I. ADMINISTRATIVE STRUCTURE

The Department of Psychiatry and Health Behavior, Medical College of Georgia (MCG)/Augusta University (AU) and the Charlie Norwood Veterans Affairs Medical Center (VAMC) are organized as an internship to offer a 12 month, full-time Internship in clinical psychology. The Department of Psychiatry and Health Behavior functions within the Medical College of Georgia of AU and holds to the fundamental missions of the institution to provide high quality health care, education, and research/scholarship. The Charlie Norwood VAMC is an interdisciplinary system of care for the delivery of high quality mental health care to veterans. As a part of this primary clinical service endeavor, the Charlie Norwood VAMC also maintains a commitment to education and research/scholarship as well. The respective internship institutions are expected to equally share costs for the internship’s operation. The MCG-Charlie Norwood VAMC Psychology Internship has been accredited by the American Psychological Association (APA) since 1983. * This doctoral internship program is also a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC).

The Internship Core Committee manages the control, coordination, and administration of the MCG-Charlie Norwood VAMC Psychology Internship. The Core Committee will consist of the Internship Training Director (MCG Psychology Internship and Postdoctoral Training Director and Internship moderator), the VAMC Training Director (administrative co-director of the Internship), the MCG Associate Director of Psychology Internship and Postdoctoral Training, and the Overall Supervisors (one for each intern). There will also be one representative from the General Health Psychology Rotation, the General Practice Rotation. Additional members may be appointed to the Core Committee by the Training Director and VAMC Training Director to insure balance representation from the MCG/AU and VAMC faculty/staff. The Core Committee directs all matters of principles, policies, and procedures. The Internship Training Director and VAMC Training Director are designated as involving one faculty member from MCG/AU and one faculty member from the VAMC, and it is their responsibility to insure that the Internship principles, policies, and procedures are consistent with the principles, policies, and procedures of their respective institutions. In addition, the Internship Training Director and VAMC Training Director serve the executive functions of representing the Internship in all associations with APA and APPIC, guiding program evaluation and development, overseeing intern and faculty performance evaluations, and providing arbitration in matters of due process. When the Internship Training Director is not able to be available to participate in administrative meetings, the MCG Associate Director of Psychology Internship and Postdoctoral Training will represent the MCG interests in all discussions. Funding for the Internship is a dynamic process that annually involves independent negotiations with the MCG/AU and the VAMC. The institutions will attempt to share costs equally using their differing administrative structures in service of the most efficient and pragmatic accomplishment of programmatic tasks.
* For any additional information regarding the accreditation status of the internship contact the American Psychological Association, Office of Program and Accreditation, 750 First Street, NE, Washington, DC 20002. (Phone 202-336-5979).

**Intern Participation on the Training Committee**

A representative of the intern class is expected to attend the Core Committee meetings. The intern representative can be a “chief intern” that represents the internship class or the duty can be rotated among the interns during the year. The chief intern/intern representative provides updates regarding the training experiences of interns throughout the year, brings to the attention of the Core Committee issues or concerns pertaining to internship training, and assists in the discussion and implementation of curriculum changes. It should be noted, however, that generally Core committee meetings are open to all interns and faculty.

**II. APPLICATION PROCEDURES**

**Selection of Interns**

This Internship program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Offers are tendered through the APPIC National Matching program in strict compliance with the APPIC policy regarding internship offers and acceptances (Appendix A). Applicants are similarly expected to conform their behavior to the requirements of this policy. All members of the Internship are Equal Opportunity Employers. (See XV)

**Qualification Standards**

Only applicants from APA approved doctoral programs in clinical or counseling psychology that require data-based doctoral dissertations will be considered. Interns are expected to have completed at least three years of doctoral study with a minimum of 400 APPI Intervention Hours and 40 APPI Assessment hours. Applicants must have completed their Masters Degree requirements prior to the application deadline (if applicable in their doctoral program), must have Comprehensive Exams passed by the ranking deadline (if applicable in their doctoral program), and must have their Dissertation Proposal approved by the start of the internship.

**Application Procedures**

The Internship is a member of APPIC and we follow the current version of the APPIC Match Policies. Interns should review all APPIC materials as posted on their web site (http://www.appic.org/). We use the APPIC standard application form. The deadline for receipt of your application form and associated materials is November 15th.

**Selection of Interns**

Offers are tendered through the APPIC National Matching program in strict compliance
with the APPIC policy regarding Internship offers and acceptances. Applicants are similarly expected to conform their behavior to the requirements of this policy. All members of the Internship are Equal Opportunity Employers.

Financial and Administrative Assistance
Stipends are provided for all Intern positions and the amounts are subject to monies available. For the 2018-2019 internship year, the stipend will be $26,166. In addition, the Internship provides access to individual health insurance policies via MCG/AU (includes access to student health service) or the CNVAMC. Interns have their own personal computer workstations and phone access, pagers, and on request software to support statistical analyses. Most rotations have interns share office space and use sign-in rooms for patient care activities. Access to conference rooms for seminars and workshops are readily available within the MCG and CNVAMC sites. Books are provided in regard to empirically supported therapies. Interns are provided the materials and equipment needed for computer scored psychological testing, video recording sessions, making PowerPoint presentations, electronic health information entry, PowerPoint presentation, and accessing on-line libraries/journals. MCG/AU and the CNVAMC have extensive on-line journal access for the for the interns that included include hundreds of psychology and other mental health journals (including the Psychology & Behavioral Sciences Collection, EBSCOhost- PsycArticles, and Ovid-PsycArticles Collection). Both MCG and the CNVAMC also have standard medical libraries that have broad reference and computer resources available for interns. MCG/AU and the CNVAMC both maintain psychodiagnostic labs with a full complement of psychological testing materials that include intelligence, academic achievement, neuropsychological, and personality assessment instruments. Both the Training Director and the VA Training Director have administrative support individuals that can assist interns in regard to information pertaining to institutional procedures and resources as well as to assist in providing necessary office supplies.

Background Checks/Drug Screening
The VAMC performs security background checks on all employees before they can be hired. More specifically, all applicants selected for positions in the Department of Veterans Affairs that will last for a period of 180 days or more must now complete an electronic background investigation prior to beginning work. This electronic process called e-QIP (electronic Questionnaire for Investigations Processing) will allow the background investigation questionnaire to be completed and submitted online using any computer with Internet capability. Instructions for e-Qip will be provided by the Facility Human Resources office. As part of the background investigation your fingerprints will be taken electronically. The Human Resources office can make arrangements with the nearest VA facility to have fingerprints done and results forwarded to this VA Medical Center. Psychology Interns will be subject to random drug screening.

III. PROFESSIONAL ROLE OF INTERNS
Interns and Supervisors are expected to adhere to the Ethical Standards of Psychologists and
Policies Manual

Code of Conduct as adopted by the APA on June 1, 2010 and amended in 2016. In addition, interns are expected to adhere to the Code of Student Conduct for Augusta University.” See the Augusta University Student Code of Conduct at https://www.augusta.edu/student-life/conduct/. Most importantly, Interns and Supervisors alike are to create and maintain a culture of respect and mutual support in the training of interns and the provision of care for the individuals receiving clinical care.

Any outside professional activity during the period of the Internship must be pre-approved by the Core Committee as a whole.

Notes must be made in the appropriate chart for each visit or consultation. All notes must be signed by the intern and countersigned by the appropriate faculty member. Maintenance of timely chart notes and appropriate billing encounter forms represents an important responsibility of the Intern. Therefore, tardiness of one week or greater in completing chart notes and billing encounter forms following a patient encounter will result in automatic “Probation Status” for the Intern and no leave requests will be approved until charting problems have been corrected.

It is inappropriate for Psychology interns to be called “doctor” unless they have received their Ph.D or Psy.D. Faculty and interns will make efforts to help others to understand their credentials.

Interns will not be asked to rate or formally play a role in the selection of applicants to the Internship.

IV. SUPERVISORY ROLES AND RESPONSIBILITIES

1. Overall Supervisor- Due to the complexity of internship training and the diverse interests and educational needs of interns entering internship training, the MCG-Charlie Norwood VAMC Internship provides an Overall Supervisor (OS) for each intern prior to the beginning of the internship. The OS is charged with the duty to develop an understanding of the unique educational needs and interests of the Intern and to develop and monitor a yearlong strategy to maximize the training experience available. Thus for example, an intern might desire or require a special emphasis on psychological assessment. The OS would be responsible for helping the intern devise a sequence of trainings to meet this need that might begin with basic training in test administration and then move forward to more interpretive and integration training experiences. These special needs and sequence of training would be communicated with rotation supervisors to ensure that the necessary training experiences are provided. In general, the OS plays a vital role throughout the year in addressing rotational schedules and within rotational experiences to insure that target areas of need and interest are adequately addressed. To facilitate this developmental process, at the beginning of the training year the intern completes the Intern Self-Study and the Self-Assessment of Cultural Competency forms and discusses the results with the OS to determine specific areas of need for
competency development. At the completion of each rotation, the intern completes the Intern Performance Milestones Self-Evaluation form in order to assist in monitoring progress and self-identifying competency development needs. The OS is responsible for completing the Intern Performance Milestones Tracking form at the midyear and end of year evaluations—providing a cumulative record of the completion of requirements and obtainment of required competencies. Also, the OS is responsible for completing the evaluation of the intern’s Case Presentation that is completed by the end of the first month of the third rotation. When training issues/deficiencies are identified, the Internship Director of Internship Training will address these with the OS and the Core Committee so that effective educational interventions can be planned. In this regard, the Internship policies under the heading of “Due Process: The identification and management of Intern problems/impairment” stipulate that the OS plays an important role in dealing with problems that may arise with the Intern’s behavior or performance. Similarly, the OS plays an important role in responding to any Intern Grievance. The OS is required to serve as a member of the Core Committee. Finally, the OS insures that guidance is being provided in regard to career planning including strategies for identifying and applying for postdoctoral fellowships or professional positions in a timely fashion. The OS is responsible for providing the following assessments of the Intern during the training year:

• By the end of the first month of the third rotation, Interns are required to present a Case Presentation to Faculty and Interns. This case presentation must demonstrate: (1) presence of key biopsychosocial data that includes psychological testing data; (2) integration of the data into an effective “theory of the patient”; (3) application of cultural competence in the collection of and use of the data; (4) application of recovery principles as denoted by use of person centered goals and identification of strengths; (5) an empirically based and interdisciplinary approach to treatment; (6) the case presentation must reflect an appreciation of the unique life goals and strengths of the patients as they guide the development of an effective treatment plan. Proficiency of this case presentation will be judged by the responsible clinical supervisor(s) and the Overall Supervisor.

