**Jane Pauley Community Health Center (JPCHC)**

**Psychology Internship Manual 2025-2026**

**Table of Contents**

Overview …………………………………………………………………………………………………4

Program Philosophy………………………………………………………………………………………4

Training Aims…………………………………………………………………………………………….5

Accreditation Status………………………………………………………………………………………6

Clinical Experiences………………………………………………………………………………………6

Caseload………………………………………………………………………………………….6

Rotations…………………………………………………………………………………………7

Supervision……………………………………………………………………………………………….7

Individual Supervision…………………………………………………………………………...7

Group Supervision……………………………………………………………………………….8

Telesupervision…………………………………………………………………………………..8

Learning Activities………….……………………………………………………………………………9

Supervision and Consultation Across the Training Spectrum ………………………………….9

Didactic Training………………………………………………………………………………...9

Journal Group…………………………………………………………………………………....9

Stipend, Benefits, & Support……………………………………………………………………………..10

Stipend…………………………………………………………………………………………...10

Employee Benefits…………………………………………………………………………….…10

Leave of Absence………………………………………………………………………………10

Nondiscrimination………………………………………... ……………………………………………..11

Evaluation and Retention…………………………………………………………………………….….12

Communication and Intern Training Records……………………………………………………………13

Due Process Procedures…………………………………………………………………………...…….14

Formal Grievance Procedures…………………………………………………………………………...16

Application Process…………………………………………………………………………………..…17

Current Supervisory Staff……………………………………………………………………………….19

Appendix A: Sample Rotation Schedule………………………………………………………………..21

Appendix B: Didactic Schedule…………………………………………………………………………22

Appendix C: Journal Group Schedule…………………………………………………………………..24

Appendix D: Intern Evaluations….…………………………………………………………………...28

Appendix E: Evaluation of Supervisors……………………………………………………………....33

**Overview**

The Jane Pauley Community Health Center (JPCHC) was established in 2009 with generous support from the Metropolitan School District of Warren Township, Community Health Network, and the Community Health Network Foundation. It is named after Jane Pauley, a 1968 Warren Central High school graduate who grew up in the area and is well-known as the former anchor of NBC TV’s Today and Dateline Programs. She currently hosts “CBS Sunday Morning.”

In 2011, The Jane Pauley Community Health Center was awarded Federally Qualified Health Center (FQHC) status by the Health Resources and Service Administration (HRSA). This recognition allowed The Jane Pauley Community Health Center to serve more patients and expand its services. Now, The Jane Pauley Community Health Center has 14 sites in four Indiana counties, offering care to patients of all age groups, nationalities, and backgrounds.

The Jane Pauley Community Health Center offers integrated healthcare to any and all individuals and families, regardless of insurance status. We offer primary care, pediatrics, OB/GYN, behavioral health, and dental services for adults and children. Our services include preventive care and annual exams, well-child checks, acute care, and certain procedures. Our providers also focus on the management of chronic diseases, such as diabetes, cardiac disease, and depression. Overall, JPCHC serves over 20,000 patients in the Indianapolis metropolitan area and surrounding counties.

**Program Philosophy**

The doctoral Internship Program seeks to prepare interns for assuming a role in the rapidly changing world of health service psychology. Using the Practitioner-Scholar model, the interns are encouraged to learn-by-doing in a setting that allows for and emphasizes self-reflection and mentoring. While many students have excellent preparation through both educational and practicum experiences, the Internship is meant to provide a first immersive experience into integrated behavioral health in a Federally Qualified Health Center. This experience involves contact with a diverse population of patients. The program focuses on service delivery, clinical practice, and helping interns progress through the various phases of professional development. The primary goal is to train interns to be ready for autonomous professional practice upon graduation. We emphasize that interns become educated consumers of clinical research by using didactics and other forms of learning. This encourages interns to think critically, evaluate research findings, and apply them within the clinical context. Interns are encouraged to explore and grow by identifying areas in which they want to expand their knowledge and practice within the scope of this setting. Interns are provided feedback by both supervisors and peers regarding their work (e.g., feedback provided on recorded sessions). Through the use of the Integrated Behavioral Health model of service, trainees will become well-versed in providing individual, family/couples, and group psychotherapy, completing assessments to aid in the diagnosis and provision of integrated services by medical and behavioral health providers, developing skills in consultation with medical providers, treatment planning/case conceptualization, and providing supervision to practicum students from local universities. Furthermore, trainees are afforded the opportunity to provide individual and group services and consultation to students, faculty, and administrators at a local school corporation that partners with JPCHC in order to immediately meet the needs of students living in a rural underserved community.

While the landscape of clinical practice in psychology consistently evolves, the program emphasizes two core clinical skills that are required for practicing psychologists. First, psychologists must be proficient diagnosticians who are able to provide a comprehensive assessment of psychological concerns and formulate an appropriate treatment plan. Second, psychologists must be flexible in their ability to provide treatment to a wide range of presentations with diverse populations. Collectively, this produces a provider who is effective in both psychological assessment and psychotherapeutic approaches. Although training occurs within the integrated behavioral health setting of a community health clinic and through administering school-based services, interns receive generalist training that allows them to further specify in a range of areas while completing their internship experiences.

**Training Aims**

The aim of the Internship is to train psychologists to provide integrated behavioral health services in medical settings and school-based settings. The JPCHC Internship provides interns with a range of training opportunities housed within a Federally Qualified Health Center. This provides opportunities for interns to hone their skills in the setting of Integrated Primary Care and gain knowledge in the area of health psychology practices. Additionally, interns are able to gain knowledge on how to collaborate with school-based partners to deliver quality care. Clinical opportunities in both short-term, solution-focused approaches, and in-depth, longer-term psychotherapy with diverse populations are provided. Interns are trained to function as competent early career psychologists who are prepared to work in a range of clinical areas including primary care, hospitals, private practice, and other practice settings.

Specific competencies must be met for such practice and are associated with the American Psychological Association’s (CoA Standards of Accreditation) Profession-Wide Competencies, which are listed below. We aim to train interns to reach related goals detailed with each area of competency.

1. **Research:** We train interns to identify and evaluate relevant scientific literature and apply research to their clinical practice of psychology. Interns are encouraged to engage in discussions about research with their supervisor and peers by including scholarly information in case conferences. Interns are further encouraged to present their research from outside settings (e.g., share publications and poster presentations presented at the local, regional, and national level).
2. **Ethical and legal standards:** Interns are trained to enhance and deepen their knowledge and application of ethics and law and apply this knowledge skillfully. Interns collaborate with their supervisors to critically evaluate safety concerns, and to formulate ethical strategies to address such concerns.
3. **Individual and cultural diversity:** Interns are trained to reflect on their personal and cultural history and attitudes. Interns are challenged to explore and address any biases with their supervisor to identify how they may affect, understand, and impact people different from themselves. Interns are trained to integrate their understanding of cultural differences into their work with patients whose world view and group membership may create conflict with their own views.
4. **Professional values, attitudes, and behaviors:** Interns are trained to reflect on their professional behavior and manage their reactions appropriately. Interns are trained to work in an organized and efficient manner that is required to successfully provide treatment in the setting of an FQHC.
5. **Communication and interpersonal skills:** Interns are trained to engage professionally with their treatment team, supervisors, peers, and outside referral agencies. Interns are trained to communicate openly and address sensitive issues, and to utilize supervision time in an appropriate and productive manner.
6. **Assessment:** Interns are trained to administer, score, and interpret psychological tests. We train interns to provide nuanced diagnoses and effectively communicate assessment results to patients and medical team for the purposes of providing integrated care.
7. **Intervention:** Interns are trained to develop and establish effective therapeutic relationships, individualized case conceptualizations, appropriate treatment goals, and the ability to assess treatment progress in individual and group settings. We also train interns to utilize evidence-based approaches and modify them as needed to address individual and cultural treatment needs.
8. **Supervision:** Interns are trained to demonstrate foundational skills and supervision through the provision of peer supervision to practicum students. Interns are expected to provide one half hour of individual peer supervision per week, while practicum students are contracted with the agency. Further supervision and knowledge are provided through group supervision and didactics.
9. **Consultation and interpersonal/interdisciplinary skills:** We train interns to demonstrate knowledge of interdisciplinary skills through direct consultation with the medical team and other members of the patient’s treatment team. Given the setting, interns are trained to consult with medical providers early and often.

**Accreditation Status**

The JPCHC Internship is not accredited by APA at this time.

