A. Mission and Philosophy of the Clinical Psychology Internship

The internship in clinical psychology in the Division of Psychology, Department of Psychiatry and Behavioral Sciences, at the University of Kansas Medical Center (KUMC), provides the opportunity for the interns to develop competence in the practical application of the knowledge base of clinical psychology to clinical problems seen in a broad variety of programs in this academic medical center. Our approach is intended to develop interns who will emerge from this experience in route to becoming clinical psychologists--independent professionals possessing the ability to assess and treat the clinical psychological aspects of patients with a wide range of common mental disorders and physical conditions. The successful intern will achieve the ability to utilize psychological principles to develop and carry out essential plans of clinical psychological evaluation and treatment.

The Program philosophy begins with the understanding that the clinical psychological needs of patients can be determined by appropriate individualized assessment, based on the body of scientific knowledge in psychology, and on the basis of a positive, supportive clinician-patient relationship. Such a method takes into account the whole person with their unique individual characteristics and particular life circumstances. Empirical knowledge can also inform the clinician of appropriate approaches to use in developing and implementing a formulation and treatment plan for the identified clinical problems in the individual patient. The goal of intervention in all cases is to alleviate psychological and/or physical suffering or distress, and/or to alter problematic or unhealthy behavioral patterns which may contribute to distress or to disease. This understanding of the meaning of practicing clinical psychology is the basis for our approach to training the interns.

The Program values training the interns to implement, in a practical and flexible manner, specific assessment methods and interventions based on empirically-supported knowledge as these fit the needs of the given patient. Furthermore, interns learn to work with a number of specialized populations by faculty who emphasize such areas as anxiety disorders, mood disorders, psychotic disorders, substance dependence disorders, disorders of childhood and adolescence, neuropsychological dysfunction, neurorehabilitation, integrated primary care, health psychology and behavioral medicine, specialized psychological evaluations for medical interventions, underserved populations and community outreach, and psycho-oncology. Faculty strive to develop interns who are well-rounded professionals, emphasizing relating to others in constructive, positive, and effective ways, integrating all relevant data so as to evaluate and treat the whole individual, while practicing according to the guidelines and ethical principles of The American Psychological Association.

B. Cultural and Individual Diversity

The Clinical Psychology Internship Program is strongly committed to supporting cultural and individual diversity and does not discriminate on the basis of race/ethnicity, color, religion, sex, including marital status, national origin, ancestry, age, sexual orientation, gender expression, disability, genetic information, or veteran status in its recruitment, retention, or development of interns, faculty or staff. We welcome and encourage well-qualified individuals with a commitment to diversity to apply for positions in our program. We aim to foster an attractive and nurturing atmosphere of learning where diverse interns, faculty, staff, and patients can understand, accept and appreciate one another. The internship's didactic and experiential training are aimed at fostering an understanding of a broad range of cultural and individual diversity as it relates to professional psychology. Its didactic training includes specific topics relevant to understanding cultural factors and fostering diversity, which are integrated into the clinically-oriented presentations. We will continue to develop and maintain an environment that makes recognition of one’s own cultural biases, and appropriate responsiveness and humility toward those of diverse cultures attainable for all interns, students, faculty, and staff. The patient population with which the interns work is quite diverse, as are the students, residents and staff at the Medical Center. The Program supports and adheres to very specific nondiscrimination policies for all students at the Medical Center which can be found at http://policy.ku.edu/IOA/nondiscrimination. In addition to it programmatic commitment and emphasis, the program actively supports the Departmental Diversity Committee, with participation of its faculty and trainees, including interns. The Program also actively supports the mission of The Office of Diversity and Inclusion at KUMC, and faculty have had significant roles in the Diversity and Inclusion Cabinet. The goals and policies of the Office are found at:
The University has a strong diversity initiative; more information can be found at that website.

The Program has a longstanding commitment to improve mental health care for underserved populations, and includes training for clinicians to treat persons who have cultural, economic and geographic barriers to health care. Such individuals may include those from rural and underserved communities, persons of low socioeconomic status, the uninsured, persons from variously disadvantaged backgrounds, vulnerable children and families, persons with substance abuse, persons who have been mistreated or abused, low income HIV/AIDS sufferers, persons with disabilities, and individuals with a chronic mental illness. We strive to teach the clinical skills, knowledge-base and cultural sensitivity to be effective in working with such vulnerable people. We formed and work with a special Advisory Consortium Group composed of KUMC and community leaders, who have expertise and experience in caring for a diversity of underserved populations, and who advise our program on appropriate training experiences.

