

**The Clinical Psychology Internship
Training Program Manual
2020 - 2021**

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 interdisciplinary programs at 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 overall aims of the program are to develop well-rounded professionals who relate to others in positive, constructive, and effective ways, integrating all relevant data so as to evaluate and treat the whole individual, while practicing in an ethical and professional manner.

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 full humanity of the individual with their unique individual characteristics, culture, 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 providing clinical psychological care 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 patient. Interns learn to work within an interdisciplinary context, in order to provide the best care. They are supported in the development effective communication and consultation skills, so that they can be of benefit to others who are caring for their patients, as well utilizing the wisdom of teachers and providers from other specialties to best help the patient. They also work alongside of trainees from many disciplines. Interns learn to treat 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, psycho-oncology, neurology, and pain management. Interns are supported in the development of leadership skills, so that they are also able to supervise, educate and train others, as well as contribute to the body of scientific and scholarly knowledge in psychology.

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 is 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. The patient populations with which the interns work are quite diverse, as are the students, residents and staff at the Medical Center. 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 program makes concerted and long-range efforts to attract and retain diverse interns and faculty. 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 its programmatic commitment and emphasis, the program actively supports the Departmental Diversity Committee, with participation of its psychology faculty and trainees, including interns. Information about the Committee can be found at: <http://www.kumc.edu/school-of-medicine/psychiatry-and-behavioral-sciences/diversity-committee.html> The Program also actively supports the mission of KUMC, and faculty have had significant roles in the Executive Vice-Chancellor's Diversity Equality and Inclusion Cabinet of the Medical Center. Information about this cabinet can be found at: <https://kumed.sharepoint.com/sites/mykumc/diversity/Pages/EVC's-Diversity-&-Inclusion-Cabinet.aspx> KUMC has a strong diversity initiative; more information can be found at the Diversity and Inclusion website: <http://www.kumc.edu/diversity.html>.

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, homeless individuals, refugees, 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. There is a special track for those interns who have a strong commitment to careers working with underserved populations as described below, although all interns experience work with such individuals.

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 47-bed adult psychiatry inpatient unit and an 86-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, the Internal Medicine integrated care clinic, Neurology, Pediatric, and the Spine Center, to name a few. The Medical Center has a strong outreach presence, with intern involvement in such programs as the Center for Telemedicine and Telehealth and the KU Pediatrics Telebehavioral Health program, and community clinics such as the Duchesne Clinic, St. Vincent's Clinic, the Community Health Center of Southeast Kansas, and the Southeast Kansas Mental Health Center. These programs and clinics serve many individuals from rural and underserved areas, as well as other underserved populations.

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. Four of the positions are in the Comprehensive Track, and two are on the Underserved Populations Track. Other information regarding the qualifications and preferences for selection for the tracks, including Citizenship/Permanent Resident/Visa requirements for each may be found on the KUMC Clinical Psychology Internship website at: <https://www.kumc.edu/school-of-medicine/psychiatry-and-behavioral-sciences/clinical-psychology-training-programs/predoctoral-internship-program.html> (on the Admissions, Support, and Initial Placement Tab)

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 the ultimate supervisors for their cases. Supervisors are available 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 both

learn supervision throughout this role modeling experience, 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 often case presentations including literature reviews of evidence-based evaluation and treatment, and present to multidisciplinary trainees and faculty. Interns furthermore provide several interdisciplinary psychotherapy workshops to medical student, enabling these future physicians to understand psychotherapy, appreciate the value of psychological interventions, and implement basic interventions in practice, such as components of motivational interviewing.

F. Competency Expectations

Competency expectations of interns are organized in relation to the overall aims of the program. As noted above, these aims are to develop well-rounded clinical health service psychologists who relate to others in positive, constructive and effective ways, including integrating all relevant data, so as to effectively evaluate and treat the whole individual, while and practicing in an ethical and professional manner. Profession-wide competencies are identified below in reference to these aims:

I. Developing and fostering positive, constructive, and effective working relationships with patients and others:

Competencies:

Competency A: Communication and Interpersonal Skills:

Elements:

The intern develops and maintains effective ongoing working relationship with a wide range of individuals.

The intern effectively produces and comprehends oral, nonverbal, and written communications pertaining to their professional activities.

The intern demonstrates effective interpersonal skills in their professional interactions.

Competency B: Individual and cultural diversity:

Elements:

The intern shows an understanding of how their own personal/cultural history may affect how they interact with people who are different from themselves.

The intern shows knowledge of current theoretical and empirical findings as they related to diversity.

The intern shows an ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.