• Interns are required to complete one research-scholarly project in which there is a written product authored or co-authored by the interns. The Overall Supervisor is responsible for helping the intern develop with his/her research mentor a research-scholarly project and review the project plan and timetable. Progress and successful completion of the research-scholarly product will be judged by the responsible project supervisor, the Overall Supervisor, and the Internship Training Director.

• At the Mid-Year and End-of-the Year evaluations the OS is expected to complete the Intern Performance Milestones Tracking form. This form provides valuable tracking of the Intern’s progress and insures the internship that we can accurately report the educational outcomes for our Internship.

2. Mentor – Based on professional interests, the Intern may choose a faculty member to function as a “Counselor”, ombudsman, supervisor, or role model.
3. Rotational/Track Supervisor – Rotational experiences reflect the educational core of the Internship. The 12-month training year is divided into three four-month rotations, each designed to expose Interns to a wide variety of patients with all types of diagnoses at varying levels of acuity and to provide emphasis training in an area of interest to the Intern. Also, throughout the year one day of the week is set aside for emphasis track training, enabling a continuity of training experiences in the area of the Intern’s emphasis interest. There are two rotations required of all Interns: (1) The General Practice Rotation – located at the Uptown VA, East Central Georgia Regional Hospital (ECRH) and/or the Outpatient Psychiatry Clinic at MCG/AU, and (2) the General Health Psychology Rotation – located at the Downtown VA and MCG/AU sites. Track Rotations and weekly track day (Wednesdays) are devoted to emphasis training. This allows Interns to accumulate a specific expertise that is often quite marketable upon graduation. Interns select one emphasis training track in which the training will occur during a 4-month rotation and each Wednesday of the week (for the entire year). Subject to funding availability, Interns are to select from the following six Track choices:

1) Child and Family Track
2) Forensic Track
3) HIV & LGBTQ Health Disparities Track
4) Clinical Health Psychology Track
5) Psychology of Women Track
6) Trauma Psychology Track

The Rotational/Track Supervisor is responsible for establishing and communicating clear educational goals for the rotational/track experience, identifying and delegating appropriate clinical assessment/treatment cases for the Intern, supervising all Intern clinical/professional activities on the rotation/track, maintaining on-site presence during all Intern clinical encounters, verifying the accuracy and timeliness of all clinical documentation, and providing routine verbal and written feedback regarding the Intern’s rotation/track performance. It is required that the Rotational/Track Supervisor and Intern have a relatively formal discussion of the Intern’s progress every 6-8 weeks. Each Rotational/Track Supervisor must make a report not less than every four months to the Internship Core Committee after discussion between the Supervisor and the supervisee concerning the evaluation of the Intern’s performance. These evaluations are used to assess educational progress and further develop educational plans for the Intern. The MCG-Charlie Norwood VAMC Psychology Internship emphasizes the following supervisory activities: A) Conjoint clinical/professional activities in which the Intern can observe the Supervisor in action. B) Supervision of “live sessions” via closed circuit television and/or supervision of videotaped sessions. C) Use of consultation and therapy logs to monitor treatment plans and implementation. D) Provision of a bibliography with continually updated research-oriented articles and articles specific to the cultural issues relevant for the clinical populations served.

4. Case/Research Supervisor – The Intern may seek out Faculty Members for supervision around specific cases or research projects. The Case/Research Supervisor, though not responsible for most of the Rotational/Track experiences, would be responsible for the appropriate supervision of the case or research project and must provide feedback in verbal and written form to the Intern and to the Internship Training Director and Core Committee
each 4-month block.

The MCG-Charlie Norwood VAMC Psychology Internship abides by the RULES OF GEORGIA STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS specifying that for Internship and Postdoctoral Supervised Work Experience, the Internship/SWE Supervisor shall:

1. co-sign all written reports and notes of Interns or unlicensed Fellows;
2. co-sign insurance claims with the Intern or unlicensed Fellow;
3. assure that claims to third-party payers clearly reflect who rendered the service;
4. assure that the Intern or Fellow:
   (i) informs patients and clients of the supervisor-intern/fellow relationships;
   (ii) informs clients that they may confer with the internship or Postdoctoral Supervisor about any aspect of the services provided.

The RULES OF GEORGIA STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS also specify for Internships the following requirements for Supervision:
1. The Internship Supervisor must approve the Intern’s workload, which must be sufficient to afford the Intern appropriate experience but must not be so great as to impair his/her ability to provide competent service to clients/patients.
2. The Internship Supervisor must require the intern to maintain a file on each client, or of his/her work progress in the case of I/O interns. The intern must update each file no less than once each month with a current summary of client contacts and with a rationale for the procedures that were used.
3. The Internship Supervisor must limit the intern’s activities to the application of assessment, treatment and/or intervention techniques, and methodology which the supervisor is qualified to utilize.
4. The Internship Supervisor shall hold primary responsibility for the intern’s assessment procedures and treatment and/or intervention programs. An intern should be notified as soon as possible if his/her performance is unsatisfactory.
5. All fees for services shall be paid directly to the internship agency or directly to the supervisor.

The APA Ethics Code, adopted by the American Psychological Association's Council of Representatives on June 1, 2010, provides the following guidelines relevant for Supervisor behavior:

2.05 Delegation of Work to Others
Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently.
3.05 Multiple Relationships
(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur.

4.08 Exploitative Relationship

Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees.

7.03 Accuracy in Teaching
(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements.
(b) When engaged in teaching or training, psychologists present psychological information accurately.

7.04 Student Disclosure of Personal Information
Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or
significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.06 Assessing Student and Supervisee Performance
(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships with Students and Supervisees
Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

10.01 Informed Consent to Therapy
(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)

(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)

(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

Therefore, Internship Supervisors and Interns will adhere to the following standards of conduct based on the Georgia Board of Examiners of Psychologists Code of Conduct regarding Delegation and Supervision of Psychological Services and the APA Code of Ethics:
1. **Delegation of Professional Responsibilities:**
   A. Faculty Supervisors delegate to Interns, with the appropriate level of supervision, only those responsibilities that such persons can reasonably be expected to perform competently and ethically based on the Intern’s education, training, and experience. Therefore, Faculty Supervisors are responsible for determining the competency of the Interns and will not assign or allow the Interns to undertake tasks beyond the scope of the Interns’ training and/or competency.
   B. Faculty Supervisors shall not delegate responsibilities or accept supervisory responsibilities for work which they are not qualified and personally competent to perform. Moreover, the Faculty Supervisor shall hold primary responsibility for the Intern’s assessment procedures and treatment and/or intervention programs.
   C. Faculty Supervisors must retain full, complete, and ultimate authority and responsibility for the professional acts of Interns. Therefore, Faculty Supervisors are to take reasonable steps to insure that Interns are performing services competently.
   D. The Faculty Supervisor is to take reasonable steps to avoid delegating work to Interns who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity.

2. **Informed Consent:**
   A. The Interns must fully inform their clients/patients receiving services of his or her role as supervisee and the name of the Faculty Supervisor. The Interns must also inform their clients/patients of their right to confer with the Faculty Supervisor with regard to any aspect of the services, care, treatment, evaluation, or tests being performed.

3. **Adequacy of Work Experience and Supervision:**
   A. The Faculty Supervisor must approve the Intern’s workload, which must be sufficient to afford the Intern appropriate experience but must not be so great as to impair his/her ability to provide competent service to clients/patients.
   B. The Faculty Supervisor must meet personally with the Intern on a continuous and regular basis concerning each patient or client and must review the treatment record, including progress notes, on a regular basis as appropriate to the task(s). The Faculty Supervisor must provide a minimum of one hour of supervision for every 20 hours of face-to-face clinical contact.
   C. The Faculty Supervisor must require the Intern to maintain a file on each client/patient. The Intern must update each file no less than once each month with a current summary of client contacts and with a rationale for the procedures that were used.
   D. When engaged in teaching or training, Faculty Supervisors must present psychological information accurately.

5. **Assessing Intern Performance**
Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.
   A. Faculty Supervisors must evaluate the Interns on the basis of their actual performance on relevant and established program requirements as established by the internship evaluation forms.
   B. The Faculty Supervisor must maintain a timely and specific process for providing
feedback to the Interns. Information regarding the process is provided to the Intern at the beginning of supervision.

C. According to the Internship policy, Rotational/Track Supervisors are to provide written feedback of Intern performance at the completion of each rotation. At the Mid-Year and End-of-the Year evaluations the Overall Supervisor is expected to complete the MCG-CHARLIE NORWOOD VAMC PSYCHOLOGY INTERNSHIP INTERN PERFORMANCE TRACKING form. These written evaluations are to be reviewed with the Interns and should be submitted to the Internship Training Director in a timely manner. Persistent problems with completing evaluation forms in a timely manner or any evaluation form that is past due greater than 30 days is considered a violation of this policy.

D. The Faculty Supervisor is responsible for notifying an Intern as soon as possible if his/her performance is unsatisfactory.

6. Multiple Relationships
   A. Faculty Supervisors must refrain from entering into multiple relationships with Interns if the multiple relationship could reasonably be expected to impair the Faculty Supervisor’s objectivity, competence, or effectiveness in performing his or her functions as a supervisor or otherwise risks exploitation or harm to the Intern with whom the professional relationship exists.
   B. If a Faculty Supervisor finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the Faculty Supervisor takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

7. Intern Disclosure of Personal Information
   A. Faculty Supervisors do not require Interns to disclose personal information in internship-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if the information is necessary to evaluate or obtain assistance for Interns whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

8. Exploitative Relationships
   A. Faculty Supervisors will not exploit Interns in any manner.
   B. Faculty Supervisors do not engage in sexual relationships with Interns.

9. Fees
   A. All fees for services shall be paid directly to the Internship agency.

Faculty Supervisors or Interns that do not uphold these standards of behavior are subject to review processes as described in the Evaluation and Grievances section of this policy manual.
Evaluation and grievance procedures will be made available to each intern at the beginning of the Internship. Formal evaluation procedures will be scheduled for each intern after 6 and 11 months. At the end of each 4-month period an Intern Evaluation form will be completed by the faculty members directly involved and sent to the internship secretary to be reviewed by the Internship Training Director. Problems should be reported to the Core Committee or Internship Training Director in a timely manner. Rotation evaluation forms shall be filled out by the interns every 4 months and sent to the Internship Training Director. Rotations and faculty are evaluated at their end (see G in next section).

