



**DOCTORAL INTERNSHIP IN CLINICAL and
HEALTH SERVICE PSYCHOLOGY**

TRAINING MANUAL

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**Accredited by
The American Psychological Association**

*Questions related to the program's accredited status should be directed to the
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Welcome

August 2022

Dear Interns,

Welcome to your internship year at Canvas Health!

We are so glad to have you train with us this year and are looking forward to getting to know you. The training committee and I hope that this handbook helps you orient to Canvas Health and will serve as a useful resource throughout the coming year. It was first drafted by the 2006-07 interns, Angela Emerick, Erin Guell, Tina Shah, and fellow Joe Groninga. They evaluated what contributed to or complicated their adjustment to the program and decided to assist future trainees by identifying and documenting this information. We are grateful to this group for initiating this project. Each year, interns provide feedback to the program that we build into the manual and to our program in a process of continual evolution.

This training manual is intended to be the document of record for a number of elements of the doctoral internship in psychology at Canvas Health, and a reference for you during your training year. Please review it immediately, and reference it throughout the year to remain aware of the policies and procedures of the program.

This handbook, as well as the internship program itself, is a work in progress. Let us know what made your experience at Canvas Health work, as well as what you found challenging. Suggestions for improving the program and handbook are encouraged!

Sincerely,

Morgan Krause, Psy.D., LP
Training Director

Interns' Contributions to the Internship

The doctoral internship program is continuously evolving to meet the needs of interns, the agency, and our clients and community. Many current internship practices and procedures have been developed by the innovative ideas of our interns, who bring with them ideas and practices from other agencies, knowledge of new research and practices, and a spirit of innovation parallel to that of the program itself. Please consider the Training Director's email address – mkrause@canvashealth.org – to be an open Suggestion Box for your ideas about how to improve our internship.

Interns attend the Internship Training Committee meeting which occurs monthly on the fourth Wednesday at noon. We may meet more frequently if we are working on special projects. The Training Committee meeting focuses on training, competency development and documentation, ethical practice, and professional identity. It is a consistent place for interns to share ideas and suggestions to the Training Committee staff and we look forward to your feedback.

Interns also attend the monthly Psychologists Meeting (first Wednesday at noon) where similar efforts are considered for topics relating to assessment, diversity training, clinical skills, and professional identity.

Three times each year, the interns are provided with an opportunity to provide formal, written feedback about their training experiences, including ratings of their primary supervisor, Training Director, each rotation, and their internship as a whole. They are encouraged to deliver this feedback in-person to the recipient.

Interns also are core members of the annual day-long internship retreat each August, where the program's practices, needs, successes and problems are considered by all parties involved.

Interns at Canvas Health have an important role in educating agency staff in topics that may be new and unfamiliar to them. Interprofessional education is encouraged and if an intern has an interest in developing presentation or teaching skills, every effort will be made to foster this interest. At times, the agency will request that our intern cohort research and present to agency staff on a topic of particular relevance. It is a testament to the quality of our program that we are sought out to provide interprofessional education and we accept these requests as they arise, as it is part of our service to our agency community to meet training needs as they are identified.

Similarly, interns at Canvas Health are often sought after to provide consultation to departments who may not have a psychologist on staff. Often, departments have questions about assessment and testing and may have clients who are demonstrating a possible need for referral for testing or assessment. Interns play an important role in bridging any interdepartmental, logistical divide, providing useful consultation and in facilitating referrals for additional services. This interdepartmental, interprofessional collaboration is at the heart of the mission of Community Mental Health Clinics and its positive impact on the timely, targeted care of clients cannot be overemphasized.

Standards of Professional Behavior

Interns are expected to follow the same policies and maintain the same ethical standards in therapist-client relations as other clinical staff. Clients should be treated respectfully at all times. The confidentiality of their communications and health information must be strictly protected. As a matter of practice, all clinicians go over standard agency forms regarding data privacy practices, client confidentiality, and informed consent with each new client or examinee. In addition, interns must disclose their trainee status to clients and inform them that their treatment will be discussed with supervisors and team members when appropriate. Additional obligations to clients and to you as employees are discussed in the Canvas Health Employee Handbook.

Respect for clients requires that staff members dress neatly and professionally. Please dress with an extra level of modesty to avoid complicating a client's feelings or experience in treatment. Clothing that is acceptable in other arenas, such as university life, may not be sufficiently neutral or professional in this setting. For example, blue jeans are not acceptable. Your clothing as well as your behavior reflect on Canvas Health and the profession of psychology.

The evolving area of social media presents new challenges to clinicians. Interns are expected to present themselves professionally in any arena in which a client may reasonably encounter information about them, and to reflect the standards of the profession and the agency responsibly. The ethical guidelines of APA are available and represent a good foundation for thinking about how to manage social media presence. Psychologist Keely Kolmes (<https://drkkolmes.com/>) has emerged as a psychologist expert on our profession's interface with social media.

Please see Canvas Health's policies related to professional behavior; links to agency-level policies will be provided to you at onboarding.

Service Commitments and Training Resources

Service Commitments

Interns should expect to work 40-50 hours per week on Canvas Health business during the training year, depending on their skill and facility in professional writing. Some evening work is expected, as we serve clients who are often not available during first shift hours. We are mutually invested in your formal training, and believe that this level of service training time will ultimately benefit you in your development of skills and professional knowledge. This also will give you a broader range of experiences and adaptation to the typical pace of professional practice.

Routinely spending more time than 50 hours per week is not encouraged and may indicate that help is needed from a supervisor to adjust workload or modify priorities.

Interns are expected to take paid time off (PTO) during the year. Interns have 15 days, or 120 hours of PTO, plus two (2) floating holidays plus eight (8) regular holidays. Planned time off should be cleared with your primary supervisor ahead of time. You are expected to notify your supervisor of an unexpected absence as soon as possible. Your commitment is for a minimum 2000 hours of service, which is the minimum required of a doctoral internship for Minnesota licensure. Working a 40 hour week means you will serve a total time of 2,080 hours inclusive of time off.

Canvas Health recognizes the importance of finishing your academic program, and works to be flexible when time is needed for dissertation events. However, we do not provide routine dissertation release time.

Interns should begin to serve their 40 hours per week beginning the first week of the training year. If there are no assigned meetings or training, you may begin to prepare to administer new tests, read manuals, study the electronic health records system, and review other clinical documents and training materials. The program has a number of articles and references stored on a data server you will have access to (L:\Psychology References). With the permission of your primary supervisor or the Training Director, you also may take comp time off if it is made up at other times, typically within the same pay period.

Training Resources and Support Services

Financial Support

Please see Appendix A for a summary of the internship stipend and benefits.

Training Funds

Up to \$600.00 reimbursement is available for conferences or special training. Of this time, interns are expected to attend at least one training session (approved by the training director) related to cultural competence. Canvas Health staff are offered periodic training on cultural competence across the training year in addition to the training program's offerings on this issue.

Clerical, Technical, and Electronic Support

Interns receive the same clerical and technical support as all professional staff. This includes centralized intake staff who schedule diagnostic intake appointments, reception staff who welcome and check-in clients for appointments and field phone calls made to the agency, clinical records staff who facilitate access to charts, information technology staff who provide technological support for computers and phones, billing staff who obtain reimbursement for services, and facilities maintenance staff who make needed repairs to the building and grounds.

The internship and psychological services program share a full-time support staff. This staff manages case assignment and scheduling, test ordering and scoring, and the logistical aspects of the internship selection process. The program occasionally has to share this staff with the general agency at times for centralized intake coverage when other staff shortages demand it.

Internal Website

Canvas Health has an internal website with many important links and information. You can reach this site at the following address: <http://www.canvashealth.org/>. You will be given a staff login and password for this site. Canvas Health policies, procedures, forms, and EHR manuals can be found there.

Training Materials and Equipment

The program has a budget for books and materials. Most materials used by interns are purchased by the Psychological Services program that houses the internship administratively. Materials that support the interns' training are shared with other professional psychology staff. The Psychological Services program has an extensive holding of testing materials and adds to this regularly in service of the work that interns do during their training. The agency has iPads dedicated to test administration and computers that are dedicated for test administration and scoring. Each intern has a laptop computer, docking station, internet access, and dual monitors and each has a landline phone. Each intern also has a digital recorder for use in recording client therapy sessions. Beginning during the COVID-19 pandemic of 2020, the program has transitioned to using Microsoft Teams and Zoom as options for meetings.

Physical Facilities and Training Settings

The main Canvas Health office in Oakdale, Minnesota is housed in a modern three-level building with spacious therapy rooms, conference rooms, an observation room, and a sunroom for seminars

and other meetings. The grounds are attractive and well-maintained. Interns have a large common office in the Oakdale building with windows and a wooded view. Interns also have access to a kitchen, quiet outdoor space, a gymnasium (limited; by request), and a private lactation room.

The facilities were constructed in 1980, purpose-built to be a mental health clinic and, as the agency has expanded, careful attention has been given to architectural purpose. The setting compares well to other clinical settings in which the interns may be employed. The building has several dedicated offices for staff to use and the interns are assigned days and times in these offices at the beginning of the year so they have an identified space in which to see therapy clients and assessment examinees. Two observation rooms are available by appointment in the Oakdale office.

Training settings also include the Washington County Jail, where occasional evaluations are conducted, and family homes for the Family Treatment Program in-home family therapy sessions. Interns serve 1-2 days per week at another Canvas Health site in either Stillwater, Cottage Grove, North Branch or Bloomington, Minnesota, which are equally suitable to their purpose; mileage is reimbursed (offsite travel expectations may change depending on the COVID-19 pandemic and agency needs).

Accessibility/Compliance with ADA

Canvas Health has an agency-level policy that addresses our ADA-compliance (see Canvas Health's Reasonable Accommodations policy, M:\Policies\Human Resources). Canvas Health is committed to the fair and equal employment of people with disabilities, including those with mental and chemical health issues. It is the policy of Canvas Health to comply with all federal and state laws concerning the employment of persons with disabilities and to act in accordance with regulations and guidance issued by the Equal Employment Opportunity Commission (EEOC) (See Canvas Health's Equal Opportunity Employment Policy, M:\Policies\Human Resources). Furthermore, it is the company policy not to discriminate against qualified individuals with disabilities in regard to application procedures, hiring, advancement, discharge, compensation, training or other terms, conditions and privileges of employment. Canvas Health will reasonably accommodate qualified individuals with disabilities unless the accommodation would impose an undue hardship. Retaliation against an employee or applicant who requests an accommodation is prohibited.

Microaggression Support

The internship program instituted a microaggression support team in 2020. Should an intern experience a microaggression, or suspect they may have experienced a microaggression during their internship duties, there are a number of options available. Avenues for processing any internship-related concern vary widely; some, but not all, are listed here.

Because internship is a time of professional development, interns are encouraged to discuss concerns directly with the individual/group with whom they are experiencing the concern. Peer supervision, process group, primary supervision and consultation with the Director of Training are all available options to process, gain support, and to consider alternatives for response for any concern. The more sensitive nature of microaggressions, however, may lead a trainee to feel particularly vulnerable to a negative response should they disclose the microaggression. For this reason, an alternative avenue for processing microaggressions has been created. Interns can bring concerns to Jaxx Wolfe, LADC (they/them/theirs) or Jordan Jones, MSW, LICSW (she/her/hers) for a private place to discuss concerns, gain support and weigh out options. Jaxx and Jordan consult with one another, but will not share content with the Training Committee.

At an agency level, interns may bring a concern to any member of the Canvas Health Diversity Committee for discussion and response by the committee. Should the concern rise to the level of a formal grievance, the intern may follow the process for reporting grievances that is detailed in the Internship Training Manual.

Timing may feel important to an intern. Support for or disclosure of a microaggression can be done at any time. While retaliation is contrary to our professional code of conduct, should an intern fear retaliation, they have the option to disclose or report at the end of their internship, when risk is minimized.

Competencies, Learning Elements and Minimum Levels of Achievement

Required Profession-Wide Competencies

The aim of the internship is to train each intern to competence in each of the nine (9) required Profession-Wide Competencies identified by the APA.

1. Research
 2. Ethical and Legal Standards
 3. Individual and Cultural Diversity
 4. Professional Values, Attitudes, and Behaviors
 5. Communications and Interpersonal Skills
 6. Assessment
 7. Intervention
 8. Supervision
 9. Consultation and Interprofessional/Interdisciplinary Skills
-

Learning Elements to Develop Competencies

1. Research

APA-defined elements associated with this competency at the internship level

- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

Required Learning Elements

- Interns are required to present two (2) 90-minute case conferences per year, the first using an assessment case and the second a therapy case. Interns are expected to demonstrate scholarship by selecting a psychological topic to research, using a client case to illustrate the topic.
- Dissemination of research at psychologists' meetings (as requested)
- Diversity journal club
- Outcome studies on own client populations
- Program evaluation projects (as available)
- Agency requests to present current research on a topic of interest to the agency (as available)

2. Ethical and Legal Standards

APA-defined elements associated with this competency at the internship level

- Be knowledgeable of and act in accordance with each of the following:
 - the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
 - Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
 - Relevant professional standards and guidelines.
- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.

Required Learning Elements

- Attestation of review and agreement to adhere to APA Ethical Principles of Psychologists and Code of Conduct and to Minnesota Psychology Practice Act
- Relias trainings in mandated reporting and HIPAA law
- MAAPIC training in ethics
- Individual and group supervision

3. Individual and Cultural Diversity

APA-defined elements associated with this competency at the internship level

- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
- Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

Required Learning Elements

- Culture-sharing activity (part of didactic trainings)
- Use of individual supervision
- Process/Countertransference group (non-evaluative)
- Participation in psychologists' meeting book discussions
- Attendance at MAAPIC diversity training
- Attendance at select didactic presentations
- Use of ADDRESSING model in case conceptualization

4. Professional Values, Attitudes, and Behaviors

APA-defined elements associated with this competency at the internship level

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

Required Learning Elements

- Process/Countertransference group
- Use of individual and group supervision

5. Communications and Interpersonal Skills

APA-defined elements associated with this competency at the internship level

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Required Learning Elements

- Written communications, including diagnostic assessments, psychological evaluations, progress notes and other professional communications, including emails and letters
- Case conference presentation
- Communication and interpersonal skills during provision of therapy and assessment services
- Communication and interpersonal skills in various teams in which embedded

6. Assessment

APA-defined elements associated with this competency at the internship level

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).
- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Required Learning Elements

- Completion of Psychological Services rotation (EEQs – number of evaluations)
- Assessment seminar
- Select didactics

7. Intervention

APA-defined elements associated with this competency at the internship level

- Establish and maintain effective relationships with the recipients of psychological services.
- Develop evidence-based intervention plans specific to the service delivery goals.
- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrate the ability to apply the relevant research literature to clinical decision making.
- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

Required Learning Elements

- Individual therapy
- Recording of individual therapy sessions for primary supervisor
- Group therapy rotations
- Use of supervision
- Select didactics
- Identification and application of evidence-based practices

8. Supervision

APA-defined elements associated with this competency at the internship level

- Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

Required Learning Elements

- Supervision Experiential
- MAAPIC training in supervision
- Observation of modeled supervision in both individual and group supervision settings

9. Consultation and Interprofessional/Interdisciplinary Skills

APA-defined elements associated with this competency at the internship level

- Demonstrate knowledge and respect for the roles and perspectives of other professions.
- Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Required Learning Elements

- Rule 29 Outpatient meetings
- Rotation team meetings
- Consultation to referral sources for psychological evaluation or therapy (primary care providers, teachers, probation officers, case managers, other treatment professionals)
- Consultation module

Minimum Levels of Achievement (MLAs)

Primary and Rotation supervisors complete the Canvas Health Doctoral Internship in Clinical and Health Services Psychology Competency Assessment forms (See Appendix B) three times each year about interns' performance and progression toward competency in each of the nine (9) required core competency areas. If there are discrepancies in ratings between the rotation and primary supervisors, the primary supervisor determines the final competency rating. The following are benchmarks for successful progression through the internship at each competency assessment.

Competency Goal for Dec/Jan evaluation: 100% of ratings are 3 or above. Any ratings of 1 or 2 are to be addressed in a targeted training / remediation plan.

Competency Goal for April/May evaluation: 100% of ratings are 4 or above. Any ratings of 1, 2 or 3 are to be addressed in a targeted training / remediation plan.

