



**2023- 2024 Manual**





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# *Welcome to your Internship at NMHC*

Nebraska Mental Health Centers Psychology Internship Program (NMHC-PIP) offers an excellent opportunity to develop skills in an outpatient program setting.

Our Doctoral Internship Program is accredited by the American Psychological Association (APA) and is a member program of the Association of Psychology Postdoctoral and Internship Centers (APPIC).

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

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American Psychological Association  
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## *Our Mission*

The mission of the sponsoring agency, Nebraska Mental Health Centers (NMHC), is to strive for excellence in meeting the dynamic behavioral health needs, in terms of assessment, diagnosis and treatment, of a diverse society while keeping abreast of the latest scientific discoveries in the field of psychology.

The overall aim of the NMHC-Psychology Internship Program (NMHC-PIP) is to provide an open and research informed learning environment in which to train competent, ethical, and reflective psychologists. At the end of the program, interns will have acquired the awareness, knowledge, and skills fundamental to the practice of professional psychology. They will be able to work with children, adolescents, and families across multiple settings. Knowledge and understanding of evidence-based practices is a key component of training throughout the internship experience. There is particular emphasis on developing the interns' ability to develop clinically relevant and standardized assessment batteries, empirically informed diagnosis, and comprehensive recommendations. In line with the belief that psychologists must be sensitive and responsive to cultural and ethnic diversity training experiences are provided that enhance the interns' understanding of the relevance of cultural factors in the psychological functioning of their clients.

The program expectation is that interns are capable of autonomous practice at the end of the training year. This will be achieved by concentrating training on the development of APA's SoA's profession-wide competencies. Based on these competencies, this program integrates theory with practice, providing experiences that are sequential, cumulative, and graded in complexity.

## *Our Setting*

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NMHC is a private, outpatient mental/behavioral health clinic that provides services within populated city limits and underserved rural settings in eastern and south-eastern Nebraska. A broad ethnic and cultural diverse population is provided services in each of the clinic sites. Assessment, diagnosis and treatment of a wide variety of behavioral health disorders and neuropsychological conditions are provided to children, adolescents, adults and seniors. All services are provided under the direction of the Internship Training Director and the NMHC Clinical Director.

The primary site in Lincoln, NE provides services for a population center of 277,000. A cooperative and collaborative working relationship with various medical practices in the community and with NMHC's part time psychiatric service provider enriches the internship training experience. Lincoln, Nebraska has been designated as a relocation destination for refugees from various countries due to its' stable economy, educational institutions, and size. Lancaster County, in which this city is located, is the nations' 18<sup>th</sup> largest resettlement community for refugees and immigrants.

Satellite clinics are located in the communities of Fremont, Wahoo, and Beatrice, NE. Within each of the locations comes their own socioeconomic, cultural, and community resource considerations for treatment services. The clinic in Fremont, NE serves a community of approximately 26,000 and has a rural catchment area of the surrounding small communities and extended Omaha suburb. The Wahoo satellite clinic is our newest clinic since it was established in the 2022-2023 training year. As it is new, there are still efforts to establish and expand into the community. At this time there is a combination of telehealth and in-person appointment options, and the opportunities for the range of clinical services to be provided and impact within the immediate community are in ongoing development within the internship training year. The Beatrice satellite clinic serves a rural community of approximately 13,000 and the surrounding communities that contain a large population of socially and economically challenged families. Clinicians provide assessment, diagnosis and treatment of a wide variety of behavioral health disorders and neuropsychological conditions for individuals and families within the office setting and one long term care facility. Interns also provide contracted services with the Beatrice Public Schools that include behavioral health interventions in the classroom and psycho-educational assessments in order to address the needs of the interdisciplinary educational teams. Interns also have the opportunity to provide supervised leadership for group therapy focusing on adults within the probation system as well as an opportunity to co-facilitate a group for men with histories of committing adult domestic violence.

# *Our Approach to Training*

## **Philosophy and Model of Training**

The internship program is an organized professional training program with the goal of providing high quality training in professional psychology. The scientist-practitioner training model is utilized as it endorses our view that good clinical practice is based on the science of psychology. Our approach to training encourages clinical practice that is evidence-based and consistent with the current state of scientific knowledge.

The NMHC-PIP places an emphasis on practical experience as it is recognized that until this time, the acquisition of knowledge, understanding of theory, and production of research, with limited practical application in clinical settings, has been the emphasis of the intern's training. Consistent with the scientist-practitioner model, interns are treated as professional colleagues who are expected to function as "primary" clinical therapists and are a professional representative of not only the internship program but also of NMHC staff. We believe that this approach assists students in developing expertise and a professional identity as both a scientist and an increasingly independent practitioner and also, provides an opportunity to develop their own interests. The Training Team and the Internship Training Director considers the trainees' prior clinical experiences, their interests, and career goals when developing caseloads as well as didactics and training topics.

Interns are exposed to the role of psychologist as scientist-practitioner as they are encouraged to reflect on the scientific foundations brought from their doctoral program training and apply their knowledge base to new, expanded, and applied areas that they have not previously encountered. Interns are also assigned to complete at least two (2) scholarly projects involving writing a blog post and completing a presentation during the internship year.

Consistent with the scientist-practitioner model, all training activities are structured according to a developmental model recognizing that interns will require more guidance and direction in the beginning while progressing toward more autonomy as the year progresses. Interns are guided and supported throughout their internship year by intensive supervision, mentoring and a planned sequence of relevant training activities. Each intern's competency, confidence, and comfort level with regard to the program's learning objectives is continuously assessed. By the completion of internship, the expectation is that interns will be well prepared to function at a sufficiently autonomous level required for a postdoctoral fellowship or entry-level position.

The program has a logical training sequence that builds upon the skills and competencies acquired during doctoral training. The process strives to be organized, sequential, integrated, and progresses along a continuum from internship to early career. Our culture, values, and training philosophy are designed to create an environment of challenge and warmth in equal measure. As such, we believe a collaborative environment best provides opportunity for growth, learning, and professional development. In addition to building competence in therapy, assessment, and consultation we

encourage formal and informal interactions between interns, residents, supervisors, and staff both during and after work hours.

The following provides a brief outline in which the program develops intern skills using an approach that is cumulative, sequential, and graded in complexity:

- During the first week the intern participates in co-therapy with the previous years' interns is provided so that shadowing of most recent evidence-based interventions and approach and "warm transitions" with patients may occur.
- Interns communicate their areas of interest and desire for focused development through a brief rating scale. These areas of emphasis, as well as the interns' developed strengths and interest, are discussed within supervision and dependent upon availability and service delivery need, are incorporated into the intern's training program.
- Interns and supervisors review caseload assigned in detail to identify any particular diagnoses, population, or circumstance that may present a barrier to the intern delivery or client receipt of care.
- Interns' abilities are assessed in terms of provision of psychological interventions, evaluation/assessment, and other competencies during the first several weeks. Intern skill levels, past experience, interests and goals. Are taken into account in formulating a training plan for the year.
- Opportunities are provided for interns to observe and shadow novel population or intervention service delivery or psychological assessment (as standardization allows).
- "Just in time" mentoring is available at all times and across all sites. This mentoring may come from one of the three fully licensed psychologists, LIMHP's, post-doctoral residents, and as applicable, one of the master's level staff clinicians.
- Observations and feedback of each intern's early assessment and treatment sessions are provided in supervision. Team meetings can provide reflection teams for constructive feedback from peers.
- Specific training and collaborative learning regarding assessment/psychometrics and interpretation are provided as needed, particularly for those interns less familiar with instruments.
- Assessment reports and treatment plans are reviewed, discussed, approved and signed by a licensed psychologist familiar with the client.
- Supervisor(s) review of a large sample of intern session notes. If a pattern of concern is identified or there is a lack of response from intern, there is immediate collaboration between the supervisor and Internship Training Director. Intern Performance Evaluations are completed four (4) times a year (end of October, January, April, July) and reviewed with interns. The relative professional competence is graded, feedback provided and next steps in expectations are provided.
- As each intern meets basic proficiency in the understanding and application of clinical skills, evidence informed conceptualization, and timeliness in clinical activities, new and more complex professional opportunities are introduced. There are also specific and individualized opportunities based on the interns level of professional aptitude and interests.



## Values and Principles

- ❖ *Emphasized learning – practice-based, self-directed, and standardized*

Interns enter with limited clinical experience in the variety of activities in which a psychologist may be expected to engage. Following their formal graduate training experience, internship provides the opportunity to become immersed in these various responsibilities and roles. Interns learn new skills through broad experiences, study, and supervision. In addition to the core experiences, interns are encouraged to seek out challenges and opportunities for learning in areas that are of personal interest.
- ❖ *Engaging in diverse roles and establishing broad competencies*

In developing professional identities and increasing clinical competency, interns should not limit their practice to one narrow field. Working with a variety of populations and developing competencies in other professional responsibilities is important at this level.
- ❖ *Progressive independence with supportive learning*

Immersion in the clinical setting on a full-time basis provides a logical progression in developing the intern's competency. Throughout the training year, interns should receive maximum responsibility of which they are capable, while receiving ample exposure to role models and supervision of their clinical work.
- ❖ *Emphasizing practice and valuing scientific tradition*

While practice is a focus of the training experience, the identity of scientist is valued as the basis of the of the intern's training. Interns are required to utilize critical thinking, research, and clinical practices that are endorsed by scientific evidence while working with their clients.
- ❖ *Diversity and unity*

Fostering the belief that psychologists must be sensitive and responsive to cultural and ethnic diversity, training experiences are provided that encourage inclusion of our client populations and professional colleagues without discrimination based on personal characteristics. This enhances the interns' understanding of the relevance of cultural factors in the psychological functioning of their patients.
- ❖ *Professional development and the advancement of psychology*

Provision of quality training is a critical component of practicing psychologists' contribution back to the profession of psychology. Additionally, the training and supervision of students is a stimulating and rewarding experience that benefits the educator, as well as the intern and the profession as a whole.

## **Profession-Wide Competencies**

The overarching goal of the NMHC-PIP is to prepare doctoral candidates for the next step on their career path, whether the goal is licensure and professional practice or utilizing a clinical foundation to launch into research or academia. To meet this program goal and in accordance with the APA Commission on Accreditation, interns are supported to gain and demonstrate nine profession wide competencies, prior to the completion of the internship year. Interns are expected to demonstrate growing independence and the ability to manage increasingly complex situations as the training year progresses. Interns are formally evaluated on these nine competencies.

### **Competency in Research**

To produce graduates interested in and able to incorporate relevant research findings into their clinical practice and contribute to the literature/knowledge of the field.

Interns will:

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

### **Competency in Assessment**

To produce graduates skilled in selecting, administering, scoring and interpreting psychological assessment and competent in theories and methods of psychosocial risk screening, assessment, diagnosis, and case conceptualization.

Interns will:

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

### **Competency in Intervention**

Intern will attain competence in theories and methods of evidence based psychotherapeutic interventions.