**Evaluation Procedures**

The MCG-Charlie Norwood VAMC Psychology Internship makes use of the following evaluation components in efforts to achieve the identified Goals of the Internship:

1. **Rotation/Track Performance Evaluation.** It is required that the supervisor and Intern have a relatively formal discussion of the Intern's progress six weeks after beginning each of the three required rotations. Each rotation/track supervisor makes a report regarding internship performance not less than every four months using the electronic evaluation system of One45 (SEE “Intern Performance Milestones Evaluation” in Appendix A). Goals/Objectives/Competencies milestones are all rated by the supervisors as the intern makes progress toward the milestones targeted for the completion of internship – Level 3 or higher, which generally represents that the Intern is “competent to function effectively in interdisciplinary teams independently with supervision and review”. The general standard for progress through the program is for the intern to demonstrate steady movement from Level 1 competencies toward Level 3 or higher. Failure to make progress beyond Level 1 milestones are indicative of the possible need for some form of remediation. The degree of administrative formality of the remediation plan is dictated by the severity of deficit observed. The Training Director reviews all One45 evaluations of interns and releases those to the interns upon review. The Internship Core Committee conducts end of rotation review of all evaluations for each Intern. If significant problems are noted, the committee decides if any changes are to be instituted. The committee can institute a four-month probationary period if indicated, and this period can be extended. All reports and actions taken by the committee are incorporated into the file kept on each Intern. The Intern Performance Milestones Tracking Form provides a mechanism to verify at mid-year and end-of-year evaluations that the cumulative intern evaluations are indicating that interns are developmentally on course in regard to completion of the program goals/objective/sub-objectives and their associated competencies.

2. **Clinical Skills Verification Exam.** At the midway of the first rotation Interns are required to complete a Clinical Skills Verification Examination. Individual each Intern presents a 45-50 minute video of a new patient assessment to the directors of the Diagnostic and Treatment Seminar and the Psychotherapy Process Seminar. The Overall Supervisor would be invited to attend as well. Following the viewing of the video, the Intern is expected to provide:
a. A concise and organized summary of the key information pertinent to the case.
b. An assessment plan that included key additional data needed to form an effective “theory of the patient” - that may involve a proposal for psychological testing that could provide valuable information in this process.
c. A “theory of the patient” that formed both a descriptive and etiological understanding of the patient’s key problems and relevant strengths. This formulation should include relevant constructs pertaining to the social/cultural context of the key issues at hand and the biopsychosocial contributing factors.
d. A treatment plan that addresses the key biopsychosocial contributing factors and that addresses the life goals that form the basis for an appropriate recovery/wellness plan.

The AADPRT Clinical Skills Verification Examination Form CSV.3 is used to rate the assessment performance along with the Intern Clinical Skill Verification Evaluation Supplement – evaluates in greater detail evidence of conceptualization skills. Results are immediately discussed with the intern and findings are submitted on the One45 evaluation system. The Training Director reviews all One45 evaluations of interns and releases those to the interns upon review.

3. As part of the Diagnostic/Treatment Seminar all interns must successfully conduct a Cognitive-Behavioral Therapy (CBT) Session judged by the seminar directors/CBT instructor as “good” on the question, “How would you rate the clinician overall in this session, as a cognitive therapist?” (Contextual CBT Therapy Rating Scale). Results of the session evaluation are immediately reviewed with the intern and the evaluation form is completed and included in the Intern’s cumulative record (One45- Intern Performance Milestones Tracking form).

4. By the end of the first month of the third rotation, Interns are required to present a case in which a treatment case formulation and treatment plan demonstrates an empirically based and interdisciplinary approach to treatment as well as cultural competence. The case presentation must include key biopsychosocial data that include psychological testing data and an integration of the “data” that reflects a process of theory building at the individual patient level. This integration process must also demonstrate clear linkages of science to the case formulation and treatment plan and thus references to scholarly work are required. The required Case Presentation must also include an integration of psychological testing data. The Case Presentation must include a treatment plan that fits the “theory of the patient” and constructs an intervention approach that integrates the idiographic aspects of the patient’s needs along with knowledge of empirically supported treatments. The Case Presentation must directly address the pertinent cultural data obtained that guided the conceptualization of the case and the development of the treatment plan. The Case Presentation must reflect an integrative assessment/treatment model of health care problems in which there is appreciation for the contributions that can be made by various health care disciplines in the care of the patient. Finally, the Case Presentation must reflect an appreciation of the unique life goals and strengths of the patients as they guide the development of an effective treatment plan. Thus this Case Presentation provides an assessment and learning experience that is intended to occur in the later stages of the Interns’ development and focuses on a high level of conceptualization competence as well as proficiency in giving oral presentations with the use of appropriate slideshow aids. Proficiency of the Case Presentation is judged by the responsible clinical supervisor (s) and the Overall Supervisor.
5. **Midyear Evaluations.** At the end of six months, the Internship Core Committee meets with the Intern to review his/her ratings, discuss his or her progress, and make specific recommendations. Evaluations of the Intern’s performance are provided by the Rotational/Track Supervisors, the Overall Supervisor, and the Faculty Directors of the Diagnostic/Treatment Seminar, the Psychotherapy Process Seminar, and the Professional Issues Seminar (SEE “Intern Performance Milestones Evaluation – Seminar Form” in Appendix A). Ratings for the performance in the Diagnostic-Treatment Seminar, Psychotherapy Process Seminar, and the Professional Issues Seminar are completed by the seminar directors and recorded in the One45 evaluation system. In addition, the Interns are required to complete a self-evaluation rating of their performance in order to assist in evaluating the progress in the Internship Training and to develop specific educational goals for the remainder of the year (SEE “Intern Performance Milestones Self-Evaluation Form” in Appendix A). Finally, at the Midyear Evaluation, the Overall Supervisor for each respective intern completes and reviews the Intern Performance Milestones Tracking Form with the intern and submits to the Internship Training Director via the One45 system. This tracking form maintains a formal account of the progress of each intern in meeting the internship training goals established generally by the training model and specifically according to the individualized intern training goals. The Internship Training Director summarizes the findings of this Midyear Evaluation in a letter sent to the Graduate School Training Director of the respective intern. The Intern is given the opportunity of reviewing and requesting revisions of the Midyear Evaluation letter prior to its being sent to the respective Graduate School Training Director.

6. **Research Paper Evaluation.** Interns must complete one research-scholarly project in which there is a written product authored or co-authored by the intern by the end of the 11 month of the training year. Proficiency of the research-scholarly product is judged by two faculty not directly involved in the research project and the Training Director using the Evaluation of Intern Research Paper form. The research paper and faculty ratings are placed in the intern’s cumulative record.

7. **End of the Year Evaluation.** At the conclusion of the year, the Internship Core Committee meets with the Intern to review his/her ratings, discuss his or her performance, and make specific recommendations regarding post-internship professional development. Evaluations of the Intern’s performance are provided by the Rotational Supervisors, the Overall Supervisor, and the Faculty Directors of the Diagnostic/ Treatment Seminar, the Psychotherapy Process Seminar, and the Professional Issues Seminar. Ratings for the performance in the Diagnostic-Treatment Seminar, Psychotherapy Process Seminar, and the Professional Issues Seminar are completed by the seminar directors and recorded in the One45 evaluation system. In addition, the Interns are required to complete a self-evaluation rating of their performance in order to assist in evaluating their success in completing their educational goals during the Internship Training and to assist them in developing future personal career educational goals. Furthermore, the final Intern Performance Milestones Tracking Form is completed by the Overall Supervisor and submitted to the Internship Training Director via the One45 system. By the end of the training year the intern must be rated by the supervisors as having demonstrated the majority of milestones targeted for the completion of internship – Level 3 or higher, which generally represents that the Intern is “competent to implement assessments independently with supervision and review”. Internship Training Director summarizes the findings of this End of the
Year Evaluation in a letter sent to the Graduate School Training Director of the respective intern. The Intern is given the opportunity of reviewing and requesting revisions of the End of the Year Evaluation letter prior to its being sent to the respective Graduate School Training Director.

8. Evaluation of the Internship and Faculty by Interns. The Internship continually seeks to improve the training program curriculum and faculty performance. Every four months interns are required to complete the Rotation/Track Evaluation Form. This formal evaluation procedure provides feedback to the rotation and track supervisors regarding the overall quality of the training experience for the rotation or track as well as Intern recommendations regarding how the training experience might be further enhanced. At the midyear point and at the end of the training year, Interns are required to submit written and oral feedback reports concerning the quality of their training. The written and oral feedback reports are submitted in a full faculty meeting and copies of their written feedback are provided to all Faculty present and not present. The content and format of the Interns’ written and verbal feedback is at the discretion of the Intern class. At the end of each 4-month rotation, the Interns complete evaluations of their supervising faculty using the Trainee Evaluation of Core Faculty form on One45. This faculty performance information provides proximal data pertinent to faculty performance but also data relevant to the overall effectiveness of the training program. At the midyear point, the Internship Training Director and the VAMC Training Director meet with the intern class to obtain their narrative evaluations of individual faculty performance. These individual faculty narrative performance data are analyzed annually for program review as well as faculty performance feedback. Evaluation data is used to evaluate faculty performance, for annual job reviews and for departmental excellence in education awards. Faculty receive this information and are expected to use it as a basis for improvement if needed. The results of the individual faculty performance are also provided to the Faculty’s respective Administrative Service Chief.

General Grievance and Due Process

An intern who disagrees with a supervisor’s evaluation at the end of a rotation may refuse to sign the evaluation and submit a written rebuttal, or may inform the Core Committee about the nature of the disagreement.

Other grievances may be handled in one of three ways. The intern may informally discuss the matter with his/her Overall Supervisor (OS) or mentor, may approach the Internship Training Director, or may formally petition the Core Committee.

Due Process: The identification and management of Intern problems/impaired

I. Definition of Impairment

Impairment is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one’s repertoire of professional behavior; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning.
While it is a professional judgment as to when an Intern’s behavior becomes impaired rather than problematic, a problem refers to a trainee’s behaviors, attitudes or characteristics which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problems typically become identified as impairments when they include one or more of the following characteristics:

1. the Intern does not acknowledge, understand, or address the problem when it is identified;
2. the problem as defined above is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
3. the quality of services delivered by the Intern is sufficiently negatively affected;
4. the problem is typically not restricted to one area of professional functioning;
5. a disproportionate amount of attention by training personnel is required; and/or
6. the trainee’s behavior does not change as a function of feedback, remediation efforts, and/or time.

II. Remediation and Sanction Alternatives

It is important to have meaningful ways to address impairment once it has been identified. In implementing remediation or sanction interventions, the training staff must be mindful and balance the needs of the impaired or problematic Intern, the patients involved, members of the Intern training group, the training staff, and other agency personnel.

