



**GATEWAYS HOSPITAL
& MENTAL HEALTH CENTERS**

Gateways Doctoral Internship

In Clinical Psychology

Program Manual

2025-2026

Primary Location:

Gateways Hospital and Mental Health Center

1891 Effie St.

Los Angeles, CA 90026

With additional locations in the Los Angeles and San Diego area.

www.gatewayshospital.org

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Internship Program in Clinical Psychology

Gateways Hospital and Mental Health Center is a non-profit organization located in Echo Park and has been serving the Greater Los Angeles area since 1953. Our qualified healthcare professionals treat all mental health conditions and provide services for children, adolescents, transitional aged youth, and adults. We pride ourselves on offering quality mental health treatment to all individuals, whether funded or non-funded.

Gateways Hospital and Mental Health Center Doctoral Internship in Clinical Psychology (referred to hence as “Gateways Internship Program”) offers training to 2-4 interns each year. This manual provides information regarding the internship for interns, their supervisors, and training programs.

Gateways Hospital interns are subject to the general policies and procedures as outlined in this manual. Each intern is provided a hard copy of this manual upon orientation during their first training week. This manual seeks to summarize the basic training that a student of any level can expect to obtain while contacted/ employed at the Hospital.

Introduction

Gateways Internship Program is an inpatient service provided at the Main Hospital location. Gateways has a long-standing history and reputation for providing exceptional training experiences to practicum, internship, and doctoral-level candidates, and preparing students to professionally advance into a successful future as Licensed Clinical Psychologist. The Gateways Internship Program is a full-time internship that is structured to provide experience in providing individual and group interventions, psychological assessments, and increase opportunities for professional development while working as part of a multidisciplinary team. Interns are expected to complete no less than 1750 hours of clinical work spanning one academic calendar year, equating to a 40-hour work week. This internship typically begins the third Monday in August (August 18th, 2025) and ends on the last day in August the following year (August 28th, 2026). All interns receive vacation (10 PTO), holiday (7 Federal Holidays), and sick time (5 days).

Population

The Gateways Internship Program provides trainees the opportunity to use and further develop their clinical skills with a variety of diverse populations within the inpatient setting. Populations served include: Transitional-Aged Youth (TAY), ODR (Office of Diversion and Re-Entry), HOME Team (Homeless Outreach Mobile Engagement), as well as patients that are referred from Twin Towers Correctional Facility (TTCF), various schools within Los Angeles County, and Emergency Room Departments. Our population age ranges from 13-17 on the adolescent unit, and 18-59 for our adults that display a variety of DSM-5-TR diagnoses that are often found in an inpatient setting. Gateways primarily serves a diverse and underserved populations that reside within Los Angeles area. Many of our patients struggle with chronic homelessness, history of incarcerations, and severe mental illness where access to resources such as mental health interventions are scarce, or rarely utilized leading to further decompensation. The Mission of Gateways Hospital and Mental Health Center seeks to serve and maintain mental health facilities and programs in order to effectively provide needs to those who are

considered mentally ill, emotionally disturbed, and in severe crisis who require inpatient, outpatient, rehabilitation services, treatment, and care regardless of race, nationality, gender, creed, language, religion, physical ability, as well as other types of diversity. As staff, we attempt to facilitate mutual respect and understanding among people of diverse backgrounds.

The goal in diversity training is to ensure the ongoing development of skills, knowledge, and awareness necessary to provide comprehensive psychological services to all patients. The Gateways Internship Program requires an expected competency in individual and cultural diversity of its interns in order to comply with the APA's views on Preparing Professional Psychologist. Diversity trainings and experiences are integrated throughout our Internship Program.

Training Philosophy

Gateways Hospital strives to reflect our mission by providing intensive inpatient mental health treatment, supervision, and assessment services consistent with the standards of practice established by the Department of Mental Health (DMH). In addition, Gateways Hospital provides 24/7 clinical care to our patients through several departments, and our Interns are integrated into this multidisciplinary team approach to care. This level of care is achieved through supervision and departmental resources. Our patients typically transition to the inpatient setting through a community partner (i.e. another hospital, school, jail, etc.) where they receive psychiatric, psychological, and medical care while awaiting placement or discharge back into the greater community.

Gateways Hospital provides training and ongoing supervision to all employees to best serve this critical population and carry out the Hospital's mission. The resources utilized to achieve this goal include DMH policies and procedures, Board of Psychology (BOP) ethical standards of care, and this manual. Gateways Hospital Interns and employees are also required to attend orientation prior to their start date to become familiar with the Gateways Hospital and Mental Health Center's policies, procedures, safety management, fiscal management, the human resources department, and employment standards and practices.

The goal of the Gateways Internship Program is to provide our interns with a unique capstone training experience that will inevitably yield a diverse skillset where flexibility and adaptability are essential in providing adequate patient care to those experiencing severe mental illness and distress. The intern is expected to develop proficiency across all areas of clinical inpatient practice including individual and group therapeutic interventions such as CBT, DBT, Humanistic, etc. In addition, interns are expected to co-facilitate a variety of symptom management groups such as DBT, self-harm, social skills, and substance use groups. Furthermore, interns are expected to provide at least four psychological batteries, community outreach, and consultation with members of the treatment team, DCFS, and a patient's family. Generalized training is a primary focus in preparation for moving on to a post-doctoral fellowship and a career as a licensed psychologist.

Training Aims

The Gateways Internship Program ascribes to a practitioner-scholar model through the practical application of theory and knowledge. Thus, Gateways Hospital's primary mode of education is experiential, supplemented with didactic seminars, modeling, clinical supervision, case consultation, and

collaboration with an interdisciplinary team. The goal of this internship is to develop critical thinking, conceptualization, problem-solving, judgment, and integrating and presenting the findings of scientific research and theory to ensure breadth and quality of training to prepare interns for postdoctoral fellowship or entry into the practice of clinical psychology.

The aim of the internship program is to wed the mission of the agency with the values of the professional psychological community—that is, the training program appreciates that clinical practice within a psychiatric inpatient setting requires the same core clinical skills and knowledge base as professional practice generally, but takes place within a complex medical, legal, and social context. Regardless of the psychology intern’s theoretical orientation, the internship program promotes the development of scientifically informed practice in all areas of practice and cultural competence. The primary learning aims and competencies, adapted from the APA Revised Competencies Benchmark (2012), are based on ten core competencies:

1. **Professional Values and Attitudes.** The Gateways Internship Program is committed to adherence to values such as integrity, accountability, and professional demeanor while promoting the development of an emerging professional identity. Psychology interns are encouraged to safeguard the welfare of others and participate in ongoing training aimed at helping instill a personal commitment to the life-long learning process.
2. **Individual and Cultural Diversity.** The Gateways Internship Program is committed to developing and training psychology interns who recognize the importance of diversity and individual differences and are aware of the effects of their own cultural and ethnic backgrounds and attitudes in clinical practice.
3. **Ethics and Legal Standards.** The Gateways Internship Program is committed to the development and training of psychology interns who know and use legal and ethical principles as a guide for professional practice, research, self-evaluation, and professional growth. In addition, they will be able to identify ethical decision-making in dilemmas and resolve them in a professional manner.
4. **Reflective Practice and Self-Assessment/Self-Care.** The Gateways Internship Program emphasizes the development of self-awareness and engagement in an ongoing self-monitoring process during and after professional activity. In case of issues with self-care disruption, the psychology interns will be encouraged to consult and intervene promptly. The psychology interns are also encouraged to work with their feelings and reactions by identifying transference and countertransference and learning how to manage countertransference reactions.
5. **Relationships and Interpersonal Skills.** The Gateways Internship Program is committed to developing the psychology intern’s ability to establish and maintain effective working relationships with colleagues, supervisors, interdisciplinary staff, communities, organizations, and individuals receiving professional services. The psychology interns will also be able to demonstrate practical interpersonal skills and manage conflicts well. In addition, they will be able to produce and comprehend informative and well-integrated oral, nonverbal, and written communications and demonstrate an understanding of professional language and concepts.

6. **Research Knowledge.** The Gateways Internship Program is committed to fostering critical scientific thinking and applying the scientific method to practice. Psychology interns will learn the concept of evidence-based practice and increase their knowledge base of psychology by critically analyzing, integrating, and presenting scientific research and theory findings.
7. **Assessment and Diagnosis.** The Gateways Internship Program seeks to help develop the psychology interns' ability to independently select, administer, score, and interpret multiple assessment tools. Psychology interns will learn how to synthesize assessment findings into a well-integrated report and use assessment findings to diagnose and treat patients. The psychology interns will utilize background information, interviews, and psychometric data to diagnose accurately, demonstrating a thorough knowledge of psychiatric classification and relevant diagnostic criteria to develop an accurate diagnostic formulation. Finally, the psychology interns will learn how to write and verbally articulate a well-organized psychological report and answer referral questions clearly and effectively provide feedback.
8. **Conceptualization and intervention planning.** The Gateways Internship Program will emphasize the psychology interns' ability to develop and maintain therapeutic alliances with patients, develop and implement intervention plans that are current and scientifically grounded in relevant research, evaluate the effectiveness of intervention plans, and modify and adapt interventions when needed.
9. **Supervision Aims.** The Gateways Internship Program aims to provide basic knowledge of expectations for supervision based on the Competency-Based Approach to Clinical Supervision (Falender and Shafranske, 2008), emphasizing the ability to integrate procedural knowledge and the experiential components. In addition, psychology interns will learn about various supervision models and practices.
10. **Consultation and Interprofessional/Interdisciplinary Skills.** The Gateways Internship Program is committed to ensuring that psychology interns are knowledgeable and respectful of the roles and perspectives of other professions (e.g., interdisciplinary treatment team members). In addition, they will be able to apply this knowledge during consultations with other healthcare professionals, interprofessional groups, or community partners and agencies (e.g., LA County Department of Children and Family Services).
11. **Advocacy priorities** The Gateways Internship program will prioritize health equity for disadvantaged populations by promoting equity, inclusion, and diversity. Psychology interns' aims will include demonstrating awareness of the social, economic, and cultural factors that may impact treatment and perpetuate hospitalization.