C. The Medical Center Setting

The Internship in Clinical Psychology is a 12 month full time appointment within the Department of Psychiatry and Behavioral Sciences at The University of Kansas Medical Center. The Medical Center’s basic functions include research, education, patient care, and community service.

The University of Kansas Medical Center is a campus of the University of Kansas. The Medical Center is located in Kansas City, Kansas, and includes schools of Medicine, Allied Health, Nursing, and Graduate Studies. It operates in conjunction with The University of Kansas Hospital, a large urban-based facility. Well over one hundred outpatient clinics and other patient care services and centers operate as part of the Medical Center’s operations. The total number inpatient admissions per year is approximately 27,000, and the number of outpatient visits to its clinics is nearly 299,000. The Medical Center cares for a diverse patient population. Patients are individuals from many cultures, backgrounds, socioeconomic statuses, and locales, including many medically underserved persons.

The Clinical Psychology Internship Program is planned and implemented within the Division of Psychology of the Department of Psychiatry and Behavioral Sciences by the Psychology Training Supervisors. The Director of Training of the Psychology Division is Edward E. Hunter, Ph.D., ABPP, who is also the Training Director of the internship program. The Department of Psychiatry and Behavioral Sciences sees approximately 6300 patients per year with wide ranging psychiatric diagnoses. In addition to outpatient clinics for adults and for children and adolescents, there are also a 14 bed adult psychiatry inpatient unit and a 52 bed child and adolescent inpatient psychiatry unit. Furthermore, the Department houses the Psychiatry and Psychology Consultation/Liaison programs. Psychologists affiliated with the Department and internship are also stationed throughout the Medical Center in various clinics and settings such as the NCI-designated Cancer Center, the Neurorehabilitation Program, the Family Medicine integrated care clinic, and Internal Medicine integrated care clinic, to name a few. The Medical Center has a strong outreach presence in such programs as the Center for Telemedicine and Telehealth.

D. Prerequisites

The program is open to six qualified interns. Qualifications include enrollment in a Ph.D. or Psy.D. program in clinical or counseling psychology approved by the American Psychological Association. Interns should have completed all coursework and practicums required by their graduate program, possess a minimum of master’s degree in psychology, and have passed their comprehensive examinations according to the requirements of their graduate program.

E. Description of Training Program and Training Model

The Program training model emphasizes supervised clinical practice, supported by didactic methods and role modeling. The Program is an organized sequence of training experiences beginning with an orientation to the setting and to the internship, a planned sequence of didactic coursework, and participation in clinical practice structured to an appropriate level of complexity for the developing intern. In its emphasis on supervised experience, the training model recognizes the unique skills of its individual Training Supervisors, who each develop a supportive relationship with the intern(s) they are supervising and teaching, and work toward the development of competence in establishing positive constructive working
relationships with patients and other professionals, identifying or assessing patterns of clinical problems specific to their areas of expertise, selecting and implementing appropriate responses and in general techniques for addressing the clinical problems identified, including evaluating outcomes, working effectively with other professionals, and in all instances practicing according to APA Ethical Guidelines.

Clinical supervision is case-based, and utilizes discussion, direction, direct observation and feedback, as well as constructive evaluation of progress toward the goal of competence in rapport-building, assessment, intervention, collaboration, and professionalism. Interns receive at least two hours of regularly scheduled individual supervision per week from Training Supervisors. Interns generally receive more regularly scheduled individual supervision from training supervisors than this, and interns always receive a total of at least four hours of general supervision from Training Supervisors or other internship staff per week. Clinical teaching, in which supervisors work alongside of the intern, such as on academically-oriented treatment teams, is emphasized. Interns frequently receive clinical teaching from interdisciplinary providers such as medical providers, although psychologists are always a part of their supervisory process. Supervisors are available on site at all times as issues or problems emerge.

Interns experience supervision from multiple supervisors in order to enhance their depth of learning and awareness of diverse styles of competent practice, as well as to help them find which styles best complement their emerging professional identities. Also, the interns learn clinical skills through the many opportunities to observe the supervisors practicing clinical psychology in the various settings where the supervisors are working. Interns may choose or be assigned a specific additional faculty mentor as desired. Interns both learn supervision throughout this role modeling, as well as and practice clinical supervision themselves through either providing clinical supervision to other psychology trainees, trainees from other disciplines, or in simulated practice with other trainees. Didactic experiences focus on the professional delivery of clinical psychological services emphasizing psychological concepts, and the use of current scientific knowledge, principles, and theories as applied to the clinical problems manifested in patients in the Medical Center’s programs. Professional conduct and ethics, as well as standards for providers of psychological services, including consultation and supervisory methods, are also presented in the didactic format with the emphasis on practical application.

