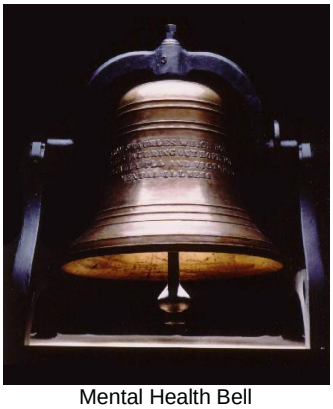
LARNED STATE HOSPITAL PSYCHOLOGY INTERNSHIP PROGRAM

Handbook
2022-2023
Updated 6/2/22



Mental Health Bell

The LSH Internship Program is an APA-accredited
Psychology Internship Program.

Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979
E-mail: apaaccred@apa.org
Web: https://www.accreditation.apa.org/contact

2022 – 2023 Internship Calendar

August 1 ..... Start of Internship

August 1-3 ..... Mental Health Conference

August 4-5 ..... Primary Rotation Shadowing and Orientation

August 8-12 ..... New Employee Orientation (NEO)

August 8-12 ..... CPI Training

August 5 ..... Review of Intern Handbook

September 5 ..... HOLIDAY

November 11 ..... HOLIDAY

November 24–25 ..... HOLIDAY

December 15 ..... Deadline to Notify Intern Applicants of Interview Status

December 26 ..... HOLIDAY

December-January ..... Intern Applicant Interviews

January 2 ..... HOLIDAY

January 16 ..... HOLIDAY

May 29 ..... HOLIDAY

July 4 ..... HOLIDAY

July 28 ..... Intern Evaluations of Program Due

July 28 ..... Graduation Celebration

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Larned State Hospital (LSH)

We are currently a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), and we are accredited through the American Psychological Association (APA) as a doctoral internship in clinical psychology.

LSH is a psychiatric hospital administered by the state of Kansas Department for Aging and Disability Services (www.kdads.ks.gov). LSH is one of three state psychiatric hospitals operated by the state. Located in rural Kansas on a 78-acre campus, LSH has three distinct programs. Interns are assigned a primary rotation at one of two programs: the Psychiatric Services Program (PSP) and the State Security Program (SSP). One intern position is located on PSP and two intern positions are assigned to the SSP.

The Psychiatric Services Program is comprised of three, 30-bed units which provide care and treatment for adults from a 61 county catchment area. Most patients are admitted on an involuntary status after being found to be a mentally ill person who is a danger to self and/or others, or unable to adequately care for themselves. All patients must be screened through their local mental health centers before admission.

The State Security Program is comprised of three units which serve patients who are criminally committed by the court system for treatment and/or evaluation. SSP provides court-ordered pre and post-trial assessments (e.g., competency to stand trial assessments, pre-sentence evaluations), sexual predator evaluations, competency restoration treatment, treatment for patients found not guilty by reason of mental defect, and treatment in lieu of confinement. Also housed on SSP is the Security Behavior Unit (SBU) for civilly committed male patients who have severe behavioral disturbances, including extreme aggressiveness. The Security Behavior Unit accepts patients from PSP and our sister hospital (Osawatomie State Hospital). SSP is the only “forensic” hospital in the State of Kansas and therefore, accepts patients from all counties within the state.

Interns may have the opportunity to observe one day of group treatment at the third program at LSH, the Sexual Predator Treatment Program (SPTP); however, interns are not hired to work in this program.

There are two additional facilities located on the LSH campus:

1) The Larned Correctional Mental Health Facility is operated by the Kansas Department of Corrections (KDOC) for younger male inmates.

2) The KDOC also operates a minimum-security male prison on campus.

Patients at LSH are provided a full range of psychiatric services including social detoxification, psychosocial rehabilitation, individual and group therapy, co-occurring disorders treatment, activity therapy, medication management, case management, vocational training, behavior support plans, discharge planning, and other services. All programs/units provide treatment using an interdisciplinary treatment team.

Clinical departments who have core members in the treatment teams are: psychiatry, psychology (who serve as treatment team facilitators on SSP), social services, and nursing. Other clinical departments involved in patient care at LSH include: activity therapy, dietary staff, chaplaincy, clinic/laboratory services, physical therapy, and pharmacy.

The Department of Psychology at LSH is comprised of caring and competent practitioners. Every program has a Supervising Psychologist/Director of Psychology, a licensed psychologist who is responsible for the oversight and clinical and administrative supervision of the provision of all psychological services in his/her program. In addition to the Supervising Psychologists, a training faculty consisting of appropriately licensed psychology staff provide clinical supervision for psychology clerks (those who are completing a Bachelor's degree), practicum students (those who are completing a Master's or Doctoral degree), doctoral interns (those who are completing a Doctoral degree), and post-doctoral fellows (those obtaining the needed training and supervision hours post-graduation for licensure). Furthermore, the department has licensed psychologists, licensed master's level psychologists, post-doctoral fellows, clinical therapists, and program consultants.

For more information about Larned State Hospital please visit https://larnedcares.com/.

To learn information about living in the City of Larned including information about housing, please visit http://www.cityoflarned.org/253/Moving-to-Larned

For further information about LSH, a Facebook page is also available: https://**www.facebook.com**/pages/**Larned-State-Hospital**/384780974931399

Many of our intern and post-doc classes have enjoyed exploring Kansas and the surrounding states. To learn more about travel and opportunities to visit unique sites in the state of Kansas, please visit: Kansas Hotels, Events, Things to Do, Restaurants & Travel Tools (travelks.com)

PROGRAM COMPETENCIES

The LSH Internship Program has the overall goal of producing psychologists who are competent in providing psychological services in an ethical, professional, and knowledgeable manner in a variety of settings (e.g., mental health centers, state hospitals, private practice, correctional settings, etc.). As such, the LSH Internship Program is dedicated to nurturing the development of interns from professionals-in-training to confident, competent, culturally sensitive psychologists. Additionally, our goal is to help interns evaluate research in a critical manner to facilitate empirically supported interventions in assessment and treatment. All interns are exposed to the same training curriculum that includes: individual and group therapy, assessment and report writing, weekly didactic training, individual and group supervision, peer consultation, and professional development experiences. The training model recognizes that interns enter their internship year with different levels of experience, skill sets, and professional goals. Each intern works with his/her supervisors to develop an individualized training plan that maintains adherence to APA's core training competencies.

Interns have regular contact with staff from other disciplines (psychiatry, medical, social work, activity therapy, nursing) throughout the year and may have contact with psychology clerks, masters and doctorate level practicum students, and post-doctoral fellows, depending upon the training schedules of other students at LSH. Based upon the developmental level of the intern and the availability of practicum students, there may be an opportunity for peer supervision with practicum students and clerks. Interns, post-doctoral fellows and practicum students meet for peer supervision once a week. Friday afternoons are reserved for all students in training to receive two hours of didactic education, one hour of case presentation, and one hour of group supervision. Interns also have access to a psychology/program

department phone list, video conferencing systems, conference call lines, meeting rooms and email system so they may readily communicate with fellow interns and other employees.

Interns also meet throughout the year to collaboratively create and implement a program development project that is presented to the training faculty toward the end of the internship year. This year's intern class is developing therapeutic communication and diversity training for LSH staff. Historically, interns travel together with a supervisor for off campus diversity experiences a few times a year. Due to the COVID-19 pandemic, these off campus trips were suspended in 2020; we are unsure at this time if these experiences will be available for the 2022-2023 internship year. In previous years the intern class traveled to a local university to learn how the school recruits and retains a diverse student population and promotes students from low socioeconomic backgrounds to enter into scientific career fields, including psychology. The university also has a panel of diverse students discuss their experiences of microaggression.

INTERN DUTIES

Currently, LSH has one intern position available on the PSP and two on the SSP. Interns also spend four hours each week in didactic training, case presentations, and group supervision. Prior to COVID-19, each intern worked four days a week on their assigned program and spent one day a week on the other program, completing a secondary rotation. This rotation was suspended for the 2021–2022 internship class due to the Covid-19 pandemic, out of caution. We are unsure at this time if the rotation will be available to the 2022-2023 internship class.

SSP:
On SSP, all interns will work directly with criminally committed patients.
They will conduct diagnostic assessments, perform psychological testing, including comprehensive test batteries, write reports, attend treatment planning meetings, and facilitate individual and group psychological therapy, including competency restoration. However, their primary focus will be completing various forensic evaluations (e.g., competency to stand trial assessments, mental state at the time of the offense determinations, and pre-sentence evaluations). Additionally, interns will have the opportunity to observe expert testimony.

PSP:
On PSP, all interns will work with patients either voluntarily admitted or civilly committed by court for inpatient treatment due to psychiatric issues causing them to be a danger to themselves or others or unable to adequately care for themselves without further intervention. Doctoral interns will work with patient populations that range from young adults to geriatric in units designed to meet the specific needs of patients based on their age, current psychiatric functioning, and estimated length of stay. Doctoral interns will complete initial diagnostic assessments, conduct psychological testing and comprehensive test batteries, write reports, participate in treatment planning meetings, and facilitate individual and group psychological therapy. There may be opportunities available to complete forensic evaluations and competency treatment. The focus of this rotation will be assessment, diagnosis, and therapeutic intervention (group/individual therapy) for adults with severe and persistent mental illness.

INTERN SELECTION AND QUALIFICATIONS

The Director of Training is responsible for coordinating the application and selection process. Applications are available on the APPIC website and the Director of Training provides proxy

access to the training faculty for review of the electronic submissions. One hard copy of each application is printed and stored by the administrative assistant to the Psychology Department. To be considered for an interview, an intern must have completed a minimum of two practica experiences, submit a redacted report, have prior experience working with an adult population, attend an APA accredited program, and have completed dissertation proposal. Both in-person and videoconferencing interviews, utilizing Zoom or Facetime, are offered depending on COVID-19 protocols, all interviews may be performed by vidoeconference. Applicants are notified on or before December 15 of their interview status via email. Final approval of all candidates is made by the intern selection committee (i.e., the Director of Training/Chair of the Internship, Vice Chair of the Internship, and the remaining internship faculty members). LSH adheres to the procedures established by APPIC for offering psychology internship positions. Written confirmation of an internship offer follows the match process.

If selected as an intern, the LSH Human Resources Department will conduct fingerprinting, a criminal background check, and urinalysis drug test, at no cost to you. Certain previous felonies can impact a background check. **Failure to pass the Kansas Bureau of Investigation background check or drug screen will result in the internship at LSH being terminated** (see APPIC Match Policy 6b). If there are any questions regarding how previous convictions and current prescription use of medication may impact your ability to pass a KBI background check and/or a drug test, please contact LSH Human Resources at 620-285-4380.

The applications of individuals not accepted into the program are kept on file for a period of two years for administrative purposes.

This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from an intern applicant.

COVID-19

LSH will not require proof of vaccination status, but will rely upon self-attestation. Religious and medical exemptions are available. If you have any questions please reach out to Debra Vondracek, Psy.D., Internship Director.

REPORTS TO THE INTERN'S UNIVERSITY

Various home universities have different requirements regarding reports from the internship program to the university with respect to the intern's progress. In keeping with APA policies, the Director of Training will provide the home university with an assessment of the intern's status twice a year (six months and final evaluation, unless the university requires additional documentation). An intern's primary supervisor has the responsibility of completing any additional reports required by the university.

INTERNSHIP CREDIT

The LSH internship is a full time (i.e., 40 hours a week), 12-month program resulting in 2000 training hours. Individuals who satisfactorily complete the program receive a certificate reflecting the accomplishment. Credit toward a degree is a decision made by the faculty of an intern's home university. Credit toward fulfilling the requirements of state certification or licensure is a decision made by the Board of Examiners where application is being made. If, for whatever reason, an intern's participation in the LSH internship program is terminated prior to completing the full 12 month program, it is our policy to provide the intern's home university

and any subsequent legitimate inquirers (such as a State Board of Examiners) a statement which:

1. Documents the amount of time the intern was in the program
2. Indicates the intern's status within the program at the time of termination
3. Reflects the reasons for the termination
4. Summarizes the evaluations of the intern's supervisors

NOTE: For those unique cases (illness, pregnancy, other) that may impact completion of the internship within the 12-month period, the training faculty will work with the impacted student to reach a mutually agreeable solution. For example, in past years we have extended an internship in order to allow an intern to fulfill the requirements of the position.