Professional Staff Biographies and Interest Areas

Elizabeth Morris, Psy.D.

Clinical Training Director and Director of Psychology and Social Services

Dr. Morris is a licensed clinical psychologist and the Director of Psychology and Social Services for Gateways Hospital and Mental Health Center, where she oversees all psychology staff and trainees, as well as social work for the organization.

Dr. Morris received her undergraduate training at Kent State University in Kent, Ohio, earning a Bachelor of Arts in Psychology, and her doctoral training in Clinical Psychology at the APA accredited Chicago School of Professional Psychology in Chicago, Illinois. She provides clinical supervision to practicum, intern, and postdoctoral level students at Gateways Hospital within the inpatient units and outpatient clinic. Dr. Morris provides trauma-informed treatment to adults and adolescents as part of the multi-disciplinary team at Gateways Hospital. Additionally, Dr. Morris provides expert testimony in the Los Angeles Superior Mental Health Court for evaluations of grave disability as it relates to LPS conservatorship.

Dr. Morris' areas of clinical interest include psychological testing and assessment, child and adolescent treatment, and treatment of severe and persistent mental illness in vulnerable populations. She is actively involved in research regarding trauma informed care and treatment for populations served at Gateways Hospital.

Cinzia Cottu di Roccaforte, Psy.D.

Supervising Staff Psychologist

Dr. Cottu di Roccaforte is a licensed clinical psychologist in California (PSY 32778) and a clinical supervisor at Gateways Hospital and Mental Health Center's main hospital. Dr. Cottu di Roccaforte received her Bachelor of Arts in Psychology from UCLA. She obtained a Master of Arts Degree in Clinical Psychology with an emphasis in Marriage and Family Therapy from Pepperdine University and a Doctoral Degree in Clinical Psychology from Alliant International University in Alhambra. Dr. Cottu di Roccaforte received training in psychodynamic, cognitive behavioral, dialectic behavioral, and exposure therapy from renowned clinicians who have been pioneers in researching and treating anxiety and obsessive-compulsive disorders (OCD) at UCLA.

Dr. Cottu di Roccaforte's preferred theoretical orientation is psychodynamic, although she uses theoretical integration and technical eclecticism in supervision and when treating patients to tailor psychological treatment to their needs. Throughout her years in practice, she has specialized in anxiety, mood, OCD, and personality disorders. She has authored articles on anxiety and OCD and has presented at international psychology conferences. Dr. Cottu di Roccaforte was born in Italy and has lived in major European cities since young adulthood. She is fluent in multiple languages and has been immersed in different subcultures thanks to her previous career as an artist.

Jamie Nierenberg, Psy.D.
Supervising Staff Psychologist

Dr. Nierenberg is a licensed clinical psychologist in the state of CA. She received her undergraduate degree in Deaf Studies from California State University, Northridge, and is fluent in American Sign Language. She holds a Master's (M.A.) and Doctoral degree (Psy.D.) in Clinical Psychology from Pepperdine University and California School of Professional Psychology at Alliant International University in San Diego, CA, respectively. Dr. Nierenberg provides therapeutic services from a psychodynamic/object relations perspective while utilizing a person-centered/humanistic approach in therapy, with an emphasis on the therapeutic relationship, as she believes a nonjudgmental approach and strong rapport is essential to success in mental health treatment.

Dr. Nierenberg's clinical training and work-related experience with children, a population she is most passionate about, includes the treatment of a wide-range of interrelated biological, psychological, social, and behavior problems among children with typical development, neurodevelopmental disorders, and extensive trauma history. Her clinical training with children ranges from conducting child custody evaluations and providing parent training groups, to utilizing Applied Behavior Analysis interventions for children with autism spectrum disorder. Dr. Nierenberg has worked at Gateways Hospital and Mental Health Center (inpatient facility) since 2018, where she completed her internship and post-doctoral training and developed a great passion for the multidisciplinary treatment team approach in serving adult and adolescent populations with severe mental illness, including mood disorders, psychotic disorders, personality disorders, trauma/PTSD, and substance abuse.

Internship Application and Match Policy

We begin the intern selection process by reviewing the prospective Intern's submitted application. We carefully review each applicant's materials before offering an interview. The prospective Intern must be a current doctoral-level student in an APA-accredited counseling, clinical, or forensic psychology program. The student must also have completed all necessary coursework such that their university has approved them to apply for and start an internship. Completion of doctoral dissertation is preferred, but not required. Once the prospective Intern matches with our program, they will be asked to complete a background check, including fingerprinting, and physical prior to starting the internship. Final hiring for the internship is contingent upon satisfying all HR requirements as an employee, which includes clearing the background check.

A completed application must include:

- A completed AAPI
- A cover letter describing the prospective Intern's relevant experience
- An updated Curriculum Vitae
- Transcripts (unofficial will suffice) of all graduate work in psychology
- Three letters of recommendation from persons familiar with the prospective intern's clinical, professional, and/or coursework. At least two of these letters must be from clinical supervisors.
- Psychological assessment report (redacted)

The prospective Intern may email Dr. Elizabeth Morris, Psy.D., Director of Clinical Training, with any questions they may have about the application. Applications should be submitted by mid-November, but no later than the APPIC deadline.

Intern Position Overview

Gateways Hospital Inpatient's internship program is a full year, offering approximately 2000 hours, though requiring 1750 hours, of supervised training. This includes at least 500 face-to-face client contact hours, though the nature of this work typically requires far more direct client services. No less than 25% of the interns' time will be spent delivering face-to-face services to patients. The training year begins the last Monday in August and ends the last Friday in August the following calendar year. Interns are expected to maintain an 8am-4:30pm, Monday-Friday work schedule throughout their internship year. Because this is a full-time commitment, the completion of all formal coursework and practicum training is required prior to the Doctoral Psychology Intern beginning their internship with Gateways Hospital. Dissertation completion is preferred, but not required. Said coursework must be completed from an accredited program in professional psychology.

An overview of the services provided by the Psychology Intern is as follows:

Psychosocial Assessments: Approximately 45-60 minutes in length, approximately once weekly. The intern will conduct a comprehensive Psychosocial Assessment with all new patient admissions assigned to their caseloads.

Individual Therapy Sessions: Approximately 30-60 minutes in length and at a frequency that meets the patient's clinical needs. Interventions provided to patients are evidence based, and specific treatment modalities are implemented as indicated and discussed in clinical supervision. The Psychology Intern will manage a caseload of approximately 8 patients based on the hospital census.

Group Therapy Sessions: 45-minute groups that are co-led with another member of the psychology team. The group topics vary, but include topics such as: Symptom Management, DBT, Substance Use, Self-Harm/Safety, Social Skills, etc. Interns will co-lead approximately 2 groups per week on both the adult unit and adolescent unit, for a total of 4-5 groups weekly.

Treatment Planning: Three times weekly the intern will meet with the multi-disciplinary team to present patient progress in treatment, report clinical observations, and update treatment interventions based on treatment goals.

Documentation: All interns are required to complete documentation for clinical services. Documentation is completed daily for individual sessions, group therapy sessions, and Psychosocial Assessments.

Psychological Assessment: Interns must complete at least 4 testing batteries during the training year. Interns will be trained on an array of psychodiagnostic testing instruments, including, but not limited to, RBANS, WISC-V, WAIS-IV, TONI, WCST, MCMI, MMPI, PAI, TAT, etc. Assessment referral sources include our inpatient clinical team, Adolescent Outpatient Clinic, community mental health partnerships, and other Gateways sites. These assessment batteries, subsequent reports, and feedback sessions with clients and appropriate collaterals will be supervised closely.

Multidisciplinary Consultation: It is expected that the intern facilitate regular multi-disciplinary consultations regarding the patients on their caseload to provide well-rounded patient care.

Psychology Intern Benefits/Time Off

Gateways Hospital allows the intern two weeks' vacation and five sick days, as well as holidays on which the office is closed to all employees; however, we ask that interns refrain from taking vacation in the first six weeks or the last four weeks of their training year in order to best avoid disrupting our clients' continuity of care, as well as to ensure the completion and timely filing of necessary paperwork (notes, reports, treatment plans, etc.). Vacation days can be used for personal, educational, or professional leave purposes. For instances of pre-planned time-off requests, interns must submit these requests in writing to the Director of Training for approval, when possible, at least two weeks prior to the scheduled time off. The Director of Training reserves the right to determine if the requested time off is approved based on agency needs and the timeliness of said request. Should the intern have an unforeseen absence (e.g., due to sickness), they must notify the Director of Training and/or their clinical supervisor by phone or email. In instances involving extended medical leave or significant illness, a note from an appropriate medical professional is required, as well as clearance to return to clinical training duties. The intern's school must also be notified and involved in the leave of absence plan. Gateways Hospital Internship offers a stipend of \$31,000 annually. Opportunities to earn an academic stipend may be granted.

Training Location

All the training will be conducted at the Main Hospital, at 1891 Effie Street, Los Angeles, CA 90026. Gateways Hospital is a secure inpatient hospital, and all clinical services provided to our patients are provided on-site. Testing and Assessment services provided to clients referred from our outpatient programs will be completed in our new state-of-the-art testing and assessment lab, located at the main hospital, on a different floor than our inpatient units.

Interns are provided with shared office space with their own desks and computers. Training, didactics, and group supervision are typically held in larger conference rooms.