Additionally, interns work with a mentor to design and carry out a clinical program evaluation research project. Interns furthermore are involved in providing clinical teaching and provide didactic offerings which are case presentations including literature review of evidence-based evaluation and treatment, and present to multidisciplinary trainees.

F. Competency Expectations

The internship program embraces the profession-wide areas of competency expected of all interns in programs accredited by the APA Commission on Accreditation. These include:

1. Research
2. Ethical and legal standards
3. Individual and cultural diversity
4. Professional values, attitudes, and behaviors
5. Communication and interpersonal skills
6. Assessment
7. Intervention
8. Supervision
9. Consultation and interprofessional/Interdisciplinary skills

These competencies are reflected below in the behavioral elements which should be demonstrated and fully developed by the completion of the program by interns. These elements are embedded within in the specific aims of the training program. Numbers beside specific element below reflect their relationship to the APA profession-wide competency expectations for accredited internship programs as identified above.

**Aim 1**

The clinical psychology intern will establish and maintain positive, constructive, and effective working relationships with patients, developing and/or maintain a competence level consistent with entry into independent professional practice.
**Elements**

- Demonstrates capacity to empathize with patient experiences, including recognizing and responding appropriately to suffering and distress, reflecting and summarizing patient experiences accurately, and communicating understandings of problems in ways that contribute toward improvement in patient functioning. (5)

- Maintains appropriate professional boundaries. (4,5)

- Interacts with patients in a flexible and respectful manner even when the patient is very disturbed or uncooperative. (4,5)

- Recognizes the effect of the intern’s personal behavior on the patients’ experiences. (4)

- Engages well with and respond with sensitivity and effectiveness to the diversity of individual and cultural differences among the patients with whom they work. (3)

- Engages well with and responds with sensitivity and effectiveness to those individuals seen who are members of underserved populations. (5)

- Uses supervision to discuss the difficulties that arise in working relationships with patients. (4)

- Applies the knowledge-base of research and scholarly activity relevant to the helping relationship. (5)

**Aim 2**

The clinical psychology intern will know how to accurately assess, formulate, communicate findings and track the clinical psychological functioning of patients with a broad range of common mental disorders, developing and/or maintaining a competence level consistent with entry into independent professional practice.

**Elements**

- Conducts through clinical psychological interviews including: establishing rapport, assessing presenting problems, assessing personal, social, occupational, and other life role functioning, assessing the mental status, assessing problems with mood, reality testing, anxiety, personality, substance abuse, stress response and cognitive functioning, accurately diagnosing disorders including common conditions in childhood and adolescence, evaluating the development, history, and context of problems identified, gathering basic medical history and assessing previous treatment and response to treatment. (6)

- Appropriately assesses according to the DSM-5 and ICD 10 diagnostic systems. (6)

- Appropriately assesses risk factors for suicidal and aggressive behaviors. (6)

- Accurately and appropriately considers, assesses and responds to the diversity of individual differences among patients seen including age, culture, disability status and special circumstances of patients. (3,6)

- Considers, evaluates and responds appropriately to the special circumstances of those individuals seen who are members of underserved populations. (3,5,6)

- Utilizes information from all relevant sources in evaluating difficulties, such as the family, the school, the work setting, other professionals and other systems involved with the patient. (6)
• Accurately selects, administers scores and interprets psychological and neuropsychological tests to assess personality, psychiatric disorders, and basic neurocognitive functioning such as attention, concentration, memory, language-based functioning, perceptual-organizational functioning, and executive functioning, as well as using the information derived from these instruments appropriately. (6)

• Utilizes evidence-based assessment methods, and formulates problems in ways that lend themselves toward empirically-supported intervention approaches. (6)

• Communicates findings of assessments in effective ways to patients and other appropriate recipients of the information. (6)

• Monitors the course of problems treated using empirical means. (6)

• Demonstrates an intermediate to advanced level of understanding of the process and research methods of program evaluation. (1, 6)

Aim 3
The clinical psychology intern will appropriately utilize psychological interventions for a broad range of common mental disorders, developing and/or maintaining a competence level consistent with entry into independent professional practice.

Elements

• Appropriately applies a reasonable range of intervention approaches to particular clinical problems and diagnostic conditions. (7)

• Effectively utilizes empirically-supported interventions for specific clinical problems. (7)

• Administers interventions in a flexible, individually formulated approach, considering the diversity of individual and cultural factors in the patients who are seen, including social circumstances, medical health, age, and disability status. (3, 5, 7)

• Demonstrates competence in applying interventions with appropriate consideration of the special circumstances of those individuals who are members of underserved populations (3, 5, 7)

• Appropriately uses systemic interventions such as working with family members, coordinating with the school system/work setting, and working with other systems and professionals involved with the patient. (5, 7)

Aim 4
The clinical psychology intern will be able to work effectively with other professionals and peers, consulting appropriately, and appreciating the unique and relevant contributions of others to the patient’s needs, developing and/or maintaining a competence level consistent with entry into independent professional practice.

