



Louisiana State University
Health Shreveport

School of Allied Health

Doctoral Psychology
Internship

Intern Handbook & Policy and Procedures Manual

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Introduction

Louisiana State University Health Sciences Center - Shreveport (LSUH-S), School of Allied Health Professions, Children's Center (Children's Center) offers a comprehensive internship program in child clinical psychology to doctoral students in psychology.

Through leadership and innovation, the Children's Center strives to create a collaborative partnership with other departments within the LSUH-S hospital system to address children's complex mental health and behavioral needs. The main clinic is located within the School of Allied Health Professions, on the LSUH-S Hospital Campus. Working hospital relationships include the Department of Psychiatry, Department of Pediatrics, Communication Disorders, and the Master's of Public Health Program. Outside agencies which the Children's Center collaborate with include Caddo Parish Head Start, Webster Parish Head Start and Caddo Parish Juvenile Court.

The LSUH-S Children's Center offers a 12-month clinical psychology internship emphasizing training in children aged 2-15. The internship is characterized by a variety of clinical activities, supervision by a multidisciplinary faculty and a wide array of clinical offerings, seminars, and other educational experiences.

Our internship program is not currently a member of the Association for Psychology Postdoctoral and Internship Centers (APPIC). Furthermore, this internship is not currently accredited through the American Psychological Association (APA).

The Director of Training (DOT) for the Internship program is:

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Internship Aims and Goals

The primary aim of LSU Health Shreveport is to teach, heal, and discover, in order to advance the well-being of the region and beyond. The aims of the LSU Health Shreveport Children's Center is to maximize the potential of children, infancy through 15 years of age, throughout the Ark-La-Tex by providing diagnostic assessment and treatment, supporting and educating families and service providers, and offering technical assistance and outreach to community agencies.

The LSUH Shreveport Children's Center Doctoral Internship Program's aim is to train doctoral level interns using efficient, high quality, evidence-based mental health practices in order to prepare them for dynamic roles as psychologists in the health care system. The goal of the doctoral internship programs in clinical psychology is to provide interns with training within the multidisciplinary LSUH Shreveport system as well as the community at large. By providing robust and intensive training, we can actualize the aim of Children's Center and that of LSU Health Shreveport.

Commitment to Training

The LSUH-Shreveport Children's Center Doctoral Internship in Psychology is a significant expression of LSU's ongoing, central commitment to training graduate students in the field of psychology. An important feature of our internship is that while service is a key part of the internship program, the program's first commitment is to training. The following are our program aims and goals:

Aim #1: Interns will gain the clinical knowledge and skills needed for entry-level positions as professional psychologists.

Competencies:

- 1) **Assessment:** Interns will be able to conduct assessments using a variety of information sources, develop a comprehensive formulation of the client's difficulties, and make appropriate treatment recommendations;
- 2) **Intervention:** Interns will be able to maintain a treatment relationship that facilitates effective client outcomes, and to implement several types of evidence-based psychotherapy and psychological interventions, at a level consistent with beginning professional practice.
- 3) **Communication & Interpersonal Skills:** Interns will demonstrate effective interpersonal, communication, and presentation skills with clients and coworkers.
- 4) **Consultation & Interprofessional/Interdisciplinary Skills:** Interns will be familiar with concepts of consultation, and demonstrate beginning skills in this area;
- 5) **Supervision:** Interns will be familiar with concepts of supervision, and demonstrate beginning skills.

Aim #2: Interns will demonstrate knowledge and skills for research-informed, professional, ethical, and culturally sensitive practice as psychologists.

Competencies:

- **Research:** Interns will demonstrate critical thinking of research and integration of science into practice.
- **Professional Values, Attitudes & Behaviors:** Interns will demonstrate professionalism in all aspects of their role.

Basic Internship Information

This program is designed specifically for students admitted in a doctoral training program who have completed at least 4 years of full-time graduate study in clinical/counseling psychology, including practicum level experience in diagnostic assessment, various intervention modalities, and specific experience with children and families. Preference is given to students in APA-accredited doctoral programs in clinical and counseling psychology; applicants from school psychology programs with the requisite experience are also considered.

Diversity and Equality in Selection and Recruitment

The training program strives to encourage applications from persons who indicate that they come from diverse, underserved or disadvantaged backgrounds. Supervisors and training directors review all applications and ensure that all applicants who meet general criteria for the program are included in a selection pool.

Applicants must submit the following information through the APPIC online application process (AAPI):

1. Cover letter indicating their professional goals and interests
2. Curriculum vitae
3. Three letters of recommendation
4. Writing sample (psychological report)
5. Completed AAPI (APPIC Application for Psychology Internship) via APPIC online
6. All graduate school transcripts

NOTE: Once an individual has matched to this program, LSUH Shreveport will conduct a criminal record check (CORI), as required by Louisiana Law. In addition we require driving record checks of all employees. A final match is contingent upon the successful completion of the CORI. Typically, select applicants participate in a series of interviews with program faculty, usually conducted on one of three days in January, along with other applicants. This format allows applicants the opportunity to meet several faculty, current and former interns, and clarify their understanding of the program model and requirements.

Applications must be received on or before November 15, 2022. As a prospective member of the Association for Psychology Postdoctoral and Internship Centers (APPIC) and in accordance with its policies, our application constitutes the AAPI Online Form, we require 2 letters of recommendation in addition to the letter from the training director of your program which is included in the AAPI Online Form.

Interviews are by invitation only. In order to be considered for an interview, your completed application must be received by November 1, 2022. Interviews and tours will be conducted in January, 2023. Invitations for interviews will be sent before December 15. Please do not call before December 15th.

The Internship Program at LSUH-S Children's Center is not a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). This site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking information from any intern applicant.

Requirements for Selection

The following is the minimum requirements for consideration for the program:

Total Direct Contact Intervention Hours: 150

Total Direct Contact Assessment Hours: 300

Preference will be given to those applicants who can demonstrate familiarity with child/adolescent intervention techniques. Additionally, because this internship will include training and experience in assessment, prospective applicants should have ample experience with intellectual, adaptive and behavioral measures. Applicants able to demonstrate ample experience will be given priority. The following are common assessment instruments used during the internship year.

Intelligence/Neurodevelopmental

Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V)

Wechsler Preschool and Primary Scale of Intelligence, Fourth Edition (WPPSI-IV)

Wechsler Abbreviated Scale of Intelligence, Second Edition (WASI-II)

Slosson Intelligence Test-4th Edition

Woodcock-Johnson, Fourth Edition (Tests of Cognitive Abilities)

Comprehensive Test of Nonverbal Intelligence, Second Edition (CTONI-2)

NEPSY-II

Achievement

Woodcock-Johnson, Fourth Edition (Tests of Achievement Abilities)

Wide Range Achievement Test, Fourth Edition (WRAT-4)

Bracken Basic Concept Scale, Second Edition

Dyslexia Screener

Developmental

Battelle Developmental Inventory, Second Edition (BDI-2)

Bailey Scales of Infant Development, Third Edition

Adaptive

Adaptive Behavior Assessment System, Third Edition (ABAS-3)

Behavior/Social Emotional

IVA-2

Conners Kiddie Continuous Performance Test 2nd Edition (K-CPT 2)

Conners 3

Behavior Assessment System for Children, Third Edition (BASC-3)

Vanderbilt Assessment Scale

Children's Depression Inventory, Second Edition (CDI-2)

DSM-5 Screeners for Depression, Anxiety, Irritability, Sleep Disturbance
Spence Children's Anxiety Scale (SCAS)
RCMAS-2
Roberts-2

Autism Spectrum Disorder

Autism Diagnostic Interview, Revised (ADI-R)
Autism Diagnostic Observation Schedule, Second Edition (ADOS-2)

Start and End Dates

The doctoral internship is a full-time experience for the calendar year, beginning July 1, 2023 and ending June 30, 2024.

Salary and Benefits

Interns receive a yearly stipend totaling \$25,000.00 (base salary \$25,000 + fringe benefits package) for all interns at Children's Center. Interns have 10 national holidays, and 6 days of sick leave. Additional days off may be requested and approved by the program Director of Training. Most approved time off is related to significant medical issues (COVID-19, pregnancy/delivery) or school related duties (defending dissertation). It should be noted that extended leave may jeopardize completion of the program in 12 months. The Program provides access to medical insurance for intern and some cost contribution by the intern is required.

Training Experience

The aim of the internship program at Children's Center is to train professional psychologists who have a particular interest in child psychology. The program is designed to encourage the development of clinical competence with children and families, with sensitivity to, and facility with, cultural differences, ethical issues, interdisciplinary relationships, and the changing environment of health care.

Training Competencies

The internship adheres to the nine Profession-Wide Competencies set out by the American Psychological Association's Standards of Accreditation for Health Services Psychologists. These standards are essential for performing all services in the field of psychology. These competencies include:

1. Research
 - a. Integration of Science and Clinical Practice
 - i. Objectives:

1. Use theoretical and research knowledge to conceptualize cases and form appropriate treatment goals
 2. Model a commitment to educational and scholarly endeavors to keep current with the most recent research
 3. Understand the biopsychosocial etiology of psychological disorders
2. Ethical and Legal Standards
 - a. Ethical and Legal Standards, Policies, and Guidelines
 - i. Objectives:
 1. Demonstrate command and understanding of the APA Ethical Principles and Code of Conduct
 2. Demonstrate understanding of APA policies as well as state and federal laws that apply to clinical and counseling psychology
 3. Independently and consistently integrate ethical and legal standards into all competencies
 4. Understand and adhere to all LSU – Health Children’s Center psychology doctoral internship policies as delineated in the Policy and Procedure Manual for the Internship Programs in Psychology
3. Individual and Cultural Diversity
 - a. Awareness of individual differences based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language and socioeconomic status
 - i. Objectives:
 1. Demonstrates competence in building rapport with all patients, taking into account issues of diversity
 2. Apply knowledge, skills, attitudes and values regarding intersecting and complex dimensions of diversity
 3. Independently monitor and apply knowledge of self and others as cultural beings, and their interaction as shaped by individual and cultural diversity in assessment, treatment, research, consultation, and supervision
 4. Demonstrates competence in knowing when to seek cultural consultation
4. Professional Values, Attitudes, and Behaviors
 - a. Professionalism
 - i. Objectives:
 1. Monitor and independently resolve clinical, organizational, and interpersonal situations by incorporating professional values and integrity
 2. Independently accept personal responsibility across settings and contexts
 3. Independently act to safeguard the welfare of others, patients as well as colleagues
 4. Demonstrate self-reflection in the context of professional practice

