The mission of the Michigan School of Professional Psychology is to create an atmosphere characterized by inquiry, discovery and creativity. Dynamic relationships and strong academic rigor foster the development of psychologists and psychotherapists who make significant contributions to their communities and the mental health profession by delivering expert clinical services with integrity and respect for diverse populations.
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I. INTRODUCTION

The purpose of this handbook is to provide information on the Michigan School of Professional Psychology Internship Consortium (MiSPPIC) for Consortium interns, site supervisors, and faculty of the Michigan School of Professional Psychology (MiSPP). To ensure the quality of training required by the Consortium and academic program, it is expected that all Consortium training sites, faculty and interns will comply with training guidelines set forth in this handbook.

II. CONSORTIUM DESCRIPTION

The MiSPPIC provides full-time internships exclusively to graduate students in MiSPP’s PsyD program in clinical psychology. The Consortium consists of cooperating agencies that offer a broad range of field experiences for qualified doctoral interns. Interns will train at one site, but will benefit from shared resources within the Consortium. A current list and descriptions of participating agencies can be found at http://www.mispp.edu/internship-consortium/partnering-agencies/

The primary mission of the Consortium is to provide advanced training that prepares interns to assume dynamic roles in the rapidly changing world of health services psychological practice. The Consortium builds on skills developed during doctoral coursework in order to graduate competent psychologists who can function in a variety of settings and continue to develop professionally throughout their careers.

MiSPPIC’s training orientation is consistent with the Practitioner-Scholar Model. It emphasizes personal self-knowledge and active learning in a mentoring environment. Interns gain experience in working with a broad range of clients who represent an array of problems and personal backgrounds. As practitioner-scholars, integration of practice with scholarly inquiry is emphasized, including use of existing qualitative and quantitative research findings in the process of assessment and treatment.

III. ADMINISTRATIVE STRUCTURE

MiSPP’s Director of Clinical Training (DCT) serves director of the MiSPPIC. The Consortium Council, which consists of one representative from each of the Consortium agencies, meets quarterly or more often as necessary at the call of the director. Each representative plays a central role in coordinating the internship experience at his or her respective Consortium agency. The Council has the authority and responsibility for ensuring the quality of the MiSPPIC program.

The Consortium Council is responsible for facilitating the selection of interns, maintaining an advocacy system for interns, managing grievances, administering intern evaluation procedures, developing and approving policies and procedures, planning and
implementing didactic training, seminars and case conferences, and conducting strategic planning. The Consortium Council also is responsible for providing feedback as deemed necessary MiSPP’s Program Director.

IV. INTERNSHIP PROGRAM

The internship is an integrated part of the PsyD program at MiSPP and requires at least 2,000 clock hours of psychological training experience in one academic year. To be eligible for Consortium placement, students are required to have completed their academic coursework prior to the internship year.

The Consortium internship complements classroom education, provides opportunities to work with competent clinicians in diverse settings, and helps the student strengthen core competencies and professional identity. Interns participate in progressive and developmentally sequenced clinical experiences (e.g., assessment, treatment planning, psychotherapy, consultation, psychological testing, and evaluating treatment outcome) that prepare them for beginning professional practice upon receipt of the PsyD degree. The Consortium and MiSPP faculty are committed to developing quality clinical training experiences for graduate students and providing excellent care for persons receiving psychological services from interns.

Goals
The MiSPPIC adheres to a generalist model of training that is consistent with the practitioner-scholar model. Training in ethical and professional standards is incorporated in supervision and seminar presentations to prepare interns for the highest standards of professional conduct. Specific goals for each intern include:

1. Develop and/or refine diagnostic skills with children and adults using structured interviewing techniques supplemented by psychological testing

2. Evaluate and report diagnostic findings and recommendations appropriate to a variety of referral sources

3. Facilitate therapeutic relationships with diverse clients

4. Conduct treatment planning and select appropriate interventions and evidence-based practices for a wide range of clinical problems, monitor treatment effectiveness, and alter clinical strategy as needed

5. Understand the role of other disciplines’ contributions to the assessment and treatment process, and strengthen the ability to coordinate care effectively
Objectives
MiSPPIC member sites agree to the following objectives that support the intern’s ability to achieve the goals as stated above. The MiSPPIC provides interns with the opportunity to:

1. Participate in advanced clinical training to prepare students for the practice of professional psychology

2. Facilitate training in integrative models of therapeutic change with practical experience providing care to diverse clients

3. Work with a variety of models of assessment and psychotherapy

4. Extend understanding of the nature of therapeutic change, the importance of establishing a therapeutic alliance, ethical standards, treatment planning, and monitoring treatment effectiveness

5. Apply knowledge learned in courses to the clinical setting

6. Understand the important policies, procedures, and regulations that govern the professional practice of clinical psychology in a health care setting