1. Verbal Warning to the Intern emphasizes the need to discontinue the inappropriate behavior under discussion. No record of this action is kept.

2. Written Acknowledgment to the Intern formally acknowledges:
   a) that the Internship Training Director (RTD) is aware of and concerned with the performance rating;
   b) that the concern has been brought to the attention of the Intern;
   c) that the RTD will work with the Intern to rectify the problem or skill deficits; and
   d) that the behaviors associated with the rating are not significant enough to warrant more serious action.

The written acknowledgment will be removed from the Intern’s file when the Intern responds to the concerns and successfully completes the Internship.

3. Written Warning to the Intern indicates the need to discontinue an inappropriate action or behavior. This letter will contain:
   a) a description of the Intern’s unsatisfactory performance;
   b) actions needed by the Intern to correct the unsatisfactory behavior;
   c) the time line 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.
4. **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 responding to personal reactions to environmental stress, with the full expectation that the Intern will complete the Internship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the RTD. 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 other supervisors;
   b) change in the format, emphasis, and/or focus of supervision;
   c) recommending personal therapy;
   d) reducing the Intern’s clinical or other workload; and
   e) requiring specific didactic activities.

The length of a schedule modification period will be determined by the RTD in consultation with the OS and the Core Committee. The termination of the schedule modification period will be determined, after discussions with the Intern, by the RTD in consultation with the OS and the Core Committee.

5. **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 and to return the Intern to a more fully functioning state. Probation defines a relationship that the RTD systematically monitors for a specific length of time the degree to which the Intern addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The Intern is informed of the probation in a written statement that includes:
   a) the specific behaviors associated with the unacceptable rating;
   b) the recommendations for rectifying the problem;
   c) the time frame for the probation during which the problem is expected to be ameliorated; and
   d) the procedures to ascertain whether the problem has been appropriately rectified.

If the RTD determines that there has not been sufficient improvement in the Intern’s behavior to remove the Probation or modified schedule, then the RTD will discuss with the OS and the Core Committee possible courses of action to be taken. The RTD will communicate in writing to the Intern that the conditions for revoking the probation or modified schedule have not been met. This notice will include the course of action the RTD has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of another alternative. Additionally, the RTD will communicate to the OS that if the Intern’s behavior does not change, the Intern will not successfully complete the Internship.
6. **Suspension of Direct Service Activities** requires a determination that the welfare of the Intern’s patient or consultee has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the RTD in consultation with the OS and Core Committee. At the end of the suspension period, the Intern’s supervisor in consultation with the RTD will assess the Intern’s capacity for effective functioning and determine when direct service can be resumed.

7. **Administrative Leave** involves the temporary withdrawal of 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 training hours needed for completion of the Internship, this will be noted in the Intern’s file and the Intern’s academic program will be informed. The RTD will inform the Intern of the effects the administrative leave will have on the Intern’s stipend and accrual of benefits.

8. **Dismissal from the Internship** involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the impairment and the trainee seems unable or unwilling to alter her/his behavior, the RTD will discuss with the OS the possibility of termination from the training program or dismissal from the agency. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a patient is a major factor, or the Intern is unable to complete the Internship due to physical, mental or emotional illness. When an Intern has been dismissed, the RTD will communicate to the Intern’s academic department that the Intern has not successfully completed the Internship.

III. **Procedures for Responding to Inadequate Performance by an Intern**

If an Intern receives an "Incompetent" or if there is any evidence of impairment from any of the evaluation sources in any of the major categories of evaluation, or if a supervisor has concerns about an Intern’s impairment, the following procedures will be initiated:

1. The supervisor will consult with the RTD and/or the VAMC Training Director (VATD) to determine if there is reason to proceed and/or if the behavior in question is being rectified.
2. If the supervisor who brings the concern to the RTD is not the Intern’s OS, the RTD will discuss the concern with the Intern’s OS.
3. If the RTD and OS determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the RTD will inform the supervisor who initially brought the complaint.
4. The RTD will meet with the Core Committee to discuss the performance rating or the concern.
5. The RTD, supervisor, and OS may meet to discuss possible courses of action.
6. Whenever a decision has been made by the RTD and Core Committee about an Intern’s training program or status in the agency, the RTD will inform the Intern in writing and will meet with the Intern to review the decision. This meeting may include the Intern’s OS. If the Intern accepts the decision, any formal action taken by the Training Program
may be communicated in writing to the Intern’s academic department. This notification indicates the nature of the concern and the specific alternatives implemented to address the concern.

7. The Intern may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are presented below.

IV. Due Process: General Guidelines

Due process ensures that decisions about Interns are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures that are applied to all trainees, and provide appropriate appeal procedures available to the Intern. It is the intent of the program, however, to identify and resolve problems at the supervisor and OS level whenever possible. If this less formal process is unsuccessful, then the more formal due process procedures should be followed. All steps need to be appropriately documented and implemented. General due process guidelines include:

1. During the orientation period, presenting to the Interns, in writing, the program's expectations related to professional functioning. Discussing these expectations in both group and individual settings.
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
3. Articulating the various procedures and actions involved in making decisions regarding impairment.
4. Communicating, early and often, with graduate programs about any suspected difficulties with Interns and when necessary, seeking input from these academic programs about how to address such difficulties.
5. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
6. Providing a written procedure to the Intern that describes how the Intern may appeal the program's action. Such procedures are included in the Intern handbook. The Intern Handbook is provided to Interns and reviewed during orientation.
7. Ensuring that Interns have sufficient time to respond to any action taken by the program.
8. Using input from multiple professional sources when making decisions or recommendations regarding the Intern’s performance.
9. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

V. Due Process: Procedures

The basic meaning of due process is to inform and to provide a framework to respond, act or dispute. When a matter cannot be resolved between the RTD and Intern or staff, the steps to be taken are listed below.

A. Grievance Procedures
There are two situations in which grievance procedures can be initiated. An Intern can challenge the action taken by the RTD or a member of the training staff may initiate action against an Intern. These situations are described below.

**Intern Challenge.** If the Intern wishes to formally challenge any action taken by the RTD, the Intern must, within five (5) work days of receipt of the RTD decision, inform the RTD, in writing, of such a challenge. When a challenge is made, the Intern must provide the RTD information supporting the Intern’s position or concern. Within three (3) work days of receipt of this notification, the RTD will consult with the VATD and will implement Review Panel procedures as described below.

**Staff Challenge.** If a training staff member has a specific Intern concern that is not resolved by the RTD, the staff member may seek resolution of the conflict by written request to the RTD for a review of the Intern’s behavior. Within five (5) working days of receipt of the staff member’s challenge, the RTD will consult with the VATD and a Review Panel will be convened.

**B. Review Panel and Process**

1. When needed, a review panel will be convened by the RTD. The panel will consist of three staff members selected by the RTD (or VATD**) with recommendations from the Intern involved in the dispute. The Intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.
2. Within five (5) work days, a hearing will be conducted in which the challenge is heard and relevant material presented. Within five (5) work days of the completion of the review, the Review Panel submits a written report to the RTD, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.
3. Within five (5) work days of receipt of the recommendation, the RTD will either accept or reject the Review Panel's recommendations. If the RTD rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the RTD may refer the matter back to the Review Panel for further deliberation and revised recommendations or may make a final decision.
4. If referred back to the panel, they will report back to the RTD within five (5) work days of the receipt of the Director's request of further deliberation. The RTD then makes a final decision regarding what action is to be taken.
5. The RTD informs the Intern and if necessary the training program of the decisions made. If the Intern disputes the RTD’s final decision, the Intern has the right to contact the Judicial Committee of the Medical College of Georgia or the VA Psychology Professional Standards Board to discuss this situation.

**Due Process: Psychology Intern Grievance Procedure**

**I. Intern Grievance Overview**

In the event an Intern encounters any difficulties or problems with a supervisor, RTD, VATD, or other grievances about training (e.g., poor supervision, unavailability of supervisor, evaluations perceived as unfair, workload issues, personality clashes, rotational assignments,
other staff or Intern conflicts) during his/her training, it is hoped that such concerns and complaints can be discussed and resolved informally by the parties involved. Nevertheless, a formal mechanism is appropriate in light of the power differential between supervisory staff and Interns.

II. Procedures for Responding to Intern Grievances

If an Intern is unable to resolve a concern or complaint through an informal discussion with the parties involved, the Intern should:

1. Discuss the matter with the OS. The OS may facilitate the Intern’s efforts to resolve the matter independently or may mediate in a problem negotiation discussion with all parties involved. If the Intern prefers not to speak directly to the other parties involved, the OS may choose to discuss the matter on behalf of the Intern without the Intern present.

2. If the OS cannot resolve the matter, is unavailable, or the OS is the supervisor in question, the next level of recourse is the RTD and/or VATD**. The RTD and/or VATD may facilitate the Intern’s (and possibly OS’s) efforts to resolve the matter independently, may mediate in a problem negotiation discussion with all parties involved, or if desired by the Intern may discuss the matter on behalf of the Intern without the Intern present.

3. If the RTD and/or VATD cannot resolve the matter or if the alleged behavior in complaint, if proven, would constitute a serious training/ethical violation, the RTD within five (5) working days will inform the parties of the complaint and request written documentation from the Intern and the other parties involved delineating their perspective on the matter. Within five (5) working days of receiving the written documentation, the RTD will formally present the matter to the Core Committee for discussion.

4. In the event that a formal presentation of the Intern grievance is made to the Core Committee, all parties involved have the right to review written documentation and be given the opportunity to dispute or explain the behavior of concern.

5. For the Intern grievance deliberations by the Core Committee, written recommendations for resolution of the matter will be developed on the basis of a majority vote. All parties involved in the dispute will be excluded from the Core Committee deliberations and vote on the matter. Within five (5) working days of receipt of the written recommendation, the RTD will present the recommendations to the parties involved. If the Intern disputes the Core Committee’s decision, the Intern has the right to contact the Judicial Committee of the Medical College of Georgia or the VA Psychology Professional Standards Board to discuss this situation.

**The VATD will deliberate in the case in which the dispute may involve the RTD directly.

Procedures for Responding to Inadequate Performance or Unethical Behavior by a Faculty Supervisor

If a Faculty Supervisor does not uphold the standards of conduct stated in the SUPERVISORY ROLES AND RESPONSIBILITIES section of the Policy Manual or Intern evaluations of the Faculty Supervisor demonstrate a pattern of inadequate performance or if there
is any evidence of impairment from any of evaluation source the following procedures will be initiated:

1. The individual(s) that has identified a potential Faculty Supervisor problem will consult with both the RTD and the VATD to determine if there is reason to proceed and/or if the behavior in question is being rectified. If the matter pertains to the behavior/performance of the RTD or the VATD, the individual would address the issue with the RTD or VATD that could impartially evaluate the situation.