- 5. Accurately assesses self in all competency domains
- 6. Actively self-monitor issues related to self-care
- 5. Communication and Interpersonal Skills
 - a. Relates effectively and meaningfully with individuals, groups and/or communities
 - i. Objectives:
 - 1. Develops and maintains productive and respectful relationships with clients, peers/colleagues, supervisors, and managers
 - 2. Demonstrates skill in managing difficult communications and resolving conflict.
 - 3. Oral and written communications are informative, articulate, and succinct and demonstrate a thorough grasp of professional language and concepts
- 6. Assessment
 - a. Measurement, Psychometrics, and Diagnosis
 - i. Objectives:
 - 1. Understand the strengths and limitations of assessment instruments and diagnostic approaches
 - 2. Understand and consider confounding variables (e.g., substance abuse, poor diet, lack of exercise, sleep problems and other medical conditions) impact assessment results
 - 3. Collaboratively select and implement multiple methods of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups
 - 4. Utilize case formulation and diagnosis for intervention planning in the context of human development and diversity
 - 5. Interpret results and organizes the report to accurately answer the presenting question and gives specific recommendations to the referring provider
 - 6. Conduct a comprehensible and constructive feedback interview with the patient, explaining results and recommendations
- 7. Intervention
 - a. Intervention Planning and Implementation
 - i. Objectives:
 - 1. Applies knowledge of evidence-based practice, including biopsychosocial bases of intervention strategies
 - 2. Plans interventions, including case conceptualizations that are specific to context and patient preferences
 - 3. Displays competent clinical skills and good judgment in evaluating a wide range of diagnoses, taking into consideration complicating medical conditions and diverse patient populations
 - 4. Demonstrates increasing competence to conceptualize more complex cases
 - 5. Uses evidence-based treatment modalities with flexibility to adapt to patient needs

6. Demonstrates competence in the constructive use of own emotional reactions to patients
 7. Seeks consultation for complex cases, such as those with chronic or acute medical conditions
 8. Evaluates treatment progress and modifies planning, utilizing established outcome measures when appropriate
8. Supervision
 - a. Role of the Supervisor and Supervisory Practices and Procedures
 - i. Objectives:
 1. Understands complexity of the supervisor role including ethical, legal and contextual issues
 2. Demonstrates knowledge of competency-based supervision in the form of supervision provided at the training site, which may include supervision of others, fishbowl supervision or other form
 3. Reflects about own relationships within supervision
 4. Demonstrates understanding of other individuals and groups with regard to the intersecting dimensions of diversity
 9. Consultation and Interprofessional/Interdisciplinary Skills
 - a. Role of the Consultant and Application of Consultation Methods
 - i. Objectives:
 1. Demonstrates knowledge and awareness of leadership skills as a consultant and/or psychological liaison in interdisciplinary teams
 2. Demonstrates knowledge and ability to select appropriate means of assessment/data gathering to answer referral question
 3. Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations
 - b. Interprofessional/Interdisciplinary Skills
 - i. Objectives:
 1. Knowledgeable and respectful of the differing roles, professional standards, and contributions of other professionals
 2. Demonstrates skills that support effective interdisciplinary team functioning
 3. Participates in and initiates interdisciplinary collaboration directed toward shared goals

This program provides the intern with the opportunity to take substantial responsibility for carrying out his or her major professional functions in the context of appropriate supervisory support. It is designed around a fundamental curriculum, which focuses on intern competencies in assessment, diagnostic interviewing, intervention, case management and triage, consultation, and critical thinking about clinical case material. Interns are exposed to training in empirically supported treatments for a range of pediatric conditions. Intern participation in multidisciplinary teams and specialty clinics affords them the opportunity for consultation of and role-modeling for, other disciplines (e.g., psychiatry, pediatrics). Each intern's schedule is individualized according to his/her special interests and training needs.

Training Experiences

Core Experiences

The program offers two core experiences which include ADHD and Behavioral Dysfunction Treatment and Autism Spectrum Disorder Assessment. These experiences last the entire internship. Interns will spend the equivalent of three days per week training in the core experiences. During both experiences, interns will refine and hone their diagnostic skills, learn the process of differential diagnosis, treatment plan formulation. The internship assumes a transtheoretical perspective and will utilize behavioral, trauma-informed, attachment and/or cognitive behavioral techniques to produce treatment gains.

ADHD and Behavioral Dysfunction Treatment

Faculty Supervisor(s): Adam Blancher, PhD and Michelle Yetman, PhD

In the LSU Children's Center ADHD Program experience, the psychology intern has the opportunity to develop competency in assessment, treatment, and consultation with children and families who present with emotional and behavioral challenges within an outpatient hospital setting. The children (aged from 3 years and older) display a broad range of challenging behaviors. The program aims to provide intensive trauma-informed therapeutic interventions with younger children (3-5 years of age) and their families, beginning with a comprehensive family and child assessment, followed by goal setting with family and child based on this assessment. For older children (6 years and older), the treatment approach is more traditional, utilizing behavior modification and family education, in addition to consultation with prescribing physicians (if necessary).

Interns will participate and receive supervision in all aspects of the ADHD program. They will complete clinical and diagnostic evaluations of patients and their families, as well as provide individual, group, and/or family therapies. Interns typically have the opportunity to provide empirically-based treatments for children within individual and group formats and for families (as co-therapist) within individual family and multi-family group formats. Although interns will have opportunities to consult with program staff regarding appropriate milieu interventions and the outcome of psychological assessments, this experience will emphasize trauma-focused and behavior treatment modalities.

Interns gain experience working collaboratively with a multidisciplinary treatment team that includes mental health providers, psychologists, social workers, occupational therapists, and psychiatrists (if necessary).

Our hope for this experience will be to identify younger, "at-risk" children, prior to a diagnosis of ADHD, implement a treatment protocol that includes trauma-informed individual and group therapy for children as well as psychoeducation and treatment for parents of children with behavioral disturbances. The goal of this experience is to change the diagnostic trajectory, improve outcomes, and to reduce the reliance and/or usage of stimulants within the Northwest Louisiana community.

ASD Assessment

Faculty Supervisor(s): Adam Blancher, PhD and Michelle Yetman, PhD

Interns will complete diagnostic evaluations, behavioral assessments, and/or comprehensive cognitive and adaptive behavior evaluations of children referred for diagnostic clarification relative to Autism Spectrum Disorder (ASD). The purpose of this experience is to allow interns to obtain more specialized training in the assessment and diagnosis of ASD in late infancy and early childhood. There is a heavy emphasis on differential diagnosis and case conceptualization, as well as translating evaluation findings into meaningful recommendations for education and treatment. The intern will gain experience in clinical assessment methods, including appropriate psychometric assessments, formal and informal observational methods, and structured and semi-structured interviews. The intern's experience will be tailored to their background and goals. The intern will be responsible for report writing. Interns will learn to administer, score and interpret industry gold standard assessments such as the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2), Autism Diagnostic Interview, Revised (ADI-R), as well as additional autism related instruments.

In certain circumstances, interns may develop and execute behavioral programs, as well as provide individual and group therapies and/or family education/support. In other circumstances, interns may also serve as consultants to the local treatment providers to facilitate continuity of care.

Supplemental Experiences

Interns will also have the opportunity to obtain training in Applied Behavior Analysis (ABA), forensic psychology (Juvenile Justice/Forensic), and integrated healthcare as a behavioral consultant. All of these additional experiences will be offered at the equivalent of 2 days/week.

Applied Behavior Analysis (ABA) at the Louisiana Behavioral Medicine Center

Primary Supervisor(s): Traynee Rash, BCBA

Faculty Supervisor: Adam Blancher, PhD and Michelle Yetman, PhD

The Louisiana Behavioral Medicine Center placement site offers opportunities for developing individualized intervention plans and behavioral programs for children with ASD. The focus is on the development of language, social, and behavioral skills. Parent training and interdisciplinary team consultation is also a component of this experience. Interns receive didactic and hands-on training in Applied Behavior Analysis (ABA). The objective for the ABA program experience is for Interns to develop a general understanding of Applied Behavior Analysis. Interns are given a list of specific expected outcomes at the start of the experience. These are listed under the Intern Evaluation section. Midway through the experience, Interns are given feedback as to their progress on these areas. They are again provided feedback at the end of the experience. Clinical training activities for this experience include providing individual and group intervention and developing assessments and treatment plans, and consultation with additional disciplines (e.g., speech, occupational therapy).

Juvenile Justice/Forensic:

Primary Supervisor(s): Pamela McPherson, M.D.

Faculty Supervisor(s): Michelle Yetman, PhD.

In collaboration with Caddo Juvenile Justice System this experience will emphasize the necessary integration of substance use and mental health assessment and treatment for youth who are justice-involved or at-risk for justice involvement and thereby exponentially at-risk for poor long-term behavioral health outcomes. The emphasis of training is on learning procedures of evidence-based forensic mental health and dual diagnosis assessment and writing forensic behavioral health reports, as well as gaining experience in testimony related to submitted forensic reports and clinical consultations. There may also be some opportunities to provide treatment services in the outpatient court clinic setting. The intern has the opportunity to develop competency in assessment, treatment, and consultation with detained (pre-adjudicated) and incarcerated (post-adjudicated) youth who have serious emotional, behavioral, and developmental challenges.

All experiences will emphasize interdisciplinary collaborations in providing integrated behavioral health assessment and treatment and interprofessional learning across multiple disciplines, including, but not limited to, psychology, medicine, nursing, juvenile justice and social work. The Juvenile Justice experience serves a diverse population. A majority of youth are racial/ethnic minorities, with a moderate representation of Latino families. At times, interns will have exposure to working with interpreters. In addition, the range of diagnostic presentations are also diverse including trauma-related disorders, substance use, anxiety, depression, developmental disorders, and behavioral disorders.

Behavioral Health Consultant

Primary Supervisor(s): Pamela McPherson, M.D.

Faculty Supervisor(s): Adam Blancher, PhD; Michelle Yetman, PhD

This experience provides training in empirically supported assessment and treatment of neurodevelopmental, mood/anxiety, and behavioral disorders in children and adolescents in an outpatient setting. The multidisciplinary team is comprised of psychology and psychiatry residents, fellows, as well as psychologists, psychiatrists, and other support staff. Mornings and afternoons are spent working with youth with families. Interns are expected to serve as the primary clinician on new consultations and to provide follow-up care as indicated. Families are generally ethnically diverse from a wide variety of cultural and socioeconomic backgrounds.

Summary Schedule

Core Experiences

ADHD and Behavioral Dysfunction Treatment: 12 months

ASD Assessment: 12 months

Supplemental Experiences

ABA: 4 months (half a day for 2 days/week)

Forensic/Juvenile Court: 4 months (half a day for 2 days/week)

Behavioral Consultant: 4 months (half a day for 2 days/week)

It is expected that each intern will receive 16-20 hour per week of direct, face-to-face service delivery during the internship year.

A sample schedule can be found in Appendix A.