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

Office of Program Consultation and Accreditation

American Psychological Association

750 1st Street, NE, Washington, DC 20002

Phone: (202) 336-5979/E-mail: apaaccred@apa.org

Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

**Clinical Experiences**

Two interns will be accepted for the training year. The training year is defined as 52 weeks and the completion of 2000 hours of training. Interns will begin their training experience in August and complete their training in August of the following year. Interns will have clinical opportunities available to them at one of JPCHC’s clinics located in Anderson, Indiana and a local school corporation in Northern Madison County.

The JPCHC training program begins with a one week orientation to the JPCHC organization which includes specific training in utilization of the EHR, First Aid/CPR, introduction to the role and mission of FQHC’s, and the completion of trainings for universal precautions, transmission of disease, and ethical behavior in the medical setting. A detailed orientation schedule will be sent to interns in the month prior to their start date.

We provide interns with the opportunity to grow in their intervention, assessment, consultation, and supervision skills through a range of clinical experiences in an Integrated Primary Care Setting. Interns are exposed to a wide variety of patients through collaboration with our primary care providers across a range of specialties. We strive to train clinicians who are able to act as the liaison between different specialties to ensure continuity of care for our patients. This approach allows interns to develop a true understanding of integrative primary care. Furthermore, interns are trained to work with a great degree of flexibility in order to meet patient needs and provide unique prospective to treatment that can only be provided from a psychological lens. Interns gain experience in assessment and diagnosis, intervention, and supervision and consultation through different rotations at three different clinical locations within Madison County, Indiana.

***Caseload:*** Interns perform approximately 20 hours of therapy and face-to-face patient care per week (warm handoff consultations, individual/group therapy, and administration of assessment measures). The number of patients assigned to interns can vary depending on their rotation assignment. Interns are provided opportunities to complete their documentation and work at the facility to ensure completion in a timely manner. A sample schedule of the intern’s daily activities is included in Appendix A. Times of different training experiences may vary; however, number of hours dedicated to training activities, supervision, etc. will remain the same.

* ***Rotations***: Interns complete three yearlong core rotations: Integrated Behavioral Care and Psychotherapy, Assessment, and School-Based Treatment. All clinical activity will be completed across two JPCHC locations within Anderson, Indiana and the greater Madison County area. The primary model of care informing patient treatment is that of a population health model.
  + *Alexandria School Corporation:* Jane Pauley Community Health Center offers direct treatment to students at a local school system. The schools are located approximately 11 miles north of Anderson in rural Madison County, Indiana. Students at this particular school are often underserved and are best served by having treatment “come to them.” Interns gain experience in providing treatment to students k-6th grade or 7th to 12th grade. Interns have the option to provide individual, group, or a mix of both modalities of treatment. There are also opportunities to provide care in a therapeutic summer camp hosted by one of the psychologists with JPCHC. Interns will spend one day per week for the entire year completing the School-Based Treatment rotation at Alexandria School Corporation.
  + *Wigwam Health Center*: The Wigwam Health Center houses Family Medicine, Dental, and Psychiatric services. This specific location serves as the interns’ primary “home” within the JPCHC system. Interns carry a caseload throughout the year at this location as part of the Integrated Behavioral Care and Psychotherapy rotation, focusing on short term, solution-focused interventions, such as warm handoffs/brief consultations, as well as long term, evidence-based interventions. Interns are embedded within the medical team and learn and apply behavioral health techniques common within Integrated Primary Care settings. As the providers at the Wigwam Health Center provide health services to individuals across the entirety of the lifespan, there is opportunity for interns to provide interventions to individuals from early childhood through older adulthood. Interns spend at least two days per week providing therapy services at the Wigwam Health Center. The assessment rotation is housed at the Wigwam health Center. Interns spend one day a week for the entire year completing diagnostic testing. Referrals come internally from JPCHC’s medical team and are provided to help inform the medical team’s care of patients.

**Supervision**

***Individual Supervision:*** Interns participate in at least two hours of individual supervision to ensure support at both locations while completing clinical duties. At the Wigwam Health Center and Alexandria Community Schools, supervision is provided by Licensed Psychologists/Health Service Providers in Psychology. Supervisors will review therapy cases, help interns conceptualize cases, address concerns for patients’ treatment, identify strategies to consult with patients’ treatment teams, and discuss professional development. Because interns provide supervision to practicum students, supervision is also used to discuss and conceptualize practicum students’ training. Individual supervision is protected training time. Both interns and supervisors have this time blocked in their schedule for the same time every week for the entire year and will not be utilized to meet clinical demands. Each supervisor will observe at least one therapy session (individual or group) either in-person or recorded at least twice per year for a total of at least four observations.

Supervisory relationships between interns and their assigned supervisors are highlighted as a necessary component for successful learning. As such, all supervision will be held with psychologists who take a special interest in the interns’ training and are part of the training committee. Interns meet with their supervisors in person during the orientation period. Supervisors are also responsible for helping interns acclimate to their rotations. Full professional responsibility remains with the intern’s supervisor, and any incidents of crisis or time sensitive issues should be elevated to the intern’s supervisor immediately.

As noted above, interns participate in three different rotations for the duration of the year. In supervision for the school-based services, treatment planning, conceptualization, and strategies for implementing individual and group therapy, as well as consultation with faculty and staff, are discussed. This supervision is provided by Dr. Drew Gleitsmann. In supervision for assessment, the different testing batteries utilized by JPCHC are discussed and individualized to address referral questions. Supervision is also used to review testing data and conceptualize diagnoses and recommendations. Supervision at the Wigwam Health Center is provided by Dr. Jared Bishop. Both Dr. Gleitsmann and Dr. Bishop provide supervision for integrated care and long-term therapy services.

***Group Supervision:*** Interns participate in two hours of group supervision every Wednesday for the entirety of the training year. Group supervision is provided by a Licensed Psychologist/Health Service Provider in Psychology. Group supervision provides interns with an opportunity to further obtain feedback from their supervisor while also consulting with their peers.

***Telesupervision:*** Telesupervision may be used to conduct weekly group supervision. This may be used to help decrease the amount of travel time required by interns due to interns working at multiple sites within the agency. Interns and supervisors assigned to facilitate group supervision, meet virtually on a secure video platform that provides simultaneous video and audio. Group supervision is typically held in in-person weekly for two hours to promote interaction, socialization and cohesion within the cohort.

Typically, the use of telesupervision is limited due to the importance of in-person supervision. Use of telesupervision must be approved in advance by the Behavioral Health Training Director. Telesupervision is used when Behavioral Health Providers are directed by JPCHC Administration to work from home. Intern supervisors maintain responsibility for all clinical cases. A maximum of two hours of group supervision per week may be approved depending on the circumstances. This use of telesupervision to provide high quality supervision when circumstances make in-person meeting difficult is in line with the aims of the internship program. Using telesupervision only when necessary allows for a strong supervisory relationship to be built between the intern and supervisor before using telesupervision.

In the event the telesupervision procedures must be used, specific approaches are used to ensure quality supervision is provided. Telesupervision specifically consists of secure video meetings between interns and supervisors held through a video platform (e.g. Teams, Doximity, etc.) that allows for simultaneous audio and video conferencing. Supervisors should be well-trained in providing telesupervision. If utilized, supervisors will check in informally with interns about benefits and barriers related to telesupervision with the goal of maintaining a strong supervision relationship. Items related to telesupervision will be included on program evaluation and supervisor evaluation forms if telesupervision was used in the evaluation time period.

During orientation, interns are directed by their supervisors on the use of teleconferencing technology. All forms of telesupervision are held over a secure network using software provided by JPCHC. Interns’ supervision is never recorded and thus protects the privacy and confidentiality of all trainees. IT support is readily available by email when technical difficulties cannot be easily resolved.

Consultation with supervisors held by telephone will be used on an as needed basis and is highly encouraged when no other forms of supervision are immediately available.

**Learning Activities**

***Supervision and Consultation Across the Training Spectrum:***

*Supervision of Practicum Students*:JPCHC carries several training agreements with local universities and provides doctoral practicum opportunities in psychology to partnering universities. As a result, interns gain experience in the provision of individual supervision of practicum students and their training activities for the entirety of the training year (fall, winter, and spring semesters). Interns and practicum students meet for an hour weekly to review cases and identify training goals. Interns then receive feedback from their clinical supervisor regarding supervision of practicum students. Interns provide lower-level trainees with feedback and strategies for working with cases (including reviewing video). They are also encouraged to help practicum students with professional development. However, while the interns provide supervision, the practicum students’ licensed supervisor is ultimately responsible for the practicum students’ caseload.

*Consultation/Supervision with Postdoctoral Residents*:JPCHC hosts Postdoctoral Residents who are in the process of obtaining licensure. Interns are given at least one hour a week to consult with and obtain supervision from Postdoctoral Residents to further enhance collaborative learning. Postdoctoral Residents may provide further supervision and consultation for the different locations and clinics.