Interns will:

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

### **Competency in Professional Values, Attitudes, and Behaviors**

Intern will demonstrate integration of professional values and attitudes into psychological practice, consistent with the highest standards of psychological practice

Interns will:

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

### **Competency in Supervision**

Intern will demonstrate effective knowledge and application of supervision models and practices that are informed by the research literature.

Interns will:

- Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.
- Demonstrate effective collaboration and personal skills in approach to supervision.
- Actively seeks out supervision when appropriate.
- Apply knowledge gained in supervision to improve clinical services.

### **Competency in Ethical and Legal Standards**

Intern will demonstrate ethical conduct and knowledge and application of professional ethics, laws, and standards governing health service psychology in all professional activities.

Interns will:

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

### **Competency in Consultation and Interpersonal/Interdisciplinary Skills**

Intern will demonstrate competence in professional communications and consultation

Interns will:

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

### **Competency in Individual and Cultural Diversity**

Intern will demonstrate competence in practice that is informed by awareness of individual and group diversity; Interns will understand and apply knowledge of individual and cultural diversity to psychological assessment, treatment, consultation, supervision, and clinical research

Interns will:

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

### **Competency in Communication and Interpersonal Skills**

Intern will demonstrate skills in communication and interpersonal interaction appropriate to a professional level of training.

Interns will:

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

## Overview

### **Basic Requirements of the Internship Program**

The doctoral internship program is designed to be a 2,000 clinical hours, 12-month learning experience with intern full-time equivalency of at least 40 hours/weekly.

NMHC-PIP requires interns to have the majority of their total time involved in direct patient service delivery including direct patient therapy, testing, patient reports and documentation, and consultation, with 1,000 direct patient contact hours. The training activities provided are learning-oriented and is time structured to ensure that interns have obtained the hours required for internship program APA-equivalency and for state licensure. As the internship is conducted there are multiple methods of tracking hours that occur as a check and balance system. Interns are required to track their own hours through the provided tracking form. Hours are reviewed and compared with the electronic health record by the supervisor on a regular basis. Indirect hours will be spent in formal clinical supervision, didactic training experiences, research, and administrative activities.

Interns are required to attend all supervisions, trainings and professional development seminars that are provided by NMHC-PIP, complete in a timely fashion psychological testing and assessments with their supervisors, comply with NMHC-PIP and NMHC policies and procedures, provide all clinical services, including accurate and comprehensive clinical record for their patients, and maintain professional behaviors within APA ethical guidelines.

Interns successfully completing the internship program are required to participate in the 12 month long internship, obtain 2,000 clinical hours that includes a minimum of 1,000 direct patient contact hours, and have completed all clinical patient reports and documentation for successful completion of the program. Additionally, NMHC-PIP requires interns to receive a rating of 3 or above on all competencies on the final evaluation to successfully complete the program.

## **Internship Training Director**

Dr. Melissa Lafferty serves as the Internship Training Director and is responsible for coordinating and directing all educational and training activities of the internship program and resources. These responsibilities included, but are not limited to, the following:

- Providing oversight for intern interviews and selection
- Providing overall oversight for intern supervision
- Conducting intern competency-based evaluation
- Providing oversight for the development of the Didactic Seminar schedule and management throughout the year
- Ensuring appropriate documentation and maintenance of intern records
- Providing oversight and management of NMHC-PIP Due Process and Grievance Policy
- Preparing reports based on the intern competency-based evaluations, supervisor evaluations and the didactic training survey for the Training Committee
- Communicating with the interns' home doctoral program
- Serving as the representative of NMHC-PIP to affiliated agencies (e.g., APPIC, APA)
- Completion of the APA accreditation yearly report describing changes and improvements, and statistics regarding student and faculty characteristics, area/degree and core supervisor characteristics

Dr. Leland Zlomke serves as the Associate Director and in this capacity he provides support and coverage and handles any issues that should arise related to supervisees of the Training Director.

## **Training Program Structure and Core Clinical Opportunities**

The program is a full-time experience that continues over a twelve-month period. Training activities are structured in terms of sequence, intensity, and frequency. The internship program strives to balance depth and breadth of experience, with focus on learning core competency skills through the provision of psychological services to a diverse population. Interns average approximately 40-45 hours a week to the internship, recognizing that the goal of the Internship is the breadth and depth of training rather than simply time spent. Thus, the emphasis is placed on the desired training and the intern meeting basic professional and inter-professional competency expectations, rather than on the number of hours worked. Note that interns are on trainee stipends and are not eligible for comp time over a 40 hour week.

There is a combination of training opportunities during the internship year that provide a vast array of experiences in order to sequentially and thoroughly develop interns' professional competency and delivery of psychological services beyond the level achieved as a practicum student.

All interns complete experiential training opportunities in psychological /psychometric assessment and diagnostic interviewing and general outpatient psychotherapy. These are not rotations, but rather professional opportunities and experiences. At the beginning of the internship each intern is introduced to approximately 15 patients for ongoing therapy. Therapy experiences are augmented at this time by sitting in on individual or family therapy sessions with a supervisor or adjunct training staff member. Caseloads will increase in numbers as internship progresses with the goal to see an average of 22 patient appointments weekly. The total number of clients on an intern's caseload will

be more than 22 patients as we want to take into account the “expected” patient cancellations and no shows. Interns are also assigned psychological/psychometric assessment cases as competency with various instruments is demonstrated. Internship opportunities throughout the year are graded and sequential in the process to ensure competency along the way. In the second half of the internship year, interns begin to observe diagnostic intakes, integrated assessments being conducted and conducting these assessments under supervision.

Examples of training program individualization include the following:

- Domestic Violence Treatment – Opportunity to co-facilitate a psycho-educational group through a program of domestic violence intervention based upon the Duluth Model. The Family Violence Council, a division of the Lincoln Medical Education Foundation, accredits the Domestic Violence Program of NMHC-PIP.
- School Services – Services provided through Beatrice Public Schools provides an opportunity to work in the school setting to provide behavioral and mental health interventions in the classroom. Additionally, interns, residents, and NMHC staff work within the interdisciplinary education teams to help write and/or modify Individualized Education Plans (IEP) based off of therapeutic services being provided as well as evidenced based assessments utilized during psycho-educational evaluations.
- Forensic Psychology – Provide court ordered evaluations, conduct psychological assessment services within a correctional setting, child custody, commitment, parental assessments, competency to stand trial, mediation, risk assessments and other forensic services.
- Parent/Child Interaction (PCIT) - An evidence-based treatment for young children with social, emotional and behavioral challenges. PCIT is a mastery-based treatment that continues until the caregiver has demonstrated specific skills, and the child’s behavior has improved to within normal limits. NMHC currently has four staff certificated as PCIT therapists, and one staff member in training. Jill Zlomke and Dr. Lafferty are certified Within Agency Trainers for PCIT International.
- Probation Groups – In both Fremont and Beatrice, interns and NMHC staff provide various group services for adults that are currently on Probation for various offenses. Groups offered include: DBT, Anger Management, Trauma, Mens/Womens group, and Sex Offender Treatment.

All interns participate in the scheduled weekly individual and group supervision and didactic seminars throughout the entirety of the internship program year.

Research to Advocacy Objectives - In addition to the training described above, all interns are required to participate in the following community advocacy-based activities that facilitate the research informed public education of psychological topics and professional advocacy.

- Senator Breakfast (2 hours on a weekday morning: February 9<sup>th</sup>) provides an opportunity to participate with Nebraska Psychological Association in hosting the state legislative Senators for breakfast. Over a cup of coffee, develop a collegial relationship, discuss with local officials developed elevator pitch, and provide data informed facts to support identified advocacy points for the specific legislative year.

- Hop, SCIP, Jump, and Run event (2 hrs on a Friday evening in early June) is a fun outdoor event for families to spread awareness in the community about SCIP and mental health/substance abuse concerns for all youth. Interns participate with staff in hosting the booth's interactive activities, and also take turns exploring and learning about other local resources/agencies in the community.
- Facilitate a didactic presentation (60 minute in June) using research from dissertation or an area of particular interest. Interns will create a 60 minute didactic presentation for your cohort, supervisors, and colleagues. All will engage in collegial discussion and provide feedback to facilitate each intern's presentation presence.
- Write a one page blog post (one month in the year) using research on a topic of interest. Interns will write a one page blog that provides information on a topic of interest to community members to be added to NMHC's website as well as disseminated to various community partnerships.

Additional opportunities are available during the training year and are initiated upon intern and supervisor discussion and agreement. The options are as follows:

- Make a publication or presentation at a community or professional event
- Provide training to professional group
- Identify and establish an advocacy relationship with a local agency servicing underserved populations.

### *Training Considerations are prioritized*

Intern service delivery tasks and duties are primarily learning-oriented and training considerations take precedence over revenue generation. Service delivery tasks also need to take into consideration that ethical client care is of the utmost importance. The following strategies are utilized to ensure that the interns' training takes precedence over billable considerations:

- Interns and supervisors review their caseloads regularly during supervision, with specific attention to caseload volume and diversity, as well as intern's time management and clinical intervention. Adjustments are made to ensure that interns are within the outlined expectations of the training program, the supports needed for an intern's success are identified and implemented, and interns are able to meet client care needs or identify when appropriate referrals are needed.
- Interns are assigned clinical tasks that are congruent with their developmental level within the training model that has been outlined. For example, as a fully functioning clinic there are initial diagnostic interviews occurring regularly throughout the year, however our doctoral interns do not participate in the clinical activity until they have completed the required training that demonstrate the ability to meet the clinical demands associated and expected within our agency.
- As a training facility, management respects clinicians' non-billable time and as such training and administration hours are protected with provisions that ensures these training hours are not cancelled or scheduled over for a billable service. In addition, the hours dedicated to education, training, and intern development can be increased based on the interns' level of need. For example, at the start of the internship year, there have been intern cohorts with less exposure to psychological assessments that are commonly administered at our agency,



therefore an extra hour was designated in both theirs and a supervisors schedule to provide direct training to ensure competency in administration prior to the interns engaging in the billable activity of administration.

While psychology interns are not required to generate revenue for the agency, it is noted that funds for the program's budget is generated by service fees. Additionally for professional development, productivity is discussed in supervision to ensure client centered care and appropriate clinical decision making is happening according to our ethical code of conduct.

## **Cultural/Individual Differences Incorporated into Training Practices**

As a clinical and training facility, NMHC is motivated to addressing issues of prejudice and discrimination and the influence of those issues on the lives of the individuals that are encountered in practice and training. Awareness and understanding of diversity and individual differences are crucial to professional development and NMHC strives to integrate these into every aspect of the training program, including intern recruitment, supervision, didactics, and clinical experiences. Training begins with awareness of one's own beliefs, assumptions, values, and socio-cultural identity, awareness of and sensitivity to others, and a working understanding of how these intersect in the therapeutic relationship. More concretely, interns are asked to address contextual, systemic, and cultural factors within their clients and as embodied in their treatment access and delivery. This is particularly emphasized in conversation at the onset of the training year, as many of the interns are challenged by some of the cultural differences that present within more rural settings than the more metropolitan areas that psychology interns are familiar with through their graduate programs.