Competency Goal for July/August evaluation and successful completion of internship: 100% of ratings are at 4 or above and 80% of ratings are at 5. No ratings of 1, 2, or 3 in any area.

Please be advised that in order to achieve successful ratings on the Competency Assessment form, you will need to complete the required learning elements for each competency area (see Learning Elements to Develop Competencies section of this manual).

Additionally, as delineated in the Competency Assessment, interns are expected to achieve the following MLAs to successfully complete internship:

Case Conference presentations (2). Interns must pass both case conference faculty ratings on the Case Conference Feedback and Rating Form (see Appendix C), with no more than one faculty rating any performance as not meeting standards.

Therapy Supervision Worksheet (2). Interns must earn a passing score on both Therapy Supervision Worksheets (see Appendix D), as evaluated by their primary supervisor.

Supervision & Consultation

Supervision

Primary Supervisor

Each intern has a primary supervisor who is a licensed, doctoral-level clinical psychologist. The primary supervisor has overall responsibility for your work and directly oversees treatment of your outpatient clients. This supervisor will help structure your internship experience and will provide guidance, advocacy, continuity, role-modeling and feedback. Your supervisor is legally and ethically responsible for all of your clinical behavior while under her/his supervision. Interns, supervisors and all clinical staff must be committed to careful attention to our patients, managing risk and providing our best care and judgment. Clear, open communication, mutual respect, and a supportive relationship are vital, and expected. Interns meet with their primary supervisor two hours per week for individual supervision.

Your primary supervisor may be unable to meet with you due to illness, vacation, or other obligations. In that case, they will arrange for you to meet with another supervisor in their absence. If you need consultation and are unable to reach your supervisor, consult the training director, a unit supervisor (adult or child), another intern supervisor, or any other outpatient staff. The training director and your primary supervisor should give you their cell number, and you should give them yours. Supervision and consultation are available to you *at all times*. It is imperative that you consult a supervisor regarding all safety or ethical concerns that arise prior to taking action.

At the beginning of your working relationship with your supervisor, you will review together the parameters and mechanics of supervision and you will both sign two supervision contracts; one is internship-specific (“Training Plan”) and the other is a more general Rule 47 agency-wide contract (“Rule 47 Supervision Plan (modified for doctoral interns)”). Please see Appendix E.

Rotation Supervisors

As well, you will have “rotation supervisors” in your rotations through DBT, Day Treatment, and/or ECBA. These supervisors are part of the internship Training Committee. They monitor and evaluate your clinical work in their departments and provide feedback to your primary supervisor and to the rest of the training committee on your progress. You will have weekly supervision with these secondary supervisors, either in an individual or group setting and regular attendance at rotation team meetings is mandatory. Interns also complete supervision contracts with their rotation supervisors, outlining hours of supervision and program-specific training goals. If you have questions or concerns about the clinical work in these departments, please consult with the rotation supervisor and also with your primary supervisor, especially around clients who present significant risk to themselves or to others or when concerns or conflicts arise.

Assessment Supervisors

You may have a different supervisor for psychological evaluation than for your therapy work. Two psychologists, Drs. Morgan Krause and Dan Johnson, supervise and co-sign all psychological evaluations completed by interns and fellows. You will be assigned to one or the other of these supervisors for your psychological evaluations. You will also attend a weekly group supervision hour regarding psychological evaluations (“Assessment Supervision”); this will be conducted on alternate

weeks (approximately) by Drs. Morgan Krause and Dan Johnson. Informally, Drs. Andrew Ballew and Liliana Freire-Bebeau are also available to you for consultation on your psychological evaluations.

Intern & Supervisor Expectations

Interns are expected to adhere to the following expectations. Please note this list is partial, not all-inclusive.

- Meet with your primary supervisor at least two hours a week at designated times. Be on time. Bring files, questions and clinical concerns. Share successes and intra-staff issues as well.
- Meet with program supervisors from your rotations weekly and respond to their directives as you would to your primary supervisor. Some of this contact may be provided in group supervision/rotation team meetings. Clarify this plan with your primary and rotation supervisors at the start of your year or rotation.
- Attend Rule 29 case conferences for outpatient (Oakdale, Cottage Grove, or Forest Lake) as assigned and contribute to the discussions. Attendance at this meeting is separate from and in addition to your rotation team meetings.
- Notify supervisor and administrative support staff ASAP if you will be late or absent.
- Discuss **all** cases regularly with your supervisor, even if treatment appears to be going well and you have no specific questions. Write a consultation note in the EHR each time you discuss a client in supervision or unit meetings. All notes, letters, etc. should be reviewed and co-signed through the EHR.
- Seek immediate supervision with your primary or rotation supervisor regarding any client who may be unsafe to leave the building, appears intoxicated, or presents a risk of harm to self or others. Consult immediately regarding any possible instance of mandatory reporting or duty to warn. If your primary supervisor is not available, seek other licensed staff for help and guidance. As needed, ask the front desk staff for help. Everyone here is a team player.
- Complete progress, contact and consultation notes within 24 hours.
- Drafts of Diagnostic Assessments (DA) will be sent to your supervisor, who will review it and refer it back to you for changes, or sign and lock it. The DA process (including content and timelines) is currently being updated to be in compliance with expectations for CCBHC.
- Complete treatment plans with the client and review them with your supervisor after the DA and before the next meeting with the client. Review these with the client every 90 days. Whenever possible, develop the treatment plan in session (concurrent documentation) with your client, collaborating with them on their goals for change. The treatment plan process is currently being updated to be in compliance with expectations for CCBHC.

- Inform all persons to whom you provide service (therapy clients, examinees) that you are a doctoral psychology intern providing care under supervision by a licensed psychologist (or applicable degree/licensure). Answer their questions about what this means.
- **All** therapy sessions are to be recorded whenever possible using the approved and provided method for recording. Request permission from all clients to record sessions; complete Canvas Health Consent for Observation or Recording form (M:/Psychology Internship/Consent for Observation or Recording.doc) with client (indicating whether or not the client consents to having sessions recorded), and give the form to Clinical Records.
- You are not expected to know everything or not to make any errors. In fact, if you expect to never make errors, both you and your supervisors will be frustrated and it will diminish your training. As you know, training in psychology and psychotherapy is an apprenticeship process. You will be exposed to many things that seem unfamiliar, in your clients and in your own reactions and feelings. You learn by studying, watching, doing, making natural errors, and integrating feedback from your clients and supervisors into your practice.
- In your training, you will be a part of different treatment teams that meet regularly in consultation. Each rotation program will attend to your needs and your growth in many ways across your year of training with us. It is essential that you overcome your reticence or fear of making an error. Your primary and rotation supervisors are dedicated to your success. Become comfortable with being observed and imperfect, and your path to skillful therapy and practice that benefits your clients will be eased and ultimately, your skills will be enhanced.
- Twice per year, you will complete a process analysis sheet of a recording you have reviewed, using the agency's Therapy Supervision Worksheet. These will be distributed by the training director when they are to be completed.
- Maintain a spreadsheet of active clients and their status (active, needs letter of inquiry, needs to be closed, etc.). A sample spreadsheet is in the Psychology Internship file ("client spreadsheet"). Share this list with your supervisor regularly and use in supervision.
- Maintain a spreadsheet of testing cases and their status as well as the hours spent and billed on the case. This spreadsheet is our method of determining if/when you have attained the expected 35 evaluation equivalents (EEQs). A spreadsheet will be provided to you for this purpose. Share this list with your supervisor and with your training director as needed or requested.
- Consult the training director and your supervisor while preparing for your two case conferences and year-end presentation. Ensure that you have a title and outline for your presentation at least **two weeks before** the presentation.
- Become acquainted with the Competency Assessment ratings, the goals of the internship, and the minimum levels of achievement (MLAs) expected to complete internship. **You must meet the minimum levels of achievement during your internship year in order to graduate from internship. See the *Competencies, Learning Elements, and Minimum Levels of Achievement* section of this document for details.** In your role as doctoral intern, and psychologist-in-training, it is essential that you develop skills in self-assessment. Maintain

continual awareness of the areas of your work in which you are stronger and the areas in which you are in need of focused, guided growth. Identify these areas and make them specific targets of discussion with your primary supervisor throughout the course of the year.

- Come to the weekly Assessment Supervision prepared to discuss your psychological assessment cases. Bring test results whenever possible. Learn to give brief but comprehensive synopses of cases to orient others to the questions about which you seek consultation. Discuss cases before you test them, whenever possible, to plan your approach. Use the seminar to plan your approaches to interviewing, testing, billing, and case management.
- You are assigned to Psychological Services for 12 hours per week throughout the year. Plan time for report writing. It is ideal if you can submit a first draft, even if incomplete, to your evaluation supervisor within 2 - 3 weeks. Allow time for multiple edits. Plan to finish your reports as soon as you have the information available. Sometimes we need to issue drafts before the full report is possible. Ask for help as needed. Really.
- Bill quickly, carefully and methodically. Be aware that if a service is not billed in a specific time frame it will not be paid by the insurer or other payer. Expect to need to obtain prior authorization on at least some of your assessment cases, and use the opportunity to master this important set of skills in clinical description and decision-making. Dr. Dan Johnson will consult on prior authorization, and on billing questions as needed, and billing guidance is available in the examinee's evaluation chart. This can be complicated, but keep at it.
- Attend Training Committee meetings as requested.
- If you think something seems unnecessary, silly, confusing, dangerous, just plain wrong or you can't tell enough to put it in one of these categories - ask! Virtually anyone, and especially your primary supervisor, will be more than happy to help.

Primary Supervisors' responsibilities include the following.

- Be available for questions and concerns, formally for two hours a week, and informally on an as-needed basis.
- Supervise all of the intern's clinical work, providing direction, consultation, and/or a sounding board for clinical interventions with all clients in the outpatient caseload.
- Edit and co-sign all diagnostic assessments, progress notes, chart notes, letters, clinical forms, reports and treatment plans, in a timely way.
- Train interns to write brief, cogent, relevant case notes that satisfy current criteria for care and help to manage risk.
- Regularly review recordings of client sessions and complete a process evaluation of an intern-selected recorded session at least twice per year, using the agency's Therapy Supervision Worksheet.

- Give regular, ongoing feedback about development of skills and performance of roles. Listen, perceive, support, and challenge.
- Complete three overall Competency Assessment Rating evaluations per year and discuss with the intern.
- Convey clear information regarding intern responsibilities and performance, including constructive criticism and positive feedback.
- Meet with the supervisors of secondary rotations to help coordinate the training experience.
- If the intern must change their behavior to achieve program standards, the supervisor will meet with the internship training committee to confer about needed changes or achievement of competencies. The supervisor and training director will convey the committee's expectations and decisions to the intern.
- Communicate a summary of intern progress and accomplishments to the intern's school as required by the school during the year and at year end. This generally comes from the training director with input from the primary supervisor.
- Consult with the intern in preparation for case conference presentations and year end presentation.
- Work with the intern to maximize the growth potential of the training year.
- Meet with the training committee and supervisors groups to assess the process and skill attainments of your intern and to consult with other supervisors about their own work in training.
- Contribute to the structure of training and the selection and management of each intern cohort.

Clinical Rotations

Overview

The internship is possible in part because of the support of the programs in which interns train. Canvas Health does not profit from your work, but your work does bring revenue that offsets the costs of training. Even more importantly, each service you perform gives you more of the experience that prepares you to function as a professional psychologist, and to be able to perform at the pace that allows your future success in your career. Accordingly, there are service expectations for each rotation in which you are trained.

All Interns

Interns spend about 50 - 55% of their service time per week in direct service, compared to 65% or more direct service for staff. The internship requires participation in two full-year clinical rotations: Outpatient Services and Psychological Services. Adult interns provide most of their therapy to adults and complete adult psychological evaluations in the Psychological Services unit. Child interns provide most of their therapy to children and adolescents and complete child and adolescent psychological evaluations in the Psychological Services department.

Adult-track interns

In addition to the above responsibilities, Adult-track interns complete a 12-month rotation in the adherent DBT program (Oakdale) and a 6- to 12-month rotation in the adult Day Treatment program in Oakdale.

Child-track interns

In addition to the above responsibilities, the child-track intern completes 6- to 12-month rotations in our Therapeutic Learning Center and Early Childhood Clinical Services.

Outpatient Services

All interns are assigned to outpatient services (individual therapy) throughout the entire training year.

Therapy Caseload

Interns' expected overall outpatient billing will vary based on the number of hours each intern is allocated to Outpatient Services. This could vary from a minimum of 3 to 9 hours weekly. You will need to see and bill for more than that whenever possible to make up for inevitable failed appointments. The service expectations for Outpatient Services are determined within the first month of your internship start; please stay in close communication with your primary supervisor to determine your targets for Outpatient Services contact hours.

Diagnostic Assessments

Also known as "DA" or "Intake"

The first session for an adult or child therapy client is an assessment of the client's current mental health status and treatment needs. You will typically be assigned to complete one DA per week, based on your ongoing client caseload. Support staff schedule DAs for you based on a client's insurance, scheduling requirements and any expressed preferences (e.g. gender of therapist). People seen for a DA may become part of your ongoing treatment caseload. When you perform a DA, **do not** tell the client you will do treatment services with them until you discuss that person with your supervisor. If a client is to be transferred or referred to other staff or services, complete and submit an internal referral through the EHR. The DA process (including content and timelines) is currently being updated to be in compliance with expectations for CCBHC.

Recordings

Interns are required to record, with client consent, all therapy sessions so their primary supervisor can review their interventions and support their development as psychologists. While this may feel intimidating at first, it will become comfortable with practice.

Outpatient and Other Staff Meetings

Attendance at semi-monthly Rule 29 (The MN legislation for licensure standards for community mental health centers and related services) outpatient staff meetings may be required. Additionally, your rotations will also have a team meeting, typically weekly. These meetings provide opportunity for interdisciplinary consultation, making and accepting referrals, discussing business matters, time to bring up agency issues and concerns as well as check-in time with other staff. You may be hesitant to ask questions or offer suggestions. Please know that Canvas Health staff view interns as colleagues. They welcome and expect your participation and ideas in these meetings. Previous interns have left a legacy of trust and competence, and your training has prepared you to contribute. Support your colleagues and help them succeed too. Seek feedback from your primary supervisor about your level of interaction in these meetings, as you may learn more about how other professionals may interpret your professional behaviors.

Psychological Services

Referrals

Canvas Health performs evaluations for a number of agencies and professionals. Of those, priority is given to scheduling for court, community corrections and community social services programs, including our children's mental health case management program. Referrals from physicians in the community may also receive some priority status. Internal referrals are also important to our mission. We have a busy neurodevelopmental clinic (all ages) and are routinely asked to provide diagnostic clarification for a full range of presenting concerns. Our client population is comprised of many diagnostically complex individuals and you will develop the skills you need to confidently choose assessment measures, conceptualize and diagnose, and provide useful recommendations and feedback to the persons you assess.

Service expectations

In order to complete 35 psychological evaluation equivalents (EEQ) in the internship year, interns must conduct 2-3 evaluations per month. To reach this, allowing for failed appointments, it is best to schedule 3-4 evaluations monthly. An average evaluation (1.0 Evaluation Equivalent or EEQ) consists of approximately 8 - 9 billable hours. Complex evaluations may require substantially more

service and testing and be credited for more than a 1.0 EEQ. Child evaluations will also generally be credited for more than a 1.0 EEQ. All valuations are determined by the Training Director and may be negotiable in some circumstances. A spreadsheet will be provided to structure your recording of this information. After three failed psychological evaluation appointments, EEQ credit may be given for additional failed evaluations at a rate of approximately 0.5 EEQ per fail. However, interns are expected to make extra room in their schedules in order to reach the goal of 35 EEQs. You may also need to do more evaluations at some points during the year to make room for vacations and other time off. If we do not have an evaluation to schedule for you, you will be credited with 1.0 EEQ for that evaluation date.

Report writing

Interns take approximately 10 hours to complete an evaluation report at the beginning of their training year. If you find that you need substantially longer than that, please consult with your supervisor and Training Director to explore ways to make the task more efficient and manageable.

