

## Indiana University School of Medicine Clinical Psychology Internship Program Brochure for Applicants for the 2025-2026 Training Year

Thank you for your interest in our Clinical Psychology Internship Program. For the 2025-2026 internship year, we will be offering ten positions: One position will be in the Autism Track, three positions in the Child/Pediatric Psychology Track, one in the Child/Autism Track, one in the Pediatric Neuropsychology Track, three in the Adult Health Psychology Track, and one in the Addictions Track.

**Please Note:** While we hope that major disruptions related to the COVID-19 pandemic are behind us, Psychology interns, like all Graduate Medical Education (GME) employees, are considered essential and could be asked to come in to provide care to patients during a stay-at-home order related to COVID-19 or any future pathogen. Covid vaccination is also required of all employees, including interns.

Applications for admission to our Psychology Internship Program will only be accepted from graduate students enrolled in APA Accredited Doctoral Programs in Clinical Psychology. It is expected that successful applicants will have completed at least three years of graduate training which has included formal educational and clinical experiences with assessment and intervention, as well as training and experience with research.

In order to be considered for admission to this program for the training year beginning July of 2025, you must submit your completed application via the APPIC Online Application Portal no later than **November 1st, 2024**. Please note that we will have six different match numbers: Autism Track (129413) Child/Pediatric Track (129414), Child/Autism Track (129416), Pediatric Neuropsychology Track (129412), Adult Health Psychology Track (129415), and Addictions Track (129417). Applicants may elect to apply to more than one track. **Please indicate which track(s) you would like to apply for in your cover letter.** We adhere to all APPIC Policies throughout the application and selection process.

In late November, you will be notified by email regarding whether or not you are being offered an interview. In the interest of promoting Diversity, Equity and Inclusion, all interviews will be virtual; there will be no option for in person interviews even for local applicants. We will invite approximately 90 applicants to participate in virtual interview days conducted via Zoom on one of three interview dates: Tuesday 1/7/25, Friday 1/10/25 or Wednesday 1/15/25. During the virtual interview days, applicants will receive an overview of the program and have opportunities for informal discussions with faculty and current interns. Each applicant will participate in at least two individual interviews with faculty members.

We look forward to reviewing your completed application through the APPIC Online Application Portal. If you have any questions, please do not hesitate to contact us.

Sincerely,

Ann Lagges, PhD, HSPP, ABPP

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The Clinical Psychology Internship Program at the Indiana University School of Medicine is accredited by the American Psychological Association.

For questions regarding the program's accreditation status please contact:

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## **TRAINING PROGRAM PHILOSOPHY**

The philosophy of the Psychology Internship program is consistent with the three missions of the Indiana University School of Medicine: Service, Education and Research. Our program is designed to train psychologists in Health Service Psychology who can make use of current research to implement evidence-based practice in a variety of clinical settings, and who will complete the program better prepared to conduct research that will be informed by experience in real-world clinical settings. Our program seeks applicants who have strong clinical training as well as a strong background in conducting and utilizing research. During their internship year, interns are provided with extensive opportunities to apply knowledge gained through research in assessment and intervention situations.

## **AIMS, COMPETENCIES, AND ELEMENTS**

### Program Aims:

To produce health service psychologists who adhere to the highest levels of ethical and professional behavior in all aspects of their work, and are:

1. Prepared for entry level practice and licensure
2. Able to provide quality, evidence-based assessment and treatment to patients across the lifespan, and from diverse backgrounds
3. Able to competently engage in aspects of practice outside direct care delivery such as supervision and research.

### Expected Competencies

#### Competency 1: Assessment

- Element 1: Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client/patient strengths and psychopathology.
- Element 2: Demonstrates understanding of human behavior within its context (e.g. family, social, societal and cultural)
- Element 3: Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- Element 4: Selects and applies assessment methods that draw from the best available empirical literature that reflects the science of measurement and psychometrics; collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Element 5: Interprets assessment results following current research and professional standards and guidelines to inform diagnostic classification, case conceptualization and treatment recommendations while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Element 6: Communicates the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

### Competency 2: Intervention

- Element 1: Establishes and maintains effective relationships with the recipients of psychological services.
- Element 2: Develops evidence-based intervention plans specific to the service delivery goals.
- Element 3: Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics and contextual variables.
- Element 4: Demonstrates the ability to apply the relevant research literature to clinical decision making.
- Element 5: Modifies and adapts evidence-based approaches effectively when a clear evidence base is lacking.
- Element 6: Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation.

### Competency 3: Individual and Cultural Diversity

- Element 1: Demonstrates understanding of how own personal/cultural history, attitudes and biases may affect own understanding of and interactions with people different from themselves.
- Element 2: Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation and service.
- Element 3: Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles including research, service and other professional activities.
- Element 4: Demonstrates the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of prior training.
- Element 5: Demonstrates ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

### Competency 4: Consultation and Interprofessional/Interdisciplinary Skills

- Element 1: Demonstrates knowledge and respect for the roles and perspectives of other professions.
- Element 2: Applies knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

### Competency 5: Supervision

- Element 1: Applies supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.
- Element 2: Applies the supervisory skill of observing in direct or simulated practice.
- Element 3: Applies the supervisory skill of evaluating in direct or simulated practice

Element 4: Applies the supervisory skills of giving guidance and feedback in direct or simulated practice

#### Competency 6: Research

Element 1: Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications).

Element 2: Disseminates research or other scholarly activities (e.g., case conference, presentation, publications at the local (including the host institution), regional, or national level.

#### Competency 7: Ethical and Legal Standards

Element 1: Demonstrates good knowledge of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct

Element 2: Demonstrates good knowledge of and acts in accordance with relevant laws, regulations, rules and policies governing health service psychology at the organizational, local, state, regional and federal levels.

Element 3: Demonstrates good knowledge of and acts in accordance with relevant professional standards and guidelines.

Element 4: Recognizes ethical dilemmas as they arise, and applies ethical decision making processes in order to resolve the dilemmas.

Element 5: Conducts self in an ethical manner in all professional activities.

#### Competency 8: Professional Values and Attitudes

Element 1: Behaves in ways that reflect the values and attitudes of psychology including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

Element 2: Engages in self-reflection regarding personal and professional functioning and engages in activities to maintain and improve performance, well-being and professional effectiveness.

Element 3: Actively seeks and demonstrates openness and responsiveness to feedback and supervision.

Element 4: Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

#### Competency 9: Communication and Interpersonal Skills

Element 1: Develops and maintains effective relationships with a wide range of individuals including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services

Element 2: Demonstrates a thorough grasp of professional language and concepts; produces, comprehends and engages in communications that are informative and well-integrated.

Element 3: Demonstrates effective interpersonal skills and the ability to manage difficult communication well.

## **TRAINING PROGRAM STRUCTURE**

The Indiana University School of Medicine Clinical Psychology Internship Program is located within the Division of Psychology, Department of Psychiatry. Training sites for the internship program include the Neuroscience Center (Goodman Hall), Indiana University Hospital and Clinics (IU Health Facility), Riley Hospital for Children (IU Health Facility), The Pediatric Care Center (Riley/IUHP Medical Office), IU Health Methodist Hospital (IU Health Facility), and IU Health North Clinic at Meridian Crossing. The sites provide interns with a variety of training experiences. All 34 psychologists identified as Training Supervisors have faculty appointments in the Division of Psychology, Department of Psychiatry and/or the Department of Neurology or Department of Pediatrics, are licensed to practice psychology in Indiana, and have endorsements in Indiana as Health Service Providers in Psychology (HSPP).

The Internship year is a full 12 months, beginning on the first working day of July and continuing through the last working day of the following June. **Please note: we are not able to accommodate a shortened training year for any reason.** The training year is structured into two, six-month core rotations (2-1/2 days per week) which are determined by track as described below. Please note: each track has a separate Match number.

- Autism Track (Match number 129413) (1 position): 2 Core rotations in Autism
- Child/Pediatric Psychology Track (Match number 129414) (3 positions): 2 of the following Core rotations: Child Outpatient, Pediatric Consultation Liaison, Pediatric Outpatient
- Child/Autism Track (Match number 129416) (1 position): 2 Core rotations in Child/Autism
- Pediatric Neuropsychology Track (Match Number 129412) (1 position): 2 Core rotations in Pediatric Neuropsychology
- Adult Health Psychology Track (Match number 129415) (3 positions): 2 of the following Core rotations (Adult Pain Clinic, Adult Outpatient Clinic, Adult Solid Organ Transplant, Adult Heart/Lung Transplant and Adult Sleep)
- Addictions (Match number 129417) (1 position) 2 Core rotations in Addictions

Interns will also complete two days of elective rotations per week during each of the six-month rotations. Specific elective rotations will be selected via post-match discussion between each intern and the training director taking into account each individual intern's interests and training goals. **Important note: Core rotations are guaranteed by track, but specific electives are not guaranteed. Elective rotations are all limited to the day(s) of the week in which each particular clinic occurs and by the number of interns each supervisor can train during each rotation.**

To ensure breadth of training, interns are expected to complete at least one core or elective rotation in a traditional psychology/mental health setting, and one core or elective in a behavioral medicine setting. They are also required to complete at least one core or elective rotation with an adult population, and at least one core or elective rotation with a child-adolescent population.

Please see the Rotations section of this brochure for full descriptions of core and elective rotations.

In addition to the core rotations and elective rotations, interns attend a series of weekly didactics presented on a wide variety of topics. These didactics take place on Fridays from 1:00 – 4:00PM.

All interns also attend Director's Conference weekly, just prior to didactics, on Fridays from 12:00-12:45PM. This is an opportunity for the interns to have regularly scheduled time with the Director of Training and/or the Assistant Directors of Training. Lunch is provided for this meeting.

Interns also attend the Psychiatry Department Grand Rounds on Fridays from 11:00AM – 12:00PM from September to May. Interns must attend at least 75% of the Grand Rounds or they will be asked to make up missing sessions by viewing recorded sessions.

Interns are given the opportunity to schedule four Quarterly Educational Seminars (QES). For each of these, interns are encouraged to develop full-day workshops, which need to include at least 6 hours of educational activity, in areas of interest specific to the intern class. The interns, coordinated by the Chief Intern, can select a topic from a list of available programs or create their own seminar. These seminars are to be conducted four times a year, once in each quarter of the academic year. QES dates will be pre-set for each academic year, but can be changed by the class if approved by the EC. One QES will be done in the memory of Dr. Robert Ten Eyck, who supervised interns for many years, and funds are available for food and other activities of a seminar.

Interns may also have the opportunity to attend a conference providing training in hypnosis via the Knarr Hypnosis training fund which can cover conference attendance fees as well as travel.

Finally, the Division of Psychology Continuing Education program offers a number of workshops during the year. If interns wish to attend any of these events, they may do so free of charge.



## ROTATIONS

### TRACKS AND CORE ROTATIONS

#### Adult Health Psychology Track

The Adult Health Psychology interns will each complete two of the following four Core rotations. Specific Core rotations will be selected after the Match with intern preference taken into account. Each rotation may only be able to accommodate one intern per rotation.

##### Adult Heart/Lung Transplant and Adult Sleep Rotation

Supervisor: Yelena Chernyak, PhD, HSPP

The goal of this core rotation is for interns to have a breadth of experience in providing health psychology services to adults in a variety of outpatient clinical treatment settings including cardiology and behavioral sleep medicine. The setting for this rotation is divided between the IU Health Adult Outpatient Psychiatry Clinic and Study Center at the IU Health Neuroscience Center and Methodist Hospital's Acute Heart and Lung Care Clinic. Specialized services provided include assessment, consultation, individual and group psychotherapy primarily utilizing CBT/ACT and other empirically supported interventions to deliver behavioral medicine, psychosocial support, coping skills building, symptom management, and behavioral modification. Interns will have the opportunity to work with a medically diverse clinical population experiencing acute and chronic medical conditions, provide consultation services, and interact with a multi-disciplinary medical team, and attend clinical case rounds in hospital-based clinics. All clinical settings have a teaching mission allowing interns to interact with residents and fellows from various departments. IUH is a tertiary care facility with nationally and internationally recognized programs in specialized medical care. Please note: the 2-1/2 days/week of this Core rotation must include a full day on Tuesdays (Adult Sleep Clinic) and a full day on a Monday or Thursday (Heart/Lung Clinic). Friday mornings will be primarily dedicated to case review, consultation and documentation time and may require being on site to collaborate with team members.

##### Adult Pain Clinic Rotation

Supervisors: Danielle Henderson, PhD, HSPP, Amanda Wakefield, Psy.D., HSPP

Interns will have the opportunity to gain a broad perspective on working with adult patients who have chronic pain. The intern will participate in group and individual therapy sessions within the interdisciplinary Pain Rehabilitation Program at IU Health, complete presurgical evaluations for pain interventions (e.g., spinal cord stimulators, intrathecal pain pumps), and participate in psychological evaluations through the Pain Navigation Service. Individual and group modalities will primarily utilize CBT and ACT along with other empirically supported treatments for chronic pain. Interns will have the opportunity to interact with providers from multiple specialty areas within pain management and shadowing opportunities with multiple pain specialties will be available based on intern preferences and provider availability. The 2-1/2 days/week of this Core rotation will include, a full day on Tuesdays (Pain Rehabilitation), a full day on Wednesdays (pre-surgical evaluations), and a half-day on Friday mornings to complete any needed paperwork and/or readings.

### Adult Outpatient and Post-ICU Recovery Clinic Rotation

Supervisors: Tori Powers, Ph.D., HSPP, Kendra Hinton-Froese, Ph.D., HSPP

The intern will see approximately five patients per day on each of two days per week in clinic with an additional ½ day on Friday mornings for paperwork. Interns will see patients in the Post-ICU Recovery Clinic (PIRC) on Wednesdays with Dr. Hinton-Froese and on Thursdays in the Adult Outpatient Clinic with Dr. Powers. The PIRC serves patients who have been hospitalized and are experiencing psychological sequelae after being discharged. Patients are hospitalized for a range of reasons such as a COVID-19 infection, sepsis, trauma, or respiratory failure. Interns rotating in this clinic may also have opportunities to diversify their caseload by treating patients who did not have an ICU stay but who are managing complex medical comorbidities. In both clinics interns will provide evidence-based psychotherapy (this includes conducting a clinical interview and diagnostic assessment) that has been individualized to each patient's needs. Interns will gain experience incorporating social factors (e.g., racism, sexism, loss of status, violence, disability, socioeconomic status) into their diagnostic assessments and in determining appropriate treatment goals. Interns will have the opportunity to provide care for patients with a variety of presenting concerns, including, but not limited to ADHD; adjustment disorder; anxiety disorders, bipolar and related disorders; depressive disorders; obsessive-compulsive and related disorders; and trauma-and stressor-related disorders. Interns will gain experience with a variety of modalities such as Acceptance and Commitment Therapy, Cognitive-Behavioral Therapy, and Dialectical Behavior Therapy skills, based on the patients' needs. A significant portion of the patients have a trauma history, and as such interns may gain experience with trauma-informed care and trauma-focused treatments such as Cognitive Processing Therapy and Prolonged Exposure. Interns may also gain experience consulting with multidisciplinary team members.