***Didactic Training:*** Psychologists at JPCHC provide training in two hour-long, weekly didactic seminars. Additionally, guest speakers from other surrounding agencies or in the community may be invited to participate in the didactic series. The didactic training series is designed to provide interns with generalist training while also exposing interns to different topics within the scope of Integrated Primary Care. Specifically, interns are exposed to topics on health anxiety, management of chronic illness, chronic pain, perinatal mood and anxiety disorders, substance use, and trauma. Additionally, interns gain knowledge in the areas of overall professional development and supervision. Given JPCHC’s patient population, interns participate in a series of didactics that examine culture and diversity. For example, interns learn about working with perinatal mood and anxiety disorders impacting African American mothers and the disparate mortality rate among women of color during the birth experience. A schedule of seminar topics is provided to interns at the start of the training year. Interns also host one didactic on a topic of their choosing. Didactics are presented either in-person or using teleconference technology.

***Journal Group:*** To ensure that interns gain additional exposure to evidence-based and state-of-the-art information regarding diversity and the provision of psychological services in integrated primary care settings with a variety of patient presentations, interns attend a weekly journal group. This journal group is designed to enhance intern knowledge on seminal research across a wide array of psychology topics. An intern will briefly present and summarize information from that week’s reading. Implications for application and practice are then discussed. Interns meet weekly for an hour with a staff or postdoctoral resident who moderates the discussion following the intern’s presentation.

**Stipend, Benefits, and Support**

***Stipend:*** Interns receive an annual stipend of $27,000.

***Employee Benefits:*** JPCHC recognizes the value of benefits to employees and their families. The company supports employees by offering a comprehensive and competitive benefits program to interns.

*Medical, Dental, and Vision Insurance:*Interns and their family members are eligible for insurance 30 days after their start date. To keep coverage in force, every insured employee must work a minimum of 30 hours per week. JPCHC offers a comprehensive competitive benefit package. For medical, eligible interns will receive a portion of the deductible uploaded on the TASC card. Eligible interns will be responsible for any remaining out of pocket expenses that exceed the uploaded amount. If a spouse’s employer offers any of these benefits, the spouse would not be eligible to receive those benefits through JPCHC.

*Vacation time:* The annual Paid Time Away (PTA) bank for a full-time employee will be 27 days (216 hours). Employees who are hired, promoted, or change positions through the year will have a pro-rata bank of PTA that is available for immediate use and is not accrued. The pro-rata amount of PTA is determined by pro-rating the total amount of PTA hours for the number of remaining pay periods in the pay year and FTE status. Eligible employees who are assigned at less than 1.0 FTE will receive a bank that is further pro-rated in proportion to their FTE. If FTE status is changed, previous PTA hours that were frontloaded to the employee during the current calendar year will be applied in the new PTA calculations.

***Leave of Absence:*** In the event that a life occurrence arises (sickness, childbirth, etc.) interns are eligible to utilize JPCHC’s Personal and Medical leave policies.

*Medical leave*: For use by an employee who has a physical or mental condition that requires the employee to be absent more than 14 calendar days for the purpose of treatment, recuperation, or isolation, including pregnancy and childbirth. Eligibility: Must have worked for JPCHC for 90 days. Time Limits: May not exceed 60 days within a 12-month period, measured backward from the date an employee uses any leave under this policy. Entitlement: Not guaranteed by law. The decision to approve the Leave Of Absence rests with JPCHC’s insurance carrier; however, at the discretion of the training director and Human Resources, the decision could be overridden.

*Personal leave*: If an employee does not qualify for any other type of leave under this policy, JPCHC may grant approval for personal leave. A written request should be submitted to the employee’s direct supervisor with a 30-day notice. In coordination with HR, the supervisor will determine approval status. An employee may be eligible to take up to 30 days’ time off with supervisor and HR manager’s approval. Eligibility: Must have worked for JPCHC for 30 days. Time Limits: May not exceed 60 days within a 12-month period, measured backward from the date an employee uses any leave under this policy. Entitlement: Not guaranteed by law. The decision to approve the LOA solely rests with the manager with final approval from Human Resources.

In the event that an Intern must utilize one of the Policies of Leave, an expectation is set that the intern will complete the remainder of the Internship within 15 months of beginning their internship. Pay will be suspended until the intern returns to their duties for the Internship. Interns are encouraged to contact Human Resources as soon as the need for Leave is identified. This information will be readily available for the intern on JPCHC’s Ethernet (The Host) and is readily provided by the training director. Interns also have the option to work directly with the Human Resources Department.

***Other Supports Provided***

* **Scheduling and Front Office Support:** Interns have full access to scheduling resources at each practice. That is, Patient Services Representatives (PSR’s) provide interns with scheduling, rescheduling, and canceling of patients. At Alexandria Schools, Interns are responsible for scheduling their patients, but also have access to PSR’s through one of medical practices. In addition to scheduling, PSR’s field calls from patients and community, assist with faxes, and check patients in and out from their appointments for the practices. PSR’s also collect insurance information of patients and ensure that patient records are up to date.
* Interns are encouraged to communicate and work with practice managers and supervisors to communicate time off and to schedule this as needed. Practice managers offer operational support to all providers through the Jane Pauley system. This includes replacing materials as needed and providing additional support within the office.
* **Computers/Technical Support:** Interns are issued laptop computers with full access to the electronic medical record system (OCHIN/EPIC), Teams, and Jane Pauley’s Ethernet system. They also have full IT support for both overall technical administrative needs and OCHIN/EPIC systems. Interns are provided with access to Doxy.me through Jane Pauley in order to complete telemedicine appointments. Finally, Interns are given access to Medtrainer for training and event reporting.
* **Office:** Students are assigned individual offices located in the Behavioral Health wings of practices near their immediate supervisors. Offices are outfitted with desks, chairs, and bookshelves. In order to access offices, Interns are provided with work badges and key cards in order to access their offices and employee-only areas of the offices.
* At the Alexandria Schools, Interns are provided with offices and utilize their Jane Pauley-Issued laptops to complete all documentation. Students are issued keys and access materials through the school in agreement with Jane Pauley CHC.

**Testing Materials and Therapy Supplies:** All testing materials that are required to complete diagnostic testing are provided by Jane Pauley, including protocols. Scoring services/materials are also provided. Interns are able to request materials for play therapy on an as needed basis. These requests must be approved by the supervisor.

**Nondiscrimination**

Jane Pauley CHC provides equal employment opportunities to all employees and applicants for employment without regard to race, color, ancestry, national origin, gender, sexual orientation, religion, age, disability, gender identity, results of genetic testing, or service in the military. Equal employment opportunity applies in all terms and conditions of employment, including hiring, placement, termination, leave of absence, compensation, and training.

Jane Pauley CHC Internship is committed to creating and maintaining a training environment in which all interns have an opportunity to participate and contribute to the success of the organization and are valued for their skills, experience, and unique perspectives. This commitment is embodied in company policy. The JPCHC internship strives to create an inclusive, equitable, welcoming, appreciative, and safe learning environment for all interns. Every effort is made to create and sustain a climate in which all staff and interns feel valued, respected, comfortable, and have the opportunity to succeed.

The Internship both welcomes and values applicants from diverse backgrounds. The JPCHC Internship believes that a diverse training environment is vital to provide high quality training, as well as to effectively serve JPCHC Internship’s clinical population. The Internship provides equal opportunity to all prospective interns and does not discriminate because of a person’s race, color, religion, sex, national origin, age, disability, or any other factor that is irrelevant to success as a psychology intern. Every applicant is individually evaluated related to the quality of their previous training experiences, strength of educational preparedness, and fit with JPCHC Internship. If an applicant or intern requires accommodations, please contact the Internship training director to initiate this process.

The Internship’s primary goal in training interns about cultural and individual differences is to ensure that interns develop the awareness, knowledge, and skills necessary to provide competent psychological services to all members of the public. In pursuit of this goal, one of JPCHC Internship’s core competencies is individual and cultural diversity. This expected competency is also intended to comply with the American Psychological Association’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.” As stated previously, to ensure interns successfully meet this competency, experiences and training related to cultural and individual differences are interwoven throughout the training year to provide multiple opportunities to explore issues related to diversity as well as to gain a breadth of insight and experiences related to diversity.

**Evaluation and Retention**

The JPCHC Internship requires that interns demonstrate minimum levels of achievement across all competencies and training elements, and that interns comply at all times with JPCHC employment policies and rules. Interns are formally evaluated by their primary supervisors three times during the internship year: at the end of fall (approximately 8 to 10 weeks into the training year); at the midpoint, and at the end of the internship year. Evaluations are conducted using a standard rating form, which includes comment spaces where supervisors include specific written feedback regarding the interns’ performance and progress. The evaluation form includes information about the interns’ performance regarding all of JPCHC’s expected training competencies and the related training elements. Supervisors will review the appropriate evaluation with each intern; during this review there will be an opportunity for discussion concerning each data point or written comment.