INTERN DUTIES

Doctoral interns will develop and/or enhance skills in various areas such as test selection and administration, individual and group therapy, report writing, crisis intervention, ethics, diversity, working with others, time management/organization, leadership skills, program development, and interdisciplinary treatment team functioning.

INTERN EVALUATION

All interns will receive a formal, written copy of feedback every three months (for a total of four evaluations). This evaluation is completed by the intern's primary supervision, and includes feedback from other supervisors. The fourth and final evaluation is a comprehensive evaluation of performance. Each intern's school will receive a copy of the six month and final evaluations for their records. There may be contact between the intern's educational institution and LSH by the Training Director if there is concern an intern's performance is not meeting standards or a remediation plan has been enacted.

TRAINING OUTLINE CORE AREAS

Therapy: The types of therapy experiences offered through the LSH Internship Program are primarily individual and group modalities. The intern is expected to develop competency in the delivery of individual and group therapy to consumers representing diversity in culture, background, and presenting problems. Issues of ethical conduct, sensitivity to multicultural issues, and the integration of research and practice will be emphasized.

Assessment: Psychological assessment is an important part of the practice of professional psychology, and each intern is expected to become familiar with a variety of widely accepted assessment instruments. At LSH, we have selected specific instruments (WAIS-IV, MMPI-2-RF, PAI, and the RBANS or COGNISTAT) that interns will develop competency in administering, scoring, and interpreting. Additionally, interns are expected to develop competency in selecting, administering, scoring, and interpreting batteries of tests, as well as producing written reports. Interns must complete a minimum of three integrated assessments. Ethical conduct, adhering to testing processes and procedures, multicultural issues, and the integration of research and practice will be emphasized.

Didactic Training: Training is provided through weekly scheduled seminars. Training will address a variety of areas, including topics such as DSM-5 diagnoses, multicultural issues, therapy techniques, ethical concerns, psychological tests, professional development issues, and forensic evaluations. The professionals providing training are primarily licensed psychologists, but also include psychiatrists, pharmacists, post-doctoral fellows, master's level clinicians, social workers, and others. The majority of training sessions will include ancillary materials, such as journal articles or reference lists. The training schedule is created prior to the beginning of the year when, as a group, supervisors discuss topics and sequence them so they are presented in a manner that it is progressive in difficulty and sequential, to build a firm foundation in generalist areas. In addition, LSH has numerous training opportunities offered on campus, including a mental health conference which interns attend during their first week of training. Lastly, interns are encouraged to take advantage of agency and community training opportunities in relevant areas.

Supervision: Supervision occurs in both individual and group formats. Each intern receives at least two hours of weekly individual supervision from a licensed psychologist at the intern's primary rotation. Each intern also regularly receives at least one hour of group supervision from a licensed psychologist per week. Interns are provided group supervision by a variety of LSH licensed psychologists throughout the year, which has been considered to be a strength of our program by former interns, in that it allowed them to have contact with multiple psychologists and perspectives. The topics addressed in supervision include: administrative issues (communication, policies and procedures, problem resolution, etc.), multidisciplinary issues/organizational behavior, professional development, intern progress, assessment and treatment issues, discussion of clinical cases (or case presentations when scheduled), supervision of others, and multicultural issues.

Group supervision provides an opportunity for interns to present clinical cases (formal case presentation) and to discuss various clinical concerns that may arise throughout the internship year. There is no assumption of confidentiality about what supervisees disclose in supervision. Supervisors need to be free to discuss anything disclosed in supervision with other supervisors. To do less is to risk compromise of clinical and ethical obligations. It also helps clarify an important distinction between supervision and therapy and avoids dual relationship problems.

Interns are required to present a minimum of four formal case presentations during the training year. Feedback from supervisors and peers is an integral part of group supervision, as all interns participate in this weekly group activity. The intern is expected to show an understanding of how legal and ethical principles and research findings may be applied during supervision and case presentations.

Please note that supervision hours cannot be "banked." In other words, if you have completed 200 hours of supervision by July, you are still required to receive four hours of supervision a week, rather than skipping supervision for your last six weeks of internship.

Intern Project: An important aspect of the LSH Internship Program is the emphasis on professional development, including the ability to work cooperatively with peers and other professionals while coalescing program development/research skills. In keeping with this priority, each intern class is expected to engage in a collaborative project that is completed under the guidance of the Training Faculty or other hospital staff. Examples of previous year's intern projects include: updating and presenting trauma informed care training for direct care staff, development of a competency treatment protocol for individuals with intellectual

disabilities, and development of a group protocol for individuals who have experienced a suicide attempt.

Mock Trial: As a culmination of experiences during the internship year, interns participate in a mock trial in which they serve as an expert witness. For the last 14 years, the internship program has procured the services of two local attorneys and a magistrate judge to assist in facilitating the mock trial. We think this provides an excellent learning opportunity and allows interns to receive direct feedback from attorneys and judge regarding the integration of psychology and law.

Supervision Model

Supervision is provided both formally and informally throughout the internship year. In keeping with APA and APPIC standards, a minimum of four (4) hours of formal supervision is scheduled each week. In person supervision, the use of teleconferencing technology, and/or videotaping of intern's interactions with patients are used to promote deliberate practice, and an intern's self-examination of skills. Many additional hours are accumulated and logged through informal supervision or extra scheduled supervisory sessions.

Rotation supervisor:

- Integrates activities of intern
- Provides specific (consumer focused) supervision of intern's caseload
- Supervises intern's rotation related to administrative responsibilities
- Participates with intern in co-therapy/co-assessment as appropriate
- Oversees initiation and completion of rotation contracts

Director of Training:

- Provides general administration of internship
- Provides supervision related to the above
- Provides supervision related to professional development
- Coordinates the didactic program
- Contributes to the evaluation of the interns
- Oversees completion of competency and minimum requirements
- Chairperson, Psychology Internship Committee

STIPEND

Interns are classified as temporary employees and will receive hourly pay at approximately $12/hour (about $24,003.20 a year) for the 2022-2023 training year. In addition, interns receive full benefits, including health insurance (medical, dental, and vision) and paid sick and vacation time. Pending availability, interns can also receive free on-campus housing.

WORK WEEK

The intern work week is Monday through Friday, 8am to 5pm, with a 1 hour lunch break. Interns are not allowed to work over 40 hours a week. Interns accrue 3.7 hours of paid vacation time and 3.7 hours of paid sick time per pay period (bi-weekly). There are 10 paid state holidays throughout the year.

PROFESSIONAL LIABILITY INSURANCE

Interns must provide their own professional liability coverage and proof of such.

RESOURCES AVAILABLE TO INTERNS

LSH has an Information Technology (IT) department for computer and networking needs. Each intern has office space which includes a computer with Microsoft Word software, Internet and e-mail capabilities. Interns have the ability to reserve conference rooms/computer rooms for collaboration on projects and for consultation purposes that are located throughout the LSH campus. Additionally, interns have access to fax machines, copiers, scanners, printers, telephones, tele-video conferencing (oftentimes used for court) and computerized scoring protocols for various psychological measures. Furthermore, the psychology department has an administrative assistant who provides hundreds of hours of service to the interns/internship program (assisting in setting up interviews, providing housing information to interns, filing, providing mailing services, assisting with applications, etc.).

EMPLOYMENT OF PSYCHOLOGY INTERNS AND JOB REQUIREMENTS

The practice of psychology by a LSH psychology intern is governed by the following documents:

1. APA code of ethics
2. Kansas State Laws
3. Kansas Behavioral Sciences Regulatory Board (www.ksbsrb.org)
4. Kansas Department for Aging and Disability Services Policies and Procedures
5. Larned State Hospital Policies and Procedures
6. Larned State Hospital Psychology Internship Program Handbook

In accordance with the rules, regulations, and policies contained in the above documents, a psychology intern may not practice psychology at any level within the State of Kansas without direct supervision by a licensed psychologist who is employed at Larned State Hospital. Supervision will include a co-signature for all entries into the medical record as well as for any psychological/forensic/court reports written. Interns will be provided with a database (e.g. Excel file) to track their hours. The student is responsible for reviewing these hours with his/her direct supervisor and submitting the log electronically to the Director of Training or designee on a monthly basis.

LSH REQUIREMENTS

Interns must complete an LSH employment application, provide documentation regarding completion of a recent physical, and complete paperwork for a security background check prior to beginning work at LSH. A drug screen is required. Failure to pass the background check or drug screen will result in the intern's employment at LSH being terminated. Interns provide services under supervision of a licensed psychologist.

MAINTENANCE AND SECURITY OF INTERNSHIP RECORDS

All records relating to the LSH Internship Program, with particular emphasis on intern records, are securely maintained permanently in two places. First, electronic records are maintained by the Department of Psychology Senior Administrative Assistant in password protected network files. The hardcopies of internship documents, including intern performance records, are also maintained in a locked file cabinet inside a locked room located in the training program administrative office. The Senior Administrative Assistant maintains security of the keys required to access these hard copy files.

NON-DISCRIMINATION STATEMENT

The LSH Internship Program is committed to supporting cultural and individual diversity and does not discriminate on the basis of race/ethnicity, color, religion, sex, marital status, national origin, ancestry, age, sexual orientation, disability, or veteran status in its recruitment, retention, or development of interns, faculty or staff. Didactic and experiential training experiences are aimed at fostering an understanding of cultural and individual diversity as they relate to professional psychology. LSH is committed to ensuring equal opportunity. Its equal opportunity/nondiscrimination policy is designed to ensure that employees, students, residents, and supervisors understand their rights and responsibilities. LSH's discrimination complaint procedure is designed to ensure that concerns are handled in a timely and responsive manner.

COMMITMENT TO DIVERSITY

The LSH Internship Program is committed to providing a diverse learning environment. There are opportunities for interns to develop competency in providing services to diverse individuals. The program also provides off-campus experiences addressing diversity for the interns. Some of these experiences have been field trips to different organizations including a mosque with a presentation on Muslim culture and diversity discussion with a local college about how they have increased the diversity of their students. In addition, the program provides in-house diversity training to include a presentation about Nigerian culture presented by a psychologist on staff that identifies with the culture.

HIPAA/PATIENT RIGHTS

LSH has an extensive set of policies in place to protect patient rights, including informed consent, confidentiality, and privacy of patient records. A HIPAA privacy officer and a HIPAA security officer are on-site to consult. A KDADS attorney is also available for consultation. Our Clinical Information Management (CIM) Department maintains a Documentation Systems Manual that outlines documentation requirements. Additionally, LSH maintains an Intranet wherein all LSH policies and procedures can be accessed. All psychology interns attend the hospital orientation where they will receive an overview of these policies. In addition, interns complete program specific and departmental orientation that provides information about more specific LSH policies/procedures. Psychology interns are expected to follow all LSH, program, and department policies. We encourage students to read all hospital and departmental policies, as well as the policies for their assigned programs.

ATTENDANCE

Interns are granted State Holiday time off (usually 10 days/year) and a total of **two** days for dissertation defense. Interns are expected to seek permission for *any time off* and must notify the administrative assistant, rotation supervisor (if the intern is going to be late or out of the

office on the day they are on their secondary rotation), and primary supervisor of any absences or tardiness. Interns are granted time off for post-doctoral interviews and have access to video and tele-conferencing to complete these interviews, if preferred.

DUE PROCESS PROCEDURES

This section provides interns and staff an overview of the identification and management of intern problems and concerns, a listing of possible sanctions, and an explicit discussion of the due process procedures. Also included are important considerations in the remediation of problems. Due Process is utilized when an intern's behavior is deemed to be problematic by clinical training faculty. During the first two weeks of internship, interns are informed of the program's expectations related to professional behavior, both in conversation with their supervisors and in writing. Additionally, professionalism is addressed on an ongoing basis, in both group and individual supervision.