### Adult Solid Organ Transplant (Inpatient and Outpatient)

Supervisors: Rachel Holmes, PhD, HSPP, Anahli Patel, Psy.D., HSPP

Interns will have the opportunity to conduct diagnostic assessments, pre-transplant evaluations, post-transplant intervention, and provide consultation to different specialty medical teams in both an outpatient and inpatient hospital setting. There are also opportunities to participate in the transplant support groups and weekly transplant meetings for the liver, pancreas, kidney, and multi-visceral teams. The patient population is organ transplant candidates, recipients, and donors. Experience on this rotation will be partially determined by the intern's learning objectives and prior training experience. The two full days of this core rotation will be on Mondays, Wednesdays or Thursdays with Friday morning primarily reserved for paperwork, administrative tasks or reading.

## **Child/Pediatric Track**

The Child/Pediatric Track interns will each complete two of the following three core rotations.

### **Child and Adolescent Outpatient**

Supervisors: Bill Kronenberger, PhD, HSPP; Ann Lagges, PhD, HSPP, ABPP; Gabriela Rodriguez, Ph.D., HSPP, Allison Meyer, Ph.D., HSPP

The Child and Adolescent Psychiatry Clinic offers outpatient mental health services to families with children and adolescents under the age of 19. Families present to the clinic with a wide range of psychiatric and co-morbid medical conditions and often with complex social situations. The child outpatient rotation is divided among a number of the clinics that exist under the larger umbrella of this general clinic. Interns on this rotation will participate in a combination of the following tailored to meet their training goals: the pediatric testing clinic (full day on Thursdays – can only accommodate 1 intern per rotation), TAC (Tics, Anxiety and Compulsions) Clinic (full day Mondays or Wednesdays), and the Child and Adolescent ADHD/Disruptive Behavior Disorders Clinic (full day Wednesdays)

In all components of this rotation, the intern may have the opportunity to supervise a practicum student.

The pediatric testing clinic provides interns with experience providing intensive, full-day assessments to children and adolescents with complex issues involving cognitive abilities (approximately 90% of cases) and at times, issues involving personality/symptom assessment (approximately 10% of cases). The intern may be responsible for some test administration, but will most commonly provide supervised supervision to one or more practicum students administering tests, and will also engage in behavior observation and test interpretation.

In the Tics, Anxiety and Compulsions (TAC) clinic, interns will gain experience working with children, adolescents and their families presenting with primary diagnoses of OCD, Tourette's Disorder and other tic disorders, as well as other anxiety disorders including selective mutism. Treatment will include Exposure and Response Prevention (ERP) for OCD and Comprehensive Behavioral Intervention for Tourette's (CBIT) as well as other evidence-based interventions as appropriate. The clinic is multidisciplinary in nature which allows patients to receive therapy and medication management services at the same visit. On Mondays, the team, including psychologists, a psychiatrist, psychiatric fellows, psychology interns and psychology practicum students will meet prior to the afternoon clinic to discuss patients and engage in didactic activities.

The Child and Adolescent ADHD/Disruptive Behavior Disorders Clinic is a full day per week and occurs on Wednesdays. Interns will primarily gain experience in providing therapy, specifically evidence-based treatment of ADHD and disruptive behavior disorders. Patients present with primary diagnoses including ADHD and/or ODD. Patient ages typically range from 4 – 16 years. Treatment approach is most often behavioral parent training to manage disruptive behaviors, typically using the Modular Approach to Therapy for Children (MATCH-ADTC) manual. Given the presenting problems of many of our patients, collaboration with schools and primary care providers is common.

### Child and Adolescent Consultation Liaison Service

Supervisor: Katherine Schwartzkopf, Psy.D., HSPP

The Riley Psychiatry Consultation Liaison service offers inpatient mental health services hospital-wide. Consultation requests are received from various services including Hospitalist, Gastroenterology, Neurology, Hematology/Oncology, Rehabilitation, Pulmonology, Surgery, Developmental Pediatrics, Critical Care, Endocrinology, and Adolescent Medicine. Psychology interns will be involved in consultation requests involving diagnostic assessment, somatoform disorders, coping with chronic illness, safety evaluations related to suicidality/self-harm, pain management, adherence difficulties, behavioral interventions, and feeding issues. Interns will carry an average of 1-4 cases per day, including new initial assessments and follow-up therapeutic interventions. The CL team is a multidisciplinary team which includes psychologists, psychiatrists, and licensed clinical social workers. In addition, the intern will have the opportunity to work with administrative coordinators as well as psychiatry and triple board residents and medical students. Opportunities for research and supervision of medical students and psychology practicum students may be available. Please note: this rotation can likely only accommodate 1 intern per rotation (2 total). Additionally this rotation is 2.5 days per week and includes clinical work every Friday from 8/8:30-10:30am.

### Pediatric Outpatient

Supervisors: Elaine Gilbert, Psy.D., HSPP, Stephanie Hullmann, Ph.D., HSPP, Scott Wagoner, Ph.D., HSPP, Amy Williams, Ph.D., HSPP, ABPP

Interns on this rotation will participate in a combination of the following tailored to meet their training goals: The Pain Center Specialty Clinic, Pediatric Psycho-Oncology and The Pediatric GI Clinic. Please see the elective rotation descriptions for each of these clinics for more details. Friday mornings are generally paperwork/administrative time, but there is the possibility for clinical work if needed.

### Riley Pain Center Specialty Clinic

Supervisors: Amy Williams, Ph.D, HSPP, ABPP

This rotation is a full day per week on Tuesdays or Thursdays, and can accommodate up to two interns per day per rotation total (core plus elective). Interns will gain experience in assessment and treatment of pediatric patients with chronic pain who present to the Riley Pain Center. Treatment involves CBT for chronic pain (and other evidence based interventions) and exposure to biofeedback (may be limited due to continued virtual care). The pain center is an interdisciplinary treatment team comprised of pediatric anesthesiologists, a physician assistant, pediatric psychologists, a pediatric psychology fellow, and physical therapists. Interns may have the opportunity to gain experience in supervision of practicum students.

### Pediatric Psycho-Oncology

Supervisor: Stephanie Hullmann, PhD, HSPP

This rotation is one full day per week on Mondays or Tuesdays and can accommodate up to two interns per rotation (core and elective – one per day). Interns will have the opportunity to conduct intake assessments, psychotherapy, and consultations with children and adolescents with cancer and their

families. Interns may see patients in the outpatient Pediatric Hematology/Oncology clinic, infusion center, and/or inpatient medical unit at Riley. Presenting problems include: adjustment disorder, anxiety, depression, behavior problems, nonadherence, symptom management, and end-of-life issues. Treatment is primarily cognitive-behavioral. This rotation takes a developmental approach; initially, the intern will shadow the supervising psychologist and gradually gain more independence. There may also be opportunities to attend weekly interdisciplinary team meetings in which the interns may collaborate with Pediatric Hematology/Oncology medical and psychosocial staff.

### Pediatric GI Clinic

Supervisors: Elaine Gilbert, PsyD, HSPP, Scott Wagoner, Ph.D., HSPP

This rotation is available on Mondays, Tuesdays, Wednesdays and Thursdays with a maximum of 4 interns (core plus elective) per rotation. Interns may see patients in the outpatient Pediatric GI clinics at IU North, Meridian Crossing, or on the Riley campus at the Riley Outpatient Center or Pediatric Care Center. Interns will learn research informed care for children and adolescents referred by their GI physicians for a multitude of presenting concerns including nonadherence, coping with chronic medical conditions, disorders of the gut-brain interaction, pain management, encopresis, as well as comorbid attention deficit hyperactivity disorder, anxiety, and mood issues. Beyond outpatient care this rotation has the potential to involve trainees in integrated clinics including the Motility Clinic and Disorders of the Gut Brain Interaction clinic. Specialty skills that may be taught include brief assessment of patients with GI symptoms, CBT interventions for chronic medical conditions and pain management, as well as basic and advanced biofeedback skills.

### Child/Autism Track

Supervisors: Ann Lagges, Ph.D., HSPP, ABPP, Noha Minshawi, Ph.D., HSPP, Gabriela Rodriguez, Ph.D., HSPP.

The Child/Autism Track intern will spend 1-1/2 days per week for each of the 6-month rotations training with Dr. Minshawi in the Autism Spectrum and Developmental Disorders Clinic which is a comprehensive, hospital-based and university-affiliated treatment center engaging in clinical care, research, education and outreach activities in the state of Indiana. Friday mornings are typically paperwork/administrative time, but may also include group telesupervision. We are actively serving over 800 individuals with Autism Spectrum Disorders (ASD) and other neurodevelopmental disabilities (NDD) of all abilities and developmental levels. The Autism Spectrum and Developmental Disorders Clinic and our corresponding internship program is unique in that we provide both diagnostic evaluations and treatment services. Interns receive extensive training and supervision in both the assessment of ASD and other NDDs, as well behavioral interventions grounded in Applied Behavior Analysis and Cognitive Behavioral Therapy. Child/Autism Track interns will have exposure to all experiences in the Autism Track, but with less intensity due to more diverse experiences.

During Core rotation A, the intern will spend 1 day per week with Dr. Lagges (Mondays or Wednesdays) in the In the Tics, Anxiety and Compulsions (TAC) clinic. The intern will gain experience working with children, adolescents and their families presenting with primary diagnoses of OCD, Tourette's Disorder and other tic disorders, as well as other anxiety disorders including selective

mutism. Treatment will include Exposure and Response Prevention (ERP) for OCD and Comprehensive Behavioral Intervention for Tourette's (CBIT) as well as other evidence-based interventions as appropriate. The clinic is multidisciplinary in nature which allows patients to receive therapy and medication management services at the same visit. The team, including a psychologist, psychiatrist, psychiatric residents, psychology interns and psychology practicum students will meet prior to the afternoon clinic to discuss patients.

During Core rotation B, the intern will spend 1 day per week (Wednesdays) with Dr. Rodriguez in the Child and Adolescent ADHD/Disruptive Behavior Disorders Clinic. Interns will primarily gain experience in providing therapy, specifically evidence-based treatment of ADHD and disruptive behavior disorders. Patients present with primary diagnoses including ADHD and/or ODD. Patient ages typically range from 4 – 16 years. Treatment approach is most often behavioral parent training to manage disruptive behaviors, typically using the Modular Approach to Therapy for Children (MATCH-ADTC) manual. Given the presenting problems of many of our patients, collaboration with schools and primary care providers is common.

### **Pediatric Neuropsychology Track**

**Supervisors:** Liz Begyn, PhD, HSPP, ABPP-CN; Jana Chan, PhD, HSPP; Kathleen Kingery, PhD, HSPP; Sarah Koch, PhD, HSPP

**Other agency/institution supervisor:** Brenna McDonald, PsyD, HSPP, ABPP-CN

#### **Structure of Track:**

The pediatric neuropsychology track intern completes two 6-month core rotations in pediatric neuropsychology. This amounts to 50% of their overall training time in pediatric neuropsychology, consistent with the Taxonomy for Education and Training in Clinical Neuropsychology as well as the training guidelines provided by the Houston Conference to qualify as a Major Area of Study in neuropsychology. The overarching goal of this track is to prepare interns for a competitive post-doctoral fellowship in pediatric neuropsychology, future board certification in clinical neuropsychology, and leadership in the field. This is accomplished through a diverse range of clinical activities, supervision, and didactics.

#### **Outpatient Assessment:**

The Neuropsychology Intern receives advanced training in neuropsychological assessment of children and adolescents with medical conditions that carry associated cognitive sequelae. Our clinic is located in the Neuroscience Center and is the only pediatric neuropsychology service housed within an academic medical center in the state of Indiana. As such, patients seen in our clinic are required to have a documented medical history with implications for neurological and cognitive development. Patients range in age but are typically between 4-18. Common populations include brain tumor, leukemia, epilepsy, concussion, moderate-severe traumatic brain injury, brain infection, myelomeningocele, cardiac disease, sickle cell disease, and genetic syndromes.

Evaluations are conducted in a same-day model, with interview, testing, supervision, case conceptualization, and feedback happening in the same day-long appointment. The Neuropsychology Intern participates in every aspect of the evaluation, with increasing independence over time. In

preparation for fellowship and eventual independent practice, the goal is for the Neuropsychology Intern to take the clinical lead in two outpatient cases per week. We employ 5 full-time technicians who provide testing/scoring support to meet this goal. Our service utilizes a standardized report format with approximately 5-6 pages of text followed by a score table appendix.

### **Multidisciplinary Clinical Activities:**

#### Outpatient Medical Clinic Consultation-Liaison

Outpatient medical clinics provide multidisciplinary care at Riley Hospital for Children at IU Health. The Neuropsychology Intern provides year-long consultation services in the Neuro-Oncology Multidisciplinary Clinic at Riley Hospital for Children. This clinic provides interdisciplinary care to medically and psychosocially complex brain tumor patients. The Neuropsychology Intern is also provided with preferential consideration for the 6-month elective rotation in Inpatient/Outpatient Rehabilitation, which includes clinical consultation in the TBI Clinic as well as the Spina Bifida Clinic (see description).

#### Multidisciplinary Team Conferences/Boards

The Neuropsychology Intern is invited to participate in Tumor Board and Epilepsy Surgery Conference. The Tumor Board team includes neuro-oncology, radiology, neurosurgery, and neuropsychology. Tumor Board meets weekly to confer on diagnosis and treatment approaches for pediatric brain tumor patients. The Epilepsy Surgery Conference team includes neurology, radiology, neurosurgery, and neuropsychology. Epilepsy Surgery Conference occurs bimonthly to confer on a surgical plan for pediatric patients with intractable epilepsy.

#### Inpatient Consultation

The Neuropsychology Intern provides year-long consultation on the inpatient rehabilitation unit at Riley Hospital for Children. Consultation activities include providing psychoeducation on brain injury, conducting abbreviated bedside evaluations prior to discharge, and coordinating on a plan of care for discharge through school re-entry meetings and interdisciplinary consultation. Typical patient populations seen on the inpatient rehabilitation unit include severe traumatic brain injury, anoxic/hypoxic brain injury, stroke, brain tumor, meningitis/encephalitis, and non-accidental trauma.

### **Emerging Specialization:**

The goal of internship is to provide breadth training and strengthen the foundation in general practice in pediatric neuropsychology. Through outpatient evaluation and the ancillary clinical activities included in this track, the Neuropsychology Intern will also gain emerging specialization with three populations: neuro-oncology, epilepsy surgery, and inpatient rehabilitation.

### **Supervision and Didactics:**

Individual supervision is provided by the pediatric neuropsychology faculty listed above. Group supervision occurs weekly for inpatient rehabilitation activities and includes learners at all stages from various disciplines, including psychology. Group supervision is also provided for Tumor Board, Epilepsy Surgery Conference, and Multidisciplinary Neuro-Oncology Clinic. In addition to receiving supervision, the Neuropsychology Intern may have opportunities to provide supervision of junior trainees in a vertical model.

Didactics specific to pediatric neuropsychology occur bi-monthly. There is a faculty-led didactic component where topics relevant to the practice of pediatric neuropsychology are formally presented and discussed. There is also a case conference/group supervision component where specific cases are presented to discuss clinical, professional, and ethical issues. Through this didactic, the Neuropsychology Intern also practices ABPP-style fact findings.

**Diversity and Inclusion:**

Our service is committed to the principles of diversity, equity, inclusion, and justice. The Neuropsychology Intern is invited to participate in our section's Cultural Humility Seminar, which is a monthly journal club and didactic presentation in DEIJ issues that are specific to the assessment and the field of neuropsychology. The Neuropsychology Intern is also invited to be a member of the DEIJ Committee of the Section of Neurology and contribute to their monthly newsletter.

