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**GEO Care, Inc.
South Florida Evaluation and Treatment Center**

**Predoctoral Psychology
Internship Policies and Procedures Manual**

2010 - 2011

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Introduction from the Training Director

Welcome to GEO Care/South Florida Evaluation and Treatment Center (SFETC). We offer a unique 12 month predoctoral psychology internship program with a special emphasis in forensic treatment. Please note that this manual provides specific information necessary for all interns and is considered to be a supplement to, not a replacement of, the rules and guidelines contained in the GEO Care/ South Florida Evaluation and Treatment Center Handbook and the American Psychological Association's (APA) Code of Ethics. We look forward to the prospect of having you join the Department of Psychology at GEO Care/South Florida Evaluation and Treatment Center.

APPIC Membership

Geo Care Inc./ SFETC is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). We abide by APA and APPIC policies as well as participate in the APPIC Internship Matching Program. Applications and the Applicant Agreement can be obtained from the APPIC Web site at www.appic.org. Our program code is 1218. We have four funded Internship positions. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant. Results of the APPIC Match constitute binding agreements between applicants, internship programs, and APPIC that may not be reversed without APPIC's consent. Appointments of applicants to internship positions are contingent upon the applicants satisfying certain eligibility requirements. Such eligibility requirements are clearly specified below.

Equal Opportunity Employer

The predoctoral intern will be selected without discrimination for any non-merit reason such as race, color, religion, national origin, sex, sexual orientation, status as a parent, age, physical disability, or marital status.

Additional Security Clearance Requirements Upon Acceptance of Internship.

Before the beginning of the internship year each intern is required to undergo a background check and a physical examination, which includes the following:

- 1) Fingerprint background check (on site)
- 2) Drug screen (on site)
- 3) Physical Examination (on site)
- 4) Provide proof of immunization for measles, mumps and rubella (MMR)
- 5) Provide results from a current PPD antigen test for tuberculosis (on site)

SFETC initiates the above-mentioned services in the weeks prior to the beginning of the internship year and completes it during the first week of the internship. Interns should respond to any inquiries from the Human Resources Department prior to the beginning of the internship year so as to facilitate a smooth transition into the training program.

General Overview of GEO Care, Inc./South Florida Evaluation and Treatment Center

South Florida Evaluation and Treatment Center is a 238 bed forensic psychiatric hospital operated by GEO Care, Inc. We serve men and women who have been adjudicated by the court as Incompetent to Proceed to Trial (ITP) or were found Not Guilty by Reason of Insanity (NGRI). The majority of the patients are ITP. It is the goal of SFETC to stabilize their psychiatric condition and to restore them to competency so that they may return to court and have their case adjudicated. For those declared NGRI the facility provides aggressive mental health treatment to reduce symptoms of mental illness while diminishing an individual's risk to society so that they may be discharged to a less restrictive setting. A variety of Axis I and Axis II disorders are seen at our facility, with the most frequent diagnoses being major thought and affective disorders, severe personality disorders (primarily antisocial and borderline), and substance abuse/dependence. A number of forensic and clinical services are provided by the psychology staff to hasten the patients' return to court or to the community. These services include psychological assessments, functional assessments of behavior, individual psychotherapy, group psychotherapy, rehabilitation programs, competency evaluations, competency restoration groups, and individual competency restoration sessions.

Geo Care Mission Statement:

GEO Care provides for the safety, security, treatment and rehabilitation of patients which includes an array of services that are guided by the empirically based principles of the "Recovery Model". This model of therapeutic intervention is evidence based and incorporates beliefs that recovery is personal and unique to each individual. It is a process that focuses on one's attitude, values, feelings, goals and skills. Changes will often take place not only in the resident but with family, friends and others in the resident's support system. It is a way of living a hopeful, satisfying life despite the potential limitations imposed by serious mental illness.

Geo Care Inc./ SFETC's mission is to improve the lives of those touched by a mental illness. Our vision is to be a leader in providing quality forensic psychiatric care that anticipates and responds to the changing needs of the persons we serve and to empower persons with mental illness and their families to achieve the highest quality of life. We are committed to promoting the potential of our patients in an atmosphere of dignity and respect. We will pursue clinical, forensic and workforce excellence. Our treatment environment will promote recovery through therapeutic alliances with clinical, security, administrative and support staff.

PREDOCTORAL INTERNSHIP PROGRAM

Psychology Internship Mission

The mission of the Internship Program is intended to function in accordance with the regulations and standards of the State of Florida, Department of Children and Families, Geo Care, Inc./SFETC, and the American Psychological Association. The mission of the Psychology Internship Program at South Florida Evaluation and Treatment Center is to provide:

- Specialized clinical training in assessment and treatment of severe mental illness with the goal of improving the lives of our patients.

- Specialized training in forensics focused on addressing the unique issues of forensic patients and providing interns with specialized skills in forensic psychology.
- High quality supervision to assist interns in their development as competent and effective professional psychologists.
- Professional development to assist interns in becoming well-rounded professionals who will be able to function competently and effectively in a variety of work settings.

Throughout their training, an intern will be included as a contributing member of the hospital's multidisciplinary team. Responsibility for professional decision-making grows as the intern's clinical skills are demonstrated and refined. However, the intern's primary role remains that of trainee, with supervision and training as a top priority.

Training Program Overview

Internship training takes place within the scholar-practitioner model. The ultimate goal of internship is to produce ethical clinicians who are multiculturally sensitive and able to provide quality assessment services and integrate science with practice in treating a severely and persistently mentally ill population. Interns are taught critical thinking methods to assess clinical and forensic situations. Interns are expected to use empirically validated treatment methods and are trained to understand, interpret, and apply empirically based assessment and treatment interventions. Through didactic training and supervised practice, the intern will increase his/her knowledge and proficiency in the application of general psychological principles and will have an opportunity to work with a culturally diverse population. The specialized forensic training addresses issues of risk assessment and risk management, personal and community safety, forensic evaluation, expert testimony, interactions with the criminal justice system, the role of psychology within the legal system, basic law and legal commitments, and ethical treatment of forensic patients. Training is accomplished through seminars, tutorials, workshops, clinical supervision and a multitude of clinical experiences. The internship provides further experience in learning how to work within a large organization, to work with a multidisciplinary team, and to interface with other large systems such as the judicial and correctional systems.

Program's Core Training Components

Interns will be expected to carry out the duties of the Department of Psychology as assigned to them by their Primary Supervisor and Director of Training. These duties include, but are not limited to the following: individual and group clinical therapy, individual and group forensic psychoeducation, psychological assessments, and specialized behavioral plans. Interns may **only** take assignments/referrals from their supervisors and the Director of Training. The core training areas are as follows:

1. **Forensic Training:** As part of the forensic training you will have the opportunity to evaluate and treat individuals who have either been adjudicated by the court as Not Guilty by Reason of Insanity (NGRI) or Incompetent to Proceed (ITP). Interns will co-lead two competency restoration groups each week and provide individual competency restoration sessions, as needed, for individuals who have been found Incompetent to Proceed. They will assist in competency evaluations and risk assessments, and will write Initial Forensic Psychological Assessment (IFPA) reports for their assigned units. Because the patient population consists of forensically committed individuals, a portion of the assessment and didactic seminars will be

devoted to the discussion of forensic issues. Interns will be exposed to competency to stand trial assessments, malingering evaluations, readiness for release evaluations for individuals adjudicated Not Guilty by Reason of Insanity (NGRI), and risk for violence assessments.

2. Clinical Interventions/Therapy: As part of the clinical therapy training interns will have the opportunity to provide therapeutic interventions to a culturally diverse inpatient population with severe mental illness. The psychology internship program is committed to the goal of producing practitioners who not only are aware of the importance of understanding cultural issues when providing competent treatment, but who also actively integrate cultural considerations into all aspects of treatment (e.g., case formulation, forming and maintaining the therapeutic alliance, the appropriateness of specific interventions, etc.). Interns will be expected to provide individual therapy to 2-3 individuals (up to 3 hours of therapy per week). Interns will be aware of evidence based treatment methods through seminars or specially assigned cases where manual/protocol-driven interventions can be delivered. By the end of the internship year, interns are expected to have developed proficiency in the following areas:

Individual Therapy:

- (a) Conceptualizing cases according to a stated theoretical model
- (b) Integrating culturally-relevant information into case conceptualization and treatment
- (c) Developing basic therapeutic rapport and treatment engagement
- (d) Planning and implementing interventions
- (e) Evaluating the effectiveness of interventions
- (f) Adjusting interventions according to a patient's needs

Group Therapy:

Experience facilitating groups is a valuable and important clinical training experience during the internship year. Thus, interns will have the opportunity to have a variety of group experiences. Interns may lead groups for individuals who have been found Not Guilty by Reason of Insanity with the goal of reducing symptoms of mental illness, developing coping skills, reducing recidivism, and diminishing the individual's risk to society so that they may be discharged to a less restrictive setting. Interns will also be co-facilitating Dialectical Behavioral Therapy and Cognitive Behavioral Therapy for Psychosis groups. In addition, interns may have the opportunity to lead an elective psychotherapeutic group based on their interests and the needs of the patients in the hospital. Interns will be expected to lead 2 to 3 groups total at any given time (up to 3 hours of clinical group therapy per week). Through the required groups, each intern will solidify group skills in the following areas: (a) providing group therapy as a co-facilitator, (b) facilitating group process, and (c) using group dynamics and process toward positive treatment outcomes.

