# Training Goals and Responsibilities Psychology Interns

## Goals, objectives, competencies, and markers

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| **Goal #1: Develop intermediate to advanced competence for entry to practice in individual psychotherapy** | | | |
| Objectives | **Competencies** | **Behavioral markers** | **Outcome markers** |
| 1.1Interventions are informed by the best available research (relevant for setting, e.g., outpatient therapy for adults utilizing relational approaches) | 1.1.1 Knows core concepts and therapeutic implications of developmental and clinical research undergirding relational therapy. | Knows these core concepts (theory, research, and applications):   1. attachment 2. differentiation 3. intersubjectivity 4. affect regulation and affect theory 5. alliance, including rupture and repair 6. systems and second order change 7. circular causality     Knows salient findings, concepts, or applications from recent[[1]](#footnote-1) peer-reviewed articles in the following areas   * SERT factors in psychotherapy (two articles to be identified each year) * cultural competence/humility (two articles to be identified each year) | Conceptual knowledge evident in:   * supervision * formulations * treatment plans and UTR’s * exemplars |
| 1.2 Intervenes with wisdom and skill | 1.2.1 Knows core concepts and applications from one prominent relational psychotherapy theorist or book.  1.2.2 Builds and sustains a therapeutic alliance.  1.2.3. Develops and adjusts individualized formulations and treatment plans.  1.2.4. Supports individual and cultural diversity  1.2.5. Facilitates emotional processing and affect regulation  1.2.6. Addresses relational issues and cultivates relational skills  1.2.7. Engages SERT factors, explicit and implicit, in helpful ways. | 1.2.1 Identify book and concepts for each year.  1.2.2  \* Demonstrates qualities and interventions correlated with positive therapeutic alliance[[2]](#footnote-2) and/or cases have data points that indicate a positive alliance (regular attendance, disclosure, etc.)  \* Identifies ruptures and initiates efforts to repair  \* Utilizes observations and client feedback to adjust therapeutic stance.  1.2.3  \* Integrates bio-psych-socio-spiritual dimensions in formulations and client-specific treatment plans  \* Integrates client’s concerns and preferences in treatment planning  \* Makes adjustments to the treatment plan as therapy progresses  1.2.4  \* Inquires about individual and cultural identity, and cultural view of treatment situation (see DSM5 cultural formulation interview)  \* Identifies strengths, preferences, and resources  \* Acknowledges social dynamics and supports client in negotiating systems.  1.2.5  \* Adjusts interventions to assist clients with affect regulation and/or affect expression as indicated.  \* Teaches emotional regulation and emotional intelligence skills.  1.2.6  \* Assists clients to identify relational patterns.  \* Assists client to identify relational possibilities and preferences.  \* Assists client to identify and cultivate relevant relational skills (e.g., listening, asking questions, assertiveness, boundaries, acceptance, negotiation)  1.2.7  \* Identifies SERT resources and SERT problems based on relational framework  \* Explores meaning-making and alignment with values, beliefs, and preferences  \* Identifies existential issues/challenges and possible responses  \* Assist clients to consider SERT perspectives, practices, or other potential SERT resources potentially relevant for their concerns. | Theoretical knowledge evident in supervision and written works samples.  Skills and practices evident in   * video observation * audio recordings * supervisory discussions * clinical notes * treatment plans and review   Effectiveness evident via outcome indicators:   * client retention * client feedback and report * client goal attainment * functional markers or strengths * observed changes (video) * reports of others who know client * symptom change * scale scores * TOP scores |
| 1.3 Intervenes with attention and support for individual and cultural diversity | 1.3.1 Demonstrates awareness of one’s own identity, background, values, and social location, and possible impact of these factors upon therapy  1.3.2 Proactively inquires about client background, values, and preferences, and adjusts treatment accordingly.  1.3.3 Appropriately incorporates wisdom and practices from SERT traditions when indicated or useful. | 1.3.1  \*Demonstrates self-awareness and reflection upon identify and implications.  \*Independently identifies relevant social dynamics such as social oppression and privilege.  1.3.2  \* Observed examples of inquiry/observation and adjustment  \* Initiates consultation and information gathering regarding different aspects of client’s identity and background, context, etc.  1.3.3. Assists clients to identify potentially useful SERT resources without demand or imposition. | Self-awareness and social awareness demonstrated in supervision, seminars, and clinical writing.  Inquiry and adjustments observed by video and in supervision.  Consultation observed in supervision.  Incorporation evident in treatment plan and clinical notes |