A minimum level of achievement must be obtained by the intern at each evaluation point in the training year. During the fall evaluation, interns must obtain a “2” or better on all items. At midpoint, interns must obtain a “3” or better, and at end-of-year evaluation interns must obtain a rating of “4” for each element. The rating scale for each evaluation is a 5-point scale, with the following rating values: **1 = Remedial, 2 = Beginning/Developing Competence, 3 = Intermediate Competence, 4 = Proficient Competence, 5 = Advanced Competence**. If an intern receives a score less than the minimum level of achievement on any training element at any of the evaluation points, or if supervisors have reason to be concerned about the student’s performance or progress, the program’s Due Process procedures will be initiated. The Due Process guidelines can be found within this JPCHC Internship Handbook. As stated below, issues of concern will be addressed as soon as they are identified, whether through informal discussion and strategizing during supervision or more formal methods such as Due Process procedures and/or a corrective action plan. Interns must receive an average rating of 4 or above on all training elements to successfully complete the internship experience.

Additionally, all JPCHC interns are expected to complete 2000 hours of training during the 52-week internship year. Meeting or exceeding the hour requirement, while also maintaining an average rating of 4 or above on the above-mentioned evaluations, demonstrates that the intern has progressed satisfactorily through and completed the Internship program. Intern evaluations and certificates of completion are maintained indefinitely by the Training Director in a secure digital file. Intern evaluations, as well as other relevant feedback, will at a minimum be provided to the interns’ doctoral program at the mid-point and end of the internship year. If there is any indication that a major challenge or deficit might interfere with successful completion of the Internship (or result in deficient mid-term evaluation scores), the intern’s doctoral program will be notified immediately. Doctoral programs will be contacted within one month following the end of the internship year and informed that the intern has successfully completed the program. If successful completion of the program comes into question at any point during the internship year, or if an intern requires a formal remediation plan or enters a probationary period the home doctoral program is contacted. This contact is made to ensure that the intern’s doctoral program is kept engaged in order to provide support for an intern who may be experiencing difficulties, for invested persons in the home program to provide feedback which might help the intern meet Internship requirements, and to allow home programs the opportunity to provide input related to any required corrective plans. The home doctoral program will be notified of any further action that may be taken by JPCHC as a result of the Due Process procedures, up to and including termination from the program.

In addition to the evaluations described above, interns complete an evaluation of their supervisor(s) and a program evaluation at the mid-point and end of the internship year, in order to provide feedback that will inform any changes or improvements in the training program. All evaluation forms are available within the Handbook and via the JPCHC intranet. Please see Appendix D for a copy of the intern evaluation.

**Communication and Intern Training Records**

Communication between the internship program and the interns home doctoral program is critical for the overall development of new psychologists. As the internship is a required part of the doctoral program, the doctoral program is ultimately responsible for the evaluation of readiness for graduation, with input on performance from the internship supervisors.

It is the responsibility of the Behavioral Health Training Director to initiate contact with the interns’ home doctoral program’s Director of Clinical Training (DCT) at regular intervals throughout the training year. The Training Director is responsible for maintaining intern records in conjunction with the Human Resources Director.

The Behavioral Health Training Director will contact both the intern and their DCT within 5 days of learning of a successful match to verify the terms of the internship. The Training Director will share a copy of all formal written evaluations of the intern by email with their DCT at the midpoint and end of year. Doctoral programs will also be contacted within one month of the end of internship to inform them that the intern has successfully completed the program. If there are concerns with the intern’s competence or the intern enters the formal review step of the Due Process procedures, the home doctoral program will be contacted and included as part of any remediation process discussions. The home doctoral program is notified of any formal disciplinary action, up to and including termination, of an intern, as well as satisfactory completion of a remediation plan.

The Training Director is also responsible for maintaining intern records, including completed evaluations, certificates of completion, and each intern’s training plan in a secure digital file. Records related to Due Process are also maintained in the intern’s file. At the completion of the internship year, these files are shared with the Human Resources Director. These records are maintained indefinitely.

Records related to grievances are also maintained in a secure digital file by the Behavioral Health Training Director. These records are maintained for 10 years.

**Due Process Procedures**

Due Process procedures are implemented in situations in which a supervisor or other faculty or staff member raises a concern about the functioning of a doctoral intern, such as a competence concern. These procedures are a protection of the rights of both the intern and the internship training program. JPCHC’s Due Process procedures occur in a stepwise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program.

For purposes of the Due Process and Grievance Procedures, a competence problem is defined broadly as:

1. An inability to exhibit or acquire the professional knowledge, skills, and/or attitudes required to reach an acceptable level of performance (that is obtain a “2” or better on all items in the fall evaluation, “3” or better on all items on the mid-year evaluation, and a “4” on all items of the final evaluation)
2. An inability and/or unwillingness to acquire and integrate professional standards (e.g., ethical, legal, diversity) in one’s professional functioning
3. An inability to effectively manage personal stress, and/or interpersonal difficulties that interfere with professional functioning.

***Characteristics of Competence Problems***

Competence problems may arise because of educational or academic deficiencies, psychological adjustment problems and/or inappropriate emotional responses, inappropriate management of personal stress, inadequate level of self‑directed professional development, inappropriate use of and/or response to supervision, etc. Behaviors typically become identified as competence problems when they include one or more of the following characteristics:

* The behavior is not merely a reflection of a knowledge or skill deficit that can be rectified by academic or didactic training or supervision.
* The quality of services delivered by the intern is sufficiently negatively affected.
* The behavior has potential for ethical or legal ramifications if not addressed.
* The behavior shows a persistent insensitivity to diversity considerations related to race, ethnicity, gender, sexual orientation, age, disability, veteran’s status, etc.
* The intern’s emotional difficulties interfere with his or her capacity to perform competently.
* The intern’s interpersonal style interferes with their interdisciplinary relationships with peers, coworkers, supervisors, and/or subordinates.
* The intern does not acknowledge, understand, or address the concern when it is identified.
* The intern's behavior does not change as a function of feedback, remediation efforts, and/or time.
* A disproportionate amount of attention by training personnel is consistently required with minimal behavior change.
* The intern's behavior negatively impacts the public view of the training program or institution.
* The behavior negatively impacts another trainee within the Internship class.
* The behavior negatively impacts other workers within the agency or violates appropriate interpersonal communication with agency staff.
* The behavior directly harms a patient or results in serious risk of harm to a patient

***Informal Review***

When the intern’s supervisor or other faculty/staff member believes that an intern’s behavior is problematic, or becomes concerned that an intern is having difficulty consistently demonstrating an expected level of competence, the first step in addressing the issue will generally be to raise the issue with the intern directly and as soon as feasible in an attempt to informally resolve the problem. The training director will be informed of the situation and suggested remediation and will provide feedback. Remediation may include increased supervision, didactic training, and/or structured readings. The supervisor or faculty/staff member who raises the concern should monitor the outcome.

***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 “2” on any element during the fall evaluation, below a “3” on any element during the midyear evaluation, and below a “4” on any element at the final evaluation, the following process is initiated:

1. *Notice*:The intern will be notified in writing that the issue has been raised to a formal level of review, and that a Hearing will be held.
2. *Hearing*:The Training Director (TD) will hold a Hearing with the intern, supervisor(s), the intern’s university Director of Clinical Training (DCT), and a member of the Human Resources department within 10 days of issuing a Notice of Formal Review to discuss the problem and determine what action needs to be taken to address the issue. The intern will have the opportunity to present his/her perspective at the Hearing and/or provide a written statement of his/her response to the problem.
3. *Outcome and Next Steps*:The results of the Hearing will be any of the following options, to be determined by the TD, other faculty/staff member, and Human Resources representative who was present for the hearing. This outcome will be communicated to the intern in writing within 5 days of the Hearing.
4. Issue an “Acknowledgement Notice” which formally acknowledges:
   1. That the faculty is aware of and concerned with the problem;
   2. That the problem has been brought to the attention of the intern;
   3. That the faculty will work with the intern to specify the steps necessary to rectify the problem or skills deficit addressed by the inadequate evaluation rating; and,
   4. The problem is not significant to warrant further remedial action.
5. Place the intern on a “Remediation Plan” which defines a relationship such that the faculty, through the supervisors and TD, actively and systematically monitor, 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 implementation of a Remediation Plan will represent a probationary status for the intern. The length of the probation period will depend on the nature of the problem and will be determined by the intern’s supervisor and the TD. A written Remediation Plan will be shared with the intern and the intern’s home doctoral program and will include:
   1. The actual behaviors or skills associated with the problem;
   2. The specific actions to be taken to rectify the problem;
   3. The time frame during which the problem is expected to be ameliorated; and,
   4. The procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of the remediation period as specified in ‘c’ above, the TD 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 will be shared with the intern’s home doctoral program. If the problem has not been remediated, the TD may choose to move to Step 3 or Step 4 below, or may choose to extend the Remediation Plan. The extended Remediation Plan will include all of the information mentioned above and the extended time frame will be specified clearly.

