# Table of Contents

Jump to a section: Put cursor over the desired section, press control, and click!

Accreditation Disclosure Statement .......................................................... 4
Office of Program Consultation and Accreditation .................................. 4
American Psychological Association ....................................................... 4
Non-Discrimination Statement .................................................................. 4
Acknowledgements .................................................................................. 4
OVERVIEW .............................................................................................. 5
  Introduction ....................................................................................... 5
  Training Philosophy ......................................................................... 5
  Goals, Objectives, and Competencies ................................................. 6
  Processes .......................................................................................... 10
  Outcomes .......................................................................................... 10
Internship Sites ....................................................................................... 11
  University of Kentucky Counseling Center ...................................... 11
  Eastern State Hospital ....................................................................... 11
  Adolescent Medicine Clinic ............................................................. 12
  Center for the Advancement of Women’s Health ............................. 12
  Orofacial Pain Center ...................................................................... 13
Training Staff .......................................................................................... 13
  Training Directors ........................................................................... 13
  Additional Supervisors .................................................................... 14
  Training Committee ......................................................................... 16
Compensation and Benefits .................................................................... 16
  Funding Source and Stipend ............................................................ 16
  Benefits .......................................................................................... 17
  Academic and Religious Accommodations ........................................ 18
Facilities .................................................................................................. 18
SELECTION ........................................................................................ 18
  Selection Criteria ............................................................................ 18
  Selection Procedures .................................................................... 19
  Dual Relationship Guidelines .......................................................... 20
  Disclosure Statement ..................................................................... 20
  Additional Requirements ................................................................ 20
  Immunization .................................................................................. 20
  Registration .................................................................................... 20
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRAINING AND SUPERVISION</td>
<td>20</td>
</tr>
<tr>
<td>Orientation</td>
<td>20</td>
</tr>
<tr>
<td>Supervision</td>
<td>20</td>
</tr>
<tr>
<td>Ongoing Supervisory Responsibilities</td>
<td>21</td>
</tr>
<tr>
<td>Training Seminars</td>
<td>22</td>
</tr>
<tr>
<td>Consortium-Wide Seminars</td>
<td>22</td>
</tr>
<tr>
<td>Site-Specific Seminars</td>
<td>24</td>
</tr>
<tr>
<td>Case Presentations</td>
<td>24</td>
</tr>
<tr>
<td>Supervision of Others</td>
<td>24</td>
</tr>
<tr>
<td>Research</td>
<td>25</td>
</tr>
<tr>
<td>Evaluation</td>
<td>25</td>
</tr>
<tr>
<td>General Procedures</td>
<td>25</td>
</tr>
<tr>
<td>Program Completion Requirements</td>
<td>25</td>
</tr>
<tr>
<td>Ethical Standards</td>
<td>26</td>
</tr>
<tr>
<td>DUE PROCESS</td>
<td>27</td>
</tr>
<tr>
<td>“Problem Behaviors” vs. “Impairment”</td>
<td>27</td>
</tr>
<tr>
<td>General Procedure</td>
<td>27</td>
</tr>
<tr>
<td>Remediation/Disciplinary Procedures</td>
<td>28</td>
</tr>
<tr>
<td>Levels of Remedial Consequences</td>
<td>28</td>
</tr>
<tr>
<td>Grievance Procedures</td>
<td>29</td>
</tr>
<tr>
<td>Rights and Responsibilities</td>
<td>29</td>
</tr>
<tr>
<td>SOCIAL MEDIA POLICY</td>
<td>30</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>30</td>
</tr>
<tr>
<td>APPENDICES</td>
<td>30</td>
</tr>
<tr>
<td>Available Online (see below)</td>
<td></td>
</tr>
<tr>
<td>APA Documents</td>
<td></td>
</tr>
<tr>
<td>APA Ethical Principles and Code of Conduct (2003; Amended 2010 and 2017)</td>
<td></td>
</tr>
<tr>
<td>APA Practice Guidelines</td>
<td></td>
</tr>
<tr>
<td>Consortium Documents</td>
<td></td>
</tr>
<tr>
<td>Evaluation Forms</td>
<td></td>
</tr>
<tr>
<td>Intern Evaluation (completed by Supervisor)</td>
<td></td>
</tr>
<tr>
<td>Internship Site and Supervisor Evaluation Form</td>
<td></td>
</tr>
<tr>
<td>(completed by Intern and Interns’ Supervisees)</td>
<td></td>
</tr>
<tr>
<td>Overall Internship Evaluation Form</td>
<td></td>
</tr>
<tr>
<td>(completed by Intern)</td>
<td></td>
</tr>
<tr>
<td>Intern Resources</td>
<td></td>
</tr>
<tr>
<td>Postdoctoral and Licensure Information</td>
<td></td>
</tr>
<tr>
<td>Association of State and Provincial Psychology Boards</td>
<td></td>
</tr>
</tbody>
</table>
This intern handbook describes the training program at the University of Kentucky Internship Consortium. Questions about the program are encouraged. This information is current and accurate at the time of printing but may be subject to revision.

Accreditation Disclosure Statement
This program is accredited by the Commission on Accreditation of the American Psychological Association.

For questions regarding the Consortium’s APA accreditation status, contact:
Office of Program Consultation and Accreditation
American Psychological Association
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Washington, DC 20002-4242
(202) 336-5979
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Non-Discrimination Statement
The University of Kentucky is committed to a policy of providing educational opportunities to all qualified students regardless of economic or social status, and will not discriminate on the basis of race, color, religion, sex, marital status, beliefs, age, national origin, sexual orientation, or physical or mental disability. Compliance with Title IX of the Educational Amendments of 1972, which prohibits sex discrimination, and with Title VI of the Civil Rights Act of 1964 is coordinated by Mr. Terry Allen, Affirmative Action Office, 8 Administration Building, 606-257-8927. Efforts to comply with the laws and regulations applicable to people with disabilities are also coordinated by the Affirmative Action Office, as required by Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990. Questions concerning compliance with regulations may be directed to the UK's Affirmative Action Office, or to the Director of the Office of Civil Rights, U.S. Department of Education, Washington, D.C. The University is in compliance with the Drug-Free Workplace Act of 1988 and the Drug-Free Schools and Communities Act Amendment of 1989. Questions may be directed to the Vice Chancellor for Student Affairs or the Human Resource Services Director's Office. Questions about admission to the University should be directed to the appropriate admissions office.

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Charles R. Carlson, Summer, 2014; Handbook revised by David Susman and Jessica Burris, June 2017, June 2018; Handbook revised by David Susman, June 2019
OVERVIEW

Introduction

The University of Kentucky (UK) is located in Lexington, Kentucky, the second largest city in Kentucky and the “Horse Capital of the World.” Founded in 1865, UK is Kentucky’s flagship institution and one of two land-grant universities in the state of Kentucky. It is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools. Located in Kentucky’s "Bluegrass Region," the University is within walking distance of downtown Lexington, an hour and a half away from Louisville, KY and Cincinnati, OH, and an hour from the Red River Gorge and the mountainous region of eastern Kentucky.

UK’s doctoral program in clinical psychology granted its first Ph.D. in 1917, received its initial American Psychological Association (APA) accreditation for its clinical program in 1970 and its Psychological Clinical Science Accreditation System accreditation in 2010, and is a member of the Academy of Psychological Clinical Science. The UK counseling psychology doctoral program received initial APA accreditation in 1983. The University of Kentucky Internship Consortium Program (UKIC) was established in 2011.

The UK Internship Consortium Program consists of five sites in the Lexington area, operating together under the direction of the Internship Program Director. For the 2019-2020 year, the UKIC has 4 fully funded, half-time internship positions to offer. Funding across the 5 sites may change year-to-year, and intern placements are adjusted accordingly. The Consortium is exclusively affiliated with UK’s Clinical Psychology and Counseling Psychology Doctoral (Ph.D.) Programs, so only students from these academic programs are eligible to apply to the Consortium. Interns in the Consortium spend 20 hours per week for two consecutive years engaged in internship activities, including clinical work at their internship site and attendance of Consortium-wide and site-specific seminars and training programs.

Training Philosophy

The Internship Consortium seeks to train interns to become scientific health service psychologists. Our philosophy is three-fold: (1) health service psychology is a science-based discipline influenced by the professional practice of psychology, (2) training in health service psychology is a continual developmental process, and (3) a consortium approach provides unique training opportunities for developing psychologists, particularly in an interprofessional context.

First, our philosophy is that health service psychology must be a science-based discipline; thus, to train health service psychologists is to train scientists with expertise in health service psychology. Psychological practice is to be based on the science of psychology and influenced by professional practice. We seek to provide our interns with high quality, science-centered education and training, and require a scientific approach to both research and practice from our interns. Each of our interns develops the capacity to function independently as a doctoral level health service psychologist. All interns are trained to practice competently and use scientific methods and evidence in all phases of developing and applying clinical services.

Second, our philosophy emphasizes the continual professional development of our interns. The Internship Consortium seeks to build on the skills developed during the doctoral education and training in the UK Clinical and Counseling Psychology Doctoral Programs. Consortium-wide and site-specific training seminars provide discussion of practice-oriented information that can help interns develop existing skills and learn new methods (e.g., specific empirically-based treatments). As interns progress through Internship Consortium rotations, they are given more and more complex cases and build up to a full caseload. The internship is committed to providing training that is sequential, cumulative, and graded in complexity. By formally evaluating interns’ competence semi-annually, Consortium supervisors can ensure that interns’ skills are developing appropriately over the course of their internship experience. By the end of the two-year internship, interns should graduate as competent entry-level scientific health service psychologists who can function in a variety of settings and continue to develop professionally throughout their careers. Thus, our developmental approach ensures that training for practice in health service psychology is sequential, cumulative, and graded in complexity.

Third, our philosophy emphasizes a consortium approach. The consortium approach means that interns will benefit from shared resources and will be trained in a broad range of fundamental skills, with specialization areas available at the different sites. Within our consortium, interns will work in four different clinical settings, giving them a diverse set of clinical experiences and preparing them for work in a variety of jobs. Because the internship is specifically designed to be sequential, cumulative, graded in complexity, and developmental, the sequence of the internship will involve
completing rotations at Eastern State Hospital and the University Counseling Center to build foundational skills and two advanced rotations consistent with interns’ professional goals at Women’s Health, Adolescent Medicine, and/or the Orofacial Pain Center during the second year. (Note: Adolescent Medicine is not funded for the 2019-20 internship year.)

**Goals, Objectives, and Competencies**

The University of Kentucky Internship Consortium (UKIC) uses diverse training experiences to enable interns to function successfully in doctoral level positions in health service psychology. The goal is to prepare interns to use scientifically-based methods to provide psychological services and engage in doctoral level functions in thoughtful, skillful, and compassionate ways.