I. Definition of Problematic Behavior

Problematic Behavior is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; 3) lack of preparedness due to academic experience and/or 4) an inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning.

It is a professional judgment as to when an intern's behavior becomes problematic rather than of concern. Intern's may exhibit behaviors, attitudes or characteristics, which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training.

Problems typically become identified when they include one or more of the following characteristics:

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

II. Remediation and Sanction Alternatives

It is important to have meaningful ways to address problematic behavior once it has been identified. In implementing remediation or sanction interventions, the training staff must be mindful and balance the needs of the intern, the clients involved, members of the intern training group, the training faculty, and other agency personnel. A progressive remediation/sanction process will be used when necessary during the internship experience.

The following steps will be employed:

1. Verbal Warning to the intern emphasizes the need to discontinue the inappropriate behavior under discussion. The intern is informed of the inappropriate behavior during the first individual supervision following the supervisor's awareness of the problematic behavior (within 7 days). No record of this action is kept. If the inappropriate behavior continues, within one week (7 days) of the next incident, the intern will receive a written acknowledgement.

2. Written Acknowledgment to the intern formally acknowledges:

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

The written acknowledgment will be removed from the intern's file when the intern responds to the concerns and successfully completes the internship. If there is a third incident of the inappropriate behavior, within one week (7 days) of the third incident, Step 3, Written Warning/Letter will be initiated.

3. Written Warning and Remediation Plan will be presented to the intern verbally and in writing, which indicates the need to discontinue the inappropriate action or behavior and provides the means by which the intern may be assisted in doing so. This letter will contain:

a) A description of the interns' unsatisfactory performance,
b) Actions needed to be completed by the intern to correct the unsatisfactory behavior as determined by the primary supervisor,
c) The time line for correcting the problem,
d) What action(s) will be taken if the problem is not corrected, and
e) Notification that the intern has the right to request a review of this action.

A copy of this letter will be kept in the intern's file. Consideration may be given to removing this letter at the end of the internship by the Training Director in consultation with the intern's primary supervisor. If the letter is to remain in the file, documentation will contain the position statements of the parties involved in the dispute.

4. Schedule Modification is a time-limited, remediation-oriented closely supervised period of training designed to return the intern to a more fully functioning state. Modifying an intern's schedule is an accommodation made to assist the intern in responding to personal reactions to environmental stress, with the full expectation that the intern will complete the internship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the Training Director.

Several possible and perhaps concurrent courses of action may be included in modifying a schedule such as:

a) Increasing the amount of supervision, either with the same or other supervisors,
b) Change in the format, emphasis, and/or focus of supervision,
c) Recommending personal therapy,
d) Reducing the intern's clinical or other workload,
e) Requiring specific academic coursework.

The length of a schedule modification period will be determined by the Training Director in consultation with the primary supervisor. The termination of the schedule modification period will be determined, after discussions with the intern, by the Training Director in consultation with the primary supervisor.

5. Probation is also a time limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the intern to complete the internship and to return the intern to a more fully functioning state. Probation defines a relationship that the Training Director systematically monitors for a specific length of time the degree to which the intern addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The intern is informed of the probation in a written statement which includes:

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

If the Training Director determines that there has not been sufficient improvement in the intern's behavior to remove the Remediation Plan, Probation, or modified schedule, then the Training Director will discuss with the primary supervisor the possible courses of action to be taken. The Training Director will communicate in writing to the intern that the conditions for revoking the probation or modified schedule have not been met. This notice will include the course of action the Training Director has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of another alternative.

6. Suspension of Direct Service Activities requires a determination that the welfare of the intern's patient has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the Training Director in consultation with the training supervisor. At the end of the suspension period, the intern's supervisor, in consultation with the Training Director, will assess the intern's capacity for effective functioning and determine when direct service can be resumed.

7. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges in the agency. If the Suspension of Direct Service Activities or Administrative Leave interferes with the successful completion of the training hours needed for completion of the internship, this will be noted in the intern's file. The Training Director will inform the intern of the effects the administrative leave will have on the intern's stipend and accrual of benefits.

8. Dismissal from the Internship involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the problem behavior or concerns and the intern seems unable or unwilling to alter the problematic behavior, the Training Director will discuss with the training faculty, Director of Human Resources, the hospital Superintendent, and the program Clinical Director the possibility of termination from the internship program. Either administrative leave or dismissal would be invoked immediately in cases of severe violations of the APA Code of Ethics or when imminent physical or psychological harm to a patient is a major factor.

III. Procedures for Responding to Inadequate Performance by a Intern

If an intern receives an "unacceptable rating" from any of the evaluation sources in any of the major categories of evaluation, or if a staff member has concerns about a intern's behavior (ethical or legal violations, professional incompetence, etc.) the following procedures will be initiated:

1. The staff member will consult with the Training Director to determine if there is reason to proceed and/or if the behavior in question is being rectified.
2. If the staff member who brings the concern to the Training Director is not the intern's primary supervisor, the Training Director will discuss the concern with the intern's primary supervisor.
3. If the Training Director and primary supervisor determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the Training Director will inform the staff member who initially brought the complaint.
   a. The Training Director will meet with the training faculty to discuss the performance rating or the concern.
   b. The Training Director will meet with the program Clinical Director to discuss the concerns and possible courses of action to be taken to address the issues.
4. Whenever a decision has been made by the Training Director about an intern's training program or status in the agency, the Training Director will inform the intern in writing and will meet with the intern to review the decision. This meeting may include the intern's primary supervisor. This notification indicates the nature of the concern and the specific alternatives implemented to address the concern.
5. The intern may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are presented below.

IV. Due Process

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

1. During the orientation period, presenting to the interns, verbally and in writing, the program's expectations related to professional functioning—discussing these expectations in both group and individual settings.
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations will occur at meaningful intervals.
3. Articulating the various procedures and actions involved in making decisions regarding the problem behavior or concerns.
4. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
5. Providing a written procedure to the intern which describes how the intern may appeal the program's action. Such procedures are included in the Internship Handbook. The Internship Handbook is provided to intern and reviewed during orientation.

6. Ensuring that interns have sufficient time to respond to any action taken by the program.
7. Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance.
8. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

A. **Procedures**: The basic meaning of due process is to inform and provide a framework to formally challenge any disciplinary action or decision taken by the primary supervisor and Training Director when an intern is in disagreement with the determination.

1. The intern will file a formal complaint, in writing and with all supporting documents, with the Training Director. If the intern is challenging a formal evaluation, the intern must do so within five (5) days of receipt of the evaluation.
2. Within three (3) days of receiving a formal complaint, the Training Director must consult with the program Clinical Director and/or Superintendent and implement the Review Panel procedures, as described below.

B. Review Panel and Process

1. When needed, a review panel will be convened by the Training Director. The panel will consist of three staff members selected by the Training Director with recommendations from the Clinical Director and/or Superintendent and the intern involved in the dispute. The intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.
2. Within five (5) working days, a hearing will be conducted in which the challenge is heard and relevant material presented. Within three (3) working days of the completion of the review, the Review Panel submits a written report to the Training Director, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.
3. Within three (3) working days of receipt of the recommendation, the Training Director will either accept or reject the Review Panel's recommendations. If the Training Director rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the Training Director may refer the matter back to the Review Panel for further deliberation and revised recommendations or may make a final decision.
4. If referred back to the panel, they will report back to the Training Director within five (5) working days of the receipt of the Training Director's request of further deliberation. The Training Director then makes a final decision regarding what action is to be taken.
5. The Training Director informs the intern, staff members involved and if necessary members of the training staff of the decision and any action taken or to be taken.
6. If the intern disputes the Training Director's final decision, the intern has the right to consider an appeal to the program Clinical Director/Superintendent.
7. If the intern elects to file an appeal to the program Clinical Director/Superintendent, the intern will submit the appeal in writing, including any supporting documentation, to the program Clinical Director/Superintendent.
8. Within 5 working days, the program Clinical Director/Superintendent will set a review session with the intern, during which the facts of the case, any rebuttal or additional information, and the program Clinical Director/Superintendent's recommendation for resolution is discussed. The results of this session are documented in writing, signed by both parties, and forwarded to the Training Director for implementation.

GRIEVANCES

In the event an intern encounters any difficulties or problems (e.g. inadequate supervision, unavailability of supervisor, evaluations perceived to be unfair, workload issues, personality clashes, conflict with other staff) during the internship, the intern should:

A. Process

1. Discuss the issue with the staff member(s) involved.
2. If the issue cannot be resolved informally, the intern should discuss the concern with the Training Director or a training supervisor.
3. If the Training Director or training supervisor cannot resolve the issue, the intern can formally challenge any action or decision taken by the Training Director, the supervisor, or any member of the training faculty by following this procedure:
   a. The intern will file a formal complaint, in writing, including all supporting documents, with the Training Director. If the intern is challenging a formal evaluation, the intern must do so within five (5) days of receipt of the evaluation.
   b. Within three (3) days of a formal complaint, the Training Director must consult with the Clinical Director and/or Superintendent and implement the Review Panel procedures as described below.

B. Review Panel

1. When needed, a review panel will be convened by the Training Director (or program Clinical Director if the grievance pertains to the Training Director). The panel will consist of three staff members selected by the Training Director (or program Clinical Director if the grievance pertains to the Training Director) with recommendations from the Clinical Director and/or Superintendent and the intern involved in the dispute. The intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern during the review panel hearing.
2. Within five (5) working days, a hearing will be conducted in which the challenge is heard and relevant material presented. All individual involved in the dispute will be informed of the hearing date, time, and location via email/letter. Within three (3) working days of the completion of the review, the Review Panel submits a written report to the Training Director (or program Clinical Director if the grievance pertains to the Training Director), including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.
3. Within three (3) working days of receipt of the recommendation, the Training Director (or Clinical Director) will either accept or reject the Review Panel's recommendations. If the Training Director rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the Training Director (or Clinical Director) may refer the matter back to the Review Panel for further deliberation and revised recommendations or may make a final decision.
4. If referred back to the panel, they will report back to the Training Director (or Clinical Director) within five (5) working days of the receipt of the Training Director's (or Clinical Director's) request of further deliberation. The Training Director (or Clinical Director) then makes a final decision regarding what action is to be taken.
5. The Training Director (or Clinical Director) informs the intern, staff members involved and if necessary members of the training staff of the decision and any action taken or to be taken, verbally and in writing.
6. If the intern disputes the Training Director's (or Clinical Director's) final

decision, the intern has the right to consider an appeal to the program Clinical Director/Superintendent.

7. If the intern elects to file an appeal to the program Clinical Director/Superintendent, the intern will submit the appeal in writing, including any supporting documentation, to the program Clinical Director/Superintendent.
8. Within 5 working days, the program Clinical Director/Superintendent will set a review session with the intern, during which the facts of the case, any rebuttal or additional information, and the program Clinical Director/Superintendent's recommendation for resolution is discussed. The results of this session are documented in writing, signed by both parties, and forwarded to the Training Director for implementation.

ROTATION CLOSURES

Rotation placements should be closed to interns when they do not offer quality learning opportunities. This may occur when, for instance, a supervisor plans a prolonged absence, there is massive administrative reorganization occurring on a unit, the psychologist position is vacant, a new psychologist has just arrived on a unit and needs time to acclimate to the setting prior to providing supervision for an intern, or when interns find that a particular placement does not provide an adequate training experience.

When a rotation is to be closed, the supervisor involved generally makes the request for rotation closure. However, under some circumstances, the Training Faculty, the Training Director, or the intern group may be the initiator of the request for rotation closure. The Training Faculty must consider all requests for rotation closure.

If a rotation is closed in response to complaints that the rotation does not provide a good learning environment, the Training Faculty's recommendation for rotation closure should include written specifics of the complaint. The supervisor of that rotation then has the responsibility to formulate a plan to remedy those problems, with the assistance of the Training Director. Evidence of correction or sufficient improvement must be presented to the Training Faculty before that rotation may be reopened.