7. Conduct direct clinical services with clients

8. Engage in professional interaction and collaboration with other disciplines, utilize a variety of theories, and work with a broad range of populations and techniques

Clinical Competencies
It is expected that upon completion of internship, students will achieve skill and knowledge in the following areas of competency:

1. Relationship
2. Diversity
3. Assessment
4. Intervention
5. Professional Development

Please refer to Appendix I, p. 17, MiSPPIC Intern Evaluation for the development achievement levels (DALs) expected for each competency at the completion of internship training.
Application to the Program
Students interested in applying to the Consortium must complete all coursework before the beginning of the academic year in which the internship begins. To apply, students need to provide the following to MiSPP’s DCT no later than February 5, 2016:

- Completed MiSPPIC application form, which can be found on the MiSPPIC website at http://mispp.edu/wp-content/uploads/2014/02/Application-Student.pdf
- Curriculum vitae
- Statement of interest on how the Consortium training experience benefits the student’s professional and academic goals/plans
- Two letters of reference that attest to the student’s clinical and academic proficiency

Students selected for interview will meet with the Consortium Council, which selects Consortium interns and facilitates placements.

V. PROFESSIONAL LIABILITY INSURANCE
Interns are required to carry liability insurance for work conducted in internship settings. Interns may apply for such insurance through any company of their choice. The liability coverage must extend through each academic year in which the internship is conducted (September 1 – August 31); $1,000,000 and $3,000,000 coverage is required. Information out about purchasing liability coverage is available at the following websites:

www.apait.org/apait/products/studentliability/
www.americanprofessional.com/student/index.htm

Proof of insurance, with coverage levels and policy dates, must be submitted to the MiSPP’s DCT prior to beginning internship.

VI. SUPERVISION
MiSPPIC interns receive 8 hours of individual supervision each month from fully-licensed psychologists in the State of Michigan. A Consortium supervisor provides 4 of the 8 hours of supervision; the remaining supervision (4 hours) will be provided by the intern’s MiSPP faculty supervisor. Site and faculty supervisors collaborate in the supervision process, which includes regular contact about intern performance and cooperating in the preparation of the intern’s evaluation. The site supervisor maintains clinical responsibility for the cases under supervision.

Supervision is defined as an ongoing relationship between the intern and qualified clinicians. Supervisors must be designated by the Consortium training agency as competent to provide psychological services and conduct supervision in an atmosphere that respects the intern’s level of development; this may include the use of audio and/or videotapes. The integration of internship training with supervision allows interns to
develop skills and clinical competencies, and to increase awareness of ongoing issues concerning professional practice and standards. The emphasis in supervision is always on continuing development of clinical skills, core competencies and self-knowledge of interns.

Confidentiality of Client Information Discussed with Supervisors
To protect client confidentiality, personally identifiable information must be removed from all samples of clinical documentation.

1. Interns must inform each client that they are a student-in-training and identify their supervisors.

2. Interns can only tape record psychotherapy sessions with a client and bring the tape for review to their faculty supervisors if the site has approved this and proper client release of information has been obtained. The approval must come from the Consortium site supervisor and, if appropriate, site director.

3. Interns should not use the names of their clients when discussing cases with their MiSPP faculty supervisors.

4. Interns can only bring samples of clinical documentation for a client to review with their MiSPP faculty supervisor if the site has approved this and all client identifying information has been removed. The approval must come from the internship site supervisor and, if appropriate, site director.

VII. DIDACTIC TRAINING

The Consortium offers an intensive training program on a variety of topics that supplement clinical training and classroom learning. The didactic training schedule and topics are mutually agreed on by the Consortium Council. Interns are required to attend a minimum of 8 hours of didactic activities per month as follows:

- A weekly 1-hour didactic training seminar to take place twice per month, with location rotating among the Consortium training facilities
- A monthly 3-hour didactic training seminar at MiSPP
- A weekly 1-hour case conference as scheduled by each site

Interns are allowed one excused absence per semester. Absences beyond one a semester will require the student to complete a four-page scholarly paper, plus cover and references pages, in APA style with references. The paper is due to the Consortium Director 1 week after the missed training session. Failure to complete the assignment will result in a grade of No Credit (NC) for the internship in the respective semester in which the seminar was missed. In addition, more than two missed trainings in the academic year may require a remediation plan.
The Consortium Training Calendar can be found on the MiSPPIC website at http://www.mispp.edu/internship-consortium/misppic-training-calendar/

VIII. TRANSPORTATION OF CLIENTS

Interns may not transport clients (i.e., drive a client to a location in an automobile).

VIX. IN-HOME MENTAL HEALTH SERVICES

Interns may participate with in-home mental health services as part of their internship training if the following conditions are met:

1. Interns receive specialized training from the site in conducting in-home mental health services. This training should cover client and provider safety, recipient rights and risk assessment guidelines.