Training Resources

The interns are provided with all resources necessary to complete their responsibilities as a trainee at Gateways Hospital. Interns are provided keys to their dedicated offices in the hospital, to the hospital units, and the psychology testing lab. Each intern has their own desk and computer, with shared access to a printer/copier/fax machine. A shared phone and voicemail are accessible in each trainee office. Each office is supplied with a DSM-5-TR manual.

Interns will have access to a robust library of testing and assessment instruments in our Testing Lab. They will also have access to our online testing platforms (Q-Global, Q-Interactive, etc.). Interns must communicate with their supervisor and the Psychology Team to indicate what instruments they are checking out and anticipated return date.

Parking is free and accessible throughout the hospital parking lot.

Supervision

Clinical supervision will come from various licensed psychologists in the Gateways Hospital program. Psychology interns will receive two hours per week of scheduled, face-to-face, individual supervision from clinical supervisors (licensed psychologists). This will include a review of each client on the intern's caseload, with a detailed review of the intern's relevant documentation (e.g., individual session notes, group session notes, interventions, etc.). The supervisor, a licensed psychologist, will approve and co-sign all documentation; the individual therapy sessions will note, "Supervised by:" to ensure the reader is aware a licensed psychologist oversees the psychology intern's clinical work. The psychology intern will also participate in at least 2 hours of weekly group supervision and grand rounds with the interdisciplinary treatment team, all facilitated by a licensed psychologist. The psychology intern will receive at least four hours of formal supervision with a licensed psychologist per week, although there will be many opportunities for additional informal supervision by licensed staff and other mental health professionals when appropriate. The Director of Training is ultimately responsible for ensuring all psychology interns receive the appropriate amount and type of supervision overall. Each psychology intern will be required to maintain a weekly log of supervision and educational activities using the format provided at the start of the year. This log must be turned in to the primary supervisor at the end of each month and will be reviewed with the intern at each formal performance evaluation. Any problems or deficiencies in supervision should be reported to the Director of Training.

Clinical supervision is structured to build technical competency by integrating didactic and experiential aspects of learning based on Falander and Shafranske's (2008) concept of superordinate values: integrity-in relationship, evidenced-based practice, ethical practice, and diversity competence. The clinical supervisors will promote the development of foundational competencies, including (though this is not an exhaustive list) practicing within the boundaries of professional qualification, development skills in self-assessment, professional development, understanding the different theoretical models supported by scientific knowledge, awareness of patient's unique characteristics based on cultural and personal backgrounds (e.g., gender identities, forensic history), understanding of ethical concepts and legal standards, and promoting interdisciplinary cooperation. The clinical supervisors will address functional growth areas to promote the development of diagnostic and case conceptualization skills, the application of evidence-based interventions, the ability to receive/provide consultation, and learn different models of supervision. The Gateways Hospital program aspires to provide positive, supportive, and collaborative training that will prepare interns for careers in psychology. As such, it provides opportunities for continuous collaboration with an open-door policy, promoting discussions of delivery methods, pedagogy, and remediation of any difficulties in a timely manner.

Intern Sample Weekly Schedule

Gateways Intern Schedule – 2024-2025

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00AM	Administrative/Emails/Assignments	Administrative/Emails/Assignments	Administrative/Emails/Assignments	Administrative/Emails/Assignments	Administrative/Emails/Assignments
8:30AM	Note & Report Writing	Note & Report Writing	1:1 Therapy Session	Comprehensive Psychosocial Assessment (New Admission Intake)	1:1 Therapy Session
9:00AM	Comprehensive Psychosocial Assessment (New Admission Intake)	Note & Report Writing	Clinical Group Supervision 9-10AM	Note & Report Writing	Didactic Trainings
9:30AM	1:1 Therapy Session	1:1 Therapy Session		1:1 Therapy Session	
10:00AM	15-minute break	15-minute break	15-minute break	15-minute break	15-minute break
10:30AM	Note & Report Writing	Treatment Plan Meeting 10:30AM-12:00PM	Treatment Planning/Didactics 10:30AM-12:00PM	Treatment Plan Meeting 10:30AM-12:00PM	Note & Report Writing
11:00AM	1:1 Therapy Session				Individual Supervision (Primary)
11:30AM					
12:00PM	Lunch	Lunch	Lunch	Lunch	Lunch
12:30PM	Adult Social Skills Group 12:45-1:30PM	Adult Symptom Management Group 12:45-1:30PM	Adult Substance Use Group 12:45-1:30PM	Adult Symptom Management Group 12:45-1:30PM	Adult Symptom Management Group 12:45-1:30PM
1:00PM					
1:30PM	1:1 Therapy Session	1:1 Therapy Session	1:1 Therapy Session	1:1 Therapy Session	1:1 Therapy Session
2:00PM	Adolescent Self-Harm Group 2:15-3:00PM	Adolescent Symptom Management Group 2:15-3:00PM	Adolescent DBT Group 2:15-3:00PM	Adolescent Symptom Management Group 2:15-3:00PM	Adolescent Symptom Management Group 2:15-3:00PM
2:30PM	15-minute break	15-minute break	15-minute break	15-minute break	15-minute break
3:00PM	Assessment Group Supervision 3-4PM	1:1 Therapy Session	1:1 Therapy Session	Individual Supervision (Delegated)	1:1 Therapy Session
3:30PM					
4:00PM	Note & Report Writing	Note & Report Writing	Note & Report Writing	Note & Report Writing	Note & Report Writing

Didactics Schedule

Didactic training will be provided weekly by the Director of Training and clinical supervisors throughout the internship year, averaging two hours per week, and typically delivered in a lecture-based format. Overall, didactics aims to complete the psychology intern’s functional competencies by enhancing the interns’ knowledge and skills and integrating theory into clinical practice. To promote the integration of current scientific literature and standards of practice, didactic seminars are often supplemented with additional readings. In addition, didactics will incorporate outside guest speakers from psychology and other disciplines (e.g., medical residents, occupational therapy, nursing, court personnel, Department of State Hospital, etc.).

2023-2024 Didactics Schedule

Supervisor: Cinzia Cottu di Roccaforte, Psy.D.

Wednesday 9:00 a.m. to 10:00 a.m.

Week 1	8/30/23	<u>Group Supervision Agenda</u> - Building technical competency and addressing core foundational competencies (e.g., ethics, cultural diversity, professionalism). Reviewing the Professionalism Handout.
Week 2	9/6/2023	<u>Group Supervision Agenda Cont.</u> - Integrating didactic and experiential aspects of learning in group supervision. Discussing interpersonal processes, group dynamics, and transference and countertransference dynamics.
Week 3	9/13/2023	<u>Working with Acute Patients in Inpatient Settings</u> - Reviewing DSM-5-TR core mental disorder including diagnostic criteria of Schizophrenia Spectrum and Other Psychotic Disorders. Discussing appropriate evidenced-based interventions.
Week 4	9/20/2023	<u>Working with Forensically involved Patients</u> - Learning the type of conservatorship (e.g., Murphy Conservatorship, Temporary Conservatorship), and reentry services (Office of Diversion and Reentry). Reviewing DSM-5-TR criteria of Substance-Related/Addictive Disorders and Personality Disorders.
Week 5	9/27/2023	<u>Psychopharmacology</u> - Reviewing the major categories of psychoactive drugs; familiarizing with the patient’s list of psychotropic medication. Learning the different type of antipsychotics and their side effects.
Week 6	10/4/2023	<u>Independent Study-Topic</u> - APA 2017 Privacy and Confidentiality p. 7. CA Board of Psychology Laws and Regulations 2023, SPE Log p. 176

Week 7	10/11/2023	<u>Psychopharmacology Cont.</u> - Antidepressants and Mood Stabilizers Side Effects. Discussing clinical cases presenting mood disorders on antidepressant and mood stabilizers regimen.
Week 8	10/18/2023	<u>Psychopharmacology Cont.</u> - Common Sedatives, Hypnotics, and Anxiolytics. Discussing PRNs procedures and clinical cases presenting anxiety disorders. Completing the EPPP Practice Questions on Psychopharmacology.
Week 9	10/25/2023	<u>Working in an Integrated Care Setting</u> - Discussing patients' care in interprofessional health care teams with a high degree of collaboration and communication between healthcare professionals. Comparing Ethic Codes, discussing similarities and differences, privacy and confidentiality, informed consent, mandatory reporting and duty to protect. Reviewing the APA Ethical Standards on p. 4 (APA, 2017). Completing the EPPP Practice Questions on Ethical/Legal/Professional Issues
Week 10	11/3/2023	<u>DBT Overview and Treatment Targets</u> - Discussing patient's presenting problems in the following order: life-threatening behaviors, therapy-interfering behaviors, and quality of life behaviors. Case conceptualization in DBT guided by a dialectical cognitive-behavioral approach and biosocial theory.
Week 11	11/8/2023	<u>DBT: Mindfulness and Distress Tolerance Skills Training</u> - Learning the DBT skills to help patients participate with awareness, focus on one thing in the moment, and accept themselves and their current situation in a nonjudgmental way.
Week 12	11/15/2023	<u>Incompetence to Stand Trial (IST)</u> – Reviewing the Penal Code section 1370; learning the felony and misdemeanor incompetent to stand trial commitment process and the restoration of competency treatment pathways. Guest speaker: Dr. Isamar Mayol Calderon, Psy.D., Forensic Psychologist
Week 13	11/22/2023	<u>DBT: Emotion Regulation and Interpersonal Effectiveness Skills Training</u> – Learning how to help patients regulate their affective levels, increase social effectiveness, and cope with interpersonal conflicts.
Week 14	11/29/2023	<u>Doing DBT with Sexual and Gender Minority Patients</u> – Reviewing the Minority Stress Theory and the biosocial model of emotion dysregulation applied to clinical cases. EPPP Practice Questions: Social and Multicultural Bases of Behaviors
Week 15	12/6/2023	<u>Multicultural and Cultural Competence</u> – One intern will present recent research articles on how low income/poverty/crime impacts our patients (and their families) in and out of the hospital setting and facilitate a group discussion.