POLICY ON SOCIAL MEDIA

LSH is a teaching facility that provides psychology students/interns/post-doctorate fellows with required experience to fulfill educational and licensure obligations. This guideline is intended to notify such persons, both applying to the training program and those currently in the program, that they are personally responsible for all content they publish in blogs, wikis, social networks, forum boards, and other forms of user-generated media. This policy defines public information as anything that can be collected by a basic Internet search using an engine such as Google, including search results for social media sites like Facebook, MySpace, Twitter, LinkedIn, etc. LSH does not have permission to perform an in-depth investigation or require students/interns/post-doctorate fellows to disclose Internet passwords. Additionally, an applicant will never be evaluated based on their race, sex, religion, or any other protected class listed in United States antidiscrimination laws.

Public information posted on social networking sites may be considered and evaluated as to how it reflects professionalism by LSH Training Faculty. It's important to remember that all content contributed to online platforms becomes immediately searchable and is immediately

shared. This content may leave the contributing individual's control forever and may be traced back to the individual even after long periods of time have passed. Let this serve to notify those both considering applying to this training program as well as to those currently enrolled that information posted on social networking sites may be considered and evaluated as to how it reflects your professionalism. Professionalism is considered a core competency of psychology. It consists of (a) Professional Values and Attitudes, (b) Individual and Cultural Diversity, (c) Ethical Legal Standards and Policy, and (d) Reflective Practice, Self-Assessment, and Self-Care.

LSH has the responsibility to protect future patients from harm by ensuring that all applicants and psychology students/interns/post-doctorate fellows are fit to practice interpersonal psychotherapy. Therefore, public information obtained via the Internet may be used by appropriate LSH staff to evaluate applicants and their behaviors which may be indicative of competence problems, poor professionalism, or poor interpersonal judgment. Such practice is consistent with the role played by training programs as gatekeepers to the profession and the evaluation may result in adverse actions. Examples of troubling behavior include acts of discrimination, illegal behavior, or behavior that suggests a lack of professional judgment relevant to the professional practice of psychology.

Principle E of the Ethical Code for Psychologists (2010) states, in part, that: Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups.

Consistent with this, faculty is respectful of individuals' reasonable right to privacy, even on a medium as inherently public as the Internet. However, it is the responsibility of applicants and current students to decide what information about themselves they want shared with the general public. Program faculty will therefore not circumvent established privacy settings in an attempt to "dig" for information that individuals are making a reasonable attempt to keep private.

When problematic behavior or information is identified, it shall be reviewed and discussed by the LSH Training Faculty for any implications it has for the professional practice of psychology and potential challenges to the training as a psychologist, as well as any signs that it might reflect interpersonal challenges to developing the deportment and competence necessary for becoming a psychologist. The following criteria will be used: What are the actual behaviors that are of concern, and how are those behaviors related to the profession wide competency areas emphasized in the LSH training program? How and in what settings have these behaviors been manifested? How serious is this behavior on the continuum of ethical and professional behavior? What is the explanation for the behavior? Alleged offenders will be contacted so as to provide an explanation for the obtained information and to permit the individual to contextualize and explain the information uncovered. From this determination, options will be developed; these options include, but are not limited to: denial of an interview or entry to the program, remedial training, or other interventions to address professionalism.

While each case is different and requires individual assessment, the following factors may indicate that the problem is more serious: The individual does not acknowledge, understand

or address the problematic behavior when it is identified. The problematic behavior is not merely a reflection of a skill deficit that can be rectified by training. The behavior has the potential for ethical or legal ramifications, if not addressed. The individual's behavior negatively affects the public image of the agency, university, or the training site.

LSH adheres to a social media policy set forth by the Department of Administration. Interns who use social media (e.g., Facebook) and other forms of electronic communication should be mindful of how their communication may be perceived by clients, colleagues, faculty, and others. As such, interns should make every effort to minimize material that may be deemed inappropriate for a psychologist in training. To this end, interns should set all security settings to "private" and should avoid posting information/photos or using any language that could jeopardize their professional image. Interns should consider limiting the amount of personal information posted on these sites, and should never include patients as part of their social network, or include any information that might lead to the identification of a patient, or compromise patient confidentiality in any way. Greetings on voicemail services and answering machines used for professional purposes should also be thoughtfully constructed. As a preventive measure, the program advises that interns (and faculty) approach social media carefully. In addition, the American Psychological Association's Social Media/Forum Policy may be consulted for guidance: https://www.apa.org/about/social-media-policy#:~:text=APA Social Media/Forum Policy.

The APA also has several resources for creating and understanding social media policies: https://www.apaservices.org/practice/business/technology/social-media?_ga=2.181165095.1096385503.1615301807-973992582.1600965060

DEFICIENCY REPORTS TO THE INTERN'S UNIVERSITY

In the event there are serious problems with regard to an intern's ability to perform his or her clinical duties or if there are incidents of unethical conduct, the Director of Training will notify the intern's home university of the problems and actions being implemented.

COMPETENCY BASED PRACTITIONER-SCHOLAR MODEL

PRACTITIONER- SCHOLAR MODEL

The training model at Larned State Hospital (LSH) reflects the idea that research findings in the literature should inform both professional training and professional practice. Therefore, the training model adopted by the LSH psychology internship program is the Practitioner-Scholar model that emphasizes the interaction of practice and research. Our program is designed to train students to practice in a highly professional and competent manner that is informed by the science of clinical psychology. Interns are trained to apply reasoned critical thinking skills to their clinical practice (from assessment to individual therapy). Although the faculty represents a variety of clinical orientations and interests, an emerging emphasis in empirically supported treatments is present throughout the curriculum. This means that interns are trained to utilize various techniques, which have empirical support in the literature related to their effectiveness. Although the LSH Internship Program provides training in the practitioner-scholar model, we recognize that many of our interns come from scientist-practitioner graduate programs, and we believe that the LSH psychology internship complements and is in harmony with the development of competencies necessary for a scientist-practitioner professional psychologist.

MISSION STATEMENT:

The mission statement of Larned State Hospital (LSH) is as follows:

To provide a safety net of mental health services for Kansans in partnership with consumers, community providers and the justice system, and to deliver support services to related agencies

AIM STATEMENT:

The Aim of the LSH Psychology Internship Program is as follows:

To provide an integrated educational approach in the support of the development and maintenance of competent, proficient, scholar-practitioner modeled psychologists in service to Kansans in need of mental health services

APA PROFESSONAL COMPETENCIES:

- **Competency 1: Research**
  - Demonstrate competency in applying reasoned critical thinking skills to clinical practice and utilize empirically based techniques to inform clinical practice.
  - Demonstrate competency in utilizing empirical/research literature to inform professional practice

- **Competency 2: Ethical and legal standards**
  - Demonstrate competency in professional and ethical behavior
  - Demonstrate competency in legal aspects of professional psychology, including mandated reporting, utilizing supervision and providing supervision, as well as fundamental forensic considerations in psychological practice
  - Demonstrate competency in forming and maintaining a variety of appropriate professional relationships

- **Competency 3: Individual and Cultural Diversity**
  - Demonstrate competency in delivering therapeutic interventions and assessments with sensitivity to clientele diversity across multiple dimensions
  - Demonstrate competency in applying research based information related to individual differences and cultural diversity to all features of clinical practice
  - Demonstrate competency in professional functioning that incorporates sensitivity to diversity elements that impact clients and colleagues
  - Demonstrate competency in effectively managing diversity issues in forensic and clinical settings

- **Competency 4: Professional Values, Attitudes, and Behaviors**
  - Demonstrate competency in the role of professional psychologist in multi-disciplinary teams
  - Demonstrate competency in professional organization, documentation, and diligence
  - Demonstrate competency in balancing professional and personal demands, including adoption of professional self-care strategies.
  - Demonstrate competency in incorporating professional ethics into daily functioning as a psychologist

- **Competency 5: Communications and Interpersonal Skills**
  - Demonstrate competency in adapting verbal and non-verbal communication and interpersonal approach to differing professional roles, clients, colleagues, settings, and audiences
  - Demonstrate competency in communicating as a professional psychologist consistent with the demands of a clinical or forensic setting
  - Demonstrate competency in participating in difficult communications while maintaining professionalism
  - Demonstrate competency in professional clinical and forensic written communication

- **Competency 6: Assessment**
  - Demonstrate competency in conducting clinical interviews, interview-based assessment and diagnosis

- Demonstrate competency in using the DSM5 and differential diagnoses for diagnosis
- Demonstrate competency in selecting and administering psychological instruments appropriate for given evaluation questions
- Demonstrate competency in scoring and interpreting psychological tests consistent with the demands of a given client population and clinical/forensic setting

- **Competency 7: Intervention**
  - Demonstrate competency in delivering psychotherapeutic interventions from an empirical basis appropriate to needs identified in clinical assessment process
  - Demonstrate competency in adapting psychotherapeutic interventions to individual aspects of clientele while maintaining the empirical core of the intervention

- **Competency 8: Supervision**
  - Demonstrate competency in utilizing clinical supervision, as well as fundamental understanding approaches to conducting clinical supervision
  - Demonstrate competency in giving, applying and evaluating supervisory skills through simulated or direct practice

- **Competency 9: Consultation and Interprofessional/Interdisciplinary Skills**
  - Demonstrate competency in defining the scope of practice for professional psychologists, explaining the differing areas of practice for different health care disciplines, and using this information to manage interactions between these disciplines
  - Demonstrate competency in providing and receiving professional consultation
  - Demonstrate competency in functioning as a contributing member of a multidisciplinary team

Larned State Hospital Psychology Internship Program Intern Evaluation Form

Intern:_____

Evaluation Period:

□ 1st (3 months)

x□ 2nd (6 months)

□ 3rd (9 months)

□ 4th (12 months)

□ Other (Specify:_____)

	Please use the below as a guide for competency ratings:
A	**Advanced/Skills comparable to autonomous practice at the licensure level:** **intern is performing as an entry level licensed psychologist; supervision is still required while in training status**
P	**Proficient/Minimal supervision needed:** **A common rating at completion of internship; intern is able to independently function, is able to apply skills to all situations, and has the ability to self-reflect and seek consultation when needed; supervisor provides overall management of trainee's activities; supervision shifts to a more consultative role with peers/colleagues**
I	**Intermediate/Supervision is developmental in nature:** **Common rating throughout internship; depth of supervision varies as intern progresses through internship; intern is starting to develop independent skills level, but continues to need regular supervision support to obtain skill**
B	**Beginner/ Continued intensive supervision is needed:** **Routine, but intensive, supervision is needed**
NI	**Needing improvement:** **Requires remedial work if trainee is to successfully complete the internship**
U	**Unsatisfactory/fail:**
(1)	**Engages in unethical and/or grossly irresponsible practice and/or actions; intern requires remediation or other support from facility**

**Ratings are based on how an intern is currently performing in each of the assessed areas. It is not necessary for evaluations across the internship year to show a progression in competencies, though that is not uncommon. At the end of the internship year demonstrated competence, as evidenced by attaining a rating of at least "P" on each objective, is required on the final Intern Evaluation for successful completion of the internship.*

DIRECTIONS: For each competency elements, please place a rating for the current progress. Please provide comments highlighting reasons for your rating. At the end of the evaluation the supervisor should provide an overall summary of the intern's progress. The intern's comments section is available for an intern to respond to the evaluation if desired.