**Research:**

The focus of research efforts during internship should be on dissertation completion and defense. If the Neuropsychology Intern has additional bandwidth, they may elect to contribute to ongoing research projects helmed by faculty or post-doctoral fellows. Other research activities embedded within the track include literature searches conducted in preparation for clinical case supervision or case presentations and opportunities to co-review journal articles submitted for publication.

**Autism Track**

The Autism Track intern will complete two core rotations in the Autism Spectrum and Developmental Disorders Clinic.

Supervisor: Noha Minshawi, PhD, HSPP

The Autism Spectrum and Developmental Disorders Clinic is a comprehensive, hospital-based and university-affiliated treatment center engaging in clinical care, research, education and outreach activities in the state of Indiana. We are actively serving over 800 individuals with Autism Spectrum Disorders (ASD) and other neurodevelopmental disabilities (NDD) of all abilities and developmental levels. The Autism Spectrum and Developmental Disorders Clinic and our corresponding internship program is unique in that we provide both diagnostic evaluations and treatment services. Interns receive extensive training and supervision in both the assessment of ASD and other NDDs, as well behavioral interventions grounded in Applied Behavior Analysis and Cognitive Behavioral Therapy. Interns will spend two full days in clinic per week; Friday mornings are typically paperwork/administrative time, but may also include group telesupervision.

**Who We Serve:** The Autism Spectrum and Developmental Disorders Clinic serves individuals from birth through early adulthood. Our primary referral concerns are: language delay, aggression, tantrums, self-injury, social skill deficits, oppositional behavior, anxiety, depression, and adaptive skills deficits (i.e., toileting). Our patients often have complicated presentations that include genetic syndromes (e.g., Fragile X, Down's Syndrome, Angelman's Syndrome) and medical complications (e.g., feeding disorders, childhood cancer, seizure disorders, mitochondrial disorders).



**Services We Provide:** The Autism Spectrum and Developmental Disorders Clinic provides families with comprehensive evaluations and ongoing clinical care for interfering behavior problems and skill deficits. We receive referrals from across the state and surrounding states for our complex diagnostic decision making and behavioral and medical treatment expertise. Services we provide include:

**Diagnostic Assessments** – determine appropriate diagnoses and assess for ASD. Evaluation includes a semi-structured caregiver interview and child observation. Feedback, diagnosis and treatment recommendations are provided and family is connected to local supports and resources.

**Comprehensive Evaluation** – when additional information is needed, formal testing completed to assess ASD, ID, and other diagnoses. Includes ADOS, behavior rating scales, cognitive assessments, and assessment of adaptive skills.

**ABA-Based Parent Management Training** – address behavior problems and skill deficits through Applied Behavior Analysis-based parent training. This include antecedent interventions (e.g., visual supports, schedule changes), function-based consequences (e.g., planned ignoring, differential attention, positive reinforcement) and teaching replacement skills (e.g., functional communication, coping skills)

**Individual Cognitive Behavioral Therapy** – address co-morbid diagnoses (e.g., anxiety, depression) in higher functioning individuals with ASD. Basic CBT is modified to meet the individual’s needs, drawing from a number of interventions such as Facing our Fears and ZONES of Regulation.

**Medication Management** – psychiatrists and psychiatry residents manage behavior problems through psychotropic medications

**Intern Responsibilities:** Interns receive intensive training in both assessment and treatment of ASD and NDDs. Including:

**Intern Time Breakdown:**

- **2.5 days per week for 12-months in the CSATC, 2 days per week in elective rotations, 0.5 days per week in didactics**
- **Average of 2 diagnostic assessments and 1 comprehensive assessment per week**
- **Average of 5 therapy patient slots per week (average caseload of 12-15 therapy patients at a time)**

**Behavioral Treatment Services:**

- Applied Behavior Analysis (ABA) focused interventions, including RUBI Parent Training protocol
- Lead individual parent training
- Conduct individual therapy using modified Cognitive Behavioral Therapy techniques
- Treatment planning focused on antecedent, behavior, and consequence

**Assessment Services:**

- Conduct diagnostic interviews & observations

- Consider differential diagnoses (e.g., ADHD, disruptive behaviors, Intellectual Disability)
- Complete comprehensive evaluations (e.g., IQ testing, adaptive skills, structured interviews)

**Additional Intern Opportunities:** In addition to the above experiences, the intern in the Autism Track will also receive Crisis Prevention Intervention Training, ADOS-2 training through an ADOS-2 Clinical Workshop, exposure to the ADOS-2 administrations and scoring, and the opportunity to do case presentations. There is also opportunities for Interns to advance their scholarly development within the Autism Track through optional work on case studies, chart reviews, journal reviews, book chapter and manuscript preparation, as well as poster presentations at regional and national conferences. The CSATC also provides a one-year Post-Doctoral Fellowship in Autism. This fellowship program includes extensive standardized testing experience with ADOS-2 clinical reliability, behavioral interventions and parent training, contact hours and supervision necessary for licensure, and the opportunity to supervise practicum students and interns.

### Addictions Track

Supervisors: Zack Adams, Ph.D., HSPP, Amanda Broderick, Ph.D., HSPP, Allyson Dir, Ph.D., HSPP

While more than 40 million people in the U.S. had a substance use disorder (SUD) in the last year, only 10% of people with SUDs received any substance use treatment. One barrier to care is a lack of providers with specialized training in clinical management of SUDs and related disorders. Therefore, the primary goal of the Addiction core rotation is to train psychology interns in best practice, evidence-based practices for assessment and treatment of substance use and SUDs in adolescents and adults.

Interns in the Addiction track will complete two core rotations in adolescent and adult substance use clinical service settings (i.e., 2.5 days per week for 12 months). Tuesday and Thursdays will be full days in person in clinic and Friday mornings will typically be time for paperwork, administrative tasks or work on scholarly products, but may at times be used for rescheduled supervision or a virtual patient visit. The balance of time between the adolescent and adult services will be determined based on intern goals and preferences, as well as supervisor capacity within each of the clinics over the training year. Opportunities for scholarly work such as case studies, journal reviews, and manuscript preparation are also available and interns will be invited to participate in pertinent campus and departmental learning series (e.g., Addiction Psychiatry Symposium).

**Adolescent Services.** The primary site for work with adolescents and families will be the Adolescent Dual Diagnosis Clinic in the Riley Child & Adolescent Outpatient Psychiatry Clinic. Interns will join an established treatment team and gain experience working with adolescents and their families in the evaluation and treatment of co-occurring substance use and mental health disorders. Interns will be trained in delivery of ENCOMPASS, an integrated, evidence-based treatment model that involves standardized diagnostic assessment, motivational interviewing (MI), cognitive behavioral therapy (CBT), contingency management and family sessions. Interns also will be trained in brief interventions for mild to moderate substance use. Youth receive both therapy and medication management through this clinic, and interns will have opportunities to interact and coordinate care with an interdisciplinary team of psychiatrists, psychologists, nurse practitioners, social workers, psychiatric residents, graduate

students, and medical students in this rotation. Interns will attend team meetings and weekly supervision.

**Adult Services.** The primary sites for work with adults in this rotation will be the Addiction Treatment & Recovery Center at IU Health Methodist Hospital and the Outpatient Addictions Clinic at Goodman Hall. Interns will gain experience in conducting substance use assessments for adults and determining appropriate level of care, as well as in delivering group and individual therapy to adults with a range of substance use disorders and across varying levels of severity. In addition to training in evidence-based practice for substance use treatment, individuals will also gain experience in working with a multidisciplinary team in a hospital-based setting and outpatient clinic. Interns will attend team meetings and weekly supervision.

## ELECTIVE ROTATIONS

### Adult Outpatient

Supervisors: Kendra Hinton-Froese PhD, HSPP, Tori Powers, Ph.D., HSPP

This rotation is available for up to two interns per rotation (Core plus elective) on Wednesdays with Dr. Hinton-Froese and Thursdays with Dr. Powers. Please note: Dr. Hinton-Froese can only accommodate two interns total per rotation on Wednesdays across this and the Post-ICU Recovery Clinic. Interns will provide evidence-based psychotherapy (this includes conducting a clinical interview and diagnostic assessment) that has been individualized to each patient's needs. Interns will gain experience incorporating social factors (e.g., racism, sexism, loss of status, violence, disability, socioeconomic status) into their diagnostic assessments and in determining appropriate treatment goals. Interns will have the opportunity to provide care for patients with a variety of presenting concerns, including, but not limited to ADHD; adjustment disorder; anxiety disorders, bipolar and related disorders; depressive disorders; obsessive-compulsive and related disorders; and trauma-and stressor-related disorders. Many patients' presentations are complex. Interns will gain experience with a variety of modalities such as Acceptance and Commitment Therapy, Cognitive-Behavioral therapy, and Dialectical Behavior Therapy skills, based on the patients' needs. A significant portion of the patients have a trauma history, and as such interns may gain experience with trauma-informed care and trauma-focused treatments such as Cognitive Processing Therapy and Prolonged Exposure. Many of the patients also present with medical comorbidities, and interns may have the opportunity to treat patients with post-intensive care syndrome (PICS). For the PICS patients there may be opportunities to participate in multidisciplinary team meetings to coordinate patient care and a monthly support group.

### Post-ICU Recovery Clinic

Supervisor: Kendra Hinton-Froese PhD, HSPP

This rotation is available for up to two interns per rotation on Wednesdays. Please note: Dr. Hinton-Froese can only accommodate two interns total per rotation on Wednesdays across this and the Adult Outpatient Clinic. The PIRC serves patients who have been hospitalized and are experiencing psychological sequelae after being discharged. Patients are hospitalized for a range of reasons such as a COVID-19 infection, sepsis, trauma, or respiratory failure. Interns rotating in this clinic may also have opportunities to diversify their caseload by treating patients who did not have an ICU stay but who are managing complex medical comorbidities. Interns will provide evidence-based psychotherapy (this includes conducting a clinical interview and diagnostic assessment) that has been individualized to each patient's needs. Interns will gain experience incorporating social factors (e.g., racism, sexism, loss of status, violence, disability, socioeconomic status) into their diagnostic assessments and in determining appropriate treatment goals. Interns will have the opportunity to provide care for patients with a variety of presenting concerns, including, but not limited to ADHD; adjustment disorder; anxiety disorders, bipolar and related disorders; depressive disorders; obsessive-compulsive and related disorders; and trauma-and stressor-related disorders. Interns will gain experience with a variety of modalities such as Acceptance and Commitment Therapy, Cognitive-Behavioral Therapy, and Dialectical Behavior Therapy skills, based on the patients' needs. A significant portion of the patients have a trauma history, and as such interns may gain experience with trauma-informed care and trauma-focused treatments such as Cognitive Processing Therapy and Prolonged Exposure. Interns may also gain experience consulting with multidisciplinary team members.

### Adult Behavioral Sleep Medicine

Supervisor: Yelena Chernyak, PhD, HSPP

This rotation is a full day per week and is available only on Tuesdays and can accommodate up to two interns as an elective per rotation. The intern will participate in an adult behavioral sleep medicine clinic in the IU Health Adult Outpatient Psychiatry Clinic in collaboration with the IU Sleep Disorders Center the under supervision of a psychologist with board certification in behavioral sleep medicine. The intern will provide assessment and treatment services to adults ages 18+ for sleep related presenting problems including insomnia, hypersomnia, circadian rhythm disorders, narcolepsy, anxiety disorders, and noncompliance with medical treatments such as CPAP for sleep apnea as well as possible coexisting psychiatric disorders. Skills training, education, and structured learning experiences (e.g. readings, webinars) will be provided to develop skills and knowledge in behavioral sleep medicine respective to intern experience. Initially the intern will shadow the supervising psychologist and then gradually provide more services independently. Treatments are typically short-term (4-8 sessions), are highly focused and specific to sleep problems, and have a strong basis in cognitive-behavioral psychology. Previous experience in behavioral sleep medicine is desirable but not required.

### Adult Solid Organ Transplant (Inpatient and Outpatient)

Supervisors: Rachel Holmes, PhD, HSPP, Anahli Patel, Psy.D., HSPP

This rotation is one full day per week on Mondays, Wednesdays or Thursdays and can accommodate up to three interns per rotation if another intern has not elected this rotation as a Core; if an intern has elected this as a Core, it will be available to one additional intern as an elective. Interns will have the opportunity to conduct diagnostic assessments, pre-transplant evaluations, post-transplant intervention, and provide consultation to different specialty medical teams in both an outpatient and inpatient hospital setting. There are also opportunities to participate in the transplant support groups and weekly transplant meetings for the liver, pancreas, kidney, and multi-visceral teams. The patient population is organ transplant candidates, recipients, and donors. Experience on this rotation will be partially determined by the intern's learning objectives and prior training experience.

### Traumatic Stress Clinic

Supervisor: Michelle L. Miller, PhD, HSPP

In the Traumatic Stress Clinic rotation, interns will first be trained in the delivery of evidence-based treatments for treatment of posttraumatic stress disorder (PTSD), specifically Cognitive Processing Therapy (CPT) and Narrative Exposure Therapy (NET); trainees will also receive an overview of Prolonged Exposure (PE) and Acceptance and Commitment Therapy (ACT) for PTSD. Participants will be trained in how to assess PTSD through use of the CAPS-5 and PCL-5. Interns will have the opportunity to receive training and clinical hours in the assessment and treatment of perinatal traumatic stress, which targets PTSD symptoms (and associated mental health sequelae) during pregnancy and the first two years postpartum. Interns will see outpatient PTSD cases through Goodman Hall using a variety of modalities as well as will conduct brief NET with pregnant and postpartum women. Skills training and ongoing learning experiences (e.g. readings, webinars) will be provided and matched on level of intern experience. Interns will attend weekly individual supervision sessions as well as group

supervision with advanced practicum students; opportunities for conducting supervision available. Opportunities for scholarly work (e.g., scholarly articles for publication, submitting abstracts for conferences) may also be available. This rotation is available on Tuesdays and Thursdays for up to 1 intern per day per rotation.

#### Adult Pain Intervention

Supervisors: Lindsay Flegge, Ph.D., HSPP, Amanda Wakefield, Psy.D., HSPP

Interns will gain pain psychology experience working and consulting on a multidisciplinary team in a specialty clinic performing evaluations, along with individual and group therapy. Interns will experience evaluations and interventions as part of IU Health's Pain Rehabilitation Program, Pain Navigation Service, and Pain Psychology clinic. Interns will learn how to conduct intake assessments and intervention planning for patients with chronic pain and other health concerns, including clinical interview and administering self-report objective questionnaires, and identify which pain psychology intervention is most appropriate. Interns will become proficient in using CBT-CP interventions; additional opportunities may include exposure to specialty pain-focused interventions, including Acceptance and Commitment Therapy (ACT), Empowered Relief™, hypnotherapy, Emotional Awareness and Expression Therapy (EAET), and biofeedback interventions for adults with chronic pain. Interns will develop skills in performing both in-personal and virtual interventions. This rotation can accommodate one intern per rotation on Thursdays with Dr. Flegge and 1 intern on Thursdays with Dr. Wakefield.

#### Pediatric Psychology Testing Clinic

Please note: Please note, this rotation is an option as part of the Child/Pediatric Track Child Outpatient Core Rotation, and is only available to one intern per rotation; this means that if it is elected as part of that core rotation by two Child/Pediatric Track interns, it will not be available as an elective.