1. Place the intern on suspension, which would include removing the intern from all clinical service provision for a specified period of time, during which the program may support the intern in obtaining additional didactic training, close mentorship or engage in some other method of remediation. The length of the suspension will depend on the nature of the problem and will be determined by the intern’s supervisor and the TD. A written suspension plan will be shared with the intern and the intern’s home doctoral program and will include:
2. The actual behaviors or skills associated with the problem; with the problem;
3. The specific actions to be taken for rectifying the problem;
4. The time frame during which the problem is expected to be ameliorated; and,
5. The procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this suspension period as specified in ‘c’ above, the TD will provide to the intern and the intern’s home doctoral program a written statement indicating whether the problem has been remediated to a level that indicates that the suspension of clinical activities can be lifted. The statement may include a recommendation to place the intern on a probationary status with a Remediation Plan. In this case, the process in #2 above would be followed. This statement will become part of the intern’s permanent file. If the problem has not been remediated, the TD may choose to move to Step 4 below, or may choose to extend the period of suspension. That is, the TD may choose to end the suspension period, extend the suspension period, or move to termination.

4. If the problem is not rectified through the above processes, or if the concern represents gross misconduct or ethical violations that have the potential to cause harm, the intern’s placement within the Internship program may be terminated. The decision to terminate an intern’s position would be made by the 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 Committee would make this determination during a meeting convened within 10 business days of the previous step completed in this process, or during the regularly scheduled monthly Training Committee meeting, whichever occurs first. The TD may decide to suspend an intern’s clinical activities during this period prior to a final decision being made, if warranted. The Internship program will notify APPIC and the intern’s home doctoral program of the decision.

***Procedure for Appeal by an Intern***

Interns may appeal a decision made at any step in the due process procedures. The intern may request an Appeal Hearing before the Training Committee. This request must be made in writing to the Training Director within five business days of notification regarding the decision with which the intern is dissatisfied. The intern may request a specific member of the training faculty to serve on the review panel. The Appeals Hearing will be held within 10 business days of the intern’s request. If an intern wishes to appeal a decision of the review panel, they may follow the steps listed in point IV of JPCHC Employee Grievance/Due Process Policy.

**Formal Grievance Procedures**

Grievance Procedures may be initiated when an intern raises a concern about a supervisor or other faculty member, trainee, or any aspect of the Internship training program. Interns who pursue grievances in good faith will not experience any adverse professional consequences.

1. The intern will submit the grievance to the compliance department in writing or in the compliance reporting system.
2. The compliance department will notify the training director and the director of integrated behavioral health of these grievances.
3. The training director will investigate and respond to the grievance within 10 days of being notified of the grievance. If determined that a grievance is most appropriate to be investigated and resolved by the Human Resources department, it will be escalated. If the training director is the subject of the grievance, they will not be involved in the investigation and resolution of the grievance.
4. In cases where an intern submits a grievance related to the training program itself – such as concerns about policies, curriculum, or other systematic issues, rather than issues involving a specific individual – the Training Director and Director of Integrated Behavioral Health (or their designee) will meet jointly with the intern. The purpose of this meeting is to collaboratively develop a plan of action to address and resolve the concern.

The plan of action will include:

1. A clear description of the behavior or issue identified in the grievance;

If the issue is deemed correctable:

1. Specific steps that will be taken to address and resolve the concern; and
2. Procedures designed to determine whether the problem has been appropriately rectified.

If the plan of action fails, the TD or Director of Integrated Behavioral Health will convene a review panel consisting of themself and at least two other members of the training faculty within 10 business days. The intern may request a specific member of the training faculty to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel has final discretion regarding outcome.

**Application Process**

JPCHC offers two full-time internship positions. All students interested in applying for a position should complete and submit an APPIC Application for Psychology Internship (AAPI) online through the APPIC website ([www.appic.org](about:blank)).

In order to consider applications, JPCHC must receive all application materials by the date indicated in the current APPIC directory.

Applications must contain the below material:

1. Official transcripts of all graduate coursework.
2. A completed AAPI
3. A cover letter (as part of the AAPI)
4. A current curriculum vitae (as part of the AAPI)
5. Three Standard Reference Forms (as part of the AAPI). Two of these forms must be from persons who have directly supervised your clinical work.
6. A deidentified writing sample (such as a report)

***Application Screening and Interview Processes***

Application Requirements:

1. A minimum of 350 intervention hours.
2. A minimum of 50 assessment hours.
3. Completion of a master’s degree in psychology or another related field for insurance billing purposes.
4. Dissertation proposed by application deadline (12/15)
5. Current enrollment and good standing in an APA- or CPA-accredited doctoral program in clinical (Psy.D or Ph.D), counseling, or school psychology.

Although applicants who meet the following criteria will be considered preferred, JPCHC will consider the entire application package when inviting applicants to interviews. Preference will be given to given to individual with:

1. Experience working within a hospital/medical setting/Federally Qualified Health Center.
2. Experience providing intervention/assessment as part of a collaborative care or integrated primary care team.
3. Experience working on a research team that examines health psychology/integrated primary care.
4. Engagement in dissertation/other research examining issues within health psychology and integrated primary care.
5. Experience working with low income, under-insured/uninsured patients.
6. Experience working with LGBTQIA, African American, Native American, or other minority populations.
7. Fluency in languages other than English.
8. History providing neuropsychological or other health-related evaluations (e.g.: Spinal cord stimulator evaluations, bariatric surgery evaluations, etc.).

JPCHC’s Training Committee uses a standard Application Rating Scale to review applications and evaluate fit with the Internship program. The Committee uses the results of this review process to determine which applicants will be invited for interviews. JPCHC notifies applicants on or before December 15th as to whether they will be invited for an interview. Interviews are scheduled for January on a rolling basis, and they are held with the entire Training Committee. The Committee uses a standard list of interview questions for each interview, and members may ask additional questions as appropriate.

***Participation in the APPIC Match***

All interns who match to JPCHC must pass a drug screen prior to being employed by JPCHC. As a drug free workplace, JPCHC does not tolerate the use of drugs that are not prescribed by a physician or are illegal in the state of Indiana, including marijuana. After the match process is complete, JPCHC will send out instructions to all candidates who match for completing the background check, drug screen, and vaccination/TB screen. Criminal charges found on background checks are reviewed by Human Resources, the CEO, and/or CMO to determine eligibility for employment. All agreements are contingent on the applicant’s ability to successfully complete a background check, drug screen, and vaccination/TB Screen.

Please direct any questions regarding the academic requirements and selection process to the JPCHC Training Director.

**Integrated Behavioral Health Administration**

**Brendon Smith, Ph.D., HSPP- Director of Integrated Behavioral Health**

* Ph.D, 2012, Miami University
* Internship completed at Albany Psychology Internship Consortium

**Current Supervisory Staff**

**Jared Bishop, Ph.D, HSPP, Training Director**

* Ph.D, 2017, Ball State University, Educational (School) Psychology
* Internship completed at Illinois School Psychology Internship Consortium-Onarga/Iroquois County Site

**Drew Gleitsmann, Psy.D, HSPP**

* Psy.D, 2016, Chicago School of Professional Psychology
* Internship completed at Madison County Health Coalition

**Adjunct Supervisory Staff[[1]](#footnote-1)**

**Brendon Smith, Ph.D., HSPP- Director of Integrated Behavioral Health**

* Ph.D, 2012, Miami University
* Internship completed at Albany Psychology Internship Consortium

**Sarah Adams, Ph.D., HSPP**

* Ph.D. 2021, Ball State University, Educational (School) Psychology
* Internship completed at IU Health Ball Memorial Hospital, Muncie, IN

**Katherine Allsop Hilbrich, Ph.D., HSPP**

* Ph.D. 2023, Ball State University, Counseling Psychology
* Internship completed at IU Health Ball Memorial Hospital, Muncie, IN

**Joshua Burton, Ph.D., HSPP**

* Ph.D., 2021, Palo Alto University, Clinical Psychology
* Internship completed at Providence Alaska Medical Center/Alaska Family Medicine Residency, Anchorage, AK