Elements

• Communicates effectively, and relates positively and constructively with staff and trainees within and across disciplines. (5, 9)

• Provides effective consultation feedback to interdisciplinary professionals. (5, 9)

• Considers the possibility of co-morbid medical or neurological illness and makes appropriate referrals. (9)
• Recognizes clinical psychological manifestations likely to be due to an underlying medical condition. (9)

• Recognizes the need for neuropsychiatric referral. (9)

• Responds appropriately to a range of diversity among professionals and others involved in the patient’s care. (3,5)

• Demonstrates appropriate supervisory skills (may include formal supervision, clinical instructions to students such as practicum students or medical students and/or simulated supervisory practice with other trainees). (8)

• Articulates and applies evidence based findings in the supervisory practice. (8)

• Effectively communicates the research findings of a program evaluation and provides feedback to stakeholders. (1,5)

• Effective presents findings in a case presentation to faculty, staff and trainees integrating research and clinical practice. (1,5)

Aim 5 The Clinical Psychology intern will conduct himself or herself at all times as a responsible professional, and according to the Ethical Principles and Practice Guidelines of the American Psychological Association, developing and/or maintaining a level consistent with entry level into independent professional practice

Elements

• Attends all required clinical or educational activities and participates actively and productively. (2,4)

• Actively participates in supervision in a professional and constructive manner. (2,4)

• Seeks out assistance or supervision appropriately. (2,4)

• Completes all paperwork in a timely manner. (2,4)

• Practices according to the ethical principles of Beneficence and Nonmaleficence, Fidelity and Responsibility, Integrity, Justice, and Respect for People’s Rights and Dignity. (2)

G. Summary of Clinical Experiences

The internship year is divided into four quarters, with one major rotation per quarter. Interns also carry outpatients throughout the year. For all interns, adult and child major rotations involving working with psychiatric conditions are required. The adult major rotation will be on an adult inpatient psychiatry unit. The child rotation includes training on an inpatient child psychiatry unit (or equivalent child exposure). Interns will select two other major elective rotations to complete during the other two quarters of the year. These major elective rotations include training on a neurorehabilitation unit, an NCI-designated cancer center, or an integrated primary care clinic. In some cases interns may be able to elect to include a continuation of their experiences in a given major rotation. For instance, the program may approve an intern who wishes an increased concentration in inpatient psychiatry to do a second major rotation on an inpatient psychiatry unit as one of their electives. All interns will have exposure to many kinds of behavioral medicine assessments and interventions. Interns will have exposure to individuals with many types of medical conditions. All interns will participate in consultation and liaison activities.

All interns are part of the same internship program and share its overall aims and competencies. However, there are two tracks within the program, the Comprehensive Track and the Underserved Populations Track. There is a great deal of overlap between the two tracks of the internship, and the full rotations of the Comprehensive Track are also available to the Underserved Populations Track. All interns on both tracks participate in the same core didactic offerings. All interns will
receive an inclusive exposure to clinical activities within an academic medical center setting. Furthermore, all interns will receive a good exposure to didactic and clinical activities involving individuals from underserved populations. The primary difference in clinical exposures between the two tracks is that the Underserved Populations Track interns receive training and experience in tele-mental health in the KU Center for Telemedicine and Telehealth, must have a Primary Care rotation, and will experience a broader exposure to underserved populations and communities in the course of their rotations and other activities. Furthermore, the Underserved Populations Track interns will received their clinical exposures according to the Concentric Training Model as described below.*

**Comprehensive Track:**

Comprehensive Track interns will participate in the following required full rotations (three months each):

1. Inpatient Adult Psychiatry
2. Inpatient Child Psychology/Psychiatry

Comprehensive Track interns will choose two full elective rotations (three months each) from among:

1. Cancer Center
2. Neurorehabilitation Program
3. Primary Care Rotation in Internal Medicine or Family Medicine

Comprehensive Track interns will carry eight to twelve outpatients in the outpatient Psychiatry Clinic

Comprehensive Track will participate in Consultation/Liaison activities in the KU Hospital

Comprehensive Track interns may elect to do an activity with the Psychosocial Evaluations for Medical Interventions Program.