2. Interns are accompanied by a professional staff member during the first two months of the internship. Exceptions to this rule must be approved by the Consortium director.

3. Interns have the right to decline to continue on a case if he or she believes for any reason that it is not safe. There must not be any negative consequences from the internship site supervisor or site if the student declines to work with a client because of safety reasons.

4. The Consortium site supervisor must be available for on-site assistance if requested by the intern.

5. Interns will carry emergency numbers with them at all times and will carry a cell phone when providing in-home mental health services.

Questions, comments, or concerns should be directed to the Consortium director.

X. EVALUATION

The intern’s performance is evaluated by the Consortium site supervisor and the student’s faculty supervisor three times per year, although regular performance feedback is provided to students during supervision. Through ongoing contact, supervisors maintain collaborative relationships in guiding the intern’s progress during internship.

Assessment of performance is based on the clinical competencies identified for internship, which have been adapted from the Competency Developmental
Achievement Levels (DALs) of the National Council of Schools and Programs in Professional Psychology (NCSPP). (See Appendix I, p. 16, MiSPPIC Intern Evaluation.)

The rating format allows for assessment of developmental skill level for each clinical competency. Site and faculty supervisors monitor student performance with the expectation of increasing skill level and responsibility as the intern progresses. To advance through the clinical training sequence, interns must obtain a mark of Credit (CR) in internship, which is determined as follows:

- First semester: 5 of 7 skill ratings in each competency must be (3) “Performs Adequately” or higher using a six point Likert-type scale ranging from one to six
- Second semester: 6 of 7 skill ratings in each competency must be (3) “Performs Adequately” or higher using a six point Likert-type scale ranging from one to six
- Final semester: 7 of 7 of skill ratings in each competency must be (3) “Performs Adequately” or higher using a six point Likert-type scale ranging from one to six

Based on these assessments, the faculty supervisor assigns the grade, composes the evaluation narrative, and meets with the intern to review the evaluations. Interns who meet all of the requirements each semester will receive a mark of Credit (CR).

If a student does not attain the appropriate number of hours or does not make satisfactory progress towards requirements, a grade of NC (No Credit) may be awarded. A NC grade will affect academic standing and require a repeat of that semester’s enrollment. Any student who receives two “NC” grades for Internship will be dismissed from the academic program. Failure to complete the required assignments for missed didactic trainings will also result in a grade of “NC” for the semester in which the seminars were missed.

XI. RECORD KEEPING GUIDELINES

Consortium Interns are required to keep a log of internship hours (See Appendix II, p. 22, MiSPPIC Clinical Hours Training Log). This form can be found at www.mispp.edu/consortium/log. Interns complete their logs online, print out copies, obtain signatures of their Consortium site supervisors, and submit hard copies to their faculty supervisors.

Students may also enroll in Time2Track for the purpose of recording clinical training hours. See Appendix III, p. 22, for instructions on how to subscribe to Time2Track.

*Important note: Semester-end hours cannot be changed once submitted and signed off by the student’s site and faculty supervisors. Previous semester totals will be verified upon submission each semester. Inconsistencies will be addressed by the Consortium Director.*

Throughout their professional careers, clinicians rely on their own records to verify training experiences for employers, schools, regulatory institutions, and accrediting agencies. It is important that interns carefully document their internship training.
experiences. Interns must maintain a detailed record of internship training. The record should include the number and types of tests administered and scored, test reports completed, numbers and types of clients, types of therapy training completed, etc.

APA Record Keeping Guidelines are designed to educate psychologists and provide a framework for making decisions regarding professional record keeping. These guidelines are available on the APA site under Information and Resources for Practicing Psychologists https://www.apa.org/practice/guidelines/record-keeping.pdf. Students are required to follow APA standards as well as the record keeping requirements of their internship sites.

XII. LICENSING/REGULATORY AGENCIES

Licensing regulations vary by state or country and may change over time. It is strongly recommended that interns acquaint themselves with regulations of the state or country in which they plan to practice psychology so that, upon graduation, they meet requirements for licensure specific to that location.

