



College of Medicine

The University of Arizona  
College of Medicine – Tucson  
Department of Psychiatry  
Psychology Internship Program

INTERNSHIP MANUAL 2026-2027

This Psychology Internship is Accredited by the American Psychological Association.  
Our next site visit is scheduled for 2033.

For questions related to our accreditation status, please contact:  
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# INTERNSHIP MANUAL 2026-2027

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## INTRODUCTION TO THE INTERNSHIP PROGRAM

Welcome to the University of Arizona College of Medicine – Tucson Department of Psychiatry Psychology Internship Program! On internship, you will undergo the rewarding transition from apprentice to professional. We think that you will find this a stimulating and friendly place in which faculty, staff, and peers will work to help you become the best psychologist you can be. This is an exciting time when your identity as a psychologist begins to emerge. We understand that being an intern is difficult and, at times, a stressful transition. Please do not hesitate to contact us at any time for any questions or if you wish to express your thoughts, feelings, experience, and intentions.

This manual presents a wide variety of information and policies pertaining to our program. Some policies apply to the structure of our program (e.g., duty hours, provision of supervision), while others describe expectations of interns (e.g., submitting evaluations, attendance at seminars, maintaining a patient log). There are also descriptions of the many educational experiences you will have during your internship. Each rotation has specific goals and objectives, which you should review prior to the start of each rotation. At the end of the manual, there are web links to additional resources.

The scope of psychology training is vast and ever changing. As such, this manual cannot contain all the elements of the program nor all the expectations of conduct for a trainee or faculty person within the program. The rules and guidelines contained herein are meant to be enforced reasonably and judiciously by the Program Directors, Program Coordinators, trainees, faculty members, staff, and department to best address the needs of our patients/clients, our trainees, and our teachers.

Standards of conduct and decorum to new situations are not capably elaborated within the confines of this evolving manual. Yet, the manual should still readily serve as a template of interpretation and extrapolation for determining adequate regulation of mandates and actions, to be taken by the Program Directors and observed by interns.

This manual may not answer all specific questions you have about our program, so please ask questions as they arise. This manual is updated at least annually, and intern and faculty input will help make the manual more useful in future years. In addition, during the year you may receive notifications of changes in the policies, schedules, etc. that are contained in this manual. The most up-to-date version of the manual will be available at all times through the Psychology Internship Box.

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# **ESSENTIAL REQUIREMENTS FOR PSYCHOLOGY INTERNS**

This Internship provides training in psychology in accordance with requirements set forth by the American Psychological Association (APA), the APA Commission on Accreditation (CoA), and the Association of Psychology Postdoctoral and Internship Centers (APPIC). The certification provided by the Internship is undifferentiated and certifies the acquisition of general knowledge, skills and attitudes in all aspects of psychology. At the completion of the program, interns will have met the internship requirement for their doctoral degree in psychology.

## **Clinical Competency**

Interns must possess sound clinical judgment as well as extensive and well-integrated knowledge about the diagnosis, treatment, and prevention of psychological disorders.

## **Duty Hours**

On average, an intern will have expected duty hours limited to 45 hours per week to meet job duties and patient/client/member care responsibilities. Some flexibility around this will be allowed, in coordination with the Program Directors, Program Coordinator, and clinical supervisors, particularly to accommodate for time off due to travel, wellness, or sickness. Please see the duty hour policy for more information (*Page 38*).

## **Academic Competency**

The intern must attend formal didactic programs, as well as the required seminars and case conferences, and must participate in them actively. Interns must spend a reasonable amount of time, outside the regular hours of duty, on reading and continuing education. Interns must be able to integrate the information from the didactic program and from outside reading into patient/client/member care. An intern must demonstrate reliability, conscientiousness, and integrity in all aspects of one's work.

## **Emotional Maturity**

Internship training is arduous. The intern must adapt to and deal with clinical situations that are often critical and unpredictable. Furthermore, the psychology intern will be constantly confronted with intimate problems and intense emotional behavior. Patients/clients/members may act out past conflicts towards the intern, and they will often elicit strong emotional reactions in the intern. Consequently, a psychology intern must have emotional stability to function effectively under varying levels of interpersonal stress; the intern must have emotional maturity to recognize maladaptive interactive processes and to handle them in a professional manner. The intern must always engage in empathic and professional interactions with the patient/client/member. Empathy builds rapport, leads to a deeper understanding of a patient's/client's/member's history, and prevents distancing from the patient/client/member. Professionalism avoids over-identification with the patient/client/member and establishes appropriate interpersonal boundaries.

## **Professional Responsibility**

Psychology interns are accountable to their patients/clients/members for fulfilling the implied contract governing the patient/client/member-psychologist relationship. They are also accountable to society for addressing the mental health needs of the public, and to their profession for adhering to psychology's ethical precepts. Therefore, integrity, respect for others, and the commitment to develop an understanding of the ethical, socio-economic, and psycho-legal issues that affect the practice of psychology, are all essential attributes of the psychology intern.

## **Education and Self-improvement**

A psychology intern provides clinical care under supervision. This requires the capacity to enter educational relationships with many teachers and supervisors. Furthermore, the practice of psychology demands a commitment to continuing professional development and life-long learning.

## **Teaching**

Psychologists are educators. Psychology interns have a major role in the teaching of medical colleagues, patients/clients/members, other health care professionals and the public. Learning the skills and practicing the art of teaching is an essential part of the internship program. The psychology intern must demonstrate a willingness to assume teaching responsibilities and must be capable of establishing a respectful educational relationship. The intern must be sensitive to individual attributes such as gender, cultural background, and level of training. Furthermore, an intern has a responsibility to participate in the evaluation of students as well as of the internship program and its faculty.



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## **PROGRAM GOALS AND OBJECTIVES**

The goal of the program is to develop competent psychologists who have the knowledge, attitudes, and skills appropriate for the treatment of a wide range of psychological disorders in various treatment settings. Interns develop these skills through caring for patients/clients/members of different ages, socioeconomic status, cultural backgrounds, and diagnoses across different clinical settings. Through regular supervision and didactics, interns develop a proficient knowledge in general psychology. It is the intention of the program to prepare interns to practice in general psychology, or enter fellowships, in either public or private settings. The University of Arizona College of Medicine – Tucson Department of Psychiatry Psychology Internship Program has a special emphasis on care of the underserved. As such, the program focuses especially on care in public, academic and community settings. The Program will prepare interns to pursue fellowship training in psychology subspecialties and to obtain licensure.

### **Core Competencies and Minimum Levels of Achievement**

The curriculum of the program is organized around core competency benchmarks in professional psychology established by the American Psychological Association. The Psychology Benchmarks describe key steps in the acquisition of foundational knowledge, skills, and attributes, culminating in competence for unsupervised practice at the completion of formal training. The curriculum refers to the plan of learning within the program, whether in didactic, clinical, or supervisory settings. These competencies are most meaningfully acquired when related to clinical problems encountered during patient/client/member care. An attempt is made to make the curriculum as patient/client/member-driven and clinically relevant as possible.

For an intern to successfully complete internship and graduate in a timely manner from the program, the Training Committee must be able to certify that, upon completion of the internship, the intern is prepared for independent entry-level clinical practice. This requires the intern to 1) complete the required number of training hours, and 2) achieve the minimum level of competency standards.

### **Training Hours Requirement**

The training year is a 12-month period beginning July 1 and ending June 30. The intern must have been on site for all 12 months of the training year and completed 2000 hours of training. Interns are required to complete 40 hours of training per week in order to accrue 2000 hours. Clinical and educational activities completed outside of the Banner University system qualify as internship training only as part of recognized internship rotations or designated by the Program Directors in consultation with the Psychology Faculty. Should circumstances arise that might require the intern to petition for some modification of the training time frame, it is the responsibility of the

intern to notify the Program Directors as soon as possible of the circumstances and their intent to request modification.

### **Performance Standards**

Intern performance will be evaluated on several elements organized in terms of the clinical competencies and program training aims. Minimal Levels of Achievement at the mid-year evaluation is defined as an average rating of “Expected Mid-Point of Internship” on the Mid-Year Evaluation Form. This still allows for specific elements to be identified as in need of improvement. Minimal Levels of Achievement at the completion of internship requires an average rating of “Readiness for Entry Level Practice” on the End-Of-Year Evaluation Form.

### **Competencies in Professional Psychology**

The following list of competencies and sub-competencies, established by the APA for all accredited internship training programs, is provided below. This list is provided here to:

1. Communicate to interns the competencies, which should be acquired during Internship;
2. Assist the faculty in developing a program of clinical assignments and didactic instruction;
3. Facilitate the evaluation of interns during the course of their training;
4. Provide documentation to accrediting groups, especially the APA, the CoA, and APPIC regarding the nature of the training program.

The sixteen core competencies and related Psychology Benchmark sub-competencies set forth by the APA are as follows:

#### **I. PROFESSIONALISM**

1. Professional Values and Attitudes
  - a. Integrity
  - b. Deportment
  - c. Accountability
  - d. Concern for the welfare of others
  - e. Professional Identity
2. Individual and Cultural Diversity
  - a. Self as Shaped by Individual and Cultural Diversity and Context
  - b. Others as Shaped by Individual and Cultural Diversity and Context
  - c. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context
  - d. Applications based on Individual and Cultural Context
3. Ethical Legal Standards and Policy
  - a. Knowledge of Ethical, Legal, and Professional Standards and Guidelines
  - b. Awareness and Application of Ethical Decision Making
  - c. Ethical Conduct
4. Reflective Practice/Self-Assessment/Self-Care
  - a. Reflective Practice
  - b. Self-Assessment
  - c. Self-Care

- d. Participation in Supervision Process
- II. RELATIONAL
  - 5. Relationships
    - a. Interpersonal Relationships
    - b. Affective Skills
    - c. Expressive Skills
- III. SCIENCE
  - 6. Scientific Knowledge and Methods
    - a. Scientific Mindedness
    - b. Scientific Foundation of Psychology
    - c. Scientific Foundation of Professional Practice
  - 7. Research/Evaluation
    - a. Scientific Approach to Knowledge Generation
    - b. Application of Scientific Method to Practice
- IV. APPLICATION
  - 8. Evidence-Based Practice
    - a. Knowledge and Application of Evidence-Based Practice
  - 9. Assessment
    - a. Knowledge of Measurement and Psychometrics
    - b. Knowledge of Assessment Methods
    - c. Application of Assessment Methods
    - d. Diagnosis
    - e. Conceptualization and Recommendations
    - f. Communication of Assessment Findings
  - 10. Intervention
    - a. Intervention Planning
    - b. Skills
    - c. Intervention Implementation
    - d. Progress Evaluation
  - 11. Consultation
    - a. Role of Consultant
    - b. Addressing Referral Question
    - c. Communication of Consultation Findings
    - d. Application of Consultation Methods
- V. EDUCATION
  - 12. Teaching
    - a. Knowledge
    - b. Skills
  - 13. Supervision
    - a. Expectations and Roles
    - b. Processes and Procedures
    - c. Skills Development
    - d. Supervisory Practices
- VI. SYSTEMS
  - 14. Interdisciplinary Systems

- a. Knowledge of the Shared and Distinctive Contributions to Other Professions
  - b. Functioning in Multidisciplinary and Interdisciplinary Contexts
  - c. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes
  - d. Respectful and Productive Relationships with Individuals from Other Professions
15. Management-Administration
- a. Appraisal of Management and Leadership
  - b. Management
  - c. Administration
  - d. Leadership
16. Advocacy
- a. Empowerment
  - b. Systems Change

### **Curriculum Goals and Objectives**

The following are specific goals and objectives of the curriculum, organized by APA core competency.

## **VII. PROFESSIONALISM**

**Professional Values and Attitudes** – Interns will evidence behavior and comportment that reflect the values and attitudes of psychology.

### ***Professional Values and Attitudes General Goals:***

By end of internship, interns will:

1. Act with honesty, personal responsibility, and adherence to professional values. They will monitor and independently resolve situations.
2. Conduct themselves in a professional manner across settings and situations.
3. Independently accept personal responsibility across settings and contexts.
4. Independently act to safeguard the welfare of others.
5. Display consolidation of professional identity as a psychologist; demonstrate knowledge about issues central to the field; and integrate science and practice.

**Individual and Cultural Diversity** – Interns will evidence awareness, sensitivity, and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.

### ***Individual and Cultural Diversity General goals:***

By end of internship, interns will:

1. Independently monitor and apply knowledge of self as a cultural being in assessment, treatment, and consultation.
2. Independently monitor and apply knowledge of others as cultural beings in assessment, treatment, and consultation.

3. Independently monitor and apply knowledge of diversity in others as cultural beings in assessment, treatment, and consultation.
4. Apply knowledge, skills, and attitudes regarding dimensions of diversity to professional work.

**Ethical Legal Standards and Policy** – Interns will evidence the application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

***Ethical Legal Standards and Policy General goals:***

By end of internship, interns will:

1. Demonstrate advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal, and professional standards and guidelines.
2. Independently utilize an ethical decision-making model in professional work.
3. Independently integrate ethical and legal standards with all competencies.

**Reflective Practice/Self-Assessment/Self-Care** – Interns will evidence practice that is conducted with personal and professional self-awareness and reflection, with awareness of competencies, and with appropriate self-care.

***Reflective Practice/Self-Assessment/Self-Care General goals:***

By end of internship, interns will:

1. Demonstrate reflectivity both during and after professional activity. Interns will act upon reflection and use themselves as a therapeutic tool.
2. Accurately self-assess competence in all competency domains. They will integrate self-assessment in practice, recognize limits of knowledge/skills, and act to address these. Interns will demonstrate an extended plan to enhance knowledge and skills.
3. Self-monitor issues related to self-care and promptly intervene when disruptions occur.
4. Independently seek supervision when needed.

## **II. RELATIONAL**

**Relationships** – Interns will relate effectively and meaningfully with individuals, groups, and/or communities.

***Relationships General goals:***

By end of internship, interns will:

1. Develop and maintain effective relationships with a wide range of patients/clients/members, colleagues, organizations, and communities.
2. Manage difficult communication and possess advanced interpersonal skills.
3. Have verbal, nonverbal, and written communications that are informative, articulate, succinct, sophisticated, and well-integrated. Interns will demonstrate a thorough grasp of professional language and concepts.

### III. SCIENCE

**Scientific Knowledge and Methods** – Interns will evidence understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Interns will evidence respect for scientifically derived knowledge.

***Scientific Knowledge and Methods General goals:***

By end of internship, interns will:

1. Independently apply scientific methods to practice.
2. Demonstrate advanced level knowledge of core science (i.e., scientific bases of behavior).
3. Independently apply knowledge and understanding of scientific foundations independently applied to practice.

**Research/Evaluation** – Interns will generate research that contributes to the professional knowledge base and/or evaluate the effectiveness of various professional activities.

***Research/Evaluation General goals:***

By end of internship, interns will:

1. Generate knowledge.
2. Apply scientific methods of evaluating practices, interventions, and programs.

### IV. APPLICATION

**Evidence-Based Practice** – Interns will evidence integration of research and clinical expertise in the context of patient/client/member factors.

***Evidence-Based Practice General goals:***

By end of internship, interns will:

1. Independently apply knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences.

**Assessment** – Interns will evidence assessment and diagnosis of problems, capabilities, and issues associated with individuals, groups, and/or organizations.