A series of graduated and comprehensive learning tasks are designed to meet the following profession-wide competencies:

- Research
- Ethical and legal standards
- Individual and cultural diversity
- Professional values and attitudes
- Communication and interpersonal skills
- Assessment
- Intervention
- Supervision
- Consultation and interprofessional/interdisciplinary skills

Supporting their work as professional psychologists, a series of graduated and comprehensive learning tasks are designed to meet the following internship-specific competencies:

- Outreach
- Crisis assessment and intervention
- Meta-competency (e.g., the capacity for self-evaluation)

This goal will be achieved through 12 specific objectives and the development of 12 specific sets of related competencies. (Note that competencies consist of knowledge, skills, and attitudes/values. Competencies in the Consortium build on and extend those in the UK Clinical and Counseling Psychology Doctoral Programs. Each of the competencies listed will be evaluated twice yearly using the Intern Evaluation.) First, the objectives related to the nine profession-wide competencies are presented. Next we present the objectives related to the three internship-specific competencies.

**Profession-Wide Competencies**

**Objectives:**

1) To produce entry-level health service psychologists who are competent in research.

**Research - Competencies:**

- **Scientific Mindedness:** Uses systematic approaches to gathering data to inform clinical decision making. Has good critical thinking and analytic skills. Applies scientific knowledge and skills appropriately and habitually to the solution of problems. Readily presents own work for the scrutiny of others. Is committed to lifelong learning.

- **Scientific Foundation of Professional Practice:** Uses scientific resources to promote effective practice. Demonstrates willingness and motivation to develop his/her knowledge of the empirical literature relevant to clinical work at his/her current internship site.

- **Application of Scientific Method to Practice:** Demonstrates the integration of science in professional practice.

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

- **Diversity:** Demonstrates awareness of diversity issues that may impact the design, evaluation, and dissemination and professional application of research findings.

2) To produce entry-level health service psychologists who behave ethically and who are competent in the understanding and management of ethical and legal standards.
Ethical and Legal Standards - Competencies:

- **Knowledge**: Be knowledgeable and act in accordance with: a) the current version of the APA Ethical Principles of Psychologists and Code of Conduct; b) relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional and federal levels; c) relevant professional standards and guidelines.

- **Ethical Conduct**: Able to recognize and analyze ethical or legal issues or dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas. Able to self-reflect on the possible ethical or legal implications of his/her actions. Has honesty, integrity, and a sense of personal responsibility. Conducts self in an ethical manner in all professional activities. Able to seek consultation or help for ethical problems in supervision. Practices appropriate professional assertiveness related to ethical issues. Is committed to ethical practice.

- **Diversity**: Shows awareness towards all aspects of diversity and its impact on ethical and legal standards and resolution of legal and ethical dilemmas.

3) To produce entry-level health service psychologists who are competent in *individual and cultural diversity*.

Individual and cultural diversity - Competencies:

- **Individual**: Demonstrates 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 base**: Demonstrates 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.

- **Applications**: Able to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles. Able to independently apply knowledge and approach in working with a range of diverse individuals and groups. Able to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Able to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own. Able to work effectively with diverse others in assessment, treatment, and consultation.

4) To produce entry-level health service psychologists who are competent in *professional values and attitudes*.

Professional values and attitudes - Competencies:

- **General**: 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. Responds professionally in increasingly complex situations with a greater degree of independence while progressing across levels of training.

- **Integrity**: Able to use resources to promote effective practice. Is responsible and accountable relative to her/his level of training. Is willing to acknowledge and correct errors. Actively seeks and demonstrates openness and responsiveness to feedback and supervision.

- **Deportment**: Completes professional tasks in allotted/appropriate time and arrives promptly at meetings and appointments. Has developed an organized, disciplined approach to writing and maintaining notes and records. Has developed skills to handle payment-related issues with clients. Able to organize and present case material. Has good day-to-day organizational skills. Has good critical thinking and analysis skills. Able to manage his/her time. Able to interact collaboratively and respectfully with other colleagues. Able to create and give an effective presentation.

- **Professional Identity**: Demonstrates willingness and motivation to develop his/her knowledge of the empirical literature relevant to clinical work at his/her current internship site. Demonstrates integration of science in professional practice.

- **Self-Reflection, Self-Care and Self-Awareness**: Able to engage in self-reflection regarding one’s personal and professional functioning. Engages in activities to maintain and improve performance, well-being and professional effectiveness. Able to self-identify personal distress as it relates to clinical work. Able to seek and use resources that support healthy functioning when experiencing personal distress. Demonstrates self-awareness, understanding, and reflection. Has adequate self-care. Has awareness of her/his personal identity. Has awareness of his/her own beliefs and values as they relate to and influence professional practice and activity. Self-appraises performance. Uses information gathered from self-appraisal to improve his/her effectiveness.

- **Diversity**: Models respect, openness, and awareness towards all aspects of diversity and its impact on professional values and attitudes.
5) To produce entry-level health service psychologists who are competent in communication and interpersonal skills.

**Communication and interpersonal skills - Competencies:**
- **Therapeutic Alliance:** Takes a respectful, helpful, professional approach to clients; Is able to form working alliances; Is able to deal with conflict and negotiate differences; Understands and maintains appropriate boundaries
- **Professional Relationships:** Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. Able to deal with conflict and negotiate differences. Understands and maintains appropriate boundaries. Supports others in their work and gains support for their own work. Provides helpful feedback to peers and receive such feedback non-defensively from peers. Is respectful to support staff roles and persons. Communicates professionally and works collaboratively with community professionals. Able to observe agency operating procedures. Contributes in ways that will enrich the site experience of future interns. Has the capacity for dialogue with other professionals in a manner that avoids use of psychological jargon.
- **Communication:** Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated. Demonstrates a thorough grasp of professional language and concepts. Demonstrates effective interpersonal skills and the ability to manage difficult communication well.
- **Diversity:** Models respect, openness, and awareness towards all aspects of diversity and its impact on communication and interpersonal skills.

6) To produce entry-level clinical psychologists who are competent in assessment.

**Assessment - Competencies:**
- **Selection and Application of Methods:** Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics. Collects 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. Understands the strengths and limitations of assessment approaches and interpretation of results from multiple measures for diagnosis, treatment planning, and evaluation of treatment outcomes, both individual and programmatic. Utilizes systematic approaches to gathering data to inform clinical decision making.
- **Interpretation of Results:** Interprets 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.
- **Communication of Findings:** Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences. Produces consultative reports that are well organized, succinct, and provide useful and relevant recommendations. Provides effective feedback to clients and consultees (e.g., presents assessment results in a clear manner, uses lay language, and answers clients’/consultees’ questions appropriately). When repeated assessment occurs, systematically and effectively integrates prior and current knowledge of the client.
- **Diagnosis:** Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology. Integrates assessment data from different sources for diagnostic purposes. When repeated assessment occurs, revises diagnostic impressions when applicable.
- **Supervision:** Effectively uses supervision to enhance assessment skills. Is able to learn effectively from supervisor’s role modeling of assessment procedures.
- **Diversity:** Models respect, openness, and awareness towards all aspects of diversity and its impact on the assessment process. Able to select and implement multiple methods and means of evaluation in ways that are responsive to and respectful of diversity.

7) To produce entry-level health service psychologists who are competent in intervention skills.

**Intervention - Competencies:**
- **Effective Relationships:** Establishes and maintains effective relationships with the recipients of psychological services.
8) To produce entry-level health service psychologists who are competent in supervision.

**Supervision - Competencies:**

- **Knowledge and Application:** Demonstrates knowledge of supervision models, practices, theories, and research. Applies this knowledge in direct or simulated practice with psychology trainees or other health professionals.
- **Participation in Supervision Process:** Prepares effectively for supervision. Works collaboratively with supervisor(s). Able and willing to accept supervisory input. Follows through on supervisory directions and recommendations. Negotiates needs for autonomy from supervisors.
- **Relationship with Supervisee:** Establishes a climate of trust, support, and understanding of supervisee. Constructively works toward conflict resolution between self and supervisee. Communicates effectively in giving suggestions and feedback to supervisee.
- **Goal Setting:** Sets effective goals for supervision in collaboration with supervisee. Provides information and teaches counseling skills appropriately.
- **Structure and Plans:** Assists in case conceptualization and understanding of client dynamics. Explores various therapeutic processes such as confrontation, support, timing, and their uses. Assists supervisee with case management. Views video recordings provided by trainee on a regular basis. Uses appropriate books, articles, and other relevant references. Knows campus and community resources and helps supervisee refer clients to resources.
- **Evaluation:** Demonstrates the ability to assess skill level of supervisee. Demonstrates ability to formulate and carry out evaluations and to manage the evaluative role, balancing support and challenge.
- **Diversity:** Models respect, openness, and awareness towards all aspects of diversity and its impact on both the therapeutic and supervisory process.
- **Supervision of Supervision:** Effectively uses supervision of supervision to enhance skills as a supervisor.
- **Ethics/Professional Issues:** Promotes awareness of ethical and legal issues. Monitors and provides guidance regarding ethical and legal issues. Addresses supervisee’s professional and personal issues and behaviors relevant to professional goals. Encourages and responds to feedback made by supervisee.
- **Self-Assessment:** Self-reflects and self-evaluates clinical skills and use of supervision.

9) To produce entry-level health service psychologists who are competent in interprofessional/interdisciplinary skills.

**Interprofessional/interdisciplinary skills – Competencies:**

- **Collaboration:** Demonstrates the ability to effectively and intentionally collaborate with professionals in health service psychology and with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities.
- **Roles:** Demonstrates knowledge and respect for the roles and perspectives of other professions.
- **Applications:** Applies 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.
Diversity: Demonstrates sensitivity to diversity issues in all facets of interprofessional/interdisciplinary skill development.

Internship-Specific Competencies

Objectives:

10) To produce entry-level health service psychologists who are competent in outreach.

Outreach - Competencies:

- **Program Development**: Demonstrates the ability to design and professionally present outreach programming. Demonstrates the ability to create learning objectives for outreach programming and evaluate the efficacy of the program in meeting those objectives. Considers current empirical literature, audience needs, and diversity variables when developing programs.
- **Implementation**: Demonstrates ability to implement a variety of teaching methods (e.g., lecture, experiential activities, facilitating discussion) to engage the audience, and to professionally and meaningfully achieve the learning objectives for the program.
- **Professional and Ethical Skills**: Demonstrates the ability to work with various members of the university community to accurately assess programming needs. Demonstrates professionalism and adherence to ethical and legal standards in all facets of outreach programming.
- **Diversity**: Demonstrates sensitivity to diversity issues in all facets of outreach programming.

11) To produce entry-level health service psychologists who are competent in crisis assessment and intervention skills.

Crisis assessment and intervention - Competencies:

- **Assessment**: Recognizes the need for crisis intervention and intervenes effectively. Follows the internship site’s crisis intervention protocols. Can conduct a risk assessment and knows the actions to take when confronted with a client who presents risk of imminent harm to self or others.
- **Intervention**: Makes appropriate recommendations regarding referrals, including psychiatric evaluations. Follows ethical and legal guidelines for crisis intervention.
- **Supervision**: Seeks consultation and supervision as needed. Is able to learn effectively from supervisor’s role modeling of crisis intervention procedures.
- **Diversity**: Demonstrates awareness toward all aspects of diversity and its impact on the crisis assessment and intervention process.

12) To produce entry-level health service psychologists who are competent in evaluating and developing their own competence (meta-competency).

Meta-competency - Competencies:

- **Self – evaluation**: Knows the extent and limit of her/his skills. Has developed the habit and skills for self-evaluation of clinical skills. Has knowledge of the process for extending current skills into new areas. Is able to use supervision, consultation, and other resources to improve and extend skills. Is committed to lifelong learning.
- **Diversity**: Demonstrates awareness towards all aspects of diversity and its impact on the self-evaluation of one’s own skills.