XIII. PROFESSIONAL BEHAVIOR EXPECTATIONS

The faculty at MiSPP has adopted the Council of Chairs of Training Councils (CCTC) model policy of The Comprehensive Evaluation of Student-Trainee Competence in Professional Psychology Programs (CCTC model policy, March 2004, http://www.ncspp.info/NCSPP-%20CCTC%20Model%20Student%20Competency.pdf),

MiSPP informs all interns that faculty, training staff, supervisors, and administrators have a professional, ethical, and potentially legal obligation to:

(a) establish criteria and methods through which aspects of competence other than, and in addition to, a student-trainee’s knowledge or skills may be assessed (including, but not limited to, emotional stability and well being, interpersonal skills, professional development, and personal fitness for practice); and,

(b) ensure—insofar as possible—that the student-trainees who complete their programs are competent to manage future relationships (e.g., client, collegial, professional, public, scholarly, supervisory, teaching) in an effective and appropriate manner. Because of this commitment, and within the parameters of their administrative authority, professional psychology education and training programs, faculty, training staff, supervisors, and administrators strive not to advance, recommend, or graduate students or trainees with demonstrable problems (e.g., cognitive, emotional, psychological, interpersonal, technical, and ethical) that may interfere with professional
competence to other programs, the profession, employers, or the public at large.

As such, within a developmental framework, and with due regard for the inherent power difference between students and faculty, students and trainees should know that their faculty, training staff, and supervisors will evaluate their competence in areas other than, and in addition to, coursework, seminars, scholarship, comprehensive examinations, or related program requirements. These evaluative areas include, but are not limited to, demonstration of sufficient:

(a) interpersonal and professional competence (e.g., the ways in which student-trainees relate to clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories);

(b) self-awareness, self-reflection, and self-evaluation (e.g., knowledge of the content and potential impact of one's own beliefs and values on clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories);

(c) openness to processes of supervision (e.g., the ability and willingness to explore issues that either interfere with the appropriate provision of care or impede professional development or functioning); and

(d) resolution of issues or problems that interfere with professional development or functioning in a satisfactory manner (e.g., by responding constructively to feedback from supervisors or program faculty; by the successful completion of remediation plans; by participating in personal therapy in order to resolve issues or problems).

This policy is applicable to settings and contexts in which evaluation would appropriately occur (e.g., coursework, practica, supervision), rather than settings and contexts that are unrelated to the formal process of education and training (e.g., non-academic, social contexts). However, irrespective of setting or context, when a student-trainee’s conduct clearly and demonstrably: 1) impacts the performance, development, or functioning of the student-trainee; 2) raises questions of an ethical nature; 3) represents a risk to public safety; or (d) damages the representation of psychology to the profession or public, appropriate representatives of the program may review such conduct within the context of the program’s evaluation processes.

Students who fail to meet MiSPPIC training requirements or professional behavior expectations may be dismissed from the program.
XIV. ETHICS AND CONDUCT

Interns are expected to adhere to the APA Ethical Principles of Psychologists and Code of Conduct http://www.apa.org/ethics/code/index.aspx. In addition to complying with the APA Ethical Principles and Code of Conduct, students must also conduct themselves according to accepted standards for psychologists in the State of Michigan as guided by the Michigan Board of Psychology (see http://www.michigan.gov/lara) or in the state in which they are conducting their internship.

The following are examples of expectations of ethical conduct:

1. Interns discuss with clients as early as is feasible in the therapeutic relationship the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality, providing sufficient opportunity for the client to ask questions and receive answers.

2. Interns let clients know that they are being supervised and provide the name of a designated supervisor who is a fully-licensed psychologist.

3. When interns agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (a) which of the individuals are clients and (b) the relationship the intern will have with each person. This clarification includes the intern’s role and probable uses of services provided and/or information obtained.

4. When interns provide services to several persons in a group setting, they must describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

5. Interns do not engage in sexual intimacies with current therapy clients. They do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients. They do not terminate therapy to circumvent this standard. Interns do not accept as therapy clients persons with whom they have engaged in sexual intimacies.

6. Upon completion of the internship, interns make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client care.

7. Interns terminate therapy when it becomes reasonably clear that the client no longer needs the services, is not likely to benefit, or is being harmed by continued services.

8. Interns may terminate therapy when threatened or otherwise endangered by the client or another person with whom the client has a relationship.
9. Except where precluded by the actions of clients or third-party payers, prior to termination interns provide pre-termination counseling and suggest alternative therapists as appropriate.

10. Interns obey mandatory reporting laws

**XV. DUE PROCESS PROCEDURES***


**Due Process for Responding to Concerns about Intern Performance**

Ultimately, it is a matter of professional judgment as to when an intern's behavior is considered problematic. However, common problem behaviors include one or more of the following characteristics:

1. Behaviors that are in clear violation of the APA Ethical Principles and Code of Conduct and/or the accepted standards for psychologists in the State of Michigan as guided by the Michigan Board of Psychology

2. Behavior in violation of the MiSPPIC Internship Handbook

3. An inability/unwillingness or failure to continually grow, change, and make progress toward acceptable levels of competencies in all areas identified in the intern evaluation

4. An inability to control stress or other personal factors that conflict with the intern’s ability to reach expectations

5. Requiring an inappropriate amount of time and energy from supervisory staff to ensure professional functioning at a basic level

6. Repeated negative reports from intern’s patients for poor performance/conduct

7. Quality of the intern’s services are considered not helpful or detrimental to patients

In circumstances in which problematic conduct has been identified, remediation should begin as soon as possible:

1. The site and/or faculty supervisor documents and forwards his/her concerns to the Consortium director

2. Within 7 business days, the director and supervisor(s) discuss corrective action required and agree on a plan for remediation
3. The faculty supervisor meets with the student to share the concerns and present the documented remediation plan.