Programs:

The programs offered at GEO Care/SFETC are based on the Role Recovery Approach. They are designed to help and encourage persons served to make choices for themselves that will allow them to lead healthier and more productive lives outside of a hospital setting. Interns may have an opportunity to participate in groups offered by the Role Recovery Program, such as the Co-occurring Disorders and Women's Trauma groups throughout the internship year.

Specialized Behavioral Plans:

Interns will have the opportunity to complete one to two specialized behavioral plans and learn how to develop, implement, and track the effectiveness of individualized behavioral plans. Interns will help train staff in the implementation of the behavior plans.

3. Psychological Assessment and Diagnosis: In addition to Initial Forensic Psychological Assessment reports which are assigned on a rotating basis, interns will complete a minimum of five integrative psychological assessment reports during their internship. They will learn to draw sound diagnostic inferences and make recommendations relevant to patients' needs using clinical interviews, collateral information, and/or psychological assessment data. They will be able to write integrated and useful psychological reports that are guided by specific referral questions. Interns will work collaboratively with their Primary Supervisor in choosing an efficient, yet thorough, assessment battery that is uniquely designed to answer the referral question, while addressing the forensic implications. A complete list of assessment materials can be found under Appendix F of this manual.
4. Multicultural Awareness: Throughout internship the importance of understanding cultural issues when providing competent treatment is stressed. By focusing on diversity issues in training and supervision and providing psychotherapy and assessments to patients from diverse backgrounds (with appropriate supervision and consultation), interns will learn to actively integrate cultural considerations into all aspects of treatment and adjust assessment and treatment strategies to reflect an understanding of individual cultures, languages, abilities, values, and ranges of socioeconomic status. Interns will be expected to show respect and sensitivity to individual differences involving culture, race, religion, and sexual orientation.
5. Multidisciplinary Treatment Team Skills: Consultation is a core psychological skill. Interns will spend roughly three to four hours each week attending and participating in treatment team meetings on their assigned units. Interns conducting psychotherapy and assessment become consultants to the patient's treatment team. Interns will participate in a treatment team or as a consultant to several treatment teams, learning to consult effectively with peers and other professionals. Interns are expected to become proficient in contributing psychological expertise to the treatment team by the end of the internship year. Participation in the multidisciplinary treatment process will assist in refining the intern's clinical knowledge as well as developing their professional identity.
6. Ethics and Standards of Practice: In seminars and ongoing supervision, interns will review ethics, standards, and laws related to the practice of psychology. A portion of seminar time is devoted to discussion of the APA Ethical Guidelines and the Specialty Guidelines for Forensic Psychologists. During didactic training focused on ethics, interns will be exposed to ethical dilemmas confronted by psychologists and the thought process leading to final decision making with regards to treatment. Interns will develop sensitivity to the specific ethical concerns posed by a forensic setting, particularly with respect to confidentiality, role conflict, use of consultation, and the limitations of our empirical knowledge base.

Thus, diversity of training is promoted through participation in a variety of therapy and assessment experiences, forensic training, and interaction with multiple supervisors and clinical staff throughout the hospital.

Internship Training Goals and Competencies Expected

The primary goal of our internship program is to foster the development of doctoral psychology interns who are competent to assess, diagnose, and treat adults with serious and persistent mental illness with a special emphasis in skills pertaining to the practice of forensic psychology. Therefore, much of interns' time is spent in direct service to this population or in training focused on this topic. The objectives of training include developing a knowledge base in clinical, behavioral and forensic psychology, treatment planning and team work, working in an institutional setting, and learning about the interface between psychology and the criminal/legal systems and community agencies. Specific goals, objectives and competencies include:

Goal #1: To develop competency in Professional Conduct, Ethics, and Legal Matters.

Objectives and competencies expected:

1. Intern will demonstrate professional interpersonal behavior when interacting with the treatment team, peers and supervisors, and/or when seeking peer support as evidenced by respectful and effective communication as observed by staff and good working relationships.
2. Intern seeks supervision and consultation as evidenced by attending scheduled supervision sessions and seeking immediate supervision when a patient reports suicidal or self injurious ideation or when faced with a complex treatment issue.
3. Intern will demonstrate positive coping strategies when faced with personal and professional stressors and challenges as evidenced by seeking supervision when experiencing conflict with other staff and utilizing feedback and recommendations provided to properly handle the conflict.
4. Intern will demonstrate professional responsibility and documentation as it applies to patient care tasks as evidenced by discussing all applicable confidentiality issues openly with patients, being on time for scheduled appointments, managing duties related to forensic or clinical case management and documenting all patient contacts, including scheduled and unscheduled appointments and any risk management concerns.
5. Intern will demonstrate efficiency and time management skills as evidenced by turning in work by stated deadlines (i.e., IFPA, FARS, BECK, etc.).
6. Intern will demonstrate good knowledge of ethical principles and state laws and will consistently apply these appropriately, seeking consultation as needed.
7. Intern will demonstrate a growing autonomy in management of larger administrative or clinical projects as year progresses as evidenced by completing tasks independent of continuous reminders.

Goal #2: To train interns to be sensitive to individual and cultural diversity issues as it pertains to all of their clinical and forensic practice.

Objectives and competencies expected:

1. Intern will demonstrate an ability to consistently achieve a good rapport with patients as evidenced by establishing a quality relationship with each patient, identifying challenging patients and handling difficult situations tactfully without damaging rapport.
2. Intern will demonstrate sensitivity to the cultural and individual diversity of patients and commitment to providing culturally sensitive services as evidenced by acknowledging cultural/diversity issues related to assessment, diagnosis, and treatment, while also presenting a case conceptualization which reflects knowledge about and sensitivity to individual and cultural diversity.
3. Intern will demonstrate awareness of own cultural background and its impact on patients as evidenced by identifying the possible impact of patient's and therapist's race, ethnicity,

gender, age, etc., on treatment and seeks supervision to discuss diversity issues when uncertain of impact.

Goal #3: Competency in theories and methods of forensic and clinical psychological assessment and diagnosis.

Objectives and competencies expected:

1. Intern will demonstrate diagnostic skill as evidenced by diagnoses given on IFPAs, which reflect a thorough working knowledge of psychiatric diagnostic nomenclature and DSM multiaxial classification.
2. Intern will demonstrate promptness and proficiency in administering commonly used tests in psychological assessment as evidenced by completing a minimum of 5 integrative assessment reports in which the intern has selected the appropriate tests to answer referral question, sought approval from supervisor, and efficiently completed administration and scoring of such tests with minimal to no errors.
3. Intern will demonstrate intermediate to advanced skills in the interpretation of psychological assessments as evidenced by presenting case results in a manner that reflects integration of assessment findings and diagnostic impressions.
4. Intern will demonstrate competence in writing well-organized psychological reports that utilize a predetermined outline, acknowledges the patient's history and relevant psychiatric issues and integrates the test data to support diagnostic impressions.
5. Intern will demonstrate competence in providing assessment feedback to the patient as evidenced by setting up a feedback session, explaining test results in terms the patient can understand, and providing suitable recommendations to the patient and the treatment team.

Goal #4: To develop clinical skills necessary to conceptualize a patient's conditions from various perspectives, diagnosing, and effectively treating patients suffering from persistent mental illness.

Objectives and competencies expected:

1. Intern will demonstrate competency in evaluating, managing, and documenting patient risk as evidenced by communicating patient risk to supervisor and treatment team immediately and collaborates with patients in crisis to make appropriate short-term safety plans.
2. Intern will demonstrate competency in formulating a useful case conceptualization as evidenced by presenting a case formulation that draws on theoretical and research knowledge and reflects collaboration with patient to form appropriate treatment goals.
3. Intern will demonstrate intermediate to advanced skills in integrating research with clinical and forensic practice as evidenced by consistently selecting and applying empirically supported interventions, while taking into consideration a patient's limitations and strengths, to facilitate change.
4. Intern will demonstrate an understanding of own emotional reaction when working individually with clinical or forensic patients as evidenced by discussions in supervision regarding the use of countertransference to formulate hypothesis about patient's interaction style and develop proper interventions, as well as identify the impact of countertransference in the progression of treatment.
5. Intern will demonstrate intermediate to advanced group therapy skills and preparation as evidenced by an ability to prepare group activities and interventions, intervene in group therapy skillfully, elicit member participation, facilitate group communication, manage group with little to no assistance from co-facilitator, and stress safety and confidentiality.

Goal #5: To develop skills in applying scientific knowledge as needed to enhance knowledge about clinical and forensic practice.

Objectives and competencies expected:

1. Intern will demonstrate intermediate to advanced skills in integrating research with clinical and forensic practice as evidenced by consistently researching best practices to expand knowledge and skills independently, discussing appropriateness of interventions with supervisor(s), and applying evidenced based treatment intervention to clinical and forensic cases.

Goal #6: To develop professional skills in working as part of a multidisciplinary treatment team.

Competencies Expected:

1. Intern will demonstrate intermediate to advanced skills in consultation with multidisciplinary team as evidenced by providing timely, useful, and informative and respectful consultation to the multidisciplinary treatment team's discussions regarding patient treatment and assessment (clinical and/or forensic), as well as behavioral intervention plans.

Supervision

The Department of Psychology consists of seven (7) full time licensed, doctoral level psychologists, including The Director of Psychology/Director of Internship Training. Six psychologists work on psychiatric units with approximately 55 patients, providing a full range of psychological services. Interns will participate in at least three hours of supervision with a licensed psychologist each week.