Processes

To develop the competencies listed above, interns receive foundational training (through supervised clinical experience that is sequential, cumulative, and graded in complexity) at Eastern State Hospital and the University of Kentucky Counseling Center and advanced training in two of the other consortium training sites. The internship training program provides exposure to interprofessional settings with a variety of healthcare providers participating in treatments, sequenced rotation seminars, and a sequential, cumulative and graded Consortium-wide series of training seminars.

Outcomes

**Proximal**

- Outcomes for interns are measured by formal written evaluations two times per year (at the end of each 6-month rotation; completed by supervisors with input from relevant staff and interns’ practicum supervisees).
• Outcomes for the program are measured by formal evaluations provided by the interns at the end of each year (see the Evaluation section of this handbook for details); these evaluations focus on performance of the interns’ supervisors and the internship sites.

Distal
• Outcomes for interns are measured by employment data and licensure rates.
• Outcomes for the program are measured by formal evaluations of the program as a whole provided by the interns at the end of the two-year internship.
• Outcomes for the program are also measured every three years by a formal survey of alumni

Internship Sites

University of Kentucky Counseling Center
The University of Kentucky Counseling Center (UKCC) provides free confidential psychological services to currently enrolled UK students, UK faculty and staff, and caregivers. It serves approximately 1200-1300 individuals every year with diverse issues, including depression, anxiety, eating disorders, substance abuse, obsessive-compulsive disorder, posttraumatic stress, bereavement, learning disabilities, social skills deficits, adjustment disorders, and problems with relationships, academic functioning, career goals, concentration, and body image. The UKCC provides academic, career, and personal counseling, outreach programs, consultation, training, and community service to help all students succeed academically, develop and make progress toward life goals, and be productive members of the university and society. The UKCC regularly works in conjunction with the UK Psychology Department, UK Medical Center, Behavioral Health in the University Health Service. Dean of Students and other Student Affairs offices, and all faculty, staff, and administrators on UK’s campus. The UKCC is located in Frazee Hall, approximately two blocks from the UK Psychology Department.

The UKCC was founded in 1956. Its mission is to be a national leader among university counseling centers and promote the psychological, educational, and social well-being of students and prepares them to be productive members of the global society. In the service of this mission and the mission of the University of Kentucky, the UKCC promotes the psychological, interpersonal, academic, and vocational development of students, and provides mental health consultation to the campus community. In collaboration with students, schools, colleges, and other units, the UKCC strives to develop a diverse, inclusive, and multicultural community.

The UKCC provides training to UK clinical and counseling psychology doctoral students and psychology interns. Interns at the UKCC will gain experience in empirically-supported treatments, including interpersonal psychotherapy, exposure-response prevention, motivational interviewing, cognitive processing therapy, mindfulness, interpersonal process group therapy, cognitive-behavioral therapies, and prolonged exposure treatment, among others. Additionally, interns will be trained in psychoeducation and outreach programming, relaxation techniques, and crisis assessment and intervention. Interns will regularly work with psychologists, psychiatrists, and clinical nurse specialists. The internship site’s Training Director is Diane Sobel, Ph.D.

Eastern State Hospital
Eastern State Hospital, under the auspices of UK HealthCare, provides inpatient care for adults with acute disorders, persistent mental illness, and dual diagnoses; inpatient care for psychiatric evaluation; nursing and social work assessments; psychological assessments; treatment mall recovery services; psychiatric rehabilitation; outpatient referrals; discharge placements and case management referral; and consultation. It serves approximately 2200 patients with serious mental illness (e.g., depression, schizophrenia, bipolar disorder) and substance abuse/dependence per year. The Hospital regularly works in conjunction with the UK Psychology Department and various hospital units and departments. Eastern State Hospital is located at 1350 Bull Lea Road, Lexington, KY 40511, approximately five miles from the UK Psychology Department.

Eastern State Hospital was founded in 1824 for the purpose of helping people with behavioral health needs grow and recover to live meaningful lives. In the service of this mission and the mission of the University of Kentucky, the Hospital engages in education and the provision of health care services.

The program at the Hospital is actively involved with the UK Psychology Department in providing clinical training for doctoral students and interns; additionally, the Hospital trains students from UK counseling psychology and area universities in nursing, psychiatry, occupational therapy, social work, pharmacy, and rehabilitation counseling. Interns at Eastern State Hospital will gain experience in empirically-supported techniques, including motivational interviewing, dialectical behavior therapy, stages of change, cognitive-behavioral therapy, SAMHSA toolkits for serious mental illness, recovery model therapy, psychiatric rehabilitation, social skills training, illness management, and family psychoeducation. Additionally, interns can
receive training in forensic evaluation (i.e., civil commitment, competency to stand trial, criminal responsibility, and guardianship), risk assessment for suicide and violence, mental health advocacy, ethics, and consumer-based programs (e.g., NAMI and peer support). Interns will regularly work with psychologists, psychiatrists, social workers, nurses, behavior analysts, occupational therapists, and rehabilitation services staff. The internship site’s Training Director is Lindsey Jasinski, Ph.D.

**Adolescent Medicine Clinic**

*Note: This site is not funded for the 2019-20 training year and will not have interns.* The Adolescent Medicine Clinic at UK Healthcare is a multidisciplinary clinic where physicians, nurses, social workers, dieticians, medical students and residents, and psychologists engage in the treatment of a wide range of adolescent concerns. Adolescent Medicine is committed to treating every patient as a unique person with unique emotional, physical, and psychological needs. It serves approximately 2,100 adolescents (aged 10 to 21) per year. Its psychological services include the treatment of mood, learning, attention-deficit, disruptive behavior, and eating disorders. Adolescent Medicine regularly works in conjunction with the UK Psychology Department and the UK Division of General Pediatrics, Lincoln County School System, and UK Psychiatry. Adolescent Medicine, a UK HealthCare site, is located on the second floor of the Kentucky Clinic, approximately two blocks from the UK Psychology Department.

The Adolescent Medicine Clinic was founded in 1998 to give adolescents the specialized, comprehensive care they need. In the service of this mission and the mission of the University of Kentucky, Adolescent Medicine engages in education, research, and the provision of health care services. Additionally, Adolescent Medicine seeks to provide a multiculturally-sensitive environment through regular discussion of diversity issues in supervision.

Adolescent Medicine provides training to psychology graduate students, social work students, medical students, and medical residents; it has provided internship training to UK psychology doctoral students since 2011. Interns at Adolescent Medicine will gain broad-based experience in delivering empirically supported cognitive behavioral therapy for anxiety and mood disorders within a primary care setting. Additionally, interns will be taught parent training for disruptive behavior disorders, engage in consultation with other providers, and provide outreach services (e.g., traveling to a school system in a rural part of Kentucky twice a month). There are occasionally opportunities to write a chapter or article and to present at a conference. The internship site’s Training Director is John A. Yozwiak, Ph.D.

**Center for the Advancement of Women’s Health**

The Center for the Advancement of Women’s Health at UK Healthcare serves three primary purposes: to provide high-quality comprehensive medical services for women in a newly renovated (2014-2015) clinical facility; to educate patients and the community overall about women’s health through educational and community outreach programs; and to expand medical research opportunities for women that encourage advancements in the field of women’s health through the Kentucky Women’s Health Research Registry and clinical trials. The Center holds regular multidisciplinary clinics where health service psychology services, including cognitive-behavior therapies and mindfulness-based therapies, are provided upon request. The Center serves approximately 7,800 women per year with a variety of psychological issues, including psychological factors affecting physical conditions, depression, anxiety disorders, and adjustment disorders, as well as a variety of medical conditions amenable to behavioral skills training (e.g., hypertension, pain, obesity, and cancer). Women’s Health regularly works in conjunction with the UK Psychology Department and the UK Health Enterprise, including Psychiatry, Internal Medicine, Cardiology, Surgery, ENT, OB-GYN, Anesthesiology, Neurology, and Physical Medicine and Rehabilitation. Women’s Health, a UK HealthCare site, is located on the third floor of the Kentucky Clinic, approximately two blocks from the UK Psychology Department.

The mission of the Center for the Advancement of Women’s Health is to provide high-quality comprehensive medical services, patient and community education about women’s health, and expand medical research opportunities for women. In the service of this mission and the mission of the University of Kentucky, Women’s Health engages in education, research, and the provision of health care services. Additionally, Women’s Health seeks to provide a multiculturally-sensitive environment through active recruitment of diverse health providers and integrating diversity issues into its regular case conference series.

Women’s Health has provided internship training since 2011. Interns at the Center will gain broad-based experience in delivering empirically supported, skills-based therapy within a primary care setting. Interns’ supervised clinical experience will draw from multiple theoretical orientations, with an emphasis on cognitive-behavioral therapy, interpersonal therapy, and mindfulness therapy. Additionally, interns will be taught how to assess and intervene upon health behaviors that increase risk for the development or maintenance of chronic medical conditions (e.g., tobacco use, sedentary behavior, unhealthy dietary habits). Interns will regularly work
with nurse practitioners, physicians, and social workers. The internship site’s Training Director is Jessica L. Burris, Ph.D.

**Orofacial Pain Center**

The Orofacial Pain Center, UK College of Dentistry/UK Healthcare is a multidisciplinary training clinic where dentists, clinical psychologists, physicians, and physical therapists are engaged in the treatment of patients with complex orofacial pain using cognitive-behavior therapies and physical self-regulation training. It serves approximately 450 patients per year; these patients are drawn from a broad geographical area and on average have had pain conditions for over four years. The Center regularly works in conjunction with the UK Psychology Department and the UK Health Enterprise, including Psychiatry, Internal Medicine, Cardiology, Surgery, ENT, OB-GYN, Anesthesiology, Neurology, and Physical Medicine and Rehabilitation. The Center is located in Room E-214 in the UK Clinic, approximately two blocks from the UK Psychology Department.

The Orofacial Pain Center was founded in 1977 for the purpose of helping patients suffering with various temporomandibular disorders. In the service of this mission and the mission of the University of Kentucky, the Center engages in education, research, and the provision of health care services. Additionally, the Center seeks to provide a multiculturally-sensitive environment through active recruitment of diverse health providers and integrating diversity issues into its regular case conference series.

The Center has provided training to psychology graduate students and post-doctoral fellows since 1989 and internship training to UK psychology doctoral students since 2011. Interns at the Center will gain broad-based experience in delivering empirically supported cognitive behavioral therapy within a primary care setting. Additionally, interns will be taught skills training for self-regulation, including relaxation training (postural, abbreviated progressive, and stretch-based), diaphragmatic breathing entrainment, and proprioceptive re-education. The internship site’s Training Director is Charles R. Carlson, Ph.D., ABPP.

**Training Staff**

**UKIC Training Director**

David T. Susman, Ph.D.

1. Training Director, University of Kentucky Internship Consortium
2. Assistant Professor and Licensed Psychologist, Department of Psychology, University of Kentucky
   University of Kentucky, 1992

Theoretical Orientation: Cognitive behavioral and integrative
Interests: Supervision, program administration, mental health advocacy, ethics, management of behavioral emergencies.