Check the methods of assessment during the rating period:

___Direct Observation ___Review of Written Work

___Review of Video ___Review of Raw Test Data

___ Discussion of Clinical Interaction ___Comments from Other Staff

___Case Presentation ___Other

---

1. Research

___Can identify gaps in knowledge and facilitate self-learning of the appropriate literature

___Critically evaluate research and how it applies to patient care

___Ability to problem solve and use research in professional activities

Comments:

2. Ethical and Legal Standards:

___Can apply APA ethical principles and conduct to practice

___Conducts self in an ethical manner

___Can resolve ethical issues using ethical decision making process.

___Has knowledge of local, state, and federal laws and regulations

___Is able to apply knowledge of mandated reporting laws/procedures

Comments:

3. Individual and Cultural Diversity

___Intern can discuss how own cultural and individual diversity biases affect how they interact with patients, staff, and other professionals

___Applies theory and practice of individual difference and diversity

___Integrates knowledge of individual and cultural differences in interventions, research, training and supervision

___Able to work effectively with others that have different cultural backgrounds than the intern

___Able to work effectively with others

Comments:

4. Professional Values and Attitudes

___Open to feedback during supervision

___Integrates feedback into interventions and professional behavior

___Is able to evaluate own professional behaviors

___Performs self-care and identifies when to implement these strategies

___Is able to identify areas of competence and facilitate continued learning

___Presents self with integrity and professionalism in all duties

Comments:

5. Communication and Interpersonal Skills

___Is able to manage conflict with others in a professional manner

___Professional language is used in verbal and oral communication and follow standard practice

___Maintains professional boundaries with patients and their support systems

___Maintains professional relationships with others in the organization including students, peers, supervisors, and others

Comments:

6. Assessment

___Can develop differential diagnosis using the DSM-5 and integration of other sources of information

___Is able to identify a patient's strength and weaknesses

___Is able to integrate professional standards of cultural and individual factors and current literature in test selection and recommendations

___Is able to communicate assessment results verbally and in writing for relevant audience

Comments:

7. Intervention

___Maintains effective rapport with patients

___Uses evidence based treatment in clinical decision making

___Integrates assessment results, evidence based practice, diversity and individual differences into treatment interventions

___Is able to evaluate the effectiveness of interventions

___Is able to adapt evidence based interventions and treatment goals as indicated

Comments:

8. Supervision

__Models skills of observation and evaluation with supervisor and peer supervision

__ Models skills of providing feedback during peer, group and case supervision

Comments:

9. Consultation and Intraprofessional/Interdisciplinary Skills

___Consults with other professionals

___Effectively communicates clinical opinion and results of testing to others

___Is able to discuss the role of psychology in treatment to patients and staff

___Participates in peer consultation to practice consulting/interdisciplinary skills

Comments:

Intern Comments:

_____
_____
_____
_____
_____
_____
_____
_____
_____

Supervisor's overall comments about the intern's progress in the internship program:

_____
_____

_____

Intern Signature and Date

_____

Supervisor Signature and Date

Signature signifies this evaluation was discussed with the intern. It does not signify agreement with the evaluation.

Larned State Hospital
Psychology Internship Student Supervision Agreement

This is an agreement between _____ (Intern) and _____ (Supervisor) and Larned State Hospital. **Both parties agree to the following:**

1. This supervisory arrangement is established for the following purpose(s): to establish new competencies and provide an opportunity in beginning professional development in the field of psychology. To the degree to which each party exercises control, it is the responsibility of both the supervisor and supervisee to ensure that the terms and conditions of the proposed supervision meet all requirements consistent with the above stated purpose of the supervised experience.

2. The term of supervision will be from _____.

3. Supervisee is expected to work 40 hours/week in professional activities being supervised, with 2 hours of 1:1 supervision/week from the primary supervisor, and 2 hours of group supervision. The primary supervisor shall retain responsibility for oversight of the delegated work. (Delegated supervision may entail assigning a portion of the supervisee's work to the oversight of someone with specialty competency in an area of supervisee interest, such as assessment or a treatment modality or an ethnic population, as examples. Group supervision may involve additional supervisees of the same discipline or a treatment team, as examples.)

4. No agent, associate, or employee furnished by either party shall be construed to be an agent, associate, or employee of the other party. This Agreement shall not be construed as a partnership, a partnership agreement, a contract of employment, a joint venture or a profit sharing agreement. Neither party has the authority to obligate the other to any additional undertaking or commitment whatsoever.

5. _____ (Intern) is receiving an approximate $24,003.20 stipend, with insurance benefits and paid sick leave and vacation time.

6. Both parties have reviewed and consent to written policies and practices concerning client record keeping and access to records, documenting of supervised activities, documenting of supervision, confidentiality of client information and exceptions to confidentiality, handling of client emergencies and terminations, reporting of identity and supervised status of service provider, the indication of supervised status on all documents and reports, informing clients of provider's supervised status, and obtaining appropriate client informed consent.

7. Malpractice insurance to cover the supervisee's professional services rendered under supervision will be procured, maintained in full force and funded by the student or student's school.

8. Both parties agree to keep one another informed of all the facts about any alleged injury from the care or treatment of any patient and, subject to the terms of the malpractice policies, cooperate with each other in the conduct of the defense of any such claim.

9. Both parties agree to keep one another informed of changes, which may affect any of the terms of this Contract. Modifications to this Contract may be made with agreement of both parties. Any dispute arising between the parties regarding the enforcement or application of this Agreement must first be submitted to mediation (The Internship Committee Review Board).

The Supervisor agrees to the following:

1. The supervisor will strive toward avoiding any problematic dual or multiple relationships with the supervisee, which could reasonably be expected to lead to exploitation or loss of objectivity. If a dual or multiple relationship does exist, the supervisor is responsible for explaining how the said relationship does not hamper objectivity or exploit the supervisee and the means developed to prevent/resolve any problems, which may arise from the said relationship.

2. The supervisor is responsible for the professional services provided by individuals under his/her supervision. The supervisor will assign to the supervisee only such tasks as the parties agree that the supervisee is competent to deliver by reason of the supervisee's training and experience. The supervisor will assign activities and delegate supervision in a manner consistent with the purpose(s) of this supervision contract, applicable state and federal law and the requirements of any applicable third-party payer program. Proposed supervisee activities are as follows: co-facilitating psychoeducational groups, shadowing various psychologists while conducting assessments and treatment, completing summaries for evaluation purposes, and collecting research articles in a field of interest. The back-up supervisor in case of emergency or absence of primary supervisor is your secondary supervisor. The supervisor will document supervision in the following manner: Contact log in a calendar.

3. The supervisor will continually evaluate the appropriateness of the services rendered and the professional development of the supervisee. Formal evaluation of the supervisee will occur on an on-going basis according to the procedures outlined in this handbook.

4. The supervisor proposes the following nature/style/manner of providing supervision to the supervisee: Face-to-face direct observation.
5. Appropriate space, equipment, and support services will be provided to supervisee.

6. The supervisor will maintain the following credentials in good standing: PhD/PsyD and LP. It is understood that the supervisory relationship must be terminated during any time the supervisor's license or other required credential(s) are suspended or subject to other disciplinary sanctions.

7. The supervisor will ensure the supervisee uses a title indicating the appropriate training status (Doctoral Intern).

8. Supervision will normally take place at the same site the supervisee's services are delivered.

The Supervisee agrees to the following:

1. The supervisee will document supervised activities in the following manner: Contact Log.

2. The supervisee will follow all ethical codes, legal requirements, and office policies.

3. The supervisee will inform all clients of the supervised status of the treatment provider and obtain client consent prior to the commencement of services. The supervisee will ensure the supervised status is documented on all written reports.

4. The supervisee will consider the supervised experience as a learning opportunity and seek the benefit of the supervisor's instruction and oversight.

I have read the above, had an opportunity to discuss related questions, and agree to the provisions set forth.

_____ _____
Supervisor Date

_____ _____
Supervisee Date

Program and Competency-Related Goal Setting

Introduction: The section describes training, rotation, and case goals and how they are related to the program. Specific attention is given to how specific rotation and case goals are related to the program competencies.

Training goals: Develop training goals in view of the two program goals (prepare competent practitioner- psychologists, and prepare interns for entry level practice in professional psychology)

Definition: Over the course of the internship year, proposed training goals are set to meet the two program goals noted above. During the initial weeks of the internship, each intern meets with his or her supervisors to develop individualized training goals for the upcoming year. This process involves a discussion and/or review of the intern's professional goals, previous education, training, and clinical experiences, strengths and weaknesses, training interests and needs for the internship year, and competencies to be pursued. When the intern and the supervisor have reached agreement on the goals, the proposed internship course is signed and submitted to the Director of Training. If changes are needed, an addendum is completed and attached to the original.

Training Goals and Proposed Course Outline

Intern: _____ Date: _____

Supervisor: _____ Date: _____

Director of Training: _____ Date: _____

Instructions: The intern needs to develop training goals for the internship year. These are a work in progress and can be modified as necessary throughout the year. These goals are individualized and developed between the psychology supervisor and the intern.

Goal Number ____:

Three-month progress update:

Six-month progress update:

Nine-month progress update:

Twelve-month progress update:

Signatures:

_____	_____
Date	Intern
_____	_____
Date	Supervisor

Quarterly Evaluation of the LSH Psychology Internship Program
(Due to Bonnie Strobel in November, February, and May)

This evaluation is to help us make adjustments and changes to the program as the year progresses. This form is confidential and responses are used for program development only. We appreciate your feedback. This form is to be returned to Bonnie Strobel, Administrative Assistant. She will de-identify this form before information is sent to the internship director.

1. Description of Activities
What percent (%) of your working time did you spend within the following activities?
a) *Assessment:* Interviewing ____
Testing ____
Other ____
Subtotal for assessment _____

b) *Treatment*: Individual psychotherapy ____
Group psychotherapy ____
Consultation to client's ____
Other (specify): _____
Subtotal for treatment ____

c) *Administration* (e.g., administrative meetings, policy sessions, memo writing, compiling statistics) ____

d) *Study and research* (article review and research) ____

e) *Supervision and Consultation* (e.g., individual/group supervision, case conference) ____

f) Time at the internship in which you found little to do____

GRAND TOTAL (should equal) 100%

2. Description of Patients
a) What percent (%) of your internship time was spent with the following age groups?
Adults (18-65) ____
Older adults (>65) ____
TOTAL 100%

b) During what percent of your internship time did you work with the following general categories of presenting problems?

Schizophrenia & other psychotic disorders ____
Mood disorders ____
Anxiety disorders ____
Substance use disorders____
Personality disorders____
Neurocognitive Disorders ____
Intellectual Disability_____
Other: _____
_____

TOTAL 100%

3. Congruence of experience with expectations

a) Compared to your expectations when you agreed to take on this internship experience, did you put in:

More hours than anticipated ____

About the number of hours anticipated ____

Fewer hours than anticipated ____

Comments:

_____

_____

b) Were the activities of the internship:

As you expected ____

Different from what you expected ____

Comments:

_____

_____

c) Did you feel able to negotiate with representatives of the site when your expectations or needs were different from the experiences you were having?

Yes ____

No ____

Sometimes ____

Not relevant ____

Comments:

_____

_____

d) Do you feel a sense of congeniality/connection/commonality with internship faculty and/or other professional staff at LSH?

Yes_____

No_____

If you did not feel LSH provided a welcoming environment please describe how we can improve:_____

_____

4. Exposure to other professionals

a) Did you have contact with professionals from other disciplines?

A lot ____

Occasionally ____

Very little ____

None at all ____

b) Would you have liked the opportunity for more contact with other disciplines?

What I had was sufficient ____

I would have wanted more contact ____

Comments: _____
_____

5. Resources:
How would you rate the availability of physical resources (e.g., books, tests, materials, computers, etc.)?
_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:
_____
_____
_____

6. *Suggestions/Feedback*
Please let us know how we can improve the internship experience.

_____
_____
_____
_____

Final Evaluation of the LSH Psychology Internship Program

This evaluation is to help us make adjustments and changes to the program for future intern classes. This form is confidential and responses are used for program development only. We appreciate your feedback. This form has two parts. Part I requests general information about the internship setting. Part II requests information about your principal supervisor. This form is to be returned to Bonnie Strobel, Administrative Assistant, by the last day of your internship.