The intern works directly with their primary supervising psychologist on forensic cases and work with a second supervising psychologist on clinical cases. Interns will receive at least one hour of individual face-to-face supervision of their forensic case load each week in addition to one hour of individual face-to-face supervision of their clinical case load. Supervision will focus on the integration of research and practice and may involve in-vivo supervision, mentoring, and/or modeling. Primary Supervisors will meet with their assigned intern throughout the internship year to provide consistency and to allow for a perspective on the intern's development over the year. Interns are expected to complete a weekly activity log and return this to their Primary Supervisor each week during supervision. Collaboratively, the intern and the supervisor track the completion of clinical and forensic activities to make certain that they are keeping up with program requirements. Interns must bring the Tracking Sheet to each supervision session. All services that are provided by an intern are monitored and his/her documentation in the medical record is co-signed by the Primary or Clinical Supervisor, depending on the services rendered.

Interns will participate in one hour of face-to-face group supervision consisting of all the interns and one psychologist. Group supervision allows interns an opportunity to build cohesion as an intern class. Group supervision is intended to focus primarily on clinical issues such as the integration of research and practice, short-term therapy, caseload management, termination, and interpersonal dynamics, as well as professional development. Beginning sessions generally focus on adjustment to internship training followed by an increased clinical focus. Professional development is a primary focus in the second half of the year with assistance given to the job search process and obtaining a postdoctoral fellowship.

Didactic Training

Interns are expected to participate in didactic training series for two hours each week. The weekly didactic training covers a variety of subjects directly related to the field of Psychology. Some of the topics that will be taught in the didactic training include: multicultural education, research and practice; ethics; forensic psychology; neuropsychology; treatment strategies for severely and chronically mentally ill patients; individualized behavioral planning; psychological assessment; and application of recent and relevant research articles to the practice of psychology. Interns are required to attend and **actively** participate in these important components of the internship program.

The didactic series will include the following:

1. Forensic Series: The forensic series will address a broad range of psycho-legal issues encountered across forensic psychiatric settings. This training addresses issues of personal and community safety, risk assessment and risk management, competency to proceed, forensic evaluation, expert testimony, interaction with the criminal justice system, the role of psychology within the legal system, basic law and legal commitments, and treatment of offenders. In addition, relevant empirical research in the field of forensic psychology will be discussed.
2. Ethical and Professional Issues Series: This seminar is designed to review ethical standards in the context of working at the hospital and to explore treatment issues relevant to clinical and forensic practice. This seminar is also designed to cover a range of topics to help develop the intern's professional identity. The series will include such topics as ethical issues that relate to both clinical and forensic work, working as part of a multidisciplinary team, how to provide proper referrals to other disciplines, professional behavior in the work place, conflict resolution in the work place, supervision skills, ethical issues, and licensing exam preparation.
3. Assessment Series: The focus of this seminar is to familiarize the intern to various assessment tools used in forensic and clinical settings. The goal of the series is to train interns to become competent in assessment administration, interpretation, and integration of results into the patient's treatment plan. Assessments that will be covered will include, but are not limited to, the following: HCR-20 Assessing Risk for Violence, Beck Inventories, SIRS, TOMM, M-FAST, WAIS-IV, MMPI, and neuropsychological screening tools. The series will also include such topics as how to best answer a referral question, best practices for assessment in a forensic setting, report writing, and relaying results to patients and staff.
4. Multicultural Issues Series: This seminar is designed to further develop skills in the provision of psychological services with attention devoted to diversity issues. The seminar is in part didactic, with review of the literature and theoretical frameworks, while also discussing interns' experiences in providing services to patients of diverse backgrounds or religious beliefs.
5. Clinical Therapy Series: This seminar is designed to explore the current literature in regards to empirically validated treatments. In addition, training focuses on developing strong clinical skills in working with the seriously mentally ill, treatment planning, behavioral observation and functional behavioral assessment, as well as conducting group and individual psychotherapy.

SFETC Facility Orientation

Interns will be expected to attend the hospital orientation and the psychology department orientation at the beginning of Internship. The initial training for psychology interns consists of a two-week orientation phase. In the first week interns learn about SFETC and about safety and health issues related to working in a forensic hospital environment. Interns will also participate in a Psychology Department orientation presented by the Psychology Faculty. This orientation will provide an introduction to the program and an overview of some of the specific knowledge and skills, which will provide a strong foundation for growth and development during the year. Interns will then be assigned to a Primary Supervisor, with whom they will meet for individual supervision of their forensic and clinical case load for at least two hours each week throughout the internship year. By the beginning of the third week interns will be assigned to offices, will have met individually with their supervisors, will have been oriented to their assigned units and will have met other treatment team members. Interns will begin to perform initial psychological assessments, suicide screenings and functional assessments of assigned patients. In the following days interns will be assigned psychotherapy groups to run and will begin to work with individual patients. Additional tasks will be added in the following days as specific training is provided that prepares interns to assume those tasks. Learning during the internship will occur in a developmental fashion. As the year progresses, interns' assignments will be increasingly complex and they will function with greater independence.

It is expected that during the first few weeks interns will have many questions and/or concerns. Primary Supervisors and the Director of Training are always available outside formal supervision and training to answer any questions or concerns.

HOSPITAL POLICIES

Professional Behavior

Always wear your identification badge clearly visible when on the SFETC grounds. After entering a unit through a locked door, be sure that the door properly shuts and locks behind you. Once on the unit, be sure to introduce yourself to the unit nurse or other staff. Let them know who you are and why you are there. This is more than just a courtesy; it is for your safety. Ask the staff about any behavioral problems that the patient you are seeing has had in the past 24 hours. Always tell the unit staff, preferably the unit nurse, where you are going on the unit and with which patient. Do not go into a patient's room, especially one of the opposite sex. Work in rooms with windows so that staff can see what is going on in the room. This will enable staff to assist you in case the patient becomes destructive or aggressive and will reduce the likelihood of the patient making allegations of abuse against you. It is also advisable to keep yourself closest to the door rather than allow the patient to sit or stand between you and the exit. Always try to be aware of what is happening behind you on the unit. If you are removing a patient from a unit, make sure you inform the unit staff about where you are planning to be.

Professional and ethical standards suggest that you make every effort to avoid dual role relationships and boundary violations. For example, do not give personal information about yourself to patient, do not perform favors for patient, do not hug patient or initiate physical contact, do not buy gifts or

food for patient. If you have any questions about these issues, please consult with your Primary Supervisor.

Dress Code

Interns are expected to dress in a professional and safe manner while on the premises of GEO Care/SFETC. Jeans, denim pants, and shorts are not to be worn. Opened-toe shoes, platform soles, high heels, ties and scarves, and long dangling earrings must not be worn as they present too great a risk of injury. Clothing that might be considered provocative should be avoided as well. While long hair is acceptable, it should be worn in such way as to avoid presenting an attractive handle to potentially aggressive patients. Consider what jewelry is worn. Some jewelry could be used as a weapon against you or someone else. Fragile objects or loose fitting ones can be broken or lost very easily.

Administrative Assistance

Interns will be assigned an office equipped with a desktop computer. They will have access to the hospital information system, which consists of an Intranet, as well as an Internet connection and GeoTrack, our patient tracking system. A unique computer account is set up for each intern during orientation and each will have ample access to computer workstations throughout the hospital.

Medical Records

Each patient's chart is maintained on their assigned hospital wing where their unit is located. Patient charts are not to be removed from the chartroom except when a patient is being seen by the treatment team or visiting the clinic. Patient charts are often thinned by medical records in an effort to keep them organized and manageable in size. Records that have been pulled from the chart can be requested from medical records and checked out for the day. Records must be returned to the medical record's office by the end of the work day.

Charting

Progress notes must be written for each patient seen for individual or group therapy using the "Clinical Therapy Note" which utilizes Prochaska-Diclemente's stages of change to quantify the patient's progress. However, interns should keep their own notes from each session so that they may use these during supervision. Of course, these notes must be secured in a confidential and locked place and shredded when no longer needed. Progress Notes can be typed or hand written in block type. Interns should document any special circumstances or occurrences when they occur (e.g. the patient reports suicidal ideation in session or an intention to commit self-injury in some way). **NOTE:** If at any time a patient reports suicidal ideation/homicidal ideation or self-injurious behaviors it is **NOT** only sufficient to make a note in the chart about such circumstance. It is imperative that Interns also immediately inform the unit nurse or psychiatrist directly to be certain that the patient is protected. Interns must notify their direct supervisors immediately as well. In addition, all staff who document in a patient's medical record are reminded to follow the proper procedures and are **not allowed to use any abbreviations** in their documentation. All progress notes must be labeled with that day's date and time (military) unless the note is also labeled "late entry." Progress notes must include the problem number from the patient's treatment plan that correlates with the issue being addressed in the note. Interns must **ALWAYS** end their notes with their

signature, printed name, highest degree attained, current title (e.g. Psychology Intern), and the date and time. All progress notes will need to be co-signed by the intern's supervisor and then placed in the medical record.

DAP Progress Notes

All patient contact notes, including documentation of assessments and specialized behavior plans, must be documented in the "Progress Note" section of the chart and written in DAP format. "DAP" is an acronym for Data, Assessment and Plan. The ***Data*** section should contain any information the writer, observed about the patient, including an example of what the patient said and what happened during the session or interaction. This section must be plainly labeled with a "D", either in the margin next to the note or in the body of the note. Individual therapy notes must contain the following information: level of alertness, level of orientation, mood and affect, behavior, thought processes, positive and negative symptoms, suicidal or homicidal ideation, and any self injurious behaviors.

The ***Assessment*** section should contain intern's assessment of the patient's progress or lack of progress, his/her reaction to treatment, and changes since the last session. This section must be plainly labeled with an "A", either in the margin next to the note or in the body of the note.