**Consortium Site Training Directors**

Note: All Training Directors are Licensed Psychologists in Kentucky and supervisors at their specific internship site.

Jessica L. Burris, Ph.D.

1. Training Director, Internship Consortium Program, Center for Advancement of Women’s Health, UK Healthcare, University of Kentucky
2. Assistant Professor, Department of Psychology, University of Kentucky
   University of Kentucky, 2012

Theoretical Orientation: Cognitive behavioral, with an integrative approach to intervention techniques
Interests: Health psychology, psychological adjustment to chronic disease, health behavior change theory and processes

Charles R. Carlson, Ph.D., ABPP

1. Training Director, Internship Consortium Program and Director of Behavioral Medicine and Research, Orofacial Pain Center, College of Dentistry, University of Kentucky
2. Robert H. and Anna B. Culton Professor of Psychology, University of Kentucky
   Vanderbilt University, 1983

Theoretical orientation: Social learning theory
Interests: Self-regulatory control, relaxation training, trigeminal pain management, behavioral health interventions

Lindsey Jasinski, Ph.D.

1. Training Director, Internship Consortium Program, Eastern State Hospital, managed by UK HealthCare, University of Kentucky
2. Psychology Services Director, Eastern State Hospital
University of Kentucky, 2010
Theoretical Orientation: Primarily CBT, with a pragmatic eclectic approach
Interests: Neuropsychological and psychological assessment, brain injury, intersection between psychiatric and neurological disorders, assessment of intervention outcomes

Diane Sobel, Ph.D.
1. Training Director, Internship Consortium Program, University of Kentucky Counseling Center
2. Senior Staff Psychologist and Coordinator of Training, University of Kentucky Counseling Center
University at Buffalo, 1992
Theoretical Orientation: Interpersonal, psychodynamic, feminist, multicultural
Interests: Training and education in professional psychology, trauma therapy, sexual trauma, group therapy, grief counseling, multiculturalism, LGBTQ issues

John A. Yozwiak, Ph.D.
1. Training Director, Internship Consortium Program, Adolescent Medicine Clinic, UK HealthCare, University of Kentucky
2. Assistant Professor, Department of Pediatrics, Division of Adolescent Medicine, University of Kentucky College of Medicine, Adolescent Medicine Clinic
University of Kentucky, 2003
Theoretical Orientation: Cognitive behavioral
Interests: Adolescent mental health

Additional Supervisors

University of Kentucky Counseling Center:

Federico “Felito” Aldarondo, Ph.D.
Associate Director and Licensed Psychologist
Indiana University, 1998
Theoretical Orientation: Interpersonal, integrative
Interests: Substance abuse and addictive behavior treatment, healthy lifestyle change, motivational interviewing, diversity, group therapy, assessment, mindfulness, interpersonal process in psychotherapy, therapy supervision

Amanda Bloom, Ph.D.
Staff Psychologist
Purdue University, 2015
Theoretical Orientation: Person-centered, interpersonal
Interests: Training and education in professional psychology, interpersonal concerns, identity development, grief and loss, group therapy

Mary Bolin, Ph.D.
Director
University of Kentucky, 1994
Theoretical Orientation: Integrated model of psychosynthesis and interpersonal process
Interests: Disordered eating/body image, GLBTQQIA concerns, performance enhancement, persons with disabilities

Tina C. Bryant, Ph.D.
Assistant Director and Clinical Director
University of Georgia, 2002
Theoretical Orientation: Person-centered, interpersonal, psychodynamic, multicultural
Interests: Multicultural and women’s issues, outreach, career exploration

Amber Carter, Psy.D.
Staff Psychologist
Illinois School of Professional Psychology at Argosy University, Chicago, 2016
Theoretical Orientation: Client-centered therapy
Interests: Client-centered theory and therapy, multicultural/diversity issues, life transitions, first-generation college students, mindfulness, parenting issues
Adrianna Fisher-Willis, Psy.D.
Staff Psychologist
Adler University, 2017
Theoretical Orientation: Integrative, Cognitive behavioral, Existential, Adlerian
Interests: Substance use and treatment of addictive behaviors, trauma-informed treatment, stress management, religious/fait issues, and socially responsible clinical practice, with racial, ethnic, sexual and gender minorities.

Alexandra Forsyth, Psy.D.
Staff Psychologist
University of Indianapolis, 2017
Theoretical Orientation: Cognitive behavioral
Interests: Cognitive behavioral therapy, interpersonal therapy, sport psychology, substance abuse, post-traumatic stress disorder, multicultural/diversity issues, grief and loss.

Alyssa Frye, Psy.D.
Staff Psychologist
Marshall University, 2017
Theoretical Orientation: Integrative, cognitive behavioral, feminist
Interests: Anxiety, disordered eating and body image concerns, Appalachian and other rural or underserved populations, first-generation college students, autism spectrum disorders, dialectical behavior therapy

Jamie Hopkins, Ph.D.
Staff Psychologist
University of Calgary, 2003
Theoretical Orientation: Interpersonal, cognitive-behavioral
Interests: Depression, anxiety, international students, couples, grief and loss, exercise and mental health

Nathaniel Hopkins, Ph.D.
Senior Staff Psychologist
University of Illinois, 2003
Theoretical Orientation: Existential, interpersonal, cognitive-behavioral
Interests: Identity development, grief and loss, performance enhancement

Margaret M. Marks, Ph.D.
Assistant Director and Outreach Director
Pennsylvania State University, 2011
Theoretical Orientation: Humanistic, interpersonal
Interests: Training and education in professional psychology, career development, suicide prevention, veteran issues, trauma

Sharon Martin, Psy.D.
Staff Psychologist
Spalding University, 1992
Theoretical Orientation: Psychodynamic
Interests: Trauma, grief, psychospiritual development and issues, suicide prevention, sexual identity issues

Nathan Miles, Ph.D.
Staff Psychologist
Purdue University, 2011
Theoretical orientation: Emotion-Focused, Interpersonal, Family Systems
Interests: Couples therapy, LGBTQ issues, Family-of-origin issues, Grief

Jason Schwenker, Psy.D.
Staff Psychologist
Spalding University, 2013
Theoretical Orientation: Cognitive behavioral, humanistic, acceptance and commitment therapy
Interests: Stress and anxiety management, trauma, psychological assessment, mindfulness, outreach, Veterans and LGBTQ
Eastern State Hospital:

Rebecca L. Asher, Psy.D.
Licensed Psychologist and Forensic Evaluator
Spalding University, 2008
Theoretical Orientation: Cognitive-behavioral
Interests: Forensic evaluation, malingering, severe and persistent mental illness

Donald Crowe, Ph.D.
Licensed Psychologist
University of Kentucky, 1995
Theoretical Orientation: Primarily cognitive-behavioral with some interpersonal influence
Interests: Serious and persistent mental illness, DBT, health psychology

Teri Maynard, Psy.D.
Licensed Psychologist
Degree: Spalding University, 2006
Theoretical Orientation: Integrative, biopsychosocial
Interests: Health psychology, geropsychology, rehabilitation psychology

Sean P. Reilley, Ph.D.
Licensed Psychologist
University of Cincinnati, 2002
Theoretical Orientation: Cognitive-behavioral
Interests: Psychometrics, decision making

John D. Scanish, Psy.D.
Licensed Psychologist
Wheaton College, 1998
Theoretical Orientation: Eclectic, cognitive, existential
Interests: Sex offenders/forensic psychology, integration of psychology with religion and spirituality

Training Committee

The internship training program is administratively supervised by a Training Committee. The members of the Training Committee are David T. Susman, Ph.D. (Committee Chair; UK Internship Consortium Training Director), Diane Sobel, Ph.D. (Site Supervisor, UK Counseling Center), Charles Carlson, Ph.D. (Site Supervisor, Orofacial Pain Center); Jessica Burris, Ph.D. (Site Supervisor, UK Center for the Advancement of Women’s Health); Lindsey Jasinski, Ph.D. (Site Supervisor, Eastern State Hospital), John Yozwiak, Ph.D. (Site Supervisor, UK Adolescent Medicine Clinic), Joseph Hammer, Ph.D. (Training Director, UK Counseling Psychology Ph.D. Program), and an intern representative (elected by the current interns each July). The Training Committee meets quarterly. Its function is to review internship programs and activities, interview and select intern applicants to the program, coordinate efforts for recruitment and retention of diverse supervisors across the various training sites, and discuss other program issues as needed.

Compensation and Benefits

Each intern is expected to complete 2000 total hours of clinical work during their internship. Interns’ clinical work will require 20 hours per week. Each intern is formally titled “Psychology Intern.”

Funding Source and Stipend

Interns will be funded through a half-time stipend of at least $12,500.00 per year or $25,000 for the 2-year internship program ($6250.00 per 6-month rotation; some consortium sites offer a higher stipend amount) through the Department of Psychology. This stipend amount for their professional training is equivalent to the average intern funding in the region, excepting the Federal Regional Medical Center, Lexington. The stipend includes the benefits listed below:
Benefits

- **Holidays:** Interns have 8 regularly scheduled UK holidays each year: New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving Day, and Christmas Day; additionally, Presidential Election Day is a holiday that occurs every four years.

- **Personal Leave:** Interns receive 60 paid hours of personal leave each year in addition to the holidays listed above. The 60 hours may be used for either vacation or sick leave. Unused personal leave in the first year of the internship does not carry over to the second year.
  - **Vacation:** Approval for vacation must be requested in writing at least 2 weeks in advance; more advanced notice may be required at some sites in accordance with their policies and procedures. Requests must first be submitted to the site training director, and if approved, the dates should then be submitted to the Internship Consortium Program Director.
  - **Sick Leave:** In case of absence due to illness or medical emergency, interns should contact the site training director (or other designated contact person) as soon as possible, and notify the Internship Consortium Program Director by email. If additional sick leave beyond the allocated 60 hours per year is needed, this will be managed on an individual basis. In such cases, the intern, the site training director, and the Internship Consortium Program Director will collaboratively develop a written plan to ensure the intern meets their total hour requirement (2000 hours) for the internship.

- **Professional Development:** Up to 40 paid hours per year for professional development may be granted for interns to attend professional conferences, workshops, job interviews, dissertation defenses, or other appropriate professional activities. Approval for professional development leave must be requested in writing at least 2 weeks in advance; more advanced notice may be required at some sites in accordance with their policies and procedures. Requests must first be submitted to the site training director, and if approved, the dates should then be submitted to the Internship Consortium Program Director. Interns will not be reimbursed for expenses associated with professional development.

- **Research:** Interns may have the opportunity to engage in research at individual internship sites. All on-site research should be negotiated with that site’s training director and approved by the Internship Consortium Program Director. Research time will be included in interns’ 20-hour-per-week schedule.

- **Parental Leave:** Interns are entitled to up to 80 paid hours of parental leave immediately following the birth of a child or upon either the initial placement or the legal adoption of a child under eighteen years of age. Interns are also entitled to additional unpaid parental leave, up to a maximum total period of 12 weeks of leave. When possible, approval should be obtained from site training directors, the Internship Consortium Program Director, and the Director of Graduate Studies a minimum of 30 days prior to the anticipated parental leave. The intern and the Internship Consortium Program Director will collaboratively develop a written plan to ensure the intern meets their total hour requirement (2000 hours) for the internship.