**Justin Miller, PsyD**

* PsyD, Georgia Southern University, Clinical Psychology
* Internship completed at Valley Oaks Health, Lafayette, IN and Delphi, IN

**Teri Krakovich, Ph.D., HSPP**

* Ph.D., 2017, Indiana University-Purdue University Indianapolis, Clinical Psychology
* Internship completed at Nebraska Internship Consortium in Professional Psychology, Beatrice State Developmental Center, Beatric, NE

**Gabrielle Pointon, Psy.D., HSPP**

* Psy.D., 2019, Indiana State University, Clinical Psychology
* Internship completed at University of Notre Dame University Counseling Center, Notre Dame, IN

**Nathan Walters, Ph.D., HSPP**

* Ph.D., 2019, Ball State University, Counseling Psychology
* Internship completed at Ball Memorial Hospital Family Medicine Residency, Muncie, IN

**Laura Yacko, Ph.D, HSPP**

* Ph.D, 2021, Ball State University, Educational (School) Psychology
* Internship completed at Youth Opportunity Center, Muncie, IN

**Appendix A: Sample Rotation Schedule**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Location: | Wigwam | Wigwam | Wigwam | Wigwam | Alexandria Schools |
| 8:00 | Individual supervision | Admin Time | Admin time | Group supervision | Admin/Planning time |
| 9:00 | Follow up/warm handoff | INTAKE | TESTING CASE TIME | Group supervision | INTAKE |
| 10:00 | Follow up/warm handoff | Long term Therapy Case | TESTING CASE TIME | Supervision of a practicum student | Follow up case |
| 11:00 | Follow up/warm handoff | Long term Therapy Case | Individual Supervision | Journal Group | Follow up case |
| 12:00 | LUNCH | LUNCH | Lunch | LUNCH | LUNCH |
| 1:00 | Follow up/warm handoff | INTAKE | Writing Time | Didactics | Intake |
| 2:00 | Follow up/warm handoff | Long term Therapy Case | Writing Time | Didactics | Follow up case |
| 3:00 | Follow up/warm handoff | Long term Therapy Case | Writing Time | Supervision with postdoc | Follow up case |
| 4:00 | Admin time | Long term Therapy Case | Scoring | Admin time | Admin time |

**Appendix B: Didactic Schedule**

**Didactic Schedule**

Didactic training takes place every Wednesday from 1:00PM to 3:00 PM unless otherwise noted. Presenters are subject to change.

|  |  |  |
| --- | --- | --- |
| Date | Presenter | Topic |
| 8/6/2025 | Dr. Jared Bishop | Introduction to policies and procedures |
| 8/13/2025 | Dr. Brendon Smith | Psychology’s Role in Primary Care and at FQHC’s  (Integrated Primary Care Series) |
| 8/20/2025 | Dr. Joshua Burton | Suicide Assessment & Prevention |
| 8/27/2025 | Dr. Jared Bishop | Overview of Integrated Primary Care |
| 9/3/2025 | Dr. Gabrielle Pointon | IPC Brief Interventions |
| 9/10/2025 | Dr. Jared Bishop | Group Therapy |
| 9/17/2025 | Dr. Jared Bishop | Sand Tray Therapy |
| 9/24/2025 | Dr. Drew Gleitsmann | School-Based Care, Part I |
| 10/1/2025 | Dr. Jared Bishop | Supervising Others, Part I |
| 10/8/2025 | Dr. Jared Bishop | Culturally Sensitive Assessment |
| 10/15/2025 | Dr. Katie Allsop | Sleep and Mental Health |
| 10/22/2025 | Dr. Chelsea Holbert, Guest Presenter | Chronic Illness |
| 10/29/2025 | Dr. Jared Bishop | Substance Use: Assessment & Intervention |
| 11/7/2025\* | Dr. Corie Hess, Guest Presenter | Assessment and intervention of Peripartum Mood and Anxiety Disorders |
| 11/12/2025 | Dr. Veronica Smith, Guest Presenter | Neurodiversity |
| 11/19/2025 | Dr. Jared Bishop | Logotherapy & Existential Therapies |
| 11/26/2025 | N/A | THANKSGIVING NO DIDACTIC |
| 12/3/2025 | Dr. Nathan Walters | Working with Interpreters in Therapy |
| 12/10/2025 | Dr. Drew Gleitsmann | School-Based Care, Part II |
| 12/17/2025 | Dr. Jared Bishop | Pain Disorders: Assessment & Intervention |
| 12/24/2025 | N/A | WINTER HOLIDAY: NO DIDACTIC |
| 12/31/2025 | N/A | NEW YEAR’S DAY: NO DIDACTIC |
| 1/7/2026 | Dr. Justin Miller | Working with LGBTQIA Patients |
| 1/14/2026 | Dr. Jared Bishop | Supervising Others, Part II |
| 1/21/2026 | Dr. Scott Bischoff, Guest Presenter | Family Therapy |
| 1/28/2026 | Dr. Jared Bishop | Religion and Health |
| 2/4/2026 | Dr. Bishop & Patricia Smith, PMHNP | Psychopharmacology for Psychologists |
| 2/11/2026 | Dr. Jared Bishop | Vicarious Trauma and Burnout |
| 2/18/2026 | Dr. Nathan Walters | Professional Advocacy |
| 2/25/2026 | Dr. Amanda Smith, Guest Speaker | Working with Veterans |
| 3/4/2026 | Dr. Laura Yacko | Working with non-traditional families in IPC |
| 3/11/2026 | Dr. Teri Krakovich | Managing conflicting ethical concerns |
| 3/18/2026 | Dr. Drew Gleitsmann | Play Therapy with Children and Adolescents |
| 3/25/2026 | Dr. Sarah Adams | Motivational Interviewing |
| 4/1/2026 | Dr. Laura Yacko | Navigating Special Education Law & SLD Identification |
| 4/8/2026 | Leslie Steele, MA | DBT Informed Treatment |
| 4/15/2026 | Dr. Bishop/Dr. Yacko | Advanced Trauma Treatment |
| 4/22/2026 | Dr. Jessica Simpson, Guest Presenter | Neurobiology of Trauma |
| 4/29/2026 | Dr. Justin Miller | Treatment in Rural Settings |
| 5/6/2026 | Dr. Gabrielle Pointon | Narrative Exposure Therapy for Trauma |
| 5/13/2026 | Dr. Sarah Adams | Autism Assessment |
| 5/20/2026 | Dr. Joshua Burton | Acceptance and Commitment Therapy |
| 5/27/2026 | Dr. Jared Bishop | Supervising Others, Part III |
| 6/3/2026 | Dr. Jared Bishop | Psychologists in the Dental Clinic |
| 6/10/2026 | Intern | Intern Presentation |
| 6/17/2026 | Intern | Intern Presentation |
| 6/24/2026 | Dr. Katie Allsop | Nutrition & Mental Health |
| 7/1/2026 | Dr. Yacko/Dr. Bishop | Responding to Community Crisis |
| 7/8/2026 | Dr. Brendon Smith | Psychologists as Administrators |
| 7/15/2026 | Training faculty | Visit Shadeland Clinic/Grand Rounds\* subject to change |
| 7/22/2026 | Dr. Sharon Bowman, Guest Speaker | Early Career Psychologists: Postdoctoral Residency, Licensing, and Beyond |
| 7/29/2026 | Dr. Jared Bishop/Dr. Niles Carter | Working with African American Patients, Dispelling Dangerous Myths about pain, health, and Distrust for the system |
| Date | Presenter | Topic |
| 8/6/2025 | Dr. Jared Bishop | Introduction to policies and procedures |
| 8/13/2025 | Dr. Brendon Smith | Psychology’s Role in Primary Care and at FQHC’s  (Integrated Primary Care Series) |
| 8/20/2025 | Dr. Joshua Burton | Suicide Assessment & Prevention |
| 8/27/2025 | Dr. Jared Bishop | Overview of Integrated Primary Care |
| 9/3/2025 | Dr. Gabrielle Pointon | IPC Brief Interventions |
| 9/10/2025 | Dr. Jared Bishop | Group Therapy |
| 9/17/2025 | Dr. Jared Bishop | Sand Tray Therapy |
| 9/24/2025 | Dr. Drew Gleitsmann | School-Based Care, Part I |
| 10/1/2025 | Dr. Jared Bishop | Supervising Others, Part I |
| 10/8/2025 | Dr. Katie Allsop | Sleep and Mental Health |
| 10/15/2025 | Dr. Jared Bishop | Culturally Sensitive Assessment |
| 10/22/2025 | Dr. Chelsea Holbert, Guest Presenter | Chronic Illness |
| 10/29/2025 | Dr. Jared Bishop | Substance Use: Assessment & Intervention |
| 11/7/2025\* | Dr. Corie Hess, Guest Presenter | Assessment and intervention of Peripartum Mood and Anxiety Disorders |
| 11/12/2025 | Dr. Veronica Smith, Guest Presenter | Neurodiversity |
| 11/19/2025 | Dr. Jared Bishop | Logotherapy & Existential Therapies |
| 11/26/2025 | N/A | THANKSGIVING NO DIDACTIC |
| 12/3/2025 | Dr. Nathan Walters | Working with Interpreters in Therapy |
| 12/10/2025 | Dr. Drew Gleitsmann | School-Based Care, Part II |
| 12/17/2025 | Dr. Jared Bishop | Pain Disorders: Assessment & Intervention |
| 12/24/2025 | N/A | WINTER HOLIDAY: NO DIDACTIC |
| 12/31/2025 | N/A | NEW YEAR’S EVE: NO DIDACTIC |
| 1/7/2026 | Dr. Justin Miller | Working with LGBTQIA Patients |
| 1/14/2026 | Dr. Jared Bishop | Supervising Others, Part II |
| 1/21/2026 | Dr. Scott Bischoff, Guest Presenter | Family Therapy |
| 1/28/2026 | Dr. Jared Bishop | Religion and Health |
| 2/4/2026 | Dr. Bishop & Patricia Smith, PMHNP | Psychopharmacology for Psychologists |
| 2/11/2026 | Dr. Jared Bishop | Vicarious Trauma and Burnout |
| 2/18/2026 | Dr. Nathan Walters | Professional Advocacy |
| 2/25/2026 | Dr. Amanda Smith, Guest Speaker | Working with Veterans |
| 3/4/2026 | Dr. Laura Yacko | Working with non-traditional families in IPC |
| 3/11/2026 | Dr. Teri Krakovich | Managing conflicting ethical concerns |
| 3/18/2026 | Dr. Drew Gleitsmann | Play Therapy with Children and Adolescents |
| 3/25/2026 | Dr. Sarah Adams | Motivational Interviewing |
| 4/1/2026 | Dr. Laura Yacko | Navigating Special Education Law & SLD Identification |
| 4/8/2026 | Leslie Steele, MA | DBT Informed Treatment |
| 4/15/2026 | Dr. Bishop/Dr. Yacko | Advanced Trauma Treatment |
| 4/22/2026 | Dr. Gabrielle Pointon | Narrative Exposure Therapy for Trauma |
| 4/29/2026 | Dr. Justin Miller | Treatment in Rural Settings |
| 5/6/2026 | Dr. Jared Bishop | Supervising Others, Part III |
| 5/13/2026 | Dr. Sarah Adams | Autism Assessment |
| 5/20/2026 | Dr. Joshua Burton | Acceptance and Commitment Therapy |
| 5/27/2026 | Dr. Jessica Simpson, Guest Presenter | Conduct Disorder in Youth |
| 6/3/2026 | Dr. Jared Bishop | Psychologists in the Dental Clinic |
| 6/10/2026 | Intern | Intern Presentation |
| 6/17/2026 | Intern | Intern Presentation |
| 6/24/2026 | Dr. Katie Allsop | Nutrition & Mental Health |
| 7/1/2026 | Dr. Yacko/Dr. Bishop | Responding to Community Crisis |
| 7/8/2026 | Dr. Brendon Smith | Psychologists as Administrators |
| 7/15/2026 | Training faculty | Visit Shadeland Clinic/Grand Rounds\* subject to change |
| 7/22/2026 | Dr. Sharon Bowman, Guest Speaker | Early Career Psychologists: Postdoctoral Residency, Licensing, and Beyond |
| 7/29/2026 | Dr. Jared Bishop/Dr. Niles Carter | Working with African American Patients, Dispelling Dangerous Myths about pain, health, and Distrust for the system |