An important component of the supervision, both formal and informal, is the opportunity for discussion of culturally sensitive topics. This begins by supervisor staff modeling the ability to engage in collegial dialogue in a respectful manner and introducing the cultural components that may be present and that may have an impact on conceptualization. Interns are encouraged and prompted to engage in the process of personal introspection to explore personal beliefs, attitudes and values, and to engage in conversations with supervisors as it pertains to patient care and professional development. Discussion often encourages the application of theoretical knowledge and integration of professional role with cultural differences.

The internship provides specific didactic training in issues of diversity and multicultural competence, with a specific emphasis on the identification, understanding, and specific considerations for rural psychological practice. Diversity training didactics is scheduled each year with several foci: (1) identifying different dimensions of cultural and lifestyle diversity; (2) clarifying perspectives in cross cultural interactions; and (3) recognizing and resolving challenges in intercultural exchange. The diversity training gives interns opportunities to develop and practice new ways of perceiving and behaving in cross cultural interactions. In the assessment didactic, efforts are made to illuminate how specific testing methods can have cultural bias embedded within them and how to evaluate for issues like differential predictive validity across cultural groups or the presence of disparate impact even if predictive validity is equivalent across groups. Research articles, providers with specific areas of expertise, or local agencies may be invited to didactics as applicable to assist in a more in-depth conversation or resolve any potential conflict.

## Supervision Policy

Each intern receives two (2) hours of individual face-to-face supervision weekly. Supervisions are conducted by the NMHC-PIP supervisors who are Nebraska Licensed psychologists.

These supervisors have primary clinical responsibility for the intern's cases. Supervision is flexible and oriented around the learning interests of the individual intern while ensuring that all basic professional competencies are achieved. Supervision is focused not only on specific treatment considerations, but on the intern's personal and professional growth, which is considered essential to the development of a competent practicing psychologist. Supervision includes discussion of crisis management, ethics, best practices, development as a psychologist, case consultation, patient documentation and time management. Supervision also provides the opportunity for the supervisor to address concerns regarding the intern's performance or behavior and for the intern to seek guidance regarding the agency practices, peers and co-workers, and the internship program. If the scheduled supervisor is not able to meet at the scheduled time (due to illness, for example), interns schedule supervision for an alternate day/time if possible or has supervision conducted with an alternate supervisor. For all clinical cases discussed with a supervisor other than the intern's scheduled supervisor, full professional responsibility remains with the scheduled supervisors.

Interns are also provided with two (2) additional hours of weekly supervision by healthcare professionals who are appropriately credentialed for their role/contribution to the program and under the overall oversight of the Training Director:

- One (1) hour of **Early Career Supervision and Professional Development (ECS)**: This weekly meeting consists of a combination of self-reflection and discussions about the link between ethical practices, evidenced-based interventions, and practice for specific disorders, populations, and individual clients. Additionally, topics related to professional development are discussed as well as an opportunity for interns to raise issues related to the internship program and their training experiences.
- One (1) hour of multi-disciplinary **Clinical Group Supervision and Consultation (CGS)**: This weekly meeting is attended by all of the agency outpatient treatment staff that includes staff psychologists, resident psychologists, licensed mental health practitioners, licensed addiction practitioners, master's-level psychology practicum students and occasionally the administrative staff. Group supervision provides a forum for multi-disciplinary consultation, case presentations, business considerations of psychological practice, development of professional relationships and integration of the interns into the agency culture.

The internship program is committed to the close supervision of interns and believes that much learning occurs through opportunities for observation and role-modeling. A supervisor or a senior staff/doctoral resident is physically available at each of the clinic offices and/or available by phone for telehealth appointments to ensure that interns have access to consultation and supervision while they are providing clinical services. Any crises or other time sensitive issues are reported to the on-site supervisor immediately for attention and then reported to one of the supervisors as soon as possible.

Interns are provided with the cell phone number of all supervisors as well as the NMHC Practice Administrator and Clinical Director.

There is an open door policy that encourages questions and collaboration amongst all staff to assist with familiarity to the location of the clinics, consult regarding clinical questions, brainstorm community resources, and provide support for fellow staff members.

### ***Intern's Concerns Regarding Training Experience***

The scheduled weekly supervision and the “just in time supervision” and “supervisors’ open door periods” provide opportunities for ongoing and continuous identification and discussion regarding any questions or concerns the intern has regarding their training experiences. Interns have the responsibility to raise any issue as soon as feasible with the involved supervisor, staff member, other trainee, or Internship Training Director in an effort to resolve the problem informally. Supervisors are responsible for working to resolve or mediate interns’ concerns regarding their internship experience. This process should be documented in writing in supervision notes and discussed with the Internship Training Director but will not become part of the intern’s professional file.

The NMHC PIP is aware of the Informal Problem Consultation that is available through APPIC and if needed, will utilize these services to obtain guidance, consultation, and assistance in resolving problems and challenges that may be encountered by concerned parties (e.g., intern, supervisors, director) in the internship context.

## **Telesupervision Policy**

NMHC-PIP uses videoconferencing in the event that a scheduled supervisor is not on-site to conduct a weekly individual face-to-face supervision. Every effort is made to limit the necessity to conduct supervision using videoconferencing. If the scheduled supervisor is not able to meet at the scheduled time (due to illness, for example), interns schedule supervision for an alternate day/time, if possible, or supervision is conducted by an alternate supervisor. In all cases, videoconferencing does not account for more than one (1) hour of individual supervision each week.

The use of videoconferencing technology for supervisory experiences is consistent with NMHC-PIP’s model and training philosophy in that the program places great value on the supervisory relationship and on supervision being provided by the most appropriate supervisor to meet the intern’s supervision needs.

All interns are eligible to participate in supervision via videoconferencing. At the beginning of the internship year and as needed throughout the year, the Internship Training Director determines the appropriateness of videoconferencing for supervision being utilized. The intern and the supervisors take great care and precaution to ensure that confidentiality of patient information is maintained.

NMHC-PIP recognizes the importance of supervisory relationships. It is expected that the foundation for the supervisory relationship will be cultivated initially during the orientation period and first weeks of the internship, such that interns will have formed relationships with the entire training team and all supervisors, prior to use of videoconferencing becoming necessary.

The scheduled supervisor conducting the videoconferencing continues to have full professional responsibility for all clinical cases discussed. As needed and appropriate, on-site guidance and support is provided through communication between the supervisor, the intern, and an on-site supervisor. Interns are provided the contact information for program supervisors, including email and phone numbers. Any crises or other time sensitive issues are immediately reported to an on-site supervisor or other training team staff member immediately.

Supervision sessions using this technology are never recorded, thus protecting the privacy and confidentiality of all trainees.

All NMHC-PIP videoconferencing is provided using high-quality real-time transmission of simultaneous video and audio. All interns and supervisors are given instruction regarding the utilization of videoconferencing for supervision purposes at the onset of the training year. Assistance for technical difficulties is directed to the NMHC Practice Administrator, Thomas McPherson.

## **Structured Didactic Training**

Didactic training covers a broad spectrum of topics and serves to refresh interns on already familiar topics of clinical practice, provide new and more in-depth knowledge of material in the intern's repertoire and to furnish important information that is essential to the practice of psychology, but not taught in the traditional graduate program. This material includes understanding managed care, business administration of clinical practice, individual and cultural diversity issues, functional behavioral assessment, ethical and legal consideration, professional consultation, patient and professional advocacy, etc.

Structured clinical and professional didactic training is generally provided weekly during two sixty minute scheduled trainings. These trainings focus on one or both of the following areas: (1) clinical and professional didactic training and (2) psychometric assessment didactics. At the beginning of the internship year, a greater amount of time may be allotted for psychometric assessment didactic training. Additionally, attendance at full day conferences or seminars may provide 6 to 8 hours of didactic training in lieu of weekly trainings.

**Clinical and Professional Didactic Training** covers a broad spectrum of topics which are organized based on the developmental level of the interns. There is a focus on providing more in depth knowledge of clinically and agency relevant topics that furnish important information essential to the practice of psychological services. Staff employed within the agency, as well as guest speakers, present information on developmentally appropriate, agency relevant, and literature supported information. At times, clinical and professional didactics will include the intern reading literary articles prior to the didactic presentation to either enrich the understanding of the information being presented or will be required to use time provide a one page written reflection statement.

**Psychometric Assessment Didactics** provide the teaching of standardized administration, scoring, and interpretation of a broad range of instruments, with additional focus on those identified as being novel to the intern cohort. Standards of competency for administration and report

development will be provided for a broad range of assessments that are conducted throughout the internship year including cognitive, objective, neuro-developmental, substance use, neuropsychological, behavioral, and forensic (e.g., custodial, competency, and juvenile justice). Discussion of recent data acquired will occur towards the latter portion of each training hour, to generalize the learned knowledge to application. The focus gradually and sequentially increases in complexity as the cohort and/or intern develop mastery demonstrated by their discussion in conceptualizations and their ability to produce a quality product in a timely manner. Additionally, individual teaching, shadowing, and coaching are provided as each intern requires in order to be more competent on individual assessments and techniques.

**Continuing Professional Education** - As part of the commitment to professional growth, staff offers a variety of internal Continuing Professional Education seminars on a variety of clinical subjects. Staff attend Continuing Professional Education seminars regularly as part of ethical guidelines, and informs the interns of the opportunity to accompany staff as they choose for their own professional development.

### **Intern Evaluation, Retention and Termination Policy**

Interns are required to complete a formal self-assessment at the outset of training and again in mid-April. This process is intended to promote self-reflective practice, identify areas that may require more focused training, and develop goals for the training year.

Evaluation is ongoing throughout the training year and is focused on encouraging communication and providing feedback early and often to interns, on identifying and building upon strengths, as well as setting goals for growth and corrective actions when necessary.

#### *Direct Observation of Practice*

Consistent with APA requirements for internship training, intern evaluations are based in part on direct observation of practice during each evaluation period. In most cases this involves in-room observation or co-facilitation of an intake interview, assessment, or individual or group intervention. The evaluation form includes a section in which the supervisor indicates the methods used to observe the intern's work, which includes direct observation.

NMHC-PIP utilizes a variety of opportunities for direct observations of interns' work. As they transition into their role as a NMHC-PIP intern, they co-facilitate sessions with both supervisors and the graduating interns for an entire week. The incoming interns are encouraged and invited to participate in observation and co-facilitation with supervisors with populations and interventions that are novel to their professional repertoire. Throughout the first half of the internship year, interns are encouraged to participate in co-facilitation with their supervisors and mentors for novel clinical interventions and populations. As the interns progress into the second half of their internship, intakes are introduced by first observing, then co-facilitating, then conducting with a supervisor present. Each intern must complete the three stages of intake introduction and leadership to demonstrate competence in their ability to gather the required information, assess risk, conceptualize with information available, and the knowledge and use of assessment to address

any further inquiry about patient psychopathology. The same approach is utilized, yet with less structure to the minimum number required, for more in-depth interview type of assessments.