The intern independently applies knowledge in working effectively with many diverse individuals and groups.

Competency C: Consultation and Interprofessional/interdisciplinary skills:

Elements:

The intern demonstrates knowledge and respect for the roles and perspectives of other professions.

The intern applies knowledge and respect for others' roles in clinical settings.

Competency D: Supervision

Elements:

The intern demonstrates knowledge of supervision models and practices.

The intern applies this knowledge in direct or simulated practices with psychology trainees or other health professionals.

II. Applying Evidence-Based Psychological Skills:

Competency E: Assessment:

Elements:

The intern selects and applies assessment methods that draw from empirical literature, and collects relevant data using multiple sources and methods.

The intern interprets assessment results to inform case conceptualization, classification, and recommendations.

The intern communicates findings of assessments in an accurate and effective manner.

Competency F: Intervention:

Elements:

The intern establishes and maintains effective relationships with the recipients of psychological interventions.

The intern develops evidence-based intervention plans.

The intern implements interventions informed by the current scientific literature.

The intern applies the relevant research literature to clinical decision-making.

The intern modifies and adapts evidence-based approaches.

The intern evaluates intervention effectiveness.

Competency G: Research:

Elements:

The intern demonstrates the substantially independent ability to critically evaluate and disseminate research or engage in other scholarly activities such as case conferences, presentations, program evaluations, and/or publications at the local, regional or national level.

The intern demonstrates through formal case presentations to faculty and other trainees, and through workshops with interdisciplinary professionals, the ability to integrate clinical practice and research.

III. Practicing High Standards of Professional Behavior

Competency H: Ethical and legal standards

Elements:

The intern is knowledgeable of, and acts in accordance with, APA Ethical Principles of Psychologists and Code of Conduct, as well as relevant laws, regulations, rules and policies governing health service psychology.

The intern recognizes ethical dilemmas and applies ethical decision-making processes.

The intern behaves in an ethical manner in their professional activities.

Competency I: Professional values and attitudes:

Elements:

The intern behaves in ways that reflect the values and attitudes of psychology.

The intern engages in self-reflection.

The intern demonstrates openness and responsiveness to feedback and supervision.

The intern responds professionally in increasingly complex situations toward an increasing degree of professional independence.

In addition to the above profession-wide competence expectations, the program has one program-specific competence expectation of its Underserved Populations Track interns. The competency is also assessed for the Comprehensive Track Interns, although not a required competency for completion of the program.

Competency J: Underserved Populations.

Elements:

The intern shows a working knowledge of health disparities, strengths and weaknesses of health care systems, and barriers to access to health care.

The intern demonstrates effective application of this knowledge-base in at least two of the following: clinical practice, advocacy, education/training, administration, and research, with the goal of increasing service to underserved populations.

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, there are required rotations for adult and child inpatient experiences. 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 which may include an alternative outpatient experience). 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. However, the trainees for the Underserved Populations Track are recruited for special interest in underserved populations, and especially for those committed to working in rural areas, such as establishing practices in such primary care sites or working in integrated care in established settings. Interns in the Underserved Populations Track will spend less time on the rotations open to the individuals on the Comprehensive Track due to other activities of the Underserved Populations Track. These other activities include that the Underserved Populations Track interns receive training and experience in tele-mental health in the KU Center for Telemedicine and Telehealth and/or the KU Pediatrics Telehealth program, must have a Primary Care rotation, will receive a placement in a community clinic for a portion of their training, and will experience a broader exposure to underserved populations and communities in the course of their rotations and other activities. One feature of the Underserved Populations Track is an intensive one-week experience in a nationally recognized dynamic rural primary care clinic. Furthermore, the Underserved Populations Track interns will receive their clinical exposures according to the Concentric Training Model as described below.* This includes a number of other activities focused on learning to function as clinicians, educators, supervisors, administrators and advocates to underserved populations.

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 and/or Family Medicine

Comprehensive Track interns will carry six to eight hours per week with 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.

Comprehensive Track interns may elect a limited amount of exposure to clinical activities in programs such as the bariatric clinic, neurology clinics or pain management.

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 a primary care clinic serving predominantly underserved populations which may include Duchesne Clinic, St. Vincent Clinic, Bull Docs Free Clinic, Community Health Clinical of Southeast Kansas, 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 interns will spend four to six hours per week with outpatients throughout the year in the Outpatient Psychiatry Clinic

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 and/or the KU Pediatrics Telehealth System at KUMC
2. Participate in the Area Health Education Center's programming or other outreach program (Interns will prepare and present an educational offering to rural or other underserved area consumers, providers or the public).
3. Participate in mentoring for minority and/or disadvantaged 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, and/or state hospital.