It is ideal if you can submit a first draft, even if incomplete, to your evaluation supervisor within 2-3 weeks. This pushes you to document mental status exam, behavioral observations, history and a general idea of diagnostic picture early, rather than allowing this information to decay in your memory. Communicate carefully with the referral source to ensure that you meet their required deadlines and work closely with your evaluation supervisor to set and hold reasonable deadlines for your reports and feedback. Interns who do not reach their assessment goals may be asked to cut back on other desirable training activities, or to extend the training year.

Adult Adherent Dialectical Behavior Therapy (Adult Track)

Interns are given specific training in DBT skills and concepts, and then work and study in an Outpatient Dialectical Behavioral Therapy (DBT) rotation involving 6 or 12 months of group co-therapy with adults. Over the year, they attend a weekly consultation group and carry individual therapy clients who are in DBT group.

Adult Day Treatment (Adult Track)

Adult psychology interns complete a 6- to 12-month rotation in the Adult Day Treatment SPMI Program. Clients in this program are typically identified as having severe and persistent mental illness and commonly have diagnoses such as Bipolar Disorder, Major Depressive Disorder, Schizophrenia or other psychotic or personality disorders. Many enter our program after having been stabilized at a hospital or after having been diagnosed with a mental illness for the first time. This rotation involves approximately 10 hours per week for 6-12 months. The intern serves as a treatment group co-therapist, makes psycho-educational presentations, and participates in weekly multi-disciplinary staff meetings. Empirically supported treatments (IMR, DBT) are integrated into this program, and interns will learn and deliver these treatments.

Therapeutic Learning Center (Child/Adolescent Track)

Child/Adolescent-Track interns complete a 6- to 12-month rotation in the Therapeutic Learning Center (TLC). The Therapeutic Learning Center (TLC) is a half-day, year-round day treatment program to youth ages 11-17 who are demonstrating difficulty with mental health symptoms and school-based behavior or attendance problems. The treatment philosophy combines intensive therapeutic treatment within an environment that fosters belonging, self-regulation, relationship skills, and lasting positive change. Program participants attend three hours of mental health treatment daily. TLC staff work with the participant, family, and school staff to develop an individualized treatment plan with specific goals and outcomes.

Early Childhood Clinical Services (Child/Adolescent Track)

Child/Adolescent-Track interns complete a 6- 12-month rotation in Early Childhood Clinical Services. Early Childhood Clinical Services offers assessment of children age five and under by teaming with parents and caregivers. They gain clarity and increased understanding of a child's struggles in order to provide individually tailored recommendations and interventions. They provide specialized assessment as well as psychotherapy and/or skills training. Staff are trained in evidence-based interventions that include: Parent Child Interaction Therapy (PCIT), Trauma Informed-Child Parent Psychotherapy (TI-CPP), Trauma-Focused CBT, and Circle of Security (COS). PCIT certification may be obtained during the internship year. Interns will complete training in DC:0-5 (Diagnostic Assessment for Young Children) prior to the beginning of the internship year.

Additional Training Components

Didactics

Interns are provided with the equivalent of two (2) hours per week of didactic training. Didactics are scheduled for 1–2 hours on Wednesday mornings. Please see Appendix G for a list of didactics provided during the 2019-2020 training year.

Consultation Module

A four-week Consultation Seminar provides the interns with an opportunity to increase competency in the role of consultant. There is a particular focus on communicating with consultees who referred for psychological testing, and working with consultees within the legal system. Goals and objectives include: 1) Define multiples roles of consultant/consultee relationships. 2) Discuss Ethical implications of consultation. 3) Increase knowledge of the ethical issues that are specific to the role of consultant. 4) Increase Consultation skills in a forum in which interns are able to discuss issues/cases that are going on in their current role as consultant.

Supervision Experiential Module

So that interns may develop skills in supervision of other professionals, interns are required to participate in the 8- to 10-week Supervision Experiential module, a series of structured peer-supervision sessions. These 90-minute sessions are facilitated by a Canvas Health training committee member.

Motivational Interviewing Module

Interns participate in a multi-session training in the foundation of Motivational Interviewing, assumptions, tenets, skills, and applications.

Diversity Journal Club

Interns participate in a monthly 60- to 90-minute journal club regarding a specific topic in psychology and research in that area involving populations that are underrepresented or marginalized. Each intern will be expected to bring a peer-reviewed journal article or book chapter that illuminates considerations for working with a diverse population. We will summarize the article or chapter for one another and hold a group discussion of that month's topic. The group will be facilitated by the Training Director and will include other Training Committee staff who are available and interested.

Case Conference Presentations

Interns present two 90-minute case conferences per year. The first case conference is focused on an assessment case and the second one focuses on a treatment case. Naturally, more assessment tools are likely to be used and described in the first conference. However, interns should incorporate measurement of relevant clinical outcomes in both presentations.

There are three main goals of this exercise. One is to give interns a chance to polish their presentation and teaching skills regarding a case, test or assessment process that has particularly intrigued or puzzled them. Another is to encourage thinking about the empirical basis for assessment, conceptualization and/or treatment of a client. Finally, it allows the Training Committee to give interns feedback on their thinking, teaching and handling of the case. As a side benefit, Canvas Health now records these sessions to allow them to be training sources for staff in future. Your work here counts.

You should focus on a particular assessment, diagnostic or therapeutic issue and present the theoretical and/or research background for your thinking about the case. Consider what you would like to be more expert on, as over your career these topics become core elements of your expertise. You will be given an in-person training on how to present a case conference. The following outline may be helpful to you in preparing your presentation. Please be sure to allow enough time for a thorough discussion of Part B. The actual order of presentation of information may vary. For example, you may begin with case information and proceed to research information and then return to the case. Recognize that these guidelines represent an ideal into which your case may fit more or less well. It is important, however, to be clear about the empirical foundations of your thinking about the case.

Part A: Literature Review

Review the theoretical and/or research literature and provide a brief bibliography on a clinical topic of interest to you and related to one of your current cases. Remember, you have about 45 minutes for this task - it is not the literature review chapter of your dissertation. Typically, you should review and present approximately 4-8 articles or chapters that explain the issues of interest, describe results and implications in summary form, and teach your audience about the issues of importance for diagnosis and clinical care.

Part B: Case Presentation

Present case material and discussion of diagnosis, formulation and treatment in relation to the information presented in the literature review. You may find the following outline useful in organizing your case.

1. Demographic information – age, family or relationship status (first names only), cultural background, gender identity, sexual orientation, religious/spiritual identity, other identity factors (use Pamela Hays' ADDRESSING framework here).
2. Presenting complaint – referral, parameters and history of problem
3. Previous contacts with mental health/legal systems
4. Family – makeup of family and impressions of family relationships
5. Interpersonal relationships
6. Occupational/school functioning
7. Developmental history and family of origin
8. Physical health, especially organic factors influencing current functioning
9. Alcohol and other drug use and abuse, both history and current
10. Physical and sexual abuse history
11. Psychological testing and interpretation

12. Diagnosis; discuss issues of differential diagnosis including DSM, but also broader diagnostic concerns as appropriate
13. Case formulation and discussion (definition/descriptors)
14. Treatment goals
15. Intervention approaches used or anticipated; empirically supported treatments that are relevant, quality of therapeutic relationship

You should develop your presentation in consultation with the training director (especially the assessment case) and your primary or other supervisors as needed. This needs to be ready for announcement to staff **at least two weeks before the presentation date**, so think ahead. The sequence of presentations among the intern group will be decided in consultation with the intern group and training director.

Case conferences occur on the second Wednesday of each month, beginning in December and continuing until all trainees have finished both presentations. Your presentation will be attended by training committee members, trainees and other Canvas staff. It will also be recorded and accessible to staff on the Relias training system Canvas Health uses for a variety of training purposes. The case conference is an opportunity for staff to further their clinical training as well as an opportunity for you to look more deeply into an issue and present what you have learned to an interested and supportive audience. Leave time for questions at the conclusion of your presentation.

Training committee members will rate each presentation using the Case Conference Ratings and Feedback form (Appendix C) and give feedback in order to aid interns in developing presentation skills for professional and clinical audiences.

Intern Process/Countertransference Group

A year-long Process/Countertransference group provides a non-supervisory space for interns to consult with each other and a non-supervisor group leader. Integration of individual and cultural diversity that impacts interns, agency locale, and the impact on clients is a core component. This group is open ended in a manner for interns to consult about any potential concern that do not yet meet need for concern that would require supervisory input. However, the leader also encourages consideration of a variety of themes including promoting self-care, adjustment to Canvas Health work culture, encouraging team cohesion and support, promoting personal vulnerability, and discussing the multicultural and systemic impacts on their personal experiences. Please see the section of this document titled “*Microaggression Support*” for information about Canvas’s informal support structure for interns who have experienced a microaggression.

Multicultural Practice

Throughout your internship year, you will be offered many opportunities to increase your cultural awareness and your ability to competently practice through a multicultural framework. At the start of internship, the interns and primary supervisors participate in a culture-sharing activity, using

Pamela Hays' ADDRESSING framework as a guide to sharing one's own unique set of cultural and diversity factors with others. This exercise is intended to increase your awareness of your own cultural lenses and how they impact the way you view the world, including your clients.

The Psychologists' Group meets monthly and each year, we jointly select and read a book that exposes us to another cultural framework. We then discuss the book together. In past years, we have attended plays as a group, then discussed diversity factors over dinner. Please bring your ideas for multicultural awareness activities to the group.

Several of our didactic presentations are intended to expose you to diverse perspectives. Some past didactic topics have addressed LGBTQ identity development and issues in therapy, spirituality, culture of poverty, and feminist theory.

You are strongly encouraged to use Pamela Hays' ADDRESSING framework with each of your clients so you can best understand the areas in which they may experience marginalization, discrimination, or privilege or may hold values and beliefs that are very different from yours. We are a community mental health clinic and it is part of our mission to serve our community. Some of those clients may be difficult for you to work with. Discuss your reactions and responses to your clients in your supervision – primary or rotation – each week.

The process/countertransference group is a place designed to be a non-supervisory, safe space where you are encouraged to bring your reactions and responses to clients who may be different from you and to explore them with your peers. This space is intended to allow for vulnerable self-exploration regarding your growing multicultural awareness.

Canvas Health requires all employees to complete three hours of continuing education annually on topics that increase their multicultural competence. Some of those trainings are free and are offered on site; please take advantage of them.

The agency has a Diversity Committee that meets monthly to discuss and implement agency-wide changes to foster a more inclusive and welcoming environment and improve the scope and quality of clinical services. The internship program has its own diversity subcommittee that focuses on these matters within the scope of the internship program. Interns are welcome to participate in either or both of these committees.

Canvas Health participates annually in the PRIDE parade by hosting a booth and providing warm outreach to the LGBTQIA+ community. You are welcome to participate in this event as well. Email sign up occurs annually.

In 2021-2022, Canvas Health began utilizing the services of a Diversity, Equity and Inclusion (DEI) consultant.

Year End Synthesis Presentation

In addition to the two case conferences, you will present a synthesis of your training experiences and professional development in about July of your training year, after the didactic seminars are completed. Each intern presentation is 60 minutes long and provides a forum to summarize and

articulate your current development as a professional psychologist. You may focus on any or all of the following areas, as well as others that become relevant:

- Key learning experiences during your training
- Current theoretical interests or conceptual framework for clinical work
- How you conceive of your professional role and what you envision for your future practice
- Personal and professional growth during the internship
- Your current perspectives on the field of psychology

This is not a final exam and you will not be evaluated on it. The purpose is self-reflection and sharing your insights with the training program. Please invite all supervisors involved in your Canvas Health training to this event.

Program Policies and Procedures

Agency Policies

Canvas Health has formal policies and procedures that govern the work of staff and interns at the agency. Unless otherwise specified, all interns should follow agency-level policies. These are found on the Canvas Health Website, “Staff” portal. Login and password information will be made available at onboarding.

The APA requires that APA-Accredited internship programs make select policies available to prospective interns and the general public. These policies, in .pdf form, are uploaded to the internship landing page of the Canvas Health website:

<https://www.canvashealth.org/careers/internship-opportunities/>

Canvas Health Equal Employment Opportunity Policy

Canvas Health Nondiscrimination Policy

Canvas Health Reasonable Accommodations Policy

Canvas Health Personnel Records Policy

Internship Program Policies

The following program policies and procedures are specific to the doctoral internship program and are separate from the agency-level policies of Canvas Health, unless otherwise specified.

Nondiscrimination Policy

Doctoral Internship in Clinical and Health Services Psychology Nondiscrimination Policy

Rationale: The internship program is committed to fostering an environment that avoids discriminatory practices and behaviors.

The internship program adheres to Canvas Health's agency-level policies regarding equal employment opportunity, nondiscrimination and reasonable accommodations for individuals with disabilities. The most current version of these policies can be found on the Canvas Health intranet (M:\Policies).

1. The internship program adheres to the Canvas Health Nondiscrimination Policy.
2. The internship program adheres to the Canvas Health Equal Employment Opportunity Policy.
3. The internship program adheres to the Canvas Health Reasonable Accommodation Policy.
4. At any time, interns are welcome to speak to the Training Director or to the Human Resources Director with any questions or concerns related to these policies.

Parental Leave Policy

Doctoral Internship in Clinical and Health Services Psychology Parental Leave Policy

Rationale: The internship program recognizes that trainees may request time during the training year for maternity or paternity leave or for adoption.

1. In the event of need for maternity/paternity or adoption leave, the program allows reasonable unpaid leave to interns beyond their allotment of PTO.
2. Interns are not required to disclose pregnancy or plans for pregnancy or adoption to the program prior to matching to the program. Similarly, the program is prohibited from inquiring about a prospective intern's potential need for parental leave unless the intern raises the topic for conversation. The internship program has a history of accommodating parental leave by providing 3 months/12 weeks of leave time, made up by extending the training year. APPIC encourages internship sites to be as flexible and creative as possible in accommodating interns' family needs.
3. After an intern enters into a match agreement with Canvas Health, an intern is encouraged to disclose a potential need for parental leave as early as the intern is comfortable. The program will work to accommodate the intern so that a mutually beneficial plan for the intern and program can be crafted, a plan that allows both for sufficient leave time and for successful completion of all requirements of the internship program.
4. A private lactation room is available at the Oakdale office for interns' use.

Intern Eligibility, Recruitment, and Selection Policy

Doctoral Internship in Clinical and Health Services Psychology Intern Eligibility, Recruitment, and Selection Policy

Updated July 18, 2021

ELIGIBILITY:

1. Graduate students from APA-accredited doctoral programs in professional psychology are eligible to apply. We do not require a Master's degree to have been conferred.
2. Canvas Health does not require United States citizenship.
3. Incoming interns will be required to complete a background check prior to the start of the training year.
4. Drug and alcohol screenings are not required to begin internship. However, if drug or alcohol use in the workplace is suspected, an employee or intern may be asked to submit to a drug/alcohol screening test.

REQUIRED PRIOR DOCTORAL PROGRAM PREPARATION AND EXPERIENCES:

1. Comprehensive examinations must have been passed.
2. Dissertation application must be accepted before the beginning of internship. The dissertation need not be defended by the beginning of internship, but the program cannot support the intern's dissertation time unless it concerns Canvas Health programming.
3. Minimum of three (3) years of graduate training must be completed, with 300 hours of practicum training in intervention, and 200 hours of practicum training in assessment.
4. Graduate coursework in psychopathology and familiarity with diagnostic practice.
5. Graduate coursework and practicum training in psychotherapy and psychological interventions with adults and/or children.
6. Graduate coursework and practicum training in cognitive and personality assessment of adults or children, and practicum or other experience in preparing professional psychological evaluations. Applicants should have competence in using cognitive, personality, and other diagnostic tests appropriate to their age specialty. Applicants should have written a minimum of eight (8) integrated psychological reports.
7. Verification from the Director of Training of the applicant's graduate program that the applicant will have completed all graduate coursework and any comprehensive examinations required by his/her program prior to internship start date.

RECRUITMENT:

Canvas Health seeks interns with strong oral and written communication skills, thorough preparation in clinical assessment and psychotherapy, efficient time management skills, emotional

maturity, comfort and flexibility with emotionally challenging situations and conflict management, and personal commitment to the profession.