4. If the intern agrees with the recommendation, the action(s) is implemented.

5. If the intern wishes to challenge the recommendation, he or she may request an appeal in writing within 10 business days after meeting with the faculty supervisor.

Appeal

1. The student must present the appeal to the Consortium director no later than 10 business days after the meeting with the faculty supervisor.

2. A hearing will be scheduled with the Consortium Council within 10 business days of receipt of the appeal.

3. The intern reserves the right to present all evidence in his/her case at the hearing.

4. Likewise, the supervisor(s) filing the initial concern will present his/her evidence.

5. A decision will be made at the close of the hearing by popular vote (without the student present) to either uphold or abdicate the original decision.

6. If the original decision is upheld, the student must complete the requirements of the remediation plan developed under the Due Process Procedures for Responding to Concerns about intern performance. If the student fails to meet the requirements of the plan, the Consortium internship program may institute one or more of the following options:

   - Place the intern on Consortium probation for a specified time with certain expectations explicitly stated (Remediation Plan)
   - Suspend the intern's participation in certain professional activities
   - Recommend remedial training, increase amount of supervision, and/or change the supervisor
   - Recommend personal therapy
   - Terminate the intern from the internship program

7. Within 2 business days of this decision, the Consortium director may either accept the Council's decision or provide an alternative solution; this solution must be accepted and signed, with revisions if necessary, by all members of the Council before being put into action.

8. Once a final decision has been made, the intern is informed in writing of the action taken.

9. The final decision is binding; interns who refuse to abide by the Council's decision will be dismissed from the Consortium internship program.
As many meetings as necessary may be scheduled by the Consortium Council to further evaluate the intern’s progress in addressing, changing, and/or otherwise improving problematic conduct. However, the intern must complete the internship within the specified timeframe.

**Due Process for Responding to Intern Grievances against the MiSPPIC Training Program**

Interns may file a grievance if they perceive problems with their supervision, training, or any other aspect of the internship experience. Interns are encouraged to speak with their faculty and site supervisors or the MiSPPIC director about their dissatisfaction; if the concern is resolved through consultation or informal mediation, then no further action is taken.

If the intern is not satisfied with the response of the director or supervisors, the intern may request, in writing to the Consortium director, formal mediation, including specific reasons for the grievance and plans for resolution as seen by the intern:

1. The Consortium Council reviews the documentation no later than 14 business days after it is received from the intern; any persons with a conflict of interest (e.g., supervisor complained against) will not be allowed formal participation in review of the grievance.

2. The Council submits its resolution recommendations to the internship agency training director who may accept or reject the recommendations, or request further deliberations.

3. The Consortium director communicates the final resolution in writing to the intern.

**Appeal**

If the intern wishes to appeal the final resolution, the MiSPPIC director must be notified immediately:

1. A formal written document must be filed with the director and include specific aspects of the resolution

2. The document must include an amended plan for resolution as seen by the intern

3. A second hearing shall be scheduled within 7 business days from the date the appeal is submitted; the second hearing shall include the members of the Council in addition to the intern and the agency training director

4. A final decision must be made by conclusion of the hearing and will take one of the following courses of action:

   - Resolution as amended by the intern will be accepted and instituted
• Resolution will be amended as seen appropriate by the Council, accepted for final approval, and instituted

• Resolution as decided upon at the first hearing will be sustained

• Final resolution will be provided in writing on the same day and signed by the MiSPPIC director, intern and agency training director; the original copy will be placed in the MiSPP DCT’s file and a second copy provided directly to the intern.

XI. FORMS AND OTHER RESOURCES

Forms, evaluations, training calendars and other MSPPIC clinical training documents are located MiSPPIC website located at http://www.mispp.edu/internship-consortium
APPENDIX I

MiSPPIC INTERN EVALUATION

Intern Name/ID:              Program/Semester/Year:

Overview of Evaluation Process
Interns engaged in clinical training are expected to acquire a wide range of skills throughout their internship experience. These skills are developmental in nature, with interns at more advanced stages of training exhibiting higher levels of proficiency. Competency attainment is expected to develop over the course of training activities and is evaluated as an end-product of the clinical experiences being noted.