***Assessment General goals:***

By end of internship, interns will:

1. Independently select and implement multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, groups, and context.

2. Independently understand the strengths and limitations of diagnostic approaches and interpretations of results from multiple measures for diagnosis and treatment planning.
3. Independently select and administer a variety of assessment tools and integrate results to accurately evaluate presenting question appropriate to the practice site and broad area of practice.
4. Utilize case formulation and diagnosis for intervention planning in the context of stages of human development and diversity.
5. Independently and accurately conceptualize the multiple dimensions of the case based on the results of assessment.
6. Communicate results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner.

**Intervention-** Interns will implement interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.

***Intervention General goals:***

By end of internship, interns will:

1. Independently plan interventions; case conceptualizations and intervention plans will be specific to case and context.
2. Display clinical skills with a wide variety of patients/clients/members and use good judgment even in unexpected or difficult situations.
3. Implement interventions with fidelity to empirical models and flexibility to adapt where appropriate.
4. Independently evaluate treatment progress and modify planning as indicated, even in the absence of established outcome measures.

**Consultation** – Interns will evidence the ability to provide expert guidance or professional assistance in response to a patient’s/client’s needs or goals.

***Consultation General goals:***

By end of internship, interns will:

1. Determine situations that require different role functions and shift roles accordingly to meet referral needs.
2. Demonstrate knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question.
3. Apply knowledge to provide effective assessment feedback and to articulate appropriate recommendations.
4. Apply literature to provide effective consultation services (assessment and intervention) in most routine and some complex cases.

## V. EDUCATION

**Teaching** – Interns will provide instruction, disseminate knowledge, and evaluate acquisition of knowledge and skill in professional psychology.

### ***Teaching General goals:***

By end of internship, interns will:

1. Demonstrate knowledge of didactic learning strategies and how to accommodate developmental and individual differences.
2. Apply teaching methods in multiple settings.

**Supervision** – Interns will supervise and train in the professional knowledge base of enhancing and monitoring the professional functioning of others.

### ***Supervision General goals:***

By end of internship, interns will:

1. Understand the ethical, legal, and contextual issues of the supervisor role.
2. Demonstrate knowledge of supervision models and practices; demonstrate knowledge of and effectively address limits of competency to supervise.
3. Engage in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their patients/clients/members.
4. Provide effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting.

## VI. SYSTEMS

**Interdisciplinary Systems** – Interns will evidence knowledge of key issues and concepts in related disciplines. They will identify and interact with professionals in multiple disciplines.

### ***Interdisciplinary Systems General goals:***

By end of internship, interns will:

1. Demonstrate awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems. They will demonstrate intermediate level knowledge of common and distinctive roles of other professionals.
2. Demonstrate beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning.
3. Participate in and initiate interdisciplinary collaboration/consultation directed toward shared goals.
4. Develop and maintain collaborative relationships over time despite differences.

**Management-Administration-** Interns will manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA).

***Management-Administration General goals:***

By end of internship, interns will:

1. Develop and offer constructive criticism and suggestions regarding management and leadership of organization.
2. Participate in management of direct delivery of professional services. They will respond appropriately in management hierarchy.
3. Demonstrate emerging ability to participate in administration of clinical programs.
4. Participate in system change and management structure.

**Advocacy** – Interns will act targeting the impact of social, political, economic, or cultural factors to promote change at the individual (patient/client/member), institutional, and/or systems level.

***Advocacy General goals:***

By end of internship, interns will:

1. Intervene with a patient/client/member to promote action on factors impacting development and functioning.
2. Promote change at the level of institutions, community, or society.

## GRADUATION CRITERIA

To graduate from the Internship Program, interns must demonstrate satisfactory completion of all activities during the year. In addition, interns must demonstrate adequate progression in Psychology Benchmarks across all Core Competencies. Performance in the areas of the sixteen Core Competencies must be appropriate to level of training. Performance will be assessed using evaluations of performance on clinical rotations, participation in didactic seminars, participation in supervision sessions, and performance on the OSCEs. All factors regarding the intern's performance, including regular attendance and participation at seminars and meetings, attention to paperwork, and knowledge and skill acquisition, records of attendance and participation, etc., will be factors considered before graduating an intern. Decisions regarding graduation will be made by the Program Director(s) (PDs) [primary program director and associate/assistant program directors] in conjunction with the Psychology Faculty.

### Graduation Goals and Objectives

The PDs, in conjunction with the Psychology Faculty, will review interns' clinical evaluations, participation in didactic experiences, performance on examinations, supervisors' evaluations, data on record-keeping, reports from Patient Relations, and other pertinent information in making the determination of whether to graduate from the program.

**\*To graduate, an intern must have passed at least 1 OSCE. Interns are also expected to complete a Program Development & Evaluation (PD&E) project, present twice during didactics, as well as present a chairman's Grand Rounds prior to graduation.**

**\*\*Refer to PD&E, Didactics, Grand Rounds, and OSCE requirements (below) for more specifics concerning definitions of successful completion.**

## ROTATIONS

There are 3 internship rotation lengths: (1) a 12-month, 12 hour per week **Interdisciplinary** rotation; (2) a 6-month, 12 hour per week **Major** rotation; and (3) a 6-month, 8 hour per week **Minor** rotation. With feedback from interns prior to their arrival, interns will be placed by the PDs into their Interdisciplinary rotation, as well as their Fall Major and Minor rotation. Intern feedback will be sought prior to placement in the Spring Major and Minor rotations.

In addition to the Interdisciplinary, two Major, and two Minor rotations, all interns will also be expected to complete a **yearlong Assessment rotation**. The only exception to this is made for interns assigned to an assessment intensive rotation (e.g., the Pima County Juvenile Court Center).

Below is a list of current rotations offered through the internship:

### Assessment

- Rotation Supervisors: Kyle Suhr, Ph.D., Joanna Katsanis, Ph.D., Toby Sánchez, Psy.D., Catalina Uribe Rini, Psy.D.
- Track: Child, Adult
- Date and times for rotation, listed by faculty:
  - Dr. Suhr: Flexible
  - Dr. Katsanis: Flexible
  - Dr. Sánchez: Flexible
  - Dr. Rini: Flexible
- Website: <https://psychiatry.arizona.edu/patient-care/adult-psychiatry-clinic/psychological-assessments-clinic>

Interns are expected to complete six full assessment reports, including informed consent, clinical interview, testing administration and interpretation, report-writing, and feedback with patients and patient families, for minor children. Assessment experiences will assist healthcare professionals in inter-professional settings in clarifying diagnoses, inform treatment plans, identify strengths/weaknesses, and provide insight into ways to improve functioning. Assessments may include pre-surgical evaluations (bariatric, pain, organ transplant), cognitive testing (Attention-Deficit/Hyperactivity Disorder, Specific Learning Disorder), and personality assessments. Interns will be expected to complete a minimum of **six** integrated reports over the training year. Additional assessment experiences can be requested from the assessment supervisors, which may include completing additional or specialized assessments (e.g., forensic asylum evaluations). Assessment reports are completed sequentially, i.e., an assessment report should be

90% completed and feedback should be scheduled before taking on the next assessment case. Exceptions can be made to this if approved by Dr. Suhr.

### **Banner Alzheimer's Institute (Unavailable Fall 2026)**

- Rotation Supervisors: Dev Ashish, Ph.D. and Emily Edmonds, PhD, ABPP-CN
- Track: Adult
- Current rotation schedule options: **Minor**
- Date and times for rotation: Flexible
- Website: <https://www.bannerhealth.com/locations/tucson/banner-alzheimers-institute-campbell>

Banner Alzheimer's Institute has memory and movement disorders clinics that provide comprehensive evaluation, treatment, and support for patients and care-partners in an interdisciplinary setting. Referrals to neuropsychology include largely geriatric patient populations for neuropsychological assessment or intervention for mild cognitive impairment and dementia. Referral questions may also involve assessment of patients with movement disorders, other neurological conditions, brain injury, stroke, or co-morbid mood disorders. Interns can observe or assist with neuropsychological assessments with older adults in the clinic and with participants enrolled in the Alzheimer's Disease Research Center or observe cognitive intervention with patient and care-partner dyads. Trainees work as part of an integrated care team that includes neuropsychologists, psychiatrists, neurologists, a geriatrician, social workers, and a physical therapist providing comprehensive care to patients and their families. There may be opportunities to observe and learn from these interdisciplinary providers, and interns are invited to attend an interdisciplinary case conference.

### **Banner University Medical Center – South Behavioral Health Pavilion Inpatient**

- Rotation Supervisors: Kyle Suhr, Ph.D.
- Track: Adult
- Rotation Schedule Options: **Major, Minor**
- Date and times for rotation: Monday through Friday 8 AM-5 PM
- Website: <https://psychiatry.arizona.edu/patient-care/inpatient-units>

This is one of the largest adult psychiatric inpatient facilities in Tucson with a 66-bed capacity. Comprehensive interdisciplinary services are provided. A fully equipped state courtroom within BUMC-S serves as the adjudication site (currently remote) for court-ordered treatment of patients. Interns learn about and assist in the delivery of high-quality behavioral health care in a Level 1 treatment setting, including consultation services with an interdisciplinary team, and brief, targeted therapies with current inpatients. Experiences with long-term care of more complicated psychiatric patients can be found on the Tucson campus.

### **Banner University Medical Center – South Behavioral Health Pavilion Outpatient**

- Rotation Supervisors: Chad McWhinnie, Ph.D., Kyle Suhr, Ph.D., Catalina Uribe Rini, Psy.D., Natalie Larez, Ph.D., Cassandra Rasmussen, Psy.D., Aimee Poleski, Psy.D.
- Track: Child, Adult
- Rotation Schedule Options: **Interdisciplinary, Major, Minor**
- Date and times for rotation, listed by faculty:
  - Dr. Suhr: Monday through Friday 8 AM-5 PM (Adult)
  - Dr. Rasmussen: Pending (Adult)
  - Dr. Poleski: Pending (Adult)
  - Dr. McWhinnie: Pending (Child, Adult)
  - Dr. Rini: Pending (Child)
  - Dr. Larez: Pending (Child)
- Website: <https://psychiatry.arizona.edu/patient-care/outpatient>

This is the largest provider of ambulatory psychiatric and psychological services in Tucson that gives care to children/adolescents, adults, and geriatric patients and their families for a range of conditions, including depression, anxiety, addiction, psychosis, and other mental and behavioral health conditions.

### **Banner University Medical Center – South Behavioral Health Pavilion & Whole Health Clinic Behavioral Sleep Medicine**

- Rotation Supervisors: Michael Grandner, Ph.D., MTR, CBSM
- Track: Adult
- Rotation Schedule Options: **Major, Minor**
- Date and times for rotation:
  - Thursdays 9 AM-5 PM (BUMC-S and WHC)
  - Fridays 9 AM-2 PM (WHC)
- Website: <https://psychiatry.arizona.edu/patient-care/adult-psychiatry-clinic/behavioral-sleep-medicine-clinic>

Interns learn how to recognize, screen for, diagnose, and treat sleep disorders. The clinic has a primary focus on treatment of insomnia, though interns may also see cases of sleep phase delay/advance, shift work disorder, nightmare disorder, and cPAP adherence. They may also have exposure to behavioral recommendations that can be made as adjunctive treatment of narcolepsy, other hypersomnia disorders, and parasomnias. The rotation includes administration and scoring of assessment instruments, clinical interviews, case conceptualization, consideration of other medical and psychiatric conditions, and collaboration in care with primary care, psychiatry, and sleep medicine. The BSM clinic also has a BSM case consultation group with other BSM providers throughout the Banner system and other training facilities. Interns also have access to the weekly Behavioral Sleep Medicine Seminar (BSMinar), which features renowned sleep medicine scientists, physicians, and BSM practitioners. Access to previous recordings is also available in a back-catalog for interns to access

for free. **Participation in BSM Case Consultation and BSMinar are required.** Interns will participate in activities that may count towards the Diplomate in Behavioral Sleep Medicine, official board certification in BSM post-licensure. Interns will have the option to see patients both at the BUMC-S and WHC sites and will visit the Banner Sleep Medicine Clinic at least once during their training year.

### **Banner University Medical Center – South Behavioral Health Pain Clinic**

- Rotation Supervisors: Kyle Suhr, Ph.D.; Cassandra Rasmussen, Ph.D.
- Track: Adult
- Rotation Schedule Options: **Minor**
- Dates and times for rotation, listed by faculty:
  - Dr. Suhr: Monday through Friday 8 AM-5 PM
  - Dr. Rasmussen: Pending (Adult)
- Website: <https://psychiatry.arizona.edu/patient-care/adult-psychiatry-clinic/behavioral-health-pain-clinic>

Interns learn how to assess for and treat behavioral and psychiatric concerns that contribute to chronic pain; how to conceptualize cases and consider related medical and psychiatric conditions; and administer, score, and interpret a variety of assessment instruments for pre-surgical candidacy.

### **Banner University Medical Center – Early Psychosis Intervention Center**

- Rotation Supervisors: Gustavo Pérez, Ph.D., Toby Sánchez, Psy.D.
- Track: Child, Adult
- Rotation Schedule Options: **Interdisciplinary, Major, Minor**
- Date and times for rotation:
  - Tuesdays 1-6:30 PM – required
  - Second afternoon 1-6 PM highly preferred Monday-Friday
  - Major/minor rotation also requires attendance on Thursday afternoon
  - Flexible with other dates and times, with a morning start of 9 AM available one day per week
- Website: <https://psychiatry.arizona.edu/patient-care/epicenter>

EPICenter is a comprehensive community mental health program that offers evidence-based, phase-specific treatments for adolescents and young adults (15-35 years old) in the early course of a psychotic illness. Interns learn about the prevention and treatment of psychotic and related mood disorders (and their families) in a dynamic multi-disciplinary setting. Clinical experiences include: individual CBT for psychosis, solution-oriented family therapy, group therapy (different modalities), multi-family group, cognitive remediation therapy and crisis intervention. Opportunities for short and comprehensive assessments also available. This rotation offers ongoing collaboration and consultation with an interdisciplinary team including weekly clinical reviews, individual clinical supervision, and two half-day retreats per year. Interns participate in

weekly SMI seminar. Psychoeducation and community outreach are integrated into the rotation with three Open House events per year. Interns interested in working with a very diverse group of adolescents and young adults with complex presentations are encouraged to train at EPICenter. In addition to our general referrals, for the 2026-2027 cycle we are emphasizing working with LGBTQ+ youth and adolescents in the Autism Spectrum with psychosis. Supervision in Spanish is available with Drs. Pérez and Sánchez.

### **Banner University Medical Center – Whole Health Clinic Adult**

- Rotation Supervisor: Toby Sánchez, Psy.D.
- Track: Adult
- Rotation Schedule Options: **Interdisciplinary, Major, Minor**
- Website: <https://psychiatry.arizona.edu/patient-care/banner-university-medicine-whole-health-clinic>

WHC's multidisciplinary team provides behavioral and physical healthcare to a consistently underserved and culturally and linguistically diverse population, many with serious mental illnesses who are often unemployed, without housing, and dependent on Medicaid (Arizona Health Care Cost Containment System, AHCCCS, pronounced "Access") to cover their treatment costs. Interns are integrated into a care team that includes social workers and peer support specialists and learn to provide comprehensive and coordinated ambulatory care to among the most seriously mentally ill in our community.