#### *Written Competency-Based Evaluations*

The supervisors, with input from adjunct training staff, complete written competency-based evaluations on a quarterly basis during the internship year for each intern. Intern's development of knowledge and skills relevant to the SoA's nine profession-wide competencies and associated training elements is evaluated through direct observation, documentation review, supervision, and case presentation. Feedback is provided relevant to the minimal levels of achievement for each competency, based on the expected level of competency for experiences and training received thus far. The 1<sup>st</sup> formal evaluation is provided at the end of October, the 2<sup>nd</sup> is at the end of January, the 3<sup>rd</sup> is at the end of April and the final evaluation occurs at conclusion of the internship year. Evaluations are reviewed with each intern that provides an opportunity for discussion at each time-point. The intern signs the evaluation and is provided a copy. The original is filled in the intern's internship file in the Human Resource office.

Evaluations are conducted using a standard rating form that includes comment spaces where supervisors include specific written feedback regarding the intern's performance and progress. The rating scale for each evaluation is a 5-point Likert scale, with the following rating values: 1=Significant Development Needed – Functions well below expected for level of training; 2=Development Needed –Has introductory knowledge with improvement in functioning needed to meet expectations; 3=Intermediate Skill – Functions adequately in most situations and meets expectations based on level of training; 4=Exceeded Expectations – Functions above average and exceeds expectation based on level of training; 5=Advanced – Consistent high-level demonstration of competency and independence; , N/A=Not Applicable/Not Observed/Cannot Say.

The NMHC-PIP requires interns to demonstrate minimum levels of achievement across all competencies. A minimum level of achievement on each evaluation is defined as a rating of "3" for each of the competency areas. If an intern receives a score less than 3 on any competency area on any of the evaluation reports, or if supervisors have reason to be concerned about the student's performance or progress, the program's Due Process procedures is initiated. The Due Process guidelines can be found in the NMHC-PIP Manual.

#### *Criteria for Successful Completion of Internship Program*

Interns successfully completing the internship program are required to participate in the 12-month-long internship, obtain 2,000 clinical hours that includes a minimum of 1,000 direct patient contact hours, and have completed all clinical patient reports and documentation for successful completion of the program. Additionally, NMHC-PIP requires interns to receive a rating of 3 or above on all competencies on the final evaluation to successfully complete the program.

If successful completion of the program comes into question at any point during the internship year, or if an intern enters into the formal review step of the Due Process procedures due to an inadequate rating on an evaluation, the home doctoral program is contacted. This contact is intended to ensure that the home doctoral program, which also has a vested interest in the intern's progress, is kept engaged in order to support an intern who may be having difficulties during the

internship year. The home doctoral program is notified of any further action that may be taken by NMHC-PIP as a result of the Due Process procedures, up to and including termination from the program.

## **Communication with Doctoral Program**

NMHC-PIP communicates with the doctoral program at specific times and also, on an as needed basis throughout the year. The Director of Clinical Training for the doctoral program is contacted prior to the internship year beginning and provided a Letter of Confirmation and a copy of the internship agreement. A copy of the intern's written competency-based evaluation is sent to the doctoral program, mid-year and again at internship completion in August. Additionally, NMHC-PIP completes doctoral program evaluation forms if required by the intern's program at each time-point. Finally, the intern's home doctoral program is contacted within one (1) month following the end of the internship year and informed that the intern has successfully completed the program.

The doctoral program is also contacted anytime serious problems or ongoing issue arise with an intern that may include, but is not limited to, an intern entering the formal review step of the Due Process of Grievance Procedures, any time successful completion of the program comes into question during the internship year, or an ongoing skill deficit or problem behavior that necessitates a performance improvement plan.

## **Program Evaluation**

NMHC-PIP demonstrates a commitment to excellence through self-study, which assures that its goals and objectives are met, and enhances the quality of professional education and training obtained by its interns and training staff. NMHC-PIP values interns' participation in developing their training goals and their feedback about program components, structure, and the day-to-day functioning of the training program. Interns are formally involved through:

- Supervisor Evaluations – completed at mid-point and at the end of the internship year.
- Program Evaluation – completed at the end of the internship year.
- Clinical and Professional Didactic Training Surveys – completed following each training

The Internship Training Director prepares reports based on the above surveys and evaluations for review by the Training Committee. These reports are reviewed extensively by the Training Committee and may be used as a basis for making program adjustments and improvements.

Informally, interns have the opportunity to discuss any problems, concerns, or suggestions for program development and improvement with their supervisor during supervision and with the Internship Training Director at any time.

Former interns are contacted periodically to complete a survey regarding their internship experience and how helpful the internship was for professional development in retrospect. Data regarding professional employment status, job placement, and licensure is also obtained from this survey. Outcome data is reviewed by the Training Committee to guide recommendations for

program modification and improvement. This data is also added to the aggregate proximal data and reviewed for the purpose of defining areas that may need program improvement.

## **Benefits, Stipends and Resources**

The annual stipend for all interns at NMHC-PIP is \$32,000. Interns are provided with professional malpractice insurance, 6 paid holidays, 9 vacation/personal leave, 3 educational days, and negotiable paid bereavement leave.

Interns submit requests for time off to the supervisor and NMHC's Practice Administrator, Thomas McPherson at least one (1) month in advance of the anticipated leave date. In the event of unforeseen circumstances and the month notice cannot be given, the Practice Administrator and supervisor review the request and honor whenever possible. Interns are responsible for communicating anticipated absences to the Practice Administrator and their primary supervisor. Sick leave must be communicated to the intern's supervisor as soon as the intern is physically able to do so. NMHC's Practice Administrator is available for any questions related to time off or release time.

Interns are expected to keep track of their leave (i.e., hours earned/accumulated, hours used) to ensure that he/she is not requesting leave that is not available. Interns are also cautioned that taking time off in excess may jeopardize being able to obtain the required 1,000 direct patient contact hours for successful completion of the internship program. NMHC-PIP reserves the right to extend the length of internship program on a case by case basis, to provide the needed time to cover excessive time off.

If an intern will not be able to report to work on time or needs to be unexpectedly absent from work, he/she needs to FIRST contact the Practice Administrator and the supervisors as far in advance of the scheduled starting time as possible. Notification to the front office staff is required in order for adjustments to be made to the schedule and to give patients called. Additionally, should an intern need to leave work early, he/she should notify the Practice Administrator, administration staff and the supervisor.

NMHC-PIP interns have access to numerous resources. All interns are provided with individual office space, desk, computer, office phone, software, business cards, laptops for traveling to satellite clinics, access to printers, and basic office supplies. A large group room for training purposes and groups or family therapy, and testing room is also available. Intervention manuals, assessment materials, other training materials, and access to the DSM 5 and ICD-10 are also provided. NMHC property, such as cameras, testing materials, computers, office telephones, copy machines etc. must be used properly and for only NMHC-business, and care taken to minimize the potential for damage, loss or misuse. As applicable to the device, employees will appropriately check-out/check-in equipment to ensure availability for other staff members. The Practice Administrator will be notified of any issues associated with the device as soon as possible. Interns who lose, steal, or misuse business property may be personally liable for replacing or repairing the item.



Each intern additionally has access to administrative and IT support as well as client scheduling support. Clinic administration and support services, which is situated in the same building, provides support for scheduling, medical records, client insurance and payments, and other needs.

## *Program Administration*

### **Administrative Structure**

Jill Zlomke McPherson is NMHC's Chief Executive Officer and Clinical Director and is responsible for providing oversight of all business activities, including providing budget for the training programs and has the overall responsibility for the clinical program.

Dr. Melissa Lafferty serves as the Internship Training Director and is responsible for coordinating and directing all educational and training activities of the internship program and resources.

Dr. Leland Zlomke serves as the Associate Director and provides support, coverage, and handles any issues that should arise related to supervisees of the Training Director.

Thomas McPherson serves as NMHC's Practice Administrator, is a member of the NMHC management team and reports directly to the CEO. Mr. McPherson has the responsibility for the day-to-day administration management of NMHC, including facilitating the hiring of and providing direct supervision of administrative staff, and acts on behalf of the CEO, Clinical Director and clinical staff for administrative duties and concerns. His responsibilities also include protecting and promoting safety and security of patients and NMHC staff, which includes implementation of NMHC procedures for reporting and investigating abuse, neglect or exploitation and the practices' emergency evacuation, building safety plans and infectious disease policy. This position is also designated as the Privacy Officer, who is responsible for the development and implementation of the policies and procedures to protect Patient Health Information (PHI) in accordance with the Health Information Portability Accountability Act (i.e., Privacy Act of 1996). Additionally, Mr. McPherson manages the practice's public relations and marketing activities and serves as the technical coordinator for computer/network issues. He is available to all personnel 24 hours a day seven days a week either by telephone or on the premises.

Serena Moore serves as the Administrative Coordinator and provides support with all administrative tasks including scheduling, billing, contact of referral sources for collateral documentation, clinicians insurance credentialing, and overseeing all administrative client care coordinators.

### **Training Committee**

The NMHC-PIP Training Committee collaborates to oversee programmatic issues, including development, implementation, and oversight of all policies regarding training and education, goals of training, interviews of potential interns, intern ranking, and all matters involving graduation and/or termination from program. Committee decisions are made by consensus. The committee

also has the prime responsibility to make program adjustments and improvement based on continuing evaluation of the internship program. The Training Committee is composed of:

- Internship Training Director – Melissa Lafferty, Ph.D
- Associate Internship Training Director – Lee Zlomke, Ph.D.
- Clinical Director - Jill Zlomke McPherson, M.A., LIMHP
- Psychology Resident – Ashleigh Carter, Psy.D. (Consultant Role)
- Psychology Resident – Cindy Cisneros, Ph.D. (Consultant Role)

The Training Committee meets at least six (6) times per year. Additional Committee meetings are scheduled on an as-needed basis. The NMHC-PIP Training Committee, as part of its' annual evaluation of the internship program, reviews the effectiveness of the program in training interns to successfully meet minimum requirements across all competencies, including the Competency on Individual and Cultural Diversity. The Training Committee also evaluates how the program is doing and ways in which improvements can be made to the program's cultural competence. This includes recruitment of diverse interns, the cultural composition of training staff, program culture and atmosphere of support, and multicultural issues within the training curriculum, supervision, and service delivery. The Committee will further evaluate the findings of the Individual and Cultural Diversity Committee regarding (1) supervision and didactic activities related to diversity, (2) diversity competency on intern evaluations, (3) the program's effectiveness in training interns to integrate awareness and knowledge of individual and cultural differences with their professional role. Information obtained from this evaluation is utilized to further advance the program's commitment to diversity.