Canvas Health is committed to fostering diversity in its training program and in the profession; members of diverse ethnic and cultural groups, gender identities, sexual orientations, ages, abilities, religions, identities and experiences are strongly encouraged to apply. The following guidelines are followed to ensure that all interested prospective interns are welcome to apply for internship at Canvas Health:

The agency and internship program seek to maintain an inclusive and welcoming cultural climate, recognizing that the quality of work life is an important feature of attracting and retaining talent, including culturally and individually diverse professionals and interns. The program has maintained relationships with former interns who have graduated and left the agency, incorporating them in didactic seminars and other training events.

The Training Director attends diversity and cultural competency programming at conventions, maintains relationships with other internship programs in the Twin Cities, and seeks interns and staff who are culturally and individually diverse.

Interns who self-identify as being from underrepresented groups in psychology are encouraged to represent the program to their academic program and peers as an option for training.

The APA Minority Fellows program has been a helpful source of potential interns, and the Training Director has written annually to its Fellows to invite them to consider Canvas Health for internship.

The program lists its didactic offerings of the previous year in its website description of the program, which is available to prospective interns. This listing allows prospective interns to see evidence of the program's commitment to enhance the cultural competence of interns and supervisors.

The program routinely evaluates all applicants for internship during its selection period, expanding the likelihood that all qualified applicants of diverse backgrounds will be fairly considered. Rankings of applicants consider a broad range of attributes including the potential a candidate has not only to succeed in the program, but also to contribute to the diverse perspectives, quality and richness of a training cohort. The rating sheet for applicants includes an area for the reviewing Training Committee member to identify that the applicant has identified as being from an underrepresented group.

During the Match process, the program commits to ranking candidates in a manner that makes it likely that at least one applicant who self-identifies as being of a minority group is selected.

APPLICATION PROCEDURES:

If you wish to apply for the doctoral psychology internship at Canvas Health, please send:

1. A completed APPIC Application for Psychology Internship form, filed electronically. You can access this form from APPIC's web site: <http://www.appic.org>, and click on the *AAPIC Online* link.
2. Please include in your **supplemental forms on the APPIC application**
 - a. a cover letter, and
 - b. a psychological assessment report prepared by you.
3. In your cover letter for the above supplemental forms, please indicate whether you are applying for the Child/Adolescent-Track or Adult-Track internship. You may apply for both.
4. We welcome your self-identification of diversity factors
5. Please include among your **letters of recommendation**, one from the supervisor of your assessment practicum and one from the supervisor of your psychotherapy practicum
6. Please include your graduate program transcript, as specified by the APPIC directions for the electronic application.

All materials should be directed through the APPIC process to:

Morgan Krause, Psy.D. LP
Director of Training
Canvas Health
7066 Stillwater Boulevard
Oakdale, Minnesota 55128
(651) 777-5222
mkrause@canvashealth.org

SELECTION PROCESS:

Applicants who are invited to interview will be notified by email on the interview notification date. They are provided with instructions for when and how to schedule the interview. **Due to the COVID-19 pandemic, and equity considerations, all interviews for training year 2023-2024 will be conducted via televideo (preferred) or phone.**

We typically hold interviews over a 2-week period in early- to mid-January. Interns first meet with a member of the training committee for a 30-minute structured interview. This is followed by a 30-minute unstructured interview with the Training Director. We have a virtual office tour available for you to view. We will be offering three different group Q&A sessions with our current intern cohort in January (60-minutes each, virtual) so that you may have a chance to get their perspective on their internship experience. The current intern cohort is usually quite willing to provide their contact information for interviewees for follow-up questions.

If an applicant wishes to meet a specific Training Committee member, it is recommended that they make this request to the Training Director as early as possible in advance of their interview date, so that arrangements can be made.

As a member of APPIC, Canvas Health agrees to abide by all APPIC policies, including the policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

Financial and Administrative Assistance Policy

Doctoral Internship in Clinical and Health Services Psychology Financial and Administrative Assistance Policy

FINANCIAL ASSISTANCE:

Stipend:

- The projected stipend for a 12-month, full-time internship for 2023-2024 is \$30,000.

Insurance:

- Malpractice insurance is provided.
- Interns must secure health insurance outside Canvas Health.

Time off:

- Interns are eligible for 15 days (120 hours) of paid time off.
- A total of 8 holidays per year are observed (New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Friday after Thanksgiving, Christmas Eve and Christmas Day). Interns also have 2 personal days to use at their discretion throughout the year (it should be noted that personal day time that is unused on December 31 does not roll over to January 1).
- Interns requiring leave may do so with permission of the training committee. The full internship hours and accomplishments will be deferred until the intern is able to return to work.

Education:

- Interns are allowed \$600.00 for training outside of Canvas Health.
- Interns also attend an annual day-long conference sponsored by Canvas Health, featuring training by clinicians of national reputation, and two day-long conferences, on diversity and on ethics and supervision, co-sponsored by Canvas Health and the other accredited doctoral internships in Minnesota.

Other:

- Employee Assistance Program (EAP) services are provided to all interns.

ADMINISTRATIVE ASSISTANCE:

Interns and staff equally share a full-time support staff who assists in the administration of psychological services and the training program. This staff makes appointments for assessments in

consultation with the Chief Psychologist, orders materials, scores reports, maintains records, and organizes materials for the assessment and training programs.

Computer and phone support is also provided by Canvas Health's IT department.

Supervision Requirements Policy

**Doctoral Internship in Clinical and Health Services Psychology
Supervision Requirements Policy**

Updated July 18, 2021

Rationale: Standard II.C.3.b-c of the Standards of Accreditation (SoA) for APA-Accredited internships states that:

b. Interns receive at least 4 hours of supervision per week.

c. One or more doctoral level psychologists, who are appropriately trained and licensed, are involved in ongoing supervisory relationships with an intern and have primary professional responsibility for the cases on which supervision is provided. The supervisor(s) must conduct a total of at least 2 hours per week of individual supervision with the intern during the course of the year.

The following guidelines will be observed:

1. Each intern is provided with two (2) hours each week of individual face-to-face supervision with their primary supervisor, a licensed psychologist.
2. One additional hour of weekly group supervision is required through our Assessment Supervision.
3. Each rotation provides the intern with one hour or more of group supervision weekly. Individual supervision is typically also provided by a rotation supervisor, at the rate of one hour per month or, in some programs, more frequently.
4. When the interns are providing individual therapy or assessment services without immediate oversight by a supervisor or other licensed mental health provider, supervisors are available to them either in person, or by email, phone or text. The interns' treatment schedules generally overlap with the office hours of the primary supervisors. If an intern is in need of consultation or supervision when a supervisor is not on-site, they have been instructed to contact us via cell phone, email or text. Supervisors are readily available in their off-hours to aid interns. Additionally, other Training Committee members, rotation supervisors, and the division directors are all available and willing to assist. The interns are given a list of staff names and cell phone numbers at the beginning of their internship year and are encouraged to program these into their cell phones for ease of connection should a crisis or other need arise.
5. When interns are providing services at a Canvas Health site to which their primary supervisor is not assigned, the interns are provided with the names of staff who are available on-site for consultation in the case that they cannot reach their primary supervisor.

Telesupervision Policy

Please note that adherence to this policy has not been possible during the COVID-19 pandemic.

Doctoral Internship in Clinical and Health Services Psychology Telesupervision Policy

Rationale: Internet mediated face-to-face supervision (telesupervision) is sometimes needed to manage complex logistical problems of distance, disability, or other limiting factors in training or clinical activities. When these factors are not able to be resolved in another manner, Canvas Health supervisors may use telesupervision to manage the circumstance. This method is to be used only when other transportation or re-assignment solutions are not applicable or would compromise the health or safety of Canvas Health clients or interns or other trainees.

The following guidelines will be observed:

1. Telesupervision is provided only on an as-needed basis as a logistically-necessary substitute for in-person supervision (i.e., due to inclement weather, when an intern's need for supervision is more immediate the travel time it would take for intern and supervisor to co-locate for in-person supervision, etc.).
2. Telesupervision is used as a supplement rather than a primary mode of supervision. In accordance with American Psychological Association's (APA) Standards of Accreditation for Health Service Psychology (SoA) Implementing Regulation C15-I for Internship Programs (IR C 15-I), no more than one (1) of the two (2) primary hours of individual supervision (50%) will be provided through telesupervision.
3. Telesupervision, used as a supplement to in-person supervision, is consistent with the overall aims and outcomes of the training program.
4. Which trainees are designated to be appropriate for telesupervision will be determined by the Training Director in consultation with the primary supervisors and may also involve input and consultation from other staff or directors. Intern or trainee input will be considered in the design and implementation of this arrangement, and trainee feedback will be solicited and considered as the process continues to ensure that the intern receives training and supervision needed to continue his or her professional development.
5. In both telesupervision and in-person supervision, required programmatic supervisory contracts will be established at the beginning of the supervisory relationship and will remain enforced throughout the supervisory relationship, regardless of delivery method of supervision.
6. The supervisor retains all obligations to the intern and the intern's clients that would be normally present and in operation. As with other supervision, intern documentation in the EHR will be reviewed.
7. During the telesupervision period, interns also have access to direct, in-person, on-site consultation/supervision as needed. This is expected in all situations in which an intern is involved in training and clinical service delivery. Non-scheduled or crisis consultation or supervision continues to be available either from the primary or other supervisors, on site or by telesupervision.
8. To ensure the confidentiality of the client and of the supervisee, identifying information will not be used in the internet-based transmission of supervision. The Canvas Health intranet electronic health record and email system will be used as a supplemental

communication system to discuss identifiable confidential information. The supervisor will be responsible to guide this practice.

9. Prior to the use of telesupervision, both supervisor and supervisee are required to receive in-person consultation and training by the Director of Quality Assurance or his/her assigns in the ethical and effective use of telesupervision. Ongoing consultation services will be provided by the Director of Quality Assurance.
10. Interns and trainees and supervisors involved in this process will be trained and supported by information technology staff as needed.

Record Retention Policy

Doctoral Internship in Clinical and Health Services Psychology Record Retention Policy

Rationale: The internship program maintains records on current and former interns documenting their completion of the internship program.

1. The program keeps permanent records of all its graduates, which may include competency ratings and other materials collected across the course of the training year, to document their progress and ensure our ability to represent graduates in their applications for licensure, hospital and staff privileges, and other credentialing.
2. These records are stored in a manner that preserves the confidentiality of all current and former interns. Current and recent files are stored in locked file cabinets in the office of the Director of Psychology Training; older files are stored offsite in a manner consistent with the confidential storage of client records.
3. Personnel files are maintained by Canvas Health's Human Resources Department in accordance with the Canvas Health Personnel Records Policy.

Due Process and Grievance Policy

Doctoral Internship in Clinical and Health Services Psychology Due Process and Grievance Policy

Rationale: This document describes the identification and management of trainee concerns and problems, a listing of important considerations, possible problem resolutions and a description of due process procedures. This plan is designed to ensure the fairness of all efforts at problem resolution. No intern or fellow will be discharged from Canvas Health for performance reasons without due process.

It is the policy of Canvas Health that any trainee dissatisfaction is settled informally, promptly and equitably at the immediate supervisory level; and that efforts of the trainee, supervisor(s) and training director will be directed toward that objective.

In this document, both interns and fellows will be referred to as “trainees.”

I. Definition of Problematic Behavior

Problematic behavior includes any interference in professional functioning which is reflected in one or more of the following ways.

1. Inability and/or unwillingness to acquire and integrate professional standards into professional behavior.
2. Inability to acquire professional skills in order to reach an acceptable level of competency.
3. Inability to control personal stress, strong emotional reactions, and/or psychological dysfunction, which interfere with professional functioning.

It is a professional judgment as to when a trainee’s behavior becomes problematic rather than a matter of concern and a focus of training. Trainees may exhibit areas of needed growth in behaviors, attitudes or characteristics which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Behaviors typically become identified as problematic, however, when they include one or more of the following characteristics.

1. Trainee does not acknowledge, understand, or address the problem when it is identified.
2. Problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training.
3. Quality of services delivered by the trainee is sufficiently negatively affected;
4. Problem causes risk to Canvas Health clients or staff.
5. Problem is not restricted to one area of professional functioning.
6. A disproportionate amount of attention from training personnel is required.
7. Trainee's behavior does not change as a function of feedback, remediation efforts and/or time.

II. Remediation and Sanction Alternatives

Canvas Health intends to use structured responses to address problematic behaviors once they have been identified. In implementing remediation or sanction interventions, the training staff must balance the needs of the trainee, the clients involved, training committee members, the training staff and other agency personnel.

The following responses are guidelines describing levels of intervention that apply when problematic behaviors become evident. These steps may be sequential or may begin at any level deemed necessary and appropriate by the training director or the chief operating officer.

- 1. Verbal warning to the trainee emphasizes the need to discontinue the inappropriate behavior under discussion. A record of this action is kept by the training director.**

Any intervention beyond a verbal warning will be communicated to the trainee's graduate program. A verbal warning may be communicated to the trainee's graduate program, at the discretion of the internship training director.

- 2. Written acknowledgment to the trainee formally acknowledges:**

- a) That the training director is aware of and concerned with the performance rating or correction.
- b) That the concern has been brought to the attention of the trainee.
- c) That the training director will work with the trainee to rectify the problem or skill deficits.
- d) That the behaviors associated with the rating are not significant enough to warrant more serious action.

The written acknowledgment will be removed from the trainee's file when the trainee responds to the concerns and successfully completes the traineeship. ***The intern's academic program will be notified of both actions.***

- 3. Written warning to the trainee indicates the need to immediately discontinue an inappropriate action or behavior. This letter will contain:**

- a) A description of the trainee's unsatisfactory performance or behavior.
- b) Actions needed by the trainee to correct the unsatisfactory performance or behavior.
- c) The time line for correcting the problem.
- d) What action will be taken if the problem is not corrected.
- e) Notification that the trainee has the right to request a review of this action.

A copy of this letter will be kept in the trainee's file. Consideration may be given to removing this letter at the end of the traineeship by the training director in consultation with the trainee's or fellow's supervisor and chief operating officer. If the letter is to remain in the file, documentation may contain the position statements of the parties involved in the dispute or problem. ***The intern's academic program will be notified of both actions.***

4. Schedule modification is a time-limited, remediation-oriented, closely supervised period of training designed to return the trainee to a more fully functioning state.

Modifying the schedule is an accommodation made to assist the trainee in responding to personal reactions to environmental stress, with the full expectation that the trainee will complete the internship or fellowship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the training director. Several possible, and perhaps concurrent, courses of action may be included in a schedule modification. These include:

- a) Increasing the amount of supervision, either with the same or other supervisors.
- b) Change in the format, emphasis, and/or focus of supervision.
- c) Recommending personal therapy. A list of community practitioners and other options will be provided.
- d) Reducing the trainee's clinical or other workload.
- e) Requiring specific academic coursework. This may range from independent study to formal coursework at the graduate level.

The length of a schedule modification period will be determined by the training director in consultation with the primary supervisor and the chief operating officer. The termination of the schedule modification period will be determined by the training director in consultation with the trainee, primary supervisor and the chief operating officer. The intern's academic program will be notified of the schedule modification. The change in schedule may result in an extension of the training year.

5. Probation also is a time limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the trainee to complete the traineeship/fellowship and to return to a more fully functioning state.

When a trainee is placed on probation, the training director systematically monitors the degree to which the trainee addresses, changes and/or otherwise improves the behavior associated with the inadequate rating within a discrete length of time. The trainee is informed of the probation in a written statement which includes:

- a) The specific behaviors associated with the unacceptable rating.
- b) The recommendations for rectifying the problem.
- c) The time frame for the probation during which the problem is expected to be ameliorated.
- d) The procedures to ascertain whether the problem has been appropriately rectified.

If the training director determines that there has not been sufficient improvement in the trainee's behavior to remove the probation or schedule modification, then the training director will discuss possible courses of action with the primary supervisor and the chief operating officer. The training director will communicate to the trainee in writing that the conditions for revoking the probation or modified schedule have not been met. This notice will include the course of action the training director has decided to implement. These may include continuation of the remediation efforts for a specified time period or

implementation of another alternative. Additionally, the training director will communicate to the chief operating officer that if the trainee's behavior does not change, the trainee will not successfully complete the traineeship. ***The intern's academic program also will be notified of the probation action.***

6. Suspension of direct service activities may be implemented if a determination is made that the welfare of the trainee's client or consultee has been jeopardized.