- **Health Care:** Interns who pay the University Student Health fee are eligible for medical care through the UK University Health Service. Benefits include: No charge for unlimited primary care, women's care, and behavioral health office visits, as well as health education and urgent care; Some laboratory services and x-rays ordered by the health service clinician as part of an evaluation for illness or injury; Some medications, allergy shots, and immunizations; Access to the Kentucky Clinic Pharmacy. As UK employees, interns may receive free required immunization and TB skin tests through Employee Health.
  - **Note:** Appointments are required for personal and most employee health visits; appointments may be made by calling 859-323-APPT [2778]. No appointment is required for TB skin tests; however, TB skin tests are not given on Thursdays. Interns must have their UK ID cards for all visits to the UK University Health Service and employee badges for all Employee Health visits.

- **Health Insurance:** As funded students, interns are provided health insurance, through the graduate student insurance plan, at no charge. This insurance plan, administered through the Graduate School Funding Office, is a preferred provider organization (PPO); UK Hospital and UK College of Medicine physicians are the in-area preferred providers. When receiving treatment away from UK, interns can expect higher out-of-pocket costs. Additionally, the plan is an illness and injury plan only; it does not provide for preventive care or coverage of treatment in the absence of illness or injury, except as specifically provided in the policy. The current insurance plan is underwritten by Academic Health Plans/Humana Insurance Company. See the UK Health Plan website for more information regarding coverage.

- **Professional Liability Insurance:** Interns must purchase their own professional liability insurance coverage and provide documentation showing proof of coverage prior to beginning the internship program.

- **ID Badges/Cards:**
  - ID badges are provided for interns (administrative staff will coordinate badge procurement). Each internship site has its own badge. ID badges serve as identification badges and, at certain internship sites (e.g., the Medical Center), provide entry into employee-only areas. ID badges are to be worn at all times during internship work hours.
All interns may continue to renew UK Student ID Cards (i.e., the University’s photo ID). These cards allow interns to check out materials from the UK Library System, access the University’s recreational center, and provide discounted pricing for UK athletic events.

**Academic and Religious Accommodations**

- **Academic:** Students with documented physical, psychological, learning, or temporary disabilities may receive assistance and support from the Disability Resource Center (DRC). Students with disabilities should see the DRC’s website for specific documentation guidelines and contact a DRC associate to discuss available accommodations.

- **Religious:** Interns are allowed time off to observe religious holidays. Interns must notify their supervisor of time-off needed for religious purposes within the first two weeks of the rotation.

**Facilities**

Each intern has her/his own office within the UK Clinical or Counseling Psychology programs and at his/her internship rotation site. UK departmental offices contain a desk, desk chair, lockable file space, and other typical office accessories for each student/intern; some offices contain a computer with internet access. Offices are typically shared by several interns and/or psychology graduate students. Secretarial support services and office supplies are available as needed. Interns have access to a graduate student computer lab containing computers with internet access and printing capabilities. Facility keys will be provided as needed.

**University of Kentucky Counseling Center**

Interns are provided with a private office containing a desk, desk chair, phone, computer with internet access, lockable filing cabinet, and general office supplies. The intern’s office may be utilized by UKCC doctoral-level practicum students on days when the intern is not at the UKCC. Additionally, the UKCC is equipped with digital cameras for recording therapy sessions.

**Eastern State Hospital**

Interns are provided with a shared office containing a desk, desk chair, phone, computer with internet access, lockable filing cabinet, and general office supplies. Additionally, Eastern State is equipped with cameras for viewing therapy sessions.

**Center for the Advancement of Women’s Health**

Interns are provided with private offices containing a desk, desk chair, phone, computer with internet access, lockable filing cabinet, and general office supplies.

**Orofacial Pain Center**

Interns are provided with desk office space (office has 8 spaces within one room) containing a desk, desk chair, phone, computer with internet access, and general office supplies. There is a medical records file cabinet available for locking up and securing client files.

**Adolescent Medicine Clinic**

Interns are provided with office space containing a desk, desk chair, phone, computer with internet access, lockable filing cabinet, and general office supplies. Additionally, Adolescent Medicine is equipped with portable audio recorders for recording therapy sessions.

By using their UK Student ID Cards, Consortium interns have access to UK’s Library System, including a main library, nine specialty libraries (e.g., the Medical Center Library), E-journals, and online databases. UK’s Johnson Recreation Center (including facilities for basketball, weight training and conditioning, group fitness classes, climbing, volleyball, badminton, jogging, racquetball, and wallyball) is available to interns who pay the Recreation fee.

**SELECTION**

**Selection Criteria**

- **Academic Record:** Interns must have satisfactorily completed all doctoral-level coursework prior to beginning the internship to ensure they have the broad knowledge of psychology necessary for more advanced work in psychology. This will be reviewed by the Director of Clinical Training before approval to
apply for the affiliated internship. (Note: Interns may not take doctoral-level courses during the internship). Must be at least in the 3rd year of the UK Clinical or Counseling Psychology Doctoral Program

- **Clinical Experience**: Completion of required clinical hours and types of clinical experience (see the UK Clinical and Counseling Psychology Programs’ Graduate Student Handbook). Completion of a minimum of 600 clinical practicum intervention hours. By way of context, approximately 1300 hours is typical number of hours University of Kentucky graduate students accumulate at other placement sites. Successful completion of EPPP is desirable but not required.

- **Competency**: Interns must show a desire to follow the clinical science model (this is in line with the Consortium’s philosophy). Their doctoral-level practicum experience must be diverse (completion of the University of Kentucky Clinical or Counseling Psychology Doctoral Programs provides experience with diverse clients [e.g., individual adults, individual or groups of children] with diverse presenting problems [e.g., depression, borderline personality disorder, posttraumatic stress disorder] and diverse settings [e.g., university counseling center, inpatient psychiatric unit, primary care settings]) and preference is shown for internship applicants with related prior clinical experiences. The prospective intern must have completed (or will complete before the internship start date) the required clinical hours and types of clinical experience (see the UK Clinical and Counseling Psychology Programs’ Graduate Student Handbook) and completion of a minimum of 600 clinical practicum intervention hours. The doctoral programs, as described in the two programs’ accreditation documents, identify minimum levels of competency for entry into internship.

- **Scholarship/Research**: Fit with clinical scientist model. Dissertation proposal must be completed and successfully defended prior to the internship application deadline of November 1 (fall prior to July 1 internship start date). Research ability must be at a reasonable level.

- **Diversity Experience**: Must have completed the required Multicultural course.

- **Match with Site**: Must show evidence of desire to train with site (not just a need to stay in Lexington); preference for previous related experience; preference for desire to work in a related setting.

- **Writing Skills**: Must demonstrate good writing skills (professional, organized, articulate).

- **Intangibles**: Demonstrated ability to handle the type of work required of the internship; Preference for candidates who are flexible, team players, mature, and open to feedback.

- **Seniority**: Among students eligible for the internship, priority for admission will be given to the student(s) with the most seniority in their doctoral graduate program.

- **Background Check**: All candidates will have undergone a background check as part of the UK Clinical or Counseling Psychology Doctoral Program requirements. A prerequisite for being selected as a Consortium intern is to have had their background judged as adequate for the Doctoral program. All candidates must be eligible to work in the U.S.

### Selection Procedures

Students in the UK Clinical or Counseling Psychology Doctoral Programs who are interested in the Internship Consortium Program should express this interest to their Director of Clinical Training (DCT). The DCT will then meet with the student to evaluate their progress through the graduate program on the criteria listed above. Students who meet the criteria, according to the DCT, will be added to a list of potential internship candidates. The curriculum vitae for potential internship candidates will be sent to the Internship Training Committee (ITC) along with a letter of application from the potential intern. After the applicant’s curriculum vitae is circulated and if the ITC agrees that the potential internship candidate meets the above selection criteria, each of the Training Directors will schedule interviews with internship candidates. Following all interviews for each site, the ITC will decide which internship candidates will be selected for the Consortium. Interns will be assigned to specific rotations based on the developmental model of the internship. (All interns will first complete the Eastern State Hospital and University Counseling Center rotations. Second-year rotations will be assigned by the end of the first year in the internship program.) All potential candidates will then be informed of the ITC’s decision regarding admission/rejection via formal correspondence.

The Consortium will make consistent and sincere efforts to recruit, select, and retain diverse intern candidates. Since the graduate programs in clinical and counseling psychology at the University of Kentucky are committed to this same standard, it is expected that the candidates for the affiliated internship will represent the diverse pool of graduate students at the University of Kentucky. The internship is committed to upholding the APA Ethical Principles and Code of Conduct in all intern recruitment and selection procedures.
The internship lasts two full calendar years, beginning July 1st and ending June 30th; thus, interns will begin and end their internship on the same schedule as their colleagues in medical residency programs.

Dual Relationship Guidelines

“Generally, [dual] role relationships arise when an individual participates simultaneously or sequentially in two or more relationships with another person. Harmful [dual] role relationships typically arise when there are substantial differences or conflicts between the two roles.” (Kitchener, 1999, p. 111).

Whenever possible, interns will supervise practicum students who are not from their own Doctoral Program (e.g., Clinical students may supervise Counseling students and vice versa). In the rare cases of a UK Internship Consortium intern supervising a practicum student from their own Doctoral program, it will not be permissible for the intern and practicum student to have any social ties with each other (e.g., friendship, personal relationship, etc.).

Should issues of possible dual relationships regarding interns’ supervisees arise, these issues will be handled within the context of interns’ supervision.

The Internship Consortium adheres to the APA Ethical Standards as well as all relevant local and national laws regarding dual relationships.

Disclosure Statement

Internship applications may be discussed among the UK Clinical or Counseling Psychology Doctoral Program faculty and staff as well as various staff members at the internship sites. If selected into the Internship Consortium Program, internship files (including application, written evaluations, etc.) will be shared with APA site visitors during any accreditation visits.

Additional Requirements

Immunization

All interns are required to undergo yearly TB skin tests (or show proof of having undergone a TB skin test), proof of one Measles, Mumps, Rubella (MMR) immunization or Titer test, and proof of Chicken Pox vaccination, physician’s documentation of disease, or Varicella Titer. The Hepatitis B vaccine is offered to interns free of charge through UK Employee Health; interns must sign a declaration form stating if they want the vaccine, if they have already had the vaccine, or if they refuse the vaccine. Additionally, the Orofacial Pain Center, Eastern State Hospital and the Center for the Advancement of Women’s Health require an up-to-date tetanus immunization prior to beginning their rotations.

Registration

Interns must register for the PSY 708 “Internship in Clinical Psychology” course (0 credit hours) or EDP 708 for each fall and spring semester that they are an intern. Interns who have not yet defended their dissertation must also register for PSY 767 (Clinical Psychology program - Dissertation Research Credit; 2 credit hours) or EDP 767 (Counseling Psychology program - Dissertation Residency Credit) during the fall and spring semester up to and including the semester in which they defend their dissertation; interns should register for the section for which their departmental research mentor is the instructor. Interns do not need to register to any courses during the summer sessions.

TRAINING AND SUPERVISION

Orientation

Internship begins with one orientation session designed to introduce the Consortium and our various service delivery areas, and to outline the internship expectations. This process includes a review of the Intern Handbook. Additionally, each site is responsible for orienting its interns to site-specific practices within the first two weeks of the rotation.