### **Banner University Medical Center – Whole Health Clinic Child**

- Rotation Supervisor: Chelsea Carr, Ph.D.
- Track: Child
- Rotation Schedule Options: **Interdisciplinary, Major, Minor**
- Date and times for rotation:
  - Mondays 8 AM-5 PM
  - Thursdays 1 PM-5 PM

Interns receive training on the assessment of challenging behavior in individuals with and without neurodevelopmental disorders (ages 2 to 18), including function-based treatment, parent management training, school consultation, acceptance and commitment therapy, and assessment for OCD and tic disorders.

### **Banner University Medicine - Alvernon Family Medicine Clinic (Unavailable Fall 2026)**

- Rotation Supervisors: Anna Alkozei, Ph.D.
- Track: Child, Adult
- Rotation Schedule Options: **Minor**

- Date and times for rotation: Flexible
- Website: <https://www.bannerhealth.com/locations/tucson/banner-university-medicine-family-medicine-clinic-alvernon>

The Alvernon Family Medicine clinic provides primary care behavioral health (PCBH) services to patients across the Banner Tucson primary care service line. The program embeds therapists in the primary care setting to achieve a twofold aim:

1. Deliver early behavioral health prevention and intervention for patients who present with low to moderate behavioral health needs.
2. Identify patients who present with higher levels of behavioral health needs and provide coordination of care with community behavioral health systems.

The intern will work closely with family medicine residents, fellows, and physicians to augment the patient's overall primary care treatment plan. Therapy is intended to be short-term (8-12 sessions) and patients range in age from childhood to older adulthood. Clinical presentations vary and include depression, anxiety, OCD, grief, ADHD (in children and adults), adjustment disorder, and sleep disorders. Clinical experiences include individual CBT, exposure and response prevention, unified protocol, acceptance and commitment therapy, and mindfulness-based treatment approaches. In addition, the Alvernon Family Medicine Clinic sees a large refugee patient population, who often present with PTSD, adjustment disorder, depression, and anxiety. These services are provided with the use of an interpreter. If of interest, additional experiences include being involved in teaching of the family medicine residents by giving behavioral health lectures. Interns will also have the option of participating in a Collaborative Care Model (CoCM) program. This rotation might be a particularly interesting opportunity for an intern who would like to continue their career in academic medicine or primary care behavioral health.

### **Crisis Response Center (Unavailable Fall 2026)**

- Rotation Supervisors: Richard Rhoads, MD
- Track: Adult
- Rotation Schedule Options: **Minor**
- Date and times of rotation: Mondays 8 AM-5 PM
- Website: <https://www.connectionshs.com/locations>

The CRC is a 24/7 walk-in psychiatric urgent care for children and adults in crisis. Anyone may access service regardless of their ability to pay. This is a no-wrong-door facility, meaning they will triage and transfer patients, if necessary, for medical treatment or substance abuse services. Services include 24-hour observation, detox, and an on-site courtroom for patients admitted through the legal system. Interns will be present and will participate during unit staffing with Behavioral Health Medical Provider (BHMP), registered nurses (RNs), and case managers (CMs). Interns will also be present during psychiatric evaluations and will also interact with patients during groups and other unit activities, such as play and mealtime. BHMP and interns will discuss best practice articles that are applicable to the patients seen that day.

## **Pima County Juvenile Court Center**

- Rotation Supervisor: Laura Kerry-Henkel, Ph.D.; Arni Sveinsson, Ph.D.
- Track: Child
- Rotation Schedule Options: **Interdisciplinary**
- Dates and times of rotation: Monday through Friday 8 AM-5 PM for a minimum of 16 hours per week
- Website: <https://www.sc.pima.gov/pima-county-juvenile-court/>

The PCJCC's aim is to stabilize youths' harmful behavior, assist their recognition of the need to change, teach appropriate accountability to others and the law, and successfully transition to the community.

At the PCJCC Rotation, psychology interns work under the supervision of the PCJCC Psychologist where they conduct Court ordered psychological evaluations, assessing detained youth and/or other children involved in the juvenile justice system. The evaluations are forensic in nature, providing recommendations to the Court regarding community safety and behavioral health needs. In addition, the internship can provide opportunities to provide supervision to doctoral level psychology students doing an externship at the site.

## **Marana Healthcare (Unavailable Fall 2026)**

- Rotation Supervisors: To be determined
- Track: Child, Adult
- Rotation Schedule Options: **Interdisciplinary, Major, Minor**
- Website: [MHC Healthcare – Quality Healthcare with a Heart](#)

The integrated facilities include specialty and primary behavioral health, primary care, addiction treatment, dental care, laboratory services, women's health, urgent care, pediatrics, and internal medicine services. MHC Healthcare is recognized as a Patient-Centered Medical Home, which provides a unique opportunity for interns to function within nationally recognized integration care centers. MHC clinics are located throughout Marana, Catalina, Oro Valley, Tucson, and South Tucson with patients that live even beyond these towns traveling to one of our clinics for care.

The primary care behavioral health (PCBH) consultation model is a psychological approach to population-based clinical healthcare that is simultaneously co-located, collaborative, and integrated within the primary care clinic. The goal of PCBH is to improve and promote overall health within the general population. This approach is important because approximately half of all patients in primary care present with psychiatric comorbidities, and 60% of psychiatric illness is treated in primary care.

Primary care practice has traditionally adopted a generalist approach whereby physicians are trained in the medical model and solutions to problems typically involve medications, procedures, and advice. Appointment times are short, with the goal of

seeing a large number of patients in a day. Many patients present with behavioral health care needs that may overlap with medical disorders and that may exacerbate, complicate, or masquerade as physical symptoms. In addition, many medical problems present with associated psychological sequelae (such as stress, emotional reactions, dysfunctional lifestyle behaviors), that are amenable to change through behavioral interventions that can improve outcomes for these health problems.

The PCBH model enables early identification and behavioral/medical intervention that can prevent some acute problems from becoming chronic health care problems (such as chronic pain, diabetes, COPD, hypertension, obesity), which are the cause of many medical visits to primary care clinics. Behavioral Health Consultants (BHCs) work side-by-side with all members of the clinical care team (including primary care providers, PCPs, and nursing staff) to enhance preventive and clinical care for mental health problems that have traditionally been treated solely by physicians. The role of the BHC is to facilitate systemic change within primary care that facilitates a multidisciplinary approach both from a treatment and reimbursement standpoint. BHCs typically collaborate with physicians to develop treatment plans, monitor patient progress, and flexibly provide care to meet patients' changing needs. Moreover, the integrated care model increases behavioral health accessibility, fosters communication between patients and their primary care team, and improves patients' experiences receiving primary care.

### **Mariposa Community Health Center**

- Rotation Supervisors: Frank Bejarano, LPC, DBH; Chief Medical Officer: Eladio Pereira, MD
- Track: Child, Adult
- Rotation Schedule Options: **Minor**
- Date and times for rotation:
  - Mondays 8 AM-5 PM
  - Tuesdays 9 AM-5 PM
  - Wednesdays 8 AM-5 PM
  - Thursdays 8 AM-5 PM
  - Fridays 8 AM-5 PM
- Website: <https://www.mariposachc.net/behavioral-health/>

Mariposa is a Federally Qualified Health Center with locations in Nogales, Rio Rico, Tubac, and Patagonia. Mariposa offers a “one stop wellness” model of integrated care that recognizes and responds to the whole person from physical to social to psychological needs. Services include adult/internal medicine, pediatrics, obstetrics and gynecology, general surgery, dentistry, behavioral health and two full-service pharmacies. They also feature community outreach and education programs from their Community Health Services Department. **Primary Care Behavioral Health:** Mariposa’s medical team recognizes that one of the leading causes of depression and anxiety is chronic illness. For this reason, Mariposa has integrated behavioral health care with

regular medical care. The Health Center's Licensed Professional Counselors are members of the medical staff and work hand in hand with the physicians to assure that patients receive the help they need, both physically and emotionally. **Specialty Behavioral Health:** Mariposa offers integrated Psychiatry, Therapy and Case Management by telehealth and in person. **Please note:** Mariposa has requested that at least part of this rotation be in person. Interns electing this rotation may be asked to travel to Mariposa's clinics in Santa Cruz County, located 45-60 minutes south of Tucson.

### **Strategic Alternative Learning Techniques – ABLE Clinic**

- Rotation Supervisors: Roxana Samaniego, PhD; NCSP; Charlotte Lurino, PhD (Dependent on Type of Assessment)
- Track: Assessment; Adult
- Rotation Status - **Minor**
- Dates and times for rotation:
  - Monday-Friday 8AM-5PM (flexible, depending on schedule)
- Website: <https://salt.arizona.edu/able>

The Strategic Alternative Learning Techniques (SALT) Center at the University of Arizona is a nationally recognized academic support program for college students with learning or attention challenges. Since 1980, the SALT Center has become the most comprehensive program of its kind in the nation and has helped thousands of students successfully complete postsecondary education. The goal is to promote independence, confidence, and self-advocacy for each student, in addition to teaching students specific learning strategies based on each individual's challenges.

The ABLE Clinic / Assessment services at the SALT Center provides university students and community members access to comprehensive psychological and psychoeducational assessments to support self-awareness and self-advocacy.

Anticipated Experiences for the Intern:

- Provide evaluations to children and adults with suspected neurodevelopmental disorders (e.g., learning disorders, autism, ADHD) or brain injuries in order to help assess appropriate services in school or at work.
- Practice conducting both in-person and remote assessments, intakes, and feedback sessions.
- Learn commonly used assessment instruments to address cognitive, academic, behavioral, psychological, and other concerns.
- Assist individuals with cognitive, emotional, and physical difficulties with making decisions regarding their education, employment, and other endeavors.
- Following evaluations, provide practical and comprehensive recommendations for educational, career, or treatment follow-up.

### **Tuba City Regional Healthcare Clinics**

- Rotation Supervisors: Ellen Branco, LCSW, and Derya Suzen, LPC; Chief of Mental Health Services: Benjamin Everett, MD
- Track: Child, Adult
- Rotation Schedule Options: **Minor**
- Date and times for rotation:
  - Monday 8 AM-12 PM
  - Tuesday 8 AM-12 PM
  - Wednesday 8 AM-12 PM
  - Thursday 8 AM-12 PM
  - Afternoon times might be considered
- Website: <https://tchealth.org/>

TCRHCC is a Joint Commission accredited 638 health care center located on the western Navajo Nation which provides a full spectrum of medical, surgical, and psychiatric services to members of the Navajo, Hopi, and San Juan Southern Paiute tribes. The Department of Mental Health is comprised of an interdisciplinary team of licensed psychotherapists, psychiatrists, and psychiatric nurse practitioners.

### **Research: Sleep & Health Research Program**

- Rotation Supervisor: Michael Grandner, Ph.D., MTR, CBSM
- Track: Child, Adult
- Rotation Schedule Options: **Minor**
- Date and times for rotation:
  - Monday-Wednesday and Friday 8 AM-5 PM
- Website: <https://sleephealthresearch.com>

The Sleep Health Research rotation is open to any intern who is interested in building a career in research related to sleep health. This rotation will include 1 day/week involvement in the Sleep and Health Research Program. It includes some readings, weekly meetings with Dr. Grandner, and development of a plan to transition from an internship to a research-focused postdoc. This typically includes orienting to the Uarizona research programs, preparing and writing manuscripts and grants, and planning for next career steps. Ideal applicants will already have experience with research, especially in areas that overlap with the Sleep and Health Research Program.

### **Research: SCAN Lab**

- Rotation Supervisor: William “Scott” Killgore, Ph.D.
- Track: Child, Adult
- Rotation Schedule Options: **Minor**
- Date and times for rotation:
  - Monday-Friday 9 AM-6 PM, one 8-hour block or two 4 hour blocks preferred

- Website: <https://scanlab.arizona.edu/>

The Social Cognitive and Affective Neuroscience Lab (SCAN Lab) conducts neurocognitive, behavioral, psychophysiological, and neuroimaging research with the goal of optimizing neurocognitive performance and facilitating resilience, mental health, and wellbeing. We focus on understanding the effects of various stressors on emotional and cognitive processes, and potential countermeasures against those stressors. In healthy individuals, we focus on the role of sleep and sleep deprivation on emotional and higher order cognitive processes and emotional functions, as well as interindividual difference factors that contribute to resilience or vulnerability to the effects of sleep deprivation. We are validating computerized tools to improve the timing and administration of stimulant countermeasures like caffeine, novel machine learning algorithms to assess neuropsychological performance, and online training programs to build emotional intelligence and resilience skills. We also utilize light exposure treatments to modulate the circadian rhythms of sleep, alertness, and mood to bolster mental health and performance and to facilitate recovery from mild traumatic brain injury (mTBI) and posttraumatic stress (PTSD), and neuromodulation techniques like transcranial magnetic stimulation (TMS) to improve sleep. Our lab specializes in the use of neuroimaging techniques, like functional magnetic resonance imaging (fMRI), functional connectivity, diffusion tensor imaging (DTI), and structural volumetric imaging, as well as collection of polysomnography, actigraphy, and the use of clinical neuropsychological assessments. Interns will have the opportunity to participate in ongoing data collection efforts and to carry out statistical analysis of behavioral and/or neuroimaging data, with the goal of writing and submitting a first authored manuscript for publication during the training year.

### **Research: Brain & Mood Health Lab**

- Rotation Supervisor: Jordan Karp, M.D.
- Track: Child, Adult
- Rotation Schedule Options: **Minor**
- Date and times for rotation:
  - Monday-Friday 8 AM-5 PM, one 8-hour block or two 4-hour blocks preferred
- Website: <https://psychiatry.arizona.edu/research/brain-mood-health-lab>

The Brain & Mood Health Lab, within the Department of Psychiatry, studies the treatment of psychiatric conditions, with a focus on mood disorders, suicide prevention, and novel interventions. Our vision is to be at the forefront of transforming psychiatric care, research, and innovation on a global scale. We strive to advance personalized treatment modalities and comprehensive care for individuals with psychiatric disease. Interns will have the opportunity to participate in ongoing data collection efforts and to carry out statistical analysis of clinical trial data, with the goal of writing and submitting a first authored manuscript for publication or poster presentation during the training year.

## SCHEDULED EVENTS

### Events Throughout the Training Year

#### Intern Seminar

Seminar and other learning opportunities are one of the three pillars of psychology internship education along with supervision and clinical experience. Faculty spends a great deal of time preparing for these seminars, and your attendance, in person, is **mandatory** unless otherwise indicated. If you anticipate being unable to attend in person (e.g., due to being sick or off site), let the Program Directors know immediately. If faculty does not show for a lecture, you need to contact the Program Directors and/or Coordinator immediately, and they will direct you about what to do.

These seminars are for your benefit. We are continuing to improve and change them based on the feedback that you provide us. At the end of seminar, you will be asked to complete an evaluation of the content presented to you. Please fill these out honestly and completely; your feedback helps to guide changes that presenters make for future seminars for you and future intern classes.

As a courtesy to the seminar leaders and the other participants in the seminar, please arrive on time to the seminar. Please see the lecture attendance policy as well. (See attendance policy)

#### Grand Rounds

Grand Rounds take place on Wednesdays from 12:00 to 1:00 pm from September through May. If possible, interns should try to attend in person, though an option to join via Zoom will also be available for interns who may be off-site. Attendance at Grand Rounds is **mandatory** and is part of the lectures covered by the lecture attendance policy.