Week 16	12/13/2023	<u>Multicultural and Cultural Competence</u> – One intern will present recent literature on how social media’s impact on culture may affect requesting and receiving services and treatment.
Week 17	12/20/2023	<u>Stages of Changes and Motivational Interviewing</u> – Learning how to use appropriate motivational interviewing interventions based on the patient’s readiness to change. EPPP Practice Questions: Treatment and Interventions.
Week 18	12/27/2023	<u>Multicultural and Cultural Competence</u> – One intern will present the current literature on therapist privilege and facilitate a group discussion on its impact on treatment (education, income, access to resources, etc.).
Week 19	1/3/2024	<u>Multicultural and Cultural Competence</u> - One intern will present the current literature on how religion impacts treatment inside the hospital followed by a group discussion on how to honor religious beliefs without focusing/giving strength to psychosis.
Week 20	1/10/2024	<u>Multicultural and Cultural Competence</u> - One intern will present the current literature on how age may impact patients’ access to services and perception of treatment team about patients. A group discussion will follow on ability to use services, outcome of services, etc.
Week 21	1/17/2024	<u>Multicultural and Cultural Competence</u> – One intern will present the updated literature on 2SLGBTQAI+ and facilitate a group discussion about gender, gender identity and sexual orientation, how the patients identify, how perceived identity may impact therapy, access to services, trust of services, and treatment of patients inside and outside of the hospital setting.
Week 22	1/24/2024	<u>Multicultural and Cultural Competence</u> – One intern will present the current research articles/literature and facilitate a group discussion on race, ethnicity and culture, including how discrimination and racism impact our patients inside and outside of the hospital setting, and including language barriers and legal status.
Week 23	1/31/2024	<u>Behavioral Interventions Based on Classical Conditioning</u> - Reviewing Cue Exposure, Implosive Therapy, Systematic Desensitization, and Aversion Therapy. EPPP Practice Questions: Treatment and Interventions, Behaviorism
Week 24	2/9/2024	<u>Behavioral Interventions Based on Operant Conditioning</u> – Discussing Reinforcement, Punishment and Reinforcement Schedules; Chaining, Shaping, DRO, DRA, etc. Practicing case conceptualization based on behavioral theory.
Week 25	2/14/2024	<u>Cognitive Interventions</u> – Reviewing cognitive techniques based on redefining the problem, reattribution, and decastrophizing. Identifying cognitive schemas, automatic thoughts, and cognitive distortions. Practicing case conceptualization based on cognitive models.

Week 26	2/21/20224	<p><u>Cognitive-Behavioral Therapy (CBT)</u> – Learning how to help patients change patient’s thoughts and behaviors. Practicing Socratic questioning.</p> <p><u>Psychoeducation on Placement Facilities</u> – Learning the differences between IMD (Sub-Acute) facilities and ERS (unlocked) facilities; discussions of specific patient’s placements.</p> <p>Guest speaker: Irina Babajanyan, MSW</p>
Week 27	2/28/2024	<p><u>Third Wave CBT</u> – Reviewing intervention approaches that promote patient’s ability to accept symptoms: DBT, ACT, Mindfulness-Based Interventions, Metacognitive Interventions and Cognitive-Behavioral Interventions for Psychosis.</p>
Week 28	3/6/2024	<p><u>Metacognitive Training for Psychosis (Acute)</u> – Learning how to challenge the “cognitive infrastructure” of delusional ideations by targeting cognitive errors and biases in schizophrenia.</p>
Week 29	3/13/2024	<p><u>Metacognitive Training for Psychosis (Acute): Attribution Bias and Jumping to Conclusion</u> – Promoting patients’ ability to generate explanations for situations by using multiple sources versus using first impression and monocausal inferences.</p>
Week 30	3/22/2024	<p><u>Cognitive-Behavioral Interventions for Psychosis (CBTp)</u> – Promoting exploration of the patient’s experiences and beliefs related to psychosis. Reviewing cognitive models and formulation of delusions.</p>
Week 31	3/27/2024	<p><u>Cognitive-Behavioral Interventions for Psychosis (CBTp)</u> – Reviewing Cognitive models and formulation of hallucinations. Learning how to distinguish drug-induced psychosis, psychosis related to sensitivity disorders, trauma, anxiety and catatonia.</p>
Week 32	4/3/2024	<p><u>Acceptance and Commitment Therapy for Psychosis</u> – Learning how to use ACT interventions with patients: reviewing cognitive defusion, making contact with the present moment, and explore self-as-context. EPPP Practice Questions: Treatment and Interventions, CBT interventions</p>
Week 33	4/10/2024	<p><u>Documentation</u> - Reviewing note writing skills and being able to identify content vs process. Learning the differences between progress notes and psychotherapy notes.</p>
Week 34	4/17/2024	<p><u>Attachment Dysfunction</u> – Learning the association between early caregiving environment, attachment dysfunctions, and psychosis. Practicing case conceptualization based on Attachment Theory.</p>
Week 35	4/24/2024	<p><u>Mentalization-Based Treatment (MBT)</u> – Learning how to use MBT to facilitate recovery from psychosis by promoting the understanding mental states versus impaired mentalization. Practicing case conceptualization based on Object Relations Theory.</p>

Week 36	5/1/2024	<u>Transference-Focus Psychotherapy (TFP)</u> – Learning the objectives of TFP and learning the relationship between the DSM-5-TR personality disorders and Structural Diagnosis.
Week 37	5/8/2024	<u>Transference-Focus Psychotherapy (TFP) Cont.</u> – Watching and discussing Frank Yeomans, MD., PhD. mock session with a patient with borderline personality disorder.
Week 38	5/15/2024	<u>Case Conceptualizations</u> – Learning how to identify clinical hypothesis based on different theoretical models consistent with the data collected.
Week 39	5/22/2024	<u>Narrative Therapy</u> – Reviewing the role of therapist and deconstructing dominant stories. Role plays exercises. Clinical Case Presentation.
Week 40	5/29/2024	<u>Narrative Exposure Therapy</u> – Reviewing a short-term intervention for PTSD, after terror, torture or war. Clinical Case Presentation.
Week 41	6/5/2024	<u>Existential-Humanistic Therapy</u> – Learning how to help patients integrate life limiting events such as death, uncertainty, and physical pain. Clinical Case Presentation.
Week 42	6/12/2024	<u>Social Skills Training</u> – Reviewing a behavioral model of social skills including social competence and social dysfunction and how it applies to Schizophrenia. Clinical Case Presentation.
Week 43	6/19/2024	<u>Treatment Planning</u> – Learning how to formulate effective long-term goals, short term goals, objectives, and interventions. Clinical Case Presentation.
Week 44	6/26/2024	<u>Professional Consultation and Risk Management Issues</u> – Determining ethical/legal standard of care. Clinical Case Presentation.
Week 45	7/3/2024	<u>Professional Development</u> – Transitioning from student to practitioner, developing one's own professional identity while exploring preferred theoretical models. Clinical Case Presentation.
Week 46	7/10/2024	<u>Clinical Supervision</u> - Learning the professional and ethical guidelines provided by the ASPPB, APA, and CPA. Reviewing the Competency Based Supervision practice based on Falender and Shafranske’s article and casebook’s main points for Clinical Supervision
Week 47	7/17/2024	<u>Models of Supervision</u> – Learning the different models of clinical supervision categorized as psychotherapy-based, developmental, or process based. Reviewing a psychotherapy-based model of supervision:

		the Relational Model of Psychodynamic supervision and parallel processes (Sarnat, 2016).
Week 48	7/24/2024	<u>Models of Supervision</u> – Reviewing the psychotherapy-based models of supervision including Integrative supervision (Norcross & Popple, 2017) and Cognitive-behavioral supervision (Newman & Kaplan, 2016)
Week 49	7/31/2024	<u>Early Career Psychologists</u> – Discussing Postdoc versus supervised experience in a less formal setting. Private practice for postdoc pros and cons. Reviewing the application for registration as a psychological associate.
Week 50	8/7/2024	<u>Psychology licensing requirements in California</u> – Reviewing the registration Information for the Examination for Professional Practice in Psychology (EPPP) and the California Laws and Ethics Examination (CPLÉE).
Week 51	8/14/2024	<u>Conservatorship Court Trial</u> - Observing and discussing the court proceedings including expert testimony, cross examination, patient testimony, and judge ruling. Dr. Elizabeth Morris, Psy.D.
Week 52	8/21/2024	<u>Termination process</u> – Discussing how to appropriately terminate with one’s patient and addressing possible challenges in raising termination issues.
Week 53	8/28/2024	<u>Internship experience feedback evaluation</u> – Promoting reflection on interns’ experience and promoting awareness of effective accomplishments.

Assessment Didactics Schedule

Assessment Lab and Didactic Schedule

2024-2025 Training Year

Elizabeth Morris, Psy.D.