Baseline Expectations
When Consortium interns begin their first semester of internship they should possess a working knowledge of the following across an expanding range of clients:
1. Assessment and interviewing skills
2. Case formulation
3. Therapeutic-alliance dynamics
4. Empirically-supported treatment formulation

In addition, they will have previously demonstrated skill in the areas of:
1. Providing differential diagnoses and treatment planning
2. Responding to assessment and treatment complications
3. Responding appropriately to boundary and ethical dilemmas
4. Working flexibly with individual cultural differences
5. Using supervision, consultation and evidence-based interventions to enhance therapeutic effectiveness

Finally, interns will have demonstrated the ability to explore areas for personal and professional growth within supervision appropriate to their levels of education and experience.

Competency Attainment
It is expected that upon completion of internship MiSPPIC interns will:
1. Demonstrate significant abilities related to broadening their clinical skills in a wide range of areas
2. Conduct interviews and assessments of clients who present with various conditions and problems
3. Be capable, with minimal oversight and supervision, of examining differential diagnostic considerations, and come to conclusions regarding proper treatment of clients
4. Demonstrate significant skills related to identifying treatment complications, boundary issues, and working with concerns that present clinicians with ethical dilemmas
5. Be comfortable with issues of diversity, including those related to ethnicity, culture, religion, race, age, gender, gender identity, language, disability, socio-economic status, national origin, and sexual orientation
6. Recognizes the value of supervision and consultation and regularly relies on supervisors and colleagues to confirm clinical impressions and to further growth and development of their clinical skills

8/18/15
**COMPETENCY RATING SCALE**

**NOTE:** The minimum acceptable rating for each skill within each Competency is 3. Any rating(s) below 3 will require a Clinical Training Remediation Plan for that skill(s). Failure to meet the requirements of the Remediation Plan will result in an Educational Development Plan. Following are the minimum passing thresholds for each semester:

1) First semester: 5 of 7 skill ratings in each competency must be 3 or above;
2) Second semester (and proceeding semesters for part time internships): 6 of 7 skill ratings in each competency must be 3 or above;
3) Final semester: 7 of 7 of skill ratings in each competency must be rated 3 or above.

<table>
<thead>
<tr>
<th>Performance Level</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Performs inadequately in the competency/skill given current level of training and education. Requires more than routine supervision in carrying out basic tasks in this area.</td>
</tr>
<tr>
<td>2</td>
<td>Performs inconsistently in the competency/skill given current level of training and education. Requires more than routine supervision in carrying out basic tasks in this area.</td>
</tr>
<tr>
<td>3</td>
<td>Performs adequately in the competency/skill given current level of training and education. Requires routine supervision in this area.</td>
</tr>
<tr>
<td>4</td>
<td>Displays mastery of basic tasks in competency/skill. May spontaneously demonstrate advanced skill in this area. Requires routine supervision in this area.</td>
</tr>
<tr>
<td>5</td>
<td>Displays mastery of basic tasks in competency/skill. Frequently demonstrates independent initiation of advanced competency/skill in this area. Requires routine supervision in this area.</td>
</tr>
<tr>
<td>6</td>
<td>Performs at an advanced level in competency/skill given current level of training and education. Requires routine supervision in this area.</td>
</tr>
<tr>
<td>7</td>
<td>Performs at the independent practice level in this area and is capable of teaching others in this area. Performs without the general need for supervision, but consults when appropriate.</td>
</tr>
<tr>
<td>NA = Not applicable</td>
<td>The intern did not have the opportunity to demonstrate this competency or skill.</td>
</tr>
</tbody>
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### I. RELATIONSHIP COMPETENCY

Interns will develop and maintain effective ethical professional relationships. To this end the intern:

A. Can form a working alliance across contexts and roles

B. Has the ability to understand client communication in the moment from multiple perspectives (i.e., implicit and explicit meanings) and not just upon reflection

C. Has the ability to tolerate affect; stay with others’ pain

D. Understands contextual nature of relationships and can adjust relationships based on personality style, including recognition of autonomy and values differences of clients

E. Has the ability to interact with others with respect and appropriate assertiveness

F. Has the ability to manage conflict across a variety of professional relationships

G. Establishes collegial relationships with others of different orientations

**Site Supervisor Comments:**
*Please describe the student’s strengths and areas of additional supervision/mentoring needed.*

**Faculty Supervisor Comments:**
*Please describe the student’s strengths and areas of additional supervision/mentoring needed.*
### II. DIVERSITY COMPETENCY

Interns will competently conceptualize and deliver diagnostic and therapeutic services by demonstrating awareness of how clients’ diversity affects therapeutic relationships. To this end the intern:

<table>
<thead>
<tr>
<th></th>
<th>SITE Supervisor Rating</th>
<th>FACULTY Supervisor Rating</th>
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A. Demonstrates sensitivity to influence of ethnicity, religion, culture, age, gender, gender identity, socio-economic status, language, national origin, race, sexual orientation, and disability issues related to practice with clients of diverse backgrounds