The Training Committee values highly its' responsibility to ensure that the internship program's individual and cultural diversity values are held as a standard for the program. The committee's diversity objective includes the following activities:

- Discussion of recruitment and retention strategies for persons of differing backgrounds to consider application and employment in the Midwest. This includes understanding and addressing the stereotypes of Nebraska, openly and proactively.
- Announcing job openings and encouraging committee members to share these opportunities with anyone they feel might be a good candidate, and especially persons from differing backgrounds.
- Providing the feedback gathered from the Individual and Cultural Diversity Committee meeting that may include the following:
  - ✓ Discussion of education, training, or problem-solving efforts within the program and/or agency to address any feedback received from interns or staff regarding development, demonstration, and/or communication of cultural competence.
  - ✓ Discussion of how the "diversity climate" within the agency affects the internship program.
  - ✓ Discussion of relevant topics as they relate to the community's current cultural climate, local agency contacts to collaborate for training, and/or specific intention to utilize resources to address noted gaps in the program's "diversity climate".

NMHC-PIP puts forth active effort to retain psychologists active within the Training Committee to provide a diverse representation of race, ethnicity, color, age, gender, sexual orientation, religion or

physical disability. The Training Director, in coordination with the Clinical Director, strives to facilitate the clinical interests of training staff in their pursuit of developing educational opportunities and services in diverse and/or underserved communities. There has been ongoing effort to facilitate education for increased cultural competence, specifically as it applies to the cultures interns are being exposed to within the internship program. Additionally, utilization of community collaboration and resources to provide training and opportunity for provision of services with a cultural context is ongoing and encouraged for all staff to develop areas of interest and passion.

## **Training Team**

**Jill Zlomke McPherson, M.A., LIMHP**

**Executive Director, Clinical Director**

Jill graduated with a Masters in Educational Psychology-Community Counseling from the University of Nebraska in 2005. She began her career as a therapist at NMHC before serving as Treatment Coordinator at Excelsior Youth Centers (a residential treatment center), in Aurora, Colorado, and later, as Director of Outpatient Treatment at Pediatric Psychology Associates in Beatrice, Nebraska. As owner, CEO, and Clinical Director of Nebraska Mental Health Centers she oversees day-to-day operations, oversees the clinical program, and supervises provisionally-licensed providers and Master's-level practicum students. Her areas of specialization include cognitive behavioral therapy, interpersonal relationships and healthy communications, PTSD, and general mental health services surrounding issues of depression, anxiety, and adjustment disorders. Jill has specific expertise in assessing and treating adolescent females and young women with severe symptoms including traumatic histories such as domestic violence, abuse and sexual offense victims. She co-supervises the within agency Parent Child Interaction Training (PCIT) training and is certified to provide this specialized intervention. Additionally, she is the coordinator of the Domestic Violence Program utilizing the Duluth Model.

**Melissa Lafferty, Ph.D.**

**Director of Internship Program, Supervisor, Staff Psychologist**

Dr. Lafferty is Nebraska native and a graduate of NMHC's Psychology Internship and Residency Programs and the University of Nebraska-Kearney and Walden University. She focuses her services within the Lincoln and Beatrice office sites. Dr. Lafferty provides and coordinates NMHC-provided services for Beatrice Public Schools Special Education. She also serves as a mental health provider/consultant with the Blue Valley Community Action Partnership that provides Headstart services and Early Intervention Services for Southeast Nebraska. Dr. Lafferty has experience conducting psychological, psychoeducational, social security disability, and court-ordered evaluations. She co-supervises the within agency Parent Child Interaction Training (PCIT) training and is certified to provide this specialized intervention. Dr. Lafferty serves as a member of the Training Committee, a supervisor, facilitates the weekly Early Career Supervision group and conducts clinical professional and psychometric assessment didactic trainings.

**Lee Zlomke, Ph.D.****Director of Residency Training Program, Associate Director of Internship Program, Supervisor**

Dr. Zlomke serves as the Associate Director of the NMHC Psychology Internship Program and as the director of the NMHC Psychology Residency Program. He served as the Internship Training Director beginning with the 2011-2012 internship class until November 2016. He is currently is a member of the Psychology Internship training team and a secondary supervisor for the psychology internship program. He is received his doctorate from the University of Nebraska-Lincoln. He has 35-plus years of experience in the provision of psychological services and providing professional leadership and training. He specializes in behavioral psychology and interventions for a wide array of clinical presentations and has a specialty in child/family, developmental, forensic and school psychology. He has provided clinical direction and special consultations for numerous agencies regarding individuals with severe and persistent mental illness and persons with developmental disabilities.

**Ashleigh Clarke, Psy.D.****Psychology Resident**

Dr. Clarke obtained a Master's Degree from Pacific University in Counseling Psychology and a second Master's Degree from Marywood University in Clinical Psychology while in pursuit of her Doctoral Degree. She is a proud 2018-2019 graduate of NMHC's Psychology Internship Program and is completing her second year with the NMHC Psychology Residency Program. Dr. Clarke utilizes a process oriented, client-centered and strength based approach integrating Interpersonal and Cognitive-Behavioral techniques with her clients. She has a passion for working with adolescents, young adults, and women who have experienced trauma or are experiencing stress related to life changes and adjustments. She has a goal to utilize her skills for social change and advocacy as she develops into a professional psychologist.

**Cindy Cisneros, Ph.D.****Psychology Resident**

Dr. Cindy Cisneros is a clinical psychologist. She received psychology (BA) and counseling (MA) degrees from La Sierra University and a PhD in clinical psychology from Walden University. Dr. Cisneros has a special interest in helping people become unstuck and move towards a life that reflects their values and aspirations. Her approach to therapy is influenced by principles from Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT) and Internal Family Systems (IFS). She especially likes to work with people with persistent mental illness who often have personality factors and co-occurring issues like chemical dependency and other addictions. She likes to help people put together the puzzle pieces of their story, especially for those who have experienced traumatic events or patterns in their life.

**Additional Training Staff/Program Contributors****Lisa Logsden, Psy.D., Adjunct Faculty/Psychologist**

Dr. Logsden completed her doctorate at California School of Professional Psychology at Alliant International University in San Francisco in Clinical Psychology. She completed her internship at Colorado Western Regional Mental Health Centers in Grand Junction, Colorado, and a two-year residency at Nebraska Mental Health Center's (NMHC) Psychology Residency Program in Clinical Psychology. Dr. Logsden provides treatment and psychological evaluations and specializes in

children and families, adolescents, autism spectrum disorders, severe and persistent mental illness, and substance abuse treatment.

**Sean Thomas, Psy.D., Adjunct Faculty/Psychologist**

Dr. Thomas is a licensed psychologist with 20 plus years of experience assessing and treating persons with sexual offending behaviors and dangerous aggressive behaviors. He completed his doctorate at Carlos Albizu University in Miami, FL in 2009 and a two year residency at NMHC-PIP. He has expertise and interests in neuropsychological assessment and treatment planning for persons with cognitive impairments and providing assessment and treatment for sex offenders. Dr. Thomas serves as a didactic presenter and as a secondary supervisor, providing supervision in the absence of a primary supervisor and in situations where his specific expertise is of benefit to the intern.

**Alexandra Munet, Psy.D., Adjunct Faculty/Psychologist**

Dr. Munet is a licensed clinical psychologist at CHI Health Clinic Psychiatric Associates in Omaha, NE. She routinely provides didactic training and consultation for the NMHC-PIP. Dr. Munet completed her doctorate at Ponce School of Medicine and Health Services in Ponce, Puerto Rico. She provided psychological services for a number of years in Puerto Rico before completing a two year residency with the NMHC Psychology Residency Program. Dr. Munet has extensive experience providing psychotherapy, court-ordered assessments, psychological assessments, and clinical consultation.

**Kristi Weber, APRN, Psychiatric Nurse Practitioner**

Kristi is a Certified Family Psychiatric Mental Health Nurse Practitioner who has provided behavioral health services to incarcerated individuals, chronically mentally ill adults and mentally challenged individuals in the community since 2008. She joined NMHC in 2014 and primarily provides services through telehealth.

**Todd Middagh, M.A., LIMHP, Staff Therapist**

Todd graduated from the University of Nebraska-Lincoln with his BA in Sociology and his Master's in Counseling from Doane College in 2005. He has worked at Visinet, Inc. as a Family Support Supervisor and Omni Behavioral Health as a home-based therapist and therapist for the Lancaster County Truancy Diversion Program along with Lincoln Public Schools. He focuses his services in the Lincoln and Beatrice office sites where he provides services within Beatrice Public Schools, providing assessment and therapy services, and facilitates a Men's Probation Group. He also provides pretreatment and court-ordered assessments, initial diagnostic interviews and uses a variety of evidenced-based treatments, including Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), Motivational Interviewing, and Mindfulness-Based Cognitive Therapy (MBCT). Todd is a Parent-Child Interaction Therapy (PCIT) certified therapist and is a certified to provide Sex Offense Specific assessment and intervention.

**Jamie Monfelt, M.A., LIMHP, Rural Services Coordinator, Staff Therapist**

Jamie graduated from the University of Nebraska-Lincoln with a Bachelor's degree in Psychology and a Master's degree in Counseling from Doane College. She has worked with the Child Welfare and Juvenile Justice systems, including serving as a Director of Child Welfare Services. She has also previously served on two governor-appointed committees including the Commission of the Protection of Children, and the Women's Health Initiative Council. She serves as NMHC's Rural

Services Coordinator that promotes NMHC within the rural communities by collaborating and networking with rural referral sources and attending community meetings regarding development of ongoing mental health services, providing teaching/training on rural mental health, and supervision for clinical staff in rural areas. She also works with individuals and families with multi-morbid, multi-systemic issues, including but not limited to, severe and persistent mental illness, individuals with developmental/intellectual disabilities, and substance abuse. Her particular areas of interest also include assessing function, identifying risk, and teaching therapeutic interventions to other providers, students, and community members. Jamie also serves as a supervisor for provisionally licensed clinicians at the practice.

### **Anne Vrbka, M.A., LIMHP, LADC, Staff Therapist**

Anne received her Bachelor of Science in Psychology with minors in Sociology and Anthropology from Nebraska Wesleyan University. She received her Master of Arts in Counseling from Doane College in Lincoln in 2008. She has worked in direct care as a family support worker as Visinet, Inc., and as a psychiatric tech at Lincoln Regional Center prior to obtaining her licensure. She is dually-credentialed as a Licensed Alcohol and Drug Counselor (LADC) and Licensed Independent Mental Health Practitioner (LIMHP).

The internship program utilizes NMHC's Practice Administrator to ensure all office, information technology, and other administrative responsibilities of the program are met. Additionally, he assists in assuring that program documentation and records' requirements are met.

To increase the diversity of professional theoretical orientations and experience, the internship program employs the adjunct faculty and contracted clinicians to lead didactic interactions and increase the intern's exposure to the complex professional interactions occurring as a full-time clinical psychologist.