Supervisor: Bill Kronenberger, PhD, HSPP

This rotation is a full day per week, and is only available on Thursdays; this rotation can accommodate one intern per rotation including Child-Pediatric Track interns who elect this as part of a core rotation and so may not be available as an elective to interns from other tracks. Psychological testing is conducted two or three days per month, with one patient per day. Contact hours average 6-8 hours per child. Approximately 90% of testing cases involve evaluation of cognitive abilities (intelligence, achievement, memory, executive functioning, etc.), and 10% of testing cases involve personality testing (projective and/or objective). The other one or two days per month are used for didactics, additional supervision, learning new tests, test interpretation, and review of results. The intern is responsible for some test administration but will primarily provide supervised supervision of a graduate student administering tests, behavior observation, and test interpretation; there is no report-writing. Supervision is provided by live observation of test administration, individual meetings focusing on test interpretation, and didactics covering major topics.

### Child and Adolescent Tics, Anxiety and Compulsions (TAC) Clinic

Please note: This rotation is an option as part of the Child/Pediatric Track Child Outpatient Core Rotation, and is part of Core Rotation A for the Child/Autism Track Intern

Supervisors: Ann Lagges, PhD, HSPP, ABPP, Allison Meyer, Ph.D., HSPP

This rotation is a full day per week and occurs on Mondays with Dr. Lagges or Dr. Meyer and Wednesdays with Dr. Lagges. The rotation can accommodate up to 4 interns total (core plus elective) on Mondays, and 3 on Wednesdays during each rotation. Interns will gain experience working with children, adolescents and their families presenting with primary diagnoses of OCD, Tourette's Disorder and other tic disorders, as well as other anxiety disorders. Treatment will include ERP for OCD and Comprehensive Behavioral Intervention for Tourette's (CBIT) as well as other evidence-based interventions as appropriate. The clinic is multidisciplinary in nature which allows patients to receive therapy and medication management services at the same visit. The team, including a psychologist, psychiatrist, psychiatric residents, psychology interns and psychology practicum students will meet prior to the afternoon clinic on Mondays to discuss patients and engage in didactic activities with interns having the opportunity to present. Interns will most likely have the opportunity to assist in supervision of practicum students.

### Child and Adolescent ADHD/Disruptive Behavior Disorders Clinic

Please note: This rotation is an option as part of the Child/Pediatric Track Child Outpatient Core Rotation, and is part of Core Rotation B for the Child/Autism Track Intern

Supervisor: Gabriela Rodríguez, PhD, HSPP

The Child and Adolescent ADHD/Disruptive Behavior Disorders Clinic is a full day per week, occurs on Wednesdays and can accommodate up to two interns total (core plus elective) per rotation. Interns will primarily gain experience in providing therapy, specifically evidence-based treatment of ADHD and disruptive behavior disorders. Patients present with primary diagnoses including ADHD and/or ODD as well as comorbid diagnoses including depressive disorders and anxiety disorders. Patient ages typically range from 4 – 16 years. Treatment approach is most often behavioral parent training to manage disruptive behaviors and cognitive-behavioral therapy to manage comorbid disorders, typically using the Modular Approach to Therapy for Children (MATCH-ADTC) manual. Given the presenting problems of many of our patients, collaboration with schools and primary care providers is common.

### Child and Adolescent Traumatic Stress and Resilience Rotation

Supervisor: Amanda Broderick, PhD, HSPP

This rotation occurs on Mondays and can accommodate one intern per rotation. In this rotation, interns will provide evidence-based treatments for youth (ages 5-17) who have experienced trauma and exhibit posttraumatic stress symptoms. Interns will develop skills in differential diagnosis, selection and administration of trauma and symptom assessments (e.g., CPSS-5), case conceptualization, providing treatment recommendations for complex cases, and delivery of evidence-based trauma treatments. Interns will be trained in Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) and will learn how to deliver treatments to a wide range of family configurations. There may be opportunities to learn additional modalities for cases in which TF-CBT is not indicated. Interns will also gain an understanding

of the child welfare system within the state of Indiana. Interns will receive weekly individual supervision and may participate in supervised supervision of practicum students.

#### Early Childhood Clinic

Supervisor: Melissa Hord, PhD, HSPP

This rotation is a full day per week and occurs on Tuesdays or Wednesdays with Dr. Hord; the rotation can accommodate 1 intern on each day during each rotation. Patients typically consist of young children (ages 2-8) who are struggling with anxiety, behavioral challenges, feeding/eating difficulties, voiding issues, or a combination of these problems. Treatment emphasizes parenting skills training and live coaching of parent-child interactions, as informed by Parent-Child Interaction Therapy (PCIT), a gold standard, empirically supported treatment for disruptive behavior. The Early Childhood Clinic uses PCIT as a foundation for several treatments for a broad range of early childhood anxiety and behavioral disorders. Interns will learn the PCIT protocol and develop skills for coaching caregivers and coding both verbal and behavioral interactions that occur during sessions. Due to the length of internship rotations, interns will not be certified in PCIT; however, they will learn skills useful for all clinicians who work with children and how to apply those within the clinical setting. In addition, interns will gain experience with PCIT that will help them understand if certification is a step they wish to pursue as well as an understanding of the certification process and steps they can take to become certified.

#### Riley Pain Center Specialty Clinic

Please note: This rotation is an option as part of the Child/Pediatric Track Pediatric Outpatient Core Rotation

Supervisor: Amy Williams, Ph.D, HSPP, ABPP

This rotation is a full day per week on Tuesdays or Thursdays, and can accommodate up to two interns per day per rotation total (core plus elective). Interns will gain experience in assessment and treatment of pediatric patients with chronic pain who present to the Riley Pain Center. Treatment involves CBT for chronic pain (and other evidence based interventions) and exposure to biofeedback (may be limited due to continued virtual care). The pain center is an interdisciplinary treatment team comprised of pediatric anesthesiologists, a physician assistant, pediatric psychologists, a pediatric psychology fellow, and physical therapists. Interns may have the opportunity to gain experience in supervision of practicum students.

#### Pediatric Behavioral Sleep Medicine

Supervisor: Kate Lyn Walsh, Psy.D., HSPP

This rotation is offered on Thursdays at IUH North in Carmel and can accommodate one intern per rotation. A ½ day clinic on Tuesday mornings may also be possible, for 1 intern per rotation, but would include only telehealth patients and utilize telesupervision. The intern will participate in pediatric behavioral sleep medicine clinics conducted through the Section of Pulmonology, Allergy, and Sleep Medicine in the Department of Pediatrics. Under the supervision of a licensed psychologist and in collaboration with several sleep physicians, they will provide assessment and treatment services for youth ages 0-18 presenting with sleep problems. Initially the intern will shadow the supervising



psychologist and then gradually provide more services independently. The intern may also make follow-up phone calls to families to discuss treatment progress and engage in structured learning experiences (e.g. webinars, readings) to develop skills and knowledge in behavioral sleep. During the second half of the rotation, the intern will take the lead conducting co-therapy with patients. Treatments are typically short-term (2-4 sessions), are highly focused and specific to sleep problems, and have a strong basis in cognitive-behavioral psychology. While the most frequent presenting complaint will be insomnia, treatment will also address problems such as nightmares, circadian rhythm disorders, hypersomnias, and adherence to PAP therapy for sleep apnea. In addition to developing a strong foundation and understanding of normal sleep and behavioral sleep medicine treatments, the intern will gain familiarity with actigraphy as a clinical assessment tool, observe part of an overnight polysomnogram, shadow a sleep physician in clinic, and learn to screen for medical sleep disorders. The training experience further includes opportunities to work with infants and toddlers. Previous experience in behavioral sleep medicine is desirable but not required.

### Pediatric Psycho-Oncology

Supervisor: Stephanie Hullmann, PhD, HSPP

Please note: This rotation is an option as part of the Child/Pediatric Track Pediatric Outpatient Core Rotation

This rotation is one full day per week on Mondays or Tuesdays and can accommodate up to two interns per rotation (core and elective). Interns will have the opportunity to conduct intake assessments, psychotherapy, and consultations with children and adolescents with cancer and their families. Interns may see patients in the outpatient Pediatric Hematology/Oncology clinic, infusion center, and/or inpatient medical unit at Riley. Presenting problems include: adjustment disorder, anxiety, depression, behavior problems, nonadherence, symptom management, and end-of-life issues. Treatment is primarily cognitive-behavioral. This rotation takes a developmental approach; initially, the intern will shadow the supervising psychologist and gradually gain more independence. There may also be opportunities to attend weekly interdisciplinary team meetings in which the interns may collaborate with Pediatric Hematology/Oncology medical and psychosocial staff.

### Pediatric Gender Health

Supervisor: Kelly Donahue, PhD, HSPP

This rotation occurs on Wednesdays in the Pediatric Care Center and can accommodate one intern per rotation. The intern will participate in clinical care provided as part of the Riley Gender Health Program, conducted through the Department of Pediatrics in the Division of Adolescent Medicine. The adolescent medicine clinic is located in the Pediatric Care Center. Interns will receive supervision in the provision of gender-affirming care for transgender and gender-expansive youth and young adults. Primary focus is on conducting initial assessments for new patients, providing ongoing psychological support as patients explore their gender identity or pursue gender-affirming social or medical transition, and providing psychoeducation to families and addressing caregiver concerns or misperceptions about their child's gender identity and associated goals.

### Pediatric GI Clinic

Please note: This rotation is an option as part of the Child/Pediatric Track Pediatric Outpatient Core Rotation and Elective Rotation

Supervisors: Elaine Gilbert, PsyD, HSPP, Scott Wagoner, Ph.D., HSPP

This rotation is available on Mondays, Tuesdays, Wednesdays, and Thursdays with a maximum of 4 interns (core plus elective) per rotation. Interns may see patients in the outpatient Pediatric GI clinics at IU North, Meridian Crossing, or on the Riley campus at the Riley Outpatient Center or Pediatric Care Center. Interns will learn research informed care for children and adolescents referred by their GI physicians for a multitude of presenting concerns including nonadherence, coping with chronic medical conditions, disorders of the gut-brain interaction, pain management, encopresis, as well as comorbid attention deficit hyperactivity disorder, anxiety, and mood issues. Beyond outpatient care this rotation has the potential to involve trainees in integrated clinics including the Motility Clinic and Disorders of the Gut Brain Interaction clinic. Specialty skills that may be taught include brief assessment of patients with GI symptoms, CBT interventions for chronic medical conditions and pain management, as well as basic and advanced biofeedback skills.

### Pediatric Sickle Cell Disease

Supervisor: Julia LaMotte, PhD HSPP

The intern will participate in a full-day rotation (Thursday) in the pediatric comprehensive Sickle Cell Disease (SCD). The rotation can accommodate 1 intern per rotation. Interns will gain experience providing brief interventions in the context of an interdisciplinary outpatient medical clinic for youth ages 0-22. Presenting problems include coping with medical condition, pain, challenges adhering to the medical regimen, internalizing symptoms, developmental delays, sleep hygiene, behavior problems, and executive functioning concerns. Interns will learn how to effectively communicate and collaborate across disciplines. Medical team includes pediatric hematologist & advanced practice provider, nurse coordinator, transition nurse navigator, social work, education liaison, neurologist, pulmonologist, research coordinators, and medical assistants. While most services are provided alongside medical appointments, the intern may have the opportunity to follow patients in the infusion center and/or inpatient medical unit depending on clinic cadence. Interns interested in health equity and literacy are strongly encouraged to consider this rotation. This rotation generally takes a developmental approach such that the intern will shadow the supervising psychologist and gradually gain more independence and can be tailored based on intern's past experiences.

### Pediatric Sickle Cell Disease – Neurocognitive Screening Clinic

Supervisor: Julia LaMotte, PhD HSPP

The intern will participate in a full-day rotation (Monday) in the pediatric comprehensive Sickle Cell Disease (SCD) Neurocognitive Screening Clinic; the rotation can accommodate 1 intern per rotation. The testing model is based on protocols developed by colleagues at Children's Hospital of Wisconsin and Children's National, and is designed to serve as a longitudinal screener for neurocognitive changes in pediatric patients with SCD. Screening timepoints are at ages 4, 6-7, 11-12, and 15-16. Interns will gain experience with test administration, interpretation, and developing recommendations in an

abbreviated manner to better serve the patient population and their needs. Typical schedule includes 2 testing patients (approximately 1.5-2 hours) with adequate report writing time. Patients are also seen by their SCD medical provider on day of testing, therefore opportunities to provide care coordination through interdisciplinary care will be a key aspect of the rotation. Additional opportunities to provide brief health & behavior interventions both in the outpatient clinic and during inpatient admissions may present as schedule allows (e.g., patient cancellations). Interns interested in health equity are strongly encouraged to consider this rotation. This rotation generally takes a developmental approach such that the intern will shadow the supervising psychologist and gradually gain more independence and can be tailored based on intern's past experiences. The rotation can accommodate a maximum of 1 intern per rotation.

### Inpatient/Outpatient Pediatric Rehabilitation

Supervisor: Jana B. Chan, PhD HSPP

**Description of Clinical Activities:** The intern on this elective rotation would provide consultation services to patients admitted to the inpatient rehabilitation unit at Riley Hospital for Children at IU Health. The intern would provide brain injury education to the patient's family, medical team, and patient (as appropriate). The intern would also be involved in helping to implement the unit-wide patient engagement program that has been designed to facilitate patient cooperation and participation in all rehab activities, including therapies and nursing cares. The intern would also be actively involved in co-treatment session with therapies to provide serial neurocognitive assessment of recovery. The intern would also provide consultation in the multidisciplinary outpatient TBI Clinic, which sees patients who have recently been discharged from the inpatient rehabilitation unit.

**Population:** Patients admitted to the inpatient rehabilitation unit have experienced a decline in functioning and are deemed likely to benefit from receiving intensive therapies (occupational, physical, and speech-language therapy). Often, the medical condition that precipitated admission to the unit includes traumatic or acquired brain injury, such as traumatic brain injury, stroke, brain infection (i.e., encephalitis, meningitis, meningoencephalitis), empyema, anoxic brain injury, non-accidental trauma, and epilepsy. Other medical conditions include cerebral palsy (s/p dorsal rhizotomy), Guillain-Barre syndrome, spinal cord insult/injury, muscular dysfunction. Patients span the age range, from a few months of age to early 20s.

**Site:** Clinical activities will take place on the Pediatric Inpatient Rehabilitation Unit at Riley Hospital for Children at IU Health (RI3B). Intern workspace is on the first floor of the Simon Family Tower and will be a shared work space.

**Days:** Tuesday

**Supervision Structure:** Individual supervision 30 minutes weekly. Weekly one hour group supervision with Rehab Psychology/Neuropsychology team (Drs. Chan and Schwartzkopf and psychology/neuropsychology learners).

**Anticipated Hours:** 4 direct patient contact hours per week

### **Down syndrome and Catatonia Clinic**

Supervisor: Jill Fodstad, Ph.D., HSPP, BCBA-D

*Offered:* Wednesdays

*Location:* Adult Outpatient Psychiatry Clinic, Goodman Hall

*Max # of Interns a Rotation:* 1

*Clinic Description:* The Down syndrome and Catatonia Clinic is a specialty clinic providing unique care across the lifespan of person's with Down syndrome. Primarily focused on assisting families access care when their child has experienced a regression in functioning due to catatonia – a state of psycho-motor immobility and behavioral abnormalities most often seen in this patient population due to trauma, major life changes, early onset dementia/Alzheimer's, or major depression – the clinic also focuses on supporting individuals who may be experiencing other co-occurring psychiatric needs impairing their functioning. Using a combined treatment approach of psychopharmacology and psychotherapy with adjunctive therapies as needed, individuals and their families are provided with a plan of care the is tailored to their needs.