Didactics

Interns are required to participate in at least two hours of didactic activities weekly that are designed to meet the learning goals, objectives, and competencies of the internship program. Topic areas include evidenced-based treatment and interventions relevant to the patient populations at LSU, conducting psychological assessment, interpretation and report writing, professional ethics, scholarly inquiry, cultural diversity, supervision and consultation. Interns may also attend treatment team meetings, faculty developmental activities, and continuing education programs. Interns may wish to participate in a weekly (1) hour Grand Rounds led by psychiatry faculty which addresses the latest development in empirical research and treatment in mental health.

Research/Scholarly Activities

LSUH-Shreveport offers research opportunities throughout the internship year. The intern will meet with program advisors (i.e., research supervisor) throughout the year for learning, mentoring, and to provide updates on research progress. At the end of the training year, the intern will give a presentation on the results of the project to relevant others who benefit from this information or at a local, state, national or international conference. The focus of the research project must be approved by the Research Mentor and/or the training director by no later than November 1st of the training year.

Professional Presentations: Interns are required to create and provide a didactic training, in-service training, grand rounds, or present at a professional meeting/conference on a clinically relevant topic of interest. Interns may choose to work collaboratively or independently on this project. Presentations will be based on current relevant research and empirical evidence and a literature review is required. Information presented in the professional presentation can be in the area of research project noted above.

Training Requirements

This internship requires 2000 hours of service. The following is a breakdown of these hours:

- At least 700 hours of direct service
- Minimum four hours per week of supervision (including individual and group)
- Satisfactory completion of a research project or scholarly activity
- Consistently rated as “Meets Expectations” by supervisors and faculty on all training outcomes (competencies)
- Completion of the above requirements within 12 months of start date

Supervision

Supervision

Interns receive a minimum of 4 hours of supervision per week including both individual and group supervision.

Each intern individual supervision from the faculty psychologists. Individual supervision (2 hours per week) is primarily case discussion; however, at times, live supervision is available. The individual supervisors oversee the interns’ clinical work and professional development during their tenure at LSUH-S Children’s Center. The individual supervisor is responsible for the interns’ specific or focused clinical and professional concerns. In addition to primary supervision by a psychologist, an intern may also receive interdisciplinary supervision from psychiatry and other specialties (e.g., SLP, OT, BCBA) during clinical activities. However, some clinics offer live supervision and role-modeling by supervisors within multidisciplinary teams. Facilities include one-way mirrors and videotaping capability, depending on the location. Supervision will also be provided on psychological assessment reports progress notes as necessary.

Interns also spend two hours a week in group supervision facilitated by licensed psychologists. Case presentation, consultation, and discussion are the primary group supervision format. In addition, the training director structures group supervision relative to professional development, which may focus on consultation, interdisciplinary communications, systems issues and program evaluation.

Faculty and Staff

Core Faculty/Primary Supervisors

Adam Blancher, PhD is an Associate Professor, Clinical at LSU Health Shreveport. He received a Master of Arts degree (2009) in Counseling and Guidance and PhD in Counseling Psychology (2011) from Louisiana Tech University. He also holds a Master’s of Science degree in General Psychology with a Concentration in Psychometrics. He is fully licensed to practice

psychology in the state of Louisiana. He serves as one of the psychologists on the interdisciplinary team at the LSU Health Shreveport Children's Center and is the consulting psychologist with the Ark-La-Tex Craniofacial and Center. He demonstrates expertise in the areas of Autism Spectrum Disorders, Attention-Deficit/Hyperactivity Disorder, and other neurodevelopment disorders and childhood mental illness. His teaching interests include Behavioral Statistics and Abnormal Psychology with an emphasis on Neurodevelopmental Disorders (e.g., Autism Spectrum Disorder and ADHD). His research interests are in the fields of psychological assessment and diagnosis with an emphasis on Neurodevelopmental Disorders. He also has interest in research with individuals with Cleft Lip and Palate.

Michelle Yetman, PhD is an Associate Professor and Clinical Psychologist at LSU Health Shreveport. She received her PhD in Clinical Psychology from Gallaudet University in 2000. During her training she completed an externship in Pediatric Psychology at the Hospital for Sick Children and Children's National Medical Center, both located in Washington, D.C. She completed her APA approved Clinical Internship at the University of Maryland Medical Center, in Baltimore, Maryland. She received specialized training in the diagnosis of autistic spectrum disorders at the Center for the Atypical Child and Mount Washington Pediatric Hospital. Dr. Yetman is a Licensed Clinical Psychologist who is a member of both the American Psychological Association (APA) and the Louisiana Psychological Association (LPA). Dr. Yetman's teaching interests include the early identification and diagnosis of autistic spectrum disorders. Dr. Yetman is also interested in the promotion of early intervention programs. Dr. Yetman has research interests in the early identification of autistic spectrum disorder and early intervention. She is especially interested in empowering parents in the diagnosis and evaluation process. She regularly participates in collaboration with other departments regarding autistic spectrum disorder research. Additionally Dr. Yetman is interested in the impact of chronic sleep deprivation on children with behavioral disorders, such as ADHD as well as the promotion of health and wellness programs within the workplace.

Additional Faculty

Traynee Rash, BCBA is a Board Certified Behavior Analyst (BCBA) for LSU Health Shreveport Children's Center. She received a B.A. in Psychology from Hendrix College (1987) and a Specialists Degree in School Psychology (SSP) from LSUS (1991). Additionally, she attended Penn State for 15 hours of ABA post graduate work. She is nationally certified by the Behavior Analyst Certification Board and licensed by the state of Louisiana to practice ABA. She has 30 years of experience working with multidisciplinary teams and employing peer reviewed research to provide socially significant services for skill acquisition and aberrant behavior reduction for children who have autism.

John Wagner, M.D. Clinical Associate Professor and Vice-Chair of Psychiatry and Behavioral Medicine. He is a graduate of the LSU Health Shreveport School of Medicine. He completed a General Psychiatry Residency and a Child and Adolescent Psychiatry Fellowship at LSU Health Shreveport as well. He is Board Certified in General Psychiatry as well as Child and Adolescent Psychiatry. Prior to his medical career, Dr. Wagner served in the United States Army as a commissioned officer.

Pamela McPherson, M.D. is a Gratis Associate Professor of Psychiatry and Behavioral Medicine. She is a board certified in child & adolescent, adult, and forensic psychiatrist. After attending Centenary College and LSU Health Shreveport, she completed her residency at the University of South Carolina, and fellowships at University of New Mexico, and Case Western Reserve University. She has extensive background consulting with juvenile justice systems. She serves as a mental health subject matter expert for the Department of Homeland Security Civil Rights and Civil Liberties Division. She has been recognized by the APA, Physicians for Human Rights and the Ridenhour Foundation for her mental health advocacy work.

James C. Patterson, M.D. is the Chairman of the Department of Psychiatry and Behavioral Medicine at LSU Health Shreveport. He is also a joint faculty member in the Department of Pharmacology, Toxicology, and Neuroscience. He has also worked as Chief of Mental Health at the local VA Medical Center. Dr. Patterson has been in Shreveport since 2000, has risen to the position of Professor and Chair, and also serves in the role as the Christus Schumpert Chair of Neurobiology. He is also the Clinical Director of the Louisiana Addiction Research Center, as well as the Medical Director of Louisiana Behavioral Health. His past roles include serving as the Director of PET Neuroimaging Research, as well as the Program Director for Residency Training of the Psychiatry Residency Program.

Interdisciplinary Faculty

Rebecca Durr, MCD, CCC-SLP

Michael McGill, MCD, CCC-SLP

Nanette Massey, LOTR Occupational Therapy

Barbara Peyton, Educational Diagnostician

Tree Snow, LCSW Social Work

Mark Cogburn, PhD, LMFT

Additional oversight may be provided by LSU psychiatry residents and attending physicians.

Administrative Staff

Tonya Winans-March

Policy and Procedures

Doctoral interns are employees of LSU – Health Shreveport and are subject to the LSU-Health Shreveport general policies and procedures. These policies and procedures are presented to the intern during the first week of the program. Interns may also access this information through

the lsuhs.edu website, InsideLSU (<https://INSIDE.lsuhs.edu>) and/or by contacting the Human Resources department at LSU Health Shreveport.

In addition, LSU – Health Children’s Center Doctoral Internship Program in Psychology adheres to policies set forth by the Association of Psychology Postdoctoral and Internship Centers (APPIC), and recruit interns through the APPIC Internship Matching Program. The APPIC website is located at: <http://www.appic.org>

The LSU – Health Children’s Center Doctoral Internship Program in Psychology is consistent with state and national guidelines. The program follows the standards, guidelines and principles set by the Commission on Accreditation of the American Psychological Association. For more information, please contact the Office of Program Consultation and Accreditation, American Psychological Association, 750 First Street NE, Washington, DC 20002-4242. Phone: 202-336-5979; TDD-TTY: 202-336-6123. APA website: <http://www.apa.org/>

HIPAA and Related Policies

In the course of clinical training, interns have access to confidential information related to patients/clients of the facilities they enter. Interns receive training in protecting patient/client confidentiality and HIPAA guidelines. It is the responsibility of the intern to maintain confidential any information related to patients and/or clients. Specifically, per HIPAA guidelines, the following behaviors are prohibited:

- Releasing confidential patient/client information by any means (i.e., verbally, electronically, or in print) to any individual/agency who does not have the legitimate, legal or clinical right to the information
- Unauthorized use, copying or reading of patient medical records
- Unauthorized use, copying or reading of employee/hospital records
- Taking patient records outside the clinical facility
- Any tampering of patient information

This policy applies not only to patient/clients with whom the intern has direct contact, but to any personal/confidential information the intern may have access to while in the clinical setting.

The intern is also to use discretion when discussing patient/client information with other appropriate individuals to assure that the nature of the discussion remains professional, pertains only to information clinically relevant, and cannot easily be overheard by those not involved in the patient’s care.

Additionally, some clinical facilities will have their own published policies/procedures related to protecting patient/client information that interns are expected to follow.

Violations of this policy may result in disciplinary action and may be grounds for dismissal from the program.

Diversity Policy

Respect for diversity and values different from one's own is a core value of the LSU – Health Children's Center Doctoral Internship Program in Psychology. This value is also consistent with the guidelines set forth by the American Psychological Association's Ethical Principles and Code of Conduct and reflected in the Standards of Accreditation set forth by the APA. Psychology interns within LSU provide services to a diverse patient population, often consisting of members of social groups different from their own. As such, we strive to ethically and effectively treat a wide range of patients from varying social backgrounds. The LSU – Health Children's Center Doctoral Internship Program in Psychology exists within multicultural communities that contain people of diverse ethnic, racial and socioeconomic backgrounds; national origins; religious, spiritual and political beliefs; physical abilities; ages; genders; gender identities, sexual orientations, physical appearance and more. At LSU, we believe that training programs are enriched by our collective openness to learning about others who are different from ourselves, as well as striving for acceptance of others. All faculty and supervisors as well as interns agree to work together to create training environments characterized by respect, trust, and safety. Additionally, faculty and interns are expected to be supportive and respectful of all individuals, including patients, staff and peers, regardless of differences in background or worldviews.