#### Therapy Consultation Group & Group Supervision

Therapy consultation group consists of faculty and trainees and provide an opportunity for peer consultation related to complex clinical cases and professional-related difficulties. Therapy consultation takes place on Wednesdays from 11:00 am – 12:00 pm virtually via Microsoft Teams. Attendance for weekly case consult group is **recommended**, as it can be an opportunity to observe attendings present and discuss cases in a consultative format. Group Supervision will involve faculty and all psychology trainees and occur on the second Wednesday of every month from 11:00 am – 12:00 pm via Microsoft Teams. Attendance to Group Supervision is **mandatory**.

## **Case Conference**

Case conferences take place on the last Tuesday of the month from 12:00 – 1:00 pm in the BHP 1<sup>st</sup> floor conference room. Case conference is **recommended** as an opportunity to collaborate and develop collegial relationships with psychiatry residents.

## **Quality Improvement and Patient Safety Conference (QIPS)** (formerly Morbidity & Mortality—or M&M—Conference)

This conference is a confidential discussion of difficult patient care cases, or of patients who have an adverse outcome. “M&M” conferences are an important forum to improve delivery of care by studying difficult cases and medical errors. This occurs during chairman’s grand rounds, and when scheduled is **mandatory**.

## **Journal Club**

During the 2<sup>nd</sup> Wednesday of the month will be journal club. PGY2 residents present at journal club, and this is often an opportunity to meet and interact with psychiatry resident colleagues. Participation is **recommended**.

## **Intern Lunch**

On the last Wednesday of the month from 11 am – 12 pm, the Program Directors and Program Coordinator will have a lunch meeting with the intern class. This is a nice time to socialize and discuss issues as a class. Topics often range from professional development, providing feedback on rotations, or to discuss transitioning to life in Tucson.

## **Annual Events**

### **Orientation Welcome Lunch**

At the beginning of the internship year, interns are invited to a Welcome Lunch with internship supervisors, psychology externs and postdoctoral residents, and PGY3 psychiatry resident colleagues. The purpose of the mixer is to get to know one another, to strengthen relationships among the interns, and to prepare for the upcoming internship year. This event is held at the BHP.

### **Welcome Happy Hour**

At the beginning of the internship year, interns are invited to attend a Welcome Happy Hour with internship faculty and supervisors, psychology externs, and psychology postdoctoral fellows at a local Tucson establishment. This is a casual event, and partners and families are invited to join.

### **A Cultural Tour of Tucson**

Each year, Program Directors will provide interns with a daylong tour of Tucson, with a focus on history, culture, and the communities within our region. This experience is meant to familiarize interns with the unique culture of our city and region.

## **Intern Retreat Day**

Each year in the late summer/early fall, interns will organize a daylong retreat for themselves, which will focus on intern wellness and bonding.

## **Graduation**

The annual party for graduating interns will be held in June. All interns are invited to attend.

## **Examinations**

The OSCEs are a **mandatory** annual examination. Vacation and conference time will not be granted on these dates. Please see the section below for further details about these exams.

## **Rural Health Professions Program Conference**

The 15th Annual Interprofessional Rural Health Professions Program (RHPP) is typically held on the second Friday and Saturday of April. (This will be updated as soon as dates are available.) Attendance at the RHPP Conference is **mandatory**. This conference is 1.5 days, free virtual event that provides an opportunity to learn about efforts to extend services to rural communities throughout Arizona. Information about the conference will be available at the following website (*Note*. This is the link for the 2026 conference):

<https://azahec.arizona.edu/14th-annual-interprofessional-rural-health-professions-conference>

## **Arizona Rural Health Conference**

The 53rd Annual Interprofessional Rural Health Professions Program (RHPP) Conference will be held in June 2027. (This will be updated as soon as dates are available.)

Attendance at the Arizona Rural Health Conference is **mandatory**. Expenses for attending the conference are paid for and/or eligible for reimbursement by the BWHET grant. The Arizona Rural Health Conference provides an environment for networking and dissemination of timely and relevant information among professionals and community members from rural Arizona and the Southwest. Information about the 53<sup>rd</sup> conference will be available at the following website (*Note*. This is the link for the 2026 conference):

<https://crh.arizona.edu/events/52nd-annual-arizona-rural-health-conference>

## **Behavioral Health Workforce Education and Training Conference**

The Behavioral Health Workforce Education and Training (BHWET) conference is an annual one-day virtual conference held in October 2026. (This will be updated as soon as dates are available.) Attendance at the BHWET conference is **mandatory**. Information about the conference agenda and general information will be updated as soon as made available.





College of Medicine

## **EXAMINATIONS**

### **Objective Structured Clinical Examination (OSCE)**

The OSCE is a formal evaluation of an intern in diagnostic and psychotherapy-related skills. Interns will observe, practice, and demonstrate interprofessional care with simulated patients. They will receive targeted constructive feedback from clinical supervising faculty and given opportunities to develop and strengthen these skills during their rotations. OSCEs are held annually in September.

### **Clinical Skills Competencies**

Interns will also be evaluated twice per rotation using APA and BWHET-specific competencies. For 6-month rotations, evaluations will occur at end of September and end of December for Fall rotations, and at end of March and end of June for Spring rotations. For 12-month rotations, evaluations will occur at end of December and end of June. Competencies to be evaluated include Professionalism; Individual and Cultural Diversity; Ethical Legal Standards and Policy; Reflective Practice/Self-assessment/Self-care; Relationships; Scientific Knowledge and Methods; Research/Evaluation; Evidence-based Practice; Assessment; Intervention; Consultation; Teaching; Supervision; Interdisciplinary Systems; Management-Administration; and Advocacy. A summary of these competencies is found in earlier pages of this manual. A copy of the Mid- and End-Rotation Evaluation Form is found in the Forms section of this manual.

## SCHOLARLY ACTIVITY

### Grand Rounds Presentation

Interns are **required** to present a Grand Rounds once during the course of their internship. We arrange for this during the year. This provides an excellent opportunity for interns to gain experience in preparing and doing formal seminars and case presentations to a large audience that often extends beyond the Psychiatry Department. Details regarding intern Grand Rounds presentations are described in the following outline.

1. Each intern will present a Grand Rounds during their training year. Presentations are typically 20-25 minutes with 5-10 minutes for a question-and-answer session.
2. Topics related to psychopathology, treatment, ethics, teaching, psychology education, dissertation research, etc. are encouraged. Dates available for presentation will be announced near the beginning of the internship year. The intern can expect to have ~6 months lead time to prepare for their presentation.
3. The PDs will be available in a consulting capacity if any problems should arise. The PDs will not assist the intern with the specifics of their presentation; rather the PDs will be available in a consultative role in preparation for the presentation.

### Program Development Project

Interns are **required** to participate in a program development project. They will have both didactics and planning meetings. For the 2026-2027 year, the program development project has yet to be selected. Once the faculty of the department has identified a project, the manual will be updated.

### Intern Seminar Presentations

Interns are **required** to present during intern seminar **twice** during the training year, once in the fall and once in the spring. Presentation topics can include any clinically relevant topic that interns may find of interest or research findings. For interns that have not yet defended their dissertation, this can often serve as an excellent opportunity to practice their defense and give and receive feedback.

### Group Supervision Presentation

Interns will be expected to give one case presentation on a therapy or assessment case over the course of the training year at the monthly group supervision meeting. This is an opportunity to receive feedback as well as to participate in a professional consultation meeting and give peer supervision.

## Other Scholarly Activities and Research

Interns are **encouraged** to pursue an academic project during their internship, including completion of their dissertation if not yet defended. This project can be submission of a paper, presentation, or poster to a journal or conference. It could take the form of developing a course for use in didactics, giving presentations in the community or other academic settings, or reviewing the literature on a certain topic in depth. The mentorship supervision is an excellent time to develop these projects, which could be in collaboration with faculty or done independently. The following is a *partial* list of other scholarly/academic pursuits within internship:

1. Additional didactic seminars
2. Case Conferences
3. Journal Club
4. Reading

There are also funded research projects occurring in the Sleep & Health Research, Brain & Mood Health, and SCAN Labs. Intern participation is encouraged; speak to the principal investigator for the project of your interest to see how to get involved.

## Independent Reading

Independent reading is a core discipline to develop during internship. Much of the education in internship is delivered externally to the intern (e.g., supervision, didactic seminars, Grand Rounds, etc.). However, equally important (if not *more* important), is the reading that each intern does on his or her own. A habit of regular reading will serve the intern well in the life-long pursuit of psychological knowledge and professional development. Many rotations have a list of suggested readings. Seminars will often include recommended readings as well. Interns should also discuss reading materials with their faculty mentors, who can provide reading suggestions and encouragement to maintain this important educational activity.

## **POLICIES**

### **GME Policies**

The Program adheres to all policies of the University of Arizona College of Medicine. These are provided on-line at <https://medicine.arizona.edu/internal-resources/educational-affairs/gmec-policies>. In addition to these Policies, the Program adheres to the following policies described below.

### **Wellness Policies**

The culture of the program is such that certain elemental truths are held and honored. In all facets of your life: you, the intern, are a human being first. The wise, gratifying, healthy and sustainable pursuit of psychology training towards the practice of psychology must be a mindful/soulful expression of your humanity and performed in this order – not in its reverse.

You are a human being first, performing mental health services as an expression of your humanity. You are not a healthcare provider first and a human being second. As earlier stated, we understand that being an intern is a difficult and, at times, stressful transition. Resources and mechanisms are in place to help you care for your personal needs, to promote your successful development as a competent, skillful, and caring psychologist.

The following wellness policies do not represent the whole of wellness as applicable to the human experience. They are guidelines that address areas where wellness as a psychologist often falters. For personal difficulties and triumphs experienced outside of the policies, please share with designated persons in the program to assist/share in your experience. Should you need assistance in seeking support outside of the immediate program, please communicate with the Program Directors.

For the wholeness of one's own training experience, it is the recommendation of the program that interns receive their own psychotherapy; although, this is not a formal mandate from the program, nor should it be construed as such. Interns are advised to speak with mentors to discuss the potential implications, including risks and benefits, of pursuing one's own psychotherapy treatment. Should an intern choose to pursue individual psychotherapy, accommodations will be made as possible to allow interns to attend regularly; however, accommodations cannot be guaranteed (unless otherwise provided under the ADA) and are highly dependent upon the intern's rotation schedule time and assigned responsibilities. If you seek assistance outside of the program, please note that the program does not communicate individually to these providers to determine intern's confidential patient information. Please consider the best steps

needed to care for yourselves, your loved ones, our patients, and the internship program/department/institution.

## **Duty Hours Policy**

Providing interns with a sound academic and clinical education must be carefully planned and balanced with concerns for patient/client/member safety and intern well-being. Each rotation must ensure that the learning objectives of the program are not compromised by excessive reliance on interns to fulfill service obligations. Didactic and clinical education must have priority in the allotment of interns' time and energies. Duty hour assignments must recognize that faculty and interns collectively have responsibility for the safety and welfare of patients/clients/members.

## **Supervision of Interns**

All patient/client/member care activities must be supervised by qualified faculty. The PDs must ensure, direct, and document adequate supervision of interns at all times. Interns must be provided with rapid, reliable systems for communicating with supervising faculty.

Faculty schedules must be structured to provide interns with continuous supervision and consultation.

Faculty and interns must be educated to recognize the signs of fatigue or burnout and adopt and apply policies to prevent and counteract the potential negative effect fatigue or burnout can have on performance.

## **Clinical and Education Work Hours**

Clinical and educational work hours must be limited to no more than 45 hours per week inclusive of all in-house clinical and educational activities, and clinical work done from home.

## **Mandatory Time Free of Clinical Work and Education**

The program must design an effective program structure that is configured to provide interns with educational opportunities, as well as reasonable opportunities for rest and personal well-being.

## **Maximum Clinical Work and Education Period Length**

Clinical and educational work periods for interns must not exceed 10 hours of continuous scheduled clinical assignments.

## **Clinical and Educational Work Hour Exceptions**

In rare circumstances, after completing all other responsibilities, an intern, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:

- 1) to continue to provide care to a single severely ill or unstable patient/client/member;
- 2) humanistic attention to the needs of a patient/client/member or family; or,
- 3) to attend unique educational events.

These additional hours of care or education will be counted toward the 45-hour weekly limit.

### **Oversight**

These policies and procedures which are consistent with the Institutional and Program Requirements for intern duty hours and the working environment will be distributed to the interns and the faculty. Monitoring of duty hours will be done with frequency sufficient to ensure an appropriate balance between education and service.

**SOURCE: University of Arizona College of Medicine**

**Effective Date: July 1, 2022**

**APPROVAL:** \_\_\_\_\_  
**Kyle Suhr, PhD, Program Director**

**REVISION DATE: 03/14/2025**

**DISTRIBUTION: Psychology Interns and Faculty**

All planned leave should be authorized by the Rotation Coordinator and presented to the Program Directors **thirty days prior to the proposed leave date**. The **Vacation/Conference request form is included in this manual**. Vacation leave submitted less than thirty days prior to proposed leave date may be denied by the Program Directors or Site Supervisor.

Prior to intern departure for a planned absence, interns are required to email rotation supervisors and the PDs with information concerning dates for the absence. Unplanned leave will be acceptable for medical reasons or unexpected circumstances of merit.

Interns must not take so much leave at a given time as to compromise their ability to accomplish the training goals of a given rotation or satisfy the APA requirements of time and effort during the internship year. In the event that sufficiently large leave of absences are taken, a decision will be made by the Rotation Coordinator and the Program Directors as to whether the intern must make up a portion of the rotation or the whole rotation in order to obtain credit.

Each year the intern is entitled up to the following:

- 14 vacation days
- 6 professional development days
- 6 Banner recognized holidays (4<sup>th</sup> of July, Labor Day, Thanksgiving Day, Christmas Day, New Year’s Day, and Memorial Day) + the Day after Thanksgiving

Sick time accrues at the rate of one day per month. Sick time accrued should be used when an illness renders the intern unable to be present at work. Sick time accrued can also be used for medical, dental, or optical care appointments. If deemed appropriate and necessary by the PDs, sick time may be utilized before it has been accrued.

Three consecutive days of sick leave may require a note from your physician. Prolonged illnesses might result in modification of the training plan or extension of the training period to allow the intern to meet the criteria required for graduation.

### **Sick Leave Procedure**

As soon as an intern has reason to believe they will miss an internship day due to illness, they will follow the following procedure:

Send an email to all the following informing them of the absence:

Program Directors

Rotation Supervisor(s)

Program Coordinator

Front desk staff for the clinical site where they are assigned that day

If at South for BHPOP, BSM, Pain, Assessment, email:

[bumcsambpsychcallout@bannerhealth.com](mailto:bumcsambpsychcallout@bannerhealth.com)

If at WHC/EPICenter, also inform Mary Ojeda.

While the intern may follow up with a text or call if they believe a relevant party might be away from email, **texting or calling does not replace the required email.**

### **Bereavement Policy**

In the unfortunate event an intern needs to attend funeral services for a family member or support a family member who is ill, the intern may use up to *three bereavement days* and would then use any other requested days as vacation or sick days. Extenuating circumstances will be discussed on a case-by-case basis. As soon as an intern is aware they will miss an internship day due to bereavement, they will use the same procedure described in the **Sick Leave Procedure** described above to notify faculty and staff of the absence.