Director of Psychology and Clinical Training

Date	Topic	Details
8/28/24	Introduction to psychological testing	Overview, historical context, ethical considerations, key concepts (reliability, validity)
9/9, 9/16/2023	Psychological testing with Gateways Hospital population	Using testing instruments with inpatient and outpatient populations, forensic, serious mental illness, and other common diagnoses.
9/23, 9/30/24	7 Domains of Education and Training in Psychological Assessment	7 Domains of Education and Training in Psychological Assessment As outlined by the American Psychological Association
10/7/24	Assessing for LPS criteria	5150/5585, 5250, 5270
10/14, 10/21/24	assessing for Grave Disability re: conservatorship	LPS criteria, expert testimony
10/28/24	Reliability and validity in Psychological Testing	Types of reliability (test-retest, inter-rater, internal consistency), methods of assessment. Types of validity (content, criterion, construct), methods of assessment
11/4/24	Standardization Procedures	Norms, administration and scoring procedures, interpretation of scores
11/18/24	Referral Process	How to answer a referral question, building a testing battery
11/25, 12/2/24	Integrating Test Results into Clinical Practice	Case formulation, report writing
12/9, 12/16/24	Feedback	How to provide feedback that is meaningful to the consumer
12/30/24; 1/6/25;	Cultural and Ethical Issues	Cross-cultural testing considerations, ethical challenges and solutions
1/13/25	Theories of Intelligence	Historical and contemporary theories, cognitive models

1/20;1/27; 2/3/25	Administering and Interpreting Intelligence Tests	Wechsler scales, TONI, practice administration and scoring
2/10, 2/17, 2/24/25	Administering and Interpreting Academic Achievement Tests	WRAT, WIAT, OWLS, etc.
3/3; 3/10/25	Objective Personality Tests	MMPI-3, PAI, MCMI-IV, etc.
3/17, 3/24, 3/31/25	Projective Personality Tests	Rorschach Inkblot Test, Thematic Apperception Test (TAT), practice administration and interpretation
4/7/24	Introduction to Neuropsychological Assessment	Brain-behavior relationships, common neuropsychological tests
4/14, 4/21, 4/28/24	Neuropsychological Assessment	Assessment of memory, executive functions, and language, case studies and practice WMS, RBANS, WCST, etc.
5/5; 5/12/25	Developmental Changes in Testing	Testing across the lifespan, developmental norms
5/19; 5/26; 6/2/25	Case Studies and Supervision	Supervised practice with case studies, peer review and feedback
6/9/25	Innovations in Psychological Testing	Emerging technologies, new test developments
6/16/25	Legal Considerations in Psychological Testing	Legal standards and regulations, test security and confidentiality
6/23; 6/30; 7/4/25	Ethical Decision-Making	Case studies and ethical dilemmas, professional conduct
7/14/25	Career Skills in Psychological Testing	Building a professional portfolio, preparing for licensure and certification
7/21; 7/28; 8/4/25	Performance Validity Testing	TOMM, MFAST, etc.
8/11; 8/18/2025	Assessment and Licensure	EPPP questions, how to prepare, what to know

Due Process Procedures

Gateways Doctoral Internship Program: Due Process Procedures

Gateways Doctoral Internship Program's Due Process Procedure is implemented in situations involving intern performance concerns that would be cause for formal review, informal action, and/or formal remediation, which could potentially result in termination of the intern if not rectified. Due Process Procedures may be enacted at any time during the intern's training year, which may or may not occur simultaneously with the time at which formal evaluations are conducted.

A remediation plan may be executed if it has been determined by leadership that an intern's performance is insufficient and/or other problematic behaviors occur that interfere with the intern's professional functioning. The implementation of these procedures is not meant to be punitive, but rather to protect an intern's rights and to provide them with an equitable opportunity to rectify the identified performance issues while receiving support and assistance from the psychology leadership team. Nevertheless, interns have the right to appeal performance improvement/remediation decisions and may also file a complaint/grievance at any time during the training year.

Intern Expectations

Gateways Hospital does not expect their interns to be perfect, as all interns are likely to lack experience and/or knowledge in certain areas. Thus, if a supervisor perceives a deficiency in skills or performance of an intern, the supervisor will first recommend remedial actions. Often, such deficiencies are minor in nature and can therefore be addressed informally through regular supervision, hands-on practice, or other forms of training. Some examples of insufficient performance include, but are not limited to, the following:

- The intern does not acknowledge, understand, address, or correct a problem when it has been identified
- The problematic behavior has not changed regardless of feedback, remediation efforts, and/or experience
- An intern presents with a skill deficit which negatively impacts the intern's clinical work and the quality of other services rendered, reflecting competency below that which is expected at the point of the internship year
- The intern demonstrates an inability and/or unwillingness to learn and appropriately integrate professional ethical standards into their professional work
- The intern demonstrates an inability to effectively manage personal stress, emotional reactions, etc., which then impede the intern's professional functioning
- The problematic behavior has potential legal or ethical ramifications if not addressed
- The intern's behavior negatively impacts other interns, treatment team members, patients, and/or the hospital itself

Problematic behaviors include, but are not limited to, the following:

- Sexual harassment
- Insubordination
- Exploitative or abusive behavior
- Violation of professional code of conduct for ethical professional practice (i.e., APA Ethical Principles of Psychologists & Code of Conduct, APA Professional Practice Guidelines, APA Specialty Guidelines for Forensic Psychology, if applicable)

- Any behavior that infringes upon the rights, privileges, and responsibilities of other Interns, professionals, employees, community members, and/or Gateways patients
- Egregious behavior, including illegal and/or unethical behavior, as well as behavior which demonstrates poor judgment

Due Process

Due Process is integrated within the formal review and performance improvement/remediation process. Due Process ensures Interns are treated justly and afforded a reasonable opportunity to hear about, respond to, and correct identified problems. It also ensures Interns receive support and assistance throughout the remediation process and, should the intern have concerns regarding the problems raised and/or performance/remediation process, Due Process protects the intern's right to appeal. This process is intended to ensure all Intern expectations are clear and known and evaluation policies and procedures for remediation are effective, timely, and fair. Due Process is upheld by the following:

- Program Expectations. The Director of Training will provide interns with the training program expectations in writing at the beginning of the internship training year. These expectations will then be reviewed in detail during the intern's orientation.
- Procedures for Evaluation. The Director of Training will inform the intern about the evaluation procedures, including when, how, and by whom the intern will be evaluated.
- Procedures for Evaluation of Performance and Problematic Behavior. The Director of Training will inform Interns when their performance and/or problematic behaviors become significant and, therefore, how they will be addressed.
- Data for Performance Evaluation. The Director of Training will seek out collateral data from multiple professional sources to the extent feasible when making decisions and/or recommendations regarding the intern's performance.
- Communication with Graduate Program. Should the intern present with clinical deficiencies or deficits in other skills or behaviors, the Director of Training will communicate clearly, early, and often with the intern as well as the intern's graduate program to address the concerns raised/identified.
- Remediation Plan. If warranted, the Director of Training will develop and provide a performance improvement/remediation plan for Interns to address skill deficits or problematic behaviors. The intern will be given a clear timeline as to when they must complete the requirements for remediation as well as the consequences should they neglect or fail to meet said requirements by the end of the proposed timeline.
- Appeal. The Director of Training will provide Interns with a written statement of the appeal policy and procedures highlighting the steps that will occur should they choose to exercise their right to an appeal.
- Timely Process. The Director of Training will ensure that a sufficient amount of time will be provided for interns to respond to any actions taken by the program.
- Documentation. The Director of Training will document in writing the actions to be taken if an intern has deficiencies in skills and/or problematic behaviors. The Director of Training will also document the rationale for said actions as well as the criteria the intern must meet to successfully resolve their performance improvement/remediation plan. The documentation will be provided to all relevant parties, and it will be kept in the intern's file in case of formal remediation.

Informal Review

When a supervisor or other staff member believes that an intern's behavior is becoming problematic, or when said Intern consistently performs below the expected level of competence, the first step in addressing the identified issue is to speak openly and directly with the intern about the issue as soon as feasible in an effort to informally and expeditiously resolve the problem. This may include requiring the intern to participate in increased supervision, didactic training, and/or structured reading. The supervisor and/or staff member who raised the concern should monitor the outcome. This process will be documented in writing in supervision notes and discussed with the Director of Training as well as other supervisory staff; however, said documentation will not become a part of the intern's professional file.

Formal Review

If the intern's problematic behavior or performance deficiencies persist beyond the informal review and resolution phase, if it is found that the intern is performing below expectations per the six-month evaluation, or if the problem behavior is so egregious an informal review would be insufficient, the following process is initiated:

- The intern will be notified in writing (Notice of Formal Review) that the issues has been raised to a formal review level and a formal hearing will be held within 14 calendar days
- The Director of Training will hold a hearing with the intern's supervisor, the supervisory staff member who raised the concern and the intern within 14 calendar days of when the Notice of Formal Review was issued. If the Director of Training is the person raising the issue, another supervisory staff member will be present at the hearing. At the hearing, the intern will be afforded the opportunity to present their perspective and/or to provide a written response to the identified problem outlined in the Notice of Formal Review document.
- Outcomes and next steps will be determined at the close of the hearing by the Director of Training and the other supervisory staff member present. This outcome will then be communicated in writing to the intern within 5 working days of the hearing. Potential outcomes include:
 1. Issue a "Verbal Written Warning," which formally acknowledges the Director of Training and other supervisory staff are aware of and concerned with the problem; calls the issues to the direct attention of The intern; provides the intern with specific steps necessary to remediate the problematic behavior or skill deficit(s) identified; and determines that the problem is not significant enough to warrant further remedial action at this time.
 2. The intern can be placed on a "Performance Improvement Plan," which clearly defines the problematic behavior(s) and/or skill deficiencies that will be monitored by a specific supervisory staff member (e.g., the Director of Training) for a predetermined period of time (i.e., 30, 60, or 90 days, depending upon the nature of the problem, and which will be decided by the Director of Training in conjunction with the involved supervisory staff) to ensure the intern is improving upon and/or changing the identified areas of concern. This Performance Improvement Plan will represent a probationary period for the intern, and the written plan will be provided to the intern as well as the Director of Clinical Training at the intern's graduate program. Of note, the length of this probationary period can be extended should it be indicated and should all involved parties agree. At the end of the Performance Improvement Plan, the Director of Training will provide a written statement indicating whether the intern sufficiently remediated the identified problematic

area(s). This written statement will become part of the intern's professional file and will also be forwarded to the appropriate parties at the intern's graduate program.