In this case, direct service activities will be suspended for a specified period as determined by the training director in consultation with the chief operating officer. At the end of the suspension period, the trainee's supervisor will consult with the training director to assess the trainee's capacity for effective functioning and determine when direct service may be resumed. The training director and the chief operating officer will then make a determination as to when direct services may be resumed. ***The intern's academic program will be notified of this suspension, and again when the intern is allowed to resume the internship. If appropriate, the intern's academic program will also be invited to offer suggestions concerning resolution.***

7. Administrative leave involves the temporary withdrawal of all responsibilities and privileges in the agency.

Administrative leave allows for immediate suspension of employment activities while options are considered.

If the probation period, suspension of direct service activities, or administrative leave interferes with the successful completion of the training hours needed for completion of the traineeship, this will be noted in the trainee's file and the trainee's academic program will be informed. The training director will inform the trainee of the effects the administrative leave will have on the trainee's stipend and accrual of benefits. ***The intern's academic program will be notified of this action. If appropriate, the intern's academic program will also be invited to offer suggestions concerning resolution.***

8. Dismissal from the traineeship involves the permanent withdrawal of all agency responsibilities and privileges.

When problems noted require immediate action and do not allow time for remediation, or when specific interventions do not rectify the problem behavior or concerns after a reasonable time period and the trainee seems unable or unwilling to alter her/his behavior, or in the event of serious misconduct, the training director will discuss with the chief operating officer the possibility of termination from the training program or dismissal from the agency. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, when risk of physical or psychological harm to a client is demonstrated or when the trainee is unable to complete the traineeship due to permanent or chronic physical, mental or emotional illness. ***When a trainee has been dismissed, the training director will communicate to the trainee's academic department that the trainee has not successfully completed the traineeship.***

9. **Review of any of the above including dismissal may be grieved as described in section V – Due Process & Grievance Procedures.**

III. Procedures for Responding to Inadequate Performance by a Trainee

- A. The following description of performance goals is displayed on the Internship/Post-Doctoral Fellowship Competency Assessment Form.

Minimum Levels of Achievement:

Competency Goal for Dec/Jan evaluation: 100% of ratings are 3 or above. Any ratings of 1 or 2 are to be addressed in a targeted training / remediation plan.

Competency Goal for April/May evaluation: 100% of ratings are 4 or above. Any ratings of 1, 2 or 3 are to be addressed in a targeted training / remediation plan.

Competency Goal for July/August evaluation and successful completion of internship: 100% of ratings are at 4 or above and 80% of ratings are at 5. No ratings of 1, 2, or 3 in any area.

- B. If a trainee is determined to be performing below minimum expectations in any of the major categories of evaluation, or if a staff member has concerns about a trainee's behavior (ethical or legal violations, professional incompetence) at any time during the training year, the following procedures will be initiated.

1. The training director will consult with the staff member or supervisor to determine if there is reason to proceed and/or if the behavior in question is being rectified.
2. If the staff member who brings the concern to the training director is not the trainee's primary supervisor, the training director will discuss the concern with the trainee's primary supervisor.
3. If the training director and primary supervisor determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the training director will inform the staff member who initially brought the complaint.
4. The training director will meet with the training committee to discuss the performance rating or the concern.
5. The training director will meet with the chief operating officer to discuss the concerns and possible courses of action to be taken to address the issues.
6. The training director, primary supervisor and chief operating officer will meet to discuss possible course of actions.
7. Whenever a decision has been made by the chief operating officer and training director about a trainee's training program or status in the agency, the training director will inform the trainee in writing and will meet with the trainee to review the decision. This meeting may include the trainee's primary supervisor. If the trainee accepts the decision, any formal action taken by the training program may be communicated in writing to the trainee's

academic department. This notification indicates the nature of the concern and the specific alternatives implemented to address the concern.

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

IV. Due Process - General Guidelines

Due process ensures that the training director's decisions about trainees are not arbitrary or personally based. It requires that the Canvas Health training program identify specific evaluative procedures which are applied to all trainees, and provides appropriate appeal procedures to the trainee. All steps need to be appropriately documented and implemented. General due process guidelines include:

1. During the orientation period, the training director will present to the trainees, in writing, the program's expectations related to professional functioning, discussing these expectations in both group and individual settings.
2. Procedures for evaluation will be presented and explained, including when and how evaluations will be conducted, and the frequency of the evaluations.
3. The procedures and actions involved in making decisions regarding problem behaviors or concerns will be presented and explained.
4. In the event of a problem, the training director will communicate, early and often, with the trainee's graduate program about any suspected difficulties with a trainee, and when necessary, seek input from the academic program about how to address such difficulties.
5. The above remediation plans for identified inadequacies will be implemented, including a time frame for expected remediation and consequences of not correcting the inadequacies.
6. Written procedures will be presented to the trainees which describes how a trainee may appeal the program's action. Such procedures, as described in this policy and procedure statement, are included in the Training Manual. The Training Manual is provided to trainees and reviewed during orientation.
7. The training director will ensure that trainees have sufficient time to respond to any action taken by the program.
8. The training director will use input from multiple professional sources when making decisions or recommendations regarding the trainee's performance.
9. The training director will provide written documentation, to all relevant parties, of the actions taken by the program and its rationale.
10. If the training director is the staff member directly observing the problem, or otherwise may be unable to be objective in an administrative role, he/she may appoint another member of the training committee to oversee the management of the concern.

V. Due Process & Grievance - Procedures

The basic meaning of due process is to inform and to provide a framework for response, action or dispute. When a matter cannot be resolved between the training director and trainee or staff, the steps to be taken are listed below.

A. Grievance Procedure

There are two situations in which grievance procedures can be initiated.

1. Trainee Grievance

In the event that a trainee encounters any difficulties or problems (e.g. poor supervision, unavailability of supervisor, evaluations perceived as unfair, workload issues, personality clashes, other staff conflict) during his/her training experiences, a trainee can:

- a) Discuss the issue with the staff member(s) involved.
- b) If the issue cannot be resolved informally, the trainee should discuss the concern with the training director or if the training director is not available or is involved in the grievance, the chief operating officer.
- c) If the training director or chief operating officer cannot resolve the issue, the trainee can formally challenge any action or decision taken by the training director, the supervisor or any member of the training staff by following this procedure:
 - i.) The trainee should file a formal complaint in writing, and including all supporting documents, with the training director. If the dispute concerns the training director, the chief operating officer will assume the leadership in resolving the complaint. If the trainee is challenging a formal evaluation, the trainee must do so within five work days of receipt of the evaluation.
 - ii.) Within three work days of a formal complaint, the training director must consult with the chief operating officer and implement Review Panel procedures as described below.

2. Staff Grievance

If a training staff member has a specific concern about a trainee, the staff member should:

- a) Discuss the issue with the trainee(s) involved.
- b) Consult with the training director.
- c) If the issue is not resolved informally, the staff member may seek resolution of the concern by forwarding a written request, with all supporting documents, to the training director for a review of the situation. When this occurs, the training director will within three work days of a formal complaint, consult with the chief operating officer and implement Review Panel procedures as described below.

B. Review Panel and Process (Non ADA)

1. If necessary, a review panel will be convened by the chief operating officer. The panel will consist of three staff members selected by the chief operating officer with recommendations from the training director and the trainee involved in the dispute. The trainee has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.
2. Within five (5) work days, a hearing will be conducted in which the challenge is heard and relevant material presented. Within three (3) work days of the completion of the review, the review panel will submit a written report to the chief operating officer, including any recommendations for further action. Recommendations made by the review panel will be made by majority vote.
3. Within three (3) work days of receipt of the recommendation, the chief operating officer will either accept or reject the review panel's recommendations. A written explanation will be issued at that time. If the chief operating officer rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the chief operating officer may refer the matter back to the review panel for further deliberation and revised recommendations or may make a final decision.
4. If referred back to the panel, the panel will report back to the chief operating officer within five (5) work days of the receipt of the chief operating officer's request for further deliberation. The chief operating officer then makes a final decision regarding what action is to be taken.
5. The training director informs the trainee, staff members involved and, if necessary, members of the training staff of the decision and any action taken or to be taken.
6. The decision of the chief operating officer concerning non-dismissal and non-ADA matters is final.

C. Dismissal

A trainee may be terminated immediately for gross misconduct including but not limited to such conduct as breach of confidentiality, abuse of client trust, or conviction of a felony, or as described above in sections II – Remediation and Sanction Alternatives and III – Procedures for Responding to Inadequate Performance by a Trainee. Because of the training contract for interns, they will not be terminated for insufficient program funds, change in program requirements, or at will, as other employees may be. Fellows may be terminated for insufficient program funds.

1. The trainee may request an administrative review of the termination if there is a concern that the termination may not have been in the best interest of Canvas Health or may have been discriminatory as defined by state/federal statute. The trainee shall discuss the concern in an individual conference with his/her supervisor.
2. If the concern cannot be resolved, the trainee may request a three-way meeting with his/her supervisor and the division director by submitting a written statement which includes all pertinent information including the remedy sought. This meeting shall be held within 15 working days from receipt of the written statement.

3. If the termination concern cannot be resolved by the three-way meeting with the trainee, his/her supervisor and the division director, the trainee may make a written request that the concern be referred to the chief executive officer. This referral shall be within 15 working days of the three-way meeting, and shall include the original written statement and a written report of the process and outcome of the three-way meeting. The chief executive officer will meet with the trainee, his/her supervisor, and the division director within 15 working days of receiving the written materials. If the termination concern cannot be resolved by the chief executive officer, the trainee may make a written request that the concern be referred to the executive committee of the Canvas Health Board of Directors. This referral shall be within 15 working days of the meeting with the chief executive officer, and shall include the original written statement, a written report of the process and outcome of the three-way meeting, and a written report of the process and outcome of the meeting with the chief executive officer.
4. If the trainee alleges the termination may have been discriminatory, the ADA Coordinator will be involved throughout the process, as described below in section D. The executive committee of the Canvas Health Board of Directors is the final authority in resolving a termination concern. The executive committee may or may not choose to refer the concern to the full Canvas Health Board of Directors as part of their decision making procedure.

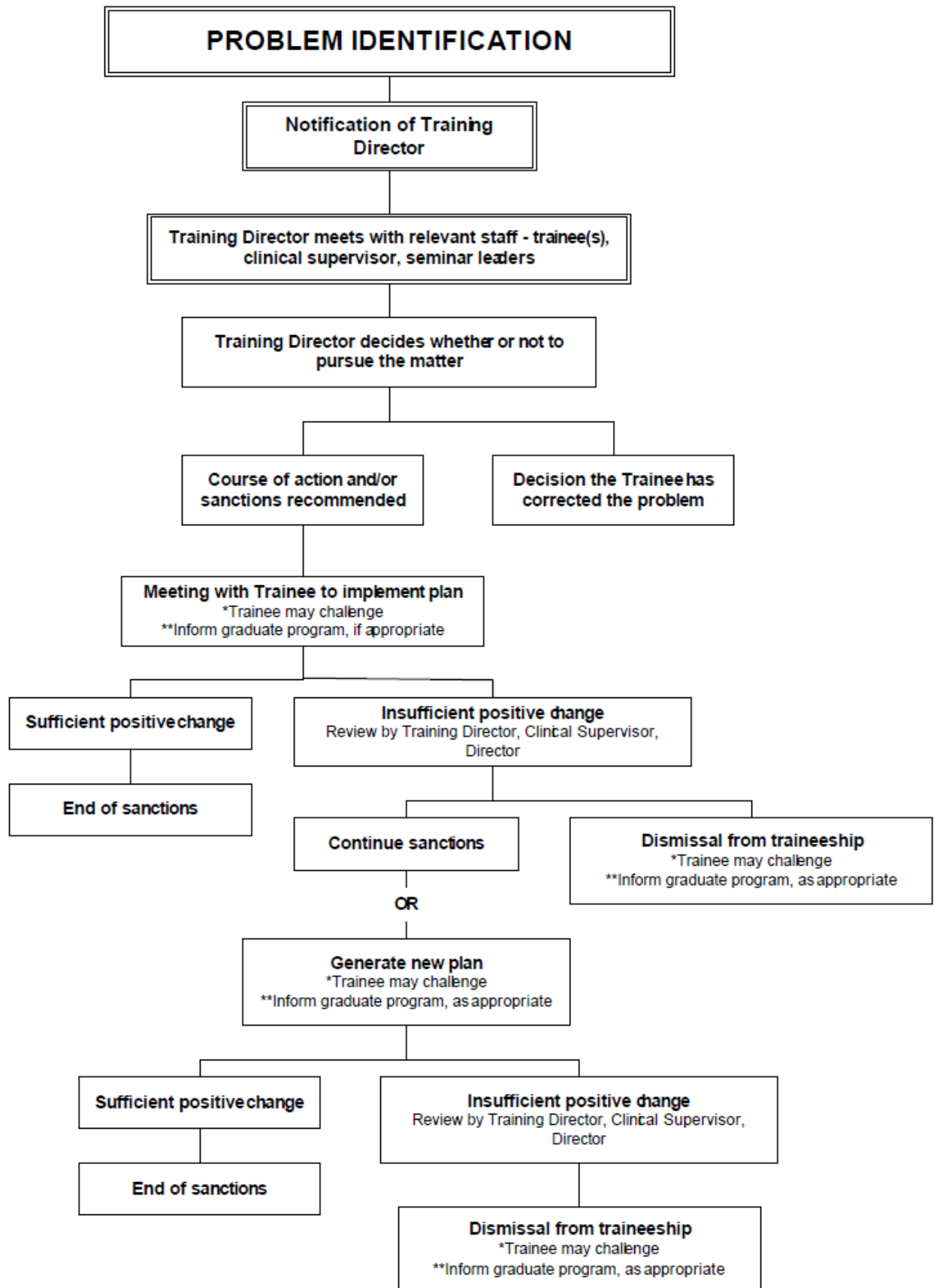
D. Americans With Disabilities (ADA) Grievances

When a grievance concerns an issue of disability covered by the Americans with Disabilities Act (ADA), the following procedures apply.

1. Complaints regarding disciplinary actions are to be addressed through review as permitted by the intern/fellow Due Process Policy and Procedures described below.
2. Any trainee having a complaint shall discuss it in an individual conference with his/her supervisor, and resolve it whenever possible at that level.
3. If the complaint alleges discrimination on the basis of disability, the Americans With Disability Act (ADA) Coordinator will, in addition to the trainee's individual supervisor and training director, meet with the complainant within 15 days after receipt of the complaint. If the complaint is not resolved at this level, the ADA Coordinator will continue to be involved throughout the process.
4. If the problem cannot be resolved, the trainee may request a four-way meeting with his/her supervisor, the training director and the division director by submitting a written complaint. The written complaint shall include the identity of the trainee, citing date, time, place, and other pertinent information about the complaint with a statement of the remedy sought. This meeting shall be held within 15 working days from receipt of the written complaint.
5. If the complaint cannot be resolved by the four-way meeting with the trainee, his/her supervisor, the training director and the division director, the trainee may make a written request that the complaint be referred to the chief executive officer. This referral shall be

- within 15 working days of the four-way meeting, and shall include the original written complaint and a written report of the process and outcome of the four-way meeting. The chief executive officer will meet with the trainee, his/her supervisor, the training director and the division director within 15 working days of receiving the written materials.
6. If the complaint cannot be resolved by the chief executive officer, the trainee may make a written request that the complaint be referred to the executive committee of the Canvas Health Board of Directors. This referral shall be within 15 working days of the meeting with the chief executive officer, and shall include the original written complaint, a written report of the process and outcome of the three-way meeting, and a written report of the process and outcome of the meeting with the chief executive officer. Written records regarding the complaint will be kept for three years.
 7. The executive committee of the Canvas Health Board of Directors is the final authority in resolving an ADA complaint. The executive committee may or may not choose to refer the complaint to the full Canvas Health Board of Directors as part of their decision-making procedure.

DUE PROCESS IN ACTION



Appendix A: Intern Benefits Summary

CANVAS HEALTH

FULL-TIME INTERN BENEFITS SUMMARY

Stipend for 2022-23: \$30,000.00

Time Off Benefits:

PTO (Paid Time Off) based on full-time employment

Years of Service	Hours accrued / pay period	PTO per year
Internship	4.62	15 days / 120 hours

Holiday Schedule Holidays - 8 days per year (New Year’s Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day, Friday after Thanksgiving, Christmas Eve and Christmas Day). Personal Days - 2 days per year.

