta Center and the E-Center host everything from professional sporting events to rock concerts. Salt Lake City has a nationally recognized planetarium, zoo and aviary. Salt Lake City is also the home to several professional sports teams including: the Utah Jazz National Basketball Association Team, the Grizzlies Hockey Team, and the Salt Lake Stingers, a Triple AAA League Baseball Team. Salt Lake City is where the University of Utah is located. Brigham Young University is located approximately 30 miles south of Salt Lake City and Weber State University is located in Ogden, approximately 30 miles north of Salt Lake City. Utah is also home to the Salt Lake Community College and Utah Valley Community College. Logan is approximately 80 miles to the north of Salt Lake City and is home to Utah State University. Small private colleges, such as Westminster College are also located in the Salt Lake City area. Brigham Young University, the University of Utah and Utah State University all have APA approved graduate programs in psychology.

For the outdoor recreational enthusiast, Utah is truly a paradise. Utah has over 1,000 fishable lakes, rivers and streams. Campers and backpackers may choose from over 3,000 public and private campgrounds throughout the state. Much of the state is administered by the National Forest Service and

there are hundreds of miles of backcountry roads and trails, many of which are only accessible to backpackers. Sailing, windsurfing, kayaking, rock climbing and mountain biking are extremely popular sports. White water rafting has also become very popular and there are over 400 miles of raftable rivers. There are also more than 10 public golf courses within minutes of the downtown area. Utah also has many ski resorts, 11 of which are less than a 60-minute drive from downtown Salt Lake City. Snowfall averages more than 500 inches each winter season at these resorts. The light powder that covers the slopes has been described as the “greatest snow on earth,” and makes Utah a mecca to those stoked on powder skiing. The terrain is ideal for cross-country skiing, and snowmobiling is easily accessible. Helicopter skiing and snowcat skiing in Utah's backcountry is also available. Utah also has the distinction of being home to several national parks including: Arches, Bryce Canyon, Canyonlands, Capital Reef and Zion. Utah is also the home to several national monuments including: Cedar Breaks, Dinosaurland, Grand Staircase Escalante, National Bridges, Rainbow Bridge, and Timpanogos Cave. Two national recreation areas can also be found within the state of Utah, Flaming Gorge and Glen Canyon. Flaming Gorge is one of the largest fresh water lakes in America and is excellent for camping, fishing and water-skiing. Glen Canyon contains Lake Powell, the second largest man-made reservoir in the world. Lake Powell is almost 200 miles long and contains almost 2,000 miles of sandstone shoreline offering superb fishing, water-skiing, swimming and house boating.

During the summer months, the temperatures of the Salt Lake valley rise above 90 degrees and cool into the 60's at night. In the winter months, the average daytime high is approximately 30 degrees. Salt Lake City receives a moderate amount of snowfall during the winter months in the valley and much more in the nearby mountains.

For further information about Salt Lake City and Utah, contact the Utah Travel Counsel at:

Utah Travel Counsel
Counsel Hall
Capital Hill
Salt Lake City, Utah 84114
(801) 538-1030
www.utah.com

APPENDIX OF INTERN FORMS

Intern: _____
 Rotation: _____
 Supervisor: _____

University of Utah Neuropsychiatric Institute
 PSYCHOLOGY INTERNSHIP HOURS

Week	Supervision	Training	Individual Therapy	Family Therapy	Group Therapy	Assessment Consultation	Unit Rounds Case Conference	Paperwork Report Writing	Other	Week Total Hours
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										

Total Rotation Hours: _____

Cumulative Internship Hours: _____

Intern: _____
Rotation: _____
Supervisor: _____

University of Utah Neuropsychiatric Institute
PATIENT DEMOGRAPHICS FORM

[illegible]

- | | | |
|------------------------------------|---------------------------------|-----------|
| 1 - American Indian/Alaskan Native | 4 - Caucasian | 7 - Other |
| 2 - Asian | 5 - Hispanic/Latino | 8 - LGBTQ |
| 3 - Black | 6 - Polynesian/Pacific Islander | |

University of Utah Neuropsychiatric Institute

Psychology Intern Personal Training Goals/Objectives

Individual training goals/objectives are to be set by the intern and his/her supervisor at the start of each rotation and can be general in nature or specific to each rotation. Training goals/objectives will be formally evaluated at the end of each rotation.