**Underserved Populations Track:**

Underserved Populations Track interns will participate in the following full rotations (three months each):

1. Inpatient Adult Psychiatry
2. Inpatient Child Psychiatry**
3. Primary Care in KUMC Internal Medicine integrated care, KUMC Family Medicine Interprofessional Teaching Clinic (IPTC) and/or primary care clinics serving predominantly underserved populations which may include Duchesne Clinic, Bull Docs Free Clinic, Southwest Boulevard Health Clinic, Silver City Health Center, or other primary care clinic.

Underserved Populations Track interns will choose an additional full elective rotation (three months each) from among:

1. Cancer Center
2. Neurorehabilitation Program
3. Osawatomie State Hospital

Underserved Populations track interns will carry eight to twelve outpatients throughout the year in the one or more of the Outpatient Psychiatry Clinic, Telehealth Program, and/or Primary Care Program.

Underserved Populations Track interns will participate in Consultation/Liaison activities in the KU Hospital

Underserved Populations Track interns will also:

1. Receive specialized training in, and clinical experience with the KU Center for Telemedicine and Telehealth system at KUMC
2. Participate in the Area Health Education Center’s programming (Interns will prepare and present an educational offering to rural or underserved area consumers, providers or the public).
3. Participate in the mentoring Program for minority and/or disadvantaged high school students interested in careers in healthcare (Health Careers Pathways Program) or similar grass roots mentoring activity
4. Participate in the Underserved Populations Touring Activity which will involve visits to multiple sites including FQHC’s, underserved community mental health center, state hospital

Underserved Populations Track intern also have the option to choose a minor activity including:

1. The Ryan White HIV/AIDS Program
2. A research-based activities such as the Center for American Indian Community Health (CAICH) or the Midwest Collaborative for Treating Obesity in Primary Care.

*The Underserved Populations Track intern stipends and additional training funding are made possible through a Behavioral Health Workforce Education and Training (BHWET) grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA). The project is to implement and evaluate The Concentric Training Model for Predoctoral Clinical Psychology Interns: Expanding the Workforce for Vulnerable and Underserved Populations. The Concentric Training Model refers to an approach that presupposes that interns whose career goals involved work with underserved populations need the well-rounded training of an academic medical center including: 1. core mental health evaluation and treatment and 2. integrated primary care and comorbid mental and medical conditions, as well as 3. exposure to underserved populations through telemedicine and on site experiences. The track is intended also to facilitate individuals committed to working with underserved populations to find careers in clinical activity, research, advocacy, directing programs and policy-making relevant to vulnerable and underserved populations. The track also includes a program-specific competence: Underserved Populations Competence, which includes elements of a. knowledge of health disparities, health care systems, and barriers to access to health care, and b. effective application of this knowledge-base in at least two of the following: clinical practice, advocacy, education, program direction/administration and/or research, with the goal of increasing service to underserved populations.

**Underserved Populations Track interns may be able to substitute other training with children and adolescents for their inpatient child rotation, as long as they receive multidisciplinary training in a variety of mental health diagnoses and treatment approaches such as those in Telehealth or Primary Care clinics, KUMC developmental disorders program, and/or inpatient behavioral pediatric consultation program.

H. Selected Service Delivery Areas

**Outpatient Psychiatry Service.** The Adult and Child Outpatient Psychiatry Service includes the Medical Office Building and other patient care areas in the Department of Psychiatry and Behavioral Sciences in which faculty and trainees including clinical psychology interns see patients to provide clinical services. Patients are of diverse cultural backgrounds and are diagnosed most commonly with disorders such as Major Depression, Bipolar Disorder, Anxiety Disorders, Psychotic Disorders, Personality Disorders and Developmental Disorders. This is a required activity.

**Adult Inpatient Psychiatry Unit.** The Adult Inpatient Psychiatry Unit is a 14 bed inpatient psychiatric unit for acutely ill psychiatric patients. The Unit offers a comprehensive multidisciplinary team experience for the psychology intern. The intern also works with trainees in a variety of disciplines which may include psychiatry, social work, nursing, and occupational therapy. This is a required rotation.

**Child Inpatient Psychiatry Unit.** The Child Inpatient Psychiatry Unit is housed at the University of Kansas Health System-Marilla Campus. This inpatient psychiatry unit provides the intern with exposure to acutely ill psychiatric patients who are children or adolescents. The Unit offers a short stay in a dynamic multidisciplinary team treatment setting. The intern also works with trainees in a variety of disciplines which may include psychiatry, social work, nursing, and expressive therapies. There is a primary emphasis on assessment. This is a required rotation.
**Neurorehabilitation.** The intern works with patients on inpatient rehabilitation, burn, and surgery/trauma units who have experienced burn injuries, traumatic brain injuries, stroke, spinal cord injuries, amputations, and other neurological issues. Interns receive training in brief cognitive and emotional screens and brief therapeutic interventions in an interdisciplinary team atmosphere (e.g. physicians, rehabilitation therapists, nursing, pharmacy, social work, etc.) This is an elective rotation.