Leave of Absence Interns requiring leave may do so with permission of the training committee. The full internship hours and accomplishments will be deferred until the intern is able to return to work.

Insurance Benefits:

Interns must secure health insurance outside of Canvas Health

Professional Liability Insurance

Canvas Health provides coverage for all professional staff.

Additional Options

Employee Assistance Program (EAP)

Free, professional, confidential counseling and referral for all employees and interns.

Professional Growth:

Staff Development

All Canvas Health employees are expected to pursue job-related development as a part of their annual work plan. Canvas Health supports different levels of development through the use of paid leave and expense reimbursement in accordance with program needs and budget constraints. Staff development at Canvas Health also includes coaching, supervision, and leadership training. These activities foster the development of skills and knowledge that can be transferred to positions of increased responsibility at Canvas Health or elsewhere. Interns are allowed \$600.00 for training outside of Canvas Health training options, and encouraged to make use of this for diversity training as appropriate.

Mission-Focused Employment

Staff at Canvas Health have the opportunity to work for a cause that has personal meaning in a collegial relationship with others who are also mission focused.

This information is a brief summary of benefits currently in place. Canvas Health reserves the right to change and/or delete benefits without prior notice. Plan description information is available through the Human Resources office. This information does not constitute a contract between you and Canvas Health nor does this information constitute an offer of employment.

Appendix B: Canvas Health Doctoral Internship Competency Assessments

Three times during your internship year, your primary supervisor will complete the internship Competency Assessment about your performance and progress. Your rotation supervisors will also complete portions of the Competency Assessment that are relevant to your performance in their program (i.e., group therapy, consultation, etc.).

**Canvas Health Doctoral Internship in Clinical and Health Services Psychology
Competency Assessment
Primary Supervisor**

Name of intern:

Name of supervisor:

Date:

Assessment methods for this evaluation period (check all that apply):

Direct Observation: _____ Review of written work: _____
Review of raw test data: _____ Case Presentation: _____
Video recording: _____ Audio recording: _____
1:1 Supervision: _____ Collateral information: _____

Minimum Levels of Achievement:

Competency Goal for Dec/Jan evaluation: 100% of ratings are 3 or above. Any ratings of 1 or 2 are to be addressed in a targeted training / remediation plan.

Competency Goal for April/May evaluation: 100% of ratings are 4 or above. Any ratings of 1, 2 or 3 are to be addressed in a targeted training / remediation plan.

Competency Goal for July/August evaluation and successful completion of internship: 100% of ratings are at 4 or above and 80% of ratings are at 5. No ratings of 1, 2, or 3 in any area.

Problem Area / Needs Remediation	Undergraduate	Beginning Internship	Internship	Late Internship/ Entry-Level Competency
1	2	3	4	5

Level 5: Trainee’s performance is at the level expected of an individual who has completed **several months of internship**. S/he/they require supervision, but **entry-level competency** to practice is demonstrated in this skill area. Trainee has an accurate awareness of level of skill in this area and is working toward greater competence, predicted to be attained during postdoctoral year.

Level 4: Trainee’s performance is at the level expected of an individual who has completed a **few months of internship**. Requires supervision and continued growth and development in this skill area before entry-level competency will be attained. Trainee has an accurate awareness of level of skill in this area and is working toward greater competence.

Level 3: Trainee’s performance is at the level expected of an individual who has just completed graduate coursework and is **beginning internship**. Trainee demonstrates that s/he/they have had exposure to this skill area through coursework, but have not yet had practice in this skill area. Close supervision is needed. Growth is predicted to occur with additional time, practice and supervisory guidance. Trainee has an accurate awareness of level of skill in this area and is working toward greater competence.

Level 2: Trainee’s performance is at a level expected of an individual who has skills consistent with **undergraduate** training. Intensive supervision is needed and remediation may be warranted. Trainee may not be able to grow skills in this area, even with time, practice and supervisory guidance. Trainee may or may not have an accurate awareness of level of skill in this area. Trainee may or may not be working toward competence.

Level 1: Trainee’s performance is at an **unacceptable** level. Remediation and/or dismissal is warranted. Trainee may not be able to grow skills in this area, even with time, practice and supervisory guidance. Trainee may or may not have an accurate awareness of level of skill in this area. Trainee may or may not be working toward competence. Trainee may be actively or passively refusing to engage in learning objectives.

N/A: No opportunity to evaluate trainee’s skills in this area.

Competency 1: Research

APA-defined elements associated with this competency at the internship level:

- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

Element #1.1: Applies knowledge of evidence-based practice to professional activities (e.g., assessment, treatment, consultation, supervision), considering elements of individual and cultural diversity

1 2 3 4 5 N/A

Element #1.2: Demonstrates the substantially independent ability to disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level

1 2 3 4 5 N/A

Element #1.3: Applies research skills and ethics to program development and/or evaluation (if available)

1 2 3 4 5 N/A

Element #1.4: Applies research skills and ethics to quality improvement initiatives related to health care services (if available)

1 2 3 4 5 N/A

Interns must pass both case conference faculty ratings on the Case Conference Feedback and Rating Form, with no more than one faculty rating any performance as not meeting standards.

Intern's performance on Case Conference #1 (assessment): Pass Fail

Intern's performance on Case Conference #2 (therapy): Pass Fail

Training activities and operationalization of competency elements:

- Case conferences
 - Dissemination of research at psychologists' meetings (as requested)
 - Outcome studies on own client populations
 - Program evaluation projects (as available)
 - Agency requests to present current research on a topic of interest to the agency (as available)
 - Journal club
-

Competency 2: Ethical and Legal Standards

APA-defined elements associated with this competency at the internship level:

- Be knowledgeable of and act in accordance with each of the following:
 - the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
 - Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
 - Relevant professional standards and guidelines.
- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.

Element #2.1: Demonstrates knowledge contained in and acts in accordance with APA Ethical Principles of Psychologists and Code of Conduct, relevant laws and professional standards and guidelines

1	2	3	4	5	N/A
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Element #2.2: Recognizes ethical dilemmas as they arise, seeks supervision, and applies ethical decision-making processes in order to resolve the dilemmas

1	2	3	4	5	N/A
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Element #2.3: Conducts self in an ethical manner in all professional activities

1	2	3	4	5	N/A
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Ethics and laws attestation:

Intern has attested to review of, and agreement to adhere to APA Ethical Principles of Psychologists and Code of Conduct and to Minnesota Psychology Practice Act yes no

Date of signature on attestation:

Training activities and operationalization of competency elements:

- Relias trainings in mandated reporting and HIPAA law
- MAAPIC training in ethics
- Individual and group supervision

Competency 3: Individual and Cultural Diversity

APA-defined elements associated with this competency at the internship level:

- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
- Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

Element #3.1: Demonstrates awareness of one’s own identities and how they interface with others in the course of their professional activities

1 2 3 4 5 N/A

Element #3.2: Demonstrates an appreciation of own biases and attitudes regarding cultural and individual differences

1 2 3 4 5 N/A

Element #3.3: Applies knowledge of current theory and research as it relates to addressing diversity in all professional activities (e.g., research, training, supervision/consultation, and service).

1 2 3 4 5 N/A

Element #3.4: Demonstrates ability to apply a framework for working effectively with clients not previously encountered

1 2 3 4 5 N/A

Element #3.5: Demonstrates willingness and ability to provide care to all Canvas Health clients despite differences in cultural, religious, or other qualities or characteristics

1 2 3 4 5 N/A

Training activities and operationalization of competency elements:

- Culture-sharing activity
- Use of individual supervision
- Process/Counter-transference group (non-evaluative)
- Participation in psychologists’ meeting book discussions
- Attendance at MAAPIC diversity training
- Attendance at select didactic presentations
- Use of ADDRESSING model in case conceptualization

Competency 4: Professional Values, Attitudes and Behaviors

APA-defined elements associated with this competency at the internship level:

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

Element #4.1: Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others

1 2 3 4 5 N/A

Element #4.2: Engage in self-reflection regarding one’s personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.

1 2 3 4 5 N/A

Element #4.3: Actively seek and demonstrate openness and responsiveness to feedback and supervision.

1 2 3 4 5 N/A

Element #4.4: Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

1 2 3 4 5 N/A

Training activities and operationalization of competency elements:

- Process / Countertransference group
- Use of individual and group supervision

Competency 5: Communications and Interpersonal Skills

APA-defined elements associated with this competency at the internship level:

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Element #5.1: Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

1	2	3	4	5	N/A
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Element #5.2: Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.

1	2	3	4	5	N/A
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Element #5.3: Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

1	2	3	4	5	N/A
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Element #5.4: Written products are delivered to consumer, referral source or supervisor in a timely manner, meeting established deadlines.

1	2	3	4	5	N/A
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Training activities and operationalization of competency elements:

- Written communications, including diagnostic assessments, psychological evaluations, progress notes and other professional communications, including emails and letters
- Case conference presentation
- Communication and interpersonal skills in during provision of therapy and assessment services
- Communication and interpersonal skills in various teams in which embedded

Competency 6: Assessment

APA-defined elements associated with this competency at the internship level:

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).
- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Element #6.1: Demonstrates knowledge and effective application of the current version of the DSM

1	2	3	4	5	N/A
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Element #6.2: Uses an assessment approach model that includes attention to biological, psychological, social, life span, and cultural components of functional and dysfunctional behaviors.

1	2	3	4	5	N/A
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Element #6.3: Demonstrates substantially independent interviewing skills, using rapport-building and understanding of behavior and mental illness to shape effective interview questions

1	2	3	4	5	N/A
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Element #6.4: Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics

1	2	3	4	5	N/A
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Element #6.5: Interprets assessment results effectively and ethically, guarding against decision-making biases and distinguishing between subjective and objective data

1	2	3	4	5	N/A
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Element #6.6: Demonstrates the substantially independent ability to generate an effective case conceptualization and treatment recommendations

1	2	3	4	5	N/A
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Element #6.7: Assessment reports are accurate and written in a manner sensitive to the referring provider, service recipient and others who may view the report

1	2	3	4	5	N/A
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Element #6.8: Delivers feedback in a manner that is sensitive to the needs and preferences of the examinee

1	2	3	4	5	N/A
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Training activities and operationalization of competency elements:

- Completion of Psychological Services rotation (EEQs – number of evaluations)
 - Assessment seminar
 - Select didactics
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Competency 7: Intervention

APA-defined elements associated with this competency at the internship level:

- Establish and maintain effective relationships with the recipients of psychological services.
- Develop evidence-based intervention plans specific to the service delivery goals.
- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrate the ability to apply the relevant research literature to clinical decision making.
- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

Element #7.1: Establish and maintain effective relationships with the recipients of psychological services.

1	2	3	4	5	N/A
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Element #7.2: Develop evidence-based intervention plans specific to the service delivery goals.

1	2	3	4	5	N/A
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Element #7.3: Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

1	2	3	4	5	N/A
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Element #7.4: Demonstrate the ability to apply the relevant research literature to clinical decision making.

1	2	3	4	5	N/A
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Element #7.5: Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.

1	2	3	4	5	N/A
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Element #7.6: Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

1	2	3	4	5	N/A
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Therapy Supervision Worksheet:

Therapy Supervision Worksheet #1 (appx. November) :	pass	fail
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Therapy Supervision Worksheet #2 (appx. June):	pass	fail
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Training activities and operationalization of competency elements:

- Individual therapy
- Recording of individual therapy sessions for primary supervisor
- Group therapy rotations
- Use of supervision
- Select didactics
- Identification and application of evidence-based practices

Competency 8: Supervision

APA-defined elements associated with this competency at the internship level:

- Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

Element #8.1: Understands the ethical, legal, and contextual issues of the supervisor role

1	2	3	4	5	N/A
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Element #8.2: Demonstrates knowledge of supervision models and practices

1	2	3	4	5	N/A
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Element #8.3: Provides effective supervised supervision to peers (e.g., supervision experiential modular training)

1	2	3	4	5	N/A
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Element #8.4: Engages in professional reflection about one’s clinical relationships with supervisees, as well as supervisees’ relationships with their clients

1	2	3	4	5	N/A
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Element #8.5: Demonstrates knowledge of and effectively addresses limits of competency to supervise

1	2	3	4	5	N/A
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Training activities and operationalization of competency elements:

- Supervision Experiential
 - MAAPIC training in supervision
 - Observation of modeled supervision in both individual and group supervision settings
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Competency 9: Consultation and Interprofessional/Interdisciplinary Skills

APA-defined elements associated with this competency at the internship level:

- Demonstrate knowledge and respect for the roles and perspectives of other professions.
- Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Element #9.1: Demonstrates understanding and respect for the roles and perspectives of other disciplines

1	2	3	4	5	N/A
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Element #9.2: Makes contributions to the teams in which intern is embedded

1	2	3	4	5	N/A
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Element #9.3: Builds and maintains positive working relationships with other professionals

1	2	3	4	5	N/A
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Element #9.4: Provides effective consultation to members of other disciplines as needed

1	2	3	4	5	N/A
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Element #9.5: Effectively manages ethical issues inherent in role of consultant (e.g., confidentiality, multiple relationships)

1	2	3	4	5	N/A
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Training activities and operationalization of competency elements:

- Rule 29 Outpatient meetings
- Rotation team meetings
- Consultation to referral sources for psychological evaluation or therapy (primary care providers, teachers, probation officers, case managers, other treatment professionals)
- Consultation module

Summary of trainee's main strengths and assets:

Areas of needed improvement:

Tasks or performance expectations indicated to correct or work on problem areas (and expected time frame):

This assessment has been reviewed and discussed with the intern.

Supervisor _____ Date _____

I have had this evaluation explained to me and accept this evaluation except as detailed below:

Doctoral Psychology Intern _____ Date _____

Behavioral Anchors

Competency 1: Research

Behavioral anchors:

Level 5: With substantial independence, uses scientific methods to evaluate interventions and programs. Reviews scholarly literature related to clinical work and applies knowledge to case conceptualization.

Level 4: Able to comfortably access and interpret peer-reviewed research. Demonstrates knowledge of how scientific methods can be applied to evaluate interventions and programs.

Level 3: Has graduate-level understanding of the scientific basis of psychology. Some skills in accessing and interpreting peer-reviewed research.

Level 2: Has undergraduate-level understanding of the scientific basis of psychology and research skills. Unable to access or interpret relevant research without supervision.

Level 1: Is substantially lacking in scientific knowledge and skills. Denies his or her own limits of understanding. Refuses to participate in learning objectives.

Competency 2: Ethical and Legal Standards

Behavioral Anchors:

Level 5. Very familiar with ethics code and state statutes and able to consistently integrate these into practice. Recognizes common ethical/legal dilemmas without difficulty. Recognizes more complex ethical/legal problems as potential difficulties and consults as needed.

Level 4: Familiar with ethics codes and state law. Recognizes common ethical/legal problems. Actively seeks guidance from supervisor on more difficult ethical and legal concerns and shows evidence of grappling with overriding ethical principles.

Level 3: Conversant with ethics code and some exposure to state statutes. Requires only nominal supervision regarding basic ethical issues. Accepts and learns from close supervision in more difficult ethical areas.

Level 2: Has read ethics code and has some familiarity with state statutes. Fully conversant with basic ethical principles (confidentiality, non-maleficence, dual relationships) and avoids serious ethical problems. Accepts and learns from close supervision in the area of ethics.

Level 1: Ignorant of ethics code or state law and does not recognize or appreciate the significance of this. Makes basic ethical errors or is judged at high risk to do so because of poor judgment. Places self, supervisor, or others at liability risk or clients at risk because of ethical problems. Engages in dual relationships. Refuses to engage in learning objectives.

Competency 3: Individual and Cultural Diversity

Behavioral Anchors:

Level 5: Reflects commitment, appreciation and sensitivity to diversity in self and others, and uses techniques and instruments that display this. Seeks an expanding understanding of differences and community resources that serve diverse populations. Uses sense of own identity to further effectiveness of clinical interventions.

Level 4: Regularly integrates factors of individual and group differences into clinical practice. Aware of many community resources and seeks consultation when needed. Able to discuss matters of diverse identities readily with clients and community stakeholders. Able to articulate ways clinician identities impact clinical work.