### **Records**

Intern records include a copy of the internship program agreement, description of the current year training experiences, internship program and academic institution evaluations, state licensure documents, certificates of completion, due process and grievance related documents, and documents related to verification of the internship and supervision hours required for licensure. Records are stored permanently in the intern's confidential internship file located in the NMHC's Human Resources (HR) office. These records are limited to the CEO, Clinical Director, Practice Manager, Administrative Coordinator, Psychology Internship Training Director and members of the Training Committee.

The internship program application materials, obtained via APPIC, are stored electronically on an access-limited, on-line document cloud drive.

### **Diversity and Affirmative Action Policy**

NMHC-PIP is sensitive and committed to the importance of diversity and the richness of human diversity. Services and training focus on respectful and non-prejudicial treatment to people of all backgrounds. It is of utmost importance that NMHC-PIP promotes the value and strength of diversity to all employees, applicants, trainees, and individuals served. As a clinical and training

facility, NMHC is motivated to addressing issues of prejudice and discrimination and the influence of those issues on the lives of the individuals that are encountered in practice and training.

NMHC-PIP welcomes applicants from diverse backgrounds. The training program believes that a diverse training environment contributes to the overall quality of the program. Every effort is made by NMHC to create a climate in which all staff and interns feel respected, comfortable, and in which success is possible and obtainable. Nebraska Mental Health Centers, the sponsoring agency for the NMHC-PIP, is an Equal Opportunity Employer and thus, both NMHC and the NMHC-PIP are committed to ensuring a range of diversity among the psychology training classes and strives to select candidates representing different kinds of programs and theoretical orientations, geographic areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences.

NMHC takes affirmative action to assure fair and equitable treatment of all employees and applicants for training without regard to race, color, religion, national origin, age, gender, disability, political affiliation or any other factor that is irrelevant to success as an employee or psychology intern. . Affirmative action policies address, but are not limited to: recruitment, training, performance evaluation, promotion, and termination. Applicants are individually evaluated in terms of quality of previous training, practicum experiences, and fit with the internship. If an applicant or intern requires accommodations, he or she should contact the internship training director to initiate this process.

NMHC-PIP's goal in diversity training is to ensure that interns develop the knowledge, skills, and awareness necessary to provide competent psychological services to all members of the public. To this end, the NMHC-PIP training program requires an expected competency in individual and cultural diversity. These competencies were developed to comply with the APA's statement on Preparing Professional Psychologists to Serve a Diverse Public: "professional psychology training programs strive to ensure that psychology trainees demonstrate acceptable levels of knowledge, skills, and awareness to work effectively with diverse individuals." Diversity experiences and training are interwoven throughout the training program to ensure that interns are both personally supported and well-trained in this area.

### **Ethical Standards**

Interns are educated about and are expected to adhere to accepted ethical standards for the practice of psychology as defined by the American Psychological Association. Ethics as applied to research as well as ethical concerns in clinical practice are emphasized both in didactics and in supervision. NMHC staff members are expected to serve as role models for ethical behavior in the practice of psychology. All interns receive a copy of the APA's *Ethical Standards of Psychologists and Code of Conduct* at orientation.

### **Professionalism**

Positive relationships among staff, residents, interns, and administrators is encouraged and emphasized throughout the internship program. The NMHC-PIP recognizes the right of interns to be treated with courtesy and respect. In order to maintain the quality and effectiveness of interns' learning experiences, all interactions among interns, residents and staff should be collegial and conducted in a manner than reflects the highest standards of the scholarly community and of the

profession. The internship program educates interns about these principles and about procedures should problems arise with regard to them. NMHC's Code of Conduct policy that is reviewed with all staff members upon hire and interns during orientation addresses professionalism and staff interactions. All NMHC staff members are expected to serve as role models for professional behavior.

## **Administrative Policies**

**Authorized Leave:** The NMHC-PIP policy on Authorized Leave is consistent with the national standard. In the course of the year, interns accrue 5 vacation days and receive 3 paid personal days and 6 paid holidays. Interns may request up to 3 days of paid educational leave for off-site educational activities, including conferences, presentations at professional meetings, the oral defense, and postdoctoral fellowship or job interviews.

**Due Process and Grievance Procedures:** All interns are afforded the right to due process in matters of problematic behavior and grievances.

**Privacy policy:** NMHC-PIP collects no personal information from applicants when they visit the training or agency Website.

**Self-Disclosure:** The program does not require interns to disclose sensitive personal information unless the information is necessary to evaluate or obtain assistance for interns whose personal problems could reasonably be judged to be preventing them from performing their training-related activities in a competent manner or posing a threat to others.

**Reasonable Accommodations:** It is the policy of NMHC to provide reasonable accommodations to qualified applicants and employees with disabilities in compliance with the Americans with Disabilities Act (ADA).

**Liability Protection for Trainees:** When providing professional services at NMHC, psychology interns acting within the scope of their educational programs are protected from personal liability. Psychologists-in-training risk potential legal, governmental, or regulatory actions every time they provide psychological services. However, being insured through someone else's malpractice policy doesn't guarantee that the trainee will be a priority or receive personal coverage when you it is needed the most. Trust Insurance has made personal protection affordable with liability insurance just for graduate students. <https://www.trustinsurance.com/Insurance-Programs/Student-Liability>



# *Application and Selection*

## **Internship Selection and Academic Preparation Requirements Policy**

### **Application Process**

NMHC-PIP currently offers 3 full-time internship positions. Students interested in applying for the internship program should submit an online application through the APPIC website ([www.appic.org](http://www.appic.org)). The NMHC-PIP APPIC program code 178111.

A complete application consists of the following materials:

1. A completed Online AAPI (APPIC's standard application)
2. Cover letter (as part of AAPI)
3. A current Curriculum Vitae (as part of AAPI)
4. Three Standard Reference Forms, two of which must be from persons who have directly supervised your clinical work (as part of AAPI). Please submit no more than three SRFs.
5. Official transcripts of all graduate coursework

All application materials must be received by the date noted in the current APPIC directory listing in order to be considered.

NMHC-PIP abides by all rules and regulations set forth by APPIC in regard to application for internship as well as the entire conduct of the internship program. Please be aware that all training time credited to internship is post-practicum.

### **Application Screening and Interview Processes**

Selection of applicants for admission is based on several factors. These factors include goodness of fit between the student and those of the training program, including an interest in providing clinical interventions to rural population and individual psychotherapy experience, educational background and interests consistent with our scientist-practitioner model, the quality of a student's education at the graduate and undergraduate levels, the quality and diversity of practicum experiences, letters of recommendation, and personal qualities reflected in the application materials and in the interview. NMHC-PIP prefers applicants who have had child/adolescent clinical experience and psychological testing experience; coursework and experience administering child and adult psychological assessments.

The internship program values individual and cultural diversity and strongly encourages qualified candidates from all backgrounds to apply. In keeping with our commitment to diversity, we seek an internship class that represents a wide range of backgrounds, interests, talents, and life experiences.

It is the policy of NMHC-PIP to provide equal opportunity in employment for all qualified applicants, which prohibits discrimination based on race, color, religion, national origin, sex (including gender identity, transgender status, sexual orientation, and pregnancy), age, disability, genetic information, marital status, and parental status

NMHC-PIP bases its selection process on the entire application package noted above; however, applicants who have met the following qualifications prior to beginning internship will be considered preferred:

1. A minimum of 500 intervention hours;
2. A minimum of 100 assessment hours;
3. All doctoral class course work completed;
4. Dissertation proposal defended;
5. Have demonstrated experience and interest in community-based general outpatient practice and interest in providing interventions to rural population;
6. Experience providing clinical services to children/adolescents;
6. Experience in psychological assessment of children and adolescents;
7. Hold a master's degree or equivalent (with coursework/training content primarily in therapeutic mental health from a Council of Higher Education Accreditation approved institution) and eligible for licensure as a Licensed or Provisionally Licensed Mental Health Practitioner in the State of Nebraska;
8. Current enrollment and good standing in an APA-accredited doctoral program.

All applications are screened by the designated members of the NMHC-PIP's Training Committee using the Applicant Rating Form and evaluated for potential goodness of fit with the internship program. The NMHC-PIP Training Committee holds a selection meeting to determine which applicants to invite for interviews based upon the results of this screening process. Basic qualifications and characteristics of each applicant are reviewed and screened to determine appropriateness for an interview. These qualifications and characteristics include the accreditation of their doctoral program, degree the applicant is pursuing, experience providing clinical interventions and assessment courses, any factors that would interfere with obtaining Nebraska State licensure and intern's professional goals as stated in their cover letter.

If applicants are invited to interview, they will be notified by email. Interviews will be scheduled in January. Interviews will be conducted using a standard set of interview questions, although members of the Training Committee may ask additional interview questions of applicants as appropriate.

### **Participation in the APPIC Match**

The Training Committee will hold a meeting within two weeks of the final interviews being completed in order to determine applicant rankings. The full application package and information gleaned from the interview process will be utilized in determining applicant rankings. As a member of APPIC, NMHC-PIP will participate in the national internship matching process by submitting its applicant rankings to the National Matching Service. NMHC-PIP agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. Questions regarding any part of the selection process or NMHC-PIP's academic preparation requirements may be directed to the Internship Training Director.

All interns who match to NMHC-PIP must provide proof of citizenship or legal residency. Instructions for providing this information will be sent out to all who match after the match process is complete.