Interns should plan appropriately for desired time off for travel, conferences, dissertation defense, graduation from their programs, and personal time off. Program of conference or confirmation of registration may be required prior to approval, and certificate of attendance may be required upon return.

Graduation from the internship will be contingent upon satisfactory completion of each required rotation as assigned by the Internship Program and indicated in the Internship Manual. If leave exceeds the given vacation and sick leave the intern may have to extend their internship training or be subject to loss of employment should the time be in such excess that APA and psychology licensure requirements (i.e., 2000 training hours during internship required by some states) cannot be feasibly and adequately achieved.

If the intern is at a site other than a Banner facility, they will abide by the holidays recognized at that site (whether that is more or less than Banner).

**SOURCE: University of Arizona College of Medicine****Effective Date: July 1, 2022****APPROVAL:** \_\_\_\_\_  
**Kyle Suhr, PhD, Program Director****REVISION DATE: 03/14/2025****DISTRIBUTION: Psychology Interns and Faculty**

Patient/client suicide is a dreaded potential consequence of psychiatric illness. Such events require the treating psychologist to respond in a manner that fulfills several roles and responsibilities, while simultaneously attending to powerful personal emotions. The ideal outcome of this painful process is the organized completion of immediate responsibilities and the careful resolution of emotional responses to promote higher levels of personal and professional growth and responsibility.

The guidelines and recommendations outlined below are intended to be helpful in identifying immediate responsibilities, potential resources, and sources of support for interns following a patient/client/member suicide. Since every case is unique, and has its own specific issues, these are intended only as general guidelines. Interns and faculty may choose to modify these guidelines as appropriate for the individual situation. However, in every case of a patient/client/member suicide, and other serious adverse outcomes (e.g., the non-suicide death of a patient/client/member, violence, arrest of a patient/client/member, etc.), the intern should immediately notify the supervising attending and Program Directors for guidance.

### **I. Attend to Immediate Responsibilities**

A psychologist has several responsibilities following patient/client/member suicide. Carrying out these responsibilities often occurs during a period of shock and disbelief upon hearing of the suicide of a patient/client/member. The following protocol is meant to help organize the immediate responsibilities following this event

1. Inform your attending (the attending of record) as well as your supervisor (if this differs from the attending of record) in the event they have not previously been informed of the situation **OR** follow the protocol for the rotation site within 6 hours of notification.
2. Call the internship Program Directors to provide basic information about the event.
3. Make a plan with your attending for completing subsequent tasks:
  - a. **Chief of Service** – Your attending should notify the Head of the Department of Psychiatry, as well as the Medical Director at the clinical site and the Director of the clinical service(s) involved in the care of the patient/client/member.

- b. **Risk management** – Call the risk management office at your training site for information and suggestions on how to proceed with contacting the patient’s/client’s/members family members and completing the medical record.
  - c. **Family members** – The patient’s/client’s privacy rights do not end at death. You may call the patient’s/client’s/member’s legally authorized representative and/or those in the patient’s/client’s/member’s family who you know were involved in the care of the patient/client/member and were aware of their treatment to express sympathy and support (after speaking with personnel from the Office of Risk Management). You may offer to meet with the family with your attending or supervisor. Disclosures of protected health information about the deceased patient/client/member are still limited by the HIPAA privacy regulations and ethical and legal requirements for confidentiality remain in place. You are only permitted to discuss health information of which the family has knowledge. You may need to inform family members that your disclosures are limited by State and Federal privacy laws.
  - d. **Staff** – Your attending should notify other staff members who may have been involved in the patient’s/client’s/member’s care or who may be affected by the patient’s/client’s/member’s death.
  - e. **Other patients/clients** – If other patients/clients/members were involved in treatment settings with your patient/client/member, make a plan with your attending about disclosing information to other patients/clients/members. You may contact personnel from the Office of Risk Management for assistance as well. Points to consider include – whom to disclose information to; what information to disclose; and when to disclose information. A general guideline is to disclose only information that has been available through a third-party or public sources (i.e., information that is not confidential), and/or only provide that information which had already been available to the other patients/clients/members in the treatment setting and public sources.
4. **Administrative case review** – Following an adverse outcome, administrative and clinical leaders will routinely review the circumstances of the event for medical-legal and quality assurance purposes. This administrative case review differs from the departmental Quality Improvement & Patient Safety (QIPS) Conference that are meant for educational purposes. Psychology interns may or may not participate in the administrative case review process, but will be required, along with the attending of record, to participate in the QIPS Conference.

*References:*

- Cotton, P. G., Drake, R. E. Jr., Whitaker, A., & Potter, J. (1983). Dealing with suicide on a psychiatric inpatient unit. *Hospital and Community Psychiatry*, 34(1), 55-9.
- Kaye, M. S., & Soreff, S. M. (1991). The psychiatrist’s role, responses, and responsibilities when a patient commits suicide. *American Journal of Psychiatry*, 148(6), 739-43.

## II. Access support for managing emotional experiences

After an initial response of shock and disbelief, common emotional responses to patient/client/member suicide include grief, guilt, anger, betrayal, sadness, and sometimes relief. Levels of distress in the therapist survivor are sometimes comparable to distress in clinical populations of bereaved individuals seeking treatment after the death of a relative. "Severe distress" is often characterized by grief and guilt. Effective understanding and management of emotional responses following patient/client/member suicide facilitates personal and professional growth.

1. **Informal peer support** – Case reports and surveys of therapist survivors consistently report that informal peer support from family, friends, and professional colleagues is the most beneficial factor in managing emotional experiences following patient/client/member suicide.
2. **Supervision** – Discussions with past and current supervisors are often helpful in managing responses to patient/client/member suicide. This is especially the case if the supervisor can share the personal experiences of patient/client/member suicide.
3. **Literature review** – Many therapist survivors have written case reports describing their experience with patient/client/member suicide. Reviewing these reports may decrease the sense of isolation that follows patient/client/member suicide.
4. **Personal psychotherapy** – Individual psychotherapy may be helpful to interns in dealing with emotional responses to a patient/client/member suicide.

### References:

- Gitlin, M. J. (1999). A psychiatrist's reaction to a patient's suicide. *American Journal of Psychiatry*, 156, 1630-1634.
- Kolodny, S., Binder, R. L., Bronstein, A. A., & Friend, R. L. (1979). The working through of patients' suicides by four therapists. *Suicide and Life-Threatening Behavior*, 9(1), 33-46.
- Reeves, G. (2003). Terminal mental illness: Resident experience of patient suicide. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, 31(3), 429-41.

## III. Quality Improvement & Patient Safety Conference (formerly M&M Conference)

Following the suicide death of a patient/client/member, a QIPS Conference allows for an examination of the circumstances surrounding the death – including the suicide risk factors, protective factors, and treatment interventions – as well as an opportunity to express emotions related to the case. While it is never clear whether any specific action or inaction played a causal role in patient/client/member suicide, case review fosters professional responsibility by allowing the clinician to learn from the negative outcome in a way that may benefit future patients/clients/members. An ill-timed case review or a case review conducted with a blaming tone can be harmful to clinicians. To avoid these harmful effects, a case review should be conducted after some resolution of negative emotional experiences (especially grief and guilt) and with the acknowledgement of the uncertainty involved in predicting suicidal behavior.

1. **Setting of QIPS Conference** – May take place in any professional setting that fulfills the educational function of the process. For cases involving a treatment team, this may be in a staff conference room, which should be approved by the Chief of Service to ensure that appropriate institutional confidentiality requirements are observed. For patients/clients/members seen in individual psychotherapy, this may be in individual psychotherapy supervision.
2. **Components of QIPS** – For educational purposes, a case review should consist of the following components:
  - a. General circumstances of the case – Treatment setting, presenting symptoms, events leading up to the suicide.
  - b. Risk factors for suicide
  - c. Protective factors for suicide
  - d. Assessment of suicide risk
  - e. Treatment interventions for suicide
  - f. Other interventions that may have been implemented to modify risk or protective factors.

*References:*

- Hendin, H., Haas, A. P., Maltzberger, J. T., Koesnere, B., & Szanto, K. (2006). Problems in psychotherapy with suicidal patients. *American Journal of Psychiatry*, 163(1), 67-72.
- Schneidman, E. S. (1969). Suicide, lethality and the psychological autopsy. *International Psychiatry Clinics*, 6(2), 225-50.

**IV. Professional Growth and Responsibility**

Following an experience with patient/client/member suicide, clinicians may benefit from modifying their professional practices and engaging in altruistic activities to help others prepare for or cope with this experience. Please discuss with your supervisor activities such as public sharing and publication of experiences, to ensure that you are following appropriate confidentiality and HIPAA guidelines.

1. **Suicide risk assessment and documentation** – Clinicians should review their suicide risk assessment and documentation practices. Documentation should include a review of relevant risk factors, assessment of suicide risk, interventions to modify suicide risk and justification for the level of care (justification for not initiating higher levels of intervention).
2. **Altruistic activities**
  - i. Public sharing of experiences
  - ii. Organizing educational activities related to patient suicide
  - iii. Publishing literature
  - iv. Reaching out to other therapist survivors

*References:*

- Reeves, G. (2003). Terminal mental illness: Resident experience of patient suicide. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, 31(3):429-41.



College of Medicine

**SUBJECT: INTERN FILES POLICY**

**Page 1 of 1**

**SOURCE: PSYCHOLOGY**

**EFFECTIVE DATE: July 1, 2022**

**APPROVAL:**

\_\_\_\_\_  
**Kyle Suhr, PhD, Program Director**

**Date Signed:**

\_\_\_\_\_

**REVISION: 04/14/2025**

**DISTRIBUTION: Faculty, Interns, and Staff**

The Internship Program Directors, Program Coordinator, and the Head of the Department of Psychiatry have open access to internship files. Also, each intern may have access to one's own file. If an intern wishes to review one's own file, the intern is to inform the Program Coordinator, who will review the file to make sure it is up to date prior to the intern's review of the file. Intern files should not be removed from the internship office. Therefore, a convenient time to review an intern's file must be set up in advance with the PDs and the PC. A formal note to file is created and saved for reasons other than selection. Interns may have copies of their file if they so desire, with the same restrictions as noted above.

Intern files may also be reviewed by the Psychology Faculty as needed to fulfill their respective missions of graduating interns and managing any performance difficulties interns may encounter.

**SUBJECT: SUPERVISION POLICY**

**Page 1 of 4**

**SOURCE: PSYCHOLOGY**

**EFFECTIVE DATE: July 1, 2022**

**APPROVAL:** \_\_\_\_\_

**Kyle Suhr, PhD, Program Director**

**Date Signed:** \_\_\_\_\_

**REVISION: 03/14/2025**

**DISTRIBUTION: Faculty, Interns, and Staff**

The Department of Psychiatry at the University of Arizona College of Medicine requires that all clinical care which psychology interns are providing to patients/clients/members as part of their internship be supervised by College of Medicine faculty. Supervision is provided by the faculty or staff of the rotation sites the intern is assigned to, in accordance with the supervision policies of that site. The PDs regularly elicit feedback from interns on these services to ensure supervision is adequate. Interns are expected to meet weekly with their assigned mentors for rotation supervision.

Interns have daily rounds with an attending on psychiatric inpatient services. In addition, interns receive, as a minimum, three hours of individual supervision per week. Interns may also receive additional supervision from other faculty. The exact nature of the additional supervision the intern receives varies with the rotation where the intern is assigned. A more detailed description of the faculty supervision provided on each rotation is described in the various rotation descriptions included in the internship manual handed out to interns at the beginning of each year. Supervising faculty are available for consultation during regular business hours and during any other hours specified by the faculty member or rotation.

The supervisor works with the intern at the beginning of the rotation to make preliminary assessments of the intern's level of competence in areas important to that rotation. They also work together to delineate training goals and to ensure that these goals match the goals developed by the intern in consultation with the Program Directors, as well as the intern's academic Director of Clinical Training.

In all settings, supervisors must co-sign all progress notes, treatment plans, assessment reports, patient-/client-/member-related correspondence and any other intern entries into the medical record. Immediately upon arrival at a rotation, interns should inquire as to the specific countersignature requirements of that institution, as well as instructions for emergency situations that might arise.

At the midpoint and end of each rotation the supervisor reviews progress with the intern according to the Intern Evaluation Form and formulates plans for the remainder of the

rotation or for the next training experience. During this meeting, interns also provide the supervisor with written and verbal feedback using the Supervisor Evaluation Form (included in this Manual). If an intern has a concern about this process, the intern must speak to the Program Directors.

### Levels of Supervision

To ensure oversight of intern supervision and graded authority and responsibility, the Psychology Internship Training Program must use the following classification of supervision:

- a) Direct Supervision – the supervising psychologist or other mental health provider is present via in-person, telehealth room, or one-way mirror with the intern and patient.
- b) Indirect Supervision:
  - 1) with direct supervision immediately available – the supervising psychologist or other mental health provider is physically within the hospital or other site of patient/client/member care and is immediately available to provide Direct Supervision.
  - 2) with direct supervision available – the supervising psychologist or other mental health provider is not physically present within the hospital or other site of patient/client/member care but is immediately available by means of telephonic and/or electronic modalities and is available to provide Direct Supervision.
- c) Oversight – The supervising psychologist is available to provide review of assessment or intervention with feedback provided after care is delivered.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient/client/member care delegated to each intern must be assigned by the Program Directors and faculty members.

- a) The Program Directors must evaluate each intern's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.
- b) Faculty members functioning as supervising psychologists should delegate portions of care to interns, based on the needs of the patient/client/member and the skills of the interns.
- c) Other non-psychologist, licensed, independent practitioners designated by the Program Directors may supervise interns. An attending psychologist must be available to provide back-up supervision as appropriate and as needed.

The Psychology Faculty within the Department of Psychiatry must set guidelines for circumstances and events in which interns must communicate with appropriate supervising faculty members, such as the transfer of a patient/client/member to a higher level of care (e.g., hospitalization).

- a) Each intern must know the limits of their scope of authority, and the circumstances under which they are permitted to act with conditional independence.

- 1) At start of internship, interns should be supervised either directly or indirectly with direct supervision immediately available.
  - Interns may progress to being supervised 'indirectly with direct supervision available' only after demonstrating competence in:
    - a) the ability and willingness to ask for help when indicated;
    - b) gathering an appropriate history;
    - c) the ability to perform an emergent psychiatric assessment; and,
    - d) presenting patient/client/members findings and data accurately to a supervisor who has not seen the patient/client/member.
- 2) Interns may serve in a supervisory role of externs in recognition of their progress toward independence, based on the needs of each patient/client/member and the skills of the individual intern.
  - Of note: Interns may provide direct or indirect supervision of externs if the following requirements are met:
    - a) Both the extern and intern should inform patients/clients/members of their respective roles in the patient's/client's/member's care;
    - b) Assignment is based on the needs of each patient/client/member and the skills (demonstrated competency in psychological expertise and supervisory capability) of the individual supervising intern;
    - c) An attending psychologist must always be available to provide back-up supervision, which may be by phone; and
    - d) Other non-psychologist, licensed, independent practitioners designated by the Program Directors may supervise interns. An attending psychologist must be available to provide back-up supervision as appropriate and needed.

Additionally, faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each intern and delegate to them the appropriate level of patient/client/member care authority and responsibility.

Interns assume greater responsibility for patient/client/member care according to their experience and ability, as determined by their faculty supervisors. The faculty evaluates interns on a regular basis and send their reviews to the PDs.