*Intern Responsibilities/Opportunities:*

- Conduct individual psychoeducation and psychotherapy with families/caregivers via 45- to 60-minute outpatient therapy appointments. Types of treatment modalities that may be used include (but are not limited to) the following:
  - Modified Cognitive Behavioral Therapy
  - Parent/Caregiver Management Training
  - Individualized & Function-based, ABA-based Caregiver Training
  - Biofeedback and Relaxation Skills Training
  - Note: Interns will have the opportunity to conduct psychotherapy via telepsychology services
- Coordinate care therapeutic care with psychologist, psychiatrist, and other trainees in the clinic; as well as other providers who may be providing care to the individual
- Do co-therapy with psychiatrist or psychiatry trainees
- Conduct progress monitoring assessments as part of standardized, clinic protocol

**TRAINING SUPERVISORS**

Zack Adams, PhD, HSPP  
Adolescent Addictions

Liz Begyn, Ph.D., HSPP ABPP-CN  
Pediatric Neuropsychology

Amanda Broderick, Ph.D., HSPP  
Adolescent Addictions and Child and Adolescent Traumatic Stress and Resilience Clinic

Jana Chan, Ph.D, HSPP  
Pediatric Neuropsychology

Yelena Chernyak, PhD, HSPP  
Heart and Lung Transplant and Adult Sleep

Allyson Dir, Ph.D., HSPP  
Adult Addictions

Kelly Donahue, Ph.D, HSPP  
Adolescent Gender Health Program

Lindsay Flegge, Ph.D., HSPP  
Adult Pain Intervention

Jill Fodstad, Ph.D., HSPP  
Down Syndrome and Catatonia Clinic

Elaine Gilbert, Psy.D., HSPP  
Pediatric GI Clinic

Danielle Henderson, Ph.D., HSPP  
Adult Pain Clinic

Kendra Hinton-Froese, Ph.D., HSPP  
Adult Outpatient

Rachel Holmes, Ph.D., HSPP  
Adult Solid Organ Transplant

Melissa Hord, Ph.D., HSPP  
Child Outpatient/Early Childhood (PCIT) Clinic

Stephanie Hullmann, Ph.D., HSPP  
Pediatric Psycho-Oncology

Kathleen Kingery, Ph.D., HSPP  
Pediatric Neuropsychology

Sarah Koch, Ph.D., HSPP  
Pediatric Neuropsychology

William Kronenberger, PhD, HSPP  
Division Chief and Pediatric Assessment

Ann Lagges, PhD, HSPP, ABPP  
Training Director and Child Outpatient/TAC Clinic

Julia LaMotte, Ph.D., HSPP  
Pediatric Sickle Cell Disease and Pediatric Kidney Diseases

Sarah Landsberger, PhD, HSPP  
Adult Health – Outpatient backup

Allison Meyer, Ph.D., HSPP  
Child Outpatient/TAC Clinic

Michelle Miller, Ph.D., HSPP  
Traumatic Stress Clinic

Noha Minshawi, PhD, HSPP  
Assistant Training Director, Autism Clinic

Anahli Patel, Psy.D., HSPP  
Adult Solid Organ Transplant

Tori Powers, Ph.D., HSPP  
Adult Outpatient

Gabriela Rodriguez, Ph.D., HSPP  
Child Outpatient - ADHD/Disruptive Behavior Disorder Clinic

Katherine Schwartzkopf, Psy.D., HSPP  
Pediatric Consultation Liaison

Jenifer Vohs, Ph.D., HSPP  
Assistant Training Director, Adult Health – Outpatient backup

Scott Wagoner, Ph.D., HSPP  
Pediatric GI

Amanda Wakefield, Psy.D. HSPP  
Adult Pain Interventions

Kate Lyn Walsh, Psy.D., HSPP  
Pediatric Sleep

Amy Williams, PhD, HSPP, ABPP  
Pediatric Pain Clinic

**OTHER AGENCY/INSTITUTION SUPERVISORS**

Melissa Butler, Ph.D., HSPP  
Non-evaluative mentor

Brenna McDonald, Psy.D., HSPP, ABPP-CN  
Pediatric Neuropsychology

Marty Plawecki, M.D., Ph.D.  
Autism Clinic

## **INTERNSHIP TRAINING PROGRAM RESOURCES**

Interns are provided with diverse patient populations and clinical service sites including the Indiana University Neuroscience Center, Indiana University Hospital and Clinics, Riley Hospital for Children at Indiana University Health, IU Health-Methodist Hospital, the Pediatric Care Center (Riley/IUHP Medical Office), and IU Health North Clinics at Meridian Crossing, all of which are affiliated with the IU School of Medicine.

All 34 psychologists identified as training supervisors have faculty appointments in the Department of Psychiatry and/or the Department of Neurology or Department of Pediatrics at the Indiana University School of Medicine and are licensed to practice psychology, with endorsement as Health Service Providers in Psychology (HSPP), in the state of Indiana. One board-certified child and adolescent psychiatrist, and two licensed psychologists also serve as other agency/institution supervisors.

The internship's education coordinator, Angie Seibers, provides support and meets regularly with the Director of Training. She develops methods for and oversees data tracking and record keeping for the program. She tracks and processes initial required documents for Intern appointment, manages the evaluative processes of the program, faculty, and rotations, and provides general administrative services to interns.

Interns receive a stipend which will be at least \$35,568 for the 2025-2026 training year. Benefits offered at no cost to interns include: health insurance for the intern and family members, life insurance, disability insurance, malpractice coverage, vision and dental insurance, and on-campus parking. This package of benefits, fully funded by the internship program, is worth up to \$10,500. Each intern is appointed to the House Staff of Indiana University School of Medicine and is entitled to 10 paid university holidays and an additional 20 PTO Days (Paid Time Off) as part of the training year.

Interns are provided with IU Health laptops to use throughout their training year. The laptops will be configured to provide access to the EMR system from all training sites as well as off-site if necessary. Laptops also include all necessary software and/or online access to programs such as Microsoft Office, statistical packages, citation managers, video and photo editing software, and PDF creators. At all training sites, interns are provided with appropriate office space, with access to printers, copiers, scanners and telephones for on-site training activities. Interns can also take advantage of Indiana University's agreements with hardware and software companies to obtain free or discounted products for their home computers.

Clerical support is available at all sites to assist with issues such as record maintenance and patient scheduling. IT support from both IU and IU Health is available at all sites as well. IU IT services also provides free training opportunities throughout the year.

All interns are provided with email accounts and an account on the secure messaging system Diagnotes which has replaced pagers. Diagnotes can be accessed via an application on the laptops, but interns may also wish to utilize a personal cell phone for convenience to access Diagnotes. They will be provided with a \$50/month supplement toward the cost of their cell phone and service. Interns are not required to have a cell phone or to utilize a personal cell phone for their work if they chose not to; they may elect to



only access Diagnostics through their laptops. They have full access to wired and wireless internet connections at all sites.

All interns have access to all online university resources such as a wide range of full-text journals and electronic books, including electronic versions of a wide range of treatment manuals. Highly skilled medical librarians can assist with complex literature searches.

## **INDIANA UNIVERSITY SCHOOL OF MEDICINE PSYCHOLOGY INTERNSHIP EVALUATION PROCEDURE**

1. Halfway through each of the six-month rotations (3 and 9-month points of training year), all core and elective supervisors will complete copies of the Rotation Feedback form and review with the intern(s) they are supervising. They will submit the forms to the Director of Training after both the supervisor and intern have signed the form.
2. If the rating on any element(s) falls below a 5 at the 3 or 9-month mid-rotation point, the Director of Training and supervisor will meet to determine whether a remediation plan is needed to ensure that adequate progress is made toward successful completion the rotation and training program.
3. At the end of each six-month rotation (6 months and 12 months), Core and elective rotation supervisors will again each complete copies of the Rotation Feedback Form for each intern they have supervised.
4. Each supervisor will review this form with the intern, and then the supervisor and intern will both sign the form prior to the Intern Evaluation Meeting held at the end of each of the two rotations.
5. All supervisors for each intern, or at least one representative from rotations with multiple supervisors, provided that representative has obtained input from the other supervisors, will attend the Intern Evaluation Meeting. Supervisors, along with the Director and Assistant Directors of Training complete the Competency Evaluation Forms for each intern for that rotation. The goal is to provide a comprehensive assessment of each intern's competency at the end of each rotation taking into account input from all supervisors and program leadership. If, based on this comprehensive assessment, it is determined an intern is not meeting competency goals (see Requirements for Successful Completion of Internship in this brochure), a remediation plan will be developed (see Remediation Procedures in this brochure).
6. Each intern will meet with either the Director or one of the Assistant Directors of Training to review the Competency Evaluation for the rotation. Both the Director/Assistant Director and Intern sign the Competency Evaluation.
7. If needed, due to extremely unusual circumstances, the Executive Committee can request that a Final Comprehensive Competency Evaluation be completed at the end of the internship year. This would occur only if exit criteria are not met (e.g. some elements on the Rotation 2 Competency Evaluation were rated below a "6"), but the Executive Committee believes that the level of competency reflected in the second rotation Competency Evaluation does not adequately reflect the intern's true level of competency given their demonstration of competency in their Rotation 1 Core and Elective rotations. The Executive Committee would call a meeting of all of the intern's supervisors from the entire year to arrive at this Final Comprehensive Competency Evaluation. It is anticipated that this procedure will rarely, if ever, be used, but has been developed as a safeguard given the 6-month rotational structure of our program.

## REQUIREMENTS FOR SUCCESSFUL COMPLETION OF INTERNSHIP

1. By the end of the training year, all elements in all competency areas will be rated at a level of “6” or higher reflecting a readiness for entry level practice and licensure in all competency areas. Please see Evaluation Procedures as well as program aims, competencies and elements in this brochure.
2. Adequate progress during the program will be defined as:
  - Achieving a minimum rating of “5” on all rated elements in all competency areas from all supervisors on the “Feedback forms” at the mid-rotation points (3 and 9-month points)
  - Achieving a minimum rating of a “5” for all elements in each competency area on the summary “Competency Evaluation form” and ratings of “6” or higher for 50% of elements across the 9 competency areas by the end of the first six-month rotation
  - Achieving ratings of “6” or higher on all elements in all competency areas on the summary “Competency Evaluation form” at the end of the training year reflecting readiness for entry level practice and licensure
3. If adequate progress is not being made, a remediation plan will be developed. Please see Remediation Procedures in this brochure.
4. Adherence to all applicable House Staff/Graduate Medical Education (GME) policies <https://medicine.iu.edu/education/gme/employment-terms-benefits/policies/>
5. Adherence to the APA ethics code <https://www.apa.org/ethics/code/ethics-code-2017.pdf> and Indiana law <https://www.in.gov/pla/professions/psychology-home/>
6. Completion of all core and elective rotations agreed upon at the start of the training year unless modifications are agreed upon by the intern and training faculty.
7. Completion of 1-year of full-time training (40 hours per week - 2000 hours total), and a minimum of 500 hours of direct patient contact. **The internship starts the first working day of July, and concludes the last working day of June.** No alterations of this time frame are possible except as noted in the Time off and Leave policies included in this brochure.
8. Engaging in a minimum of four hours of supervision per week, at least two of which are regularly scheduled individual, face to face meetings with a core or elective supervisor. Please also see supervision requirements in this brochure.
9. Attendance of at least 75% of Department of Psychiatry Grand Rounds each week they are offered. Missed sessions may be made up by viewing the recordings of Grand Rounds.
10. Attendance for the full afternoon of didactics each week they are offered unless leave has been approved consistent with the Internship Time off And Leave Policy included in this brochure.
11. Attendance at Director’s Conference unless leave has been approved consistent with the Internship Time off and Leave Policy included in this brochure.

## **INTERN EXPECTATIONS FOR CORE AND ELECTIVE ROTATIONS**

1. Interns are expected to be present on-site, or logged in from a remote site, as specified by their supervisor, for full work days, Monday through Friday, unless it is a University holiday or if they are taking PTO or a professional day.
  - a. Individual supervisors will determine start and end times of typical days, but the general guideline is that interns will be present from approximately 8:30AM to 5PM each day, with an approximately 30-minute lunch break, unless they and their supervisor have agreed upon a different schedule for the rotation as a whole or for a specific day.
  - b. If federal regulations require overtime pay for the pay rate provided by the intern stipend, we will cap the training week at 40 hours/week, but interns will need to take care to not regularly work less than 38.5 hours per week in order to ensure eligibility for licensure in all 50 states.
  - c. Any intern who needs to arrive later or leave earlier than the standard agreed upon arrival and departure times needs to discuss this, in advance, with their supervisor. The intern needs to be prepared to take PTO for any hours absent from work.
  - d. Interns must be located in the state of Indiana for any telework that involves patient care. If an intern would like to work from a location outside the state of Indiana on non-patient care activities (e.g. doing reading/preparation for a coming rotation on a day around the holidays when the supervisor has cancelled clinic) they must obtain permission from their supervisor.
  - e. Patient care duties will occasionally lead to the need to stay later than expected. When this occurs, supervisors will work with the intern to ensure their workweek does not exceed 40 hours as a result if this cap is required by federal regulations.
  - f. Flex time is not available to interns. Interns cannot voluntarily work additional hours on a given day or week in order to leave early a different day or week. (e.g. an intern cannot stay 2 hours late each evening to work on paperwork Monday-Thursday and then not come in on Friday). Any schedule adjustments, other than those due to emergencies, must be arranged with the supervisor in advance (e.g. if an intern will be participating in an evening group leading to 10 hours worked on Tuesday, the supervisor may arrange for the intern to only work 10-4PM on Wednesday).
  - g. If interns find they have periods of time with nothing to do, they are encouraged to talk with their supervisors about additional activities. It is not permissible to leave early, without having arranged an early departure with the supervisor, simply because work is completed.
2. Interns are expected to keep their phones or laptops with them and on during work hours and respond to secure messages through Diagnostics in a timely manner. It is acceptable to wait until the end of a patient session to return a message.
3. Interns are to check their university email accounts and Message Center in Cerner at minimum, on arriving in the morning, at mid-day, and before leaving in the evening, Monday through Friday. They are to respond to all Cerner messages and emails requiring a response before leaving for the day.
4. Patient concern calls should be returned within 24 hours even if the intern is training in another clinic on the day the call is received. Supervisors are aware this is part of growth in assumption of responsibility for and independence in patient care; this will not be seen as “taking time away” from another rotation.
5. Documentation needs to be completed within the timeframes specified by each supervisor.