2. If the RTD and/or VATD determine that the alleged behavior in the complaint may represent a performance problem or a matter of impairment but not a serious ethical violation, then the RTD and/or VATD will attempt to address the matter informally with the Faculty Supervisor. In such matters the joint efforts of the RTD and the VATD are preferred if possible.

3. The RTD and/or VATD will present a potential Faculty Supervisor problem for review by the Core Committee under the following conditions:
   A. If proven, the problem would constitute a serious ethical violation.
   B. Informal meeting(s) and corrective actions with the RTD and/or VATD have failed to correct the problem.

4. If review by the Core Committee is required, the guiding principles in these deliberations subsequent proposed actions will be the following:
   A. The highest priority will be to protect any Interns that might be affected by the Faculty Supervisor’s behavior. In consideration of efforts to correct the specific problems posed by a Faculty Supervisor, the Core Committee will attempt to avoid imposing correction actions that might have disruptive effects on supervision or other training activities.
   B. The Core Committee will also act to protect the integrity and quality of the Internship Training program. The administrative authority of the MCG-Charlie Norwood VAMC Psychology Internship grants the privilege of a Faculty Supervisor to be a part of the internship faculty. Therefore, in the event that corrective efforts with a Faculty Supervisor do not successfully resolve the matter the Core Committee does have the authority to suspend a Faculty Supervisor from participation in internship training activities.
   C. The Core Committee will make every reasonable effort to restore the Faculty Supervisor to his/her effective level of performance in his/her respective internship training activities. Therefore, the action to suspend a Faculty Supervisor from internship training activities would be considered a measure of last resort in resolving a Faculty Supervisor’s problems.
   D. If the Faculty Supervisor problem entails a possible violation of institutional standards (i.e., MCG/AU or VAMC standards), then the Core Committee will take the necessary steps to inform the appropriate institutional authorities for additional review.
   E. The Core Committee will abide by any Georgia licensing board requirements for reporting violations of law pertaining to the practice of psychology.

5. Whenever a decision has been made by the RTD, VATD, and Core Committee about corrective action for a Faculty Supervisor, the RTD or VATD will inform the Faculty Supervisor in writing and will meet with the Faculty Supervisor within five (5) working days of the decision to review the decision. The Faculty Supervisor may choose to accept the conditions or may choose to challenge the action. If the Faculty Supervisor wishes to dispute the Core Committee’s decision, the Faculty Supervisor has the right
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to address the Core Committee with his/her rebuttal and has the right to contact the Judicial Committee of the Augusta University or the VA Psychology Professional Standards Board to discuss this situation.

VI. REQUIRED SEMINARS AND OTHER PROFESSIONAL EXPERIENCES

Required seminars are the Diagnostic/Treatment Seminar, the Psychotherapy Process Seminar, Professional Issues Seminar, and Grand Rounds. Attendance is required. In addition for the Diagnostic/Treatment Seminar all interns must successfully conduct a Clinical Skills Verification Exam (assesses competence in diagnostic interviewing and case conceptualization) and a Cognitive-Behavioral Therapy (CBT) Session judged by the seminar directors/CBT instructor as “good” on the question, “How would you rate the clinician overall in this session, as a cognitive therapist?” (Contextual CBT Therapy Rating Scale). Any additional seminar series offered by internship faculty must be presented to and approved by the Core Committee.

Consultation and Therapy Logs. In order to increase the empirical vigilance of interns in their consultation and treatment efforts, they are required to maintain consultation and therapy logs that record the overall success of their consultation and therapy endeavors in meeting identified patient goals. The cumulative results of the logs are provided to the interns at the midyear and end of year reference points.

Outreach Educational and Prevention Teams. Interns are required to participate in one Outreach Educational and Prevention Team designed to provide mental health education for consumers and providers in mental health and medically underserved areas in the East Central Georgia Region of the Georgia’s DBHDD system. These psychology faculty and Intern teams will provide lectures or workshops on issues of prevention and treatment of mental health disorders based on the needs of the community mental health consumers and providers.

Clinical Skills Verification Exam. At the midway of the first rotation Interns are required to complete a Clinical Skills Verification Examination. Individual each Intern presents a 45-50 minute video of a new patient assessment to the directors of the Diagnostic and Treatment Seminar and the Psychotherapy Process Seminar. The Overall Supervisor would be invited to attend as well. Following the viewing of the video, the Intern is expected to provide:

a. A concise and organized summary of the key information pertinent to the case.

b. An assessment plan that included key additional data needed to form an effective “theory of the patient” - that may involve a proposal for psychological testing that could provide valuable information in this process.

c. A “theory of the patient” that formed both a descriptive and etiological understanding of the patient’s key problems and relevant strengths. This formulation should include relevant constructs pertaining to the social/cultural context of the key issues at hand and the biopsychosocial contributing factors.
d. A treatment plan that addresses the key biopsychosocial contributing factors and that addresses the life goals that form the basis for an appropriate recovery/wellness plan.

Intern Case Presentation. By the end of the first month of the third rotation, Interns are required to present a case in which a treatment case formulation and treatment plan demonstrates an empirically based and interdisciplinary approach to treatment as well as cultural competence. The case presentation must include key biopsychosocial data that include psychological testing data and an integration of the “data” that reflects a process of theory building at the individual patient level. This integration process must also demonstrate clear linkages of science to the case formulation and treatment plan and thus references to scholarly work are required. The Case Presentation must include a treatment plan that fits the “theory of the patient” and constructs an intervention approach that integrates the idiographic aspects of the patient’s needs along with knowledge of empirically supported treatments. The Case Presentation must directly address the pertinent cultural data obtained that guided the conceptualization of the case and the development of the treatment plan. The Case Presentation must reflect an integrative assessment/treatment model of health care problems in which there is appreciation for the contributions that can be made by various health care disciplines in the care of the patient. Finally, the Case Presentation must reflect an appreciation of the unique life goals and strengths of the patients as they guide the development of an effective treatment plan. Thus this Case Presentation provides an assessment and learning experience that is intended to occur in the later stages of the Interns development and focuses on a high level of conceptualization competence. Proficiency of the Case Presentation is judged by the responsible clinical supervisor(s) and the Overall Supervisor.

Psychology Workshops. Psychology Workshops represent a joint activity of the MCG-Charlie Norwood VAMC Psychology Internship and the Dwight D. Eisenhower Army Medical Center Clinical Psychology Internship Program. These workshops are of one to two days duration and are devoted to topics relevant to the professional development of psychologists, including a particular emphasis on the ongoing training in empirically supported treatments. Interns are required to attend the workshops in objective assessment techniques, empirically supported psychotherapy, cultural diversity issues in psychology, and forensic/ethical issues in psychology.

Recovery Oriented Care Experiences. In order to facilitate the development of recovery based principles of care, Interns are required to attend trainings in recovery principles and practices. In addition, Interns must attend at least one peer-to-peer support group session in which a Certified Peer Specialist (CPS) leads a wellness and recovery support group for consumers.

Intern Research. The Intern is required to devote 4 hours each week to research activities. See below a detailed description of this requirement.

**VII. ROTATIONAL CHANGE**
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The Internship Training Director will produce an integrated schedule of rotations for each intern by May 15 that will be approved by the Core Committee. Changes in an intern’s planned sequence of rotations must be submitted to the Core Committee in writing as soon as possible. This document must show rationale, coherence with other training goals, involve affected faculty’s approval, and affirm space and supervisory availability during that rotational time frame in the program.

VIII. TIME REQUIREMENTS

Time and Performance Requirements

The MCG-Charlie Norwood VAMC Psychology Internship requires that the following standards be met by the completion of the Internship:

1. Completion of 2080 hours of training. Georgia requires 2000 hours of internship training and the VA requires 2080 hours of internship training; we routinely provide 2100 or more. Required rotations are expected to be completed with no more than one week of vacation and one week of sick time per 4 months. If an intern misses more than two weeks of a 4-month rotation block, the amount of time must be made up. The internship will be a minimum of 48 weeks. The Intern is required to complete the full one-year tour of duty in which leave does not exceed allowable leave hours/days. Stipends will be paid to the end of the internship year. If makeup time is needed, it will be completed without remuneration.

2. A minimum of 800 hours of direct clinical services. Direct clinical services includes all patient-specific clinical activities which encompasses individual, family, and group psychotherapy, consultations, psychological assessments (including test report writing), and therapy/assessment documentation.

3. Competency-based evaluations indicating that the Intern’s performance on each of the rotations is rated as “competent to implement interventions independently with supervision and review.”

4. Consultation and Therapy Logs. In order to increase the empirical vigilance of interns in their consultation and treatment efforts, they are required to maintain consultation and therapy logs that record the overall success of their consultation and therapy endeavors in meeting identified patient goals.

5. Interns are required to participate in Outreach Educational and Prevention Teams designed to provide mental health education for consumers and providers in mental health and medically underserved areas in the East Central Georgia Region of the Georgia’s DBHDD system.

6. Competency-based evaluations demonstrating proficiency in interview assessment. At the midway of the first rotation Interns must successfully complete the Clinical Skills Verification Examination. The Intern must provide a 45-50 minute video of a new patient assessment, provide a concise and organized summary of key information, and provide a case conceptualization with appropriate treatment plan. Accuracy is judged the seminar directors for the Diagnostic and Treatment Seminar and the Psychotherapy Process Seminar as well as
the training directors for the internship. In addition, interns must demonstrate proficiency in
interview assessments by accurately completing a minimum of four diagnostic interviews,
and at least one per rotation.

7. Competency-based evaluations indicating that the Intern’s performance in the
Diagnostic/Treatment, Psychotherapy Process, and Professional Issues Seminars is rated as
having demonstrated the majority of milestones targeted for the completion of internship –
Level 3 or higher, which generally represents that the Intern is “competent to implement
assessments independently with supervision and review”.

8. Interns will demonstrate proficiency in psychological testing assessments by accurately
completing a minimum of three assessments in which the intern: (1) demonstrates well-
reasoned selection of the tests to be administered; (2) administers the tests adhering to
standardized testing procedures; (3) effectively interprets and integrates the test data; and (4)
produces an integrated report that accurately communicates the key findings and relevant
recommendations requiring only minimal corrections by the clinical supervisor. To fulfill the
minimum assessment requirement Interns must most also demonstrate proficiency in at least
a neurocognitive screening instrument, one broadband psychological test, and symptom
specific instruments that can be used for screening and/or treatment progress monitoring.