Level 3: Displays interest and openness to issues of diversity, and responds to informative materials. Responds to client diversity with sensitivity and can share clinician limitations appropriately. Some awareness of community resources. Recognizes when consultation is needed and seeks it out. Beginning awareness of how clinician identities impact clinical work.

Level 2: May have early ideas or recognition of when issues of diversity intersect with presenting problems. Occasionally makes awkward or clumsy references to a client's diversity. Generally unaware of community resources.

Level 1: Displays lack of awareness, concern, or sensitivity to individual or cultural differences. Denies his or her own limits of understanding. Makes insensitive or offensive comment regarding the individuality of clients or staff. Unwilling to explore own background or belief system. Causes clients to feel disrespected or ill at ease. Refuses to work with a client or client population based on ethnicity, race, religion, gender identity, sexual orientation, or other matter of diversity. Refuses to engage in learning objectives.

Competency 4: Professional Values, Attitudes and Behaviors

Behavioral Anchors:

Level 5: Shows confidence at the level of a new professional as opposed to a trainee. Comfortable in what he or she knows but also able to acknowledge areas of relative ignorance without defensiveness. Is viewed by clients and colleagues as a fully functioning professional. Is able to serve as an informal mentor or guide to others with less experience.

Level 4: Generally presents a confident, professional demeanor, though may occasionally show apprehension, overconfidence, or defensiveness. Recognizes and corrects these tendencies and ensures they do not impair professional functioning. Sees self as a developing professional while also acknowledging areas of ignorance. Clients and colleagues are comfortable with the trainee's competence.

Level 3: Shows some confidence, along with displays of anxiety. With guidance, can view own developing confidence and can recognize and correct behaviors that have an impact on professional functioning. Dresses and presents oneself professionally. Clients and colleagues do not have major reservations about working with a trainee.

Level 2: Confident in trainee role and aware of need to build a professional identity. Recurrent apprehension or anxiety is present and trainee is able to verbalize this in supervision. Trainee status does not interfere with ability to work productively with clients and colleagues. Dresses and presents oneself professionally.

Level 1: Unrealistically confident or apprehensive to the degree the functioning is significantly impaired. Conducts self as a student or more as a friend to clients and is unaware of the need to develop a professional identity. Does not demonstrate ability to rely on own knowledge and skills, but rather looks to others to make decisions for trainee. Wears unprofessional clothing, or behaves unprofessionally. Refuses to engage in learning objectives.

Competency 5: Communications and Interpersonal Skills

Behavioral Anchors:

Level 5: Communicates clearly and professionally in writing. Writes clear, useful, well-integrated reports. Edits own writing, with minimal need for supervisory editing. Verbal and nonverbal communications are appropriate to the professional context, including in challenging interactions. Demonstrates effective conflict resolution skills. Is open to feedback.

Level 4: Writes effectively and clearly but requires regular input and restructuring of work. Displays good self-editing skills. Verbal and nonverbal communications are appropriate to the professional context. Challenging interactions may overpower developing skills in verbal and nonverbal communication, but trainee manages oneself without causing harm to client, colleagues or others. Demonstrates effective, basic conflict resolution skills. Is open to feedback.

Level 3: Developing skill with formats used for diagnostic assessment, evaluations, progress notes and other routine written communication. First drafts of reports lack focus and contain errors. Needs guidance and preparation for feedback sessions. Verbal and nonverbal communication are

developing appropriately. Appropriate and developing conflict resolution skills present. Accepts feedback.

Level 2: Needs training to use report formats and templates. May need to be re-trained after practicum site has taught different formats. Uses unhelpful jargon unnecessarily. Blurs concepts and data occasionally. May have some habitual language errors. Communicates verbally and nonverbally to others in a manner consistent with an inexperienced, unconfident trainee, rather than a developed professional. Appears defensive when given feedback. Basic conflict resolution skills present.

Level 1: Uses poor grammar. Poor organization of ideas; reports lack coherence and value to referral source. Uses unhelpful jargon frequently, obscuring meaningful communication. Does not sufficiently edit work. Is unprofessional or insensitive in giving feedback. Verbal and/or nonverbal communication causes harm to relationships with clients, colleagues, or others. Lacks conflict resolution skills. Rejects feedback. Refuses to engage in learning objectives.

Competency 6: Assessment

Behavioral anchors:

Level 5: Reflexively helps referring parties define referral questions to better satisfy their needs for decision making. Appraises referral questions and independently selects range of data required to complete the assessment task. Matches style and approach to interviewing from a range of options to comprehensively assess issues of concern. Effectively considers and rules out a broad range of differential diagnostic possibilities. Continuously evaluates the credibility of information. Has a strong grasp of the DSM and diagnostic nomenclature. Is able to formulate an accurate diagnosis using interview data, observations and collateral reports. Case conceptualization takes into account the DSM, but also goes beyond basic DSM terminology and singular models of psychopathology. Assessments are professionally written. Uses tests with proficiency and ease. Seeks new assessment skills and independently masters new tests or assessment techniques. Understands manuals and follows directions without prompting. Accurately and efficiently uses data for maximum interpretive benefit. Obtains positive feedback from referral sources on helpfulness of report. Writes clear, useful, well-integrated reports. Edits own writing, with minimal need for supervisory editing or help in planning feedback.

Level 4: Refines referral questions and range of data necessary to address them with minimal prompting and supervision. Has a variety of styles and approaches to collect data, and uses them with familiarity and ease. Modifies approaches and topics easily to gain relevant data. Readily recognizes the possibilities for bias and inaccuracy in data. Adopts role of authority in interviewing as required. Has a thorough understanding of the DSM. Is able to independently complete most assessments, but continues to require supervision to resolve difficulties in diagnosing. Assessments are well written. Summary contains well formulated case conceptualization, as well as a foundation from which the course of treatment naturally follows. Selects tests with minimal guidance. Understands how to learn new tests and techniques and when to utilize them. Prepares sufficiently when learning new tests or assessment techniques. Adequately addresses referral questions in majority of cases but still needs input on interpretation to maximize benefit from results. Understands limits of computerized interpretations, and uses them effectively. Writes effectively and clearly but requires regular input and restructuring of reports and feedback. A clear sense of client emerges in writing. Displays good self-editing skills. Uses dictation effectively.

Level 3: Understands need to refine referral questions and does so with supervision. Structures interviews with familiar and standard formats that are generally successful in collecting the needed data and can modify them as appropriate with supervision. Identifies ways data may be inaccurate or biased by cultural or motivational factors. Has moderate knowledge of differential diagnostic possibilities. Can look beyond attempts to mislead or avoid the interviewer's scrutiny. Discriminates

roles and is not drawn into being inappropriately “therapeutic,” but still expresses discomfort with “expert” role. Is able to competently complete a diagnostic interview and reach, at a minimum, a working diagnosis. May miss some diagnoses but recognizes the presenting or primary one. Gathers critical information well, but still misses necessary details for complete diagnosis. Assessments are generally well written, although areas of refinement in formulation may be evident. Requires some guidance in test selection and interpretation. Requires support in learning new assessment techniques and over which tests to use in an evaluation. May over or under-interpret data and can over-rely on computerized interpretations. Understands and uses essential statistical knowledge. May use rote interpretive strategies and fail to integrate assessment data into more meaningful formulations. Developing skill with report writing formats. Communicates information clearly in reports but first drafts lack focus. Is learning dictation skills. Can help peers edit and write results. Needs some guidance and preparation for feedback sessions.

Level 2: Uses structured formats to gather information as instructed, and modifies them based on supervision. Uses a developing base of diagnostic possibilities to search for confirmatory information. Requires supervision to adapt to the needs of referral sources, and to seek clarification of referent needs. Can sound awkward in interviews, lose track of place or purpose, and be misled by deceit or malingering. May confuse evaluation and treatment roles. Understands the DSM and the process of diagnosing, but will miss relevant diagnostic possibilities or fail to gather relevant information. Assessment writing is satisfactory, but needs supervision to improve style, structuring of information, and/or wording. Case formulation requires hands on assistance from supervisor. Requires significant and regular supervisory input about test usage, scoring, and interpretation. Has basic understanding of assessment and statistics but demonstrates some difficulty in integrating testing into practice. Is learning interpretive strategies, but is not confident in how to apply them. Unfamiliar with many computerized evaluation systems. Needs training to use report formats and templates. May need to be re-trained after practicum site has taught different formats. Is not comfortable with dictation. Still uses jargon unnecessarily. Blurs concepts and data occasionally. May have some habitual language errors.

Level 1: Refuses to engage in learning objectives. Demonstrates an insufficient knowledge of behavior, mental illness, or other diagnostic concerns. Does not seek a broader understanding of base of knowledge. Shows biases for certain problems that causes him or her to miss important issues. Repeatedly violates roles of assessment. Lacks basic understanding of the DSM. Case formulations don’t accurately reflect client presentation or are poorly organized. Lacks knowledge of theories of pathology or personality and does not develop a working understanding of treatment and options. Assessments are consistently poorly written. Misuses data. Fails to maintain test security. Offers incorrect or irrelevant interpretations. Makes errors in administration or scoring. Fails to check work and relies on supervisor to ensure accuracy. Misunderstands test fundamentals. Makes errors more than once. Uses poor grammar, or poor organization of ideas. Reports lack coherence and value to referral source. Does not follow formats and templates as requested. Blurs concepts and data frequently. Uses jargon frequently, obscuring meaningful communication. Does not do self-editing. Is unprofessional or insensitive in giving personal feedback.

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Competency 7: Intervention

Behavioral Anchors:

Level 5: Selects and implements interventions accurately and consistent with case needs. Seeks deeper knowledge of treatment options. Recognizes and implements referrals to other helpful interventions. Demonstrates accurate empathy and rapport even with difficult clients. Clinic receives consistent positive feedback from clients. Outcomes are average or above. Manages a full professional caseload.

Level 4: Displays consistent performance in designing and using interventions. Selects from a broad range of possible interventions, with a preference for empirically supported interventions when available. Seeks supervision consistently, and uses supervision to shape intervention behavior. Recognizes errors and can recover from them without injury to client. Demonstrates generally accurate empathy. Recognizes needs and usually can implement referral to other needed treatment resources. Manages expected, moderate caseload.

Level 3: Seeks and learns new interventions and implements them with reasonable skill. Evaluates empirical evidence for interventions effectively, and implements them accurately. Seeks supervision and feedback about methods of treatment, but may fail to implement some ideas or methods accurately. Clinical timing may be off at times and may miss opportunities to explore difficult content. Listening skills need shaping, but clients feel heard and that interventions are relevant to them. Sometimes needs help in recognizing need for referral to other resources. Manages a moderate but selected caseload.

Level 2: Knows a few interventions and has beginning skill set in using them. Does not know referral needs and options. Displays willingness to see and shape personal behavior therapeutically. Not always sure what is important or how to set priorities. May miss opportunities to enhance empathy and collaborative relationship or explore difficult content. Often fails to sufficiently explore difficult content. Requires a selected, smaller caseload.

Level 1: Uses inappropriate interventions despite supervisory guidance. Reflects inaccurate empathic statements. Multiple clients indicate failure of empathy via complaints, discomfort in taped sessions or premature terminations. Uses self inappropriately or not at all in treatment process. Insufficient recognition of counter-transference issues, including over or under identification with clients. Acts aggressively or passively in treatment sessions. Avoids taping or informing supervisor of case issues. Hides errors.

Competency 8: Supervision

Behavioral Anchors:

Level 5: Demonstrates a substantially independent knowledge of supervisory models. Demonstrates basic ability to apply skills in supervising other professionals, ensuring the safety and welfare of clients served.

Level 4: Demonstrates awareness of different supervision models and able to identify preferred model(s). Demonstrates beginning skills in supervision.

Level 3: Demonstrates awareness of different supervision models. Can access research and resources regarding supervision as needed. Has not had opportunity to apply supervision skills in practice.

Level 2: Demonstrates beginning awareness of supervision models. Can access research and basic resources as needed. Has not had opportunity to apply supervision skills in practice.

Level 1: Demonstrates lack of understanding of supervisory models and/or skills. Refuses to participate in learning objectives.

Competency 9: Consultation and Interprofessional/Interdisciplinary Skills

Behavioral Anchors:

Level 5: Working relationships are seen by other professionals as excellent. Differences are consistently handled tactfully. Functions as a productive team member contributing at a level typical of that of a new professional. Consistently respects ethics and norms of other professional disciplines.

Level 4: Working relationships are seen by other professionals as good, able to handle differences tactfully and effectively though with occasional tentativeness or over-assertion, functions as a productive team member who is generally treated as a peer by team members. Generally

understands the basic practices and expectations of other professional disciplines. Volunteers for activities that enhance the viability of the team.

Level 3: Working relationships are positive, able to function as a team member and open to input from supervisor and others. Willing to volunteer at times to make unique contributions to team. Respected by team members. Makes efforts to communicate with other professionals, despite a small level of anxiety about doing so. Respects and treats support staff well.

Level 2: Working relationships are positive, though may be limited because of intern's unfamiliarity with roles/systems or normal discomfort with responsibilities. Maintains professional boundaries and treats others courteously. Accepts suggestions on how to contribute to staff cohesion. Occasionally steps on toes of other staff, but attempts to correct this.

Level 1: Relationships may be fraught with unresolved conflict, problems with boundaries or lack of sufficient social etiquette. Overly abrupt or dismissive of support staff or other colleagues. May shirk responsibilities and leave own tasks to others. Several staff express discomfort or frustration regarding behavior. Appears not to listen to or take concerns of other staff seriously. Refuses to engage in learning objectives.

**Canvas Health Doctoral Internship in Clinical and Health Services Psychology
Competency Assessment
Rotation Supervisor**

Name of intern:

Name of assessor:

Rotation:

Date:

Assessment methods for this evaluation period (check all that apply):

Direct Observation: _____	Review of written work: _____
Review of raw test data: _____	Case Presentation: _____
Video recording: _____	Audio recording: _____
1:1 Supervision: _____	Collateral information: _____

Minimum Levels of Achievement:

Competency Goal for Dec/Jan evaluation: 100% of ratings are 3 or above. Any ratings of 1 or 2 are to be addressed in a targeted training / remediation plan.

Competency Goal for April/May evaluation: 100% of ratings are 4 or above. Any ratings of 1, 2 or 3 are to be addressed in a targeted training / remediation plan.

Competency Goal for July/August evaluation and successful completion of internship: 100% of ratings are at 4 or above and 80% of ratings are at 5. No ratings of 1, 2, or 3 in any area.

Problem Area / Needs Remediation	Undergraduate	Beginning Internship	Internship	Late Internship/ Entry-Level Competency
1	2	3	4	5

Level 5: Trainee’s performance is at the level expected of an individual who has completed **several months of internship**. S/he/they require supervision, but **entry-level competency** to practice is demonstrated in this skill area. Trainee has an accurate awareness of level of skill in this area and is working toward greater competence, predicted to be attained during postdoctoral year.

Level 4: Trainee’s performance is at the level expected of an individual who has completed a **few months of internship**. Requires supervision and continued growth and development in this skill area before entry-level competency will be attained. Trainee has an accurate awareness of level of skill in this area and is working toward greater competence.

Level 3: Trainee’s performance is at the level expected of an individual who has just completed graduate coursework and is **beginning internship**. Trainee demonstrates that s/he/they have had exposure to this skill area through coursework, but have not yet had practice in this skill area. Close supervision is needed. Growth is predicted to occur with additional time, practice and supervisory guidance. Trainee has an accurate awareness of level of skill in this area and is working toward greater competence.

Level 2: Trainee’s performance is at a level expected of an individual who has skills consistent with **undergraduate** training. Intensive supervision is needed and remediation may be warranted. Trainee may not be able to grow skills in this area, even with time, practice and supervisory guidance. Trainee may or may not have an accurate awareness of level of skill in this area. Trainee may or may not be working toward competence.

Level 1: Trainee’s performance is at an **unacceptable** level. Remediation and/or dismissal is warranted. Trainee may not be able to grow skills in this area, even with time, practice and supervisory guidance. Trainee may or may not have an accurate awareness of level of skill in this area. Trainee may or may not be working toward competence. Trainee may be actively or passively refusing to engage in learning objectives.

N/A: No opportunity to evaluate trainee’s skills in this area.