Supervision

The UK Internship Consortium Program takes a developmental approach to training and supervision that is sequential, cumulative, and graded in complexity. Interns are viewed as colleagues-in-training, with consideration for each intern’s individual needs and skill level. The internship is viewed as a transitional period in which interns move from
the role of student to that of a professional. Faculty and staff members are committed to helping that transition be as stress-free as possible. Interns are encouraged to use the internship period to challenge themselves in the supportive environment of the training program.

The Consortium supports variety in therapeutic approaches within a framework that maintains the therapist-client relationship as central to effective intervention. Similarly, the supervisor-intern relationship is central to effective supervision. If the intern and the supervisor are to grow professionally and personally, this relationship must be one of mutual trust, respect, honesty, and commitment to sustaining the relationship.

Interns receive a minimum of two hours per week of individual supervision from a licensed psychologist at their internship site. Interns will receive more than two weekly hours of supervision as needed to provide adequate supervision for interns’ caseload. Interns are matched with individual supervisors at the beginning of internship training based on site and rotation; interns will have a different supervisor for every internship rotation. The supervisor for each intern is a licensed psychologist who carries clinical responsibility for the intern’s cases. One major training role of the supervisor is to insure quality of care in service delivery. Individual and group supervision focus principally on developing understanding and competence in formulating and implementing intervention strategies; this is accomplished through close reporting and discussion of case material and supplemented by audio and video tape recordings. All areas of the interns’ work are discussed in supervision, including intakes, interventions, consultation/outreach, assessment, evaluation of outcomes (both individual and programmatic), ethics, the therapeutic relationship, work with diverse populations, applied research, and paperwork, as well as supervision of others, crisis assessment and intervention, and group intervention where applicable. Additional supervision time is typically offered for all specialty activities (e.g., group interventions, crisis assessment and intervention). Individual supervisors work as part of collaborative staff teams to help interns develop mastery of the various types of clinical work. The supervisor also serves as an advocate and consultant and assists the intern in decisions related to professional development.

Cases are assigned in a graduated fashion in the initial months of training. Initial cases, as much as possible, are selected as being the most appropriate for the level of intern competencies and will receive close and extensive supervision. Supervisors may join with interns in clinical activities, as needed. Cases continue to be assigned with a goal of a full caseload by the end of the rotation. As the rotation progresses, interns are assigned cases that are more diverse, complex, and challenging. Interns are expected to be able complete all of their assignments with increasing levels of independence; supervision time, however, is never reduced.

It is also expected that interns will interact with the other training staff members at their site on a regular basis, as well as other professional colleagues. For instance, interns may co-lead a therapy group with another staff member. Interns are exposed on a regular basis to a range of theoretical orientations and role models from various health care and mental health care fields. This encourages interns to expand their perspectives and to better define the conceptualizations that fit for them. All of the training sites offer opportunities for true interprofessional training experiences. Faculty and staff members are encouraged to challenge interns’ assumptions, promote creativity, and provide the enrichment of new perspectives that interprofessional activities generate.

At the Orofacial Pain Center, Eastern State Hospital, and the UK Counseling Center, interns provide supervision to practicum students. At each of those sites supervision training is provided. Since many practicum students at the Consortium sites are from the same academic programs as the interns, particular attention is given to potentially problematic dual roles. It is preferred that interns not supervise practicum students from their own Doctoral Program, but rather students from other programs. Interns may not supervise practicum students with whom they have had or are likely to have any personal or social relationship.

**Ongoing Supervisory Responsibilities**

- Monitor scheduling of new cases.
- Co-sign all documentation of clinical work.
- Review audio/video tapes or participate in live observation of clinical work.
- Supervise all clinical and nonclinical work.
- Monitor use of vacation time, sick days, and professional leave.
- Ensure that all evaluations are completed in a timely manner.
- Track progress of interns’ clinical skill and competency.
Training Seminars

Consortium-Wide Seminars

One-hour Consortium-wide training seminars are held every other week in Kastle Hall. These seminars are led and coordinated by the Internship Program Director. This ongoing seminar series is designed to focus attention on important issues in clinical work for entry-level therapists. They are planned and scheduled in a cumulative, graded fashion to meet the needs of entry-level clinicians as they learn to do and think about diagnosis and treatment.

The professional seminar series is designed to be a bi-weekly capstone professional training experience preparing interns for the transition to professional practice as health service psychologists. Since the affiliated internship admits only students who have completed the formal doctoral training program at the University of Kentucky, the seminar format provides an ideal platform to build upon the foundational knowledge base of professional practice that interns have learned in the classroom, laboratories, and practicum experiences. There are four basic modules of training, each of which is developmental and organized in a sequential nature that is graded in complexity. The four modules represent independent developmental training sequences; individuals will begin the four module sequence at one of two different points. Because the affiliated internship program is specifically designed as a half-time program over a two-year period in order to foster graduate students’ research opportunities as well as provide professional clinical training, there are two internship classes (first- and second-years) ongoing simultaneously. This affords the opportunity for an enriched learning experience that takes advantage of the experiences of the older intern cohort during the seminar discussions. There are two formal entry points that include an introduction/orientation for the internship year (e.g., Module A-1 and Module C-1). Each of these introductory seminars reviews the guidelines and requirements for the internship, to include the Internship Handbook and formal procedures to address grievances that may emerge. With the inclusion of second-year interns in this seminar and those that follow, there are opportunities for them to share their experiences and comment on the general procedures from a more experienced vantage point. Contained within these four six-month modules are discussions of professional ethics, critical issues in professional practice, professional development, diversity in professional practice, and integrative critique/reflect on the internship experience. In order to leverage the learning opportunities that come from having interns at different placements and in different year groups together for a common learning experience with the Director of the UKIC, we specifically designed this seminar curriculum to provide training in a sequential, graded in complexity, and cumulative manner using a developmental model that captures the enriched educational experience provided by having interns at different years of training together for the seminars.

The developmental model acknowledges that certain knowledge and performance clusters are logically sequenced because they build on one another as in the case for the development of skill sets necessary for successful acquisition of employment (e.g., preparation of curriculum vitae, constructing introductory letter, obtaining letters of recommendation, preparing and delivering a job talk/presentation, negotiating salary). Other skills sets can be sequenced in a more independent fashion such as in the case of psychotherapy relevant domains like mental health law, professional boundary issues, and developing clinical expertise. Successful developmental trajectories are often characterized by review and expansion of foundational principles and behaviors. The four modules have been designed to facilitate development of independent functioning in each of several areas, while at the same time providing recurring exposure to principles and practices in areas such as ethics and diversity in order to offer interns maximum opportunities to acquire and implement professional practices as set forth in the goals and expected competencies of the internship as well as formal standards for the profession of health service psychology.

The organization of the training modules listed below represents the combination of structured, sequential, graded in intensity, and cumulative training, with strategic recurrence of important themes so that interns may begin with Module A-1 (Introduction and Orientation – On Being an Intern and the Intern Handbook) and proceed sequentially to the last one (D-12 Mental Health Advocacy) with 48 units of training, or interns may begin with Module C-1 Introduction and Orientation to Professional Training – Intern Handbook and proceed sequentially through the 48 units and complete the last module, B-12. Organizational Citizenship. In this way, interns in the first and second years of their training engage with one another and the Director of the UKIC on a biweekly basis throughout the two-years of training. This seminar with interns at different levels in their training recognizes the need for addressing important themes (e.g., diversity, ethics) on a recurring, but developmentally appropriate basis, while leveraging the gains in learning obtained from exposure to others who have had different
training experiences. Furthermore, this context provides opportunities for intern to intern modeling of appropriate values and behaviors as set forth in the internship’s goals and competencies. It is also important to note that second year interns have an expanded role as compared to first year interns in the seminar as they are expected to contribute from their experiences at previous rotational sites.

| Module A | 
|---|---|
| 1. Introduction and Orientation – On Being an Intern and the Intern Handbook | 
| 2. Developing Professional Identity – Goal Setting and Decision Making | 
| 3. Diversity in the Workplace: Experiential Realities | 
| 4. Constructing the Curriculum Vita | 
| 5. Job Letter and Letters of Recommendation | 
| 6. Integrative Critique/Reflection/Discussion | 
| 7. The Job Talk | 
| 8. Negotiation: Professional Issues and Knowing What You are Worth | 
| 9. Job Interview Q & A – Role Plays | 
| 11. Integrative Critique/Reflection/Discussion | 
| 12. Supervision of Others | 

| Module B | 
|---|---|
| 1. Introduction and Orientation to Rotation-On Being a Veteran Intern | 
| 2. Interdisciplinary Case Presentations (2nd-year interns) | 
| 3. The EPPP and Licensure (the State Board) | 
| 4. Managing Professional Relationships I: Peer to Peer & Supervisors | 
| 5. Integrative Critique/Reflection/Discussion | 
| 6. Navigating Challenging Professional Environments and Interpersonal Differences | 
| 7. Cultivating Diversity | 
| 9. Professional Issues with Boundaries | 
| 10. Integrative Critique/Reflection/Discussion | 
| 11. Professional Ethics: Professional Relationships – The Competent Community | 
| 12. Organizational Citizenship and the Conduct of Evaluation | 

| Module C | 
|---|---|
| 1. Introduction and Orientation – Intern Handbook | 
| 2. Professional Identity of the Health service Psychologist | 
| 3. Traditional and Non-Traditional Career Paths | 
| 4. Alternatives to a First Job: Post-Doctoral Training | 
| 5. Integrative Critique/Reflection/Discussion | 
| 6. Developing and Delivering Interdisciplinary Case Presentations | 
| 7. Mental Health Law, Legal Issues and Supervision | 
| 8. Professional Ethics: Dual Relationships and the Role of the Clinical Supervisor | 
| 9. Diversity in Persons and Practice | 
| 10. Working with Challenging Patients | 
| 11. Integrative Critique/Reflection/Discussion | 
| 12. Interdisciplinary Case Presentations (2nd-year interns) | 

| Module D | 
|---|---|
| 1. Introduction and Orientation to Rotation: Internship Challenges | 
| 2. Developing Professional Competency: Doing Your Best – Expertise | 
| 3. Self-Care for Health Service Psychologists | 
| 4. Integrative Critique/Reflection/Discussion | 
| 5. Developing Continuing Education/Outreach Programs | 
| 6. Professional Ethics: Nightmare Scenarios | 
| 7. Financial Management | 
| 8. Use of Social Media to Promote Psychology | 
| 9. Integrative Critique/Reflection/Discussion | 
| 10. State, National, & International Professional Societies: A First (or Second) Look | 
| 11. Interprofessional Networking | 
| 12. Mental Health Advocacy |
**Site-Specific Seminars**

Some internship sites require additional site-specific training. The scheduled time and location of these seminars is at the discretion of the Internship Site Training Directors. These seminars are led by Internship Site Training Directors and supervisors at specific Consortium sites. Some site-specific training seminars are led by professionals from the Lexington community and/or held on an as-needed basis only.