B. Continually monitors one’s own biases on issues of diversity

C. Values differences among diverse groups of people

D. Understands how the impact of power, oppression and privilege evolves over time

E. Is able to critique and modify traditional models of intervention and assessment to best fit diverse client needs

F. Has advanced knowledge of culturally competent treatment approaches

G. Is open to discussing conflicts and personal impact of diversity issues with supervisors/colleagues

**Site Supervisor Comments:**  
*Please describe the student’s strengths and areas of additional supervision/mentoring needed.*

**Faculty Supervisor Comments:**  
*Please describe the student’s strengths and areas of additional supervision/mentoring needed.*

### III. ASSESSMENT COMPETENCY

Interns will provide assessment and diagnostic services in a professional and ethical manner. Interns will effectively assess and conceptualize the strengths and problems of clients and communicate findings effectively. To this end the intern:

<table>
<thead>
<tr>
<th></th>
<th>SITE Supervisor Rating</th>
<th>FACULTY Supervisor Rating</th>
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</table>

A. Has knowledge of a broad range of individual and system characteristics (e.g., diversity, psychopathology, biology, development, and social context) and how they impact case formulation, diagnosis and treatment planning

B. Is able to integrate information gained from interview, collateral sources, and test data for case formulation and diagnosis

C. Demonstrates advanced ability to generate differential diagnostic possibilities

D. Makes appropriate referrals, based on assessment outcome

E. Assesses potential dangerousness of client’s behavior to self and others and client’s vulnerability to abuse, neglect or harm from others

F. Is increasingly able to use critical thinking in evaluating multiple sources of data in order to prepare an integrative report and offer feedback

G. Is able to choose, administer, score and interpret tests appropriate to the referral question and with increasing autonomy

**Site Supervisor Comments:**  
*Please describe the student’s strengths and areas of additional supervision/mentoring needed.*

**Faculty Supervisor Comments:**  
*Please describe the student’s strengths and areas of additional supervision/mentoring needed.*
### IV. INTERVENTION COMPETENCY
Interns will demonstrate competent interventions consistent with current ethical, scientific, and professional guidelines that are (a) delivered from a specific or integrated theoretical and methodological orientation and (b) evaluated for effectiveness. To this end the intern:

<table>
<thead>
<tr>
<th></th>
<th>SITE Supervisor Rating</th>
<th>FACULTY Supervisor Rating</th>
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</thead>
<tbody>
<tr>
<td>A.</td>
<td>Has knowledge of the ways biopsychosocial history creates and maintains risk and protective factors involved in mental health across all populations, and is able prioritize factors that maintain presenting problems</td>
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<tr>
<td>B.</td>
<td>Applies advanced psychological theory to case formulation and treatment planning with clients</td>
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<td>C.</td>
<td>Is adept at engaging client in collaborating on treatment plan, changes to treatment plan or therapy process, and challenges to the treatment alliance</td>
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<td>D.</td>
<td>Has the ability to carry out complex interventions in the context of a working professional relationship</td>
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<tr>
<td>E.</td>
<td>Appreciates the empirical basis for clinical intervention; demonstrates a desire to integrate this knowledge and contribute to it</td>
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<tr>
<td>F.</td>
<td>Is aware of legal and ethical considerations in handling special situations (e.g., homicidality, suicidality, abuse, neglect, ethical challenges) and seeks supervision when appropriate</td>
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<tr>
<td>G.</td>
<td>Has knowledge of complex termination issues and interventions to address them</td>
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</table>

**Site Supervisor Comments:**
*Please describe the student’s strengths and areas of additional supervision/mentoring needed.*

**Faculty Supervisor Comments:**
*Please describe the student’s strengths and areas of additional supervision/mentoring needed.*

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### V. PROFESSIONAL DEVELOPMENT COMPETENCY
Interns will develop and demonstrate competent professional skills. To this end the intern:

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<thead>
<tr>
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<th>SITE Supervisor Rating</th>
<th>FACULTY Supervisor Rating</th>
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<tbody>
<tr>
<td>A.</td>
<td>Is able to integrate ethical and legal guidelines from various sources (e.g., APA, state board, various clinical settings)</td>
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<tr>
<td>B.</td>
<td>Demonstrates practice management skills in internship setting with occasional supervision</td>
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<tr>
<td>C.</td>
<td>Demonstrates an internalized sense of professional identity and outward professional demeanor</td>
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<tr>
<td>D.</td>
<td>Retains a client load sufficient to complete training requirement for direct contact hours</td>
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<tr>
<td>E.</td>
<td>Honors supervision time commitment</td>
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<tr>
<td>F.</td>
<td>Effectively utilizes clinical supervision</td>
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<tr>
<td>G.</td>
<td>Values ongoing consultation and guidance and appreciates value of being a supervisor or consultant to others</td>
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</tbody>
</table>