The ***Plan*** section should contain intern's plan for continuing treatment, transferring the patient to a new therapy, or terminating treatment. It may contain the frequency and duration of the sessions. This section must be plainly labeled with a "P", either in the margin next to the note or in the body of the note.

THE EVALUATION PROCESS

Intern's can best understand the evaluation process by referring to a copy of the evaluation form (Appendix A). The psychology internship program assesses the intern's performance and conduct on an ongoing basis. Feedback from supervisors facilitates professional growth by acknowledging strengths and identifying performance or conduct that needs improvement. Formal evaluations of the intern's performance are made four times per year.

At the end of each training period, the Primary Supervisor, along with the intern's other supervisors and professional staff, completes a written evaluation. The Primary Supervisor will meet with the intern to discuss their overall performance. In this feedback session, differences between the intern's views and their supervisor's appraisals may surface and in most cases are resolved through discussion. The intern and the supervisor sign the written evaluation to acknowledge that the evaluation has been discussed and then it is forwarded to the Training Director. Based on the evaluations, the intern and the Primary Supervisor may modify the intern's training plan to better meet the intern's training needs and the training program's requirements. If the intern disagrees with the evaluation, they can put their objection in writing. The intern's response will be attached to the evaluation in their file and will be presented to the Training Director and their graduate program. Interns will also be asked to evaluate the program and their supervisors at the end of each evaluation period.

The Training Director is responsible for communicating with the intern's home graduate program about their activities and progress. Early in the year, the graduate program receives information

about the intern's training activities and progress. At the end of each training period, the academic program receives copies of supervisors' evaluations of each intern's skills and professionalism. At any time, if problems arise, the intern's graduate program will be notified.

Due Process in Evaluation and Remediation

It is the policy of the internship program and SFETC to provide an environment that is conducive to learning and which helps interns to achieve their professional goals. Should, in the course of the internship, a disagreement between the intern and supervisor arise, SFETC has a procedure to assure that the dispute is heard and resolved in a satisfactory manner. The training program follows due process guidelines to ensure that decisions are not arbitrary or discriminatory. The program uses the same procedures to evaluate all interns and the due process guidelines include the following:

1. Intern will receive written information regarding program expectations for professional functioning.
2. Evaluation procedures are clearly stipulated, including when and how evaluations will be conducted.
3. The procedures and actions for making decisions about problematic performance or conduct are outlined in written statements given to the intern.
4. Remediation plans are outlined for identified inadequacies, and the plans include time frames for remediation and specify consequences for failure to rectify the inadequacies.
5. Intern will receive a written description of procedures that the intern may use to appeal the program's actions.
6. Decisions or recommendations regarding the intern's performance or conduct are based on input from multiple professional sources.
7. Program actions and their rationale are documented in writing to all relevant parties.

The Internship Program at SFETC encourages interns and supervisors to try to work out disagreements and complaints with an informal discussion between interns and the supervisors. The intern's graduate program will be fully informed of the intern's progress, training issues, and disagreements/complaints as they arise.

In cases in which an intern is dissatisfied with his/her supervision or some conditions of the internship and an informal discussion between the intern and his/her supervisor is insufficient to bring about a resolution, then the intern is invited to request that the Internship Training Director intervene. The Internship Training Director will investigate the dispute and attempt to bring about a resolution. If the intern thinks that the Internship Training Director has not adequately addressed the grievance, the intern then may request of the Internship Training Director, in writing, to present his/her grievance to the GeoCare corporate Vice President of Clinical Programs. The Vice President of Clinical Programs will arrange to meet with the intern at the earliest convenient time to consider the grievance and to coordinate a resolution. The Vice President of Clinical Programs may wish to meet with the primary supervisor, the Internship Training Director and possibly the Hospital Administrator in the course of investigating the claim. The decision of the Vice President of Clinical Programs shall be considered to be final.

In the case of a supervisor being dissatisfied with an intern a similar due process procedure will be initiated by the primary supervisor. Minor cases are expected to be handled between the intern and

his/her primary supervisor. If this proves to be insufficient the primary supervisor will inform the Director of Internship Training and corrective action will be discussed. If the infraction is deemed to be more serious than the Intern's graduate program, the GeoCare corporate Vice President of Clinical Programs, the Director of Human Resources and the Hospital administrator may all be consulted. Resolution could range from a corrective action plan to termination of the internship.

If an ongoing (minor) problem is discovered, or more than one intern makes similar errors, such problems and/or errors can be the result of a lack of relevant training. The Director of Internship Training will be notified by a supervisor in order for him/her to address this issue in a training session.

Definition of Problematic Performance and/or Conduct

Problem behaviors are those behaviors that supervisors perceive as disrupting the quality of clinical services, your relationships with peers, supervisors or other staff, or your ability to comply with appropriate standards of professional and/or ethical behavior. Some examples of problematic behaviors include the following (Note: this list is not exhaustive. Problematic behaviors also include all behaviors discouraged by this internship's program guidelines, the hospital's policies and procedures, and APA's Ethical Guidelines):

1. Engaging in dual role relationships
2. Violating confidentiality of persons served
3. Not respecting appropriate boundaries
4. Failing to identify and report high risk behaviors of persons served (such as suicidality, homicidality, SIB, and elopement)
5. Leaving hospital grounds or being absent from hospital grounds without supervisor's approval (includes lunch)
6. Failing to inform supervisor of activities
7. Repeated tardiness
8. Placing work in medical record without prior supervisor approval
9. Failing to acknowledge or correct a problem that has been identified by a supervisor
10. Not adhering to deadlines for written work as delineated by a supervisor and/or program guidelines
11. Plagiarizing or giving your work to someone else to do
12. Treating peers, persons served and/or supervisors in a disrespectful or unprofessional manner
13. Using personal cell phone/making personal calls in public areas

Consistent with GEO Care/SFETC policy, the internship program uses a progressive discipline procedure in instances where an intern engages in problem behavior.

1. If you display behaviors that concern your supervisor, but do not meet the criterion for verbal counseling (see below), your supervisor will discuss the issue with you in supervision. If the problem improves, no further action will be taken. If the problem is not resolved, verbal counseling will be instituted. The Training Director will be informed of the situation and may notify your training program of the concerns.

2. In cases where unintentional carelessness and/or minor instances of misconduct or performance are identified, your Primary Supervisor and the Director of Training will meet with you to discuss

the proper action to correct the problem and/or ensure that it will not reoccur. The supervisor will document the verbal counseling, and your training program and the Human Resources Director will be informed.

3. If the problem behavior occurs again or if an initial problem behavior is considered by the supervisor to be of a more serious nature, a written warning will be initiated. When this takes place, a Disciplinary Action Recommendation will be prepared and entered into your file. When a written warning is issued, you will be given the opportunity to respond in writing. All written warnings will have a specified time frame for improvement. Your training program will receive a copy of the Disciplinary Action Recommendation.

4. Failure to achieve improvement within the specified time frame or continued problem behavior could result in termination from the internship program. Serious misconduct and/or repeated violations can also result in termination from the internship program. If the misbehavior was unusually egregious, the Director of Training will involve your doctoral program and the Human Resources Department immediately to discuss termination.

5. When, as a result of disciplinary proceeding, a termination has been recommended by the supervisor and Director of Training, you have the right to an administrative review of the disciplinary process by the Hospital Administrator, or her designee. A ruling on the review is the final step in the process.

BENEFITS

Stipend, Hours and Time Off

Interns are considered employees of Geo Care/SFETC and have a stipend of \$15, 080 per year and are paid monthly. Internship will begin on August 30, 2010. It is expected that all interns will complete 2,000 hours onsite.

Interns are expected to begin their workday at 8:00 am and conclude it at 4:30 pm. They are entitled to 30 minutes of lunch in the middle of the day. They are expected to be at the hospital during these hours unless they have received explicit permission from the Director of Training and/or their Primary Supervisor. When an intern is sick or will otherwise be absent, he/she should directly notify their Primary Supervisor by telephone by 8:00 a.m. Interns must make sure to speak to a live person when calling in sick or running late. In addition, if an intern is running late and will be later than 8:15 a.m., they are required to call their Primary Supervisor or Training Director to inform them of such. Interns are expected, of course, to act as professionals and arrive on time.

Interns will receive all holidays observed by the hospital and 16 days Paid Time Off (PTO). PTO days are used for personal days and sick leave. Interns cannot use any PTO days prior to completing 90 days of employment at SFETC. Interns may choose to save some of their PTO days in case they need to take time to interview for postdoctoral positions or other employment; however, all interns must remain until the end of the internship year. PTO **cannot** be used during the last two weeks of internship. Only under special circumstances will the Director of Psychology approve time off during the final two weeks of internship. Interns' title throughout the course of the year is that of "Psychology Intern". At the end of the year, and upon successful completion of all internship requirements, each intern is awarded a certificate of completion.

All time away from the hospital needs to be documented on a Time-Off Request sheet and submitted to the Primary Supervisor for approval (Appendix G).

Insurance Benefits

Interns will be offered the following: medical plan, dental plan, vision plan, life insurance, disability plans, flexible spending accounts, and 401(k). Please refer to the information available in the Geo Care employee handbook or from your Human Resources representative for more details on the above-mentioned benefits.

Free Lunch

Interns are entitled to a free lunch from the hospital cafeteria each work day. Interns will be required to sign a sheet at the cashier that they have received their free meal each day.

A Final Note

This year will be full of new opportunities and challenges. Please keep your supervisors aware of your questions and concerns as they arise. In addition to your scheduled supervision sessions, internship supervisors are available on a daily basis for consultation, support, and advice as you develop your professional identity and clinical skills. Once again, Welcome to GEO Care/SFETC and we look forward to a productive and enjoyable year with you.