Rotation 1 _____

Goal 1: _____

Method: _____

Achieved ☐ Continue ☐

Goal 2: _____

Method: _____

Achieved ☐ Continue ☐

Comments: _____

Intern

Supervisor

Date

Rotation 2 _____

Goal 1: _____

Method: _____

Achieved ☐ Continue ☐

Goal 2: _____

Method: _____

Achieved ☐ Continue ☐

Comments: _____

Intern

Supervisor

Date

Rotation 3 _____

Goal 1: _____

Method: _____

Achieved ☐ Continue ☐

Goal 2: _____

Method: _____

Achieved ☐ Continue ☐

Comments: _____

Intern

Supervisor

Date

Additional Goals/Objectives

Rotation: _____

Goal ____: _____

Method: _____

Achieved ☐ Continue ☐

Rotation: _____

Goal ____: _____

Method: _____

Achieved ☐ Continue ☐

Comments: _____

University of Utah Neuropsychiatric Institute

Psychology Intern Evaluation Form

Intern: _____

Supervisor: _____

Rotation: _____ **Mid** _____ **Final** _____

Date: _____

The Intern was directly observed this evaluation period: **yes** **no**

Please complete the attached evaluation form and return it to C.J. Powers, Ph.D.
UNI PSYCHOLOGY INTERN EVALUATION FORM

- 1 - Requires Extensive Supervision
- 2 - Requires Standard Practicum Level Supervision
- 3 - Requires Standard Doctoral Supervision

- 4 - Requires minimal Doctoral Supervision
- 5 - Requires Standard Post-Doctoral Supervision
- NA - Not Applicable to this Rotation

Goals/Objectives	Comments	Rating					
I. RESEARCH 1. Demonstrates knowledge of current scientific literature/research and the application of these empirically supported assessment techniques and interventions into clinical practice.	<div></div> <div></div> <div></div> <div></div>	1	2	3	4	5	NA
ITEM EVALUATED BY TRAINING DIRECTOR 2. Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (eg. Case conferences, presentations, publications).	<div></div> <div></div> <div></div> <div></div>	1	2	3	4	5	NA
II. ETHICS & LEGAL STANDARDS 3. Demonstrates knowledge and the ability to practice psychology consistent with all ethical, legal and professional mandates, including the APA Ethical Principles of Psychologists and the Code of Conduct.	<div></div> <div></div> <div></div> <div></div>	1	2	3	4	5	NA
4. Identifies ethical and legal issues spontaneously and consistently, and demonstrates the ability to apply an ethical decision making process to address issues when they arise.	<div></div> <div></div> <div></div> <div></div> <div></div>	1	2	3	4	5	NA

5. Demonstrates ethical conduct in working with patients, coworkers, documentation, and other professional activities.	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA
III. INDIVIDUAL & CULTURAL DIVERSITY 6. Demonstrates and understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA
7. Demonstrates awareness of multicultural theory and empirical literature and the ability to apply their knowledge to help them work effectively with a range of diverse individuals and groups, including those individuals who hold worldviews which create conflict with their own.	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA
8. Demonstrate the ability to independently apply their knowledge and approach in working effectively with a range of diverse individuals and groups encountered during internship.	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA
9. Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of all professional roles (e.g., research, services, communication with colleagues, and other professional activities).	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA

<p>IV. PROFESSIONAL VALUES & ATTITUDES</p> <p>10. behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.</p>	<hr/> <hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA
<p>11. engages in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.</p>	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA
<p>12. actively seeks and demonstrates openness and responsiveness to feedback and supervision.</p>	<hr/> <hr/> <hr/>	1	2	3	4	5	NA
<p>13. responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.</p>	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA

<p>V. COMMUNICATION AND INTERPERSONAL SKILLS</p> <p>14. Demonstrates the ability to develop and maintain effective relationships with a wide-range of individuals (including colleagues, communities, supervisors, supervisees, unit staff, and those receiving professional services)</p>	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA
<p>15. Demonstrates an ability to produce and comprehend oral, non-verbal, and written communications that are informative, well-integrated, and use professional language.</p>	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA
<p>16. Demonstrates effective interpersonal skills and the ability to manage difficult communication with co-workers and patients</p>	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA
<p>VI. ASSESSMENT</p> <p>17. Demonstrates the ability to select an appropriate psychological assessment battery based on a specific referral question.</p>	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA
<p>18. Demonstrates the ability to administer, interpret and integrate a variety of assessment measures following current research and professional standards to inform case</p>	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA

conceptualization, classification and recommendations.							
19. Demonstrates the ability to communicate in written and oral modalities the findings of an assessment in accurate and effective manner to a variety of audiences (e.g. physicians, psychologists, patients)	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA
VII. INTERVENTION		1	2	3	4	5	NA
20. Demonstrates the ability to select and effectively implement appropriate empirically-validated psychotherapeutic interventions based on a patient's specific therapeutic goals, patient characteristics and contextual variables.	<hr/> <hr/> <hr/> <hr/>						
21. Demonstrates the ability to develop and maintain appropriate therapeutic relationships (e.g., build rapport, define boundaries, transference, counter-transference, termination issues, etc.)	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA
22. Demonstrates an ability to apply relevant research literature to clinical decision making.	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA

23. Demonstrates an ability to modify and adapt evidence-based approaches effectively when a clear evidence base is lacking.	_____	1	2	3	4	5	NA
24. Demonstrates an ability to evaluate treatment outcomes and to adapt intervention goals and methods as needed based on ongoing assessment.	_____	1	2	3	4	5	NA
VIII. SUPERVISION	_____	1	2	3	4	5	NA
25. Demonstrates knowledge of supervision models and practices	_____	1	2	3	4	5	NA
26. Applies knowledge of supervision models and practices with practicum students and/or simulated practice.	_____	1	2	3	4	5	NA
IX. CONSULTATION	_____	1	2	3	4	5	NA
27. Demonstrates knowledge of consultation methods and ability to consult, collaborate and communicate within a multidisciplinary treatment team setting.	_____	1	2	3	4	5	NA
28. Demonstrates an ability to liaison with the community and professionals as appropriate to patient care (e.g. "warm hand-offs to next care providers, consultation with schools, DCFS case managers, etc).	_____	1	2	3	4	5	NA

OVERALL INTERN RATING	1	2	3	4	5
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Intern’s Greatest Strengths

Areas in Need of Improvement

☐ Rotation Passed
 ☐ Rotation Not Passed

Intern _____
 Supervisor _____
 Date _____

Training Director _____
 Date _____

Acceptable level of performance for successful completion of the internship is defined as: Able to practice with standard pre-doctoral supervision (rating of 3) on each of the 21 Goals/Objectives by the final rating on each of the three rotations. An intern can obtain an acceptable performance if a developmental program is designed, implemented and successfully passed.

University of Utah Neuropsychiatric Institute

Supervisor Evaluation Form

Supervisor: _____

Intern: _____

Rotation: _____ **Mid** _____ **Final** _____

Date: _____

Please complete the attached evaluation form, review with your supervisor and return it to Dr. Powers. In the event of sensitive training issues, it may also be held for the training year with other supervisor evaluations and submitted collectively by the lead intern or postdoc liaison.

Please evaluate your supervisor on each objective according to the key below. Comments are helpful and welcome!

- 1 – Area for significant growth / supervision training
 2 – Needs some growth or additional experience and training
 3 - Satisfactory

- 4 – Exceeds expectations
 5 – Area of exceptional strength
 NA - Not Applicable to this Rotation

Goals/Objectives	Comments	Rating					
I. RESEARCH 1. Encourages the application of empirically supported assessment techniques and interventions into clinical practice.	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	N A
2. Provides mentoring on the dissemination of research or other scholarly activities (eg. Case conferences, presentations, publications).	<hr/> <hr/> <hr/> <hr/>						
II. ETHICS AND LEGAL STANDARDS 3. Provides training in the practice of psychology consistent with all ethical, legal and professional mandates, including the APA Ethical Principles of Psychologists and the Code of Conduct.	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	N A
4. Promotes understanding of ethical and legal issues, and the application of an ethical decision making process to address issues when they arise.	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA

5. Demonstrates ethical conduct in working with patients, coworkers, documentation, and other professional activities.	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	N A
III. INDIVIDUAL and CULTURAL DIVERSITY 6. Facilitates reflection and discussion of how an intern's own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	N A
7. Encourages the application of multicultural theory and empirical literature to help interns work effectively with a range of diverse individuals and groups.	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	N A
8. Encourages the integration of awareness and knowledge of individual and cultural differences in the conduct of all professional roles (e.g., research, services, communication with colleagues, and other professional activities).	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	N A

IV. PROFESSIONAL VALUES AND ATTITUDES		1	2	3	4	5	NA
9. Discusses the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.	<hr/> <hr/> <hr/> <hr/> <hr/>						
10. Encourages a process of in self-reflection regarding the intern's personal and professional functioning; including encouraging activities to maintain and improve performance, well-being, and professional effectiveness.	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	N A
11. Models professional responsibility (e.g., follows appropriate procedures, reviews reports and provides feedback in a timely manner, punctuality, confidentiality, respect for others, etc.)	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	N A
12. Provides mentoring on how to respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA

<p>V. COMMUNICATION AND INTERPERSONAL SKILLS</p> <p>13. Demonstrates the ability to develop and maintain effective relationships with a wide-range of individuals (including colleagues, communities, supervisors, supervisees, unit staff, and those receiving professional services)</p>	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	N A
<p>14. Demonstrates an ability to produce and comprehend oral, non-verbal, and written communications that are informative, well-integrated, and use professional language.</p>	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	N A
<p>15. Demonstrates effective interpersonal skills and the ability to manage difficult communication with co-workers and patients</p>	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	N A
<p>VI. ASSESSMENT</p> <p>16. Provides feedback on the selection of appropriate psychological assessment batteries based on a specific referral question.</p>	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA
<p>17. Provides support and feedback on the administration, interpretation and integration of a variety of assessment measures following current research and professional standards to inform case conceptualization, classification and recommendations.</p>	<hr/> <hr/> <hr/> <hr/>	1	2	3	4	5	NA

18. Provides timely feedback on written reports and oral communication of assessment results.	<div></div> <div></div> <div></div> <div></div>	1	2	3	4	5	N A
VII. INTERVENTION 19. During supervision, integrates current scientific literature/research and shows the application of these empirically supported interventions into clinical practice.	<div></div> <div></div> <div></div> <div></div>	1	2	3	4	5	N A
20. Provides guidance on developing and maintaining appropriate therapeutic relationships (e.g., building rapport, defining boundaries, transference, counter-transference, termination issues, etc.)	<div></div> <div></div> <div></div> <div></div>	1	2	3	4	5	N A
21. Discusses relevant research literature to inform clinical decision making.	<div></div> <div></div> <div></div> <div></div>	1	2	3	4	5	N A
22. Encourages the modification and adaptation of evidence-based approaches effectively when a clear evidence base is lacking.	<div></div> <div></div> <div></div> <div></div>	1	2	3	4	5	N A
23. Encourages the evaluation of treatment outcomes and the adaption of intervention goals	<div></div> <div></div> <div></div>	1	2	3	4	5	N A

and methods as needed based on ongoing assessment.	_____ _____						
VIII. SUPERVISION		1	2	3	4	5	NA
24. Provides supervision-of-supervision and discusses supervision models and practices.	_____ _____ _____						
25. Encourages the application of knowledge of supervision models and practices with practicum students and/or simulated practice/role-plays.	_____ _____ _____ _____	1	2	3	4	5	NA
IX. CONSULTATION		1	2	3	4	5	N A
26. Provides mentoring on consultation methods and facilitates the ability to consult, collaborate and communicate within an multidisciplinary treatment team setting.	_____ _____ _____ _____						
27. Facilitates discussions on how to most effectively liaison with the community and professionals as appropriate to patient care (e.g. "warm hand-offs to next care providers, consultation with schools, DCFS case managers, etc).	_____ _____ _____ _____	1	2	3	4	5	N A

OVERALL SUPERVISOR RATING	1	2	3	4	5
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Supervisor's greatest strengths_____

Areas for growth or additional training_____

Intern _____ Supervisor _____ Date _____

Training Director _____ Date _____

Rotation Evaluation Form

University of Utah Neuropsychiatric Institute

Rotation _____ Year _____

Intern (optional) _____

If you answer No to any of the questions below, please explain on the lines below.

Were you able to gain exposure to a diverse clinical population and issues/diagnoses? _____

Did you receive adequate breadth and depth in your clinical experience and training? _____

Did you gain exposure and training in areas of personal interests and were you able to meet your personal training goals? _____

Was the workload balanced and appropriate to prepare you for future professional practice? _____

Did you feel that your training needs were appropriately balanced with the clinical needs of the rotation? _____

Did you feel supported on the rotation by the unit staff and other professionals? _____

Did you feel that there was collaboration among the professionals and that your clinical opinion was respected? _____

What would you identify as the strengths of the rotation? _____

What would you change about the rotation in order to improve the training experience? _____

**** This evaluation form will be held by the postdoctoral resident and reviewed by the Director of Psychology Training after the completion of the internship.**

Psychology Internship Evaluation Form

University of Utah Neuropsychiatric Institute

The purpose of the year-end evaluation is to provide feedback to the Training Committee regarding your internship training experience. This evaluation is intended to reflect your general impressions of the overall internship experience. Specific comments regarding rotations and supervisors should be made on the appropriate evaluation forms. Your feedback is very important and will help us to identify the strengths of the internship and to address areas in need of improvement.

Using the scale below, please circle the number that best represents the training/preparation you received during our internship training year.