## **OFF-SITE ACTIVITIES DURING CORE AND ELECTIVE ROTATIONS**

If a supervisor is participating in an activity, such as a conference or meeting, that is related to the intern's Core or Elective rotation, the intern may also participate in the activity as part of that Core or Elective rotation without taking PTO under the following circumstances:

1. The supervisor must be participating in the activity. In other words, both the supervisor and intern should be attending the same conference or meeting.
2. The supervisor must be the one to suggest that the intern participate in this activity as part of the rotation. Interns are not automatically permitted to participate in any activity their supervisor attends. The supervisor must make the decision about what activities will be most relevant to the intern's training.
3. If the intern's involvement in this activity does not interfere with any other Core or Elective rotation, the supervisor does not need approval from the Training Director or Internship Executive Committee in order for the intern to accompany him/her for this activity.
4. The activity must not include an absence from didactics. If didactics are to be missed, the intern must take PTO or a Professional Day.
5. If the intern's involvement in the activity would impact another Core or Elective rotation, supervisors are asked to follow these guidelines:
  - a. If the activity is related to an Elective rotation, it should be limited to no more than one day.
  - b. If a single day activity related to a Core or Elective rotation would involve the intern missing a day from another Core or Elective rotation, both supervisors must agree that the activity will enhance rather than adversely impact training, and that the activity will not adversely impact patient care (e.g. bumping already scheduled patients).
  - c. Multi-day activities related to a Core rotation may be acceptable in particularly unique circumstances (e.g. a rare opportunity to obtain free training in a rotation relevant assessment/intervention skill that is typically only available at a high cost) as long as didactics are not missed and any time away from an Elective rotation is discussed with the Elective supervisor so that make-up days can be arranged if deemed appropriate by the supervisors.

## **SUPERVISION REQUIREMENTS FOR PSYCHOLOGY INTERNSHIP**

1. Interns must have a minimum of four (4) hours of total scheduled supervision per week.
  - a. A minimum of two (2) hours of this must be individual, regularly scheduled supervision provided by a doctoral level, licensed psychologist, formally identified as training faculty.
  - b. The additional two (2) hours can be in the form of group supervision or may be provided as additional individual supervision.
  - c. The additional two (2) hours of supervision can also be provided by a professional other than a psychologist (e.g. a psychiatrist). If such hours are to be counted, the supervisor needs to be formally approved as a supervisor by the Internship Executive Committee.
2. To ensure the minimum 4 supervision hours are provided every week Core and Elective rotation supervisors are expected to provide the following:
  - a. Core rotation supervisors will provide at least two (2 hours) of supervision per week which will include:
    - i. 1 hour of individual scheduled supervision per week
    - ii. 1 hour of additional supervision meeting criteria described above
  - b. Each of the two Elective supervisors will provide at least 1 hour of supervision per week for a total of 2 hours of supervision per week across both elective rotations. This will include:
    - i. 30 minutes of individual scheduled supervision per week per elective (1 hour total for both electives)
    - ii. 30 minutes of additional supervision per week per elective (1 hour total)
3. If there is more than one supervisor on a Core or Elective rotation, one supervisor needs to be designated as primary and will have responsibility for making sure that the intern is receiving the minimum amount of required supervision per week for that rotation.
4. Supervisors will be expected to complete Supervision Agreement forms included in this brochure with each intern they supervise at the start of each Core or Elective rotation. Each supervisor must develop a plan to ensure the minimum amount of supervision is being provided on their rotation and document this in the Supervision Agreement.
5. Supervisors must engage in some direct observation of the intern providing care. This may be via live observation (in person or via approved telehealth platform) or video recording. (Please see IR C-17 I)
6. Supervisors should track time spent in supervision in their supervision notes. While interns do track their hours of supervision, it is best for supervisors to keep their own records as well.
7. Supervisors may continue to use tele-supervision over the Zoom Health platform, but this should not exceed 50% of total supervision hours provided.

8. For hours to be counted as supervision, the activity must be consistent with the definition of supervision. Supervision is defined as an interactive experience between the intern and supervisor that occurs within the context of a hierarchical relationship, focuses on the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to the clients that she, he, or they see; and serving as a gatekeeper for those who are to enter the particular profession. (Please see IR C-14 I). This means that the following, while valuable training activities, should not be counted as supervision hours.
  - a. Observation by the supervisor of the intern providing care
  - b. Observation by the intern of others providing care
  - c. Co-therapy with a supervisor
  - d. Attending multidisciplinary meetings
  - e. Because supervision must occur in the context of a formally established hierarchical and evaluative relationship, activities such as a discussion an intern has with a professional, who is not in an evaluative relationship with the intern, (e.g. a psychologist or other professional who is not affiliated with our internship program) will not count as supervision.
  
9. Managing missed Supervision
  - a. If a supervisor must miss supervision due to vacation, illness or other absence, in the vast majority of circumstances, supervision time should either be made up later in the week or the supervisor should arrange for another internship supervisor to provide supervision time, including scheduled individual time, during that absence.
  - b. If an intern misses supervision due to vacation, holidays, illness or other absence, this should be noted on the intern tracking form, and the supervisor will not be required to make up the time.

## **TRACKING OF INTERNSHIP HOURS**

1. Interns will track their direct (face-to-face) and indirect (paperwork or other activities related to a particular patient/client) clinical hours, individual and group supervision hours, and total clock hours worked on the Excel form provided to them by the program. They will indicate if supervision was in person or tele-supervision.
2. Supervisors will provide a verbal prompt to interns to record supervision that occurs outside of scheduled supervision time (e.g. please remember to record the 20 minute discussion we just had about your patient as supervision)
3. Supervisors will track, as closely as is reasonably possible, both individual and group supervision hours in their supervision notes or a supervision log, including impromptu supervision time.
4. Core and Elective supervisors and interns should compare recorded hours on a weekly basis to ensure the records match. Any discrepancies should be discussed and resolved before the intern turns in their weekly form.
5. Core supervisors will sign off on the forms on a weekly basis. If the Core supervisor notes that fewer than 2 hours of individual and 4 hours of total supervision are recorded for any given week, the Core supervisor will determine the reason for this and record the reason on the form. (e.g. intern took 2 days of PTO, the week contained a holiday, etc.)
  - a. If the shortage is due to supervision being missed and not made up due to supervisor absences or scheduling issues, this should be noted as well. If this occurs more than twice per rotation, the Core supervisor should bring this to the attention of the Training Director.
  - b. Interns must complete these forms in a timely manner to ensure that any issues can be addressed in a timely manner.
6. The Training Director will monitor all categories of hours on a monthly basis to ensure that interns are on track in terms of hours in all categories and will email each intern individually regarding their status with regard to hours.
7. A plan will be developed with any intern and their supervisor(s) if an intern is significantly behind in one or more categories.



## **LAPTOP POLICY**

1. General information/rules
  - a. Interns will be issued an IU Health laptop at the start of their training year that they will utilize for EMR access and documentation throughout their training year.
  - b. The laptop can and should also be used for other work-related functions
  - c. Limited personal use is permitted on the laptops (e.g. checking a non-IU/IUH email account)
  - d. Some websites/services may be blocked by IUH (e.g. Gmail) and so interns may wish to also have a personal device if they wish to have completely unrestricted access to websites/online services
  - e. Interns, like faculty and staff, will not have administrative rights on their IUH laptops and so will not be able to install their own software or connect non-IUH devices, such as personal printers, to their IUH laptops.
  - f. Interns should be mindful that these are work laptops, and all activity has the potential to be monitored.
  - g. Interns are expected to adhere to all IU Health Guidelines regarding appropriate EMR use
2. Interns are expected to have their laptops with them each working day at all of their clinics unless instructed otherwise by their supervisor
3. Interns may take their laptops home for convenience (e.g. if an intern ends Monday in the PCC, but has a clinic in Goodman Hall Tuesday morning), or if they will be working remotely the next day, but they are urged to set good work-life boundaries and to avoid putting in extra hours evenings or weekends completing documentation.
4. Lost or stolen laptops should be reported immediately to Dr. Laggas, Marsie Harrington, and the IU Health Help Desk

## **INTERNSHIP TRANSITION OF CARE PROCEDURES**

1. On all core and elective rotations, it is expected that care of patients will be transferred to another intern, or other provider, only at the end of each 6-month rotation.
2. At the end of each 6-month rotation, transfer of any patients requiring ongoing care will occur via the following procedures.

At least two weeks before the end of their rotation, each intern will complete a transfer of care form for each patient currently under their care with the following information

- Identifying information including name, medical record number, date of birth
- Primary care physician name
- Name(s) of any other key providers treating the patient
- Diagnosis and current status/condition of patient
- Recent events and any actions that need to be taken as a result (this may include things such as following up on outside evaluations, completion of checklists, sending a letter, etc.)
- Changes in patient status that may require particular interventions
- Supervisors can assist the interns in determining which patients meet criteria for being “currently” under their care.
- The intern completing the rotation will meet with the “receiving” provider and review these completed forms. If transfer of care is to another intern, the “receiving” intern should be excused from their current rotation for 1-2 hours for this meeting. The time of the meeting should be arranged with the current supervisor(s) so that patient care on the current rotation is not disrupted. If possible, it may be beneficial for the supervisor to be present at this meeting.
- After the current intern, receiving provider, and the intern supervisor have signed each form, the forms will be scanned into the patients’ medical records.

3. If the care of patients seen by an intern during their last rotation is to be transferred to an intern who will be beginning their internship year, and the receiving intern is not yet on campus, the formal transfer of care should be to the supervising provider who will then facilitate the transfer to the new intern as quickly as possible to minimize disruption of care.

## **TIME OFF AND LEAVE POLICIES**

### **PAID TIME OFF**

Paid time off (PTO) for psychology interns is provided consistent with GME policy and classification of psychology interns at the PGY1 level. PGY1 House Staff members receive fifteen (20) week days free from their training responsibilities as part of their training year.

PTO may be used for illness, vacation, dissertation defense, and other personal or non-program sponsored educational activities.

Except in emergency situations (e.g. acute illness), PTO must be approved in advance by the intern's supervisor and the Director of Training.

It is expected that all interns will be present and active in their internship duties until the last working day of June. Requests for PTO during the last two weeks of internship will need to be reviewed on a case-by-case basis to ensure that an intern is not, in effect, concluding their internship year prior to the end of the 12-month training period. If a PTO request is approved for any days during the last two weeks of internship, interns must be present, at minimum, at least one day of the last week of internship.

No payment will be made for unused paid time off at the completion of training.

### **LEAVE OF ABSENCE**

Extended leave for psychology interns follows the IU School of Medicine Leave of Absence Policy for House Staff.

#### *Key Provisions:*

The School of Medicine provides eligible house staff two types of leaves of absence, a standard leave of absence, and a family/medical leave of absence in accordance with the Family and Medical Leave Act of 1993 (FMLA).

All full-time house staff may be granted up to six weeks School of Medicine standard paid leave with full benefits for bona fide events including: Short-term disability or sick leave, and parental leave. The department chair/program director will determine what constitutes a bona fide leave and the length of leave on a case-by-case basis.

Eligible house staff (house staff who have worked for the School of Medicine at least twelve months and at least 1250 hours during the twelve-month period prior to the first day of leave.) are entitled by law to a maximum of twelve weeks of FMLA leave (up to six weeks paid and six weeks unpaid) with full benefits for the following qualifying events: Birth of a child or care for the newborn; placement with the employee of a child for adoption or foster care; the need for the house staff member to care for a spouse, child, or parent with a serious health condition; a serious health condition that renders the house staff member unable to perform the functions of the job. All requests for leaves of absence will be made in writing to the department chair/program director at least thirty days in advance, or as soon as reasonably

practicable. In addition, all requests for leaves of absence require the final approval of the Director for Graduate Medical Education.

Given that psychology interns are appointed for 12 months to House Staff, they are immediately eligible for School of Medicine standard paid leave, but not FMLA leave.

**Paid time off must be taken as part of the School of Medicine leave and counted against the six weeks paid leave; this applies to the FMLA leave as well.**

### **MAKE UP TIME**

**For a leave of absence that extends beyond the 20 days of PTO, the intern will be required to make up the missed days after the end of the internship year. Any required make up time will be paid, and fringe benefits will be provided by the program.**

### **ADDITIONAL PROVISIONS FOR LEAVES OF ABSENCE**

If a leave extends past six weeks in the first twelve months of a House Staff member's appointment, or twelve weeks for all other appointments beyond the first year of appointment, health benefits may be provided at the house staff member's expense and with the approval of the School of Medicine.

This document is not intended to cover all of the provisions of the FMLA. Some of the key requirements of the FMLA are listed that will have the most significant impact on personnel practices for house staff. If more information is required, please contact the Office of Graduate Medical Education.

## **INDIANA UNIVERSITY SCHOOL OF MEDICINE PSYCHOLOGY INTERN REMEDIATION PROCEDURES**

1. A formal remediation plan may be developed after discussion between the supervisor and Director of training if any rating(s) for elements on a Feedback Form(s) completed by supervisors at mid-rotation (3 and 9-month points) falls below a 5, and if there are concerns that adequate progress is not being made with informal efforts.
2. A formal remediation plan will be required if an intern is not meeting goals based on the Competency Evaluation at the end of the first rotation (6 months).
  - Any rating on an element below a “5” on the Competency Evaluation at the end of the first rotation will lead to a remediation plan.
  - Not having 50% or more of elements rated at a “6” or higher at the end of the first rotation will lead to a remediation plan.
3. A formal remediation plan may also be requested at any point during the training year if a supervisor has concerns about intern competence, and informal attempts to address those concerns have failed.
  - The supervisor will bring these concerns to the Director of Training. If the Director agrees that a remediation plan is warranted, a plan will be developed at this point.
  - If the supervisor and Director of Training cannot reach an agreement regarding whether a formal plan is warranted, the issue will be brought to the Internship Executive Committee.
4. A formal remediation plan may also be requested if an incident of sufficient gravity occurs that formal remediation is warranted prior to attempting informal remediation.
  - The supervisor will bring the concerns to the Director of Training. If the Director agrees that a remediation plan is warranted, a plan will be developed at this point.
  - If the supervisor and Director of Training cannot reach an agreement regarding whether a formal plan is warranted, the issue will be brought to the Internship Executive Committee.
5. If a formal remediation plan is developed, progress/response to the plan will be documented in writing, by the supervisor, no less frequently than once per month until either the remediation is determined to have been successful, or is replaced by a new remediation plan.
6. If a formal remediation plan is developed, the Training Director will communicate with the intern’s DCT to inform them of this, and also to permit collaboration to develop a plan that maximizes the intern’s potential for successful attainment of competency. Communication between the Training Director and intern’s DCT will also occur to provide updates regarding the intern’s progress.
7. In extreme cases in which program completion is in doubt, the case will be brought to the Internship Executive Committee to determine the appropriate course of action.

## **DISCIPLINARY ACTION, TERMINATION AND DUE PROCESS**

1. Prior to initiation of disciplinary action, issues regarding intern competence will first be addressed via the Remediation Procedures outlined on page 45 of this brochure. If despite appropriate remediation efforts, an intern continues to demonstrate serious deficits in one or more competency areas, the intern will be provided with written notice, and the issue will be brought to the Internship Executive Committee.
2. Issues of sufficient gravity will result in written notice to the intern and will be brought directly to the Internship Executive Committee for potential referral to Graduate Medical Education (GME) for potential suspension or termination without prior attempts at remediation. Such issues could include but are not limited to behavior that threatened the safety of patients, staff or visitors to the hospitals or involved legal, serious ethical violations.
3. The Internship Executive Committee, with Chief Intern excused, will discuss and vote regarding how to proceed. Possible decisions could include additional remediation efforts, or referral to Graduate Medical Education (GME) for potential suspension or termination.
4. Prior to referral to GME for potential disciplinary action, the intern will be given a chance to appeal this referral. They will be invited to present any relevant information to the Internship Executive Committee during a program-level hearing. The Internship Executive Committee will again vote regarding how to proceed. The hearing and appeal process will be completed in one month or less.
5. All decisions of the Internship Executive Committee will be subject to the approval of the Director of the Division of Psychology and the Chair of the Department of Psychiatry.
6. The full GME policies and procedures governing Discipline, Termination and Due Process are located on an Indiana University Sharepoint site but will be provided on request to any interested party.
7. Once a referral is made to GME, these policies will govern subsequent proceedings. Please note, once referred to GME, the intern has a right to a formal hearing to appeal any decisions made. Details are outlined in the GME policy referenced above.