To promote uniformity of supervisory skills, monthly faculty meetings are held during which interns' performance, training activities and objectives, and responsivity to supervision are discussed along with general issues of supervision and supervisory skill development.

Faculty are required to provide evidence of active maintenance of competence in the provision of supervision through either involvement in peer supervisor consultation, continuing education credit, and/or involvement in other educational activities.

If a supervisor has received feedback indicating ethical, competence, or professional problems, they are expected to work with the Program Directors to demonstrate clear evidence that these problems have been adequately addressed prior to being permitted to resume clinical supervision.

At the end of the rotation, the Program Directors review the intern's progress with the training faculty, summarize the evaluations from each of the intern's supervisors and writes a summary letter to the intern's Director of Clinical Training. The purpose of this letter is to promote active, meaningful communication between the doctoral program and the internship, and to alert the graduate program to potential problem areas which will be the subject of remediation, or which might be useful in graduate program development.

## POLICY ON DUE PROCESS<sup>1</sup>, REMEDIATION, & TERMINATION

It is expected that interns will have areas in need of improvement in their clinical competencies and professional behavior. Performance concerns are defined as behaviors, attitudes, or skill deficits that require remediation but are not unexpected or excessive for a trainee at the internship level. These concerns are addressed by the intern's clinical supervisors through identification of the specific behavior to be addressed, observation, feedback, modeling, additional didactics, and other methods.

This policy describes the due process to follow when an intern displays problematic behavior, i.e., substantial deficits in professional competencies or behaviors that are significantly below expectation for the intern's training level. Problematic behavior includes but is not limited to:

1. The intern does not acknowledge, understand, and/or change their behavior after feedback or efforts at remediation through supervision;
2. The problematic behavior is not merely a reflection of a skill deficit that can be rectified by academic or didactic training;
3. The quality of service provided by the intern is consistently affected in a negative way;
4. The problematic behavior is not restricted to one area of professional functioning;
5. The problematic behavior has potential for ethical and/or legal ramifications if not addressed;
6. A disproportionate amount of attention is required by training personnel and effort to work with the intern and the problematic behavior; and/or
7. The intern's behavior negatively affects the public image of the Department of Psychiatry or the profession of psychology.

Once it has been determined that an intern displays problematic behavior, the following process will be followed. Throughout this process, supervisors retain responsibility for intern performance evaluation; the use of committees and independent reviews is to ensure that due process is followed and adequately documented.

### **Step 1: Written Notification**

The clinical supervisor will first discuss the problematic behavior with the intern. The clinical supervisor will then submit a *Written Notification* to the intern and the Program Directors. If the supervisor raising the problematic behavior is the Program Directors, the Program Directors will submit the *Written Notification* to the Internship Faculty. The *Written Notification* should include the following information:

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<sup>1</sup> Adapted from Lamb, Cochran, & Jackson (1991). Training and organizational issues associated with identifying and responding to intern impairment. *Professional Psychology: Research and Practice*, 22, 291-296.

1. the nature of the problematic behavior;
2. how, when, in what settings, and by whom the behaviors have been observed;
3. the negative consequences, actual or potential, of these behaviors;
4. how the intern responded to the discussion of the problematic behavior.

### ***Step 2: Review by Internship Faculty***

Within 4 weeks of receiving the *Written Notification*, the Internship Faculty will meet for review. The intern will be allowed to provide an oral or written statement to the Internship Faculty for consideration. A minimum of 3 faculty members must vote to place the intern on a Remediation Plan and Probation Status.

If the Training Committee decides to not place the intern on a Remediation Plan, the Internship Faculty may issue a *Written Warning* to the intern. A copy of the Warning will be filed in the intern's records, and a copy will be sent to the DCT in their doctoral program. The *Written Warning* should include the following, as applicable:

1. a description of the problematic behavior;
2. why the behavior does not warrant further action from the committee at this point;
3. recommendations; and
4. the consequences for not correcting the problematic behavior, i.e., placement on a Remediation Plan and Probation Status.

### ***Step 3: Remediation Plan (Probation Status)***

The Program Directors, with input from the Internship Faculty, will create a written *Remediation Plan*. The Plan should contain:

1. a description of the problematic behaviors;
2. why the behaviors are a potential impediment for continued internship training;
3. specific remediation strategies and requirements;
4. clear performance improvement requirements;
5. a timeline for feedback, review, and end date for the remediation plan; and
6. an explicit statement that the intern is on Probation Status and that their continued enrollment in the internship program is contingent upon their demonstrating resolution of their problematic behavior.

The Program Directors and at least one other clinical supervisor will meet with the intern to review the Remediation Plan. The intern is allowed to attach a written response to the Plan. A copy of the Remediation Plan will be provided to their graduate program's DCT. The intern will be provided with optimal support during the Remediation period. Within 1 week of the Remediation Plan end date, the Program Directors will notify the intern in writing of the Internship Faculty's decision regarding the extent to which they have successfully completed the Plan, whether they are off Probation Status, whether further Remediation is required, or whether the Faculty has decided they should be dismissed from the program.

#### **Step 4: Intern Dismissal**

If at any point during or after the Remediation period the Internship Faculty agrees that all reasonable efforts to rectify the intern's deficits have been made and the intern is unable or unwilling to alter his or her behavior, consideration of termination of the intern's enrollment in the Internship program is appropriate. The decision to dismiss must be made by at least 3 Internship Faculty members. The following procedures will be followed:

1. The Program Directors will consult with the Department of Psychiatry Head, Vice-Chair for Education, Arizona Health Sciences Human Resources, and University of Arizona General Counsel regarding the institutional implications of the decision and the institutional policies and procedures applicable to dismissal of an individual in the employment category covering psychology interns. The Program Directors may seek guidance from the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the APA with the identity of the intern protected.
2. The Internship Faculty will determine how and when the intern's dismissal will take place. The departure must be planned in a way that minimizes disruption of patient/client/member care. The intern will be provided with a written description of the responsibilities they will continue to fulfill during the period between notification of dismissal and their actual departure from the program.
3. The Program Directors will provide the intern with a *Notice of Dismissal* documenting the problematic behaviors, the intern's lack of adequate response, the reasons for dismissal, the process for dismissal, the intern's responsibilities during the process, the appeal process, and their exit date from their program if no appeal is initiated. A copy of the letter will be sent to the DCT from the intern's doctoral program.
4. Interns are entitled to receive their regular compensation through the appeal process and up to their exit date from the program.
5. If no *Notice of Appeal* is received by the Program Directors within 1 week of providing the intern with a *Notice of Dismissal*, the intern, their graduate program, and the Department of Psychiatry will be informed of the intern's exit date.

#### **Step 5: Intern Appeal**

The intern has 1 week from the date of the Notice of Dismissal to submit a written *Notice of Appeal and Request for Independent Review* to the Program Directors. Once the Program Directors has received the *Notice of Appeal*, the following process will be followed:

1. The Program Directors have 1 week from the date of the *Notice of Appeal* to gather 2 Independent Reviewers. Independent reviewers will be 2 licensed psychologists, with preference given, in order, to a) Internship faculty not involved in the original

decision to dismiss; b) University of Arizona faculty; 3) faculty from other APA-accredited internship programs.

2. The Program Directors and intern will submit documentation and/or speak to the Independent Reviewers as appropriate. The panel may request additional information from either party as needed. If the two reviewers cannot reach a consensus, a third reviewer will be identified.

3. Within 3 weeks of the date the Program Directors received the *Notice of Appeal*, the Independent Reviewers will submit their written decision to the intern, the Program Directors, and the Department Head. The panel's decision is final. Following an unfavorable decision by the panel, the intern is not entitled to any other appeal or administrative review.

## **GRIEVANCE PROCEDURES**

### **Purpose**

To comply with the APA Committee on Accreditation, the faculty of the Internship sets forth this policy to outline the procedures for submitting and processing intern grievances at the program and institutional level.

### **Policy**

Interns are encouraged to address any problems they encounter while on internship. The majority of problems should be dealt with informally. If problems cannot be successfully handled informally, interns have the opportunity to file a formal written grievance, first with their Program Directors and then with the Chair of Psychiatry, if necessary.

### **Informal Problem Solving**

1. Interns encountering problems that they believe cause an undue personal burden or hamper education or patient/client/member care or both are encouraged to seek help from more senior fellows/residents, program faculty and/or the Program Directors to address the situation.

### **Formal Grievance**

1. Interns who are dissatisfied with the outcome(s) of informal methods may submit a written grievance and/or complaint to the Program Directors. All grievances or complaints shall be filed in writing and should include:
  - a. A description of the nature of the problem in sufficient detail that the Program Director can conduct an investigation;
  - b. A description of the steps taken by the intern to bring about resolution using informal methods;
  - c. An explanation why the informal steps were unsatisfactory; and
  - d. The intern's recommendation of actions that he/she believes would bring about an appropriate remedy of the problem.
2. The Program Directors will review the grievance or complaint and develop any factual information required for a decision on the matter. The Program Directors will provide a written response within thirty (30) days of receipt of grievance. If the grievance or complaint involves a Program Director, they will recuse themselves from the response.
3. Within ten (10) days after receipt of the Program Director's response, interns may appeal the decision to the Chair of Psychiatry for his/her review. This written grievance should include:
  - a. A copy of the formal grievance submitted to the Program Directors;
  - b. A copy of the Program Director's written response
  - c. An explanation of why the intern is dissatisfied with the outcome(s);
  - d. The intern's recommendation of actions that he/she believes would bring about an appropriate remedy of the problem.

4. The Chair of Psychiatry will investigate the matter and will provide a written response within thirty (30) days. The Chair's decision is final and not subject to further review.

The University of Arizona College of Medicine and Banner Health are committed to preventing any retribution against individuals who raise legitimate concerns about the terms and conditions of their participation in a University of Arizona training program or of their employment with Banner Health.

**SUBJECT: POLICY REGARDING LECTURE ATTENDANCE**

**Page 1 of 2**

**SOURCE: PSYCHOLOGY**

**EFFECTIVE DATE: July 1, 2022**

**APPROVAL:** \_\_\_\_\_  
**Kyle Suhr, PhD, Program Director**

**Date Signed:** \_\_\_\_\_

**REVISION: 03/14/2025**

**DISTRIBUTION: Faculty, Interns, and Staff**

Purpose: The program strongly believes that regular attendance by interns at all scheduled educational activities are a crucial aspect in the development of well-trained psychologists. Therefore,

1. Intern attendance at all required educational activities, including didactics, is monitored.
2. In the event of an unexcused absence the Program Directors will contact the intern about the absence.
3. Absences will be considered excused when either sick or vacation leave was submitted, or in the case of a situation in which patient/client/member care would be significantly negatively impacted if the intern were to leave their clinical rotation. For this to be an excused absence, the intern must notify the Program Coordinator and PDs as soon as the patient/client/member care issue is resolved.
4. If an intern is unable to leave a service or rotation because the attending does not allow it, this would be excused, but must be reported that day to the Program Coordinator and Program Directors so it may be addressed immediately.
5. If an intern misses lectures and has demonstrated a pattern which could include, but is not limited to more than 4 hours of unexcused absences from didactics during a 6-month block (July-December or January-June), the intern's case would be specifically reviewed by the Psychology Faculty and may be considered evidence of inadequate performance in the milestones pertaining to professionalism. In such a case the

Psychology Faculty will make recommendations to address or remediate the concerns. If the problem persists, the program will follow the institutional policies for resident due process. Please see the institutional policy for due process:

<https://medicine.arizona.edu/internal-resources/educational-affairs/gmec-policies>

6. If a lecturer does not arrive to lecture, contact the Program Coordinator and/or Program Directors for further instruction.

**SUBJECT: POLICY REGARDING INTERN SELECTION AND PROCEDURE**

**SOURCE: PSYCHOLOGY**

**EFFECTIVE DATE: July 1, 2022**

**APPROVAL:** \_\_\_\_\_  
**Kyle Suhr, PhD, Program Director**

**Date Signed:** \_\_\_\_\_

**REVISION: 03/14/2025**

**DISTRIBUTION: Faculty, Interns, and Staff**

**Purpose:** To identify the best-qualified applicants for psychology training and offer them internship positions and to ensure that the Psychiatry Department complies with University of Arizona College of Medicine guidelines as an EEO/AA/ADA employer.

**Policy:** The Psychology Faculty of the Psychiatry Department wants to recruit individuals to the internship training program who are most likely to successfully complete the psychology training and go on to serve patients/clients/members, families, and communities with the highest quality healthcare possible. To that end, effective identification of qualified applicants to the internship program is essential.

The interns entering the Psychology Internship Training Program should have the following qualities:

- Effective interpersonal skills - demonstrate ability to communicate clearly and appropriately with patients/clients/members, families, colleagues, and staff; demonstrate ability to deal with stress without interference in the psychologist-patient/client/member relationship.
- Effective clinical skills - demonstrate ability to be empathic; make accurate clinical observations and sound diagnostic formulations; to relate those observations clearly in a supervisory setting; to be insightful and reflective concerning one's own role in the therapeutic process; and to know the limits of one's own expertise and how to ask for supervisory input.
- Teaching and research potential - fundamental interest in teaching colleagues in medical and psychological fields; potential in being involved in future research; and clear interest in staying abreast of the latest developments in the field.

**Procedure:** Applications to the Psychology Internship Training Program will be processed as follows:

1. Applications will be accepted through APPIC (Association of Psychology Postdoctoral and Internship Centers), which can be found at <https://www.appic.org/>.
2. An application will be considered complete when it contains:
  - a) a completed application form,
  - b) a Letter from the Director of Clinical Training from the applicant's graduate program,
  - c) letters of recommendation from at least 3 faculty from the applicant's graduate program(s),
  - d) transcripts from the applicant's graduate program(s),
  - e) a Cover Letter from the applicant,
  - f) a Personal Statement from the applicant,
  - g) an essay describing the applicant's theoretical orientation,
  - h) an essay describing the applicant's experience working with diverse populations, and
  - i) an essay describing the applicant's research experience and interests.
3. An Internship Selection Committee will consist of the Program Directors, Program Coordinator, and Internship Faculty members.
4. The Program Directors will screen applications as they are completed, with the help of the Internship Faculty. Given adequate letters of recommendation, 40 applicants will be invited to interview. Applicants with the best letters of recommendation will be given priority in arranging interviews.
5. Interviews will typically include:
  - a) interviews with at least three Psychology Faculty members (which may include the Program Directors),
  - b) interview with at least one current psychology intern, if interns are available, and
  - c) an overview of the program with the Program Director and/or Associate Program Director.
6. Application interview evaluation forms will be completed by all interviewers and returned to the Program Directors.
7. All records of applications, including letters of recommendation and interview feedback forms will be kept on file in the program office. If an internship position is offered and accepted, the file will automatically become part of the prospective intern's academic record. Once all internship positions are filled for a given year, all other application records will be held for one year and then shredded and/or deleted. If an applicant wishes to re-apply for another year, a new application with updated letters of recommendation will be required.

8. Positions in the internship training program will be offered through the National Matching Services.
9. Complete contracts will be sent to prospective interns as they become available from the institution, usually in the spring.