| **2. Develop intermediate to advanced competence for entry to practice in diagnostic and psychological assessment** | | | |
| 2.1 Conducts effective diagnostic interviews. | 2.1.1. Establishes rapport with client.  2.1.2. Obtains relevant and accurate information  2.1.3. Makes an appropriate diagnosis based on available information and applicable diagnostic systems | 2.1.1 Demonstrates rapport building skills and efforts via role play or video  2.1.2. Writes reports that accurately covers relevant domains (as determined by supervisors for type of assessment).  2.1.3. Makes an appropriate diagnosis per supervisors | Validation by client feedback and supervisor observation.  Supervisor review of reports, diagnosis and basis for diagnosis |
| 2.2 Independentlyselects appropriate assessments given the referral question(s) | 2.2.1 Knows standards of practice for areas commonly assessed at our site.  2.2.2. Has a working knowledge about psychometrics in general and about the appropriateness of the core tests[[3]](#footnote-3) we use in the clinic.  2.2.3 Identifies supplemental measures as indicated. | 2.2.1 Assessment domains to know:   * attention deficit/hyperactivity disorder * anxiety * trauma * mood disorders * clergy assessment   2.2.2  \* Independently identifies appropriate measures and limitations of measures  \* Reviews at least one research study or book chapter on assessment and leads a discussion in the seminar | Demonstrates knowledge in testing seminar and supervision. |
| 2.3 Independently administers tests according to protocol | 2.3.1 Administers tests in accordance with expected protocols.  2.3.2 Identifies and adjusts appropriately for unusual factors or breaks in protocol. | Correct administration observed in practice administration or video review of actual administration.  Appropriate adjustments as assessed by supervisors | Satisfactory supervisory review |
| 2.4 Autonomously scores and interprets the results of the tests used and makes appropriate diagnostic formulations. | 2.4.1 Demonstrates competence in scoring and interpreting core tests and assessment measures.  2.4.2 Identifies diversity issues (e.g., culture, language, age, gender, ethnic background, religion) that may impact test results, test validity, and testing behavior and relationship.  2.4.3 Integrates background and historical data, behavioral observations, and psychometric data to diagnose accurately. | All competencies: directly observed in supervision and reports | Reports satisfy supervisors |
| 2.5 Writes a useful assessment report and, if applicable, makes a useful case presentation | 2.5.1 The report is comprehensive, clearly written, and well organized.  2.5.2 The report addresses referral questions or presenting concerns.  2.5.3 The report provides specific, fitting formulations, recommendations, or treatment plans  2.5.4. If applicable, makes a clear and relevant presentation to the Intake seminar or other stakeholders. | Direct review of report and observation of presentation | Reports satisfy supervisors or stakeholders in these areas. |
| 2.6 Effectively leads the assessment feedback session | 2.6.1 Plans and implements the testing feedback session appropriately. Prepares for areas of potential difficulty in session. | \* Is organized and covers the major findings relevant for the referral questions  \* Prepares for areas of potential difficulty with feedback  \* Explains the test results in terms the patient can understand, provides suitable recommendations andresponds empathically to patient’s concerns | Client and/or clinician  report that feedback was helpful |
| **3. Consolidate professional identity at an intermediate to advanced level for entry to practice** | | | |
| 3.1 Practices in a legal and ethical manner. | 3.1.1. Demonstrates knowledge of ethical codes, laws, and standards of practice, and an ability to apply these codes and standards in one’s practice.  3.1.2. Engages the client’s values and beliefs, and incorporates one’s own values and beliefs, in respectful and appropriate ways. | 3.1.1  \* Independently identifies legal and ethical concerns  \* Integrates legal and ethical standards into professional conduct.  \* Initiates consultation when indicated.  \* Complies with clinic/university policies and procedures, and follows guidance from supervisors and administrators  3.1.2  \* Inquires about client’s beliefs, values, and preferences  \* Assists client’s to clarify their beliefs, values, intentions, and choices  \* Demonstrates awareness of one’s own values and beliefs and avoids imposing these values upon clients.  \* Invites consideration of new perspectives and practices in tentative, respectful ways when relevant to client’s concerns. | 3.1.1  No major legal or ethical violations, complaints, administrative or clinical problems.  Legal and ethical practices observed in supervisory discussions, clinical records, seminars and consultations  SERT engagement is observed via video, evident in supervision and notes, or affirmed by client. |