**Primary Care.** Interns work in the Family Medicine Clinic, Internal Medicine Clinic, and/or Community-based outreach primary care clinics such as Duchesne Clinic, each using integrated care models at varying levels. Interns will experience collaborative work with coordination among interdisciplinary providers and trainees, which will include physicians, and other disciplines such as social work, pharmacology students or staff, nursing, as well as other psychology practicum students or interdisciplinary students such as medical students. Intern provide, often immediate, behavioral health interventions, and may follow up with patients. Primary care is an elective rotation for Comprehensive Track interns and required for Underserved Populations Track interns.

**Consultation and Liaison (C & L)** Psychologists are also consulted throughout The University of Kansas Hospital and specific programs for many health psychology and behavioral medicine issues, and intern participate in evaluations such as capacity evaluations and psychological workups for medical interventions, as well as conducting psychological interventions. This is a required activity which may include the Psychosocial Evaluations for Medical Interventions.

**The Cancer Center.** The Cancer Center is a comprehensive multidisciplinary outpatient facility on the Westwood Campus of the Medical Center which includes psychological services (psycho-oncology) for the patient population served. This is an elective rotation.

**KU Center for Telemedicine and Telehealth (KUCTT).** The Center is a state of the art network of connecting patients and health practitioners throughout the state of Kansas. Interns participate in the provision of telemental health services of evaluation and treatment within the network of hospitals, schools and clinics, often in rural and urban underserved areas. They may also participate in consultation and educational services. Noteworthy is that a significant number of the patients are children and families. This activity is open to Underserved Populations Track interns only, and is a required activity for that Track.

**Osawatomie State Hospital.** This hospital includes 206 beds housing acute and chronic severely mentally ill patients. Interns participate on multidisciplinary teams, perform individual and group therapy, and conduct psychological evaluations. This is an elective activity which is only open to interns on the Underserved Populations Track.

**Ryan White Program at the University of Kansas Medical Center.** The Ryan White program provides case management and health services to persons living with HIV/AIDS who would otherwise be unable to afford treatment. Interns provide consultation to hospitalized patients and outpatient psychotherapeutic services. This is an elective activity which is only open to the Underserved Populations Track interns.

**The Center for American Indian Community Health (CAICH) (Research activity)**. This program leads a major effort to reduce severe health problems facing American Indians. CAICH works on community-based initiatives and applied research in Native communities. The intern participates in a number of grant-based and research activities provided through CAICH and a national network of American Indian tribes and urban organization partners. This is an elective activity which is only open to Underserved Populations Track interns.

Service delivery expectations are as follows: All interns must devote at a minimum of 1800 hours (usually 2000 hours) to the internship activities during the year of training. A minimum of 900 hours of direct service is required. Direct service includes clinical psychological assessment, clinical psychological testing, clinical psychological intervention, consulting, test scoring and interpreting, report writing, and other documentation.

I. Supervision

Each intern must have at least two hours of individual supervision weekly, and at least two hours of other general supervision. Typically, interns will receive more individual supervision than this, depending upon supervisors and settings. Interns receive a great deal of their learning from clinical teaching; they often participate in clinical and consulting activities
with their supervisors and with other clinical multidisciplinary clinical teachers. Each intern is assigned a rotation supervisor in their major rotation areas where they are working, who provides at least one hour of supervision per week. In instances where a supervisor is providing an intern with outpatient supervision of a single or small number of cases, scheduled supervision with that supervisor must occur for each patient, with availability of the supervisor at any time. Interns also meet weekly with the Division of Psychology Director of Training. Each case has a primary supervisor. Interns must let their supervisor know of any cases that they take on. The supervisor on each case is the primary contact person for supervision. The intern should discuss all cases with their assigned supervisor. However, all training supervisors are available at any time for supervisory consultation, and coordinate their supervision with that of the primary supervisor. In the event that the supervisor cannot be reached, or in an urgent situation, any of the training supervisors should be contacted for assistance. Supervisors notify the interns of coverage during scheduled absences.

J. Didactic Training

The Psychology Division, being part of a large teaching hospital and medical center, adopts a clinical teaching model. In this model, teaching and supervision is provided by psychology faculty and teaching by multidisciplinary faculty in the clinical teams on their rotations. While “classroom” activities take place as described below, we believe that the didactic training that takes place in the service provision sites is at least as important as classroom training.