**South Florida Evaluation and
Treatment Center**
18680 SW 376th Street
Florida City, Florida 33034

I have received a copy of the GEO Care/SFETC Predoctoral Psychology Internship Policy and Procedures Manual, which includes information on the Evaluation Process, Due Process in Evaluation, and Remediation, and Intern Grievance Procedure. I understand that the internship will begin on _____ and will end on _____.

Signature of Intern _____

Printed Name _____

Date _____

**APPENDIX A
PSYCHOLOGY TRAINEE COMPETENCY ASSESSMENT FORM**

Trainee _____ Supervisor(s) _____ Date _____

Training Year _____

COMPETENCY RATINGS DESCRIPTIONS	
NA	Not applicable for this training period
5	Advanced/Skills comparable to autonomous practice at the licensure level (Rating expected at completion of predoctoral training. Competency attained at full psychology staff privilege level, however as an unlicensed trainee, supervision is required while in training status.)
4	High Intermediate/Occasional supervision needed A frequent rating at completion of internship. Competency attained in all but non-routine cases; supervisor provides overall management of trainee's activities; depth of supervision varies as clinical needs warrant.
3	Intermediate/Should remain a focus of supervision Common rating throughout internship. Routine supervision of each activity.
2	Entry level/Continued intensive supervision is needed. Most common rating at the start of internship. Routine, but intensive, supervision is needed.
1	Needs remedial work Requires remedial work if trainee is in internship.

GOAL 1:
COMPETENCE IN PROFESSIONAL CONDUCT, ETHICS AND LEGAL MATTERS

ASSESSMENT METHOD(S) FOR COMPETENCIES

_____ Direct Observation	_____ Review of Written Work
_____ Case Presentation	_____ Review of Raw Test Data
_____ Discussion of Clinical Interaction	_____ Comments from Other Staff

OBJECTIVE 1: PROFESSIONAL INTERPERSONAL BEHAVIOR (Professional and appropriate interactions with treatment teams, peers and supervisors, and seeking peer support as needed.)	
5	Participates appropriately and effectively, exhibits good working relationships with other staff, handles differences openly, tactfully and effectively.
4	Actively participates in team meetings. Appropriately seeks input from supervisors to cope with rare interpersonal concerns.
3	Progressing well on providing input in a team setting. Effectively seeks assistance to cope with interpersonal concerns with colleagues.
2	Ability to participate in team meeting effectively is limited, however, relates well to peers and supervisors.
1	May be withdrawn, overly confrontational, insensitive or may have had hostile interactions with colleagues.

	OBJECTIVE 2: SEEKS CONSULTATION/SUPERVISION – (Seeks consultation or supervision as needed and uses it productively.)
5	Actively seeks consultation when treating complex cases and working with unfamiliar symptoms.
4	Open to feedback, shows awareness of strengths and weaknesses, uses supervision well when uncertain, occasionally over or under-estimates need for supervision.
3	Generally accepts supervision well, but occasionally defensive. Needs supervisory input for determination of readiness to try new skills.
2	Needs intensive supervision and guidance, difficulty assessing own strengths and limitations
1	Frequently defensive and inflexible, resists important and necessary feedback.
	OBJECTIVE 3: USES POSITIVE COPING STRATEGIES – (Demonstrates positive coping strategies with personal and professional stressors and challenges. Maintains professional functioning and quality patient care.)
5	Good awareness of personal and professional problems. Stressors have only mild impact on professional practice.
4	Actively seeks supervision and/or personal therapy to resolve issues.
3	Good insight into impact of stressors on professional functioning, seeks supervisory input and/or personal therapy to minimize this impact.
2	Needs significant supervision time to minimize the effect of stressors on professional functioning. Accepts reassurance from supervisor well.
1	Personal problems can significantly disrupt professional functioning. Denies problems or otherwise does not allow them to be addressed effectively.
	OBJECTIVE 4: PROFESSIONAL RESPONSIBILITY AND DOCUMENTATION – (Responsible for key patient care tasks (e.g., forensic and clinical case management). All patient contacts, including scheduled and unscheduled appointments, are well documented. Records include crucial information.)
5	Maintains complete records of all patient contacts and pertinent information. Notes are clear, concise, and timely. Takes initiative in ensuring that key tasks are accomplished. Records always include crucial information. Discusses all applicable confidentiality issues openly with patients
4	Maintains timely and appropriate records; may forget some minor details or brief contacts (e.g., patient contact), but recognizes these oversights and retroactively documents appropriately. Records always include crucial information.
3	Uses supervisory feedback well to improve documentation. Needs regular feedback about what to document. Rarely, may leave out necessary information and occasionally may include excessive information. Most documentation is timely. Occasionally needs prompting to discuss confidentiality issues with patient.
2	Needs considerable direction from supervisor. May leave out crucial information. Does not remember to address confidentiality issues, needs frequent prompting.
1	May seem unconcerned about documentation. May neglect to document patient contacts. Documentation may be disorganized, unclear, or excessively late.

<p>OBJECTIVE 5: EFFICIENCY AND TIME MANAGEMENT – (Efficient and effective time management. Keeps scheduled appointments and meetings on time. Keeps supervisors aware of whereabouts as needed. Minimizes unplanned leave, whenever possible.)</p>	
5	Efficient in accomplishing tasks without prompting, deadlines or reminders. Excellent time management skills regarding appointments, meetings, and leave.
4	Typically completes clinical work/patient care within scheduled hours. Generally on time. Accomplishes tasks in a timely manner, but needs occasional deadlines or reminders.
3	Completes work effectively and promptly by using supervision time for guidance. Regularly needs deadlines or reminders.
2	Highly dependent on reminders or deadlines.
1	Frequently has difficulty with completing work in a timely fashion or tardiness/unaccounted absences are a problem.
<p>OBJECTIVE 6: KNOWLEDGE OF ETHICS AND LAW – (Demonstrates good knowledge of ethical principles and state law. Consistently applies these appropriately, seeking consultation as needed.)</p>	
5	Spontaneously and consistently identifies ethical and legal issues and addresses them proactively. Judgment is reliable about when consultation is needed.
4	Consistently recognizes ethical and legal issues, appropriately asks for supervisory input.
3	Generally recognizes situation where ethical and legal issues might be pertinent, is responsive to supervisory input.
2	Often unaware of important ethical and legal issues.
1	Disregards important supervisory input regarding ethics or law.
<p>OBJECTIVE 7: ADMINISTRATIVE COMPETENCY – (Demonstrates a growing ability to accomplish administrative tasks. Prioritizes appropriately. Shows a growing autonomy in management of larger administrative or clinical projects.)</p>	
5	Independently assesses the larger task to be accomplished, breaks the task into smaller ones and develops a timeline. Prioritizes various tasks and deadlines efficiently and without need for supervisory input. Makes adjustments to priorities as demands evolve.
4	Identifies components of the larger task and works independently on them. Needs some supervisory guidance to successfully accomplish large tasks within the timeframe allotted. Identifies priorities but needs input to structure some aspects of task.
3	Completes work effectively, using supervision time to identify priorities and develop plans to accomplish tasks. Receptive to supervisory input to develop own skills in administration.
2	Trainee takes on responsibility, then has difficulty asking for guidance or accomplishing goals within timeframe.
1	Deadline passes without task being done. Not receptive to supervisory input about own difficulties in this process.

**GOAL 2:
COMPETENCE IN INDIVIDUAL AND CULTURAL DIVERSITY**

ASSESSMENT METHOD(S) FOR COMPETENCIES

- | | |
|---|--|
| <input type="checkbox"/> Direct Observation | <input type="checkbox"/> Review of Written Work |
| <input type="checkbox"/> Case Presentation | <input type="checkbox"/> Review of Raw Test Data |
| <input type="checkbox"/> Discussion of Clinical Interaction | <input type="checkbox"/> Comments from Other Staff |

OBJECTIVE 1: PATIENT RAPPORT
(Consistently achieves a good rapport with patients.)

- | | |
|----------|--|
| 5 | Establishes quality relationships with almost all clinical and forensic patients, reliably identifies potentially challenging patients and seeks supervision. |
| 4 | Generally comfortable and relaxed with patients, handles anxiety-provoking or awkward situations adequately so that they do not undermine therapeutic success. |
| 3 | Actively developing skills with new populations. Some difficulty establishing rapport with psychotic or challenging patients. |
| 2 | Has difficulty establishing rapport. |
| 1 | Alienates patients or shows little ability to recognize problems. |

OBJECTIVE 2: SENSITIVITY TO PATIENT DIVERSITY- (Sensitive to the cultural and individual diversity of patients. Committed to providing culturally sensitive services.)