**Appendix C: Journal Group Schedule**

This list is subject to change and may be updated or edited at anytime throughout the year.

|  |  |
| --- | --- |
| Date | Reading |
| 8/8/2025 | No Assigned Reading |
| 8/15/2025 | Kindig, D. A., & Stoddart, G. (2003). What is population health? American Journal of Public Health, 93,380–383. doi:10.2105/AJPH.93.3.380 |
| 8/22/2025 | Bryan, C. J., Corso, K. A., Neal-Walden, T. A., & Rudd, M. D. (2009). Managing suicide risk in primary care: Practice recommendations for behavioral health consultants. Professional Psychology: Research and Practice, 40, 148-155.doi:10.1037/a0011141 |
| 8/29/2025 | McDaniel, S. H., & deGruy, F. V. (2014). An introduction to primary care and psychology. American Psychologist, 69,325–331. doi:10.1037/a0036222 |
| 9/5/2025 | Jacobson, N. S., Martell, C. R., & Dimidjian, S. (2001). Behavioral activation treatment for depression: Returning to contextual roots. Clinical Psychology: Science and Practice, 8,255–270. doi:10.1093/clipsy.8.3.255 |
| 9/12/2025 | Hinsz, V.B. & Bui, L. (2023). Socially shared affect: Shared affect, affect sharing, and affective processing in groups. *Group Dynamics: Theory, Research, and Practice, 27*(4), 229-256. |
| 9/19/2025 | Moriarty, Y., O'Neill, C., Robling, M., Arroyo, C., & Owen, O. (2022). Feasibility of recruiting mother-infant dyads with mild-moderate depression to an art therapy painting group. |
| 9/26/2025 | Chilliak, S., Martin-Storey, A., Dery, M., Temcheff, C.E., & Lapalme, M. (2024). When we go to ask for help, they don’t understand how to help us: Understanding how youth with childhood histories of conduct problems link sexuality and gender to school-based service use. *Psychology in the Schools, 61*(5),2160-2184. |
| 10/3/2025 | Skar, A. M. S., Shevlin, M., & Vang, M. L. (2022). Does personal therapy and supervision protect against burnout and secondary traumatization? A cross-sectional study among Danish child protection workers. *Traumatology*. |
| 10/10/2025 | Twomey, C., O’Reilly, G., & Byrne, M. (2015). Effectiveness of cognitive behavioural therapy for anxiety and depression in primary care: a meta-analysis. *Family practice*, *32*(1), 3-15. |
| 10/17/2025 | Tait, R. C., & Chibnall, J. T. (2014). Racial/ethnic disparities in the assessment and treatment of pain: psychosocial perspectives. *American Psychologist*, *69*(2), 131. |
| 10/24/2025 | DeJean, D.,Glacomini, M., Vanstone, M.,& Brundisini, F. (2013). Patient experiences of depression and anxiety with chronic disease: A systematic review and qualitative meta-synthesis. Ontario Health Technology Assessment Series, 13(16), 1-33. |
| 10/31/2025 | Woods, M. D., & Martin, D. (1984). The work of Virginia Satir: Understanding her theory and technique. *American Journal of Family Therapy*, *12*(4), 3-11. |
| 11/5/2025 (Wednesday) | Kersting, A., Fisch, S., & Arolt, V. (2003). Outpatient psychotherapy for mothers–a new treatment. *Archives of Women's Mental Health*, *6*(1), 65-69.  Moriarty, Y., O'Neill, C., Robling, M., Arroyo, C., & Owen, O. (2022). Feasibility of recruiting mother-infant dyads with mild-moderate depression to an art therapy painting group. |
| 11/14/2025 | Chen, Y.L., Senande, L.L., Thorsen, M., & Patten, K. (2021). Peer preferences and characteristics of same-group and cross-group social interactions among autistic and non-autistic adolescents. *Autism, 25*(7), 1885-1900. |
| 11/21/2025 | Frankl, V. (1992) Man’s search for Meaning. Beacon Press, Boston Massachusetts, pp 1-50. |
| 11/28/2025 | NO JOURNAL GROUP |
| 12/5/2025 | Frankl, V. (1992) Man’s search for Meaning. Beacon Press, Boston Massachusetts, pp 50-100. |
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| 7/10/2026 | No journal group (students use this time to wrap up) |
| 7/17/2026 | No journal group (students use this time to wrap up) |
| 7/24/2026 | No journal group (students use this time to wrap up) |
| 7/31/2025 | No journal group (students use this time to wrap up) |

**Appendix D: Intern Evaluations**

**Jane Pauley Community Health Center Intern Evaluation**

( ) Fall Evaluation ( ) Midyear evaluation ( ) Final evaluation

Methods used in evaluating competency:

\_\_\_\_\_\_ Direct Observation \_\_\_\_\_\_Review of Audio/Video \_\_\_\_\_\_Case Presentation