The LSU – Health Children's Center Doctoral Internship Program in Psychology recognizes that no individual is free from all forms of prejudice or bias. Along these lines, we anticipate that each training environment will evidence a wide range of beliefs, behaviors and attitudes. All members of the training programs (staff and interns alike) are expected to be committed to the values of respect, equity and inclusion. Furthermore, they are asked to demonstrate critical thinking and self-examination so that biases may be evaluated in light of scientific data and standards of the profession. Therefore, faculty and interns alike are expected to exhibit a genuine desire to examine their own assumptions, attitudes, values and behaviors and to work effectively with a variety of individual, group, and role differences. In short, all members of the training program are expected to be willing to examine their own values and to gain knowledge and skills regardless of their beliefs, attitudes and values. Over the course of the training year, training faculty will engage in and model self-disclosure and introspection with their interns as appropriate. This can include discussions around personal experiences, attitudes, beliefs, feelings, opinions or personal histories. All members of the training program are committed to lifelong learning relative to multicultural competence. When deemed appropriate, self-disclosure is done in the service of optimizing patient care and improving professional knowledge, skills and attitudes.

In summary, all members of the LSU – Health Children's Center Doctoral Internship Program in Psychology are committed to a training process that facilitates the development of professionally relevant knowledge and skills focused on working effectively with all individuals inclusive of demographics, beliefs, attitudes and values. Members agree to engage in a mutually supportive process that examines the effects of one's beliefs, attitudes and values on

one's work with all clients. Such training processes are consistent with LSU's core values, respect for diversity and for values similar and different from one's own.

As an incoming psychology intern at LSU, it is the expectation that you:

- Show willingness to work with a wide range of patient populations and presentations often different from yourself
- Demonstrate respect for differing worldviews and value systems, even when they are in conflict with your own
- Work effectively and with respect with colleagues whose views may be different and/or in conflict with your own
- Within reason, you are expected to be willing to work with any patient who presents for treatment, except in cases where your personal physical safety is actively threatened or where the clinical competence of both the intern and the supervisor would compromise patient care.
- Seek out supervision, consultation and training when issues around competency emerge pertaining to a particular population and/or presenting problem

Intern Performance Evaluation Procedure

Interns are evaluated formally by their supervisors at least four times (quarterly) during the internship year. Supervisors rate interns on a set of scales designed to evaluate their performance on the nine Profession-Wide Competencies and discuss feedback with the interns. These evaluations are primarily designed to ensure that the interns are making optimal use of their training year. Letters are sent to the director of each intern's doctoral training program midyear and at the completion of the internship. The internship is conceptualized as an evolving training program, with continuous self-review and quality enhancement. Interns and staff engage in periodic evaluation of the program's goals and its method of implementing these goals. Interns also complete annual evaluations on seminars, supervisors, and experiences. The Director of Training (DOT) has regular meetings with both the training staff and the interns to discuss and evaluate the program.

Within the first week of the training program, the intern and primary supervisor will complete the Intern Self Evaluation form. (Appendix C). This baseline assessment identifies the intern's level of experience in the competency areas set forth in the Intern Evaluation ("IE"; see below; see also Appendix D). The baseline assessment form is kept in the intern's personnel file.

In order to ensure that interns meet all of the program's goals and requirements, each intern will be formally evaluated by his or her primary supervisor at least once per quarter (and more frequently, if a competency concern arises) through the use of the IE.

The IE is the training program's formal evaluation instrument for evaluating an intern's progress. Primary supervisors use the IE to rate each intern on their performance corresponding to program goals. Each of the ratings on the IE indicates a specific level of competency. The

primary supervisor is instructed to rate the intern on all items listed for each of the program's required training aims ("Profession-Wide" competencies), on the IE.

Primary supervisors are instructed to provide a narrative explanation for any rating lower than a "3" ("Meets Expectations"). A rating of "3" indicates that the intern's performance meets the competency requirements for entry-level practice into the profession. It should be noted that, given the high quality of interns who complete APA-accredited academic programs and APA accredited and/or APPIC-member doctoral internships, this rating denotes a high caliber of competency. Ratings of "1" ("Inadequate") or "2" ("Needs Improvement") on any behavioral anchor in the IE will trigger written notification and possibly remedial action (see below). If, by the end of the fourth review period, the intern has not achieved ratings of 3 for all behavioral anchors, he/she will not receive a Certificate of Completion.

The primary supervisor and/or internship training director will meet with the intern to review completed IEs. The intern may respond in writing to the IE. If the intern wishes to challenge any ratings on their IE, they are directed to follow the Intern Due Process procedure as outlined below. The completed IE and any response will be placed in the intern's personnel file.

Basic Intern Roles/Responsibilities

- Meet with primary supervisor on a weekly basis to receive individual supervision and instructive feedback
- Achieve a rating of "3" ("Meets Expectations") by the end of the fourth quarter for all behavioral anchors in the Intern Evaluation in order to complete the training program
- Maintain professional and ethical standards, including but not limited to adherence to reporting laws, confidentiality, and respect for boundaries
- Maintain a log of direct and indirect hours, supervisory hours (individual and group), treatment team documentation and completed evaluations.
- Present challenging cases as appropriate
- Demonstrate preparedness/receptivity for supervision
- Complete required number of psychological evaluations
- Complete required Program Evaluation or Research Project
- Spend a minimum of 32 hours over the course of the training year engaged in community partnership projects
- Attend program training seminars/didactics, unless supervisor excuses absence
- Attend local/university didactics and/or pertinent grand rounds
- Complete assigned readings
- Consistently make progress on all program goals and aims throughout the training year
- Model professional behavior by timeliness of record keeping, report writing, meetings, supervision, patient care, etc.
- Forward progress notes of all patient sessions to the primary supervisor for review in a timely manner, that they may be re-closed within the required two-day window.

Program evaluations and supervisor evaluations are required from all interns throughout the program year, concurrent with the evaluation of the interns. These forms solicit input on various

components of the training program (see Appendix E and F). Program evaluations are reviewed by clinic staff, and ratings/comments may be shared and discussed in monthly clinical supervisor's meetings. Supervisor evaluations are reviewed by psychology faculty to assist with program evaluation.

Conduct/Behavior/Ethics

The development of professional behaviors is an essential part of the integration of interns into the profession. Development and assessment of professional behaviors for interns in the Program at LSUHS occurs through:

- A) Self-assessment of the interns during the 1st quarter of the program using the Intern Self Evaluation Form (see Appendix C).
- B) Assessments of interns in the program by clinicians during the required clinical experiences using the Intern Evaluation form (Appendix D).
- C) Formation of a professional development plan for each intern within the 1st quarter of the training period based on the self-assessment and meetings with the DOT.
- D) Monitoring and revision of professional development plans on an ongoing basis through meetings between intern and the DOT, based on feedback from clinical supervisors, program faculty and ongoing student self-assessment

Interns are expected to conduct themselves in a professional manner at all times during clinical experiences. The policies and procedures of the Program and of the Clinical Facility must be adhered to and additionally the student should conform to the principles outlined in the Louisiana Law and the APA Code of Ethics.

The clinical supervisors should give feedback to the intern regarding affective/behavioral skills both verbally and in writing using the Intern Evaluation form (Appendix D). The supervisor should also contact the DOT regarding any concerns related to intern conduct/behavior. The DOT will respond immediately to gather information, initiate documentation of the behavior and the remedial plan (if necessary) and help guide the supervisor in facilitating progression toward entry-level affective skill achievement.

Clinical facilities do have the right, per the Affiliation Agreement with the University, to request the removal of an intern from the site at any time due to behavior or performance deficits.

Certain behaviors, including but not limited to the following, may result in an immediate evaluation and/or disciplinary action, regardless of review period:

- Violation of patients right/confidentiality
- Falsifying data and records
- Illegal behavior or act
- Possession or use of intoxicants or narcotics or a positive drug/alcohol test result
- Failure to follow the instructions of employees of the facility
- Jeopardizing patient safety
- Any conduct that results in dismissal/a request for removal from a clinical site

Due Process and Disciplinary Action due to Misconduct

Due process ensures that decisions about interns are not arbitrary or personally based. It requires that the training program identify specific evaluative procedures, which are applied to all interns, and provide appropriate appeal procedures available to the intern. All steps need to be appropriately documented and implemented. General due process guidelines include:

1. During the orientation period, interns will receive in writing, in the form of the intern manual/handbook, LSUHS' expectations related to professional functioning. The DOT will discuss these expectations in both group and individual settings. The procedures for evaluation, as described above, will be thoroughly explained to each intern.
2. The various procedures and actions involved in decision-making regarding any problem behavior or intern concerns will be described and provided in writing. Such procedures are included in the intern manual/handbook. The intern manual/handbook is provided to the interns and reviewed during orientation.
3. LSUHS will communicate early and often with the intern and when needed the intern's graduate program if any suspected difficulties that are significantly interfering with performance are identified.
4. The DOT will institute, when appropriate, a remediation plan for identified issues, including a time frame for expected remediation and consequences of not rectifying the issues.
5. If an intern wants to institute an appeal process, this document describes the steps of how an intern may officially appeal the training program's action(s).
6. LSUHS' due process procedures will ensure that interns have sufficient time (as described in this due process document) to respond to any action taken by the program before the program's implementation.
7. When evaluating or making decisions about a intern's performance, LSUHS' staff will use input from multiple professional sources.
8. The DOT will document in writing and provide to all relevant parties, the actions taken by the program and the rationale for all actions.

Basic Due Process Procedures

If an intern receives an "Significant Development Needed" rating (1) or a "Basic" rating (2) during the second or third evaluation period from any of the evaluation sources in any of the

major categories of evaluation, or if a staff member has concerns about an intern's behavior (e.g., ethical or legal violations, professional incompetence), some or all of the procedures below will be initiated.