3. If the problems identified are not rectified through the above processes, or if the problem represents an egregious act which stands in contrast to our ethical code, the intern may be terminated from this training site. The decision to terminate an intern's placement will be made by the Director of Training, the related supervisory staff member, and a representative from Human Resources. This decision will be made during a meeting held within 10 working days of the previous step completed in this process (or of learning about the egregious behavior). Until a final decision is made, the Director of Training may suspend the intern's clinical privileges while awaiting a formal decision. Immediately upon reaching a final decision, the Director of Training will notify the Association of Psychology Postdoctoral and Internship Centers (APPIC) as well as the intern's graduate program (e.g., Director of Clinical Training) of said decision.

Appeal

In the event the intern disagrees with and wishes to challenge a decision made at any step in the Due Process procedures, the intern may appeal that decision, by requesting an Appeals Hearing in front of the Director of Training, involved supervisory staff, and the Program Director. At least three supervisory staff will be present at the hearing, and the intern may request the presence of one specific member of the supervisory staff in addition to or in lieu of those already directly tied to the raised concern. Said request of appeal must be submitted in writing, clearly and specifically outlining the rationale for the appeal and any proposed alternative actions. This must be submitted within seven calendar days of the date of the decision which the intern wishes to challenge or with which the intern was dissatisfied. The Appeals Hearing will occur within 10 working days of the intern's written appeal. The Review Panel (i.e., the supervisory staff comprising of the Appeals Hearing panel) will review all written materials related to the appeal. They will also have the opportunity to interview any involved parties or other individuals with relevant information. The review panel will reply in writing within the ensuing five working days, either upholding the previous decision made or modifying said decision. A copy of the review panel's response/decision will be provided to both the intern and sent to the intern's graduate institution. This decision is final.

Grievance Procedure

Gateways Doctoral Internship Grievance Procedures

The Psychology Doctoral Internship year is a pivotal time in the intern's growth and professional development, as they transition from their roles as students to increasingly independent, competent professionals. The evaluation and feedback processes are critical in ensuring this growth process, not only for Interns, but also for the supervisory staff and training program as a whole. In most cases, evaluation and feedback serves to create a growth mindset among supervisors and supervisees, fostering excitement, motivation, confidence, and competence, which hopefully increases throughout the internship experience. However, there are times in which serious circumstances may arise, calling for additional action. Gateway's Doctoral Internship Grievance Procedure is intended to empower the intern to effectively and professionally address situations through direct communication with supervisors, whenever possible.

The intern can make their concerns and requests known at any time during their internship year in three ways:

2. Informal Review: Interns may make requests or complaints to relevant staff at any point in their training year. Interns meet with clinical supervisors several times per week and may raise issues directly with these people. Interns also meet with the Director of Training regularly, which also provides the opportunity to voice concerns or complaints. In general, the intern should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or Director of Training in an effort to resolve the problem informally. This step should be taken first, if possible, prior to requesting intervention from other staff, though it is also recognized this is not always an option.
3. Formal Concern/Complaint via Evaluation: As a routine aspect of the intern's internship year, The intern will be asked to complete an evaluation of the supervision they receive and the program as a whole on a bi-annual basis (i.e., mid-year and final evaluation). This is a formal and documented way the intern may raise concerns and make requests. These evaluations will be reviewed by the Director of Training. They will also be made available for review by Program Review officials, Graduate Program Directors of Clinical Training, and visitors from other sanctioning agencies. The Director of Training will maintain these records for a period of 7 years.
4. Formal, Established Grievance Procedure: The agency reserves the right to first attempt to resolve problems informally. However, if the issue raised has not or cannot be resolved informally, then the intern is encouraged to pursue the formal grievance procedure. In such a case, it is recommended the intern maintain clear documentation of their pursuit.

The first step is to submit a written request to the Director of Training, stating clearly, specifically, and factually the nature of the problem as well as the proposed resolution. If the Director of Training is the object of the grievance, then the grievance should be submitted to another supervisory staff member (e.g., the Clinical Supervisor). Upon receiving the formal grievance, the individual being grieved will be asked to submit a response in writing within 10 working days.

The Director of Training (or alternative supervisory staff member) will meet with the intern and individual being grieved within 10 working days of receiving the grieved individual's written response. Depending on the situation, this meeting may occur separately or with both parties involved (i.e., the intern and the individual being grieved). The aim of this/these meeting(s) is to identify a plan of action to resolve the matter. If the grievance is more related to the internship program rather than an individual, the Director of Training and another supervisory staff member will meet with the intern jointly to develop a plan of action aimed at resolving the grievance. This plan of action developed between the intern and the Director of Training and/or other supervisory staff will include:

1. Identification of the behavior/concern associated with the grievance
2. The specific steps that will be taken to remediate the problem
3. Procedures designed to ascertain whether the problem has been sufficiently remediated

The intern and the person being grieved will be asked to report back to the Director of Training (or other supervisory staff member) in 10 working days to discuss whether the issue has been sufficiently addressed and/or resolved.

If it is determined, however, the issue was not resolved in a satisfactory/timely manner, the intern should present copies of the documentation accumulated to the Director of Clinical Training of their graduate

program in order to facilitate an inter-agency discussion regarding the grievance. This discussion should occur within 10 working days of determining the issue has not been resolved to the intern's satisfaction. The graduate program and Program Director will have the opportunity to interview the parties involved or any other individuals with relevant information. Based on The internship program's collaboration with the graduate program, the Program Director will submit a written response to the grievance to the intern within 5 working days of the meeting.

If it is determined, still, that the grievance against a staff member cannot be, or is not appropriate to resolve internally, interns are afforded the right to pursue all remedies generally available to Gateways Hospital and Mental Health employees, including escalating their complaint to Gateways' Human Resource department.

Intern Performance Standards and Evaluation Procedures

The intern performance standards are outlined in the intern performance evaluation form below. Intern performance will be measured routinely by observation, demonstration, verbal interactions, written interactions, and via in-service training. This will be accomplished via individual and group supervision and observation of sessions.

Evaluation of intern performance and training program operations is an ongoing process which relies on feedback from both supervisors and interns and involves both informal verbal communication and formal written evaluations. Interns and clinical supervisors are asked to give each other ongoing feedback as they meet for scheduled supervision and during other less formal discussions. It is expected this will be the most frequent way information about Intern performance and the efficacy of supervision is communicated. Clinical supervisors must ensure any constructive criticism is given as the need arises rather than waiting until formal performance evaluations. Additionally, interns are encouraged to voice requests or concerns as they arise, not only to ensure a healthy, positive work environment, but also as part of their professional development.

The Psychology Intern will receive at least two formal evaluations within the training year. The intern will receive a mid-year evaluation in about January or February of the training year. The final performance evaluation will be completed at the training year's close in July or August. The assigned clinical supervisor will complete the performance reviews, incorporating feedback gathered and provided by the Director of Training as well as other relevant staff, based upon the Intern's performance within the reporting period (i.e., 6 months, 12 months). This will include an evaluation of the Intern's job duties (as outlined in the Psychology Intern job description provided below), general competencies, core competencies, and progress toward achieving the goals of this training site (as outlined in the Learning Goals for Training Year section above). Individualized feedback will be provided both in writing and in person to each Intern. The Intern will also be given the opportunity to respond to all feedback provided either orally or in writing. Copies of these evaluations will be sent to the intern's graduate program and kept in their personnel files at the hospital.

After the Intern's performance evaluation is completed, each Intern will be asked to complete a separate form rating various aspects of the internship and supervision. These forms will be returned to the Director of Training, and this information will be considered in evaluating the functioning and effectiveness of the Internship program. Significant concerns about supervision within a specific program area or with a specific supervisor will be addressed with the relevant staff on an individual basis by the Director of Training.

Intern Evaluation Form



GATEWAYS HOSPITAL
& MENTAL HEALTH CENTERS

COMPETENCY BENCHMARKS IN PROFESSIONAL PSYCHOLOGY Rating Form

Trainee Name:

Name of Placement:

Name of Person Completing Form (please include highest degree earned):

Date Evaluation Completed:

Licensed Psychologist: Yes No

Was this trainee supervised by individuals also under your supervision? Yes No

Type of Review:

Initial Review

Mid-placement review

Final Review

Other (please describe):

Dates of Training Experience this Review Covers: _____

Training Level of Person Being Assessed: Year in Doctoral Program:

Intern:

Select the column corresponding to the training level of the person being assessed. Rate items in that column by responding to the following question using the scale below:

How characteristic of the trainee's behavior is this competency description?

Not at All/Slightly
0

Somewhat
1

Moderately
2

Mostly
3

Very
4

If you have not had the opportunity to observe a behavior in question, please indicate this by circling "No Opportunity to Observe" [N/O].

Near the end of the rating form, you will have the opportunity to provide a narrative evaluation of the trainee’s current level of competence.