## **GRIEVANCE PROCEDURES**

- If an intern has a concern or disagreement involving a supervisor or another intern that they are unable to resolve informally, they are to bring this concern to either the Director or one of the Assistant Directors of Training. If the concern or disagreement involves the Director and/or Assistant Directors of Training, the intern should bring this concern to the Director of the Division of Psychology.
- If the intern feels the problem can be resolved via collaborative discussion among the involved parties with the assistance of the Director or Assistant Directors of Training/Director of Division of Psychology, they may elect attempting this method of resolution prior to filing a formal grievance.
- If the problem is not resolved to the intern's satisfaction following collaborative discussion, or if the intern does not believe such discussion would be appropriate or sufficient given the nature of the concern, the concern will be addressed as a formal grievance, and the following procedures will be implemented.
  - The intern will be asked to provide a written description of their grievance
  - The written copy will be presented to the Internship Executive Committee with the Chief Intern excused given that the topic of discussion includes confidential information regarding a fellow intern.
  - Written statements will also be solicited from other involved individuals for Executive Committee review.
  - If any member of the Internship Executive Committee is involved in the grievance, they will also be excused.
  - The Internship Executive Committee will determine what possible options exist to address the grievance.
  - The Internship Executive Committee will vote on a plan of action. Decisions will be reached by majority vote.
  - Within one month of the intern filing the grievance, the Executive Committee review of and vote regarding the matter will be completed, and the plan of action will be presented to the intern and other involved individuals individually, in person, by a designated, uninvolved member of the Executive Committee and in written format. If all are satisfied with the resolution, and respond in writing indicating this satisfaction, the matter will be considered tentatively resolved.
  - The designated, uninvolved Executive Committee member will follow up with the intern and other involved individuals 1 month following the resolution of the grievance to ensure that the plan was implemented appropriately and is resolving the situation as expected. If all individuals are satisfied with the outcomes of the plan, all will sign off on a final closure statement indicating successful resolution of the grievance.

- If the intern is not satisfied with the resolution of the matter, they may ask the designated, uninvolved Executive Committee member to bring the matter back to the Executive Committee to consider other potential forms of resolution, or the intern may elect to file a Mistreatment Incident Report Form with Indiana University School of Medicine. <https://mednet.iu.edu/Pages/SupportResources/Report-Mistreatment-Form.aspx>
  - If the intern elects to ask the Executive Committee to consider alternative forms of resolution, they will be asked to submit this request in writing, and will be informed of the outcome by the designated, uninvolved Executive Committee member in person and in writing. Other involved individuals may also be asked to provide written responses regarding the intern's concerns with the original plan of action.
  - If the intern elects to pursue resolution through IUSM, please see the IUSM resources, policies and procedures regarding the Learning Environment for more details <https://medicine.iu.edu/about/learning-environment>
- All decisions of the Internship Executive Committee will be subject to the approval of the Director of the Division of Psychology and the Chair of the Department of Psychiatry.
- If the intern believes that due to the nature of the grievance, that it would be inappropriate to begin with the Internship Grievance Procedure, they may elect to pursue resolution of their concern through IUSM via the Mistreatment Incident report form without first attempting to work through the program level grievance process.  
<https://mednet.iu.edu/Pages/SupportResources/Report-Mistreatment-Form.aspx>
- Records of all grievances, which will include all written documents from all involved individuals and the Executive Committee, will be kept by the internship permanently in electronic format on a secure drive on the Department server.



## **STATEMENT OF NON-DISCRIMINATION**

The Indiana University School of Medicine Psychology Internship Program adheres to the non-discrimination policies of Indiana University and does not engage in discrimination based on characteristics such as age, color, disability, ethnicity, gender, marital status, national origin, race, religion, sexual orientation or veteran status. Please also see the Equal Opportunity/Affirmative action statement of Indiana University <https://policies.iu.edu/policies/ua-01-equal-opportunity-affirmative-action/index.html>

The psychology Internship Program adheres to the Americans with Disabilities Act of 1990 and will provide accommodations to interns consistent with the GME policy. This policy is stored on an Indiana University Sharepoint site and will be provided to any interested party on request.

## **COMMITMENT TO TRAINING DIVERSE INTERNS AND TO PROGRAM LEVEL DIVERSITY, EQUITY AND INCLUSION**

In addition to adhering to non-discrimination policies, the Indiana University School of Medicine Psychology Internship Program strives to achieve as much diversity as possible in each of our internship classes, and to create a supportive environment that permits interns from diverse backgrounds to succeed.

In an effort to ensure that we are maximizing our efforts to recruit and retain diverse interns and faculty, the position of Diversity Coordinator was established in 2019. This individual holds a seat on the Internship Executive Committee and is charged with keeping the Executive Committee focused on issues relevant to recruitment and retention of diverse faculty and interns as well as evaluation of these efforts. Our Diversity Coordinator also co-chairs the Department of Psychiatry Diversity, Equity and Inclusion Committee. An intern representative also participates in this Department level committee.

We are working diligently as internship faculty to engage in self-reflection and examination of policies and procedures to ensure that all aspects of our program promote equity and inclusion for our faculty, learners, and those we serve. In addition, we are taking active steps to move the program in a direction that actively promotes anti-racist actions and advocacy. A number of supervisors are involved in legislative and policy advocacy efforts including juvenile justice and equitable access to healthcare. In 2020, supervisors participated in a workshop focused on cultural humility in supervision and in 2021, supervisors were assigned to small groups to provide an opportunity for ongoing peer discussion of cultural humility in supervision as well as to set individual and group goals for engaging in actions related to diversity, equity and inclusion. In 2022, supervisors worked to optimize these groups based on experiences during the first year. Supervisors have been directed to examine their didactic presentations to ensure attention is paid to diversity, equity and inclusion in all lectures, not just those specifically in the DEI course.

With regard to our recruitment procedures, in 2019, we incorporated standardized interview questions into our interview process to help reduce bias and also re-examined our selection criteria to ensure that we were evaluating candidates on factors likely to impact success in, and satisfaction with, our program rather than on factors that could have been impacted based on differences in opportunities available to students. Due to the Covid-19 pandemic we conducted only virtual interviews in January 2021, but based

on national and our own program level feedback have elected to keep our interviews virtual for future years as well to help remove barriers that might prevent all interested applicants from applying to our program. In 2021, we began conducting an annual post-Match survey of all applicants to our program which includes questions regarding perception of climate related to diversity, and we use that feedback to improve our recruitment efforts and program as a whole. In the 2023-2024 recruitment cycle, we implemented a new scoring rubric with the goal of reducing bias/increasing inter-rater reliability of application review scoring.

In 2024, we introduced new program level awards for a supervisor and an intern who demonstrate commitment to DEIJ efforts. Finally, in the 2023-2024 training year, supervisors and interns collaborated with the Department DEIJ committee to develop a mechanism for pairing interested interns with mentors who share an aspect of diversity; this will be launched in the 2024-2025 training year.

### **ADA CONSISTENT RESOURCES AND FACILITIES**

All of our training facilities are fully ADA compliant in terms of accessibility. In addition, if an intern who is in need of additional resources to succeed in our program matches with our program, we would follow the GME procedures. This policy is stored on an Indiana University Sharepoint site, and will be provided to any interested party on request.

Any intern who is in need of accommodations should talk with the Director of Training as soon as possible to ensure that proper accommodations can be put in place in a timely manner.

## **FACULTY AND PROGRAM EVALUATION**

In order to ensure the continuing quality of the Psychology Internship Program, regular formal evaluation of all aspects of the training program and its faculty are conducted and reviewed. Interns are required to complete a formal written evaluation of each core and elective rotation, each supervisor, and each didactic training activity. In addition, each intern is required to complete an evaluation of the Director of Training and of the internship as a whole near the end of the internship year.

Internship alumni are surveyed 1 year following graduation to evaluate how well the program prepared them in all profession-wide competency areas and also to assess their perceptions related to program climate.

These evaluations are regularly reviewed by the Internship Executive Committee and summary evaluation data are reviewed by the faculty as a whole in order to make appropriate changes in the overall structure of the Internship and its training programs, procedures, and policies.

Evaluations of individual faculty members are considered to be confidential and are available only to that faculty member, their administrative supervisor(s), members of the Internship Executive Committee, the Director of Training, the Director of the Division of Psychology, and the Chairman of the Department of Psychiatry. Individual data may be used to guide particular faculty members in their development as a supervisor and teacher.

## **MENTORING**

Interns are encouraged to utilize supervisors and program leadership for mentoring; this can include issues related to post-doctoral fellowship selection, general professional development, career trajectory, work-life balance, or navigating issues related to identity as a psychology intern/psychologist. Interns should feel free to reach out to any supervisors including those whom they do not have as a direct core or elective rotation supervisor. If an intern would like to have a mentoring conversation with a psychologist who is not an evaluative supervisor, Melissa Butler, Ph.D., HSPP, who was a prior supervisor and prior Assistant Director of Internship Training, is available; she can be reached by email at [mertl@iu.edu](mailto:mertl@iu.edu). Given that Dr. Butler is in a volunteer faculty position, she only checks this email once per day and so this should not be used for urgent issues.

Beginning with the 2024-2025 training year, interns can also elect to be paired with a mentor who shares one or more aspects of individual or cultural diversity. Additional information regarding the process for this new opportunity will be provided as soon as details are finalized.

## **RECORDS RETENTION POLICY**

The IU School of Medicine Psychology Internship program will keep, and permanently maintain accurate records of all interns' training experiences, including which core and elective rotations were completed, evaluations, and certificates of completion. The purpose of this record keeping is to enable the program to provide evidence regarding each intern's progress through the program while enrolled,

and to permit the program to verify training experiences after completion to assist graduates in licensure and other credentialing purposes.

Hard copies of records were kept prior to the 2020-2021 training year; for these classes the hard copies will be stored on-site for 3 years, and then may be moved off-site for long-term storage. For classes prior to the 2020-2021 electronic copies of all relevant documents were also made and placed in files on the Department of Psychiatry's secure server for each intern as they progressed through the program. For classes 2020-2021 to the present, only electronic records will be kept on the Department of Psychiatry's secure server. The electronic files for all classes will be kept indefinitely and can be accessed immediately at any time including from remote locations by those with appropriate privileges (e.g. Training Director, Education Coordinator).

### **COMMUNICATION WITH DIRECTORS OF CLINICAL TRAINING**

The Directors of Clinical Training for our interns' graduate programs will be updated on intern progress, in writing, no less frequently than the mid-point and end of the training year; copies of the mid-year and end-of-year competency evaluation forms will be sent along with a letter. If concerns arise, communication will be more frequent, and at a level appropriate to the situation.

### **GRADUATE MEDICAL EDUCATION**

The Office of Graduate Medical Education (GME) provides administrative support for and supervisory oversight of all residency and fellowship and Clinical Psychology programs of IU School of Medicine. The office serves as the human resource office for IUSM trainees. For more information about the core administrative services, and full detail of all GME policies go to <https://medicine.iu.edu/education/gme/employment-terms-benefits/policies/>

Many links for specific policies are stored on a secure internal Sharepoint site; please contact us for copies of any policy that is not publicly accessible.

## **INTERNSHIP ADMINISTRATION**

Ann Lagges, Ph.D. is the Director of Training for the Internship program and Noha Minshawi, Ph.D. and Jenifer Vohs, Ph.D. are the Assistant Directors of training. Angie Seibers is the Education Coordinator for the program.

### **Internship Executive Committee**

The Internship Executive Committee includes supervisors who represent each of the training sites, the internship's Diversity Coordinator, the Director and Assistant Directors of Training, the Director of the Division of Psychology and the Chief Intern. It is chaired by the Director of Training.

The purpose of the Internship Executive Committee is to provide administrative and organizational direction for the Psychology Internship Program. The Internship Executive Committee meets monthly to review the operations of the program and to develop and revise Internship Program policies and procedures as needed.

The Internship Executive Committee also regularly reviews the progress of each intern and is at times called upon to resolve areas of difficulty or conflict between interns and members of the faculty consistent with the program's Grievance Procedure included in this brochure.

The Internship Executive Committee also has the authority to determine remediation plans for interns and to determine if a problem with an intern is serious enough to warrant lodging a complaint requesting disciplinary action or termination with the Associate Dean for Graduate Medical Education consistent with the program's Disciplinary Action, Due Process and Termination procedures included in this brochure.

In matters relating to intern remediation, referral for disciplinary action/termination, and the resolution of intern complaints, conflicts, or disputes, decisions of the Internship Executive Committee will be reached by majority vote with each member having one vote. If the conflict involves the Director of Training, the Director of the Division of Psychology or any other member of the Internship Executive Committee, they will not participate as a voting member in decisions related to that dispute.

The Chief Psychology Intern will not be included in deliberations related to the remediation, disciplinary referrals, or evaluation of a specific intern. In all other matters, the Chief Psychology Intern will function as a voting member of the Internship Executive Committee.

The actions and decisions of the Internship Executive Committee are subject to the approval of the Director of the Division of Psychology and the Chair of the Department of Psychiatry.

The proceedings of the Internship Executive Committee meeting will be recorded in regular minutes which will be distributed to the members of the Internship Executive Committee and are available to other members of the training faculty.

Decisions of the Internship Executive Committee that relate to Internship Policies and Procedures will be communicated to the intern class in person by the Director or an Assistant Director of Training at the next scheduled Director's Conference.

### **APPLY TO THE PROGRAM**

#### APPIC Match Numbers

- 129413 – Autism Track (1 position)
- 129414 - Child/Pediatric Psychology Track (3 positions)
- 129416 – Child/Autism Track (1 position)
- 129415 – Adult Health Psychology Track (3 positions)
- 129412 – Pediatric Neuropsychology Track (1 position)
- 129417 – Addictions Track (1 position)

### **PLEASE SUBMIT YOUR APPLICATION BY NOVEMBER 1, 2024 THROUGH THE APPIC ONLINE APPLICATION PORTAL**

Applications for admission to the Psychology Internship Program are accepted from graduate students enrolled in APA Accredited doctoral programs in Clinical Psychology. It is expected that successful applicants will have completed at least three years of graduate training which has included formal educational and clinical experiences with assessment and intervention, as well as training and experience with research. Applicants should have at least some experience and demonstrated interests relevant to the track(s) to which they are applying.

Applicants must complete the AAPI, provide a transcript or transcripts documenting their graduate education in clinical psychology, and three letters of recommendation. Their Director of Training must also indicate on the AAPI that the applicant is ready to apply for internship. Deadline for submission of application materials is November 1 of each year.

Applications are initially reviewed by the Director and Assistant Directors of Training to determine that minimal program requirements are met (e.g. that the applicant is enrolled in an APA accredited program in Clinical Psychology). All applications meeting minimum requirements are distributed among members of the Internship Admissions Committee for review.