1 = Inadequate 2 = Below Average 3 = Average 4 = Above Average 5 = Excellent

Training Areas

Ethics and Professionalism

1 2 3 4 5

Ethical, Legal and Professional Issues

1 2 3 4 5

Scholarly Inquiry

1 2 3 4 5

Integration of Research and Clinical Practice

1 2 3 4 5

(Empirically Supported Assessment and Interventions)

Comments: _____

Assessment, Diagnosis and Treatment Planning

1 2 3 4 5

Psychopathology (General)

1 2 3 4 5

Adult

1 2 3 4 5

Adolescent

1 2 3 4 5

Child

1 2 3 4 5

Psychological Assessment

1 2 3 4 5

Differential Diagnosis (Use of the DSM-V)

1 2 3 4 5

Report Writing

1 2 3 4 5

Treatment Planning and Goals

1 2 3 4 5

Comments: _____

Psychology Internship Evaluation Form

University of Utah Neuropsychiatric Institute

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Intervention

1 2 3 4 5

Individual Therapy

1 2 3 4 5

Family Therapy

1 2 3 4 5

Group Therapy

1 2 3 4 5

Marital/Couples Therapy

1 2 3 4 5

Crisis Intervention

1 2 3 4 5

Behavioral Interventions/Contracts

1 2 3 4 5

Consultation

1 2 3 4 5

Therapeutic Relationship Issues

1 2 3 4 5

(e.g., rapport, communication, termination,
transference,
counter-transference and boundaries)

Comments: _____

Hospital Practice

1 2 3 4 5

Issues of Hospital Professional Practice

1 2 3 4 5

Consultation with Professional Staff

1 2 3 4 5

Exposure to Managed Health Care Issues

1 2 3 4 5

Functioning as a Multidisciplinary Team Member

1 2 3 4 5

Coordination of Services with Community

1 2 3 4 5

Documentation Standards and Practice

1 2 3 4 5

Comments: _____

Diversity

1 2 3 4 5

Role of Individual and Multicultural Diversity in
Psychology

1 2 3 4 5

Exposure to Diverse Populations

1 2 3 4 5

Assessment Considerations with Diverse Populations

1 2 3 4 5

Therapeutic Needs/Interventions for Diverse

Populations

Comments: _____

Psychology Internship Evaluation Form

University of Utah Neuropsychiatric Institute

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Training Activities

<u>Individual Supervision (General)</u>	1	2	3	4	5
Availability of Supervision	1	2	3	4	5
Quality of Supervision	1	2	3	4	5
Professional Mentoring	1	2	3	4	5
Respect for Individual Differences and Needs	1	2	3	4	5
Respect of Personal and Professional Boundaries	1	2	3	4	5
Group Supervision	1	2	3	4	5
Staff Meetings/Case Conferences	1	2	3	4	5
Psychotherapy Seminar	1	2	3	4	4

Comments: _____

Didactic Training Seminars 1 2 3 4 5

Most Valuable

Least Valuable

Suggested Didactic Trainings: _____

Psychology Internship Evaluation Form

University of Utah Neuropsychiatric Institute

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General Internship Experience

Breadth of Internship Experience	1	2	3	4	5
Depth of Internship Experience	1	2	3	4	5
Exposure to Areas of Professional Interest	1	2	3	4	5
Assistance Obtaining Personal training Goals	1	2	3	4	5
Psychology Staff-Intern Relations	1	2	3	4	5
Psychology Staff Support of the Interns	1	2	3	4	5
Preparation for Professional Practice	1	2	3	4	5
Preparation for Licensure	1	2	3	4	5
Assistance in Obtaining Postdoctoral Position	1	2	3	4	5
Assistance in Obtaining Initial Professional Position	1	2	3	4	5
Utility of Internship Orientation (3-day)	1	2	3	4	5
Clarity of Internship Expectations, Goals and Objectives	1	2	3	4	5
Adequate Intern Resources (e.g., computer, library access and supplies)	1	2	3	4	5
Evaluation and Feedback Procedures	1	2	3	4	5
Other (specify)	1	2	3	4	5

Strengths of the Internship Experience: _____

Limitations of the Internship Experience: _____

Recommendations to Improve the Internship Experience: _____

OVERALL EVALUATION OF THE INTERSHIP PROGRAM

1 2 3 4 5

Additional Comments on Your Internship Training Experience: _____

Psychology Internship Evaluation Form

University of Utah Neuropsychiatric Institute

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Personal Information

In addition to the personal information requested, please provide us with a permanent address or contact person (parent, relative, employer, etc.) through which we may contact you in the future for subsequent follow-up surveys.

Name: _____ Date: _____

Permanent Home Address: _____

Work Address: _____

Phone: _____ (Home) _____ (Work) _____ (Other)

E-mail: _____

Contact Person/Address: _____

Phone: _____