- | | |
|----------|---|
| 5 | Discusses individual differences with patients when appropriate. Acknowledges and respects differences that exist between self and clients in terms of race, ethnicity, culture, and other individual differences. Recognizes when more information is needed regarding patient differences and seeks out information autonomously. Aware of own limits to expertise. |
| 4 | In supervision, recognizes and openly discusses limits to competence with diverse clients. |
| 3 | Has significant lack of knowledge regarding some patient groups, but resolves such issues effectively through supervision. Open to feedback regarding limits of competence. |
| 2 | Is beginning to learn to recognize beliefs which limit effectiveness with patient populations. |
| 1 | Has been unable or unwilling to surmount own belief system to deal effectively with diverse patients. |

<p>OBJECTIVE 3: AWARENESS OF OWN CULTURAL AND ETHNIC BACKGROUND- (Aware of own background and its impact on clients. Committed to continuing to explore own cultural identity issues and relationship to clinical work.)</p>				
5	Accurately self-monitors own responses to differences, and differentiates these from patient responses. Aware of personal impact on clients different from self. Thoughtful about own cultural identity. Reliably seeks supervision when uncertain.			
4	Aware of own cultural background. Uses supervision well to examine this in psychological work. Readily acknowledges own culturally-based assumptions when these are identified in supervision.			
3	Uses supervision well to recognize own cultural background and how this impacts psychological work. Comfortable with some differences that exist between self and clients and working well on others. May occasionally deny discomfort with patients to avoid discussing relevant personal and patient identity issues.			
2	Growing awareness of own cultural background and how this affects psychological work. Can make interpretations and conceptualizations from culturally-based assumptions. Responds well to supervision.			
1	Has little insight into own cultural beliefs even after supervision.			
<p>GOAL 3: COMPETENCE IN THEORIES AND METHODS OF CLINICAL AND FORENSIC PSYCHOLOGICAL ASSESSMENT AND DIAGNOSIS</p> <p>ASSESSMENT METHOD(S) FOR COMPETENCIES</p> <table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 5px;"> <p><u>Must complete 5 assessment reports:</u> # of reports completed to date: _____ # of reports left to complete: _____</p> </td> <td style="padding: 5px;"> <input type="checkbox"/> Direct Observation <input type="checkbox"/> Case Presentation <input type="checkbox"/> Discussion of Clinical Interaction </td> <td style="padding: 5px;"> <input type="checkbox"/> Review of Written Work <input type="checkbox"/> Review of Raw Test Data <input type="checkbox"/> Comments from Other Staff </td> </tr> </table>		<p><u>Must complete 5 assessment reports:</u> # of reports completed to date: _____ # of reports left to complete: _____</p>	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Case Presentation <input type="checkbox"/> Discussion of Clinical Interaction	<input type="checkbox"/> Review of Written Work <input type="checkbox"/> Review of Raw Test Data <input type="checkbox"/> Comments from Other Staff
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<p>OBJECTIVE 1: DIAGNOSTIC SKILL –(Demonstrates a thorough working knowledge of psychiatric diagnostic nomenclature and DSM multiaxial classification. Utilizes historical, interview, and psychometric data to diagnose accurately.)</p>				
5	Demonstrates a thorough knowledge of psychiatric classification, including multiaxial diagnoses and relevant diagnostic criteria to develop an accurate diagnostic formulation autonomously.			
4	Has a good working knowledge of psychiatric diagnoses. Is thorough in consideration of relevant patient data, and diagnostic accuracy is typically good. Uses supervision well in more complicated cases involving multiple or more unusual diagnoses. May occasionally forget to discuss confidentiality issues promptly.			
3	Understands basic diagnostic nomenclature and is able to accurately diagnose many psychiatric problems. May miss relevant patient data when making a diagnosis. Requires supervisory input on most complex diagnostic decision-making.			
2	Has limited understanding the psychiatric classification system and/or limited skill in utilizing DSM-IV criteria to develop a diagnostic conceptualization.			
1	Demonstrates poor working knowledge of psychiatric disorders and has significant deficits in utilizing DSM-IV criteria to develop a diagnostic conceptualization.			

	<p>OBJECTIVE 2: PSYCHOLOGICAL TEST SELECTION AND ADMINISTRATION – (Promptly and proficiently administers commonly used tests in psychological assessment. Appropriately chooses the tests to be administered and obtains approval from supervisor. Demonstrates competence in assessment administration)</p>
<p>5</p> <p>4</p> <p>3</p> <p>2</p> <p>1</p>	<p>* TOTAL NUMBER OF ASSESSMENTS COMPLETED THIS EVALUATION PERIOD _____</p> <p>Proficiently administers all tests. Completes all testing efficiently. Autonomously chooses appropriate tests to answer referral question.</p> <p>Occasional input needed regarding fine points of test administration. Occasionally needs reassurance that selected tests are appropriate.</p> <p>Needs supervision on frequently administered tests. Needs occasional consultation regarding appropriate tests to administer.</p> <p>Test administration is irregular, slow. Or often needs to recall patient to further testing session due to poor choice of tests administered. Makes attempts to practice test administration independently.</p> <p>Test knowledge is poor and attempts to become proficient in assessment is lacking. No motivation to improve noted.</p>
	<p>OBJECTIVE 3: PSYCHOLOGICAL TEST INTERPRETATION –(Interprets the results of psychological tests used in his/her area of practice. Demonstrates competence interpreting psychological assessment results.)</p> <p>5</p> <p>4</p> <p>3</p> <p>2</p> <p>1</p> <p>Skillfully and efficiently interprets tests autonomously. Makes accurate independent diagnostic formulations on a variety of syndromes using test data, observations, and patient history. Accurately interprets and integrates results prior to supervision session.</p> <p>Demonstrates knowledge of data collection (patient history) and scoring methods, reaches appropriate conclusions with some support from supervision.</p> <p>Completes assessments on typical patients with some supervisory input, occasionally uncertain how to handle difficult patients or unusual findings. Understands basic use of tests, may occasionally reach inaccurate conclusions or take computer interpretation packages too literally.</p> <p>Significant limitations in understanding of psychological testing. Does not incorporate patient history and current presentation when interpreting results.</p> <p>Repeatedly omits significant issues from assessments, reaches inaccurate or insupportable conclusions. Does not acknowledge known symptoms, past and presents, in diagnostic impression.</p>

OBJECTIVE 4: ASSESSMENT WRITING SKILLS –(Writes a well-organized psychological report. Answers the referral question clearly and provides the referral source with specific recommendations.)	
5	Report is clear and thorough, follows a coherent outline, is an effective summary of major relevant issues. Relevant test results are woven into the report as supportive evidence. Recommendations are related to referral questions. Errors previously noted are no longer present because intern self-corrects.
4	Report covers essential points without serious error, may need polish in cohesiveness and organization. Readily completes assessments with minimal supervisory input, makes useful and relevant recommendations. Accepts feedback and makes necessary corrections.
3	Uses supervision effectively for assistance in determining important points to highlight. Makes effort to proof-read own work and includes required information most of the time.
2	Reports are fairly well organized, but repeated errors in grammar, required information is missing, and/or many typographical errors are evident.
1	Inaccurate conclusions or grammar interferes with communication. Necessary information is missed frequently or reports are poorly organized and require major rewrites.
OBJECTIVE 5: FEEDBACK REGARDING ASSESSMENT – (Plans and carries out a feedback interview. Explains the test results in terms the patient can understand, provides suitable recommendations and responds to issues raised by patient.)	
5	Plans and implements the feedback session appropriately. Foresees areas of difficulty in the session and responds empathetically to patient or caregiver concerns. Adjusts personal style and complexity of language and feedback details to accommodate patient or caregiver needs.
4	With input from supervisor, develops and implements a plan for the feedback session. May need some assistance to identify issues which may become problematic in the feedback session. May need intervention from supervisor to accommodate specific needs of patient or family.
3	Develops plan for feedback session with the supervisor. Presents basic assessment results and supervisor addresses more complex issues. Continues to benefit from feedback on strengths and areas for improvement.
2	Supervisor frequently needs to assume leadership in feedback sessions to ensure correct feedback is given or to address emotional issues of patient or caregiver.
1	Does not modify interpersonal style in response to feedback.

**GOAL 4:
COMPETENCE IN THEORIES AND METHODS OF EFFECTIVE PSYCHOTHERAPEUTIC
INTERVENTION**

ASSESSMENT METHOD(S) FOR COMPETENCIES

- | | |
|--|---------------------------------|
| _____ Direct Observation | _____ Review of Written Work |
| _____ Case Presentation | _____ Review of Raw Test Data |
| _____ Discussion of Clinical Interaction | _____ Comments from Other Staff |

OBJECTIVE 1: PATIENT RISK MANAGEMENT - (Evaluates, manages, and documents patient risk. Collaborates with patients in crisis to make appropriate short-term safety plans, and intensify treatment as needed. Communicates patient risk to supervisor and treatment team immediately.)

- | | |
|----------|--|
| 5 | Assesses and documents all risk situations fully prior to leaving the worksite for the day. Appropriate actions taken to manage patient risk situations are initiated immediately, then consultation and confirmation with supervisor is sought. Establishes appropriate short-term crisis plan with patients. |
| 4 | Aware of how to cope with safety issues, continues to need occasional reassurance in supervision. Asks for input regarding documentation of risk as needed. Sometimes can initiate appropriate actions to manage patient risk, sometimes needs input of supervisor first. |
| 3 | Recognizes potentially problematic cases, but needs guidance regarding evaluation of patient risk. Supervision is needed to cope with safety issues. Seeks consultation immediately when needed. Needs to refine crisis plans in collaboration with supervisor. Needs input regarding documentation of risk. |
| 2 | Delays or forgets to ask about important safety issues. Does not document risk appropriately. Fear may overwhelm abilities in patient crisis situations. |
| 1 | Makes inadequate or no assessment or plan. |

OBJECTIVE 2: CASE CONCEPTUALIZATION AND TREATMENT GOALS – (Formulates a useful case conceptualization that draws on theoretical and research knowledge. Collaborates with patient to form appropriate treatment goals.)