9. Successful conduct of a Cognitive-Behavioral Therapy (CBT) Session judged by the seminar
directors/CBT instructor as “good” on the question, “How would you rate the clinician
overall in this session, as a cognitive therapist?” (Contextual CBT Therapy Rating Scale).

10. Demonstrated proficiency in case conceptualization and treatment planning based on the
successful completion of a Case Presentation by the end of the first month of the third
rotation. This Case Presentation must demonstrate: (1) presence of key biopsychosocial data;
(2) integration of the data into an effective “theory of the patient”; (3) application of cultural
competence in the collection of and use of the data; (4) application of recovery principles as
denoted by use of person centered goals and identification of strengths; (5) an empirically
based and interdisciplinary approach to treatment. Proficiency of this Case Presentation will
be judged by the responsible clinical supervisor(s) and the Overall Supervisor.

11. Interns must demonstrate they can work comfortably and professionally as a member of at
least three interdisciplinary teams. Interns will demonstrate proficiency in consultation
assessment/treatment strategies by completing a minimum of three consultations in a medical
setting.

12. Must complete at least one research-scholarly project in which there is a written product
authored or co-authored by the intern that is publishable.

13. Must have appropriately completed all medical record documentation.

14. Must complete all One45 evaluations of training experiences, supervisors, and self-
evaluations.

Successful Completion of the internship training requirements is documented in the end of the
year Intern Performance Milestones Tracking form and stored in the One45 electronic
documentation system. In addition, at the end of the training year the Training Director
composes a letter that is sent to the intern’s respective graduate school training director verifying
the successful completion of the internship. Diplomas are awarded after all requirements are
met.
Generally office hours for the Internship are 8:00 a.m. to 6:00 p.m. Monday through Friday. Tours of duty for a particular rotation will normally fall within these times. However, the intern’s professional responsibilities may at times extend the work week beyond its customary hours. In the VAMC, Tour of Duty is 8:00 AM-4:30 PM. Patients are not to be seen at the VA after the tour of duty.

Policy on Intern Research

The Intern is required to devote 4 hours each week to research activities. These activities can include Dissertation Work but must also be comprised of one or more of the following categories of research endeavors:

(A) **Research Project.** The Intern may participate in either an internship related research project or a research project external to the Internship that has been approved by the Core Committee. Consistent with the Empirical Clinician training model, the research project should be relevant to clinical practice issues. The Intern must submit to the Overall Supervisor a plan of participation in this research project that justifies a weekly commitment of 4 hours. Generally, it would be expected that by the end of the internship training year the Intern participation in the research project will result in at least one journal submission in which the Intern is an author or co-author. The plan of participation in a research project must be submitted to the Internship Training Director.

(B) **Scholarly Review Article.** Under the mentorship of an internship faculty member, the Intern would design and implement a critical review of a topic relevant to clinical practice. The Intern must submit to the Overall Supervisor a proposal of this scholarly activity and a timetable that justifies a weekly commitment of 4 hours and that will enable the Intern to meet the scholarly work objectives. It would be expected that by the end of the internship training year the Intern’s participation in this scholarly activity will produce one journal submission in which the Intern is an author or co-author. The proposal of the scholarly activity must be submitted to the Internship Training Director.

(C) **Public Policy “White Paper”.** Under the mentorship of an internship faculty member and in cooperation with a professional association, a mental health advocacy organization, or a governmental agency, the Intern would critically evaluate an issue of public policy relevant to clinical practice or to public mental health. This public policy “white paper” must maintain high standards of empirical support and critical thinking for any conclusions drawn. The Intern must submit to the Overall Supervisor a proposal of this research activity and a timetable that justifies a weekly commitment of 4 hours and that will enable the Intern to meet the research objectives. It would be expected that by the end of the internship training year the Intern’s participation in this research activity will produce one “white paper” submission to the relevant public policy agency in which the Intern is an author or co-author. The proposal of the public policy “white paper” must be submitted to the Internship Training Director.
(D) **Program Evaluation.** Under the mentorship of an internship faculty member and in cooperation with a health care service delivery system within or affiliated with the MCG-Charlie Norwood VAMC Psychology Internship, the Intern would conduct a systematic evaluation of a health care service delivery program. This program evaluation must maintain high standards of empirical methodology and therefore must include reasoned data collection and analysis. The conclusions drawn must be based in part on empirical support and recommendations must be based in part on the data at hand as well as applicable systems theory/models. The Intern must submit to the Overall Supervisor a proposal of this proposed program evaluation and a timetable for the project that justifies a weekly commitment of 4 hours and that will enable the Intern to meet the research objectives. It would be expected that by the end of the internship training year the Intern’s participation in this research activity will produce a written program evaluation report in which the Intern is an author or co-author. The proposal of the program evaluation must be submitted to the Internship Training Director.

For Interns using a portion of their weekly research time on Dissertation Work the following guidelines must be followed:

**Dissertation Work.** If the Intern has not completed dissertation work prior to the start of the internship, the Intern must submit to the Overall Supervisor an assessment of the work that is yet to be completed, an action plan as to how the weekly research time will be used to complete the dissertation requirements, and an anticipated timetable as to when dissertation objectives will be met. A Dissertation action plan must be submitted to the Internship Training Director. This action plan should indicate a proposed allocation of time for Dissertation efforts along with the time allotted for the other research project selected.

**The MCG-Charlie Norwood VAMC Psychology Internship will make use of the following evaluation components in order to monitor the progress and efforts of the Interns in their respective research activities:**

Performance Evaluation. It is required that the Overall Supervisor and Intern have a formal discussion of the Intern's progress on the chosen research project every four months. The Overall Supervisor will make a report every four months to the Internship Core Committee regarding progress on the research-scholarly project. The Internship Core Committee reviews each report of research-scholarly project progress. If significant problems are noted, the committee decides if corrective actions are to be instituted. The committee can institute a four-month probationary period if indicated, and this period can be extended. All reports and actions taken by the committee are incorporated into the file kept on each Intern.

End of the Year Evaluation. At the end of May, the intern submits the paper for the research-scholarly project for review by two internship faculty/supervisors and based on their reviews the Training Director will complete the Evaluation of the Intern Research Paper form. At the conclusion of the year, the Internship Core Committee meets with
the Intern to review his/her ratings, discuss his or her performance, and make specific recommendations regarding post-internship professional development. Completion of this Intern research-scholarly project will be included in this end of the year evaluation using the Intern Performance Milestones Tracking form.

RESEARCH REQUIREMENT TIME TABLE:
End of August: A written proposal of the research project is submitted to the Overall Supervisor, Research Director, and to the Training Director.
October End of 1st Quarter review: The Core Committee will review the progress of the research project.
January MidYear Evaluation: The Core Committee will review the progress of the research project and the Overall Supervisor will check off on Intern Performance Milestones Tracking form whether or not the intern is making sufficient progress on

IX. ABSENCE

Holidays
There are 10 official Holidays in the VAMC and 9 official Holidays at MCG/AU. For those interns funded by MCG, they are allowed 1 Unscheduled Holidays to compensate for the institutional discrepancy in Holidays. Unscheduled Holidays must be approved by the major Rotational supervisor. No more than 10 Holidays are provided per year.

MCG/AU Holiday Designations
New Year's Day
Martin Luther King, Jr., Birthday
Memorial Day
Independence Day
Labor Day
Thanksgiving Day (and Day After)
Christmas Day (and Christmas Eve)

Scheduled holidays occurring on Saturday will be observed on the preceding Friday; those holidays occurring on Sunday will be observed on the following Monday.

VAMC Holiday Designations
New Year's Day
Martin Luther King, Jr., Birthday
Washington's Birthday
Memorial Day
Independence Day
Labor Day
Columbus Day
Veterans Day
General Leave Procedures

Policies for leave vary by stipend source (MCG/AU versus the VAMC). With the exception of Holidays and Sick Leave, the Intern must complete the Request for Leave Form for all absences, with the assistance of the rotational supervisor(s) must make arrangements for clinical coverage, and must secure a signature of approval by the rotational supervisor. Interns that have outstanding medical record notes or “Missing Encounters” over 30 days in duration will not receive approval for leave. For all discretionary leave, regardless of stipend source, Interns are required to obtain the approval of the major Rotational supervisors and coverage for clinical service obligations must be addressed by the Intern and the appropriate supervisor(s). Discretionary leave may not be scheduled during the final two weeks of the internship year. Only one week of vacation may be taken in a rotation.

Vacations may be taken with the approval of the intern’s major Rotational supervisor, but may not be scheduled during the final two weeks of the internship year. For MCG/AU and VA there is no explicit Housestaff Policy regarding jury duty. Institutional Policy for both is that after showing your official summons to your Rotational supervisor, you are entitled to an unlimited number of days of administrative leave. The Core Committee reserves the right to require make-up time if it goes beyond 5 days.

MCG/AU Leave:

Vacation

All interns have to report vacation and sick days to a designated person. Interns are allowed two weeks (10 days) of vacation per year.

Sick Leave

Interns have ten days of sick time per year.

Authorized Leave

We will allow up to 5 days to be used as authorized leave for the following purposes: data analysis consultation, doctoral orals, consultation with dissertation advisor, or job interviews. A maximum of 3 days can be taken at any one time. If further time is needed for these purposes, the intern will be expected to use their annual leave. Administrative absences must have their Rotational supervisor’s agreement and be reported to the designated internship secretary.

Military Reserve Leave
The internship will grant one week of military leave. If there is more taken, it will be counted as vacation time.

It is the responsibility of all interns and fellows to request planned leave from the appropriate Internship or Fellowship Training Director at least 45 days prior to the scheduled time off. All interns and fellows will receive a reminder via email weekly to request leave they will require during the week which starts seven weeks from the following Monday. The seven-week interval allows three to five working days for administrative approval while still preserving the necessary 45 day notice for clinic cancellations if necessary. For leave to be considered a leave request form must be submitted to the Internship Coordinator or her designee by the deadline date specified in the above referenced email. Leave requests must be approved by: Director of Psychology Internship Training.

Requests that do not comply with this policy will not be considered unless they involve functions that could not have been foreseen and are critical to the Department’s teaching, research or clinical missions. The appropriate Internship or Fellowship Director must approve these exceptions. Exceptions will not be “automatically” approved and must be accompanied by an appropriate written justification prior to consideration.

When requesting leave Interns must designate a “covering physician” who will serve as clinical backup for all patient care issues in their absence. The “covering physician” names as backup must be aware of the specific commitment and must not serve as backup for multiple interns/fellows simultaneously.