**SUBJECT: POLICY REGARDING MANAGEMENT OF ELECTRONIC PROTECTED HEALTH INFORMATION (ePHI)**

**SOURCE: PSYCHOLOGY**

**EFFECTIVE DATE: July 1, 2022**

**APPROVAL:** \_\_\_\_\_  
**Kyle Suhr, PhD, Program Director**

**Date Signed:** \_\_\_\_\_

**REVISION: 03/14/2025**

**DISTRIBUTION: Faculty, Interns, and Staff**

To best ensure PHI (Protected Health Information) is not compromised during the intern education process, the Department of Psychiatry provides a workflow for Management of Electronic Protected Health Information (ePHI).

It is prohibited to copy, move, or store ePHI/PHI onto non-Banner approved local hard drives, removable Media Devices, and cloud storage. Banner information stored on local hard drives or other removable data storage media (e.g., USB, external hard drive, etc.) must have appropriate administrative, technical, and physical safeguards applied, including use of Banner-approved encryption methods, in accordance with Banner's Information Protection Policy. Only cloud-based storage solutions approved by Information Security may be used to store Banner-owned Information. Interns must store all Non-Public Information in approved designated network storage locations; storage of Confidential Information on local computer hard drives is strictly prohibited.

Interns and faculty are reminded that PHI may not be stored on personal thumb drives, public clouds, personal computers, laptops, cell phones, or other handheld devices at any time, for any reason.

Interns may be issued Banner approved encrypted thumb drives (USB) if a need for doing so is identified.

Any encrypted thumb drives issued to interns are recalled once the intern graduates, transfers, completes work in outpatient services, or leaves the program for any reason. Program certificates will not be released to interns until encrypted thumb drives have been returned to the education or clinic office.

**Encrypted thumb drives:**

Encrypted thumb drives are provided by the Outpatient Clinic Manager and issued by the Program Coordinator. Encrypted thumb drives are numbered and tracked and must be

returned to the issuing office at the end of internship. After return, the encrypted thumb drive will be wiped clean and reformatted.

Loss of these drives is unacceptable. Any lost drive will be considered a loss of ePHI, even if the intern claims to have not placed such information on the drive, unless it is proven that the drive contains no such information, which can only be done upon recovering the physical drive. If unrecovered, the intern is to directly inform the Outpatient Clinic Manager, Program Coordinator, and the PDs immediately. Steps will then be taken to report potential breach through appropriate channels. Additionally, a fine (\$115) for the cost of replacing the lost encrypted drive will also occur.

**SD Cards:**

SD Cards are unable to be encrypted and thus should not be used to permanently store or transfer ePHI/PHI. In approved circumstances (educational/training purposes only) where a clinic camera is used, the camera and its SD card are to be secured at all times. If video with ePHI/PHI is temporarily stored on the SD card within the camera it is to be transferred directly to an encrypted thumb drive and then deleted from the camera/SD card. Cameras with SD cards must be secured in a locked cabinet when not in use. SD cards are to be wiped clean and reformatted, at a minimum, annually by the Outpatient Clinic Manager.

**Approved Cloud Use:**

Upon successful completion of prerequisite training, The University of Arizona and Banner Health provide secure access for review of PHI while offsite. Training will be provided at the beginning of outpatient clinic rotations. Cloud use privileges may be revoked at any time by the educational program or the IT Department.

Violations to the Management of Electronic PHI Policy will be managed through the GME disciplinary process, and governed under the GME Due Process Guidelines.

**SUBJECT: POLICY REGARDING THE TRANSFER OF PATIENT CARE**

**SOURCE: University of Arizona College of Medicine**  
**Effective Date: July 1, 2022**  
**APPROVAL: \_\_\_\_\_**  
**Kyle Suhr, PhD, Program Director**

**REVISION DATE: 03/14/2025**  
**DISTRIBUTION: Psychology Interns and Faculty**

Interns will work with their clinical supervisors to create an appropriate plan for transfer of care of patients/clients/members. Transfer of care may be appropriate at the end of a clinical rotation, if a higher level of care is needed, if the patient/client/member needs are outside of the intern's expertise or scope of practice, or if there is poor fit between an intern and patient/client/member.

**SUBJECT: PROTOCOL DEFINING COMMON CIRCUMSTANCES REQUIRING FACULTY INVOLVEMENT**

**SOURCE: University of Arizona College of Medicine**

**Effective Date: July 1, 2022**

**APPROVAL: \_\_\_\_\_  
Kyle Suhr, PhD, Program Director**

**REVISION DATE: 03/14/2025**

**DISTRIBUTION: Psychology Interns and Faculty**

In case of any of the following circumstances, any intern within the Psychology Internship Training Program is required to contact the attending faculty to discuss the case, the circumstances leading to the event, and assist in developing a plan of action to alleviate the situation. In the event of the death of a patient/client/member, the Program Directors, the Head of Department of Psychiatry, and Risk Management personnel should be informed. The intern and attending will follow all guidelines put forth by the Office of Risk Management.

Complaints by family, physical assaults by patients/clients, or serious injury to a patient/client/member may also be topics for QIPS Conferences and could require reporting to the Department Administration and the Office of Risk Management. Any relevant information gleaned from the Discussion or plan of action resulting from these events will also be discussed in the Psychology Faculty Meeting held monthly. These may also be forwarded to the Quality Improvement/Assurance Committee within the hospital for implementation of the proposed plan. The following circumstances generally require direct faculty involvement (as such, they are not a comprehensive list of situations in which faculty involvement is necessary):

- Attempted or completed patient/client/member suicide
- Complaints by family or other persons regarding professional or ethical boundary violations
- Physical assault by a patient/client/member or family member
- Serious injury to a patient/client/member
- Physical assault of an intern or attending by a patient/client/member
- Serious injury of an intern or attending by a patient/client/member
- Legal issues including child abuse, vulnerable adult abuse, or elderly abuse reporting
- Complex and serious cases with unclear presentation due to overlap of medical and psychiatric symptoms
- System issues related to interactions with medical specialties

- Parent/guardian's refusal to follow recommendation for a child's inpatient treatment
- Unplanned/AMA discharge



College of Medicine

## **DEPARTMENT OF PSYCHIATRY ADMINISTRATIVE, FINANCIAL SUPPORT, & BENEFITS**

### **STIPEND**

Interns receive a yearly stipend in 3 installments (July, November, and March) from HRSA BHWET grant funding to total \$36,500. Each intern will need to be set as a university vendor, which is their account for the university for the stipends to be disbursed. Interns will fill out the Vendor Information and the W-9 form for tax purposes, and return back to the Program Coordinator. The Program Coordinator will send these documents to Lisa Alvarez who will process the documents and add the interns into the university system. Sarah Ortega organizes the disbursements to be sent out each period.

In lieu of receiving a physical paycheck, the University strongly recommends taking advantage of the direct deposit program. Your paycheck can be automatically deposited to your local bank and paystub information will be available for viewing and/or printing online on payday. You can sign up for direct deposit online at the University's Human Resources website: <https://emplink.arizona.edu>.

### **HEALTH BENEFITS**

Interns will receive a health stipend in the amount of \$2,500, to be disbursed in 3 equal amounts with their yearly stipend, to use towards the cost of health benefits. Interns are encouraged to look at their options on the healthcare marketplace.

### **TIME OFF**

Interns receive 14 vacation days, 7 Banner holidays, and 6 professional development days, in addition to 12 sick days during the training year. Please refer to page 40 for further information about this.

### **MALPRACTICE INSURANCE**

As Designated Campus Colleagues of the University of Arizona, interns receive malpractice insurance through the College of Medicine-Tucson.

### **SUPPLIES AND EQUIPMENT**

Most ordinary office supplies are provided by the Department. Supplies at BUMCS can be obtained from Rebekah Lopez in the Outpatient Clinic Office at the BHP. Supplies for EPICenter and the WHC can be obtained from Mary Ojeda. Supervisors at non-Banner training sites will provide supplies at those sites. Any mail you receive in the Department will be placed in your mailbox at the WHC or BHP. Please check your mailbox daily at each respective training site.

### **KEYS**

Appropriate keys will be supplied to you by Rebekah Lopez for BHP and Mary Ojeda for the WHC/EPICenter. Supervisors at non-Banner training sites will provide keys at those sites. These keys must be turned in to the Program Coordinator, your supervisor, Rebekah Lopez, Mary Ojeda, or the site supervisor at the end of the rotation or internship year.

## **PHOTOCOPYING**

At BHP, the department photocopy machines are located in the Front Desk area of the Outpatient Clinic Main Office and in the hallway of the clinic. At the WHC, the photocopier is next to the reception desk. Supervisors at non-Banner training sites will indicate photocopying resources at respective sites.

## **PARKING**

Psychology Interns are provided parking at all campuses as needed. You will be issued a BUMC Identification Badge/Parking Access Card by BUMC Security. The Program Coordinator will assist you with this.

## **OFFICE**

All interns are provided with office space in the Psychotherapy Suite of the BHP. At other rotation sites, please consult your rotation supervisor for office space.

## **TELEPHONE**

Clinic phones in the BHP and WHC are equipped to make local and long-distance calls at no charge. Please consult non-Banner supervisors to discuss telephone calls at non-Banner sites. Interns are provided with a voicemail inbox at the BHP; at other sites, if interns do not have a voicemail box, they are to direct patients to leave voicemail messages with supervisors. All other questions regarding telephone calls and voicemail should be directed to the rotation supervisor.

## **SECURITY BADGE**

The Program Coordinator will coordinate obtaining a security badge for Banner sites at the beginning of the internship year. Please consult your rotation supervisor for security badges at non-Banner sites.

## **CHARTING**

Please discuss charting procedures with your rotation supervisor.

## **COMPUTER SUPPORT**

For computer support, interns can contact the Banner IT Helpdesk at 602-747-4444 or <https://svcnowprod.service-now.com/sp/> from a Banner computer. Computer access and Cerner training will be coordinated by the Program Coordinator for Banner sites. At non-Banner sites, please consult with your rotation supervisor for computer support and EHR training.

## **ROOM RESERVATIONS**

Conference, testing, and group rooms at BHP and WHC are available for sign out. These rooms are often booked for seminars and other uses. Outlook Calendars are available for reservation of these spaces. Please do not use these rooms without reserving them ahead of time. When you are finished with these rooms, please leave them clean, turn out the lights, and lock the doors.

## **Non-Discrimination and Anti-Harassment Policy**

The Psychology Internship follows the Non-Discrimination and Anti-Harassment Policy of the University of Arizona College of Medicine.

The University of Arizona is committed to fostering a learning, working, and living environment free from all forms of discrimination, including harassment. The University's Nondiscrimination and Anti-harassment Policy prohibits discrimination and harassment on the basis of race, color, national origin, sex, religion, age, disability, veteran status, sexual orientation, and gender identity. The policy also prohibits retaliation for opposing discriminatory conduct, filing a discrimination-related complaint, or participating in the investigation of a discrimination-related complaint.

For definitions and the full policy, please follow the following link:

<https://policy.arizona.edu/human-resources/nondiscrimination-and-anti-harassment-policy>

## **PROCEDURES FOR INTERN FEEDBACK**

Following the completion of each rotation, interns provide a written evaluation of their overall internship experience, to include rotation strengths, criticisms, and recommendations for change. The feedback is shared with the Program Directors and clinical supervisors after the intern's graduation, and results are used by Internship Faculty to evaluate the success of the program and to guide constructive changes. Interns are also strongly encouraged to provide feedback regularly and informally to their supervisors and Program Directors.

## RESOURCES and INFORMATION

Many useful forms and files can be found on the Psychology Internship Box. Access to this area is restricted and must be specifically granted by the Program Coordinator or Program Directors.

Other useful website and information can be found below:

American Psychological Association. APA Ethical Principles of Psychology and Code of Conduct. Adopted 2002, with the 2016 Amendment.

<https://www.apa.org/ethics/code/ethics-code-2017.pdf>

APPIC Membership Criteria for Doctoral Psychology Internships, revised 2006.

<https://www.appic.org/Internships/Internship-Membership-Criteria>

APPIC website (Association of Psychology Postdoctoral and Internship Centers:

<https://www.appic.org/>

American Psychological Association: <https://www.apa.org/>

Arizona Health Sciences Library: [www.ahsl.arizona.edu](http://www.ahsl.arizona.edu)





## INTERN REQUEST FOR VACATION and CONFERENCE TIME

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I request leave from the Department for a **TOTAL** of \_\_\_\_\_ work days

**During this/these Rotation(s):**

\_\_\_\_\_  
*Check POLICIES for allowable days off*

**Dates of Conference:** \_\_\_\_\_ # days \_\_\_\_\_

**Name of Conference:** \_\_\_\_\_

*You must attach a copy of the conference brochure describing the conference you request to attend*

**Dates of Vacation:** \_\_\_\_\_

**Please verify the following:**

- All individuals have been contacted to notify of absence.
- Not assigned to conduct didactic activity.

I will return to work on \_\_\_\_\_

**APPROVED BY:**

Rotation Attending/Supervisor: \_\_\_\_\_ DATE: \_\_\_\_\_

Rotation Attending/Supervisor: \_\_\_\_\_ DATE: \_\_\_\_\_

Rotation Attending/Supervisor: \_\_\_\_\_ DATE: \_\_\_\_\_

Rotation Attending/Supervisor: \_\_\_\_\_ DATE: \_\_\_\_\_

Program Coordinator: \_\_\_\_\_ DATE: \_\_\_\_\_

Program Director: \_\_\_\_\_ DATE: \_\_\_\_\_

**MID- AND END-OF-ROTATION EVALUATION OF CLINICAL PSYCHOLOGY INTERN**

INTERN NAME:		DATE OF EVALUATION:	
SUPERVISOR NAME:		ROTATION:	
ROTATION DATES FROM:		TO:	

Please rate each competency according to the scale below. Use the space provided for comments, suggestions, and training goals.