- | | |
|----------|--|
| 5 | Independently produces good case conceptualizations within own preferred theoretical orientation; can also draw some insights into case from other orientations. Consistently sets realistic goals with patients. |
| 4 | Reaches case conceptualization on own, recognizes improvements when pointed out by supervisor. Readily identifies emotional issues but sometimes needs supervision for clarification. Sets appropriate goals with occasional prompting from supervisor, distinguishes realistic and unrealistic goals. |
| 3 | Reaches case conceptualization with supervisory assistance. Aware of emotional issues when they are clearly stated by the patient, needs supervision for development of awareness of underlying issues. Requires ongoing supervision to set therapeutic goals aside from those presented by patient. |
| 2 | Inadequacies in theoretical understanding and case formulation are present. Misses or misperceives important emotional issues. Unable to set appropriate treatment goals with patient. Demonstrates motivation to increase knowledge of case conceptualization through reading and consultation as needed. |
| 1 | Does not have a good working knowledge of case conceptualization and treatment planning. Does not make efforts to increase knowledge in case conceptualization or treatment planning in response to feedback from supervisor (s). |

<p>OBJECTIVE 3: THERAPEUTIC INTERVENTIONS ARE GUIDED BY RESEARCH– (Interventions are well-timed, effective and consistent with empirically supported treatments.)</p>	
5	<p>Applies empirically supported interventions and interpretations facilitate patient acceptance and change. Demonstrates continued motivation to further increase knowledge and expand range of interventions through reading and consultation as needed.</p>
4	<p>Takes into consideration the patients’ level of understanding and motivation, as well as their limitations and strengths, when choosing treatment interventions. Most interventions and interpretations facilitate patient acceptance and change. Supervisory assistance needed for timing and delivery of more difficult interventions.</p>
3	<p>Many interventions and interpretations are delivered and timed well. Needs supervision to plan interventions and clarify interpretations. Demonstrates continued motivation to increase knowledge and expand range of interventions through reading and consultation as needed.</p>
2	<p>Minimal knowledge of best treatment practices for particular presenting problem, but makes some effort to familiarize self with new skills. Most interventions and interpretations are rejected by patient. Has frequent difficulty targeting interventions to patients’ level of understanding and motivation.</p>
1	<p>Does not have a good working knowledge of treatment interventions. Does not make efforts to increase knowledge in therapeutic interventions in response to feedback from supervisor (s).</p>
<p>OBJECTIVE 4: EFFECTIVE USE OF EMOTIONAL REACTIONS WHEN WORKING WITH CLINICAL OR FORENSIC PATIENTS (COUNTERTRANSFERENCE) – (Understands and uses own emotional reaction to the patient productively in the treatment)</p>	
5	<p>During session, uses countertransference to formulate hypotheses about patient’s current and historical social interactions, presents appropriate interpretations and interventions. Able to identify own issues that impact the treatment process and has ideas for coping with them. Seeks consultation as needed for complex cases.</p>
4	<p>Uses countertransference to formulate hypotheses about the patient during supervision sessions. Can identify own issues that impact treatment progress. Interventions generally presented in the following session.</p>
3	<p>Understands basic concepts of countertransference. Can identify own emotional reactions to patient as countertransference. Supervisory input is frequently needed to process the information gained.</p>
2	<p>When feeling anger, frustration or other intense emotional response to the patient, blames patient at times. Welcomes supervisory input and can reframe own emotional responses to the session.</p>
1	<p>Unable to see counter-transference issues, even with supervisory input</p>

	OBJECTIVE 5: GROUP THERAPY SKILLS AND PREPARATION –(Intervenes in group skillfully, attends to member participation, completion of therapeutic assignments, group communication, safety and confidentiality. If the group is psychoeducational, prepares materials for group, and understands each session’s goals and tasks.)
5	Elicits participation and cooperation from all members, confronts group problems appropriately and independently, and independently prepares for each session with no prompting. Can manage group alone in absence of co-therapist/supervisor with follow-up supervision later.
4	Seeks input on group process issues as needed, then works to apply new knowledge and skills. Needs occasional feedback concerning strengths and weaknesses. Generally prepared for group sessions.
3	Welcomes ongoing supervision to identify key issues and initiate group interaction. Actively working on identifying own strengths and weaknesses as a group leader. Identifies problematic issues in group process but requires assistance to handle them. May require assistance organizing group materials.
2	Has significant inadequacies in understanding and implementation of group process. Unable to maintain control in group sufficient to cover content areas. Preparation is sometimes disorganized.
1	Defensive or lacks insight when discussing strengths and weaknesses. Frequently unprepared for content or with materials.

GOAL 5:
COMPETENCE IN SCHOLARLY INQUIRY AND APPLICATION OF CURRENT SCIENTIFIC KNOWLEDGE TO PRACTICE
ASSESSMENT METHOD(S) FOR COMPETENCIES

<input type="checkbox"/> Direct Observation	<input type="checkbox"/> Review of Written Work
<input type="checkbox"/> Case Presentation	<input type="checkbox"/> Review of Raw Test Data
<input type="checkbox"/> Discussion of Clinical Interaction	<input type="checkbox"/> Comments from Other Staff

	OBJECTIVE 1: SEEKS CURRENT SCIENTIFIC KNOWLEDGE – (Displays necessary self-direction in gathering relevant research related to clinical and forensic practice independently and competently. Seeks out current scientific knowledge as needed to enhance knowledge about clinical and forensic practice.)
5	Researches best practices, discusses appropriateness of interventions with supervisor(s), and then applies evidenced based treatment intervention to clinical and forensic cases. Demonstrates clear understanding of various empirically validated treatment modalities.
4	Fully dedicated to expanding knowledge and skills, independently seeks out information to enhance clinical and forensic practice utilizing available databases, professional literature, seminars and training sessions, and other resources.
3	Shows initiative, eager to learn, beginning to take steps to enhance own learning. Identifies areas of needed knowledge with specific clients. Asks for and responsive to supervisor’s suggestions of additional informational resources, and pursues those suggestions.
2	Open to learning, but waits for supervisor to provide guidance. When provided with appropriate resources, willingly uses the information provided and uses supervisor’s knowledge to enhance own understanding.
1	Unwilling to acquire or incorporate new information into practice. Resists suggestions to expand clinical and forensic perspective. Procrastinates on readings assigned by supervisor.

**GOAL 6:
COMPETENCE IN WORKING AS PART OF A MULTIDISCIPLINARY TEAM**

ASSESSMENT METHOD(S) FOR COMPETENCIES

- | | |
|---|--|
| <input type="checkbox"/> Direct Observation | <input type="checkbox"/> Review of Written Work |
| <input type="checkbox"/> Case Presentation | <input type="checkbox"/> Review of Raw Test Data |
| <input type="checkbox"/> Discussion of Clinical Interaction | <input type="checkbox"/> Comments from Other Staff |

OBJECTIVE 1: CONSULTATION WITH MULTIDISCIPLINARY TEAM – (Exhibits skills in providing timely, useful, and informative consultation while appropriately participating in the multidisciplinary team.)

5

Demonstrates advanced skills in providing timely, useful, and informative consultation to multidisciplinary treatment team discussions for therapy, assessment and behavior plan cases. Relates well to staff seeking input, is able to provide appropriate feedback respectfully.

4

Requires minimal input regarding the manner of delivery or type of feedback given. Requires minimal input regarding how to participate appropriately and productively in hospital multidisciplinary treatment team discussions.

3

Requires continued guidance regarding how to participate appropriately and productively in multidisciplinary treatment team discussions. May fail to provide important information regarding a patient’s progress.

2

Needs frequent input regarding appropriate manner of providing feedback and knowledge level of other professionals. Defensive or lacks insight when discussing strengths and weaknesses regarding consultation skills.

1

Unable to establish rapport. Feedback is delivered in an unprofessional and demeaning manner to other professionals.

SUPERVISOR’S COMMENTS

SUMMARY OF STRENGTHS:

AREAS OF ADDITIONAL DEVELOPMENT OR REMEDIATION, INCLUDING RECOMMENDATIONS

CONCLUSIONS

REMEDIAL WORK INSTRUCTIONS

In the rare situation when it is recognized that a trainee needs remedial work, a competency assessment form should be filled out immediately, prior to any deadline date for evaluation, and shared with the trainee and the Director of Training. In order to allow the trainee to gain competency and meet passing criteria for the rotation, these areas must be addressed proactively and a remedial plan needs to be devised and implemented promptly.

GOAL FOR INTERN EVALUATIONS DONE PRIOR TO 12 MONTHS

All competency areas will be rated at a level of competence of 3 or higher.
No competency areas will be rated as 1 or 2.

GOAL FOR INTERN EVALUATIONS DONE AT 12 MONTHS

At least 80% of competency areas will be rated at level of competence of 4 or higher.
No competency areas will be rated as 1 or 2.

_____ The trainee HAS successfully completed the above goal. We have reviewed this evaluation together.

_____ The trainee HAS NOT successfully completed the above goal. We have made a joint written remedial plan as attached, with specific dates indicated for completion. Once completed, the rotation will be re-evaluated using another evaluation form, or on this form, clearly marked with a different color ink.

We have reviewed this evaluation together.

Supervisor _____ Date _____

TRAINEE COMMENTS REGARDING COMPETENCY EVALUATION (IF ANY):

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Trainee _____ Date _____

15.	My supervisor admits errors or limitations without undue defensiveness.	1...2...3...4...5
16.	My supervisor's feedback encourages me to keep trying to improve.	1...2...3...4...5
17.	Supervision helps me see my mistakes as learning experiences.	1...2...3...4...5
18.	The modeling of my supervisor helps me learn more about the application of forensic psychological practice.	1...2...3...4...5
19.	As a result of supervision, I am more knowledgeable and proficient at psychological assessment.	1...2...3...4...5
20.	My supervisor helps me to be open and receptive to supervision.	1...2...3...4...5
21.	I feel comfortable sharing my perceived weaknesses and failures with my supervisor.	1...2...3...4...5
22.	Supervision helps me develop specific skills that make me more proficient at providing forensic and clinical services to a severely mentally ill population.	1...2...3...4...5
23.	Supervision helps me better understand and facilitate effective therapy outcomes with my patients.	1...2...3...4...5
24.	As a result of supervision, I feel more confident and comfortable in working with my therapy cases.	1...2...3...4...5
25.	Overall, I feel satisfied with my supervision.	1...2...3...4...5
26.	I feel that supervision is contributing to my overall effectiveness in my therapy cases.	1...2...3...4...5

What are this supervisor's strongest assets?