## Rights and Responsibilities of Interns

### Intern's Rights

1. To expect ongoing feedback regarding performance
2. To expect early identification of deficiencies, performance inadequacies, and concerns regarding behavior
3. To expect formal evaluations at least two times during the internship year.
4. To expect cooperative efforts to develop a Performance Improvement Plan if needed
5. To consult with the Training Director or the sponsoring academic program
6. To expect availability of supervisors and the Training Director
7. To expect a clear description of responsibilities, quantitative expectations of performance, and a hierarchy of authority
8. To expect due process
9. To expect a clear identification of possible reasons for disciplinary action
10. To have a representative of his/her sponsoring academic program participate in hearing or appeals meetings as outlined in the due process and grievance procedures
11. To expect an impartial investigation of any reports of rules violation or identified problematic behavior
12. To expect clear policy regarding grievance procedures
13. To initiate grievances about training or supervision
14. To expect expeditious efforts at resolution of grievances
15. The right to appeal one time any formal grievance initiated by the intern
16. The right to be treated with professional respect, that recognizes the training and experience the intern brings with him/her

### Intern's Responsibilities

1. To abide by the APA Code of Ethics
2. To comply with APPIC policies including the APPIC Match policies
3. To become knowledgeable of and abide with NMHC's rules, policies and procedures
4. To abide by lawful program, office, department, county, and state regulations
5. To demonstrate personal maturity and honesty
6. To communicate with clinical and administrative co-workers and agency management in a respectful and professional manner
7. To become knowledgeable of and to utilize the clinical and administrative hierarchy of the agency when communicating concerns, questions and to seek guidance in remediating issues.
8. The responsibility to meet training expectations by developing competency in assessment skills, psychotherapy skills, outreach and consultation skills, and other areas as delineated in the evaluation form
9. The responsibility to actively participate in the training, clinical services, supervision activities and the overall activities of the agency including community outreach activities

10. To utilize supervision to discuss concerns regarding his/her performance or agency practices, to obtain guidance regarding clinical cases, his/her working relationships, or personal issue that may have an impact on their professional functioning.
11. To respond in a timely manner to directives and/or requests from supervisors, the director, or applicable agency management.
12. The responsibility to inform the Training Director of any significant concerns the intern may have regarding the Internship Program
13. To participate in the development of a Performance Improvement Plan if one were needed
14. To become knowledgeable of and to comply with due process and grievance procedures
15. To comply with final decisions and actions as a result of grievance procedures being utilized
16. The responsibility to read, understand and clarify, if necessary, the statement of rights and responsibilities. It is assumed that these responsibilities will be exercised and their implementation is viewed as a function of competence
17. The responsibility to give constructive feedback that evaluates the training experience or other experiences at the agency

*By signing below, I agree that I have read, understand and agree to abide by the rights and responsibilities of a psychology intern with NMHC-PIP. I also agree that if I had any questions, they were addressed and adequately explained by the Training Director.*

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*Psychological Intern*

---

*Date*

## Due Process and Grievance Procedures Policy

### **Introduction**

The Nebraska Mental Health Centers (NMHC) PIP is committed to maintaining a harmonious working relationship with its interns and believes that this is best accomplished by maintaining open lines of communication, fair and consistent application of policies, rules and regulations and, when needed a formal complaint process.

All NMHC staff members and interns are inserviced on the agency's administrative and clinical hierarchy and on procedures to follow should they have a question or concern about agency practices, personal issues affecting their own performance, or about a co-workers' behavior or performance to ensure clear, honest and respectful communications, effective care to patients, and a pleasant working environment. All staff members and interns are expected to work toward problem solving as needed and contributing to "solutions".

All interns receive a written statement of program expectations for professional function.

1. Evaluation procedures are clearly stipulated, including when and how evaluation will be conducted.
2. The procedures and actions for making decisions about problematic performance or conduct are outlined in written documents given to all interns.
3. Graduate programs are informed about difficulties with interns.
4. Remediation plans (e.g., performance improvement plans) are instituted for identified inadequacies, and they include time frames for remediation, expectations and specify consequences for failure to rectify inadequacies.
5. Interns are given sufficient time to respond to any action taken by the program.
6. Decisions or recommendations regarding the intern's performance or conduct are based on input from multiple professional sources.
7. Program actions are documented in writing to all relevant parties.

### **Records**

Intern records related to implemented due process procedures, formal complaints and grievances are located and stored permanently in the intern's internship file located in the NMHC's Human Resources (HR) Manager's office. Access is limited to the HR Manager, Director of Intern Training and members of the Training Committee.

## **DUE PROCESS**

**Due Process Procedures** are implemented in situations in which a supervisor or other NMHC staff member raises a concern about the functioning of a psychology intern. These procedures are a protection of intern rights and are implemented in order to afford the intern with every reasonable opportunity to remediate problems and to receive support and assistance. These procedures are not intended to be punitive.

### **Definition of a Problem**

For purposes of this document, a problem is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

1. An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
2. An inability to acquire professional skills in order to reach an acceptable level of competency; and/or
3. An inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.

It is a professional judgment as to when an issue becomes a problem that requires remediation. Intern trainees may exhibit behaviors, attitudes or characteristics that, while of concern and requiring attention, are not unexpected or excessive for professionals in training. Issues typically become identified as problems that require remediation when they include one or more of the following characteristics:

1. Intern does not acknowledge, understand, or address the problem when it is identified;
2. Problem is not merely a reflection of a skill deficit which can be rectified by the scheduled sequence of clinical or didactic training;
3. Quality of services delivered by the intern is sufficiently negatively affected;
4. Problem is not restricted to one area of professional functioning;
5. A disproportionate amount of attention by training personnel is required;
6. Trainee's behavior does not change as a function of feedback, and/or time;
7. Problematic behavior has potential for ethical or legal ramifications if not addressed;
8. Intern's behavior negatively impacts the public view of the agency;
9. Problematic behavior negatively impacts the intern cohort;
10. Problematic behavior potentially causes harm to a patient; and/or,
11. Problematic behavior violates appropriate interpersonal communication with agency staff.

NMHC-PIP Due Process procedure occurs in a step-wise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program.

### **Informal Review**

The scheduled weekly supervision and the “just in time training” and “supervisors’ open door periods” provide opportunities for ongoing and continuous identification and discussion of performance and/or conduct concerns. Supervisors are responsible for discussing any inadequacies in intern performance or instances of improper behavior, clarifying what constitutes satisfactory performance or behavior, what action the intern may need to take to correct the performance or improper behavior, additional supports and/or training that may be provided on a temporary basis to help alleviate the problem, and what action may be taken in the future if expectations are not met. This process should be documented in writing in supervision notes and discussed with the Internship Training Director but will not become part of the intern’s professional file.

### **Formal Review**

If an intern’s problem behavior persists following an attempt to resolve the issue informally, or if an intern receives a rating below a “3” on any competency on a supervisory evaluation, the following process is initiated:

1. The intern's supervisor meets with the training director to discuss and determine what action should be taken to address the issue.
2. The intern is notified verbally, during the evaluation or supervision meeting, as applicable, and given the opportunity to provide a statement regarding the rating or problem behavior.
3. After reviewing the area(s) of concern and considering the intern's response, the training director has three (3) working days from the evaluation or supervision meeting to meet with the intern and provide one of the following verbal and written notices:

*Formal Notice*

- That a formal warning notice is being issued and directing the intern in combination with his or her supervisor to work to rectify the problem within a specified time frame.
- That a formal warning notice is being issued and a Performance Improvement Plan (PIP) is being developed by his/her supervisor that formally acknowledges serious concern regarding the performance or behavior and that acknowledges that the serious concern has been brought to the attention of the intern.
- That a formal warning notice is being issued and the intern's academic institution will be contacted to discuss the problem behavior or inadequacy and to assist in developing an appropriate action plan that may include, but is not limited, to implementation of a Performance Improvement Plan(PIP) and placing the intern on part time internship basis.
- That a formal warning notice is being issued and no further action will be taken due to extenuating circumstances.

4. *Hearing*

The training director and supervisor will meet with the intern within 3 working days of the Formal Notice being issued. The academic institution is informed of all formal warning notices and provided a copy of the document outlining the actions to be taken. The supervisor and intern presents information regarding the problematic behavior.

5. Within 24 hours of Hearing, Training Director provides the Intern with one of the following written notices:

- (1) That no further formal action will be taken
- (2) That a Performance Improvement Plan (PIP) is being developed that formally acknowledges serious concern regarding the performance or behavior and that acknowledges that the serious concern has been brought to the attention of the resident.

The training director/supervisor will meet with the intern within 3 working days of the Hearing meeting to present the performance improvement plan (PIP).

6. *Performance Improvement Plan (PIP)*

Written plan that actively and systematically monitors, for a specific length of time, the degree to which the intern addresses, changes and/or otherwise improves the problematic behavior or skill deficit. The length of the probation period will depend upon the nature of the problem and will be determined by the intern's supervisor and the Training Director. The plan will specify (a) the actual behaviors or skills associated with the problem; (b) the specific recommendations for rectifying the problem; (c) the time frame during which the problem is

expected to be ameliorated; and, (d) the procedures designed to ascertain whether the problem has been appropriately remediated.

The plan is dated and signed by the intern, the supervisor and the director. At the end of the specified timeframe, the Training Director will provide a written statement indicating whether or not the problem has been remediated. This statement will become part of the intern's permanent file and also will be shared with the intern and sent to the Director of Clinical Training at the intern's graduate institution.

7. If the problem is not rectified through the above processes, the Director of Intern Training may direct that a 2<sup>nd</sup> formal warning notice be written and given to the intern with a copy sent to the intern's academic institution. The training director and supervisor will consult with the academic institution's representative and obtain agreement on further action to be taken. Actions to be taken may include modifying and/or extending the timeframe for the PIP. The director will meet with the intern and provide a written plan detailing actions to be taken. The plan is dated and signed by the director, supervisor and intern.
8. If the problem continues to not be rectified or if it represents gross misconduct or ethical violations that have the potential to cause harm, the intern's placement within NMHC-PIP may be terminated. The decision to terminate an intern's placement would be made by the entire Training Committee and a representative of Human Resources and would represent a discontinuation of participation by the intern within every aspect of the training program. The Training Director may decide to temporarily suspend an intern's clinical activities during this period prior to a final decision being made, if warranted. In the event of dismissal, APPIC and the Director of Clinical Training at the intern's home doctoral program would be contacted within 5 working days of the decision.

### **Intern Appeal**

1. An intern may choose to appeal any decision and request an Appeals Hearing. If this decision is made, it must be presented in writing (an email will suffice) to the Chief Executive Officer (CEO) no longer than three (3) working days following the receipt of the decision or action plan.
2. An Appeals Hearing panel must be scheduled within five (5) working days of receipt of the written appeal. The panel will be composed of one (1) staff member chosen by the intern and, should the intern choose, a representative from his/her academic program, intern's primary supervisor, the Director of Intern Training, the Clinical Director and the CEO. The intern has the right to attend the hearing.
3. The panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information
4. A decision will be made within three (3) working days by popular vote to uphold, modify or abdicate the decisions made previously. The panel has final discretion regarding the outcome.
5. Once a final decision has been made, the intern, sponsoring university, and other appropriate individuals are provided a written copy of the decision made and any actions to be taken.
6. An original will be placed in the intern's file and a copy provided to the intern and the academic institution.



## **GRIEVANCE PROCEDURES**

**Grievance Procedures** are implemented in situations in which a psychology intern raises a concern about a supervisor or other faculty member, trainee, or the internship training program. These guidelines are intended to provide the psychology intern with a means to resolve perceived conflicts. Interns who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which an intern raises a grievance about a supervisor, staff member, trainee, or the internship program:

### **Informal Review**

The scheduled weekly supervision and the “just in time supervision” and “supervisors’ open door periods” provide opportunities for ongoing and continuous identification and discussion regarding any questions or concerns the intern has regarding their training experiences. Interns have the responsibility to raise any issue as soon as feasible with the involved supervisor, staff member, other trainee, or TD in an effort to resolve the problem informally. Supervisors are responsible for working to resolve or mediate interns’ concerns regarding their internship experience. This process should be documented in writing in supervision notes and discussed with the Training Director but will not become part of the intern’s professional file.

### **Formal Review**

Interns are entitled to challenge actions taken informally to resolve complaints about the training program, supervisors or other staff member or his/her status in the training by initiating a grievance procedure. The intern must submit a written Notice of Intern Grievance to the Director of Intern Training within 7 days of being informed of the actions that have or will be taken. The Notice will contain detailed information regarding the grievance.