Notice

It is important to have meaningful ways to address problems once they have been identified. The intern will be notified that the problematic behavior has been identified and that the internship is addressing the problem. The purpose of the notification process is to carefully balance the needs of the intern, any clients that may be involved, other members of the intern cohort, the training staff, and other agency personnel. Notification can be conducted in the following ways:

1. In some cases, it may be appropriate for the staff member or training staff to speak directly to the intern about his or her concerns. If necessary, the DOT will counsel and consult with the intern directly and outline expectations for future behavior/performance. This is referred to as an informal problem consultation and is considered a *verbal notice*.
2. In other cases, *written acknowledgement* is necessary due to the nature of the concern. This will also be accompanied by an action plan for remediation (Remediation Support Plan). If a written acknowledgement is required, the DOT will provide the intern with written notice within 3 days of learning of the concern. Formal written acknowledgement to the intern formally acknowledges:
 - a. That the supervisors and the DOT are aware of and concerned with, the performance or competence problem;
 - b. That the concern has been brought to the attention of the intern
 - c. That the staff will work with the intern to rectify the problem or skill deficits by identifying goals and objectives
 - d. That the behaviors associated with the problem are not significant enough to warrant more serious action.
 - e. The written acknowledgement will be removed from the intern's file when the intern adequately addresses the concerns and successfully completes the internship training program.
3. Finally, a *written warning* (Remediation Plan) to the intern indicates the need to discontinue an inappropriate action or behavior. Depending on the specific performance or conduct related issue, a Remediation Plan may follow a Remediation Support Plan if the outlined goals and objectives are not completed within a reasonable or agreed upon amount of time. If a written warning is required, the DOT will provide the intern with written notice within 5 days of learning of the concern. This written warning letter will contain:
 - a. a description of the intern's unsatisfactory performance or problematic behavior
 - b. actions that must be taken by the intern to correct the unsatisfactory performance or problematic behavior
 - c. the timeline for correcting the problem
 - d. what action will be taken if the problem is not corrected; and,
 - e. notification that the intern has the right to request a review of this action

A copy of this *written warning* will be kept in the intern's file. Consideration may be given to removing this letter at the end of the internship by the DOT in consultation with the intern's supervisor(s) and/or other training staff.

Remediation

The implementation of a Remediation Support Plan or a Remediation Plan with possible sanctions should occur only after careful deliberation and thoughtful consideration of the DOT, relevant members of the training staff and/or the Dean of the School of Allied Health (if necessary). Remediation Support plan or Remediation plan will be provided to the intern within 10 days of receipt of the written warning. All plans will be reviewed with the intern directly and each DOT and intern will provide signatures as evidence of the receipt of the plan. The remediation and sanctions options listed below may not necessarily occur in the order presented here. The severity of the problematic behavior plays a role in the level of remediation or sanction.

Schedule modification is a time-limited, remediation-oriented closely supervised period of training designed to return the intern to a more fully functioning state. Modifying an intern's schedule is an accommodation made to assist the intern in completing outlined goals and/or responding to personal reactions to environmental stress, with the full expectation that the intern will complete the internship training program. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the DOT. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:

- a. increasing the amount of supervision, either with the same or different supervisors;
- b. changing the format, emphasis, and/or focus of supervision;
- c. recommending personal therapy;
- d. reducing or redistribution of the intern's clinical or other workload;
- e. requiring specific academic coursework.

The length that a schedule modification will be in effect will be determined by the DOT in consultation with the supervisor(s) and/or other training staff. The termination of the schedule modification period will be determined, after discussions with the intern, by the DOT in consultation with the supervisor(s) and/or training staff.

Probation is also a time limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the intern to complete the internship/fellowship and to return the intern to a more fully functioning state. During probation, the DOT will systematically monitor for a specific length of time the degree to which the intern addresses, changes and/or otherwise improves the performance of competency-related problematic behavior. The intern is informed of the probation in a written statement, which includes:

- a. the specific behaviors associated with the "1" or "2" rating and/or raised concern;
- b. the recommendations for rectifying the problem;
- c. the time frame for the probation period during which the problem is expected to be ameliorated, and;
- d. the procedures to ascertain whether the problem has been appropriately rectified.

If the DOT determines that there has not been sufficient improvement in the intern's behavior to remove the probation or modified schedule, then the DOT will discuss with the supervisor(s) and/or the training staff possible courses of action to be taken. The DOT will communicate to the intern in writing that the conditions for revoking the probation or modified schedule have not been met. This notice will include the course of action the DOT has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of an alternative action. Additionally, the DOT will communicate to the Director of Clinical Training at the intern's graduate program, that if the intern's behavior does not change, the intern will not successfully complete the internship training program.

Suspension of Direct Service Activities requires a determination that the welfare of the intern's client or consultee has been jeopardized. Therefore, direct service activities will be suspended for a specified period of time as determined by the DOT in consultation with the training staff and Dean of the School of Allied Health. At the end of the suspension period, the intern's supervisor in consultation with the DOT will assess the intern's capacity for effective functioning and determine when direct service can be resumed. The intern may be allowed to participate in didactic or research activities during this suspension.

Administrative Leave involves the temporary withdrawal from all responsibilities and privileges in the agency. If the Probation period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the required supervised hours needed for completion of the internship training program, this will be noted in the intern's file and the intern's academic program will be informed. The DOT and/or the Dean of the School of Allied Health will inform the intern of the effects the administrative leave will have on the intern's stipend and accrual of benefits.

Dismissal from the internship program involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period and/or agreed upon time period, rectify the competence problems and the intern seems unable or unwilling to alter her/his behavior, the DOT will discuss with the Dean of the School of Allied Health the possibility of termination from the training program or dismissal from the agency. Notice of dismissal from the program will be provided to the intern in a timely manner and will allow the intern 8 business days to exercise his/her appeals rights. If the final decision made by the DOT, supervisor(s), members of the training staff, and Dean of School of Allied Health is to dismiss the intern from the program, this dismissal becomes effective immediately following notice of the final decision.

Either administrative leave or dismissal would be invoked in cases of severe violations of state jurisprudence regulations, the APA Code of Ethics, or when imminent physical or psychological harm to a client is a significant concern, or when the intern is unable to complete the internship program due to physical, mental or emotional illness. When a intern has been dismissed, the TCs will communicate to the intern's academic program that the intern has not successfully completed the internship or fellowship program.

Appeal Procedure

In the event that an intern does not agree with any of the aforementioned notifications, remediation, or sanctions– the following appeal procedures should be followed:

1. The intern should file a formal appeal in writing with all supporting documents, with the DOT and the Dean of the School of Allied Health. The intern must submit this appeal within 5 working days from their notification of any of the above (notification, remediation, or sanctions).
2. Within 3 working days of receipt of a formal written appeal from an intern, the Dean of the School of the Allied Health will consult with the DOT and/or the members of the training staff and then decide whether to implement a Committee on Student Conduct, Dismissal, and Appeals or respond to the appeal without a Committee being convened.
3. In the event that an intern is filing a formal appeal in writing to disagree with a decision that has already been made by the Committee and supported by the Dean of the School of Allied Health, then that appeal is reviewed by the Dean in consultation with the LSU Health Shreveport Assistant Dean for Academic & Student Affairs.

Committee on Student Conduct, Dismissal, and Appeals

If the formal decision made by the DOT or members of the training staff is challenged by the intern and the decision by the Dean is to implement a Committee on Student Conduct, Dismissal, and Appeals, the following shall occur:

1. The Dean will assemble the Committee on Student Conduct, Dismissal, and Appeals within 10 working days of the intern's decision
2. The Committee on Student Conduct, Dismissal, and Appeals is an Ad Hoc Committee, which shall be advisory to the Dean and consist of up to three faculty members and if desired by the Dean and approved by the accused, up to two interns. No more than one faculty member of the Committee may be a member of the accused intern's program.
3. Members of the Committee on Student Conduct, Dismissal, and Appeals shall be selected by the Dean of the School of Allied Health.
4. The Assistant Dean for Academic & Student Affairs shall serve as chairperson of the Committee and be responsible for setting up the hearing, informing concerned parties and the Committee members of the time and place of the hearing. In exceptional circumstances, the Dean may appoint someone other than the Assistant Dean for Academic & Student Affairs to serve in his/her place.
5. The accused intern may be accompanied by a non-legal advisor at the hearing. The advisor may speak only to his/her advisee during the hearing.
6. At the hearing, evidence and supporting documentation of alleged misconduct will be presented. The accused intern may present evidence in his/her defense, question those who present evidence against him/her, and refute evidence against himself/herself. The Committee may question all those who offer evidence. The Chairperson will ensure that the scope of the hearing and evidence presented relate to the charge of misconduct.
7. After all evidence has been presented, the Committee will meet in executive session to deliberate and formulate its recommendation to the Dean. The Committee may choose one or more sanctions listed in this document as its recommendation.
8. The Committee Chairperson shall submit a written report to the Dean including: the Committee's finding(s), recommendation(s), summary of the evidence presented, and dissenting opinions within 5 working days of the hearing.

The Administrative Hearing

As noted above, after the intern receives formal notice of a problem, Remediation Plan, or the results of the Committee findings, the intern may request an administrative hearing before the Dean. This request must be made within 5 working days of receipt of the written notice.

The following specific conditions must be met before the Dean can accept jurisdiction. The intern must:

1. Request in writing that the Dean take jurisdiction, and the Dean must be willing to accept the case as being appropriate for administrative resolution.
2. Officially accept in writing the written Remediation Support Plan or Remediation Plan to the specific charge as prepared by the DOT.
3. Waive his or her right in writing to have the Remediation Plan considered by the Committee on Student Conduct, Dismissal, and Appeals.

The Dean will render a final decision consistent with the following schedule:

1. within 5 working days of receipt of the Committee on Student Conduct, Dismissal, and Appeals findings

or
2. within 10 working days of accepting administrative jurisdiction.

The Dean has the authority to impose sanctions other than those recommended by the Committee on Student Conduct, Dismissal, and Appeals and determine the date when sanctions will be imposed.

The Dean's final decision, plus a copy of the Committee's findings and recommendations, shall be distributed to the intern involved, the Assistant Dean for Academic & Student Affairs, and other appropriate administrators.

Additional Appeal Procedures

As a matter of right, an intern may appeal the decision of the Dean. An appeal must be made to the Chief Academic Officer of the LSU Health in Shreveport within 10 working days of the decision of the Dean. The written appeal must include:

1. Justification for the appeal that includes evidence of abuse of process, evidence of procedural error, or evidence of a grievous miscarriage of justice.
2. Copies of all documents produced by the Committee on Student Conduct, Dismissal, and Appeals and the Dean's final decision.

The Assistant Dean for Academic & Student Affairs of the LSU Health in Shreveport, or his/her designee, shall decide within 10 working days after receipt of appeal whether further action should be taken. In reaching this decision, this official may ask other parties to the appeal to make written reply to the request for a review. If the decision is reached that an additional

review is not justified, the intern and all other parties will be so notified. If the Assistant Dean for Academic & Student Affairs, or his/her designee, decides to support additional review of the Dean's final decision, this official will hold a formal meeting with all parties and their supervisors, if desired, and reach a decision based on discussions at this meeting and all written materials furnished. Once a decision is made, the Assistant Dean for Academic & Student Affairs, or his/her designee, will notify all parties of the decision. The decision of the Assistant Dean for Academic & Student Affairs, or his/her designee, shall conclude the matter.

Grievance Procedure

All interns and affiliates of the LSUH-S Children's Center Doctoral Internship Program have the right to express a complaint/grievance on academic or non-academic issues. Interns and/or affiliates must provide evidence of error, miscalculation, omission, or other action negatively impacting the student. The purpose of the complaint/grievance process is to provide Interns with an opportunity for fair and objective consideration and review of their issue. Interns and/or affiliates are expected to follow established procedural guidelines for academic and/or non-academic complaints or issues.