Ethical and Legal Standards

Element #2.1: Demonstrates knowledge contained in and acts in accordance with APA Ethical Principles of Psychologists and Code of Conduct, relevant laws and professional standards and guidelines

1 2 3 4 5 N/A

Element #2.2: Recognizes ethical dilemmas as they arise, seeks supervision, and applies ethical decision-making processes in order to resolve the dilemmas

1 2 3 4 5 N/A

Element #2.3: Conducts self in an ethical manner in all professional activities

1 2 3 4 5 N/A

Individual and Cultural Diversity

Element #3.5: Demonstrates willingness and ability to provide care to all Canvas Health clients despite differences in cultural, religious, or other qualities or characteristics

1 2 3 4 5 N/A

Professional Values, Attitudes and Behaviors

Element #4.1: Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others

1 2 3 4 5 N/A

Element #4.3: Actively seek and demonstrate openness and responsiveness to feedback and supervision.

1 2 3 4 5 N/A

Element #4.4: Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

1 2 3 4 5 N/A

Communications and Interpersonal Skills

Element #5.1: Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

1 2 3 4 5 N/A

Element #5.2: Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.

1 2 3 4 5 N/A

Element #5.3: Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

1 2 3 4 5 N/A

Element #5.4: Written products are delivered to consumer, referral source or supervisor in a timely manner, meeting established deadlines.

1	2	3	4	5	N/A
---	---	---	---	---	-----

Intervention

Element #7.1: Establish and maintain effective relationships with the recipients of psychological services.

1	2	3	4	5	N/A
---	---	---	---	---	-----

Element #7.5: Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.

1	2	3	4	5	N/A
---	---	---	---	---	-----

Consultation and Interprofessional/Interdisciplinary Skills

Element #9.1: Demonstrates understanding and respect for the roles and perspectives of other disciplines

1	2	3	4	5	N/A
---	---	---	---	---	-----

Element #9.2: Makes contributions to the teams in which intern is embedded

1	2	3	4	5	N/A
---	---	---	---	---	-----

Element #9.3: Builds and maintains positive working relationships with other professionals

1	2	3	4	5	N/A
---	---	---	---	---	-----

Element #9.4: Provides effective consultation to members of other disciplines as needed

1	2	3	4	5	N/A
---	---	---	---	---	-----

Summary of trainee's main strengths and assets:

Areas of needed improvement:

Tasks or performance expectations indicated to correct or work on problem areas (and expected time frame):

This assessment has been reviewed and discussed with the intern.

Supervisor _____ Date _____

I have had this evaluation explained to me and accept this evaluation except as detailed below:

Intern _____ Date _____

Appendix C: Case Conference Ratings and Feedback

Canvas Health Internship Case Conference Rating and Feedback

Presenter _____ Rater _____ Date: _____

Rating scale:

- 5 = exceptional / at competency level expected of seasoned licensed professional
- 4 = above average / at competency level expected of postdoctoral student/early licensed professional
- 3 = acceptable / at competency level expected of internship
- 2 = below expectations / at competency level expected of graduate student
- 1 = problematic level of effort or ability / below competency of graduate student

1. Presentation of research/science:

A minimum of 4 – 8 articles were discussed and incorporated into presentation
Research was relevant to the topic
References were cited accurately

1 2 3 4 5

Feedback:

2. Presentation of clinical case:

Adequate case history/background material was presented
Clinical statements/hypotheses were stated clearly and accurately
Test score reports were shared with audience (required for assessment case; optional for therapy case)

1 2 3 4 5

Feedback:

3. Integration of research/science with clinical work:

Research was applied to current case and efforts to integrate research and case material were present

1 2 3 4 5

Feedback:

4. Presentation style:

Teaching materials were organized, effective and free from errors
Presenter was well-prepared and demonstrated mastery of material

Presenter was engaging, verbally and non-verbally

Presenter paced presentation to adhere to allotted time and to match audience's learning speed

Presenter fielded questions in a professional manner

1

2

3

4

5

Feedback:

Average of above scores: _____

Meets standards (3.0 or above)

Below standards (less than 3.0) IMPORTANT: If below standards, please use reverse side of page to identify for intern what changes would need to be made to reach standards

Appendix D: Therapy Supervision Worksheets

The Canvas Health training program intends to develop excellence in psychotherapy and psychological interventions. Part of the development of those skills comes from self and supervisor observations of professional service delivery. The program intends to document the interns' skills in these core competencies and to document the change in those skills over the course of the training year. At least twice per year, in approximately November and June, interns will complete the following worksheet and self-rating on a session they have recorded and placed in the appropriate network folder. The interns' primary supervisor will complete a worksheet and rating scale on the same recorded session. Interns may be asked to complete this process more frequently if it is necessary to increasing their therapy skills.

Therapy Supervision Worksheet

Date _____ Client # _____ Intern/Fellow _____ Session # _____

1. What were indications of rapport or lack of rapport in this session? How did you choose to promote a working alliance?
2. What motivations or central conflict were apparent? What strengths, behaviors, or coping styles did you choose to reinforce?
3. Which treatment goals did you focus on?
4. How were systemic/environmental influences displayed?
5. How were issues of individual and cultural difference displayed?
6. How did the session's themes impact you as a therapist?
7. How did you balance empathy, intervention, and silence? Affirmation, analysis, and challenge? Affective vs. cognitive focus?
8. What should be listened for in the next session? What change strategies or therapeutic postures might be utilized?
9. Progress on your targeted skill sets?

INTERN RATINGS OF THE THERAPEUTIC WORKSHEET

Intern/Fellow: Please rate your worksheet responses, taking into account the corresponding recorded or live session as appropriate.

	INADEQUATE FOR CLINICAL PRACTICE	PRACTICUM LEVEL	BEGINNING INTERNSHIP LEVEL	INTERMEDIATE INTERNSHIP LEVEL	ENTRY LEVEL AND BEYOND
1. Accurate perception of client needs					
2. Sensitivity to individual and cultural difference					
3. Accurate perception of client behavior					
4. Affective congruency of the therapist					
5. Strategic pacing of the session					
6. Effectiveness of the working alliance					
7. Application of theory					
8. Provision of useful change tasks					
9. Targeted skill sets (planned development of specific skills)					
Comments					

SUPERVISOR RATINGS OF THE THERAPEUTIC WORKSHEET

Supervisors: Please rate your intern's or fellow's worksheet responses, taking into account the corresponding session recording as appropriate.

	INADEQUATE FOR CLINICAL PRACTICE 0	PRACTICUM LEVEL 1	BEGINNING INTERNSHIP LEVEL 2	INTERMEDIATE INTERNSHIP LEVEL 3	ENTRY LEVEL AND BEYOND 4
1. Accurate perception of client needs					
2. Sensitivity to individual and cultural difference					
3. Accurate perception of client behavior					
4. Affective congruency of the therapist					
5. Strategic pacing of the session					
6. Effectiveness of the working alliance					
7. Application of theory					
8. Provision of useful change tasks					
9. Targeted skill sets (planned development of specific skills)					

Average of all scores: _____

Pass Time #1 = 2 or above

Pass Time #2 = 3 or above

Appendix E: Canvas Health Training Plan and Supervision Plan

Interns must complete the following two training plans with their primary supervisors and submit them to the training director by September 30th of each training year. Electronic versions of these forms will be provided to allow your planning and documentation.

CANVAS HEALTH INTERNSHIP TRAINING PLAN

Revised 9-2020

Intern Name:

Training Period:

Primary Supervisor:

I. Programs:

I will participate in the following Programs:

A. Program: Outpatient Services from

Activities:

Supervisor:

B. Program: Psychological Services from

Activities:

Supervisor:

C. Program: from

Activities:

Supervisor:

C. Program: from

Activities:

Supervisor:

II. **Clinical Activities:** List all the types of clinical activities in which you plan to receive training and experience during the internship. Estimate the number of times, or the percentage of time, you will conduct each activity. Include the forms of therapy, kinds of assessments and consultations you will carry out.

Forms of Therapy (Estimate Hours per Week)

Types of Psychological Assessments (number of each over the year)

Other

Clinical Skills to be mastered (based on individualized intern/supervising assessment)

- III. **Clients:** List the kinds of clients that you plan to work with during the internship. Differentiate clients according to gender, age and diagnostic category as much as is possible.

Diagnostic category (percent of caseload during the year)

Clients by Gender:

Clients by Age: Clients 18 and under – %
 Clients 18 – 45 – %
 Clients 45 and up – %

- IV. **Supervision:** List the individual supervisors and group supervision groups you will have during the internship. Include only scheduled supervision.

V. **Elements of Evaluative Review:**

A. Minimum Levels of Achievement (MLAs)

Primary and Rotation supervisors complete the Canvas Health Doctoral Internship in Clinical and Health Services Psychology Competency Assessment forms (see Training Manual) three (3) times each year about interns' performance and progression toward competency in each of the nine (9) required core competency areas. The following are benchmarks for successful progression through the internship at each competency assessment.

Competency Goal for Dec/Jan evaluation: 100% of ratings are 3 or above. Any ratings of 1 or 2 are to be addressed in a targeted training / remediation plan.

Competency Goal for April/May evaluation: 100% of ratings are 4 or above. Any ratings of 1, 2 or 3 are to be addressed in a targeted training / remediation plan.

Competency Goal for July/August evaluation and successful completion of internship: 100% of ratings are at 4 or above and 80% of ratings are at 5. No ratings of 1, 2, or 3 in any area.

Please be advised that in order to achieve successful ratings on the Competency Assessment form, you will need to complete the required learning elements for each competency area.

B. Additionally, as delineated in the Competency Assessment, interns are expected to achieve the following MLAs to successfully complete internship:

1. Case Conference presentations (2). Interns must pass both case conference faculty ratings on the Case Conference Feedback and Rating Form (see Appendix C), with no more than one faculty rating any performance as not meeting standards.
2. Therapy Supervision Worksheet (2). Interns must earn a passing score on both Therapy Supervision Worksheets (see Appendix D), as evaluated by their primary supervisor.

- VI. **Research:** Describe any research you intend to conduct in conjunction with your internship.

- VII. **Case Conference and Seminar Requirements:** In addition to the intern's own case conference presentation, they attend the other psychology case conferences, the intern didactic seminars, assessment seminar, outpatient and rotation team meetings, and intern process group.
- VIII. **Additional training experiences:** List case conferences you will give, seminars you will attend, conferences you will attend, reading and studying you will do, and any other activities which you intend to make part of your internship.

Intern

Approved: Primary Supervisor/Date

Approved: Director of Training/Date



canvas HEALTH

Supervision Plan/Agreement

Supervisee: _____ **Degree:** _____

Qualifications:

Supervisor: _____ **License:** _____

Qualifications:

Supervisor Responsibilities

1. Will meet at least monthly for 2 hours with the supervisee in a dyad.
2. The Supervisor shall focus the meetings on professional development, teaching, mentoring, and personal development of the supervisee. Additional meetings may be scheduled to address administrative issues and concerns.
3. Supervision will utilize a case review format.
4. The supervisor will provide formative feedback at each supervision session.
5. Supervisor will increase supervisee awareness on how culture impacts the therapeutic process, case conceptualization, differential diagnosis and clinical formulation.
6. The supervisor will be available for contact outside the supervisory session by appointment, phone, and cell phone. The supervisor also agrees to make arrangements for coverage by another supervisor when (s)he is unavailable.

Supervisee Responsibilities

1. The Supervisee agrees to take supervision seriously and to attend regularly, be prepared, have case material available, and to openly discuss professional issues or issues impacting client services with the supervisor.
2. The Supervisee will adhere to all agency, ethical, licensing, and statutory requirements.
3. The Supervisee will avoid dual relationships with client of any kind. It is understood the sexual relationships with clients or members of a client's immediate family are expressly forbidden.
4. Record-keeping requirements as prescribed by the agency, insurance, and ethical codes will be strictly adhered to.
5. The supervisee will maintain an attitude of openness, learning, growth and development. Disagreements with the supervisor will be discussed and an attempt at resolution will be made.

Required Disclosures from Supervisee

- Disputes or impasses with clients
- Allegations of unethical behavior
- Threats of complaint or lawsuit
- Emergencies requiring immediate action
- Contemplated departures from standard practice
- High-risk cases (suicidal, propensity for violence, traumas, etc.)

- Suspected or known treatment or ethical errors
- Contact with clients outside of the treatment setting
- Legal issues (mandatory reports, duty to warn)
- Any giving or accepting of material objects with clients
- Any ethical practice concerns

Supervision is not intended to provide the supervisee with counseling or therapy, although personal issues may be surfaced and discussed as they relate to client treatment. If personal issues or concerns arise that interfere with or negatively impact client care, the supervisee agrees to seek outside counseling or other means to immediately resolve these issues.

The content of our sessions will be considered confidential, except for the following: 1) any situation where the treatment of a client violates legal or ethical standards; 2) any situation when problems or disagreements between us do not seem resolved and outside consultation is required; 3) situations where disciplinary action or termination of the supervisee is being considered; 4) any requirement from our payers which authorizes them to review our supervision logs.

Supervision from Other Sources: Supervision or Consultation may be allowed from other sources, but it is noted that full disclosure of other supervision is required. The supervisor and supervisee relationship within this agreement represents an understanding that the supervisor noted here maintains all rights and responsibilities of supervision. Any change in clinical direction must be approved by this supervisor prior to its implementation. Supervisee agrees that any contracted supervision will meet the requirements of HIPAA and HITECH.

Projected # of individual supervision hours:

Projected # of group supervision hours:

Means of contact between supervisor and supervisee: The supervisee is able to call supervisor as necessary during or after sessions. Evening phone calls will be returned the next morning unless noted in a voice mail an immediate crisis. Supervisor is available through scheduling additional appointments in the agency's electronic record system or when available by stopping in the office.

Emergency Procedures: In the event of an emergency, the supervisee should call supervisor ASAP. If the direct supervisor is not available then call the clinic manager or another Canvas Health/HSI-New Generations supervisor for direction.

Scope of Practice:

Description of service responsibilities

Description of client population:

Treatment methods and modalities:

Statement of Agreement

I have read and understand the information contained in this document, I have been provided a copy of the document, and agree to participate in supervision according to these guidelines.

STAFF

Supervisor

Date

Appendix F: Didactic Seminars, 2020-2021

Interns attend a weekly didactic seminar presented by psychology and other professional staff on a variety of clinical topics. The seminar series is the core didactic curriculum. These offerings vary somewhat each training year.

Didactic Seminars for 2020-2021 included:

- Diagnostic Assessments
- Health Dynamics Inventory and Psychotherapy
- HCR-20 and Actuarial Risk Assessment
- Neurodevelopmental Evaluations 1 and 2
- Conducting Crisis/Risk Assessments
- Case Conference Preparation
- Culture Sharing (Supervisors and Interns)
- Forensic Evaluations 1 and 2
- Feminist Theory
- Current Issues in LGBT Psychology and Implications for Practice
- Introduction to Neuropsychological Evaluations
- Group Therapy for Clients with an SPMI Diagnosis
- Parent Child Interaction Therapy
- Systemic Family Assessment
- Trauma Interventions 1-3
- Measuring Program and Outcome Performance
- Psychologists' Role in Assessing and Intervening in Social Determinants of Health
- APA Substance Use Disorder (SUD) Curriculum
- Religious and Spiritual Issues in Psychotherapy
- The Therapeutic Termination Phase
- A Brief Integrated Approach to Couples Psychotherapy 1
- Sexuality 101
- Issues of Culture in Psychology; Book Discussion *The Spirit Catches You And You Fall Down*
- Integrated Care
- How Sleep Works: A Primer for Helping Your Clients Sleep Better
- Introduction to EMDR Therapy
- Motivational Interviewing 1 and 2
- Microaggressions
- Working with Immigrants in an Outwardly White-Predominant North American Culture
- Legislative Basics

Appendix H: Links to Ethics Codes, Laws and Rules of Professional Conduct

Ethics Code of the American Psychological Association

<https://www.apa.org/ethics/code>

Rules of the Minnesota Board of Psychology

<https://mn.gov/boards/psychology/laws/>

American Psychological Association Professional Practice Guidelines

<https://www.apa.org/practice/guidelines/>

Minnesota Psychological Association

<http://www.mnpsych.org/>

Association of State and Provincial Psychology Boards

<https://www.asppb.net/>

Canvas Health Employee Handbook

<https://www.canvashealth.org/> Go to Secure Login: Staff (top right) and enter Login and password.