1. The Director of Intern Training will investigate the complaint and will render a written decision within 7 working days of receipt of the formal complaint documentation. Should the intern disagree with the decision rendered regarding the complaint, he/she is entitled to initiate the grievance procedures within .three (3) working days of receipt of the director’s decision regarding the complaint
2. A Review Panel will then be formed consisting of the Director of Intern Training, the intern’s primary supervisor, one (1) staff persons selected by the intern, and if applicable to the grievance, the Practice Administrator. The Review Panel hearing is convened within three (3) working days of receipt of the written notice of grievance. The intern has the right to attend the hearing and present his/her evidence. If the grievance involves a NMHC staff person, he/she also has the right to attend the hearing and present his/her evidence. The hearing is chaired by the Director of Intern Training and the challenge is heard and evidence presented. Decisions by the Review Panel will be made by a majority vote. Within 48 hours of completion of the review hearing, the Review Panel will communicate its recommendation to the Clinical Director.
3. Within 48 hours of receipt of the panel’s recommendations, the Clinical Director will either accept or reject the panel’s recommendation, provide alternative action, or refer the matter back to the review panel for further deliberation. The Clinical Director then makes a decision regarding what action is to be taken and that decision is final.
4. Once a decision is made, the intern and academic institution are immediately informed in writing of the action taken.

### **Intern Appeal**

1. An intern may choose to appeal any decision made by the Review Panel and/or Clinical Director. If this decision is made, it must be presented in writing to the Chief Executive Officer (CEO) no longer than five (5) working days following the receipt of the decision.
2. An Appeals Hearing Panel must be scheduled within five (5) working days of receipt of the written appeal. The panel will be composed of one (1) staff member chosen by the intern and, should the intern choose, a representative from his/her academic program, the intern's primary supervisor, the Director of the Training Program, the Clinical Director and the CEO.
3. The panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information
4. A decision will be made within three (3) working days by popular vote to either uphold, modify or abdicate the original decision.
5. Once a final decision has been made, the intern, sponsoring university, and other appropriate individuals are provided a written copy of the decision made and any actions to be taken.
6. An original will be placed in the intern's file and a copy provided to the intern and the academic institution.

Note: In the event the focus of the intern's grievance is the current Director of the Training Program, the Clinical Director or CEO will assume the role of the Director of the Training Program in the processes delineated above.

### **DUE PROCESS AND GRIEVANCE PROCEDURES SIGNATURE PAGE AND ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING**

By signing below, I agree that I have read, understand and agree to adhere to the due process and grievance procedures of NMHC-PIP. I also agree that if I had any questions, they were addressed and adequately explained by the Internship Training Director.

\_\_\_\_\_  
Psychological Intern

\_\_\_\_\_  
Date

# Nebraska Mental Health Centers Internship Competency-Based Evaluation

Quarter:

Intern Name:

Date:

**Observation of Intern's Work:** How did you observe intern's work (circle all that apply)

- |                   |                             |
|-------------------|-----------------------------|
| 1. Intern Reports | 4. Direct Observation       |
| 2. Audiotape      | 5. Review of Progress Notes |
| 3. Videotape      | 6. Other, please specify:   |

Intern has completed her/his contracted hours

**EVALUATION SCALE:** Please use the following response scale for this evaluation: \*

- 1=Significant Development Needed** – Functions well below expected for level of training.  
**2=Development Needed**–Has introductory knowledge; improvement in functioning needed to meet expectations  
**3=Intermediate Skill** – Functions adequately in most situations & meets expectations based on level of training  
**4=Exceeds Expectations** – Functions above average and exceeds expectation based on level of training  
**5=Advanced** – Consistent high-level demonstration of competency and independence.  
**N/A=** Not Applicable/Not Observed/Cannot Say.

<b>A. Research</b>	
1. Demonstrates the substantially independent ability to critically evaluate research	
2. Demonstrates the substantially independent ability to disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level	
<b>Overall Rating</b>	

Additional comments optional, comments on scores below 3 required.

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

Additional comments optional, comments on scores below 3 required.

<b>C. Individual and Cultural Diversity</b>	
1. An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves	

2. Applies knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.	
3. Uses their ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles	
4. Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during residency.	
<b>Overall Rating</b>	

Additional comments optional, comments on scores below 3 required.

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

Additional comments optional, comments on scores below 3 required.

<b>E. Communication and Interpersonal Skills</b>	
1. Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services	
2. Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.	
3. Demonstrate effective interpersonal skills and the ability to manage difficult communication well	
<b>Overall Rating</b>	

Additional comments optional, comments on scores below 3 required.

<b>F. Assessment</b>	
1. Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient	
2. Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective	

3. Communicate orally and in high quality written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences	
4. Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.	
5. Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).	
6. Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.	
<b>Overall Rating</b>	

Additional comments optional, comments on scores below 3 required.

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

Additional comments optional, comments on scores below 3 required.

<b>H. Supervision</b>	
1. Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.	
2. Demonstrate effective collaborative and interpersonal skills in approach to supervision	
3. Actively seeks out supervision when appropriate	
4. Apply knowledge gained in supervision to improve clinical services	
<b>Overall Rating</b>	

Additional comments optional, comments on scores below 3 required.

<b>I. Consultation and Inter-professional/Interdisciplinary Skills</b>	
1. Demonstrate knowledge and respect for the roles and perspectives of other professions	
2. Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, inter-professional groups, or systems related to health and behavior.	

Overall Rating

Additional comments optional, comments on scores below 3 required.

**F. Overall Evaluation and Comment**

1. **Strengths:** What strengths does the intern bring to their work?
2. **Areas for Improvement:** What areas need improvement and development?
3. **Goals for Next Stage of Training:** Please note goals for intern for the next stage of clinical training.
4. **Preparation:** Please indicate your view of the intern's *academic preparation* to successfully complete the duties of this internship (*circle one number*).

1                      2                      3                      4                      5  
Very Poor          Poor                  Adequate          Very Good          Excellent

5. **SUPERVISOR OVERALL EVALUATION:** Based on the intern's level of training and the above items, please evaluate the resident's overall professional competence during this period?

*Please circle one number below:*

1	2	3	4	5
Significant Development Needed	Development Needed	Meets Expectations	Exceeds Expectations	Significantly Exceeds Expectations

**PLEASE SIGN:**

Internship Training Director: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Intern: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Supervisor Evaluation

Intern: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Intern's Signature: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

### Scoring Guide

- 1 = Training Needs Not Met**  
**2 = Training Needs Somewhat Met**  
**3 = Training Needs Adequately Met**  
**4 = Training Needs were Exceeded**  
**N/A = Not Applicable/Not Observed/Cannot Say**

### GENERAL CHARACTERISTICS OF SUPERVISOR

1. Is accessible and available for scheduled supervision.	
2. Supports interns' successful completion of the internship program.	
3. Presents as a positive professional role model.	
4. Is up-to-date in understanding of clinical populations and issues.	
5. Maintains appropriate interpersonal boundaries with patients and supervisees.	
6. Encourages appropriate degree of independence.	
7. Maintains clear and reasonable expectations for supervisee.	
8. Provides a level of case-based supervision appropriate to supervisee's training needs.	
9. Presents feedback in a manner that is respectful.	

Comments:

### DEVELOPMENT OF CLINICAL SKILLS

1. Assists in coherent conceptualization of clinical work.	
2. Assists in translation of conceptualization into techniques and procedure.	
3. Is effective in providing training in behavioral health interventions.	
4. Is effective in providing training in assessment and diagnosis.	
5. Supports learning of writing well organized psychological reports that answer the referral question(s).	
6. Supports intern in navigating and responding to clients' cultural and individual differences.	
7. Is effective in helping to develop therapeutic short-term and long-range treatment goals in collaboration with patients.	
8. Increases interns' knowledge of ethical and legal issues.	
9. Promotes interns' general acquisition of knowledge, skills, and competencies.	

Comments

## NMHC-PIP PROGRAM EVALUATION

### Intern:

<b>Evaluation Period:</b>	Mid-Point	End of Year
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This Program Evaluation is utilized by NMHC-PIP to continually improve and enhance the training progra,. All responses are reviewed by the Training Committee, and your feedback is carefully considered. Any rating of “poor” or Fair” will result in action by the Training Committee to address the problematic item.

<b>WEEKLY GROUP TRAINING OPPORTUNITIES</b>
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Weekly Didactic:	Poor	Fair	Good	Excellent
Weekly Assessment Didactic:	Poor	Fair	Good	Excellent
Weekly Clinical Group Supervision:	Poor	Fair	Good	Excellent
Weekly Intern Group Supervision/Consultation:	Poor	Fair	Good	Excellent

Please provide any additional comments/feedback about your experience and provide explanations for any “poor” or “fair” ratings.

<b>QUALITY OF TRAINING WITHIN REQUIRED COMPETENCY AREAS</b>
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For the following questions, please consider training you have received through didactic seminars and professional development opportunities, as well as experiential training.

Evidence-Based Practice in Assessment:	Poor	Fair	Good	Excellent
Comments:				

Evidence-Based Practice in Intervention:	Poor	Fair	Good	Excellent
Comments:				

Ethical and Legal Standards:	Poor	Fair	Good	Excellent
Comments:				

Individual and Cultural Diversity:	Poor	Fair	Good	Excellent
Comments:				



Research: (Application, Review or Opportunities)	Poor	Fair	Good	Excellent
Comments:				
Supervision:	Poor	Fair	Good	Excellent
Comments:				
Professional Values and Attitudes:	Poor	Fair	Good	Excellent
Comments:				
Interprofessional and Interdisciplinary Consultation:	Poor	Fair	Good	Excellent
Comments:				
Communication and Interpersonal Skills:	Poor	Fair	Good	Excellent

**Intern Name:**

**Interns Email:**

**New Address**

**NOTE: APA Accredited Programs and Internships are required to obtain information regarding intern graduates next professional experience, and later, status of professional position. Thus, we will need to contact you in the future with a survey, via your email, to obtain this necessary information. This information is included in our program's APA and APPIC profile and in our APA Annual Report. We thank you for your cooperation and assistance with this!**

POST PROGRAM EMPLOYMENT: Please put an "X" by the category(ies) that most closely describes your post program employment.

Community Mental Health Center	School District/System
Health Maintenance Organization	University Counseling Center
Veterans Affairs Medical Center	University Teaching Faculty
Military Medical Center	2 or 4 year Undergraduate Teaching Position
Private General Hospital	Medical School
General Hospital	Academic Non-Teaching Position
Other Medical Center	Research Position
Private Psychiatric Hospital	Independent Practice
State/County/other Public Hospital	Other (e.g., consulting)
Correctional Facility	Not currently employed
Changed to another career field	

Are you working on your dissertation? YES NO

If employed, is this position an official post-doctoral residency or fellowship? YES NO