Part I

1. Description of Activities
What percent (%) of your working time did you spend within the following activities?
a) *Assessment:* Interviewing ____
Testing ____
Other ____
Subtotal for assessment _____

b) *Treatment*: Individual psychotherapy ____
Group psychotherapy ____
Consultation to client's ____
Other (specify): _____

Subtotal for treatment ____

c) *Administration* (e.g., administrative meetings, policy sessions, memo writing, compiling statistics) ____

d) *Study and research* (article review and research) ____

e) *Supervision and Consultation* (e.g., individual/group supervision, case conference) ____

f) Time at the internship in which you found little to do____

GRAND TOTAL (should equal) 100%

2. Description of Patients

a) What percent (%) of your internship time was spent with the following age groups?
Adults (19-65) ____
Older adults (>65) ____
TOTAL 100%

b) During what percent of your internship time did you work with the following general categories of presenting problems:
Schizophrenia & other psychotic disorders ____
Mood disorders ____
Anxiety disorders ____
Substance use disorders____
Personality disorders____
Neurocognitive Disorders ____
Intellectual Disability_____
Other: _____
_____

TOTAL 100%

3. Congruence of experience with expectations

a) Compared to your expectations when you agreed to take on this internship experience, did you put in:
More hours than anticipated ____
About the number of hours anticipated ____
Fewer hours than anticipated ____
Comments:
_____
_____

b) Were the activities of the internship:
As you expected ____
Different from what you expected ____

Comments:
_____
_____

c) Did you feel able to negotiate with representatives of the site when your expectations or needs were different from the experiences you were having?
Yes ____
No ____
Sometimes ____
Not relevant ____
Comments:
_____
_____

d) Do you feel a sense of congeniality/connection/commonality with internship faculty and/or other professional staff at LSH?

Yes_____

No_____

If you did not feel LSH provided a welcoming/connecting environment please describe how can we
improve:_____
_____
_____

4. Exposure to other professionals
Did you have contact with professionals from other disciplines?
a lot ____
Occasionally ____
Very little ____
None at all ____

Would you have liked the opportunity for more contact with other disciplines?
What I had was sufficient ____
I would have wanted more contact ____
Comments: _____
_____

5. *Suggestions/Feedback*
Please let us know how we can improve the internship experience.

_____
_____
_____
_____

Part II

The items below ask for ratings and comments about your experience with your primary and secondary supervisors (please make copies as needed).

1. Supervisory Timeliness: (e.g., punctuality, keeping appointments, providing the supervisory time you had been scheduled to receive, reports reviewed/returned w/commentary in a timely manner.)).

Supervisor 1 (You may specify the supervisor if you wish, or evaluate anonymously)

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

_____

_____

_____

Supervisor 2 (You may specify the supervisor if you wish, or evaluate anonymously)

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

_____

_____

_____

Other Supervisors you wish to evaluate (You may specify the supervisor if you wish, or evaluate anonymously)

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

_____

_____

_____

2. Interests: (e.g., was the supervisor interested in supervision, involved in intern's progress, etc.).

Supervisor 1 (You may specify the supervisor if you wish, or evaluate anonymously)

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

_____

_____

_____

Supervisor 2 (You may specify the supervisor if you wish, or evaluate anonymously)

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

_____
_____
_____

Other Supervisors you wish to evaluate (You may specify the supervisor if you wish, or evaluate anonymously)

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

_____
_____
_____

3. Openness and Supportiveness: (e.g., Did the supervisor exhibit warmth, empathy, absence of interfering biases or "defenses"; support provided by supervisor in dealing with difficult situations).

Supervisor 1 (You may specify the supervisor if you wish, or evaluate anonymously)

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

_____
_____
_____

Supervisor 2 (You may specify the supervisor if you wish, or evaluate anonymously)

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

_____
_____
_____

Other Supervisors you wish to evaluate (You may specify the supervisor if you wish, or evaluate anonymously)

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

_____

_____
_____

4. Adequacy of Teaching Methods: (this may, but does not necessarily have to include such things as providing demonstrations, role playing, direct suggestions or information, feedback on session tapes and readings).

Supervisor 1 (You may specify the supervisor if you wish, or evaluate anonymously)

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

_____
_____
_____

Supervisor 2 (You may specify the supervisor if you wish, or evaluate anonymously)

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

_____
_____
_____

Other Supervisors you wish to evaluate (You may specify the supervisor if you wish, or evaluate anonymously)

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

_____
_____
_____

5. Provision of Feedback during the course of the semester: (e.g., providing feedback on day-to-day handling of cases, therapist presentation, general progress of therapist).

Supervisor 1 (You may specify the supervisor if you wish, or evaluate anonymously)

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

_____
_____
_____

Supervisor 2 (You may specify the supervisor if you wish, or evaluate anonymously)

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

_____
_____
_____

Other Supervisors you wish to evaluate (You may specify the supervisor if you wish, or evaluate anonymously)

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

_____
_____
_____

6. Helpfulness of ongoing feedback:

Supervisor 1 (You may specify the supervisor if you wish, or evaluate anonymously)

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

_____
_____
_____

Supervisor 2 (You may specify the supervisor if you wish, or evaluate anonymously)

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

_____
_____
_____

Other Supervisors you wish to evaluate (You may specify the supervisor if you wish, or evaluate anonymously)

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

_____

_____
_____

7. Supervisor's Level of Knowledge: (e.g., knowledge of relevant research, resourcefulness, adequacy as a role model, clinical skills).

Supervisor 1 (You may specify the supervisor if you wish, or evaluate anonymously)

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

_____
_____
_____

Supervisor 2 (You may specify the supervisor if you wish, or evaluate anonymously)

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

_____
_____
_____

Other Supervisors you wish to evaluate (You may specify the supervisor if you wish, or evaluate anonymously)

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

_____
_____
_____

8. How much do you feel you have learned from this supervisor?

Supervisor 1 (You may specify the supervisor if you wish, or evaluate anonymously)

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

_____
_____
_____

Supervisor 2 (You may specify the supervisor if you wish, or evaluate anonymously)

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

_____
_____
_____

Other Supervisors you wish to evaluate (You may specify the supervisor if you wish, or evaluate anonymously)

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

_____
_____
_____

9. How would you rate the overall quality of this supervisor (e.g., supervisor as a professional role model?)

Supervisor 1 (You may specify the supervisor if you wish, or evaluate anonymously)

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

_____
_____
_____

Supervisor 2 (You may specify the supervisor if you wish, or evaluate anonymously)

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

_____
_____
_____

Other Supervisors you wish to evaluate (You may specify the supervisor if you wish, or evaluate anonymously)

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

_____
_____
_____

10. Exposure to other supervisors:

How much contact did you have with other supervisors?

_____

1	2	3	4	5
None	Very little	Satisfactory	Frequently	All the time

Comments:

_____
_____
_____

11. How would you rate the availability of physical resources (e.g., books, tests, materials, computers, etc.)?

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

_____
_____
_____

12. Do you have any additional comments on quality of supervision, your experience within the setting, etc.?

_____
_____
_____
_____

13. Do you have any suggestions regarding how the internship experience in this setting might be improved in the future?

_____
_____

Larned State Hospital Psychology Internship Program (LSHPIP)

One Year Follow-up Survey

Name: _____

Current employment location: _____

Current job title: _____

Current job duties:

_____
_____
_____

Current licensure status: _____

Member of any Professional Organizations:_____

_____

Using the below scale, please rate LSHPIP on how well we met our objectives to best prepare you as a psychologist in these areas of professional competence.

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Research:

___Competency in identifying gaps in knowledge and facilitate self-learning of the appropriate literature

___Competency in critically evaluating research and how it applies to patient care

___Competency in ability to problem solve and use research in professional activities

Ethical and Legal Standards:

___Competency in ability to apply APA ethical principles and conduct to practice

___Ability to conduct self in an ethical manner

___Competency in ability to resolve ethical issues using ethical decision making process.

___Competency in knowledge of local, state, and federal laws and regulations

___Ability to apply knowledge of mandated reporting laws/procedures

Individual and Cultural Diversity:

____Can discuss how own cultural and individual diversity biases affect how they interact with patients, staff, and other professionals

___Can apply theory and practice of individual difference and diversity

___Can integrate knowledge of individual and cultural differences in interventions, research, training and supervision

___Ability to work effectively with others that have different cultural backgrounds than self

___Ability to work effectively with others

Professional Values and Attitudes:

___Being open to feedback from others

___Ability to integrate feedback into interventions and professional behavior

___Competently able to evaluate own professional behaviors

___Practices self-care and identifies when to implement these strategies

___Ability to identify areas of competence and facilitate continued learning

___Able to present self with integrity and professionalism in all duties

Communication and Interpersonal Skills:

___Ability to manage conflict with others in a professional manner

___Ability to competently use professional language and follow standard practice

___Competently have professional boundaries with patients and their support systems

___Ability to maintain professional relationships with others.

Assessment:

___Can develop differential diagnosis using the DSM-5 and integration of other sources of information

___Has the ability to identify a patient's strength and weaknesses

___Is able to integrate professional standards of cultural and individual factors and current literature in test selection and recommendations

___Is able to communicate assessment results verbally and in writing for relevant audience

Intervention:

___Able to maintain effective rapport with patients

___Able to use evidence based treatment in clinical decision making

___Competency in integrating assessment results, evidence based practice, diversity and individual differences into treatment interventions

___Is competent to evaluate the effectiveness of interventions

___Is competent to adapt evidence based interventions and treatment goals as indicated

Supervision:

____Competent in providing clinical supervision

____Competent in modeling skills of observation and evaluation for students

Consultation and Intraprofessional/Interdisciplinary Skills:

____Able to consult with other professionals

___Competently communicates clinical opinion and results of testing to others

___Able to discuss the role of psychology in treatment

APPENDIX A
STAFF DIRECTORY

PSYCHOLOGY DEPARTMENT STAFF DIRECTORY

Last Name	First Name	Office Phone	Cell Phone	Office	Position
			PSP		
VONDRACEK	Debra	4506	804-1020	ATCN	Clinical Program Director/Internship Director - PSP
HICKEL	Greg	4847		ATCE	Clinical Therapist
MURRAY	Sean	4833		CSU	Program Consultant I
NWACHUKWU-UDAKU	Okey	4589		CSU	Psych II
STROBEL	Bonnie	4870		CSU – Staff Corridor	Sr. Adm. Assistant
TAGUE	Manuela	4220		IR-E2	Activity Therapist I/Psycho Ed.
TIMS	David	4836		ATCW/IR-E2	Psych III
VACANT		4932		ATCE	Supervising Psychologist - PSP
VACANT		4068		CSU	Psych II
VACANT		4827		ATCW	Psych II
VACANT		4326		IR-E2	Psych II
			SSP		
BARNUM	David	4674	804-2165	IR East – Staff Corridor	Clinical Program Director/Training Director Post-Doc - SSP
KARP	Robin	4040	804-2077	IR North Community	Supervising Psychologist- SSP
DAUM	Roy	4063		IR East Community	Psych II
FARR	Rebecca	4069		IR East 3	Psych III
GRALOW	Dorothy	4254		IR North 1	Psych II
HAMRICK	Travis	4721		IR East 1	Psych II
MANGROO	Tara	4729		IR N1, 2	TPC - Sr. Adm. Asst.
REVERS	Mel	4031		IR East 1, 2, 3	TPC - Sr. Adm. Asst.
			2022-2023 Interns		
CRAIG	Shelby	4011		ATC-E	PSP Intern
MCVEIGH	James	4626		IR North Community	SSP Intern
GARCIA	Nicole	4214		IR North Community	SSP Intern
			2022-2023 Practicum Students		
VACANT		4074		IR North Community	Practicum Student
VACANT		4011		ATC-E	Practicum Student

Revised: 6/6/2022

APPENDIX B
Example of an Intern Schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

						1
2	3 Secondary rotation	4 Primary rotation & Peer Supervision 4:00 pm	5 Primary rotation	6 Primary rotation	7 Primary rotation (8-12) & Didactics/ Group Sup (1-5)	8
9	10 Secondary rotation	11 Primary rotation & Peer Supervision 4:00 pm	12 Primary rotation	13 Primary rotation	14 Primary rotation & Didactics/ Group Sup (1-5)	15
16	17 Secondary rotation	18 Primary rotation & Peer Supervision 4:00 pm	19 Primary rotation	20 Primary rotation	21 Primary rotation & Didactics/ Group Sup (1-5)	22
23	24 Secondary rotation	25 Primary rotation & Peer Supervision 4:00 pm	26 Primary rotation	27 Primary rotation	28 Primary rotation & Group Sup (1-5)	29
30	31 Secondary rotation					