<b>1. Professional Values and Attitudes:</b> As evidenced in behavior and comporment that reflect the values and attitudes of psychology.						
<b>1A. Integrity</b> – Honesty, personal responsibility, and adherence to professional values.						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Understands professional values; honest, responsible		Adherence to professional values infuses work as psychologist-in-training; recognizes situations that challenge adherence to professional values		Monitors and independently resolves situations that challenge professional values and integrity	
<b>1B. Deportment</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Understands how to conduct oneself in a professional manner		Communication and physical conduct (including attire) is professionally appropriate, across different settings		Conducts self in a professional manner across settings and situations	
<b>1C. Accountability</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Accountable and reliable		Accepts responsibility for own actions		Independently accepts personal	

					responsibility across settings and contexts	
<b>1D. Concern for the welfare of others</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Demonstrates awareness of the need to uphold and protect the welfare of others		Acts to understand and safeguard the welfare of others		Independently acts to safeguard the welfare of others	
<b>1E. Professional identity</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Demonstrates beginning understanding of self as professional: "thinking like a psychologist"		Displays emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development		Displays consolidation of professional identity as a psychologist; demonstrates knowledge about issues central to the field; integrates science and practice	
Comments:						
<b>2. Individual and Cultural Diversity:</b> Awareness, sensitivity, and skills in working professional with diverse individuals, groups, and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.						
<b>2A. Self as Shaped by Individual and Cultural Diversity</b> (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion sexual orientation, disability, language, and socioeconomic status) <b>and Context</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Demonstrates knowledge, awareness, and understanding of other individuals as cultural beings		Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation		Independently monitors and applies knowledge of self as a cultural being in assessment,	

					treatment, and consultation	
<b>2B. Others as shaped by Individual and Cultural Diversity and Context</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Demonstrates knowledge, awareness, and understanding of other individuals as cultural beings		Applies knowledges of others as cultural beings in assessment, treatment, and consultation		Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation	
<b>2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Demonstrates knowledge, awareness, and understanding of interactions between self and diverse others		Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others		Independently monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation	
<b>2D. Applications based on Individual and Cultural Context</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Demonstrates basic knowledge and sensitivity to the scientific, theoretical, and contextual issues related to ICD (as defined by APA policy) as they apply to professional psychology.		Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation		Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work	

	Understand the need to consider ICD issues in all aspects of professional psychology work (e.g., assessment, treatment, research, relationships with colleagues)						
--	--	--	--	--	--	--	--

Comments:

**3. Ethical Legal Standards and Policy:** Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

**3A. Knowledge of Ethical, Legal, and Professional Standards and Guidelines**

NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Demonstrates basic knowledge of the principles of the APA Ethical Principles and Code of Conduct (ethical practice and basic skills in ethical decision making); demonstrates beginning level knowledge of legal and regulatory issues in the practice of psychology that apply to practice while placed at practicum or rotation setting		Demonstrates intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations		Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal, and professional standards and guidelines	

**3B. Awareness and Application of Ethical Decision Making**

NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Demonstrates awareness of the importance of applying an ethical decision model to practice		Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision making to a dilemma		Independently utilizes and ethical decision-making model in professional work	
<b>3C. Ethical Conduct</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Displays ethical attitudes and values		Integrates own moral principles/ethical values in professional conduct		Independently integrates ethical and legal standards with all competencies	
Comments:						
<b>4. Reflective Practice/Self-Assessment/Self-Care:</b> Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.						
<b>4A. Reflective Practice</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Displays basic mindfulness and self-awareness; engages in reflection regarding professional practice		Displays broadened self-awareness; utilizes self-monitoring; engages in reflection regarding professional practice; uses resources to enhance reflectivity		Demonstrates reflectivity both during and after professional activity; acts upon reflection; uses self as a therapeutic tool	
<b>4B. Self-Assessment</b>						

NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Demonstrates knowledge of core competencies; engages in initial self-assessment re: competencies		Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills		Accurately self-assesses competence in all competency domains; integrates self-assessment in practice; recognizes limits of knowledge/skills and acts to address them; has extended plan to enhance knowledge/skills	

**4C. Self-Care** (attention to personal health and well-being to assure effective professional functioning)

NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Understands the importance of self-care in effective practice; demonstrates knowledge of self-care methods; attends to self-care		Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice		Self-monitors issues related to self-care and promptly intervenes when disruptions occur	

**4D. Participation in Supervision Process**

NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Demonstrates straightforward, truthful, and respectful communication in supervisory relationship		Effectively participates in supervision		Independently seeks supervision when needed	

Comments:

<b>5. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.</b>						
<b>5A. Interpersonal Relationship</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Displays interpersonal skills		Forms and maintains productive and respectful relationships with clients, peers / colleagues, supervisors, and professionals from other disciplines		Develops and maintains effective relationships with a wide range of clients, colleagues, organizations, and communities	
<b>5B. Affective Skills</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Displays affective skills		Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively		Manages difficult communication; possesses advanced interpersonal skills	
<b>5C. Expressive Skills</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Communicates ideas, feelings, and information clearly using verbal, nonverbal, and written skills		Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language		Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrate thorough grasp of	

					professional language and concepts	
Comments:						
<b>6. Scientific Knowledge and Methods:</b> Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.						
<b>6A. Scientific Mindedness</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Displays critical scientific thinking		Values and applies scientific methods to professional practice		Independently applies scientific methods to practice	
<b>6B. Scientific Foundation of Psychology</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Demonstrates understanding of psychology as a science		Demonstrates intermediate level knowledge of core science (i.e., scientific bases of behavior)		Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior)	
<b>6C. Scientific Foundation of Professional Practice</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Understands the scientific foundation of professional practice		Demonstrates knowledge, understanding, and application of the concept of evidence-based practice		Independently applies knowledge and understanding of scientific foundations independently applied to practice	
Comments:						

<b>7. Research/Evaluation:</b> Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.						
<b>7A. Scientific Approach to Knowledge Generation</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Participates effectively in scientific endeavors when available		Demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology		Generates knowledge	
<b>7B. Application of Scientific Method to Practice</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	No expectation at this level		Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs		Applies scientific methods of evaluating practices, interventions, and programs	
Comments:						
<b>8. Evidence-Based Practice:</b> Integration of research and clinical expertise in the context of patient factors.						
<b>8A. Knowledge and Application of Evidence-Based Practice</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Demonstrates basic knowledge of		Applies knowledge of evidence-based		Independently applies knowledge of	

	scientific, theoretical, and contextual bases of assessment, intervention, and other psychological application; demonstrates basic knowledge of the value of evidence-based practice and its role in scientific psychology		practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences		evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences	
Comments:						
<b>9. Assessment:</b> Assessment and diagnosis of problems, capabilities, and issues associated with individuals, groups, and/or organizations.						
<b>9A. Knowledge of Measurement and Psychometrics.</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Demonstrates basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing		Selects assessment measures with attention to issues of reliability and validity		Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups and context	
<b>9B. Knowledge of Assessment Methods</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Demonstrates basic knowledge of administration and scoring of traditional		Demonstrates awareness of the strengths and limitations of		Independently understands the strengths and limitations of	

	assessment measures, models and techniques, including clinical interviewing and mental status exam		administration, scoring, and interpretation of traditional assessment measures as well as related technological advances.		diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning	
<b>9C. Application of Assessment Methods</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Demonstrates knowledge of measurement across domains of functioning and practice settings		Selects appropriate assessment measures to answer diagnostic question		Independently selects and administers a variety of assessment tools and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice	
<b>9D. Diagnosis</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity		Applies concepts of normal / abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity		Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity	
<b>9E. Conceptualization and Recommendations</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA

	Demonstrates basic knowledge of formulating diagnosis and case conceptualization		Utilizes systematic approaches of gathering data to inform clinical decision-making		Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment	
<b>9F. Communication of Assessment Findings</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Demonstrates awareness of models of report writing and progress notes		Writes assessment reports and progress notes and communicates assessment findings verbally to client		Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner	
<b>9G. Program-specific competency: Ability to provide assessment via telehealth</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Demonstrates the ability to perform the competencies above designated at the "Readiness for Practicum" level via telehealth		Demonstrates the ability to perform the competencies above designated at the "Readiness for Internship" level via telehealth		Demonstrates the ability to perform the competencies above designated at the "Readiness for Entry to Practice" level via telehealth	
Comments:						
<b>10. Intervention:</b> Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.						
<b>10A. Intervention Planning</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Displays basic understanding of the		Formulates and conceptualizes cases		Independently plans interventions; case	

	relationship between assessment and intervention		and plans interventions utilizing at least one consistent theoretical orientation		conceptualizations and intervention plans are specific to case and context	
<b>10B. Skills</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Displays basic helping skills		Displays clinical skills		Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations	
<b>10C. Intervention Implementation</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Demonstrates basic knowledge of intervention strategies		Implements evidence-based interventions		Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate	
<b>10D. Progress Evaluation</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Demonstrates basic knowledge of the assessment of intervention and progress and outcome		Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures		Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures	
<b>10E. Program-specific competency: Ability to provide intervention via telehealth</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA

	Demonstrates the ability to perform the competencies above designated at the "Readiness for Practicum" level via telehealth		Demonstrates the ability to perform the competencies above designated at the "Readiness for Internship" level via telehealth		Demonstrates the ability to perform the competencies above designated at the "Readiness for Entry to Practice" level via telehealth	
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Comments:

**11. Consultation:** The ability to provide expert guidance of professional assistance in response to a client's needs or goals.

**11A. Role of Consultant**

NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	No expectation at this level		Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher)		Determines situations that require different role functions and shifts roles accordingly to meet referral needs	

**11B. Addressing Referral Question**

NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	No expectations at this level		Demonstrates knowledge of and ability to select appropriate means of assessment to answer referral questions		Demonstrates knowledge and ability to select appropriate and contextually sensitive means of assessment / data gathering that answers consultation referral question	

**11C. Communication of Consultation Findings**

NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	No expectation at this level		Identifies literature and knowledge about process of informing consultee of assessment findings		Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations	
<b>11D. Application of Consultation Methods</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	No expectation at this level		Identifies literature relevant to consultation methods (assessment and intervention) within systems, clients or settings		Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases	
Comments:						
<b>12. Teaching:</b> Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.						
<b>12A. Knowledge</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	No expectation at this level		Demonstrates awareness of theories or learning and how they impact teaching		Demonstrates knowledge of didactic learning strategies and how to accommodate developmental and individual differences	
<b>12B. Skills</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA

	No expectation at this level		Demonstrates knowledge of application of teaching methods		Applies teaching methods in multiple settings	
Comments:						
<b>13. Supervision:</b> Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.						
<b>13A. Expectations and Roles</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Demonstrates basic knowledge of expectations for supervisions		Demonstrates knowledge of, purpose for, and roles in supervision		Understands the ethical, legal, and contextual issues of the supervisor role	
<b>13B. Processes and Procedures</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	No expectations at this level		Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices		Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise	
<b>13C. Skills Development</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Displays interpersonal skills of communication and openness to feedback		Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals		Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees'	

					relationships with their clients	
<b>13D. Supervisory Practices</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	No expectation at this level		Provides helpful supervisory input in peer and group supervision		Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting	
Comments:						
<b>14. Interdisciplinary Systems:</b> Knowledge of key issues and concepts in related disciplines. Identify and interact with professional in multiple disciplines.						
<b>14A. Knowledge of the Shared and Distinctive Contributions of Other Professions</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	No expectations at this level		Demonstrates beginning, basic knowledge of the viewpoints and contributions of other professions / professionals		Demonstrates awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems; demonstrates intermediate level knowledge of common and distinctive roles of other professionals	
<b>14B. Functioning in Multidisciplinary and Interdisciplinary Contexts</b>						

NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Cooperates with others		Demonstrates beginning knowledge of strategies that promote interdisciplinary collaborations vs. multidisciplinary functioning		Demonstrates beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning	

**14C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes**

NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	No expectation at this level		Demonstrates knowledge of how participating in interdisciplinary collaborations / consultation can be directed toward shared goals		Participates in and initiates interdisciplinary collaboration / consultation directed toward shared goals	

**14D. Respectful and Productive Relationships with Individuals from Other Professions**

NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Demonstrates awareness of the benefits of forming collaborative relationships with other professionals		Develops and maintains collaborative relationships and respect for other professionals		Develops and maintains collaborative relationships over time despite differences	

Comments:

**15. Management-Administration:** Manage the direct delivery of services (DDS) and/or the administration of organization, programs, or agencies (OPA).

**15A. Appraisal of Management and Leadership**

NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	No expectations at this level		Forms autonomous judgment of organization's management and leadership <i>Examples:</i> -Applies theories of effective management and leadership to form an evaluation of organization -Identifies specific behaviors by management and leadership that promote or detract from organizational effectiveness		Develops and offers constructive criticism and suggestions regarding management and leadership of organization <i>Examples:</i> -Identifies strengths and weaknesses of management and leadership or organization -Provides input appropriately; participates in organizational assessment	
<b>15B. Management</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	No expectations		Demonstrates awareness of roles of management in organizations		Participates in management of direct delivery of professional services; responds appropriately in management hierarchy	
<b>15C. Administration</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Complies with regulations		Demonstrates knowledge of and ability to effectively		Demonstrates emerging ability to participate in	

			function within professional settings and organizations, including compliance with policies and procedures		administration of clinical programs	
<b>15D. Leadership</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	No expectation at this level		No expectation at this level		Participates in system change and management structure	
Comments:						
<b>16. Advocacy:</b> Actions targeting the impact of social, political, economic, or cultural factors to promote change at the individual (client), institutional, and/or systems level.						
<b>16A. Empowerment</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA
	Demonstrates awareness of social, political, economic, and cultural factors that impact individuals, institutions and systems, in addition to other factors that may lead them to seek intervention		Uses awareness of the social, political, economic, or cultural factors that may impact human development in the context of service provision		Intervenes with client to promote action on factors impacting development and functioning	
<b>16B. Systems Change</b>						
NOT YET READY FOR PRACTICUM	READINESS FOR PRACTICUM	EXPECTED MID-POINT OF PRACTICUM	READINESS FOR INTERNSHIP	EXPECTED MID-POINT OF INTERNSHIP	READINESS FOR ENTRY TO PRACTICE	NOT ENOUGH INFORMATION IN THIS AREA

	Understands the differences between individual and institutional level interventions and system's level change		Promotes change to enhance the functioning of individuals		Promotes change at the level of institutions, community, or society	
Comments:						

I verify that my supervisor has discussed this form with me.

\_\_\_\_\_  
Intern name

\_\_\_\_\_  
Intern signature

\_\_\_\_\_  
Date

I verify that I have completed the above form based on **both** direct and indirect supervision of the intern.

\_\_\_\_\_  
Supervisor name

\_\_\_\_\_  
Supervisor signature

\_\_\_\_\_  
Date



15. Demonstrated the ability to work with people from the LGBTQ+ community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Demonstrated the ability to work with non-English speakers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Demonstrated the ability to work with individuals of different cognitive abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Demonstrated the ability to work with individuals of different physical abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Demonstrated the ability to use technology (e.g., telehealth or assessment/therapeutic devices like biofeedback or Actigraphy) in the care of patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>OTHER ASPECTS OF THIS ROTATION OR ACTIVITY:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
1. The volume of clinical work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The resources available to me (workspace, staff, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The breadth of clinical skills developed during this activity (assessment, intervention, consultation, scholarly inquiry, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please use this space to write any pertinent comments about your rotation experience.						



**The University of Arizona Psychology Internship Seminar Survey**

Please complete this brief and anonymous survey which will assist us to improve our program.

Date: \_\_\_\_\_  
Seminar Title: \_\_\_\_\_  
Presenter: \_\_\_\_\_

1. I gained beneficial insights from today's reading and/or discussions.  
Strongly disagree    Disagree    No comment    Agree    Strongly agree
2. The subject matter will help enhance my clinical work.  
Strongly disagree    Disagree    No comment    Agree    Strongly agree
3. I can apply or use the information presented in this program in my professional practice.  
Strongly disagree    Disagree    No comment    Agree    Strongly agree
4. This lecture met the stated goals and objectives.  
Strongly disagree    Disagree    No comment    Agree    Strongly agree
5. This lecture was appropriate for my current level of training.  
Strongly disagree    Disagree    No comment    Agree    Strongly agree
6. The lecture was well-organized.  
Strongly disagree    Disagree    No comment    Agree    Strongly agree
7. The presenter used technology effectively.  
Strongly disagree    Disagree    No comment    Agree    Strongly agree
8. The presenter was knowledgeable on this topic.  
Strongly disagree    Disagree    No comment    Agree    Strongly agree
9. The quality of slides and/or handouts was:  
Poor            Fair            Neutral            Good            Excellent            N/A
10. The quality of the verbal presentation was:  
Poor            Fair            Neutral            Good            Excellent            N/A
11. What was your overall rating for today's seminar? 1=Lowest score; 5 = Highest score  
1      2      3      4      5

12. Tell us what you liked about this seminar.

13. Tell us what you disliked about this seminar