**Topics**

**UK Counseling Center**

- **Site-Specific Didactic Training (called “Inservice seminar”):** Topics include diversity, supervision and others that depend on availability; may include working with clients with attention deficit hyperactivity disorder beyond assessment, working with clients with Asperger’s disorder, disability laws and their impact on students, and programs for sexual abuse perpetrators.

**Eastern State Hospital**

- **Site-Specific Didactic Training:** Interns spend the first week of the rotation in required hospital orientation classes. Thereafter, interns attend didactic seminars whose topics vary; topics may include ethics, forensics, dialectical behavior therapy, serious mental illness, psychopharmacology, pain management, depression/suicide, and applied behavior analysis.

**Orofacial Pain Center**

- **Orientation and Training in Site-Specific Interventions:** Includes observation of Orofacial Pain staff working with clients, introductions to Orofacial Pain Center clinical treatment protocol, administrative forms, and examination procedures, case conferences on orofacial pain cases, training in skill-based interventions, and lectures on varying topics. Skills training is for self-regulation techniques, including relaxation training (postural, abbreviated progressive, and stretch-based), diaphragmatic breathing entrainment, and proprioceptive re-education. Lecture topics depend on availability and may include introduction to orofacial pain and related conditions (e.g., intra-oral lesions and fungal infection); CPR; treatment appliances (e.g., for occlusal and sleep disorders); and the roles of clinical psychology, physical therapy, and pharmacology in orofacial pain.

**Case Presentations**

The sites at the UK Counseling Center and the Orofacial Pain Center require formal case presentations. General requirements of these case presentations are listed below:

**UK Counseling Center**

- Requires two formal case presentations: one presented to practicum students mid-way through the rotation and one presented at the staff training meeting on a topic of the intern’s choice. For formal case presentations, interns must be prepared to discuss cases, including relevant symptoms and social history, case conceptualization, diagnosis, synopsis of and goals for the treatment, and questions for discussion, using a PowerPoint presentation. Informal case consultations for clients who may need extended services may be presented at staff meetings on an as-needed basis.

**Orofacial Pain Center**

- Requires weekly presentation of new client cases seen by the intern. Interns should be prepared to formally discuss their case conceptualization, diagnoses, and planned treatment for any new client.

Additionally all second-year interns must develop and present a case presentation at the Professional Seminar. This presentation requirement follows the presentation of information on the successful development and delivery of case presentations that is contained in the Professional Seminar series syllabus. Successful completion of this requirement according to the standards outlined the objective for the delivery of the case presentation is expected of each intern.

**Supervision of Others**

All interns will engage in supervision of others during one or more internship rotations. Supervision of others is an available clinical experience at the Orofacial Pain Center, Eastern State Hospital, and UK Counseling Center rotations. The number of supervisees and amount of time spent supervising others will vary from site to site.
Research

The Consortium stresses science-based practice. To further the science of psychology, interns may have the opportunity to engage in research at individual internship sites. All on-site research should be negotiated with that site’s Training Director. Research time will be included in interns’ 20-hour-per-week clinical work schedule.

Interns who wish to work on their doctoral research and/or participate in research projects in addition to those provided by their internship rotation site (and/or an additional research assistantship, if applicable) may do so provided it does not (1) interfere with their performance in internship clinical work or (2) infringe on completion of their internship clinical hours (20 hours per week). Interns are encouraged to attend professional conferences during their internship and will be provided professional leave for this purpose.

Interns engaged in research activities must have an up-to-date CITI Human Subjects Protection Training certificate on file with UK’s Office of Research Integrity (must be updated every three years).

Evaluation

General Procedures

Evaluation in the Consortium is to be a collaborative process designed to facilitate growth, to pinpoint areas of strength and difficulty, and to refine goals. It is a tool for performance evaluation and a vehicle for change.

Interns are formally evaluated two times per year (at the end of each rotation) by supervisors (with input from relevant staff and interns’ practicum supervisees) using the “Intern Evaluation.” Evaluation is based on a variety of staff experiences with the intern, including: direct observation of service delivery; review of audio/video tapes; review of client records and clinical reports; discussions in supervision and seminars; and/or case and assessment presentations. Interns will be given written and verbal feedback regarding their performance following each formal evaluation. It should be noted, however, that supervisors will be informally tracking interns’ progress on competency areas throughout each rotation to ensure that interns are making good progress. In addition, the Director of the internship will write a letter of evaluation to the Director of Clinical Training in the doctoral program at the midpoint and end point of the two-year internship program.

Supervisors and internship sites are also formally evaluated by interns using the “Internship Site and Supervisor Evaluation.” At the end of each internship year (June), interns will complete evaluations of the two sites where they served as interns that year. In instances where there have been two interns at a particular site that year, the scores on the rating scales will be averaged, the comments from the interns will be combined to maintain anonymity, and a form with combined scores/comments will be submitted to the Internship Program Director in June of that year. In instances where there has only been one intern at a particular site that year, the intern who completed an evaluation for that site will retain the form until the end of the next year. If the intern is completing the program that year, he/she will give the evaluation to the Intern Representative to keep until the next year. The scores/comments will be combined with those of the other intern(s) who is (are) at the site the next year. If there are any pressing concerns or if any immediate feedback needs to be given, interns should raise it with the Internship Program Director.

Interns will evaluate their overall internship experience with the “Overall Internship Evaluation” at the conclusion of the internship. Revisions to the training program are constantly being made on the basis of this feedback. Additionally, an “Alumni Survey” will be initiated every three years to obtain distal outcome data for the training program.

Program Completion Requirements

At the end of the two-year internship period, the Internship Program Director will write a formal letter summarizing an intern’s performance, including information from formal evaluations and anecdotal information from supervisors and internship site staff; copies of this letter will be given to the intern and the Director of Clinical Training.

For interns to graduate from the Consortium, they must complete 2000 clinical hours and upon completion of the internship/rotation, interns should have achieved an Advanced level of competency (scores of 6 or 7) for at least 80% of the items overall on the Internship Competency Rating Scale and within each competency area with no individual item scores below “4” for each of the competencies addressed at the internship site. To review, those competencies are:

• Research
• Ethical and legal standards

25
In addition, to graduate each intern must demonstrate an Advanced level of competency (score of 6 or 7) on at least 80% of the items from the Intern Competency Rating Scale and within each competency area with no individual item scores below “4” for each of the competencies that are specific to the optional rotations that intern selected. For example, any intern who has attended a rotation that involved training in group therapy must receive a score of 6 or 7 on 80% of the items reflecting competencies with group therapy with no score below “4.”

To ensure that these minimum levels of achievement are met by interns, the internship takes the following procedural steps (in addition to the day-to-day training for each competency). First, if an intern has shown no improvement on relevant competence items after their first rotation (e.g., they started with a score of 3 and ended with a score of 3 or below), the intern will undergo an intern-specific planned remediation. Second, interns who are not approaching an Advanced level (e.g., they still demonstrate a Novice level (score of 1 or 2) on relevant competence items by the end of their third rotation will also undergo an intern-specific planned remediation.

These minimal requirements for progression through the internship program are consistent with the Consortium’s philosophy that internship training should be a developmental process that builds on doctoral-level training (e.g., beginning interns should be at a higher level of competence than doctoral-level practicum students and then gradually develop further their level of competence over the course of the two-year internship program). Also, the Consortium evaluates interns’ competence for skills that we believe help interns reach the Consortium’s goal (e.g., interns are expected to acquire and demonstrate the skills required to function as doctoral level health service psychologists in part by building competence in intervention skills through the development of abilities such as developing treatment plans based on empirical literature and applying specific empirically supported treatment methods).

Upon graduation, interns will receive a certificate of completion, indicating they have completed all requirements of the UK Internship Consortium Program. Though interns are expected to have defended their dissertations by the end of the internship, the Internship Certificate of Completion will not indicate the completion of their doctoral training; instead, completion of doctoral training will be certified by receipt of the diploma.

Ethical Standards

The Consortium adheres to ethical and legal standards in all areas including direct service, training, and research. This commitment is woven into every aspect of the training program. All site staff members are expected to be thoroughly familiar with the APA Ethical Principles of Psychologists and Code of Conduct, related professional guidelines, and Kentucky and Federal Statutes (including HIPAA) which apply to the practice of psychology.

Familiarity with codes of ethics and statutes is not enough to insure ethical behavior by psychotherapists. Kitchener (1986) stated counselors should be equipped with the cognitive tools that allow them to critically evaluate and interpret codes to which they have agreed to adhere. They must also be able to evaluate their feelings as appropriate or inappropriate for ethical behavior.

Based on Kitchener’s recommendation to learn about ethics on an on-going basis, the Consortium members are dedicated to helping interns to recognize and grapple with ethical dilemmas related to their clients. Ethical issues, principles, and standards, and Kentucky and federal statutes are directly addressed in training seminars and throughout the internship training years. During individual and group supervision, ethical principles and behaviors are frequently reviewed as they relate to the intern’s caseload. Group discussion of ethical and legal issues encourages the consideration of different perspectives and helps generate creative and ethically defensible solutions to ethical dilemmas.

The UK Institutional Review Board (IRB) must approve any research conducted by the Consortium.
Interns are expected to:

1. Form an awareness and understanding of the following codes of ethics and professional guidelines:
   - APA Ethical Principles and Code of Conduct (2002, Amended June 1, 2010)
   - APA Practice Guidelines (follow link for current list of guidelines)

2. Form an awareness and understanding of the following statutes and legal decisions:
   - Regulations of the Kentucky Board of Examiners of Psychology
     Especially:
     - Kentucky Revised Statutes Chapter 319
     - Kentucky Administrative Regulations
     - Opinions and Declaratory Rulings (click for listing of all)
   - Kentucky Revised Statutes regarding involuntary commitment
   - Tarasoff v. Regents of University of California, 17 Cal. 3d 425, 551 P.2d 334, 131 Cal. Rptr. 14 (Cal. 1976)
   - HIPAA (Health Insurance Privacy and Portability Act)

3. Demonstrate appropriate concern and advocacy for client welfare and conduct themselves in an ethical manner at all times.

**DUE PROCESS**

“Problem Behaviors” vs. “Impairment”

Interns experience significant developmental transitions during the training period. One aspect of the training process involves the identification of growth and/or problem areas of the intern. A problem is defined as a behavior, attitude, or other characteristic, which, while of concern and requiring remediation, is not excessive, or outside the domain of behaviors for professionals in training (Lamb, D. H., Baker, J. M., Jennings, M.I. & Yarris, E., 1983). Problems are typically amenable to management procedures or amelioration. While professional judgment is involved in deciding the difference between impaired and problem behavior, impairment can be broadly defined as interference in professional functioning which is reflected in one or more of the following ways: 1) an inability or unwillingness to acquire and integrate professional standards into one's repertoire of professional behaviors; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, psychological dysfunction, and/or strong emotional reactions which interfere with professional functioning.

More specifically, problems will typically become identified as impairments if they include one or more of the following characteristics (Lamb et al., 1987):

- The intern does not acknowledge, understand, or address the problem when it is identified.
- The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training.
- The quality of services is sufficiently negatively affected.
- The problem is not restricted to one area of professional functioning.
- A disproportionate amount of attention by training staff is required, and/or;
- The intern's behavior does not change as a function of feedback, remediation efforts, and/or time.