Other activities may be available to interns on the Underserved Populations Track such as seeing patients through the Ryan White HIV/AIDS Program or participation in a research activity with the Center for American Indian Community Health (CAICH) or the Midwest Collaborative for Treating Obesity in Primary Care. Additional activities such as these are contingent on grant funding; other similar opportunities frequently arise during the year.

*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 an implementation and evaluation of 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 2. integrated primary care and comorbid mental and medical conditions, and 3. exposure to underserved populations through telemedicine and an on-site community experience. The track is intended also to facilitate individuals committed to working with underserved populations to find careers in clinical activity, education/training, research, advocacy, and administration relevant to vulnerable and underserved populations. The track also includes a program-specific competence as noted above.

**Underserved Populations Track interns may be able to have a portion of their child rotation in other activities, 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 (CCHD), 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. The Adult Inpatient Psychiatry facility is a 47-bed inpatient psychiatric unit for acutely ill psychiatric patients at the Strawberry Hill campus. The hospital offers a comprehensive multidisciplinary team experience for the psychology intern. The intern also works with trainees in a variety of disciplines which includes psychiatry, social work, nursing, and occupational therapy, among others. This is a required rotation.

Child Inpatient Psychiatry. The Child Inpatient Psychiatry facility is housed at the University of Kansas Health System- Marillac Campus. This inpatient psychiatry hospital provides the intern with exposure to acutely ill psychiatric patients who are children or adolescents. The program 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, although interns participate on multidisciplinary teams and do groups. 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 and/or Internal Medicine Clinic. 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 interns 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 an elective in the Psychosocial Evaluations for Medical Interventions program for Comprehensive Track interns.

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. Interns work closely with medical teams in this predominantly outpatient experience. 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 major portion 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.

Telebehavioral Health Network. Interns from the underserved track participate in the rotation through the year, with the benefit of following diverse patients and families longitudinally. The rotation will emphasize collaboration with systems of care including primary-care based services. A variety of telemedicine models will be utilized, including different technology delivery models and designs. Adults patients are seen through the University of Kansas Health System's Telebehavioral Health Network, encompassing 10 rural/frontier primary care practices

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 a limited number of outpatient visit to patients from this program. This is an elective activity which is only open to the Underserved Populations Track interns.

Service delivery expectations are as follows: All interns must devote at a minimum of 1800 hours (actual hours are typically closer to 2000) 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 through clinical teaching; they often participate in clinical and consulting activities with their supervisors and with other 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 occurs on the service provision sites is at least as important as classroom training.

Intern Core Didactic Series – Friday – 9:00am – 10:30 am and 9:00 am 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*

Advanced Psychotherapy Supervision/Training- Weekly. These are group activities led by psychology faculty for interns to facilitate development of advanced level intervention skills. They include supervisory and educational components. Required. *1020 Olathe Pavilion*

Psychiatry and Behavioral Sciences Grand Rounds – Some Tuesdays – September through June – 8:00am – 9:00am

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. *Location TBD.*

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.

Administrator/Coordinator: The Administrator/Coordinator of the Clinical Psychology Internship Program, Charlotte Iannaci, 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 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, Charlotte Iannaci, 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 mail 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.

Photocopying/FAX. Materials required for patient care or professional use may be copied in Room 1012 Olathe Pavilion. The Department FAX machine is located in Room 1011 Olathe Pavilion. The FAX number is 913-588-6414.

Secretarial Support. Although interns and faculty generally type their own reports and other documents, some preparation materials, such as for presentations, the Psychology Secretary, Pam Wheeler, in Room 1024 Olathe Pavilion, may be able to assist.

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. As soon as they become aware of or plan an absence, it is essential that they block their schedules for any outpatients so as not to disrupt patient care anymore than necessary. Interns may obtain a vacation request form from, and should turn it in to, the Clinical Psychology Internship Administrator, Charlotte Iannaci, 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 may be 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 prepare 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 1013E Olathe Pavilion.

The evaluations of interns by supervisors are to provide feedback to the intern regarding their performance, to ensure 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. Internship Evaluations by the Intern

At the end of each clinical rotation, or every six months, interns should evaluate the quality of the rotation and the Training Supervisors. 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 Coordinator 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. This will always be your internship. Interns are encouraged to stay in touch with the program as we are all interested in your accomplishments and invested in your success.

N. 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 coordinator or Director of Training.

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, Charlotte Iannaci, at 913-588-6428.

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

Compensation for all the Clinical Psychology Interns of approximately \$30,000 is anticipated for the 2020 - 2021 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>.