Anonymity. Individuals wishing to remain anonymous can file a complaint in any manner, including by telephone or written communication however, electing to remain anonymous may limit the Institutions ability to correct the issue, collect evidence, or take effective action against individuals accused of violating policies.

Confidentiality. The SAHP has an obligation to maintain an environment free of Title IX offenses (include sex discrimination, sexual harassment, dating violence, domestic violence, sexual assault, stalking, and retaliation, etc.), thus LSUH Shreveport faculty/staff have mandatory reporting and response obligations and may not be able to honor a complainant's request for confidentiality.

A. Scope

This regulation shall apply to:

School of Allied Health Professions student and/or affiliate complaints relative to:

- Grievance: A grievance is defined as any situation affecting the status of a intern in which the intern believes his/her rights have been compromised or denied because of one of the following:
 - a. an arbitrary and/or capricious action on the part of a faculty member/ DOT, supervisor, or other administrator.
 - b. application of standards different from those that were applied to other Interns in the same experience or training activity.
 - c. other issues that are not concerning an intern evaluation.
- Additional grievance examples include complaints by interns that they have been treated unfairly in violation of interns' rights including but not limited to discrimination on the basis of age, race, ethnicity, religious belief, sexual orientation, national origin, disability, or other conditions or preferences. Additional Title IX grievances include: sex

discrimination, sexual harassment, dating violence, domestic violence, sexual assault, stalking, and retaliation by another student or LSU Health SAHP faculty member, staff or employee.

B. Grievance/Complaint Procedure:

For situations in which an intern raises a grievance about a supervisor, staff member, intern, DOT, or the training program, following may occur:

Informal Review

First, the intern should raise the issue as soon as feasible with the involved supervisor, staff member, other intern, or DOT in an effort to resolve the problem informally.

Formal Review

If the matter cannot be satisfactorily resolved using informal means, the intern may submit a formal grievance in writing to the DOT. If the DOT is the subject of the grievance, the grievance should be submitted to another member of the training staff and/or the Dean of the School of Allied Health. The individual being grieved will be asked to submit a response in writing. The DOT (or Training staff or Dean, when appropriate) will meet with the intern and the individual being grieved within 10 working days. In some cases, the DOT or members of the training staff or Dean may wish to meet with the intern and the individual being grieved separately first. The goal of the joint meeting is to develop a plan of action to resolve the matter. The plan of action will include:

- a. the behavior associated with the grievance
- b. the specific steps to rectify the problem; and,
- c. procedures designed to ascertain whether the problem has appropriately rectified.

The DOT or training staff member or Dean will document the process and outcome of the meeting. The intern and the individual being grieved will be asked to report back to the DOT or training staff member or Dean in writing within 10 working days regarding whether the issue has been adequately resolved. If the plan of action fails, the DOT, or training staff member or Dean will convene a review panel consisting of him/herself and at least two other members of the training staff within 10 working days. The intern may request a specific member of the training staff to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information.

The review panel has final discretion regarding outcome.

If the review panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to the employer agency in order to initiate the due process procedures outlined in the employment contract. If the review panel determines that the grievance against the staff member potentially can be resolved internally, the review panel will develop a second action plan that includes the same components as above. The intern and the individual being grieved will again be asked to

report back in writing regarding whether the issue has been adequately resolved within 10 working days. The panel will reconvene within 10 working days to again review written documentation and determine whether the issue has been adequately resolved. If the issue is not resolved by the second meeting of the panel, the issue will be turned over to the employer agency in order to initiate the due process procedures outlined in the employment contract.

Information about Shreveport-Bossier Area

We are located in Shreveport, Louisiana which is the 3rd largest city in Louisiana and has a metro population of 375,000. The Red River connects Shreveport, and it's neighbor Bossier City and since Shreveport's early inception, the riverfront has served as the hub of the city's commercial life. What began life as a log-jammed river port has now become home to a splendid convention center, five riverboat casinos, year-round festivals and a riverfront shopping/dining/entertainment venue. The people are charming and the dining is unparalleled mixing the wide-open Texas spirit with the spicy Louisiana Cajun attitude. The area has a lively arts (Red River Revel, Robinson Film Center), craft brewery and music scene. The diverse museums tell the story of famous musicians, galaxies, cultures, and explorers. The festivals and Mardi Gras activities showcase Louisiana's traditions of good music, great food and all night entertainment.

It is also located just 3 short hours from Dallas, TX and 4 hours from Houston, TX and 5 hours to New Orleans.

APPENDIX A

Tentative Didactics Schedule (Fridays, 8:30 AM – 10:30 AM)

July	Description
Adam Blancher, PhD - Transitioning from grad school to internship	This didactic session is devoted to discussing professional identity within a developmental context.
Michelle Yetman, PhD – Prevalence rates, signs and symptoms of ASD	In this research and clinical focused didactic, interns will review current statistics and research regarding the prevalence of ASD and factors contributing to these statistics. Examine the process of assessment and diagnosis in Autism Spectrum Disorder. Scale selection and symptom discussion will be conducted.
Adam Blancher, PhD – Diagnosis & Treatment of ADHD	A clinically focused didactic highlighting the process of assessment and diagnosis in Attention-Deficit/Hyperactivity Disorder. Scale selection and the process of differential diagnosis will be discussed.
Michelle Yetman, PhD- Intellectual Disabilities	This clinically focused didactic highlights the process of assessment and diagnosis of Intellectual Disability. Specific measures and assessments will be discussed.

August	Description
Adam Blancher, PhD – Psychological Report Writing	This clinically focused didactic highlights the components of a psychological report and the purpose of each section. The importance of differential diagnosis will be discussed.
Adam Blancher, PhD, Clinical Documentation and Progress Notes	A clinically focused didactic highlights the components of a SOAP note and a discussion of content and process notes will be integrated in the seminar.
Steven Powell, PhD – Applied Behavior Analysis	A clinical intervention didactic seminar that will cover various aspects of ABA therapy and behavior modification in children with ASD.
Adam Blancher, PhD – Ground Rounds Presentation Discussion	Discussion of the guidelines for the grand rounds presentation requirement. Trainees are asked to come prepared with a list of potential presentation topics. Interns will choose a topic by the end of the seminar.

September	
Laura Alderman, LPC-S, LMFT, NCC - Adverse Childhood Experiences	A clinically focused didactic provided to gain in-depth knowledge of ACE research and learn about the impact of trauma on development.
Tree Snow, PhD - Mandated reporting to Child Protective Services (CPS)	A clinical intervention didactic focused on the documentation and management of reporting procedures. The presenters will provide specific case examples illustrating proper procedure and documentation.
Adam Blancher, PhD - Suicide Assessment	A clinical intervention didactic focused on the assessment, documentation and management of suicide risk within patients. The presenter will provide specific case examples illustrating proper assessment and documentation.
Training Director Check-in	An open forum discussion of issues faced within the training program. Trainees are encouraged to bring any relevant concerns or clinical issues they wish to discuss.

October	Description
Michelle Yetman, PhD – Active Listening	A clinical intervention didactic that will define an active listener, provide an overview of the steps to active listening, and the actions that encourage active listening.
Pam McPherson, MD – Medication Management	A clinical intervention focused didactic, this presentation provides an overview of the classes of psychotropic medications most commonly prescribed in the pediatric population.
Clay Walker, J.D. – Juvenile Justice and Psychology	A clinically focused didactic provided to gain in-depth knowledge of juvenile justice with an emphasis on a psychologist's role in this area.
TBA	

November	Description
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Melody Duncan - NICU High Risk Infant Tour	
Michael McGill – Interdisciplinary Team	This didactic training session examines an interdisciplinary team approach to care. Strategies for effective symptom management, care coordination, and goals of team care will be discussed.
Barbara Peyton, M.A. –Educational Accommodations	During this education focused didactic, students will learn about the role of accommodations and modifications and the differences between each, explore various tools and strategies that can assist teachers and parents, and they will learn how to include individualized accommodations and modifications in the context of psychological report writing.
Michelle Yetman, PhD – Pediatric Sleep Research	This clinically focused session will help the student utilize behavioral interventions to improve complex bedtime problems and night wakings in young children and adapt behaviorally-based sleep interventions for diverse populations

December	Description
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Training Director Check-in	An open forum discussion of issues faced within the training program. Trainees are encouraged to bring any relevant concerns or clinical issues they wish to discuss.
Barbara Peyton, M.A. – Tiered Intervention and Special Education	An educational didactic seminar which discusses the multi-tier approach in school to efficiently differentiate instruction for all students. Discussion of the basic model and how this research-based process matches interventions to student needs.
Adam Blancher, PhD – Postdoctoral placement	This didactic provides a discussion on the merits of a postdoctoral position and includes an overview of the process and implications of state licensing.

January	Description
Webb Sentell, PhD, MP –Psychotropic medication	A clinical intervention focused didactic, this presentation provides an overview of the classes of psychotropic medications most commonly prescribed. Following the didactic, trainees will be able to describe the various classifications of commonly prescribed drugs.
TBA	
Adam Blancher, PhD – Ethics: Maintaining Boundaries	An ethics focused didactic designed to review ethical guidelines for self-disclosure and other commonly confronted ethical challenges. The didactic will review commonly encountered situations within LSUH-S to facilitate discussion.
Michelle Yetman, PhD – Grief and Bereavement	A clinically focused didactic session to provide a combination of practical and creative strategies and techniques related to grief and loss.

February	Description
Daniel Flowers, PhD – Institutional Review Board	Research related didactic offers insight into some of the history of human subject research, the fundamental concepts and challenges in IRB application process.
Todd Lobrano, PhD – Medical Psychology	The seminar is offered to provide an overview of the process to become a medical psychologist. Included in the seminar are regulations and guidelines required to be credentialed as a Medical Psychologist.
Suzanne Tinsley, PhD – Grant Writing	This research focused didactic covers the basic knowledge and understanding of the purpose of grants, grant types, and how to determine potential grants in which to apply.
Marie Vazquez Morgan, PT, PhD: Keys to Developing and Conducting Professional Presentations	This professional didactic presentation provides an overview of the key content and design as well as delivery of material to audiences.

March	
Shantell Clark – Overview of Insurance and Billing Practices	A clinical focused seminar in which guidance on clinical documentation, professional coding, and medical billing processes. guidance on clinical documentation, professional coding, and medical billing processes.
Adam Blancher, PhD – Psychology Billing	This clinically focused session provides a broad introduction to behavioral health billing and coding and an overview on how to ethically bill and get reimbursed for behavioral health care services.

TBA	
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April	
Clifton Frilot, PhD – Promotion and Tenure in the University setting	A professional didactic which provides an overview of the purpose and process of P&T in an academic setting.
Todd Lobrano, PhD – Private Practice	A clinically focused provides an in-depth discussion of the essential components of startup, business entities, money management, billing, office procedures, social media, public speaking, advertising and marketing that each intern needs to develop a plan to start or expand a practice.
Adam Blancher, PhD – Trauma and Culture	A diversity didactic designed to provide an overview of the impact of cultural factors on the assessment and treatment of trauma related disorders. Following the didactic, trainees will be able to define relevant cultural constructs and describe culture's impact on ACES.