Intern Core Didactic Series – Friday – 9:00am – 10:00am and 9:00am to noon during the summer.
This is a series of presentations which include psychological assessment and treatment of a variety of disorders including psychological interventions with medical conditions, mood, anxiety, substance abuse, brain injury, and psychosis, as well as presentations on neuropsychology, consultation, treating underserved populations, supervision, program evaluation, ethics and professional issues, disability, multiculturalism, and other timely topics. Attendance is required. 1020 Olathe Pavilion

Summer Core Resident Training Program- Selected Tuesdays 8:00am to noon – July to September.
This is a series of intensive didactic presentations by psychiatry and psychology faculty and advanced residents. It is an overview of certain key elements of practice in a psychiatric setting and more broadly in a medical center. Required. Location TBA.

Advanced Psychotherapy Meetings. Approximately every other week. This is a case presentation, educational, and consultation meeting led by Training Supervisors. Required. Days/times TBA.
These are group activities led by psychology faculty for interns to facilitate development of advanced level intervention skills. Required. 1020 Olathe Pavilion

Psychiatry and Behavioral Sciences Grand Rounds – Some Tuesdays – September through June – 8 am – 9:00 am
A series of guest speakers present on timely topics in mental health. Attendance is optional, but may be attended if not engaged in other duties. 3015 Sudler Auditorium

K. Other Policies and Information

Attendance Requirements. To ensure that interns receive adequate training on all rotations, any intern who misses more than 25% of any rotation will be required to make up that portion of the rotation which they missed. Furthermore, interns may not complete the program if they have attended less than 90% of the required didactics.

Administrative Assistance: The Coordinator of the Clinical Psychology Internship Program, Lesley Leive, is available to provide assistance with administrative matters such as coordinating leave time, managing internship records, or answering general questions. The Division administrative assistant, Pam Wheeler, can assist with general questions or coordinating some needs of interns.

Computer Services. Interns will be given an e-mail address and internet access including the Medical Center’s website so that they may correspond, receive and obtain information, research library data bases, and access information on the internet relevant to the internship. Interns are also given access to the electronic medical record in which they do most of their clinical documentation.
Dress Code and Decorum. Professional attire should be worn in patient care areas. Interns are expected to present a clean, neat and professional appearance at all times. The Medical Center identification badge is to be worn whenever involved in clinical or administration activities. Conduct consistent with the dignity and integrity of the profession is required in all contacts with patients, families, and other health professionals. Patient confidentiality is a paramount issue, so discussion of any case material is limited to private areas. The use of alcoholic beverages or drugs that impair judgment while on duty is prohibited, as is the consumption anywhere on the Medical Center premises.

Keys. The Clinical Psychology Internship Administrator, Lesley Leive, distributes the keys to the intern’s office and to the floors (Olathe Pavilion). When interns finish a rotation, they must turn in their keys.

Library Services. Interns have access to many journals online through their Dykes library accounts. The main campus library also has a selection of specialty journals and texts. Interns may also request materials via the interlibrary loan service.

Mail Box. Each intern is assigned her/his own box in the Psychology Division Office 1021 Olathe Pavilion. Written communications will be delivered there.

Personal and Sick Leave. Interns may request up to three months per year of leave for reasons of personal or family illness, serious health condition, disability, or the birth or adoption of a child. Interns may exhaust vacation and sick leave in such an instance, in which case the remainder will be unpaid. Such loss of training time may need to be made up by extension of the training program at the end of the internship. For a brief illness, interns are allowed up to 12 days of paid sick leave per year. For women who are breast-feeding after returning to work, there is a private place designated to express milk in Room 2044 Wescoe Pavilion. Interns who are aware of a medical leave in advance of the leave should complete a leave request form to insure proper approval and coverage is obtained. Interns must notify the Clinical Psychology Internship Coordinator and Training Director, as well as the appropriate personnel at their assigned training site before the day begins or as soon as reasonably possible if they are not reporting to work due to illness.

Vacation Leave. Interns are provided a maximum of three weeks (15 days) per year. Vacation requests must be submitted as soon as interns know of their plans and in all cases giving a two week notice. Interns may obtain a vacation request form from, and should turn it in to, the Clinical Psychology Internship Administrator, Lesley Leive, so that she can verify the number of days the intern has available. Interns must have their request approved by all rotation/elective supervisors before submitting their request to the Clinical Psychology Internship Director for final approval. Requests will be considered on a first-come-first-served basis. Rotation supervisor approval and available days are the primary bases for granting leave requests. Interns may request up to five days of professional leave for examinations, conferences and job/post-doc interviews. Interns who attend professional conferences are asked to present a summary of their experiences to other trainees and faculty. **Interns may not take vacation days during the first two weeks of assumption of clinical duties of the internship, or during the last two weeks of the internship. Vacation time within the first two weeks of a new rotation is discouraged. A graduation activity takes place in the last two-four weeks of the program for the interns, and interns are expected to attend. While the intern start date for clinical activities is July 1 for their rotations, interns will need to make plans to attend an orientation to the Medical Center which can entail up to three days, which may be spread throughout the week prior to the start date. Thus, interns should be prepared to be available to campus during that week.**