The Internship Coordinator will maintain a master schedule of all planned intern/fellow leave.

VA Leave:

Interns on the VA payroll are allowed 4 hours of sick leave and 4 hours of annual leave per pay period. Family leave can be taken out of accumulated sick leave. Interns on the VA payroll are given a total of 104 hours of annual leave and 104 hours of sick leave per year. Interns are not allowed to take more leave that they have accrued. Interns on the VA payroll have access to leave balances in the computer. Interns on the VA payroll that are working at MCG/AU sites must submit leave requests at the VA. Instructions for submitting leave requests on the computer will be provided during the orientation.

Interns on VA Tour of Duty must notify their respective supervisors and the VA RTD of leave before taken.

Annual Leave

Annual leave is used for vacation time and general time off. Interns must notify their respective supervisors and the VA RTD of leave before taken. Annual leave notification should be at least 1 week in advance.
Authorized Absence

Interns are given 3 days of Authorized Absence for dissertation leave, job searches, and conference attendance. Authorized Absence does not come out of the overall leave balances. Interns are able to use Annual Leave for additional days from the balance of leave hours if it is needed. Interns must notify supervisors of Authorized Absence at least 1 week before the leave is taken. If the Intern is requesting more than 8 hours of Authorized Absence then the Intern will need to allow additional time for the Supervisors to complete the appropriate paperwork.

Sick Leave

When Interns are ill and unable to work they should contact Linda Cratic at (706)733-0188 X6210 and notify the relevant Supervisor(s). Upon returning to work, Interns are to record the sick leave in the computer within 24 hours.

Taking leave at the VA for MCG/AU paid interns

Interns paid by MCG/AU are to inform VA Supervisors of any leave planned from the VA Tour of Duty at least one week prior to taking scheduled leave. When Interns are ill and unable to work they should contact the relevant Supervisor(s) and make appropriate arrangements for patient care. They are not required to complete VA request leave forms or enter any data into the computer.

STANDARDS FOR PSYCHOLOGICAL TESTING

Interns performing psychological testing are expected to fully adhere to the Psychological Testing and Assessment Standards as stipulated in the “Standards for Educational and Psychological Testing” (American Educational Research Association, American Psychological Association, and the National Council on Measurement in Education, 1999). See Appendix B.

NEUROCOGNITIVE ASSESSMENT TRAINING

Interns will be introduced to the basic concepts of neuropsychological assessment including the administration, scoring and interpretation of neurocognitive assessment instruments during the required General Practice Rotation. Interns will be expected to perform a maximum of one evaluation per week while on this rotation. Additional didactic and practicum experiences in neuropsychology and neuropsychological assessment are offered throughout the internship year. Interns interested in more intensive neuropsychological training may choose to perform a neuropsychology optional rotation. Although it is possible to meet Division 40 guidelines via additional work and time commitment, it is not recommended.

TRAVEL AND CONFERENCE MONEY
When available, the Department of Psychiatry and Health Behavior, MCG/AU, can provide on an individual basis, monies for Interns to attend meetings. Priorities for funding will be for Interns presenting scholarly work at national/regional professional meetings.

Requests should be made to the Internship Training Director in writing as soon as possible. Procedures for requesting and receiving funds should be followed as indicated by the Department Business Manager.

**XIV. EMPLOYMENT BENEFITS AND RESPONSIBILITIES**

Interns will be employees/or interns of either MCG/AU or the VA or both, depending on the particular financing arrangements in a given year. They will be oriented to and expected to abide by the policies and procedures of both organizations. Specific benefits of employment not covered below will be introduced during the orientation week.

**Insurance**

MCG/AU affiliated student health insurance/services are available to Interns whose stipends are paid by MCG/AU. The VAMC offers an employee health insurance plan for those Interns paid by the VAMC. Both MCG/AU and VAMC health insurance plans cover mental health services. We will also help with a referral if desired. Proof of health insurance is required to participate on the internship practicum experiences.

**Background Checks/Drug Screening**

The ECRH and VAMC perform security background checks on all employees before they can be hired. Interns will be subject to these same checks. As employees/interns of MCG/AU or VAMC, interns are subject to random drug screening.

**XV. EEO/AA POLICY STATEMENT**

The MCG-Charlie Norwood VAMC Psychology Internship is an Equal Opportunity/Affirmative Action employer, fully committed to equal employment opportunity and the implementation of a strong affirmative employment program without regard to race, sex, religion, color, national origin, age and/or disability. It is our policy to provide equal opportunity in employment for all persons in our work force, or being recruited for our work force, and to prohibit discrimination in all aspects of personnel policies, program practices and operation, and in all working conditions and relationships with employees and applicants for employment.

While on rotation at the VA, Psychology Interns are covered by the Medical Center Policy Memorandum OOE-02-95. If an intern feels he/she has been discriminated against or has
a grievance he/she may call the VA EEO office at 733-0188, extension 6200. While on rotation at MCG/AU, interns are covered by the Reaffirmation of EEO and Affirmative Action Policies dated July 25, 1988 and may call the EEO Office at 721-3536 if assistance is needed.

Appendix A

APPIC Match Policies: 2017-2018
Adopted July 31, 2017

The following policies will guide the 2018 APPIC Match and Post-Match Vacancy Service.

Adherence to these policies is a condition of membership in APPIC and of participation in the APPIC Match and/or Post-Match Vacancy Service.

The APPIC Board of Directors, in its sole discretion, may make changes to these policies and/or the published Schedule of Dates in unusual, unforeseen, and/or emergency circumstances.

Phase I of the Match

- The Rank Order List Submission Deadline is February 7, 2018 at 11:59 p.m. Eastern Time.
- Results of the Match will be released on APPIC Phase I Match Day, February 23, 2018.

Phase II of the Match

- The application deadline (see Policy 3b) is March 1, 2018 at 11:00 a.m. Eastern Time.
- The Rank Order List Submission Deadline is March 19, 2018 at 11:59 p.m. Eastern Time.
- Results of the Match will be released on APPIC Phase II Match Day, March 26, 2018.

1. These policies apply to all participants in the APPIC Match and Post-Match Vacancy Service, including APPIC member internship programs, non-APPIC member internship programs, and student applicants and their doctoral program faculty.
a. All participants shall abide by their agreements with APPIC for participation in the APPIC Match.

b. Internship training directors must ensure that all people involved in recruiting or selecting interns understand and adhere to these policies.

c. Directors of doctoral programs with students participating in the APPIC Match must ensure that their students understand and adhere to these policies.

d. Violations of APPIC Match Policies or Match Agreements by applicants or programs may result in sanctions by APPIC (e.g., being barred from future Matches) or legal action by other Match participants. In addition, violations by applicants may result in disciplinary action by the applicants' doctoral and/or internship programs.

2. All participants in the APPIC Match and Post-Match Vacancy Service must meet eligibility requirements and abide by the published Schedule of Dates as shown at natmatch.com/psychint.

Students who wish to participate in the APPIC Match must meet the eligibility requirements described in the APPIC Intern Applicant Policy, including being enrolled in a doctoral program in Health Service Psychology or Professional Psychology that meets the criteria outlined in APPIC's Policy on Doctoral Program Associates.

a. Students who meet the criteria outlined in paragraph 2a above may also participate in the APPIC Post-Match Vacancy Service. Students whose doctoral program does not meet this criteria may participate in the APPIC Post-Match Vacancy Service if their program meets the criteria outlined in paragraphs 1a-1c of the APPIC Policy on Doctoral Program Associates and is approved by APPIC.

b. All APPIC-member internship programs that have positions available are required to participate in the Match. Non-member programs may participate if they meet the criteria described in the APPIC Match and Post-Match Vacancy Service Policies for Non-APPIC Member Internship Programs.

3. Internship programs must offer all of their internship positions in Phase I of the APPIC Match.

Positions for which funding is not assured should not be offered in the Match.

a. Positions that are left unfilled in Phase I of the Match must be offered in Phase II of the Match, in accordance with paragraph 9 and its subparagraphs below.
b. Positions that are not offered in Phase I of the Match, such as positions for which funding becomes assured after the Phase I Rank Order List deadline or newly created positions, may be offered in Phase II of the Match, in accordance with paragraph 9 and its subparagraphs below.

c. Positions that are not offered in Phase I or Phase II of the Match can be communicated and/or offered to applicants only after the results of Phase II of the Match are released, in accordance with paragraph 10 and its subparagraphs below.

4. For both Phase I and Phase II of the APPIC Match, the AAPI Online application service must be used by applicants to apply to all internship programs that are participating in the Match. For both Phases of the Match, all applications must be submitted using the AAPI Online, and no site may request a printed copy of an applicant's application materials.

Internship programs and applicants must abide by the APPIC AAPI Online Supplemental Materials policy, which states that the only supplemental materials that may be requested by internship programs or submitted by internship applicants are (a) a treatment or case summary, and (b) a psychological evaluation report.

a. All programs participating in Phase II of the Match must accept applications until the application deadline for Phase II established by APPIC. Programs may elect to continue accepting applications for Phase II beyond the application deadline, but are not required to do so.

5. For Phase I of the Match, internship programs that conduct on-site or telephone interviews must make a reasonable effort to notify every applicant who submits a complete set of application materials as to his/her interview status.

Sites that conduct open houses to which all applicants are invited and conduct no other interviews are exempt from this interview notification requirement (this process should be clearly stated in the APPIC Directory Online and/or sites' publicity materials).

a. Notification of interview status for Phase I of the Match must occur no later than the interview notification date that appears in the program's APPIC Directory Online listing and/or other publicity materials, and may be communicated via e-mail, telephone, regular mail (to be received no later than the interview notification date), or other means.

b. For Phase II of the Match, notification of interview status is not required.

6. Participants in the APPIC Match, including applicants and internship programs, may not communicate, solicit, accept, or use any ranking-related information
pertaining to either Phase of the Match prior to the release of the results for Phase II of the Match.