FOUNDATIONAL COMPETENCIES

I. PROFESSIONALISM

1. Professional Values and Attitudes: as evidenced in behavior and comporment that reflect the values and attitudes of psychology.	
READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
1A. Integrity - Honesty, personal responsibility and adherence to professional values	
Adherence to professional values infuses work as psychologist-in-training; recognizes situations that challenge adherence to professional values	Monitors and independently resolves situations that challenge professional values and integrity
0 1 2 3 4 [N/O]	0 1 2 3 4 [N/O]
1B. Department	
Communication and physical conduct (including attire) is professionally appropriate, across different settings	Conducts self in a professional manner across settings and situations
0 1 2 3 4 [N/O]	0 1 2 3 4 [N/O]
1C. Accountability	
Accepts responsibility for own actions	Independently accepts personal responsibility across settings and contexts
0 1 2 3 4 [N/O]	0 1 2 3 4 [N/O]

READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
1D. Concern for the Welfare of Others	
Acts to understand and safeguard the welfare of others	Independently acts to safeguard the welfare of others
0 1 2 3 4 [N/O]	0 1 2 3 4 [N/O]
1E. Professional Identity	
Displays emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development	Displays consolidation of professional identity as a psychologist; demonstrates

0 1 2 3 4 [N/O]	knowledge about issues central to the field; integrates science and practice
	0 1 2 3 4 [N/O]
2.	
Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.	
2A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and Context	
Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation	Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation
0 1 2 3 4 [N/O]	0 1 2 3 4 [N/O]
2B. Others as Shaped by Individual and Cultural Diversity and Context	
Applies knowledge of others as cultural beings in assessment, treatment, and consultation	Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation
0 1 2 3 4 [N/O]	0 1 2 3 4 [N/O]
2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context	
Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others	Independently monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation
0 1 2 3 4 [N/O]	0 1 2 3 4 [N/O]

READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
2D. Applications based on Individual and Cultural Context	
Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation	Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work
0 1 2 3 4 [N/O]	0 1 2 3 4 [N/O]
3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.	

3A. Knowledge of Ethical, Legal and Professional Standards and Guidelines	
Demonstrates intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations 0 1 2 3 4 [N/O]	Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines 0 1 2 3 4 [N/O]
3B. Awareness and Application of Ethical Decision Making	
Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision making to a dilemma 0 1 2 3 4 [N/O]	Independently utilizes an ethical decision-making model in professional work 0 1 2 3 4 [N/O]
3C. Ethical Conduct	
Integrates own moral principles/ethical values in professional conduct 0 1 2 3 4 [N/O]	Independently integrates ethical and legal standards with all competencies 0 1 2 3 4 [N/O]

4. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.	
READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
4A. Reflective Practice	
Displays broadened self-awareness; utilizes self-monitoring; displays reflectivity regarding professional practice (reflection-on-action); uses resources to enhance reflectivity; demonstrates elements of reflection-in-action 0 1 2 3 4 [N/O]	Demonstrates reflectivity in context of professional practice (reflection-in-action); acts upon reflection; uses self as a therapeutic tool 0 1 2 3 4 [N/O]
4B. Self-Assessment	
Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills 0 1 2 3 4 [N/O]	Accurately self-assesses competence in all competency domains; integrates self-assessment in practice; recognizes limits of knowledge/skills and acts to

	address them; has extended plan to enhance knowledge/skills
	0 1 2 3 4 [N/O]
4C. Self-Care (attention to personal health and well-being to assure effective professional functioning)	
Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice	Self-monitors issues related to self-care and promptly intervenes when disruptions occur
0 1 2 3 4 [N/O]	0 1 2 3 4 [N/O]
4D. Participation in Supervision Process	
Effectively participates in supervision	Independently seeks supervision when needed
0 1 2 3 4 [N/O]	0 1 2 3 4 [N/O]

II. RELATIONAL

5. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.	
READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
5A. Interpersonal Relationships	
Forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors and professionals from other disciplines	Develops and maintains effective relationships with a wide range of clients, colleagues, organizations and communities
0 1 2 3 4 [N/O]	0 1 2 3 4 [N/O]
5B. Affective Skills	
Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively	Manages difficult communication; possesses advanced interpersonal skills
0 1 2 3 4 [N/O]	0 1 2 3 4 [N/O]
5C. Expressive Skills	
Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language	Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-

0	1	2	3	4	[N/O]	integrated; demonstrates thorough grasp of professional language and concepts
0	1	2	3	4	[N/O]	

III. SCIENCE

6. Scientific Knowledge and Methods: Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.						
READINESS FOR INTERNSHIP				READINESS FOR ENTRY TO PRACTICE		
6A. Scientific Mindedness						
Values and applies scientific methods to professional practice				Independently applies scientific methods to practice		
0	1	2	3	4	[N/O]	0 1 2 3 4 [N/O]
6B. Scientific Foundation of Psychology						
Demonstrates intermediate level knowledge of core science (i.e., scientific bases of behavior)				Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior)		
0	1	2	3	4	[N/O]	0 1 2 3 4 [N/O]
6C. Scientific Foundation of Professional Practice						
Demonstrates knowledge, understanding, and application of the concept of evidence-based practice				Independently applies knowledge and understanding of scientific foundations to practice		
0	1	2	3	4	[N/O]	0 1 2 3 4 [N/O]
7. Research/Evaluation: Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities						
7A. Scientific Approach to Knowledge Generation						
Demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology				Generates knowledge		
0	1	2	3	4	[N/O]	0 1 2 3 4 [N/O]
7B. Application of Scientific Method to Practice						
Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs				Applies scientific methods of evaluating practices, interventions, and programs		
0	1	2	3	4	[N/O]	0 1 2 3 4 [N/O]

FUNCTIONAL COMPETENCIES

IV. APPLICATION

8. Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors.	
READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
8A. Knowledge and Application of Evidence-Based Practice	
Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences 0 1 2 3 4 [N/O]	Independently applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences 0 1 2 3 4 [N/O]
9. Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.	
9A. Knowledge of Measurement and Psychometrics	
Selects assessment measures with attention to issues of reliability and validity 0 1 2 3 4 [N/O]	Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups and context 0 1 2 3 4 [N/O]
9B. Knowledge of Assessment Methods	
Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances 0 1 2 3 4 [N/O]	Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning 0 1 2 3 4 [N/O]

READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
9C. Application of Assessment Methods	
Selects appropriate assessment measures to answer diagnostic question 0 1 2 3 4 [N/O]	Independently selects and administers a variety of assessment tools and integrates

	<p>results to accurately evaluate presenting question appropriate to the practice site and broad area of practice</p> <p>0 1 2 3 4</p> <p>[N/O]</p>
9D. Diagnosis	
<p>Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity</p> <p>0 1 2 3 4 [N/O]</p>	<p>Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity</p> <p>0 1 2 3 4</p> <p>[N/O]</p>
9E. Conceptualization and Recommendations	
<p>Utilizes systematic approaches of gathering data to inform clinical decision-making</p> <p>0 1 2 3 4 [N/O]</p>	<p>Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment</p> <p>0 1 2 3 4</p> <p>[N/O]</p>
9F. Communication of Assessment Findings	
<p>Writes adequate assessment reports and progress notes and communicates assessment findings verbally to client</p> <p>0 1 2 3 4 [N/O]</p>	<p>Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner</p> <p>0 1 2 3 4</p> <p>[N/O]</p>
10. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.	
10A. Intervention planning	
<p>Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation</p> <p>0 1 2 3 4 [N/O]</p>	<p>Independently plans interventions; case conceptualizations and intervention plans are specific to case and context</p> <p>0 1 2 3 4</p> <p>[N/O]</p>

READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
10B. Skills	

Displays clinical skills 0 1 2 3 4 [N/O]	Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations 0 1 2 3 4 [N/O]
10C. Intervention Implementation	
Implements evidence-based interventions 0 1 2 3 4 [N/O]	Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate 0 1 2 3 4 [N/O]
10D. Progress Evaluation	
Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures 0 1 2 3 4 [N/O]	Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures 0 1 2 3 4 [N/O]
11. Consultation: The ability to provide expert guidance or professional assistance in response to a client's needs or goals.	
11A. Role of Consultant	
Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher) 0 1 2 3 4 [N/O]	Determines situations that require different role functions and shifts roles accordingly to meet referral needs 0 1 2 3 4 [N/O]
11B. Addressing Referral Question	
Demonstrates knowledge of and ability to select appropriate means of assessment to answer referral questions 0 1 2 3 4 [N/O]	Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question 0 1 2 3 4 [N/O]

READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
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11C. Communication of Consultation Findings	
Identifies literature and knowledge about process of informing consultee of assessment findings 0 1 2 3 4 [N/O]	Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations 0 1 2 3 4 [N/O]
11D. Application of Consultation Methods	
Identifies literature relevant to consultation methods (assessment and intervention) within systems, clients, or settings 0 1 2 3 4 [N/O]	Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases 0 1 2 3 4 [N/O]

V. EDUCATION

12. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.	
12A. Expectations and Roles	
Demonstrates knowledge of, purpose for, and roles in supervision 0 1 2 3 4 [N/O]	Understands the ethical, legal, and contextual issues of the supervisor role 0 1 2 3 4 [N/O]

READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
12B. Processes and Procedures	
Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices 0 1 2 3 4 [N/O]	Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise 0 1 2 3 4 [N/O]
12C. Skills Development	
Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals	Engages in professional reflection about one's clinical relationships with supervisees, as well as

0 1 2 3 4 [N/O]	supervisees' relationships with their clients
	0 1 2 3 4 [N/O]
12D. Supervisory Practices	
Provides helpful supervisory input in peer and group supervision	Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting
0 1 2 3 4 [N/O]	0 1 2 3 4 [N/O]

VI. SYSTEMS

13. Interdisciplinary Systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.	
READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
13A. Knowledge of the Shared and Distinctive Contributions of Other Professions	
Demonstrates beginning, basic knowledge of the viewpoints and contributions of other professions/professionals	Demonstrates awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems; demonstrates intermediate level knowledge of common and distinctive roles of other professionals
0 1 2 3 4 [N/O]	0 1 2 3 4 [N/O]

READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
13B. Functioning in Multidisciplinary and Interdisciplinary Contexts	
Demonstrates beginning knowledge of strategies that promote interdisciplinary collaboration vs. multidisciplinary functioning	Demonstrates beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning
0 1 2 3 4 [N/O]	0 1 2 3 4 [N/O]
13C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes	

Demonstrates knowledge of how participating in interdisciplinary collaboration/consultation can be directed toward shared goals 0 1 2 3 4 [N/O]	Participates in and initiates interdisciplinary collaboration/consultation directed toward shared goals 0 1 2 3 4 [N/O]
13D. Respectful and Productive Relationships with Individuals from Other Professions	
Develops and maintains collaborative relationships and respect for other professionals 0 1 2 3 4 [N/O]	Develops and maintains collaborative relationships over time despite differences 0 1 2 3 4 [N/O]
14. Advocacy: Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.	
14A. Empowerment	
Uses awareness of the social, political, economic or cultural factors that may impact human development in the context of service provision 0 1 2 3 4 [N/O]	Intervenes with client to promote action on factors impacting development and functioning 0 1 2 3 4 [N/O]
14B. Systems Change	
Promotes change to enhance the functioning of individuals 0 1 2 3 4 [N/O]	Promotes change at the level of institutions, community, or society 0 1 2 3 4 [N/O]

Overall Assessment of Trainee’s Current Level of Competence

Please provide a brief narrative summary of your overall impression of this trainee’s current level of competence. In your narrative, please be sure to address the following questions:

- What are the trainee’s particular strengths and weaknesses?
- Do you believe that the trainee has reached the level of competence expected by the program at this point in training?
- If applicable, is the trainee ready to move to the next level of training, or independent practice?