*Interns will have 2 hours of individual supervision a week from primary supervisor
* Interns will have 1 hour of individual supervision a week from secondary supervisor
* Interns will have 1 hour of group supervision a week from an internship faculty member

Appendix C

Didactic Training Schedule
Fridays: 1:00 – 3:00 PM
Group and Case Presentation from 3:00 – 5:00 PM

Chapel Conference Room
***Topics/Conference Room Assignments and Times Subject to Change**

August 5	**Review of Internship Handbook/Meeting with the Chief Medical Officer** Learning objectives: Reviewing the internship handbook including the evaluation forms for the internship, time management expectations, expectations of the intern, the grievance process, and the training schedule. Reference List: LSH Internship Program Handbook
August 12	**New Employee Training (NEO)**
August 19	**Ethics/Duty to Warn/Risk Management** (Dr. Vondracek) Learning objectives include: Reviewing the hospital's policies on ethical and professional behavior, the APA Ethics code, the Forensic Specialty Guidelines, and the hospital's Duty to Warn Policy. Reference list: LSH policies, APA Ethics Code (2010), and the Forensic Specialty Guidelines
August 26	**Competency Restoration Treatment** (Dr. Farr) Learning Objectives: Outline core elements of CRT Reference: LSH CRT Handbook
September 2	**Evaluation of Adjudicative Competency &** (Dr. Farr) **Ethical Considerations** Learning objectives: The history of competency evaluations, competency evaluations in Kansas, special populations, assessment tools, and the evaluation process. Reference list: *Assessment of Competency to Stand Trial* by Randy K. Otto, Ph.D., April 2009 and *Ethical Issues for the Forensic Psychologist* by Donald N. Bersoff, Ph.D., ABPP, May 2010
September 9	**Parallel Assessment for Competency to Stand Trial** (Dr. Farr) Learning objectives: Ruling out mental impairment and methods of collecting data and reporting to the court when the reportee is uncooperative. Reference list includes: *Parallel Assessment of Competence to Stand Trial* by R V Stredny, A Torres, and G J Wolber; *Comprehensive Assessment of Malingering in Forensic Settings* by Richard Frederick, Ph.D., April, 2009
September 16	**Mental Health/Forensic Law** (KDADS Legal) Learning objectives: Understanding important statutes and legal considerations with patients at LSH Reference List: Kansas statutes and case law
September 23	**Initial Evaluation and CSSRS-Lifetime Recent (**David**)** Learning Objectives: How to complete an initial evaluation and complete the CSSRS-Lifetime Recent. Reference List: LSH policy and procedure
September 30	**Lack of Mental State Assessment** (Dr. Farr)

Learning objectives: How to assess, write, and provide expert testimony on lack of mental state evaluations
Reference List: Regina v McNaghten, 1843; Durham v US, 1954; and Model Penal Code, 1970

TBA **Wellness Connection Indigenous Peoples (**Zoom**)**
Learning objectives: To develop cultural understanding of indigenous peoples and how to provide culturally appropriate treatment.

October 14 **Comprehensive Integrated Treatment Plan (CITP)** (Dr. Barnum)
Learning Objectives: Outline an individualized interactive treatment planning process, including documentation policies at LSH; Actively generate the links from presenting problem to long and short term goals then intervention and discharge.
Reference List: LSH CITP policies

October 21 **Treatment with an Older Adult Population** (Dr. Vondracek)
Learning objectives: Identifying effective therapy strategies for a geriatric population, ruling out medical causes of mental health symptoms, how to involve family in treatment, and ethical issues.
Reference List: Zarit and Zarit, *Mental disorders in older adults: Fundamentals of assessments and treatments,* Geriatric neuropsychology: Assessment and intervention (Attix, D. and Welsh-Bohmer, K.); APA Guidelines

October 28 **Effective Multidisciplinary Team Membership** (David)
Learning objectives*:* Identify context of culture in conflictual situations, learn communication and conflict resolution skills.
Reference List: Managing Conflicts and Improving Relationships in the Workplace

November 4 **Trauma Informed Care** (Dr. Karp)
Learning objectives: Incorporating trauma assessment and crisis management into current practices.
Reference list: *Complex Trauma, Complex Reactions: Assessment and Treatment* by C A Courtois; National Center for Injury Prevention and Control; SAMSHA

Comprehensive Assessment of Malingering in Forensic Settings by Richard Frederick, Ph.D., April, 2009

November 11 **Holiday**

November 18 **Complex Trauma** (Dr. Karp)
Learning objectives: differences between PTSD and complex trauma, tools for assessment, empirically based treatment, and problems often associated with treatment
Reference list: *Treating Survivors of Childhood Abuse: Psychotherapy for the Interrupted Life* by Cloitre, Cohen, and Koenen; *Complex trauma, complex reactions: Assessment and treatment* by Courtois; *Treating*

Complex Traumatic Stress Disorders. An Evidenced-based Guide by Courtois and Ford; *Trauma and the Therapist: Countertransference and Vicarious*
Traumatization in Psychotherapy with Incest Survivors by Pearlman and Saakvitne

November 25 **Holiday**

December 2 **Institutional Cultures & Professionalism** (Barnum)
Learning objective: To identify and manage conflicts in a professional manner.

December 9 **Suicidology and Suicide Prevention** (Dr. Barnum)
Learning objectives: Identify static and dynamic risk factors for suicide; Explain protective factors that reduce overall suicide risk; outline a phemenological understanding of suicidal thinking; use an evidence based instrument to systematically assess risk for suicide and develop treatment plan elements to reduce risk.
References: Man Against Himself (Menninger); CSSR-T; LSH Policies

December 16 **Group Therapy** (Dr. Karp)
Learning objectives: Common group modalities for inpatient settings, recognizing and managing problems encountered with conducting inpatient group therapy, ethical issues associated with group therapy conducted in an inpatient setting
Reference List: American Group Psychotherapy Association Science to Service Task Force; *Introduction to Group Therapy,* by V Brabender; Center for Substance Abuse Treatment; *Locks, Keys, and Security of Mind: Psychodynamic Approaches to Forensic Psychiatry* by J Yakeley and J Adshead; *The Theory and Practice of Group Psychotherapy (5th ed.)* by I D Yalom and Leszcz

December 23 **Civil Commitment Testimony** (David)
Learning Objective: To learn professional court room behavior.

December 30 **Texas Functional Living Scale (TFLS), Vineland**
Learning objectives: To learn adaptive functioning assessments
References: TFLS and Vineland Manuel's

TBA **Fort Hays State University Presentation on Diversity and Inclusion**
Learning Objective: Learn how microaggressions affect student and staff members.

January 13 **Integrated Behavioral Health** (Dr. Vondracek)
Learning objectives: Roles of a psychologist in a medical setting, how medical and psychological issues can impact each other, and brief treatment in a medical setting
Reference list: Gerrity, Evolving models of behavioral health integration; evidence update 2010-2015. *Milbank memorial fund;* Screening, brief interventions, referral to treatment

(SBIRT) for illicit drug and alcohol use at multiple healthcare sites: Comparison at intake and six months by Madras, Compton, Avula, Stegbauer, Stein, and Clark, W. (2009). *Drug and Alcohol Dependence* .

January 20 **Stages of Change Model** (Dr. Barnum)
Learning objectives: Outline elements of the Transtheoretical Model of Change; apply Transtheoretical Model to one's particular therapy approach and to an overall explanation of therapeutic change.
Reference list: Kanfer & Goldstein, (1991). *Helping People Change*; Hubble, Duncan, & Miller, (1999). *The Heart and Soul of Change*.

January 27 **TBA** (Dr. Girrens)

February 3 **Hypnotherapy and Therapeutic Communication** (Dr. Barnum)

February 9 **SPTP and Good Lives Model/SRM-R** (Keri Applequist)
Learning objectives: The history of SVP laws, SVP law in Kansas, and overview and history of the LSH SPTP program
Reference list: various Supreme Court Cases (US v. Hendricks; Crane v. US and data from the SPTP program evaluation process

Learning Objectives: Understanding a Positive Psychology model, linking motivation and values within a GLM framework, and understanding the use of offense-chains and Good Life Plans Reference list: *Applying the Good Lives and Self-Regulation Models to Sex Offender Treatment* by Yates, Prescott and Ward; *Building a Better Life: A Good Lives and Self-Regulation Workbook* by Yates and Prescott

February 17 **Positive Psychology** (Dr. Barnum)

February 24 **Imposters Syndrome** (Interns)

March 3 **Expert Testimony** (Dr. Farr)
Learning objectives: Role of testimony at LSH, experience with court cases at LSH, and tenants of good testimony
Reference list: *Coping With Cross-Examination and Other Pathways to Effective Testimony* by Stanley L. Brodsky; *The Expert Witness: More Maxims and Guidelines for Testifying in Court* by Stanley L. Brodsky

March 10 **Grief, Death & Dying** (Dr. Vondracek)
Learning objectives: Understand the emotional and physical process of dying, understanding interventions that are applied to the patient, and family member support; understanding of the grief process and cultural difference related to expression of grief, and rituals related to dying.
Reference list: Cai, J., Guerriere, D, N., Zhao, H, & Coyte, P. C. (2017). Socioeconomic differences in predictors of home-based palliative care health service use in ontario, canada. *International Journal of Environmental Research and Public Health, 14(7),* 802. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5551240/;

Gordon, J. R., Gallagher-Thompson, D., Stillton, J., Canetto, S. S., Rando, T, Werth, J. L. (2000). *The apa workgroup on assisted suicide and end-of-life decisions.* Retrieved from https://www.apa.org/pubs/info/reports/aseol.aspx

March 17 **Basics of Projective Testing** (Dr. Barnum)
Learning Objectives: Interns are exposed to the basic procedures and history of projective testing including its utility in forensic practice.

March 24 **Spirituality in a State Hospital** (Chaplin Jeff Brown)

March 31 **Doing Supervision** (Dr. Barnum)
Learning objectives: theories/models of supervision, pitfalls and ethical considerations with supervision
Reference list: *Casebook For Clinical Supervision: A Competency-based Approach* by Carol A. Falender and Edward P. Shafranske

April 7 **Genetics and Mental Health** (Dr. Eugene)

April 13 **Risk Assessment** (Travis Hamrick)
Learning objectives: defining risk assessment, process of completing a risk assessment, assessment tools (COVR, PCL-R, HCR-20)
Reference list: *Rethinking Risk Assessment: The MacArthur Study of Mental Disorder and Violence* by John Monahan, Henry J. Steadman, Eric Silver, and Paul S. Appelbaum; COVR and PCL-R manual

April 21 **Psychopathy** (Dr. Okey)
Learning objectives: conceptual and theoretical issues related to psychopathy, research on psychopathy as a risk factor or recidivism and violence, including sexual offending
Reference list: *The Mask of Sanity, 5th Ed.* by H Cleckley, and PCL-R Manual

April 28 **Brief Therapy** (Dr. Vondracek)
Learning objectives: Theories and practice of brief therapy, including when its use is appropriate.
Reference list: J. Cooper, Overview of crisis intervention in Jackson-Cherry, L. & Erford, B. (Eds.), *Essential Crisis Intervention Skills;* Daughhetee, C. & Bartlett, M. (2010). Overview of crisis intervention in Jackson-Cherry, L. & Erford, B. (Eds.), *Reacting in Crisis Situations*

May 5 **Psychopharmacology** (Dr. Burke)
Learning objectives: Basic principles of pharmacokinetics and pharmacological psychodynamics and commonly prescribed psychotropic medications, their uses, and possible side effects
Reference list: American Psychological Association, Practice guidelines regarding psychologists' involvement in pharmacological issues; *Merck Manual of Diagnosis and Therapy (18th ed.); Synopsis of psychiatry (10th ed.)* by Sadock and Sadock