Internship programs must include the following statement on their web sites and in their brochures: "This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant."

a. Internship programs may choose to inform applicants as to whether or not the applicants remain under consideration for admission (e.g., whether or not the applicants will be ranked) but may not communicate any other ranking information. The spirit of this item precludes any communication of rankings for either Phase of the Match prior to the release of the results for Phase II of the Match, however “veiled” or indirect such communication might be. However, sites and applicants are allowed to communicate about matters that do not involve the sharing of ranking information.

b. Internship programs and applicants may never solicit information regarding applicants' and programs' rankings at any time, either during the Match or after the Match results are released.

c. Internship sites that offer more than one program in the APPIC Match (i.e., sites with more than one program code number) are expected to ask applicants to identify the site's programs to which they are applying. In addition, these sites may, for the sole purpose of arranging interviews, ask applicants to designate their preferences regarding the programs at the site for which they wish to be interviewed. These sites may request interview preference information only when it is essential for making interview arrangements, and such information may not be used for any other purpose in the selection process. Furthermore, these sites may not solicit any information about applicants' final rankings of programs. Sites requesting interview preferences must state clearly in their written materials that these preferences will be used for arranging interviews only and for no other purpose.

d. Any ranking information that is communicated between applicants and internship programs, even though such communication is a violation of these policies, is non-binding and may be changed at any time prior to the Rank Order List submission deadline. The only binding rankings are the confidential Rank Order Lists that are submitted to the APPIC Match.

e. Internship programs may choose to provide applicants with information about the size of the applicant pool.

7. Results of the APPIC Match constitute binding agreements between applicants, internship programs, and APPIC that may not be reversed without APPIC's consent.
Failure to receive timely notification of the APPIC Match results, for any reason, does not constitute a release from the obligations of the APPIC Match.

a. Appointments of applicants to internship positions may be contingent upon the applicants satisfying certain eligibility requirements. Such eligibility requirements must be clearly specified in the internship programs' written materials and provided to applicants in advance of the deadline for submitting rankings for the APPIC Match.

b. Internship training directors are encouraged to contact matched applicants by telephone as soon as possible after (but not before) 11:00 a.m. Eastern Time on the APPIC Match Day for each Phase of the Match. On each APPIC Match Day, no contact between internship sites and matched applicants should occur prior to 11:00 a.m. Eastern Time.

c. It is not necessary for internship training directors to contact applicants with whom they have not been matched.

8. Internship training directors must put in writing their appointment agreements with matched applicants in letters postmarked or e-mailed no later than 7 days following receipt of the APPIC Match results for each Phase of the Match.

Letters must be addressed to the applicants and must include confirmation of conditions of the appointment, such as stipend, fringe benefits, and the dates on which the internship begins and ends.

a. Copies of these appointment letters must be sent simultaneously to applicants' academic training directors.

9. Positions that remain unfilled in Phase I of the Match must be offered in Phase II of the Match to applicants who do not obtain a position in Phase I. Positions not offered in Phase I of the Match, such as positions for which funding becomes assured after the Phase I Rank Order List deadline or newly created positions, may also be offered to eligible applicants in Phase II of the Match.

All applicants who register for Phase I of the Match and who do not obtain a position in Phase I (e.g., those who withdraw or remain unmatched) are eligible to participate in Phase II of the Match. Applicants who match to a position in Phase I are not eligible to participate in Phase II. Applicants who do not register for Phase I cannot register for or participate in Phase II.

a. All positions at an internship site that remain unfilled in Phase I of the Match must be offered to applicants in Phase II of the Match. A site can decide not to offer an unfilled position in Phase II only if it decides not to fill the position in the program for the coming
year (e.g., anticipated loss of funding, shifting of funding to other purposes). Removing an unfilled position from Phase II of the Match for any other reason requires APPIC approval.

b. Internship programs with positions that are offered in Phase II of the Match may not take any actions to fill these positions prior to 11:00 a.m. Eastern Time on APPIC Phase I Match Day. Applicants who do not obtain a position in Phase I of the Match, along with other individuals acting on their behalf (e.g., doctoral program faculty), may not contact internship programs about available positions prior to 11:00 a.m. Eastern Time on APPIC Phase I Match Day. All applications to programs for Phase II of the Match must be submitted using the AAPI Online, as specified in paragraph 4 above.

10. Upon completion of both Phases of the APPIC Match, internship programs that have one or more open positions may then make other direct offers of admission (verbal or written) to applicants who are not already matched or to applicants who did not participate in the APPIC Match. Applicants who are not matched to a position may then receive other direct offers of admission.

Internship programs that have or anticipate having open positions after completion of Phase II of the Match may not take any actions to fill these positions prior to 11:00 a.m. Eastern Time on APPIC Phase II Match Day. Applicants who are not matched to a position after completion of both Phases of the Match, along with other individuals acting on their behalf (e.g., doctoral program faculty), may not contact internship programs about open positions prior to 11:00 a.m. Eastern Time on APPIC Phase II Match Day.

a. Prior to making offers to fill open positions, internship training directors must verify with applicants, to the best of their abilities, that the applicants have not previously been matched to other internship programs nor accepted other offers.

b. Prior to making offers to fill open positions, internship training directors must ensure that doctoral programs have verified their applicants' eligibility and readiness for internship. Such verification can occur via a review of the appropriate application materials and/or via direct communication with the doctoral programs.

c. Applicants may not accept an offer if they have been matched or have already accepted an offer from another internship program.

d. An offer (verbal or written) that has been tendered by an internship program and accepted by an applicant constitutes a binding agreement between the program, the applicant, and APPIC that may not be reversed without APPIC's consent.

e. The internship training director must put in writing the appointment agreement with the applicant in a letter postmarked or e-mailed no later than 7 days following acceptance of the offer by the applicant, as described in paragraphs 8a and 8b above.
11. **Individuals who perceive violations of these policies are urged to request compliance with APPIC policies from the appropriate party (parties).**

Unresolved compliance problems should be resolved informally, whenever possible, through consultation among applicants, internship training directors, academic training directors, and/or APPIC, or by other informal means. APPIC sponsors an "Informal Problem Consultation" process (described on the APPIC web site) that is recommended for use in addressing these issues.

a. Internship training directors who become aware of violations of these policies by other internship training directors should (a) urge the affected applicants and academic training directors to follow the informal resolution procedures described above, (b) directly contact the other internship training directors, and/or (c) use the APPIC "Informal Problem Consultation" process.

b. Perceived violations of APPIC Policies and/or the Match Agreement that are not resolved through the APPIC "Informal Problem Consultation" process may be reported as a formal complaint to the APPIC Standards and Review Committee (ASARC).

12. **If a formal complaint is filed with APPIC regarding an alleged violation of these policies, the APPIC Standards and Review Committee (ASARC) will evaluate the allegations and recommend an appropriate course of action to the APPIC Board of Directors. The APPIC Board of Directors is the body that ultimately determines the course of action. ASARC policies are described on the APPIC web site. Formal complaints regarding violations of APPIC policies should be filed by submitting an ASARC Complaint Form (available from the APPIC web site) to:**

Chair, APPIC Standards and Review Committee  
17225 El Camino Real  
Onyx One - Suite #170  
Houston, TX 77058-2748  
Phone: (832) 284-4080  
Fax: (832) 284-4079

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Appendix B

Standards for Educational and Psychological Testing

American Educational Research Association
American Psychological Association
National Council on Measurement in Education

Psychological Testing and Assessment Standards:

Standard 12.1 Those who use psychological tests should confine their testing and related assessment activities to their areas of competence, as demonstrated through education, supervised training, experience, and appropriate credentialing.

Standard 12.2 Those who select tests and interpret test results should refrain from introducing biases that accommodate individuals or groups with a vested interest in decisions affected by the test interpretation.

Standard 12.3 Tests selected for use in individual testing should be suitable for the characteristics and background of the test taker.

Standard 12.4 If a publisher suggests that tests are to be used in combination with one another, the professional should review the evidence on which the procedures for combining tests is based and determine the rationale for the specific combination of tests and the justification of the interpretation based on the combined scores.

Standard 12.5 The selection of a combination of tests to address a complex diagnosis should be appropriate for the purposes of the assessment as determined by available evidence of validity. The professional’s educational training and supervised experience also should be commensurate with the test user qualifications required to administer and interpret the selected tests.

Standard 12.6 When differential diagnosis is needed, the professional should choose, if possible, a test for which there is evidence of the test’s ability to distinguish between the two or more diagnostic groups of concern rather than merely to distinguish abnormal cases from the general population.
Standard 12.7  When the validity of a diagnosis is appraised by evaluating the level of agreement between test-based inferences and the diagnosis, the diagnostic terms or categories employed should be carefully defined or identified.

Standard 12.8  Professional should ensure that persons under their supervision, who administer and score tests, are adequately trained in the settings in which the testing occurs and with the populations served.

Standard 12.9  Professionals responsible for supervising group testing programs should ensure that the individuals who interpret the test scores are properly instructed in the appropriate methods for interpreting them.

Standard 12.10  Prior to testing, professionals and test administrators should provide the test taker with appropriate introductory information in language understandable to the test taker. The test taker who inquires also should be advised of opportunities and circumstances, if any, for retesting.

Standard 12.11  Professionals and others who have access to test materials and test results should ensure the confidentiality of the test results and testing materials consistent with legal and professional ethics requirements.

Standard 12.12  The professional examines available norms and follows administration instructions, including calibration of technical equipment, verification of scoring accuracy and replicability, and provision of settings for testing that facilitate optimal performance of test takers. However, in those instances where realistic rather than optimal test settings will best satisfy the assessment purpose, the professional should report the reason for using such a setting, and when possible, also conduct the testing under optimal conditions to provide a comparison.

Standard 12.13  Those who select tests and draw inferences from test scores should be familiar with the relevant evidence of validity and reliability for tests and inventories used and should be prepared to articulate a logical analysis that supports all facets of the assessment and the inferences made from the assessment.

Standard 12.14  The interpretation of test results in the assessment process should be informed when possible by an analysis of stylistic and other qualitative features of test-taking behavior that are inferred from observations during interviews and testing and from historical information.

Standard 12.15  Those who use computer-generated interpretations of test data should evaluate the quality of the interpretations and, when possible, the relevance and appropriateness of the norms upon which the interpretations are based.

Standard 12.16  Test interpretations should not imply that empirical evidence exists for a relationship among particular test results, prescribed interventions, and desired outcomes, unless empirical evidence is available for populations similar to those representative of the examinee.
Standard 12.17  Criterion-related evidence of validity should be available when recommendations or decisions are presented by the professional as having an actuarial basis.

Standard 12.18  The interpretation of test or test battery results generally should be based upon multiple sources of convergent test and collateral data and an understanding of the normative, empirical, and theoretical foundations as well as the limitations of such tests.

Standard 12.19  The interpretation of test scores or patterns of test battery results should take cognizance of the many factors that may influence a particular testing outcome. Where appropriate, a description and analysis of the alternative hypotheses or explanations that may have contributed to the pattern of results should be included in the report.

Standard 12.20  Except for some judicial or governmental referrals, or in some employment testing situations when the client is the employer, professionals should share test results and interpretations with the test taker. Such information should be expressed in language that the test taker, or when appropriate the test taker’s legal representative, can understand.