**Site Supervisor Comments:**
*Please describe the student’s strengths and areas of additional supervision/mentoring needed.*

**Faculty Supervisor Comments:**
*Please describe the student’s strengths and areas of additional supervision/mentoring needed.*
Signature Page

______________________________________________  __________________________  
SITE Supervisor Signature      Date

__________________________________________  
SITE Supervisor Printed Name

OR

SITE Supervisor Electronic Signature:  

__________________________________________  
Email address      Date

__________________________________________  
FACULTY Supervisor Signature      Date

__________________________________________  
FACULTY Supervisor Printed Name

__________________________________________  
MiSPPIC Director      Date
## APPENDIX II

**MiSPPIC CLINICAL HOURS TRAINING LOG**

**MISPPII Internship Hours**

This is an automated form. Please fill out electronically and save for your records. Totals will be calculated automatically.

Please obtain your site and faculty supervisors’ signatures and turn in a hard copy of this form to Sara Lenser. Fax copies will not be accepted.

| TYPE OF TRAINING                        | Sep | Oct | Nov | Sem 1 Total | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sem 1 Total | Sem 2 | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sem 2 Total | Sem 3 | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sem 3 Total |
|-----------------------------------------|-----|-----|-----|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------------|-------|-----|-----|-----|-----|-----|-----|-----|-----|------------|-------|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| Individual                              |     |     |     |             |     |     |     |     |     |     |     |     |     |     |             |       |     |     |     |     |     |     |     |     |             |       |     |     |     |     |     |     |     |     |             |
| Assessment                              |     |     |     |             |     |     |     |     |     |     |     |     |     |     |             |       |     |     |     |     |     |     |     |     |             |       |     |     |     |     |     |     |     |     |             |
| Marital/Family Therapy                  |     |     |     |             |     |     |     |     |     |     |     |     |     |     |             |       |     |     |     |     |     |     |     |     |             |       |     |     |     |     |     |     |     |     |             |
| Group Therapy                           |     |     |     |             |     |     |     |     |     |     |     |     |     |     |             |       |     |     |     |     |     |     |     |     |             |       |     |     |     |     |     |     |     |     |             |
| **TOTAL (face-to-face contact)**        |     |     |     |             | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |             |       |     |     |     |     |     |     |     |     |             |       |     |     |     |     |     |     |     |     |             |
| Documentation/Clinical Notes            |     |     |     |             | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |             |       |     |     |     |     |     |     |     |     |             |       |     |     |     |     |     |     |     |     |             |
| Supervision (Site & Faculty)           |     |     |     |             | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |             |       |     |     |     |     |     |     |     |     |             |       |     |     |     |     |     |     |     |     |             |
| Case Conferences                        |     |     |     |             | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |             |       |     |     |     |     |     |     |     |     |             |       |     |     |     |     |     |     |     |     |             |
| Other (i.e. Monthly Training Seminars)  |     |     |     |             | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |             |       |     |     |     |     |     |     |     |     |             |       |     |     |     |     |     |     |     |     |             |
| **TOTAL**                               |     |     |     |             | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |             |       |     |     |     |     |     |     |     |     |             |       |     |     |     |     |     |     |     |     |             |
| **MONTH/SEMESTER TOTALS**               |     |     |     |             | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |             |       |     |     |     |     |     |     |     |     |             |       |     |     |     |     |     |     |     |     |             |

Student Signature: ____________________________  Date: ___________

Site Supervisor Signature: ______________________  Date: ___________

Faculty Supervisor Signature: ____________________  Date: ___________

Please note: Semester-end hours cannot be changed once submitted and signed-off by your supervisors. Previous semester totals will be verified upon submission each semester. Inconsistencies will be addressed by the DCT.

8/18/15
APPENDIX III

TIME2TRACK DIRECTIONS

Instructions for Paid or Free Trial Time2Track Members:

- Click here: https://app.time2track.com/login
- Sign in using current login & password
- Once logged in, click "My Account"
- Change your School to "Michigan School of Professional Psychology: Clinical Psychology" (start typing in the box and a list of matching schools will appear). Your School must show "Michigan School of Professional Psychology: Clinical Psychology" EXACTLY or you will not be connected with your school's account.
- If you have not yet purchased a Time2Track subscription, just use the coupon code MISPP2015 when you make a purchase.

Instructions for New Time2Track Members:

- Click here: https://app.time2track.com/login
- Enter your information (make sure you select "Michigan School of Professional Psychology: Clinical Psychology" from the school list)
- Click "Next"
- Follow the prompts to select your plan and enter your payment information
- Use the coupon code MISPP2015 and make sure you click "Apply" before submitting your payment.