May 12	**Nigerian Culture** (Dr. Okey) Learning Objective: Status of mental health in Nigeria and cultural factors that may present in therapeutic situations.
May 19	**Working in the Private Practice Sector** (Dr. Barnum) Learning objectives: pros and cons of working in a private practice, how to begin private practice work, ethical considerations in private practice Reference list: *The Paper Office, Fourth Edition: Forms, Guidelines, and Resources to Make Your Practice Work Ethically, Legally, and Profitably (The Clinician's Toolbox),* by Edward L. Zuckerman PhD; *Getting Started in Private Practice: The Complete Guide to Building Your Mental Health Practice* by Chris E. Stout
May 26	**Mentoring** (Dr. Vondracek
June 2	**Neurocognative Disorders** (Dr. Girrens)
June 9	**Mock trial** (Training Staff) Learning Objective: All interns serve as an expert witness with local attorneys and judge using a redacted forensic evaluation/civil commitment report to receive feedback regarding court testimony and court room protocol.
June 16	**Sexual Predator Evaluation (SPE)** (Dr. Farr) Learning objectives include: history of Sexual Predator Evaluations, the evaluation process, assessments used, issues with testimony and how to handle oneself in the courtroom Reference list includes: K.S.A. 59-29a01 et seq.; Witt, P.H., & Conroy, M.A. (2009). *Evaluations of Sexually Violent Predators;* Phenix, A., Helmus, L.M., & Hanson, R.K. (2015). *Static-99R and Static-2002R Evaluators' Workbook;* Doren, D.M. (2002). *Evaluating Sex Offenders: A Manual for Civil Commitments and Beyond;* Hanson, R.K., & Morton-Bourgon, K.E. (2005). The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies. Schopp, R.F., Scalora, M.J., & Pearce, M. (1999). Expert testimony and professional judgement: Psychological expertise and commitment as a sexual predator after Hendricks
June 23	**Ongoing Professional Development** (Training Staff) Learning Objectives: Be able to discuss the importance of continued professional development, discuss strategies to determine own level of competence. Reference List: Taylor, J & Neimeyer G. (2015). *The assessment of lifelong learning in psychologists.* Professional Psychology: Research and Practice.
June 30	**Imposters Syndrome** (Interns)
July 7	**State of Mental Health Today** (Dr. Barnum) Learning objectives: Thinking critically about how budgets/politics/etc. can impact the delivery of mental health services.

Reference list: NAMI website, KHI website

July 14 **Present Dissertation/CRP** (Interns)
Learning objectives: Ability to critically discuss research

July 21 **Report Out On Intern Project** (Interns)
Learning objective: Application of research to program development, professional communication skills and development; develop skills to apply research to a program.

July 28 **Graduation**

Training Faculty

David Barnum, Ph.D., LP – Clinical Director of SSP
Robin Karp, Psy. D. LP – Director of Psychology for SSP
Rebecca Farr, Psy.D. LP-Training Faculty SSP
Debra Vondracek, Psy.D. LP –Clinical Director of PSP/Internship Director

APPENDIX D
EVALUATION OF DIDACTIC PRESENTATION
LARNED STATE HOSPITAL PSYCHOLOGY INTERNSHIP PROGRAM

Date of presentation: _____
Topic: _____
Presenter: _____

1. On the bases of my overall impression of this presentation, I would evaluate it as:

Excellent_____ Good_____ Satisfactory_____ Below Average_____ Poor_____

2. The presenter was well prepared:

Strongly agree_____ Agree_____ Neutral _____ Disagree_____ Strongly disagree_____

3. The material was interesting and informative:

Strongly agree_____ Agree_____ Neutral _____ Disagree_____ Strongly disagree_____

4. The presenter held my attention:

Strongly agree_____ Agree_____ Neutral _____ Disagree_____ Strongly disagree_____

5. The topic of the presentation was covered sufficiently:

Strongly agree____ Agree_____ Neutral _____ Disagree_____ Strongly disagree_____

6. What aspect of the presentation did you like the most and why?

7. What aspect did you like the least and why?

8. Suggestions for improvement.

9. Topics of interest for future training sessions:

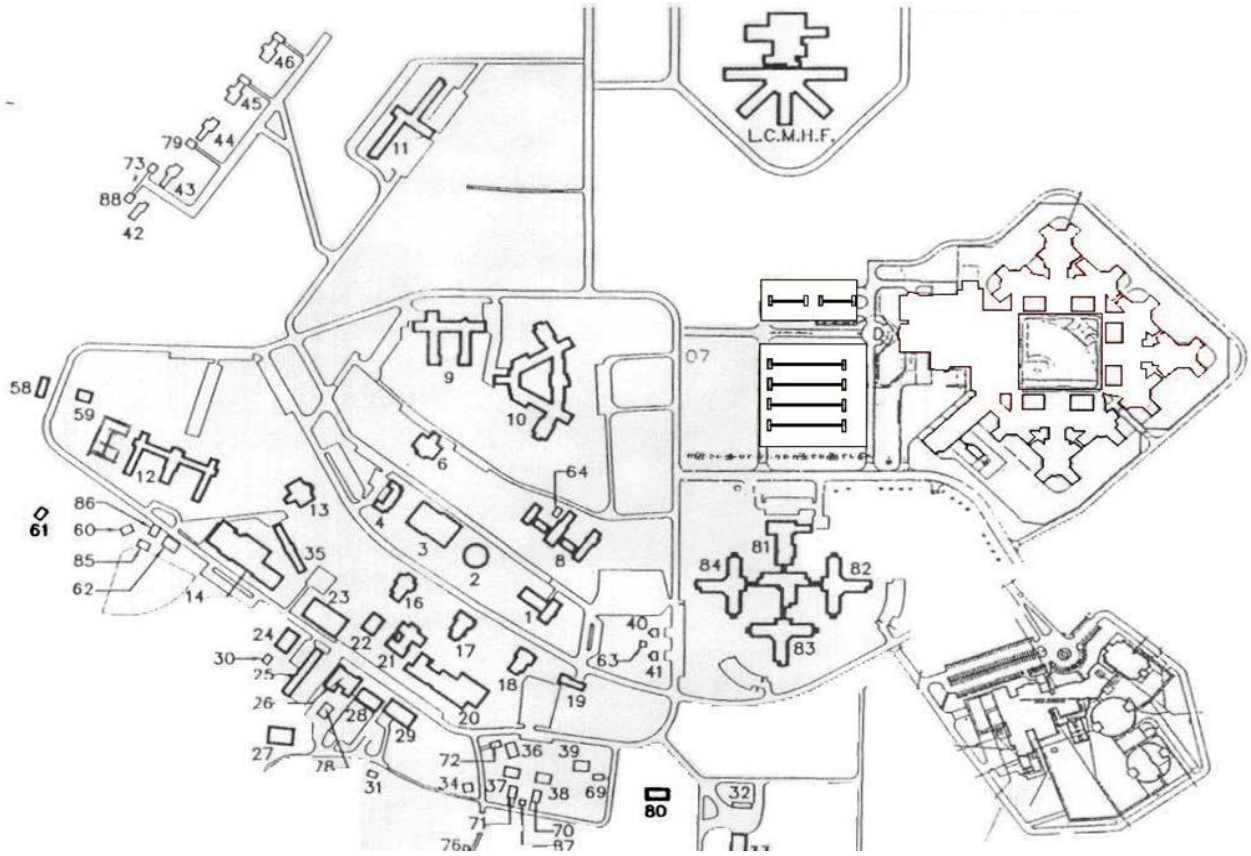
APPENDIX E
Example of time log

Larned State Hospital: **Weekly Hours**						Date:
Intern:						
Supervised Hours for the Week of _____**to** _____	Monday	Tuesday	Wednesday	Thursday	Friday	Totals
Direct Service:						
Individual						
Group						
Staffing (patient present)						
Testing & Assessment						

Psych-Education Presentations						
Other: (e.g., Intake/Structured Interview)						
Subtotals						
Other Activities:						
Training Received						
Case Management						
Assess. Scoring, Interpretation, & Report Writing						
Staff Meetings						
Professional Development						
Charting						
Miscellaneous Paper Work						
Record Review						
Other: (e.g., Peer Supervision/Consultation)						
Subtotals						
Supervision Received:						
Face to Face, Individual with Primary Supervisor						
Group Supervision						
Face to Face, Individual with Secondary Supervisor						
Subtotals						
Totals						

APPENDIX F

CAMPUS MAP



BUILDING KEY:

1 Administration/Auditorium
2 Chapel
3 Main Cafeteria
4 Gheel
6 Sellers
8 Hospital
9 Meyer
10 Jung
11 Jenkins (DOC)
12 Dillon
13 Beers
14 Activity Therapy
15 N/A
16 Capper
17 Lee
18 Allen
19 Safety/Security
20 Supply
21 Canteen
22 Storage “Caves”
23 Laundry
24 Paint Shop
25 Engineering
26 Vocational
27 Grounds Storage
28 Carpenter Ship/Motor Pool
29 Power Plans
30 Masonry Storage
35 Horticulture Center
36 101 Staff house
37 102 Staff House
38 103 Staff House
39 104 Staff House
40 201-202 Staff House
41 203-204 Staff House
42 300 Staff House
43 301 Staff House
44 302 Staff house
45 303 Staff House
46 304 Staff House
81 Treatment Center North
82 Treatment Center East
83 Treatment Center South
84 Treatment Center West

APPENDIX G

Intern Disclosure Letter (to be put on current LSH Letterhead)

Per Kansas Statue all patients must be informed of their student status and how to contact the intern's supervisor. This form is given to all patients that the intern provides psychological services.

Dear Larned State Hospital Patient:

The purpose of this letter is to inform you that Larned State Hospital [Name of Program] utilizes the services of Psychology Interns.

Intern X, M.S. is supervised by [Supervisor Name, Degree, Credential]

If you would like to contact [her/his supervisor name] about the services you receive from Intern X, please fill out a request form and turn it in to your treatment team.

Please keep a copy of this notice for your records.

APPENDIX H

INTERNSHIP PROGRAM TABLES

Date Program Tables are updated: 6/2/22

Program Disclosures

As articulated in Standard I.B.2, programs may have "admission and employment policies that directly relate to affiliation or purpose" that may be faith-based or secular in nature. However, such policies
and practices must be disclosed to the public. Therefore, programs are asked to respond to the following question.

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.	____ **Yes** _x_ **No**
If yes, provide website link (or content from brochure) where this specific information is presented:	

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:
To be considered for an interview, an intern must have completed a minimum of two practica experiences, submit a redacted report, have prior experience working with an adult population, attend an APA accredited program and have proposed their dissertation.
Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:
Total Direct Contact Intervention Hours: Y Amount: 300 Total Direct Contact Assessment Hours: Y Amount: 200
Describe any other required minimum criteria used to screen applicants:
Overall positive recommendations.

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	24,003.20	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes	
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	
Coverage of family member(s) available?	Yes	
Coverage of legally married partner available?	Yes	
Coverage of domestic partner available?	Yes	
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	3.7 hrs every two weeks	
Hours of Annual Paid Sick Leave	3.7 hrs every two weeks	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	
Other benefits (please describe):		
Free on campus housing for interns is available. Free admittance to Larned State Hospitals annual mental health conference. Ability to take time off for dissertation defense. Ability to take time off for post-doctoral interviews and space available for virtual interviews. Free on campus gym.		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this
table.

Initial Post-Internship
Positions
(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2018-21	
Total # of interns who were in the 3 cohorts	8	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Academic teaching	0	0
Community mental health center	0	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	0	0
Veterans Affairs Health Care System	2	0
Psychiatric facility	4	0
Correctional facility	1	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	0	0
Other	1	0

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

I have received a copy of the LSH Internship Handbook and have been given the opportunity to review and ask questions regarding its content with the internship faculty at LSH. I have received a full explanation of this handbook. I understand that my signature does not necessarily indicate my agreement.

_____

Intern Signature/Date

_____

LSH Training Faculty Signature/Date