| 3.2 Attends to diversity in professional practice | 3.2.1 Attends to and reflects upon individual and cultural diversity (including power dynamics and social justice concerns).  3.2.2 Invests in continued growth in cultural competence/humility | 3.2.1  \*Consistently identifies relevant aspects of individual and cultural diversity in clinical and professional interactions, written work, presentations, etc.  3.2.2  \* Knows the core concepts from two peer reviewed articles on cultural competence (see 1.1.1). (content to be specified per year)  \* Identifies and works on at least 1 area for personal learning or growth in MCC/humility in supervision. | 3.2.1 Observed in clinical work, supervision, seminars, and written work  3.22.  Incorporates concepts in supervision, interventions, and clinical writing.  Growth area identified and tracked in supervision |
| 3.3 Utilizes science and scientific methods. | 3.3.1 Practice is informed by science and professional literature  3.3.2 Demonstrates rigor and critical thinking  3.3.3 Practices as a local scientist through observation and use of data.  3.3.4. Contributes to science through research, writing, presentations, discussions with colleagues, or other collaborations [aspirational] | 3.3.1 Identifies research findings that inform practice.  3.3.2 Critically evaluates clinical research, theories, and practice.  3.3.3 Obtains and utilizes local data to inform practice  3.3.4 Professional activities and outputs | Scientifically informed practice observed in supervision, seminars, treatment plans, and notes. |
| 3.4 Demonstrates professionalism and integrity/maturity. | 3.4.1 Demonstrates integrity and professionalism  3.4.2 Invests in professional development  3.4.3 Demonstrates professional communication skills.  3.4.5 Demonstrates professional interpersonal and emotional skills  3.4.6. Consults effectively within health-care systems.  3.4.7. Demonstrates qualities and practices which reflect professional values, and/or one’s own SERT values, and bear upon professional practice/identity. Examples include humility, courage, honesty, compassion, acceptance, etc. [aspirational competence] | 3.4.1  \* Fulfills responsibilities in a professional manner, and takes responsibility for one’s actions.  3.4.2  \* Identifies opportunities, resources, and strategies for professional growth.  3.4.3.  Produces verbal and written communications that are clear, thorough, and respectful.  3.4.5  \* Relates collaboratively and effectively with colleagues, staff, clients, and other stakeholders (including administrative staff)  \* Addresses differences and conflicts in a constructive manner.  3.4.6  \* Seeks consultation when helpful or indicated  \* Initiates communication and integrates input from stakeholders and healthcare providers from other disciplines  \* Represents psychological perspectives in a clear and relevant way  \* Identifies and works with strengths/weaknesses of the agency/healthcare system  3.4.7 Observed by self and others | 3.4.1. Professionalism directly observed and affirmed by feedback from peers and staff  3.4.2  Observed examples of professional development and report in supervision.  3.4.3  Work samples demonstrate strong communication.  3.4.5,  Interpersonal and emotional skills are observed and reported by peers and staff  3.4.6.  Observations and feedback from consultations indicate effectiveness.  3.4.7. Validation by self and others |
| 3.5 Demonstrates reflective practice | 3.5.1. Demonstrates reflectivity during and in-between professional interactions.  3.5.2. Utilizes self-assessment and feedback to inform learning or growth.  3.5.3. Practices self-care.  3.5.4. Incorporates values, beliefs, preferences, intentions into professional practice in appropriate, helpful ways. | 3.5.1 Observation and self-report demonstrate reflexivity  3.5.2  \* Independently practices self-assessment  \* Demonstrates engagement with feedback and learning opportunities  3.5.3 Observation and self-report demonstrate self-care efforts.  3.5.4.  \* Demonstrates awareness of values and preferences  \* Incorporates values and preferences in appropriate ways. | For all: Observed in supervision, seminars, and independent initiatives.  Video observation, client feedback, supervisory discussions, and clinical writing reflect awareness and appropriate incorporation of values. |
| 3.6 Demonstrates competence in supervision. | 3.6.1 Demonstrates knowledge of supervision models, standards and practices, including ethical concerns.  3.6.2 Offers helpful supervision, formal or informal, to students or peers in current setting. | 3.6.1  \* Knows the APA guidelines on supervision  \* Knows at least one model of supervision  \* Knows core ideas or applications from two recent peer-reviewed articles or books on supervision.  3.6.2 [to be observed, live or by video]  \* Builds and sustain an alliance with supervisee or peer.  \* Assists supervisee or peer to clarify questions or areas of concern regarding clinical work, including any ethical issues.  \* Assists supervisee or peer to consider relevant aspects of evidence-based practice, along with local data from the treatment, to devise possible intervention strategies  \* Identifies relational/process dynamics that may be present in clinical or supervisory interaction. | 3.6.1  Demonstrates knowledge in seminars and written work.  3.6.2  Demonstrates supervisory skills and practices via observation and supervision of supervision |