\_\_\_\_\_\_ Documentation Review \_\_\_\_\_Comments from other staff/faculty \_\_\_\_\_\_ Supervision

Scoring Criteria:

|  |
| --- |
| 1 -- **Remedial**: Significant skill development required, remediation necessary. |
| 2 -- **Beginning/Developing Competence**: Expected competence for pre-internship, close supervision and possible additional training required for many cases |
| 3 -- **Intermediate Competence**: Expected level of competence for intern by mid-point of training program; routine or minimal supervision required on most cases |
| 4 -- **Proficient Competence**: Expected level of competence for intern at completion of training program; ready for entry-level practice |
| 5 -- **Advanced Competence**: Able to function autonomously with a level of skill representing that expected beyond the conclusion of internship training |

Competency 1: Intern will display competency in the area of **Professional Values, Reflective Practice, and Self-Care**

|  |  |
| --- | --- |
| Behaves in ways that reflect the values and attitudes of the psychology discipline. |  |
| Demonstrates accountability, dependability, and responsibility; completes work requirements in a complete and timely manner. |  |
| Intern regularly engages in self‐reflection regarding personal and professional functioning. |  |
| Engages in activities to maintain and improve performance, personal well-being, and professional effectiveness. |  |
| Actively seeks and demonstrates openness to feedback and supervision; implements received feedback in professional work. |  |
| Responds professionally to increasingly complex situations with a greater degree of independence as he/she progresses across levels of training. |  |
| Comments: | |

Competency 2: Intern will display competency in the area of **Individual and Cultural Diversity**

|  |  |
| --- | --- |
| Demonstrates an understanding of how one's own personal/cultural history, attitudes, and biases may impact how one understands and interacts with people different from oneself. |  |
| Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity. |  |
| Integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles. |  |
| Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship. |  |
| Demonstrates an ability to form working therapeutic relationships with individuals from a variety of diverse backgrounds. |  |
| Comments: | |

Competency 3: Intern will display competency in the area of **Ethical and Legal Standards**

|  |  |
| --- | --- |
| Demonstrates knowledge of and acts in accordance with the current version of the APA Ethical Principles and Code of Conduct, as well as relevant laws, regulations, rules, and polices governing health service psychology at the organizational, local, state, and federal levels. |  |
| Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve them. |  |
| Conducts self in an ethical manner in all professional activities. |  |
| Comments: | |

Competency 4: Intern will display competency in the area of **Communication and Interpersonal Skills**

|  |  |
| --- | --- |
| Develops and maintains effective relationships with a wide range of individuals. |  |
| Produces oral, nonverbal, and written communications in an informative, articulate, and succinct manner. |  |
| Demonstrates effective interpersonal skills and the ability to manage difficult communication in a therapeutic and/or professional manner. |  |
| Communicates and coordinates treatment effectively as part of a multidisciplinary team. |  |
| Comments: | |

Competency 5: Intern will display competency in the area of **Research and Scholarly Inquiry**

|  |  |
| --- | --- |
| Applies scientific methods when diagnosing, and evaluating practices, interventions, and programs. |  |
| Demonstrates awareness of evidence-based practices, current literature, research, and theory related to a variety of relevant clinical topics. |  |
| Utilizes scholarly literature and other resources to inform practice with diverse clients. |  |
| Provides information about relevant research findings to clients, parents, and colleagues across professions. |  |
| Comments: | |

Competency 6: Intern will display competency in the area of **Assessment**

|  |  |
| --- | --- |
| Demonstrates current knowledge of diagnostic classification systems and functional and dysfunctional behaviors. |  |
| Selects and applies appropriate assessment instruments (per empirical evidence) appropriate to the diagnostic or therapeutic problem/question being assessed. |  |
| Scores assessment instruments accurately and demonstrates competence in interpretation of scores. |  |
| Utilizes assessment results to inform case conceptualizations and diagnoses. |  |
| Effectively communicates results of assessments both orally and in writing to relevant parties (patients, family members, prescribers, etc.). |  |
| Comments: | |

Competency 7: Intern will display competency in the area of **Intervention**

|  |  |
| --- | --- |
| Routinely develops and maintains effective therapeutic relationships. |  |
| Develops evidence-based intervention plans specific to the service delivery goals. |  |
| Shows competency in utilizing evidence-based treatment approaches appropriate for Patient’s specific diagnose and goals. |  |
| Displays clinical skills with a variety of individuals or treatment contexts and demonstrates good judgment in difficult or challenging situations, including the ability to modify and adapt evidence-based approaches effectively where there is a lack of a clear evidence base. |  |
| Forms applicable case conceptualizations of patients utilizing theoretical perspective(s). |  |
| Demonstrates the ability to apply research literature to clinical decision making. |  |
| Evaluates intervention effectiveness and adapts intervention goals based on evaluation results. |  |
| Comments | |

Competency 8: Intern will display competency in the area of **Consultation**

|  |  |
| --- | --- |
| Demonstrates knowledge and respect for the roles and perspectives of other professions. |  |
| Demonstrates knowledge ability to select contextually appropriate means of assessment and/or data gathering that answers consultation referral questions. |  |
| Provides effective assessment and diagnostic feedback; provides and explains appropriate recommendations for referral source(s). |  |
| Applies knowledge about consultation in direct or simulated (e.g. role played) consultation. |  |
| Comments: | |

Competency 9: Intern will display competency in the area of **Supervision**

|  |  |
| --- | --- |
|  |  |
| Demonstrates ability to form effective supervisory relationship with supervisee; engages in professional reflection regarding supervisory relationships and supervision processes. |  |
| Demonstrates awareness of supervision models and best practices, as well as ethical issues related to supervision including limits of competency to supervise. |  |
| Provides effective supervised supervision to less advanced students or other service providers for cases typical to service setting by observing their supervisee, evaluating the performance of their supervisee, and providing guidance and feedback to their supervisee. |  |
| Comments: | |

|  |
| --- |
| Comments on intern’s overall performance: |

I acknowledge that my supervisor has reviewed this evaluation with me.

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

Signature Date

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

Signature Date

**Appendix E: Evaluation of Supervisors**

**Supervisor Feedback Form**

Please rate the quality of the supervision provided to you by your supervisor.

Intern Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This evaluation instrument is utilized by JPCHC to continually improve and enhance the training program. All responses are reviewed by supervisors as well as other members of the Training Committee, and your feedback is carefully considered.

**On a scale from 1 to 5**

Where 1 is strongly disagree, 2 is somewhat disagree, 3 is neither agree nor disagree, 4 is somewhat agree, and 5 is strongly agree, circle the number that best applies.

|  |  |
| --- | --- |
| 1. Regularly conducts pre-scheduled supervision with me. | 1 2 3 4 5 |
| 1. Provides consistent feedback on my performance and has helped me identify my strengths and weaknesses. | 1 2 3 4 5 |
| 1. Sets clear and reasonable expectations throughout supervised experience | 1 2 3 4 5 |
| 1. Assists me in setting goals and objectives to improve my performance. | 1 2 3 4 5 |
| 1. Helps me to understand organizational policies and procedures related to my work. | 1 2 3 4 5 |
| 1. Is approachable and available when I need additional support or need to problem solve a case. | 1 2 3 4 5 |
| 1. Is knowledgeable about client issues, diagnoses and provides guidance in Evidence Based Practices for treatment of my clients. | 1 2 3 4 5 |
| 1. Reviews my sessions during supervision, providing me with feedback on theory, my individual style and the effectiveness of my work with clients. | 1 2 3 4 5 |
| 1. Initiates discussion and is receptive to helping me process issues of cultural diversity in regard to the client-therapist and therapist-supervisor relationship. | 1 2 3 4 5 |
| 1. Assists me in addressing and resolving ethical concerns that arose in my work. | 1 2 3 4 5 |
| 1. Challenges me to grow as a therapist/professional. | 1 2 3 4 5 |
| 1. Appears fair and objective in dealing with problem situations | 1 2 3 4 5 |
| 1. Treats me with respect, professionalism, and honesty | 1 2 3 4 5 |
| 1. Is a role model for staff and interns; maintains a positive attitude and demonstrates leadership | 1 2 3 4 5 |
| 1. I trust the judgement of my supervisor. | 1 2 3 4 5 |
| 1. Maintains appropriate interpersonal boundaries with patients and supervisees | 1 2 3 4 5 |
| 1. Encourages appropriate degree of independence | 1 2 3 4 5 |
| 1. I feel I have been provided with effective supervision from this supervisor. | 1 2 3 4 5 |

Comments: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Adjunct supervisory staff will not be providing regularly scheduled supervision. However, they are available for consultation of Interns if no other supervisory staff are available. [↑](#footnote-ref-1)