What do you think this supervisor needs to improve?

APPENDIX C



South Florida Evaluation and Treatment Center

PSYCHOLOGY SEMINAR EVALUATION FORM

Topic _____

Date _____

Presenter _____

5 = strongly agree

4 = agree

3 = neither agree nor disagree

2 = disagree

1 = strongly disagree

The presentation was well-organized _____

The presentation increased my understanding of this topic _____

The presenter kept my attention and engaged me in discussion _____

The presenter was receptive to my questions _____

What did you like most about the presentation?

How would you improve the presentation?

Suggestions for future topics:

APPENDIX D

Geo Care/SFETC Internship Evaluation 2009-2010

The goal of this internship is to produce ethical clinicians who are proficient in the application of clinical and forensic psychological principles, are multiculturally sensitive, are able to provide quality assessment services, and integrate science with practice in treating a severely and persistently mentally ill population. Through experience, supervision and didactic training interns are expected to develop their skills to become competent and ethical psychologists, proficient in empirically-validated assessment, diagnosis, behavior planning, therapy, and working as part of a multidisciplinary treatment team. On a scale of 1 to 5 (where 1= not at all and 5= completely) to what extent do you feel that the program has prepared you for this goal?

Is there anything that you would like to add or change about the internship program?

What did you like best about this internship?

Please comment on any other areas that you believe are relevant.

Appendix E
Activities Tracking Sheet – Page 1

Intern Name: _____ **Week Starting (Sun):** _____
Supervisor Name: _____ **Week Ending (Sat):** _____

	MON	TUES	WED	THURS	FRI
A. Direct Patient/Client Services	Hours	Hours	Hours	Hours	Hours
Initial Forensic Psych Assessment (No Testing)					
Group Clinical Therapy					
Individual Clinical Therapy					
Competency Group Sessions					
Individual Competency Sessions					
Treatment Team Participation					
Clinical Rounds					
Disposition Board Participation					
Other Direct Patient/Client Service					
Psychological Testing (HCR20, FARS, BECK, etc.)					
	MON	TUES	WED	THURS	FRI
B. Adjunct Patient/Client Activities	Hours	Hours	Hours	Hours	Hours
Report Writing					
Progress Note Writing					
Test Scoring					
Patient Care Consultation					
	MON	TUES	WED	THURS	FRI
C. Administrative	Hours	Hours	Hours	Hours	Hours
Agency/Staff Meetings					
	MON	TUES	WED	THURS	FRI
D. Supervision	Hours	Hours	Hours	Hours	Hours
Direct Forensic 1:1 Supervision Received					
Direct Clinical 1:1 Supervision Received					
Direct Group Supervision Received					
Direct Assessment Supervision Received					
	MON	TUES	WED	THURS	FRI
E. Educational	Hours	Hours	Hours	Hours	Hours
Formal Training Received - seminars					
Training Given					
	MON	TUES	WED	THURS	FRI
F. Absence Reporting	Hours	Hours	Hours	Hours	Hours
PTO/Observed Holiday					
	MON	TUES	WED	THURS	FRI
TOTAL					
	GRAND TOTAL				

Intern Signature: _____ **Date:** _____
Supervisor Signature: _____ **Date:** _____

Activities Tracking Sheet – Page 2

Individual Therapy Clients:

	PT NAME	POD/Unit	Days Seen:
1			
2			
3			
4			
5			

Group Therapy:

Type of Group	Unit/ POD

Individual Forensic Session Clients:

Unit(s) Name: _____

	PT NAME	Days Seen
1		
2		
3		
4		
5		
6		

Initial Assessment and Reports Completed:

Name of New Admittance	Unit/ POD

Fars completed:

Pt Name:	Date Completed/Entered

Assessment Case:

Pt Name:	Date Tested

Appendix F
TESTING MATERIALS AVAILABLE
REVISED 7/10

Beck Depression Inventory-2 (English and Spanish)
Beck Suicide Scale
Beck Hopelessness Scale
Bender Motor Gestalt Test
Boston Diagnostic Aphasia Examination 3rd Ed. (BDAE-3)
Color Trail Making Test
Delis-Kaplan Executive Function System (D-KEFS)
Dementia Rating Scale –2
Folstein Mini-Mental Status Exam
HARE-PCL-R-2nd Ed.
HARE PCL:SV- Psychopathy Checklist: Screening Version
HCR-20 – Assessing Risk for Violence
Luria-Nebraska Neuropsychological Battery (LNNB)
MacArthur Competency Assessment Tool – Criminal Adjudication (MacCat-CA)
Miller Forensic Assessment of Symptoms Test (M-FAST)
Minnesota Multiphasic Personality Inventory -2 (MMPI-2)
Positive and Negative Syndrome Scale (PANSS)
Raven’s Progressive Matrices and Vocabulary Scales
Rey-Osterrieth Complex Figure (ROCF)
Rey 15 Item Memory Test
Rogers Criminal Responsibility Assessment Scale (R-CRAS)
Rorschach Ink Blot
Structured Interview of Reported Symptoms-2 (SIRS-2nd Ed.) ((English and Spanish)
Stroop Color and Word Test-Adult Version
Symptom Check List – 90-R (SCL-90-R) (English and Spanish audio tapes/booklets)
Trail-Making test
Test of Memory Malinger (TOMM) (Spanish and English Instructions)
Test of Nonverbal Intelligence-3rd Ed (TONI-3)
Vineland Adaptive Behavior Scales, Survey Interview Form-2nd Ed. (English and Spanish)
Wechsler Abbreviated Intelligence Scale (WASI)
Wechsler Adult Intelligence Scale – IV (WAIS-IV)
Wisconsin Card Sorting Test-Revised and Expanded
Wechsler Memory Scales IV (WMS-IV)
Wide Range Achievement Test – 4 (WRAT-4)

**Appendix G
Time Off Request**

Intern Name: _____

Date Submitted: _____

Type of Time Off Request: Maximum of 16 days Paid Time Off (Check one only)

- Planned Paid Time Off
- Unplanned Paid Time Off

From Date: _____ To Date: _____

Total Number of Hours Requested Off: _____

Additional Explanation for Request:

- Request Approved Request Not Approved

Primary Supervisor: _____ Date: _____

**Appendix H
Time Off Tracking Sheet**

Intern Name : _____

Dates Requested	Reason for Time Off	Approved By:	Total Current Days Requested	Days Used to Date	Days Left

Appendix I
TIMELINES and GUIDELINES FOR WRITTEN WORK

*NOTE: *For all time-frames, the day of admission counts as the first day of the time-frame.*

INITIAL FORENSIC PSYCHOLOGICAL ASSESSMENTS: The IFPA is assigned by a supervisor and is due within 20 days of the patient's admission to SFETC. It must be signed, co-signed by supervisor, dated/timed and placed under the "Assessments" tab in the medical chart.

BECK Inventories: Need to be completed within 12 days of admission.

A **Functional Assessment Rating Scale (FARS)** is completed for every adult who is to be served at the facility within 14 days of admission to SFETC, within 10 days of every 6 month anniversary date from admission date, and ten days prior to a planned discharge or up to 5 days from a completed discharge. It must be signed, co-signed by supervisor, dated/timed and placed under the "Assessments" tab in the medical chart.

An **HCR-20 Risk for Violence Assessment** is completed for every adult who was adjudicated Not Guilty by Reason of Insanity and is being served at the facility within 14 days of admission to SFETC, within ten days of every 6 month anniversary date from admission and when there is a significant change in the patient's risk for violence (i.e., ready for step-down placement). It must be signed, co-signed by supervisor, dated/timed and placed under the "Psychology" tab in the medical chart.

COMPETENCY GROUP and INDIVIDUAL SESSION Notes: Documentation of sessions and patients progress toward meeting competency goals must be documented weekly. Group competency notes should be completed within 24 hours of the session date. All individual competency sessions can be summarized and documented in one note at the end of the work week. They must be signed, co-signed by supervisor, dated/timed and placed under the "Psychology" tab in the medical chart.

THERAPY and ASSESSMENT REFERRALS: Initial session within one week of the date that the consult was assigned.

ASSESSMENTS: The forensic psychologist will determine if the use of psychological test instruments are warranted in order to assist in the assessment of competency, including assessment for malingering behavior. The intern or psychologist completing the psychological testing will record a progress/contact note in the patient's chart on the date of the psychological testing. The progress note will direct the reader to the assessment section of the patient's chart for further findings or recommendations. Psychology staff will not place any test manual and/or raw data in the patient's chart nor will such items substitute for the written report. First draft of report is due within one week of completion of testing to supervisor. Subsequent drafts are due within 72 hours of receiving feedback from supervisor. Feedback to the client and team is due after the assessment is discussed in supervision. Assessments should be completed within 4 weeks. It must be signed, co-signed by supervisor, dated/timed and placed under the "Assessments" tab in the medical chart.

BEHAVIOR PLANS: Meet with team, complete functional analysis, and draft behavior plan within 2 weeks of assignment. Behavior plan is placed in chart and progress note is written that indicates that the plan was discussed with team within 30 days of assignment.