L. Evaluation of Interns

Interns are formally evaluated by their supervisors at least once each six months and at the completion of each rotation. However, interns are generally given ongoing feedback about their progress in oral fashion, and interns are encouraged to discuss how they are progressing if they have any concerns. Formal evaluations are generally reviewed directly with the
Intern at the time of the completion of the evaluation by the supervisor completing the evaluation, for the purpose of facilitating constructive dialogue. Intern progress is considered by the Psychology Internship Training Supervisors at their monthly meetings as they become available. Intern evaluations are available for the intern’s review in the Internship Administrator’s Office, Room 1005 Olathe Pavilion. Interns also evaluate the site supervisor at the completion of each rotation as well as the rotation at the completion of each, as well as the program as a whole and the completion of the program. Interns also complete an evaluation one year following completion of the program. Evaluations are reviewed regularly by the Training Director who uses them to provide feedback to the supervisor and the program.

The evaluations of interns by supervisors are to provide feedback to the intern regarding their performance, to insure that interns are progressing satisfactorily, and so that any problems or issue that may arise can be addressed as soon as possible. In addition to rotation evaluations, information from other sources may be considered. These may include record reviews, staff reports, and anonymous patient assessments. Critical feedback from an evaluation does not generally indicate that there is a problem with performance such that the intern is failing in the program. The program accepts interns with the expectation that they will successfully complete the program. Disciplinary action or termination would occur only under the most serious circumstances, and after due process. If there were ever any such level of concerns regarding performance, this would be reflected in a “failing” rating on one or more of the competencies or elements of the competencies on the evaluation, and would prompt a review. Failing ratings do not necessarily indicate that corrective action is needed, but may result in informal resolutions or probation. Any deficiencies identified (failing ratings) must be addressed and a determination made of the intern’s successful completion of the internship by the Training Director in consultation with the Training Supervisors, in the overall evaluation at the end of the internship year.

M. Due Process and Grievance Policies

Due process and grievance policies are in a document which is given to the intern at entry to the program along with the Training Manual, and is available at any time upon request of the Internship Administrator or Director of Training.

N. Internship Evaluations

At the end of each clinical rotation, or every six months, interns should evaluate the quality of the rotation and the Training Supervisor. The appropriate form will be placed in the intern’s mailbox or given directly to the intern. Interns may also elect to evaluate any site supervisor or rotation at any time. To do so, they should request the appropriate form from the Internship Administrator or Training Director. Interns also evaluate the site at the completion of each rotation, the overall internship at the completion of the internship, at the one year follow-up, and periodically thereafter. Intern ratings of supervisors, rotations, and the program are used by the Training Director and supervisors to evaluate and improve the program. Interns become part of our program and play a vital role in its ongoing growth. Interns are encouraged to stay in touch with the program as we are all interested in your accomplishments and invested in your success.

O. Accreditation Status

The Internship Training Program at The University of Kansas Medical Center, Department of Psychiatry and Behavioral Sciences, Division of Psychology, is accredited by The American Psychological Association. The address and telephone number of the Commission on Accreditation is listed below:

Office of Program Consultation and Accreditation  
750 First Street, NE • Washington, DC • 20002-4242  
Phone: 202-336-5979

Reports and other material related to accreditation status may be obtained as appropriate by contacting the Training Director, Edward Hunter, Ph.D. ABPP, or the Internship Administrator, Lesley Leive, at 913-588-6401.

P. Other Affiliations
We are a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). The internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant for purposes other than those specifically related to the Match requirements.

Q. Stipends

Pay for all the Clinical Psychology Interns of approximately $30,000 is anticipated for the 2018-19 academic year.

R. Website

Further information about the Clinical Psychology Internship Program, The Department of Psychiatry and Behavioral Sciences, and The University of Kansas Medical Center are accessible at: http://www.kumc.edu/school-of-medicine/psychiatry-and-behavioral-sciences/clinical-psychology-training-programs/predoctoral-internship-program.html

S. Faculty

A list of all internship faculty can be found at http://www.kumc.edu/school-of-medicine/psychiatry-and-behavioral-sciences/clinical-psychology-training-programs/predoctoral-internship-program/internship-faculty.html

A list and information about the broader faculty of the Department of Psychiatry and Behavioral Sciences can be found on the faculty tab at: http://www.kumc.edu/psychiatry.