May	
Adam Blancher - Becoming a Supervisor	In this supervision didactic, various models and theories of supervision are reviewed.

Adam Blancher, PhD – Ethical Issues in Psychology	This ethics focused didactic will review the use of the ethical code in ethical decision making throughout LSUS-H. Relevant ethical vignettes will be presented and discussed.
Adam Blancher, PhD – Mediation & Stress Reduction	A clinical intervention focused didactic designed to provide and overview of various mindfulness-based stress recovery interventions.

June	Description
Adam Blancher, PhD - Professional Develop/EPPP/Licensure & Board Certification	A clinically focused didactic highlighting the purpose of licensure, and the necessary steps to obtaining full clinical licensure. Handouts detailing the necessary requirements will be provided. Varying state requirements will be discussed.
TBA*	
Adam Blancher, PhD – Developing Professional Identities	Didactic focused on professional development during the internship year. Presenters will provide specific examples of professional identity development, primarily related to professional comportment.

APPENDIX B

Sample Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-9:00	Staffing/ Supervision	ASD evals (4)	ADHD evals (4)	Behavior Consultant (4)	Didactic/Group Supervision (4)
9:00-10:00					
10:00-11:00					
11:00-12:00					
12:00-1:00	Lunch				
1:00-2:00	Eval FB (4)	ADHD Clinic (6)	ABA (4)	ADHD Clinic (6)	Administrative Time
2:00-3:00					
3:00-4:00					
4:00-5:00					
5:00-6:00					
6:00-7:00					

- Potentially +24 hrs of direct client contact hours/week (if schedule is full)

APPENDIX C

Intern Self Evaluation Form

Intern Name: _____

Supervisor Name: _____

This information is to be shared with your initial primary supervisor in order to familiarize him or her with your assessment of your clinical strengths, areas in need of improvement, and goals for the internship year.

What do you believe to be your major clinical strengths?

- 1.
- 2.
- 3.
- 4.
- 5.

What are some specific areas in which you would like to improve?

- 1.
- 2.
- 3.
- 4.
- 5.

What are some specific goals for the internship year?

- 1.
- 2.
- 3.
- 4.
- 5.

How would you rate your ability to write an integrated testing report?

	Substantial supervision/remediation needed
	Close supervision needed (internship entry level)
	Some supervision needed (mid-internship level)
	Little supervision required, mostly independent (internship exit level)

What specific tests are you competent in administering and scoring?

- a.
- b.
- c.
- d.
- e.
- f.

What else would you like your supervisor to know?

APPENDIX D

Intern Evaluation Form

Intern: _____

Supervisor: _____

Type of Review (circle):

1st Quarter Review 2nd Quarter Review 3rd Quarter Review Final Review

Evaluation is a collaborative process designed to facilitate growth, pinpoint areas of strength and difficulty, and refine goals. It is a tool for evaluation performance and also a vehicle for change. The evaluation should be reviewed in-person with the Intern and ample opportunity allowed for question. The intern must be provided with a copy of the evaluation signed by the supervisor and the Intern.

I am attesting to the fact that, as the immediate supervisor, I conducted live observations of the above named Intern as they delivered psychological services in this quarter. This observation occurred live, in the room, with the intern and included at minimum one observation for each type of activity they completed.

Supervisor Signature: _____

Directions: Circle the supervisee's skill level using the scale below.

1	Inadequate
2	Needs Improvement/Area of Focused Guidance
3	Meets Expectations
4	Exceeds Expectations
nr	No rating/no data/not applicable

I. RESEARCH/SCHOLARLY INQUIRY

1) Integration of Science and Clinical Practice

Objectives:

	Uses theoretical and research knowledge to conceptualize cases and form appropriate treatment goals
	Models a commitment to educational and scholarly endeavors to keep current with the most recent research
	Understands the biopsychosocial etiology of psychological disorders, including psychoneuroimmunological factors

2) Program Evaluation and/or Research Project Objectives:

	Understands the importance of program evaluation and research to the practice of Health Service Psychology
	Develops and implements a program evaluation and/or research project
	Demonstrates consideration of diversity factors when developing program evaluation and/or research project
	Demonstrates competence in evaluating outcomes
	Provides program evaluation and/or research project outcomes to relevant others who benefit from this information

II. ETHICAL AND LEGAL STANDARDS

1) Ethical and Legal Standards, Policies, and Guidelines

Objectives:

	Demonstrates command and understanding of the APA Ethical Principles and Code of Conduct
	Demonstrates understanding of state and federal laws and APA policies that apply to health service psychology
	Independently and consistently integrates ethical and legal standards into all competencies
	Understands and observes all LSUH and SAHP policies, regulations, and codes of conduct
	Understands and adheres to all LSU psychology doctoral internship policies as delineated in the Internship Manual

III. INDIVIDUAL AND CULTURAL DIVERSITY

Awareness of individual differences based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language and socioeconomic status

Objectives:

	Independently monitors and applies knowledge of self and others as cultural beings, and their interaction as shaped by individual and cultural diversity in assessment, treatment, research, consultation, and supervision
	Demonstrates competence in building rapport with all patients, taking into account issues of diversity
	Demonstrates competence in knowing when to seek cultural consultation
	Applies knowledge, skills, attitudes and values regarding intersecting and complex dimensions of diversity

IV. PROFESSIONAL VALUES AND ATTITUDES

Professionalism

Objectives:

	Monitors and independently resolves clinical, organizational, and interpersonal situations by incorporating professional values and integrity
	Independently accepts personal responsibility across settings and contexts

	Independently acts to safeguard the welfare of others, patients as well as colleagues
	Demonstrates self-reflection in the context of professional practice
	Accurately assesses self in all competency domains
	Actively self-monitors issues related to self-care

V. COMMUNICATION AND INTERPERSONAL SKILLS

Relates effectively and meaningfully with individuals, groups and/or communities

Objectives:

	Develops and maintains productive and respectful relationships with clients, peers/colleagues, supervisors, and managers
	Demonstrates skill in managing difficult communications and resolving conflict.
	Oral and written communications are informative, articulate, and succinct and demonstrate a thorough grasp of professional language and concepts

VI. ASSESSMENT

Measurement, Psychometrics, and Diagnosis

Objectives:

	Understands the strengths and limitations of assessment instruments and diagnostic approaches
	Understands that variables such as substance abuse, poor diet, lack of exercise, sleep problems and other medical conditions can confound assessment results
	Collaboratively selects and implements multiple methods of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups
	Utilizes case formulation and diagnosis for intervention planning in the context of human development and diversity
	Interprets results and organizes the report to accurately answer the presenting question and gives specific recommendations to the referring provider
	Conducts a comprehensible and constructive feedback interview with the patient, explaining results and recommendations

VII. INTERVENTION

Intervention Planning and Implementation

Objectives:

	Applies knowledge of evidence-based practice, including biopsychosocial bases of intervention strategies
	Plans interventions, including case conceptualizations that are specific to context and patient preferences
	Displays competent clinical skills and good judgment in evaluating a wide range of diagnoses, taking into consideration complicating medical conditions and diverse patient populations
	Demonstrates increasing competence to conceptualize more complex cases
	Uses evidence-based treatment modalities with flexibility to adapt to patient needs
	Demonstrates competence in the constructive use of own emotional reactions to patients
	Seeks consultation for complex cases, such as those with chronic or acute medical conditions
	Evaluates treatment progress and modifies planning, utilizing established outcome measures when appropriate

VIII. SUPERVISION

Role of the Supervisor and Supervisory Practices and Procedures

Objectives:

	Understands complexity of the supervisor role including ethical, legal and contextual issues
	Demonstrates knowledge of competency-based supervision in the form of supervision provided at the training site, which may include supervision of others, fishbowl supervision or other form
	Reflects about own relationships within supervision
	Provides live or simulated supervision
	Demonstrates understanding of other individuals and groups with regard to the intersecting dimensions of diversity

IX. CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

1) Role of the Consultant and Application of Consultation Methods

Objectives:

	Demonstrates knowledge and awareness of leadership skills as a consultant and/or psychological liaison in interdisciplinary teams
	Demonstrates knowledge and ability to select appropriate means of assessment/data gathering to answer referral question
	Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations

2) Interprofessional/Interdisciplinary Skills

Objectives:

	Knowledgeable and respectful of the differing roles, professional standards, and contributions of other professionals
	Demonstrates skills that support effective interdisciplinary team functioning
	Participates in and initiates interdisciplinary collaboration directed toward shared goals

SUMMARY OF INTERN'S STRENGTHS:

AREAS FOR IMPROVEMENT/ADJUSTMENT, INCLUDING RECOMMENDATIONS:

INTERN COMMENTS:

Supervisor's Signature: _____

Date: _____

Intern's Signature: _____

Date: _____

APPENDIX E

Supervisor Evaluation Form

Intern: _____ Date: _____

Supervisor: _____

Review Period:

1st Quarter Review 2nd Quarter Review 3rd Quarter Review Final Review

Your position: ADHD ASD Assessment Forensic Child ABA

COMPETENCY RATING DESCRIPTIONS		
1	Poor	Behavior Never Displayed/Observed
2	Fair	Behavior Rarely Displayed/Observed
3	Good	Behavior Frequently Displayed/Observed
4	Very Good	Behavior Typically Displayed/Observed
5	Excellent	Behavior (Almost) Always Displayed/Observed
NA	NA	Not Applicable

Domain A: SUPERVISOR COMPETENCE

Goal 1: Assurance of competence in provision of services

	Provides competent supervision of services to ensure welfare of patients.
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Specific Objectives:

	Ensures that patients receive competent services and protects others from harm.
	Possesses and demonstrates up-to-date knowledge and skill about the areas being supervised.
	Takes reasonable steps to ensure competence when less familiar with the areas being supervised.
	Sets appropriate boundaries and seeks consultation when supervisory issues are outside domain of supervisory competence.
	Refers intern to other resources (e.g., consultation, research, etc.) when appropriate
	Demonstrates knowledge about the context of supervision (e.g., expectations of the system within the intern works, departmental/institutional policies, etc.)
	Demonstrates knowledge about relevant events that may impact patient care (e.g., billing and administrative procedures, etc.) in the organizational context.
	Consistently enforces appropriate standards for billing procedures, documentation, and administrative protocols, and encourages intern to become fluent in this domain.
	Demonstrates flexibility in teaching modalities, case conceptualization, and treatment plan suggestions

	Demonstrates scientific thinking and appropriate translation of scientific findings to practice. Collaborates with all faculty/staff involved in the training process at the site.
	Communicates with intern's graduate program as necessary, especially when performance problems need to be addressed.
	Strives for diversity competence across populations and settings Demonstrates knowledge about diversity issues that are specifically relevant to the setting and environment within which the intern works.
	Possesses relevant knowledge, skills, and values/attitudes to provide culturally sensitive care and supervision.
	Provides evaluative feedback routinely to enhance development of intern competence.
	Demonstrates and models transparency in the process of communication and encourages similar behavior in supervisee.
	Strives to be competent in the use of technology in clinical care (including distance supervision).
	Demonstrates awareness of the policies and procedures in place for ethical practice of telepsychology, social media, and electronic communication.
	Possesses relevant knowledge about legal issues specific to technology, supervision, and practice
	Models ethical practice, decision-making, and professionalism by facilitating thoughtful discussion regarding relevant issues (e.g., social networking).