PERFORMANCE EVALUATION REVIEWED AND APPROVED BY:

Doctoral Intern (Please Print)

Date

Doctoral Intern Signature

Date

Clinical Supervisor (Please Print)

Date

Clinical Supervisor Signature

Date

SUPERVISOR’S COMMENTS:

TRAINEE COMMENTS:

PERFORMANCE EVALUATION REVIEWED:

Clinical Training Director

Date

PERFORMANCE EVALUATION REVIEWED AND RECEIVED BY:

Doctoral Intern Signature

Date

Note:

Doctoral Intern’s signature indicates that he/she/they have reviewed this evaluation and does not necessarily indicate agreement. Doctoral Interns who dispute rating are encouraged to use the grievance procedure. The undersigned acknowledges that all changes, cross outs and additions after signature must be initialed and dated by the trainee and Supervisor. No white out maybe used on this document.

Original: Personnel File

CC: Supervisee Supervisor

Supervision Evaluation Form

Supervisee Name _____

Supervision Period _____ to _____

Supervisor Name _____ Date of Evaluation _____

Purpose: To provide the supervisor with an understanding of his/her job performance in relation to the supervisee, to suggest areas for improvement, to permit the student to offer feedback to the supervisor in a written form that is based on a set of clearly and previously-established criteria, and to increase the supervisor's competence as a supervisor.

Performance Level Rating Scale: Based on current assessment and progress of supervision and expectations of supervisee:

- 3 – this area is satisfactory
- 2 – it would be desirable to have a little more
- 1 – it would be desirable to have somewhat more
- 0 – much more of this is needed

Directions: Utilizing the Rating Scale above, place the appropriate number on the line provided at the end of each item.

Evaluation Items

Supervisor is able to:

- 1. Be flexible and responsive to your changing needs _____
- 2. Establish an atmosphere of acceptance and psychological safety _____
- 3. Call attention to errors in a tactful manner _____
- 4. Recognize and accommodate to your level of experience and style of learning _____
- 5. Refrain from indiscriminate use of praise _____
- 6. Provide opportunities for you to question, challenge or doubt _____

7. Encourage you to explore the implications of your interventions _____
8. Encourage you to formulate your understanding of the case material _____
9. Make specific suggestions when you need them _____
10. Not foster undue dependence on your part _____
11. When asked, present a clear, theoretical rationale for suggestions _____
12. Clearly inform you of legal issues _____
13. Clearly inform you of ethical issues _____
14. Be sensitive to the requirements placed on you by your agency _____
15. Admit errors and/or limitations without undue defensiveness _____
16. Be concrete and specific in comments _____
17. Facilitate your understanding of countertransference reactions
to your clients _____
18. Seek consultation when it is needed _____
19. Summarize and/or highlight major points of supervisory session _____
20. Be reached in case of emergencies _____
21. Help you formulate the dynamics of the client _____
22. Listen sensitively to you _____
23. Help clarify and define the nature of problem(s) you are
having in your work _____
24. Be clear about the limits of the supervisory relationship _____
25. Deal explicitly with the formal evaluation process _____
26. Through role-playing or other suitable techniques, to help you
more effectively intervene with your client _____
27. Be straightforward with you regarding areas in which you need
improvement _____
28. Be clear with you about the differences between supervision
and psychotherapy _____
29. Maintain an appropriate focus in your sessions _____
30. "Be there" to meet your needs and not impose his/her issues on you _____
31. Be open to discussing any difficulties between the two of you
which are hindering your learning _____
32. Clearly define the nature, structure, expectations, and limitations
of the supervisory relationship _____
33. Make decisions and take responsibility when appropriate _____
34. Make you feel s/he genuinely want to help you learn _____

- 35. Be a good role model for you _____
- 36. Provide you with general knowledge about professional psychology _____
- 37. Be sensitive and adaptive to the stresses you are experiencing
as a student _____

Summarize the supervisor’s strengths and weaknesses as you currently view them and make suggestions for ways in which your supervisor could further facilitate your learning.

Hall-Marley (2001) developed this Supervisor Feedback form as an instrument to provide feedback to supervisors on the trainee’s experience of supervision. The form consists of sections including atmosphere for learning, supervision style, supervision conduct, and supervision impact. It is recommended a supervisor feedback form be used a minimum of four times during the training year and ideally, more frequently. It is a tool in establishing a dialogue and a feedback loop which should enhance the supervisory alliance.

© Susan Hall-Marley, 2001 (Also included in Appendices of Falender, C.A., & Shafranske, E.P. (2004). *Clinical Supervision: A Competency-based Approach*. Washington, D.C.: APA.

Appendix D: Weekly Activity Log

Internship Supervisee Monthly Log of Activities	Month/Year _____
Supervisee's Name	
Work setting in which Supervision took place	Gateways Hospital and Mental Health Center
Supervised hours for the week of:	
Supervision & Training	
Face-to-face individual supervision with primary supervisor	
Face-to-face individual supervision with delegated supervisor	
Group supervision with primary or delegated supervisor	
Training Activities	
Professional Services Performed	
Individual psychotherapy	
Couples, children & /or family psychotherapy	
Group psychotherapy	
Testing & assessment (face-to-face administration, feedback session)	
Intakes	
Consultations	
Other Work Performed	
Case management (case notes, test interpretation and report writing, etc.)	
Staff meetings	
Administrative duties	
Other professional activities (describe)	
Total number of hours of supervised experience per week	
Primary supervisor's printed name and psychology license number	
Primary supervisor's signature and date	<p>I certify that the information on this form accurately represents the training activities of [INTERN NAME] at Gateways Hospital</p>
Delegated supervisor's printed name, license type and number	
Delegated supervisor's signature	
Supervisee's signature and date	

Appendix E: Internship Certificate of Completion



GATEWAYS HOSPITAL
& MENTAL HEALTH CENTERS

Certificate of Internship Completion

“Intern Student”

This certifies that the person named on this certificate

has fulfilled the requirements for the 2024-2025

Clinical Psychology Internship at Gateways Hospital

August 19, 2024-August 29, 2025

Hours successfully completed: 1750

Elizabeth Morris, Psy.D.
Director of Clinical Services

Cinzia Cottu di Roccaforte, Psy.D.
Supervising Psychologist

Date

Doctoral Internship Clinician Reading List

Beck, A. T., Grant, P., Inverso, E., Brinen, A. P., & Perivoliotis, D. (2020). *Recovery-oriented cognitive therapy for serious mental health conditions*. Guilford Publications.

Brent, B. K., Holt, D. J., & Keshavan, M. S. (2014). Mentalization-based treatment for psychosis: linking an attachment-based model to the psychotherapy for impaired mental state understanding in people with psychotic disorders. *Israel Journal of Psychiatry, 51*(1), 17.

Falender, C. A., & Shafranske, E. P. (2008). *Casebook for Clinical supervision: A competency-based approach*. American Psychological Association.

Grant, P. M., & Inverso, E. (2023). CME. Recovery-Oriented Cognitive Therapy: Changing Lives with a Whole-Person Approach. *Psychiatric Times, 40*(1).

Hagen, R., Turkington, D., Berge T., & Grawe R. W. (2011). *CBT for psychosis: A symptom-based approach*. Routledge.

Hardy, K. (2017). Cognitive behavioral therapy for psychosis (CBTp). *Substance Abuse and Mental Health Services Administration*.

Linehan, M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. Guilford press.

Linehan, M. (1993). *Skills training manual for treating borderline personality disorder*. Guilford press.

Moritz, S., Klein, J. P., Lysaker, P. H., & Mehl, S. (2019). Metacognitive and cognitive-behavioral interventions for psychosis: new developments. *Dialogues in Clinical Neuroscience, 21*(3), 309-317.

Morris, E. M., Johns, L. C., & Oliver, J. E. (Eds.). (2013). *Acceptance and commitment therapy and mindfulness for psychosis*. John Wiley & Sons.

Smith, S. R. (2007). Making sense of multiple informants in child and adolescent psychopathology: A guide for clinicians. *Journal of Psychoeducational Assessment, 25*(2), 139-149.

Wright, A. J., Pade, H., Gottfried, E. D., Arbisi, P. A., McCord, D. M., & Wygant, D. B. (2022). Evidence-based clinical psychological assessment (EBCPA): Review of current state of the literature and best practices. *Professional Psychology: Research and Practice, 53*(4), 372.