**General Procedure**

At any time during the internship a supervisor or site staff member may designate some aspect of an intern's performance as inadequate or problematic. By the same token an intern may take issue with a staff member regarding a particular behavior or pattern of behaviors or with the entire staff or Consortium regarding policy or procedure.

It is expected that in either case, the complainant will first take the issue directly to the person(s) with whom they take issue and that the parties will work to resolve the issue in a manner satisfactory to both.

In the event that either party feels dissatisfied with the outcome, the following remediation, disciplinary, and grievance procedures are established to aid in the resolution of problems.
Remediation/Disciplinary Procedures
(Initiated by a staff member toward an intern)

Should an internship staff member (i.e., supervisor and/or site staff person) feel that an intern is not performing in an appropriate/professional manner or if a supervisor feels an intern is not performing to a sufficient level of competence/skill, it is the staff person’s responsibility to provide feedback to the intern. If the problem is not resolved, the clinical supervisor shall be informed and shall discuss the concern with the intern in a supervisory session. The supervisor and intern will work collaboratively to develop a plan for remediation. The intern will be provided a timeframe for problem remediation as well as potential consequences if unresolved. Should the problem persist, the Chair of the Internship Training Committee will work with the site to develop a written (developmental or probation) plan. Written documentation of unprofessional behaviors will be provided, as well as conditions that must be met for the intern to resume normal status. A time period for further remediation will be given, as well as the date for future review by the staff, and consequences for failure to remediate. The intern, supervisor, and the Internship Program Director will sign and date the document, with copies given to the intern. The UK Clinical or Counseling Psychology Doctoral Program will also be given a copy of any written plan. Upon review of planned remediation, the intern will receive written feedback regarding whether he/she has completed the remediation or is making good progress (in the case of the latter, an additional date for future review will be given). Should an intern commit a felony, have sexual contact with a client, or perform any other serious violation of ethical conduct, he/she will be placed on suspension immediately, with further disposition determined by the Internship Program Director and Consortium staff, which may include reporting the incident to outside agencies.

Should the intern have grievance with the processes discussed above, he/she will be directed to pursue it with the Director of Clinical Training, Director of Graduate Studies, Department Chair, Dean of the Graduate School, or the Office of the Academic Ombud in that order (as described in the Grievance Procedure section of this Handbook).

Levels of Remedial Consequences
Once a problem has been identified in the intern's functioning and/or behavior, it is important to have meaningful ways to remediate the particular difficulty. The following represents several possible levels of consequences in order of the severity of the problem or impairment under consideration.

- Verbal Warning: A verbal warning to "cease and desist" the inappropriate behavior represents the lowest level of possible remedial action. This consequence is designed to be primarily educative in nature and typically will occur in the context of the intern’s supervision. Depending on the nature of the problem, supervision time might be increased and/or changed in format or focus and case responsibilities may be changed.
- Developmental Plan: This written remedial plan will include a list of the competencies under consideration, the date(s) the problem(s) was(were) brought to the intern’s attention and by whom, the steps already taken by the intern to rectify the problem(s), the steps already taken by staff/faculty to rectify the problem(s), the expectations required, the intern’s responsibilities, the staff/faculty responsibilities, the timeframe for acceptable performance, the assessment methods, the dates of evaluation, and the consequences of unsuccessful remediation.
- Probation Plan: If the intern fails to remediate a developmental plan, or if the performance problem is too severe for a developmental plan, a probation plan will be written. This remediation plan is similar to the developmental plan (see above) but failure to remediate may lead to the dismissal from the program.
- Suspension and Dismissal: In cases involving severe violations of the APA Code of Ethics, where imminent harm to a client is a salient concern, where there is a preponderance of unprofessional behavior, or lack of change in behaviors for which an intern has been placed on probation, suspension of agency privileges may be a recommended consequence. The intern will be notified immediately, and will be provided with a copy of the documentation and reminded of grievance and appeal procedures. If the decision is made to suspend the intern, the Internship Program Director will send written notification of this action to the UK Clinical or Counseling Psychology Doctoral Program within two working days of the decision and also contact the intern's academic advisor. Suspension may take the form of either a required leave of absence from the agency or recommendation that the intern be terminated from the training program. In the latter case, the Consortium will make recommendations to the academic program regarding further remediation and/or a career shift.
- Temporary Reduction or Removal of Case Privileges: At any point during this process, if it is determined that the welfare of the intern and/or the client has been jeopardized, the intern's case privileges will either be significantly reduced or removed for a specified period of time. At the end of this time, the intern's
supervisor, in consultation with the site training staff, will assess the intern's capacity for effective functioning and determine whether or not the intern's case privileges are to be reinstated. The UK Clinical or Counseling Psychology Doctoral Program will be notified if such action is taken.

Grievance Procedures
(Initiated by an intern)

An intern who has a grievance, such as unfair treatment or unethical behavior by one or more site supervisors or staff persons, which he/she has been unable to resolve through discussion with that person should discuss the matter with their supervisor. Such discussion is confidential and should involve the development of specific plans to resolve the problem (e.g., scheduling a meeting, mediated by an impartial party, between the intern and the individual with whom the intern has a problem). If the supervisor is not impartial, the intern may discuss the matter with the internship site’s Training Director. If the site’s Training Director is not impartial, the intern may discuss the matter with the Internship Program Director. If the Internship Program Director is not impartial, the intern may discuss the matter with the Director of Clinical Training. If after this discussion the intern wishes to pursue a formal grievance, the intern should submit to the Director of Graduate Studies (DGS) a written document describing the grievance. An impartial three-person committee composed of training staff, two chosen by the DGS and one chosen by the intern, will be assembled. This committee will, in a timely fashion, gather information regarding the grievance, inform the intern of its findings, and offer recommendations to the DGS. The DGS will then make a decision based on all available information and communicate this decision in writing to all concerned parties. If the intern’s grievance involves the DGS, the intern may follow the above steps with the Department Chair. If the Department Chair is not impartial, the intern may discuss the matter with the Dean of the Graduate School. The internship will document a summary of each formal grievance, as well as planned remediation of the issue and the outcome of attempted remediation. The Internship Training Committee will be informed of all intern grievances and adjust Consortium procedures, staffing assignments, etc. as needed to assist in planned remediation of intern grievances. An intern who is dissatisfied with the results of these procedures may pursue the grievance procedures of the Office of the Academic Ombud, as described in the University Bulletin.

Grievance Procedures for Staff

A staff member who has a grievance, such as unfair treatment or unethical behavior by one or more interns, site supervisors or staff persons that he/she has been unable to resolve through discussion with that person should discuss the matter with their immediate supervisor. Such discussion is confidential and should involve the development of specific plans to resolve the problem (e.g., scheduling a meeting, mediated by an impartial party, between the intern and the individual with whom the intern has a problem). If the problem is not resolved, the next steps are guided by the individual agency’s personnel policy for the resolution of grievances. The University of Kentucky grievance policy dated 10-10-2013 (http://www.uky.edu/hr/policies/grievances) is available for review to guide the staff member who has a grievance that has not been resolved in an informal manner.

Rights and Responsibilities

Expectations of Consortium interns include the following:

- To behave according to the APA Ethics Code and other APA practice guidelines.
- To behave in accordance with federal and Kentucky state laws and regulations and with HIPAA.
- To act in a professionally appropriate manner that is congruent with the standards and expectations of each internship site (including a reasonable dress code), and to integrate these standards as a professional psychologist into a repertoire of behaviors, and to be aware of the impact of behaviors upon other colleagues.
- To responsibly meet training expectations by fulfilling goals and exit criteria.
- To make appropriate use of supervision and other training formats (e.g., seminars) through such behaviors as arriving on time and being prepared, taking full advantage of learning opportunities, as well as maintaining an openness to learning and being able to effectively accept and use constructive feedback.
- To be able to manage personal stress, including tending to personal needs, recognizing the possible need for professional help, accepting feedback regarding this, and seeking that help if necessary.
- To give professionally appropriate feedback to peers and training staff regarding the impact of their behaviors, and to the training program regarding the impact of the training experience.
- To actively participate in the training, service, and overall activities of the Consortium, with the end goal of being able to provide services across a range of clinical activities.
In general, the Consortium will provide interns with the opportunity to work in a setting conducive to the acquisition of skills and knowledge required for a beginning professional.

More specifically, the rights of interns will include:

- The right to a clear statement of general rights and responsibilities upon entry into the internship program, including a clear statement of goals of the training experience.
- The right to clear statements of standards upon which the intern is to be formally evaluated two times per year.
- The right to be trained by professionals who behave in accordance with the APA Ethics Code and other APA practice guidelines.
- The right and privilege of being treated with professional respect as well as being recognized for the training and experience attained prior to participation in the Consortium.
- The right to ongoing evaluation that is specific, respectful, and pertinent.
- The right to engage in ongoing evaluation of the training experience.
- The right to initiate an informal resolution of problems that might arise in the training experience through request(s) to the individual concerned, the internship site Training Director, the Internship Program Director, and/or the training staff as a whole.
- The right to due process to deal with problems after informal resolution has failed, or to determine when rights have been infringed upon (see Due Process section in this handbook).
- The right to request assistance in job search and application (for interns).
- The right to privacy and respect of personal life.
- The right to expect that the training staff will try to make accommodations to meet any special training needs.

**SOCIAL MEDIA POLICY**

The University of Kentucky’s (UK) [Social Media Use Policy](#) defines social media as “media designed to disseminate information through social interaction, created using highly accessible and scalable publishing techniques online;” examples include, but are not limited to LinkedIn, Facebook, Twitter, YouTube, Flickr, iTunes U, Instagram, Pinterest, and Snapchat. Interns who use social media and other forms of electronic communication should be mindful of how they interact with and how their communication may be perceived by clients, colleagues, faculty, students, parents, patients, alumni, donors, media, other University constituents, and others. Interns, as UK employees, are expected to follow the same behavioral standards online as they would in the real world. Interns should make every effort to minimize material that may be deemed inappropriate for a psychologist in training or a UK employee. To this end, interns should avoid posting information/photos or using any language that could jeopardize their or the University’s professional image. Interns should consider limiting the amount of personal information posted on these sites, and should never include clients as part of their social network, or include any information that might lead to the identification of a client, or compromise client confidentiality in any way. Greetings on voicemail used for professional purposes should also be thoughtfully constructed. Interns are reminded that, if they identify themselves as an intern in the program and/or affiliated with UK, the Consortium and UK have some interest in how they are portrayed. If interns report doing, or are depicted on a website or in an email as doing something unethical or illegal, then that information may be used by the Consortium to determine probation or even retention. Use of UK logos, trademarks or other images or any use of social media in which the intern identifies as a representative of UK is subject to University approval prior to such use (contact the [Office of Public Relations and Marketing](#) for approval). Interns are accountable for any institutionally related content they post to social media sites, including any remarks made as a University representative on public or personal social media. UK prohibits the use of social media to post confidential or proprietary information about the University; announce UK news; use UK's name to promote a product, cause, or political party or candidate; or post any information that does not comply with University regulations, policies, and procedures and copyright and intellectual property rights. As a preventive measure, the Consortium advises that interns (and faculty) approach social media carefully. Interns may consult the [American Psychological Association’s Social Media/Forum Policy](#) and UK’s [Social Media Use Policy](#) for best practices and additional guidance.

**REFERENCES**