Goal 2: Competence in the provision of supervision

	Demonstrates competence in the provision of supervision.
--	--

Specific Objectives:

	Seeks to attain and maintain competence in the practice of supervision through consultation, education, and training.
	Demonstrates requisite knowledge of models, theories, modalities, and research on clinical supervision and relevant skills.
	Demonstrates commitment to knowing and utilizing available psychological science related to supervision.
	Manages supervisory relationship appropriately while enhancing intern's skills.
	Demonstrates familiarity with and uses a developmental approach to supervision.
	Formally and/or informally assesses the learning needs and developmental level of the supervisee on an ongoing basis.
	Continually adjusts teaching model to skill level in accordance with the developmental model of supervision.
	Provides input consistent with developmental needs of supervisee (e.g., less specific feedback over time, increased encouragement of higher-level case conceptualization, promotion of autonomous thinking appropriate to level of training, etc.)

Domain B: DIVERSITY

Goal 1: Diversity Competence

	Strives to develop diversity competence as an element of supervision competence and infuses diversity into all aspects of clinical practice and research.
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Specific Objectives:

	Demonstrates awareness and knowledge of diversity in all of its forms.
	Develops and maintains self-awareness regarding his/her diversity competence, which includes attitudes, knowledge, and skills.
	Demonstrates efforts to be introspective, revise and update knowledge, and advance diversity skills.
	Models openness to self-exploration, understanding one's own biases, and willingness to pursue education or consultation as necessary.
	Recognizes the value of and pursues ongoing training in diversity competence as part of professional development and life-long learning.
	Attempts to be knowledgeable about the effects of bias and prejudice, and as necessary, models advocacy behaviors to promote change.
	Serves as a role model regarding diversity knowledge, skills, and attitudes
	Strives to be familiar with the literature concerning diversity competence in supervision
	Encourages sensitivity to diversity in all its forms.
	Establishes a respectful supervisory relationship to facilitate diversity competence
	Creates a safe environment within which to address diversity issues in clinical care supervision, and organizational context.
	Manages individual difference variables that may impact the supervisory relationship. Assists with and encourages the development of a cogent case formulation that includes individual difference variables.
	Assists intern in navigating tension between personal and professional values in providing competent patient care.

Domain C: SUPERVISORY RELATIONSHIP

Goal1: Development and maintenance of positive supervisory relationship

	Creates a supervisory relationship that facilitates effective clinical supervision.
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Specific Objectives:

	Values, creates, and maintains a collaborative relationship that promotes the supervisee's competence.
	Specifies responsibilities and expectations of both parties in the supervisory relationship.
	Identifies expected program competencies and performance standards.
	Collaboratively develops individualized goals for supervision in the form of a clearly specified supervisory contract
	Collaboratively assesses progress towards goals on an ongoing basis
	Regularly reviews progress of intern and the effectiveness of the supervisory relationship and addresses relevant issues as necessary.

	Demonstrates sensitivity to multiple potential roles with supervisee and exhibits ability to perform and balance multiple roles
	Promotes growth and self-assessment in the intern
	Encourages and uses evaluative feedback from the intern on an ongoing basis
	Demonstrates respect for interns, patients and colleagues Promotes autonomy appropriate to supervisee's level of training

Domain D: PROFESSIONALISM

Goal: Comportment reflecting the fundamental values of professional psychology

	Prioritizes needs and welfare of patients and interns and exhibits integrity, professional behavior, accountability, and concern for the welfare of others.
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Specific Objectives:

	Models professionalism through his/her own behavior and interactions with others.
	Teaches knowledge, skills, and attitudes associated with professionalism.
	Provides ongoing feedback and evaluation of intern progress towards meeting professional expectations appropriate for level of education and training.
	Is available as needed for consultation.
	Provides own work samples to illustrate specific issues.
	Sets and keeps regularly scheduled meeting times.
	Provides for a covering supervisor during absences.

Domain E: ASSESSMENT, EVALUATION, AND FEEDBACK

Goal: Assessment, evaluation, and feedback

	Provides appropriate and timely assessment evaluation and feedback.
--	---

Specific Objectives:

	Promotes openness and transparency in assessment and feedback by relating this information to competency development.
	Describes how supervision is to be conducted and follows model described.
	Utilizes multiple methods of evaluation (e.g., live observation, chart review, tapes) to monitor performance.
	Provides direct, clear, timely, and behaviorally anchored feedback.
	Is mindful of the impact of feedback on the supervisory relationship. Incorporates intern self-assessment into the evaluation process.
	Highlights intern strengths and impact on performance.
	Seeks feedback from intern about supervision and incorporates this information appropriately.
	Provides effective formative and summative feedback
	Demonstrates knowledge of evaluation, process, and outcomes
	Observes both positive and negative intern behaviors
	Balances between being supportive and challenging

	Written material (e.g., notes, reports) is reviewed and returned with appropriate feedback in a timely manner
	Supervisor submits all materials in accordance with departmental deadlines and policies.

Domain F: INTERN REMEDIATION AND MANAGING PROFESSIONAL COMPETENCE PROBLEMS

Goal: Management of Professional Competence Problems

	Addresses problems with competence and provides remediation as necessary
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Specific Objectives:

	Understands and adheres to the supervisory contract and procedures related to performance evaluations.
	Identifies current or potential performance problems promptly and directly communicates them to the supervisee.
	Addresses problems in a timely manner to allow opportunities for change.
	Develops and implements an appropriate remediation plan for performance problems.
	Communicates with supervisee’s graduate program as necessary.
	Takes ethically appropriate action in response to supervisee’s performance problems.

Domain G: ETHICS, LEGAL, AND REGULATORY CONSIDERATIONS

Goal: Ethical and Appropriate Conduct

	Values and models ethical behavior and adheres to relevant legal and regulatory parameters.
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Specific Objectives:

	Demonstrates knowledge of ethics and legal issues specific to supervision.
	Demonstrates knowledge of and upholds professional ethical standards, and encourages this practice among supervisees.
	Models ethical practice and decision-making and conducts self in accord with APA and other guidelines and laws/regulations.
	Upholds primary ethical and legal obligation to protect the welfare of the patient.
	Provides information about expectations for and parameters of supervision in a clearly specified contractual agreement.
	Maintains accurate and timely documentation of intern performance related to expectations for competency and professional development.
	Manages responsibility as “gatekeeper” to the profession by assessing suitability to enter and remain in the field.

SUMMARY OF SUPERVISOR STRENGTHS:

AREAS FOR IMPROVEMENT/ADJUSTMENT, INCLUDING RECOMMENDATIONS:

SUPERVISOR COMMENTS:

Supervisor's Signature: _____

Date: _____

Intern's Signature: _____

Date: _____

APPENDIX F

Program Evaluation Form

This is an evaluation of the internship program as you experienced it. Your opinions are valued and will be taken into consideration for any future changes to the program in order to continually improve the quality of the education and training provided.

Current Date: _____

Internship Dates: _____

Rating Scale:

- 1 – Very Poor 2 – Below expected level 3 – Average/typical level
 4 – Very good/above aver. 5 – Outstanding N/A – Not Applicable

PROFESSIONAL ATMOSPHERE

Topic	Rating					
Adherence to APA ethical guidelines	1	2	3	4	5	NA
Commitment to serving the psychological needs of clients	1	2	3	4	5	NA
Active collaboration and cooperation between staff members	1	2	3	4	5	NA
Respect for, and use of, professionals from other disciplines	1	2	3	4	5	NA
Commitment to science and profession of psychology	1	2	3	4	5	NA
Awareness of, and respect for, individual differences among clients and professionals	1	2	3	4	5	NA
Respect for human rights of clients and professionals	1	2	3	4	5	NA
Opportunity for professional development	1	2	3	4	5	NA

TRAINING ATMOSPHERE

Topic	Rating					
Commitment to training	1	2	3	4	5	NA
Responsiveness of program to personal and individual training needs	1	2	3	4	5	NA
Accessibility of staff for supervision, consultation, and other training needs	1	2	3	4	5	NA
Breadth of experience	1	2	3	4	5	NA
Depth of experience	1	2	3	4	5	NA
Challenging Program	1	2	3	4	5	NA

DIRECT SERVICES (your own experiences)

Topic	Rating					
Brief individual counseling/psychotherapy	1	2	3	4	5	NA
Longer term individual counseling/psychotherapy	1	2	3	4	5	NA
Family counseling/psychotherapy	1	2	3	4	5	NA
Group counseling/psychotherapy	1	2	3	4	5	NA
Intakes	1	2	3	4	5	NA
Crisis Management/Interventions	1	2	3	4	5	NA
Assessment/Psychological Testing	1	2	3	4	5	NA
Case Management	1	2	3	4	5	NA
Consultation/Outreach	1	2	3	4	5	NA

Additional Comments about Direct Services:

TRAINING RECEIVED (your own experiences)

Topic	Rating					
Individual Supervision	1	2	3	4	5	NA
Group Supervision	1	2	3	4	5	NA
Orientation	1	2	3	4	5	NA
Staff Meetings	1	2	3	4	5	NA
Seminars/Didactics	1	2	3	4	5	NA
Opportunities for continued education	1	2	3	4	5	NA
Emergency Team Meetings	1	2	3	4	5	NA

Comments about Training Received:

What are the strengths of this training program?

What are the limitations of this training program?

Any recommendations you might have for the training program:

Given the rapid changes in health care and employment opportunities in psychology, what would you like to see included in current training which would help the interns to be better prepared at the end of the program?

Please rate the training program overall in helping you to prepare you as a psychologist (circle one):

Excellent Above Average Average Below Average Poor

Please rate the training program as meeting your own expectations:

Excellent Above Average Average Below Average Poor

Any Additional comments (use space provided below):

APPENDIX G

ACKNOWLEDGEMENT OF RECEIPT OF INTERN HANDBOOK AND POLICY AND PROCEDURE MANUAL

LOUISIANA STATE UNIVERSITY HEALTH SHREVEPORT

I, _____, confirm that I have received a copy of the
Internship Manual:

The policies included in the Manual named above have been explained to me, and a copy has
been provided to me for my records. My signature confirms my agreement to the policies and
procedures included in the LSUH- S Children's Center Clinical Manual.

Print Name

Date

Signature