Rating scale for competencies for Psychology Interns:

1 = Not competent, needs extensive teaching/guidance and supervision

2 = Beginning competence, needs close supervision (practicum level)

3 = Foundational competence, needs regular supervision (intern entry level)

4 = Intermediate competence, needs occasional supervision/consultation (intern exit level)

5 = Advanced competence, no supervision required for most cases/situations (entry to independent practice level)

6 = Area of competence and expertise that far exceeds training level

## Training Responsibilities and Successful completion

1. Interns need to fulfill the following clinical and training requirements:
   1. Attend all training meetings apart from excused or other valid absences (and informing appropriate staff when absent);
   2. Participate in a good faith manner in training activities;
   3. Comply with all applicable laws, regulations and guidelines, including the APA Ethics Code, Boston University policies, and Danielsen Institute Policies/procedures;
   4. Follow through on guidance from supervisors or administrators;
   5. Complete expected training hours and service hours;
   6. Meet paperwork and administrative expectations;
   7. Inform supervisors of any errors, mistakes, or high risk situations at quickly as possible;
   8. Complete the tasks specified in your Training Contract and Supervision Contract(s).
2. Successful completion requires the following items:
   1. Fulfill the training responsibilities detailed above.
   2. Obtain ratings of “4” or better on all required [non-aspirational] competencies.
   3. Submit satisfactory EBPP samples.
   4. Have no major clinical or ethical breaches.

1. Recent means published in the last 6 years. [↑](#footnote-ref-1)
2. Supportive, exploratory, experiential and affect focused, active and engaged. Hilsenroth, Cromer, and Ackerman (2012). [↑](#footnote-ref-2)
3. Core tests are: WAIS-IV, WJ-III and WJ-IV, WIAT-III, DKEFS, REY-O, CVLT-II, WCST, CPT-II, BDI-II, BAI, MMPI-II, Rorschach (Exner/RPAS) [↑](#footnote-ref-3)