The Internship Admissions Committee, is composed of all interested training faculty members representing all training sites and core rotations, and is chaired by the Director of Internship Training. Appointments to the committee are made by the Director of Internship Training and the Director of the Division of Psychology.

Each application will be reviewed by at least two Internship Admissions Committee members. A third member will review the application if the initial two committee members have divergent opinions regarding an applicant.

The Internship Admissions Committee meets in mid-November to discuss committee members' evaluations of the applicants, and to narrow the applicant pool to approximately 90 applicants who will be offered interviews. All qualified applicants who describe lived experiences and attributes that would enhance the diversity of our internship cohort are offered an interview.

Applicants invited for interviews will be offered a choice of three dates in January to participate in a virtual interview day on the Zoom platform. Please note: no in person visits will be permitted to help reduce barriers to applying to our program to better promote Diversity, Equity, Inclusion and Justice. Each applicant will participate in individual interviews with at least two faculty members who will complete formal evaluations of each applicant.

After interviews are completed, the Admissions Committee will meet again as a group to discuss the applicants and develop rank order lists for all tracks for submission to the Match.

All actions of the Admissions Committee, Training Faculty, and current interns will be consistent with APPIC policies. These policies are reviewed by all involved in the admissions process prior to the start of each admissions cycle.

Interns admitted to the program will be appointed to the House Staff of Indiana University School of Medicine for 12 calendar months beginning July 1 and ending June 30. Upon appointment to the House Staff of Indiana University School of Medicine, psychology interns will complete a contract issued by the Graduate Medical Education (GME) Office and be expected to abide by the policies and procedures of the Indiana University School of Medicine House Staff. Please see the section of this handbook containing the GME House Staff policies.

Interns, consistent with GME requirements, will be required to complete a Criminal Background Check and Motor Vehicle Record Check, sign the Contract of Appointment to House Staff, Patent Agreement and the IU School of Medicine Statement of Principles. Cases in which there are any findings from the Criminal Background Check or Motor Vehicle Record Check will be reviewed by Jennifer N. Choi, MD, Senior Associate Dean, Graduate Medical Education, to determine the appropriate course of action.

Interns must complete a Health Screening including a two-step PPD screening, Flu vaccine, Covid-19 vaccine, and Immunization Verification. Interns will be asked to provide documentation of any vaccinations received prior to the start of internship. PPD screening and flu vaccines will be paid for by the program if these are done on site, but any additional vaccines or titers that must be performed will be billed to the intern's private insurance with the intern bearing responsibility for any copays. Interns are also required to complete an I-9 for determining eligibility to work in the United States. In order to prepare interns for the administrative, academic, and clinical expectations of internship, they are required to complete the Online Orientation Modules sponsored by the IU School of Medicine.

During the period of their appointment to the House Staff, the clinical activities of the interns, which are pursued as an approved part of their training program, will be covered by the liability insurance maintained by the GME Office; if interns engage in any clinical activities, or other activities that could result in a malpractice claim, outside of those that are part of the training program, they should maintain their own coverage as well. In addition, interns will be paid a stipend of \$35,568, provided with health

insurance for the intern and family members, life insurance, disability insurance, vision and dental insurance, and on campus parking. Termination of appointment to the House Staff will occur at the end of 12 months or when the intern finishes their training program. Premature termination of the appointment may be accomplished in a fashion outlined by the House Staff contract.

The Psychology Internship Program at the Indiana University School of Medicine is Accredited by the American Psychological Association.

For questions regarding the program's accreditation status please contact:

American Psychological Association  
Office of Program Consultation and Accreditation  
750 First Street, NE  
Washington DC 20002-4242  
Telephone: (202) 336-5979  
TDD/TTY: (202) 336-6123  
Fax: (202) 336-5978  
[www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)  
apaaccred@apa.org



## **FREQUENTLY ASKED QUESTIONS**

### **What is a typical work week like for an intern?**

Interns will work 40 hours per week, typically being on-site from approximately 8 or 9 AM to 4 or 5 PM Monday through Friday. This includes all core and elective rotations, meetings, administrative activities, and didactics. The internship faculty value balance, and support the notion that interns have commitments, interests and activities outside of work. The internship is a 1-year full-time (2000 hour) program, and must include a minimum of 500 patient contact hours.

### **Are interns expected to work on the weekends?**

No, interns are not on-call or expected to work at night or on the weekends. Interns are only expected to respond to patient emergencies during the work day; psychiatry residents, fellows, and faculty cover call for evenings and weekends.

### **Are post-doc positions available upon graduation from the internship program?**

Yes, there are post-doctoral fellowship positions available annually. Currently, there are pediatric and adult post-doctoral positions available in neuropsychology in the Department of Psychiatry and Neurology. Two post-doctoral fellowships in Autism are available, and one post-doctoral position is available in Adult Health Psychology. Others that may be available, depending on funding for the 2026-2027 year, include Pediatric GI, and Pediatric Pain.

### **What benefits are included? Are spouses and children included?**

Interns receive a stipend which will be at least \$35,568 for the 2025-2026 training year. Benefits offered at no cost to interns include: health insurance for the intern and family members, life insurance, disability insurance, malpractice coverage, vision and dental insurance, and on-campus parking. This package of benefits, fully funded by the internship program, is worth up to \$10,500. Each intern is appointed to the House Staff of Indiana University School of Medicine and is entitled to 10 paid university holidays and an additional 20 PTO Days (Paid Time Off) as part of the training year.

### **How many internship positions are available?**

A total of ten internship positions are available for the 2025-2026 year. One position will be in the Autism Track, Three in the Child/Pediatric Track, One in the Child/Autism Track, Three in the Adult Health Psychology Track, One in the Pediatric Neuropsychology Track and one in the Addictions Track.

### **What is the cost of living in Indianapolis?**

Living in Indianapolis is very affordable! Indianapolis has a 91.5 Cost of Living Index based on the National Average of 100!

**What is the theoretical orientation of the faculty?**

The theoretical orientation of the faculty is diverse, including behavioral, cognitive-behavioral, multimodal, and interpersonal.

**How far apart are the rotation sites?**

The Neuroscience Center, Indiana University Hospital Clinics, Riley Hospital for Children and the Pediatric Care Center (PCC) are all located on the 500-acre campus of Indiana and Purdue Universities in downtown Indianapolis (IUPUI). University Hospital, Riley Hospital and the PCC are within walking distance of each other on the campus. The Neuroscience Center (Goodman Hall) is connected to the campus by way of free shuttles, a 10-minute drive, or a 15 to 20 minute walk. The IU Health North – Meridian Crossing location is approximately a 30-minute drive from downtown and so efforts are made to minimize days in which interns must travel between the northside and downtown locations.

**If I have more questions, how can I contact someone?**

Please contact:

Ann Lagges, Ph.D., HSPP, ABPP  
Director of Training  
alagges@iu.edu

## Indy Welcomes All



### **Facts about Indianapolis**

- Based on 2020 census data, the population of the city of Indianapolis is 887,642 and the metro area is home to 2,111,040.
- Indianapolis is diverse in terms of race, ethnicity, country of origin, language, religion, sexual orientation and gender identity. Based on 2020 census data the population of Indianapolis is 52% white, 27.9% black, 13% Hispanic/Latino and 4.3% Asian.
- Living in Indianapolis is extremely affordable! Indianapolis was rated as the 21<sup>st</sup> most affordable place to live in the U.S. in 2024-2025 by U.S. News and World Report.

### **Fun things to do in Indy – if you get bored during your year here, you aren't trying**

- Sports - Home of the 2006 World Champion Indianapolis Colts (and host of the 2012 Super Bowl), Indiana Pacers, Indiana Fever, Indianapolis Indians AAA baseball, and the Indianapolis Motor Speedway with events such as the Indy 500.

- Fitness – Do you like running? Yoga? Cycling? Team sports? There are clubs, marathons/half-marathons, triathlons (yes, there is water in Indy), countless gyms, yoga studios, and personal trainers to meet your every fitness need!
- Parks and Outdoor Activities - Close proximity to Eagle Creek Park (the largest municipal park in the nation), White River State Park, the Monon Trail, the Indianapolis Zoo, and many wonderful state parks within an hour drive.
- Dining – Indianapolis is home to countless award winning restaurants in all price ranges! We have some amazing established and up and coming chefs who are drawing national attention. Downtown, Broad Ripple, Mass Ave, Fountain Square, and the International Market Place offer options ranging from steakhouses, fine dining, small farm-to-fork establishments, vegetarian/vegan restaurants and cuisine from around the world!
- Cultural Activities - A variety of opportunities with the Indianapolis Symphony Orchestra, the Indiana Repertory Theater, Phoenix Theater, Indy Fringe Fest, the Heartland Film Festival, and the Indy Art Center.
- Museums - Options are available for all interests including the Children's Museum, the Indianapolis Museum of Art, Indiana State Museum, NCAA Hall of Champions, and the Eiteljorg Museum.
- Family Friendly Activities - Indianapolis is a great place to find family friendly activities. The zoo and Children's Museum are great downtown options and Conner Prairie just northeast of the city offers a unique living history experience with hands on activities. Indianapolis is also home to many excellent public and private schools, and countless opportunities for kids to get involved in sports, camps and the arts!
- Festivals – Festivals abound in Indy throughout the year! Food, music and culture are not in short supply!
- Shopping – From the small, independent shops on Mass Ave., to numerous malls, to outlet shopping just south of Indianapolis in Edinburg, there are options for every shopping need!
- Orchards, farmers markets and more!
- For more information see [Visit Indy](#)

**Indiana University School of Medicine Psychology Intern**  
**ROTATION FEEDBACK FORM**

**To be completed by all supervisors at 3, 6, 9 and 12 months**

**NOTE: Data from all supervisors' feedback forms will also be used in completing the Competency Evaluation at the end of each rotation (6 and 12 month points).**

Intern Name: \_\_\_\_\_

Rotation: \_\_\_\_\_

Supervisor(s) : \_\_\_\_\_

1<sup>st</sup> rotation midpoint (3 months)

1<sup>st</sup> rotation end (6 months)

2<sup>nd</sup> rotation midpoint (9 months)

2<sup>nd</sup> rotation end (12 months)

**Assessment Methods Used**

\_\_\_\_\_ Direct Observation                      \_\_\_\_\_ Video Observation                      \_\_\_\_\_ Review of Raw Test Data

\_\_\_\_\_ Review of Written Work                      \_\_\_\_\_ Discussion of Clinical Interactions

\_\_\_\_\_ Case Presentation                      \_\_\_\_\_ Comments from Other Staff                      \_\_\_\_\_ Patient Feedback

**Competency Ratings Descriptions: Please note: For competency descriptions with two possible ratings, the lower number should be considered the floor for that description with the higher number representing a "plus" rating to indicate movement toward the next higher category**

|     |  |
|-----|--|
| 10  | <b><u>Ability to Teach and Lead in this Area.</u></b> This is a level that will likely only be reached in select areas of competency even at completion of post-doctoral training. The individual is sought out by doctoral level providers on a regular basis for advice and consultation   |
| 9   | <b><u>Prepared for Advanced Level Practice</u></b> This is the rating expected at the completion of post-doctoral training. The intern is functioning at the level of a specialized psychology staff member.   |
| 8   | This is not a typical rating given even at completion of internship.   |
| 7   | <b><u>Ready for Entry Level Practice and Licensure.</u></b> This is a frequent rating at the end of internship. The intern at this level is ready for autonomous general practice. This means that they can function independently in a broad range of clinical and professional activities, can generalize skills and knowledge to new situations and demonstrate the ability to self-assess when to seek additional training, supervision or consultation. |
| 6   |  |
| 5   | <b><u>Emerging Competence.</u></b> This is a common rating early in internship/advanced practicum. The intern at this level is building some independence in the rated area, particularly when tasks are more routine.   |
| 4   |  |
| 3   | <b><u>Minimal Independence.</u></b> This is a rating appropriate for a beginning practicum student. The intern is not demonstrating independence on routine/basic tasks, but can perform basic tasks with specific direction.  |
| 2   |  |
| 1   | <b><u>Remedial work is needed.</u></b> This indicates the intern requires additional observational learning or intensive instruction prior to being ready to assume patient care even if specific/concrete direction is provided.  |
| N/A | <b><u>Not Applicable</u></b> for this training experience or not assessed during this training experience  |

### COMPETENCY 1: ASSESSMENT

|  |  |
|--|--|
|  | Element 1.1: Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client/patient strengths and psychopathology.   |
|  | Element 1.2: Demonstrates understanding of human behavior within its context (e.g. family, social, societal and cultural)  |
|  | Element 1.3: Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.  |
|  | Element 1.4: Selects and applies assessment methods that draw from the best available empirical literature that reflects the science of measurement and psychometrics; collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. |
|  | Element 1.5: Interprets assessment results following current research and professional standards and guidelines to inform diagnostic classification, case conceptualization and treatment recommendations while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.                         |
|  | Element 1.6: Communicates the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.   |

Comments:

### COMPETENCY 2: INTERVENTION

|  |  |
|--|--|
|  | Element 2.1: Establishes and maintains effective relationships with the recipients of psychological services   |
|  | Element 2.2: Develops evidence-based intervention plans specific to the service delivery goals   |
|  | Element 2.3: Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics and contextual variables |
|  | Element 2.4: Demonstrates the ability to apply the relevant research literature to clinical decision making.   |
|  | Element 2.5: Modifies and adapts evidence-based approaches effectively when a clear evidence base is lacking   |
|  | Element 2.6: Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation                               |

Comments:

### COMPETENCY 3: INDIVIDUAL AND CULTURAL DIVERSITY

|  |  |
|--|--|
|  | Element 3.1: Demonstrates an understanding of how own personal/cultural history, attitudes and biases may affect own understanding of, and interactions with people different from themselves.                                       |
|  | Element 3.2: Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation and service. |
|  | Element 3.3: Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles including research, service and other professional activities.                |
|  | Element 3.4: Demonstrates the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of prior training.                                     |
|  | Element 3.5: Demonstrates ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.  |

Comments:

### COMPETENCY 4: CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

|  |  |
|--|--|
|  | Element 4.1: Demonstrates knowledge and respect for the roles and perspectives of other professions  |
|  | Element 4.2: Applies knowledge of consultation models and practices in consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior. |

Comments:

### COMPETENCY 5: SUPERVISION

|  |  |
|--|--|
|  | Element 5.1: Applies supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees. |
|  | Element 5.2: Applies the supervisory skill of observing in direct or simulated practice.   |
|  | Element 5.3: Applies the supervisory skill of evaluating in direct or simulated practice   |
|  | Element 5.4: Applies the supervisory skills of giving guidance and feedback in direct or simulated practice  |

Comments:

### COMPETENCY 6: RESEARCH

|  |  |
|--|--|
|  | Element 6.1: Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications). |
|  | Element 6.2: Disseminates research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.   |

Comments:

### COMPETENCY 7: ETHICAL AND LEGAL STANDARDS

|  |  |
|--|--|
|  | Element 7.1: Demonstrates good knowledge of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct   |
|  | Element 7.2: Demonstrates good knowledge of and acts in accordance with relevant laws, regulations, rules and policies governing health service psychology at the organizational, local, state, regional and federal levels. |
|  | Element 7.3: Demonstrates good knowledge of and acts in accordance with relevant professional standards and guidelines.  |
|  | Element 7.4: Recognizes ethical dilemmas as they arise, and applies ethical decision making processes in order to resolve the dilemmas.  |
|  | Element 7.5: Conducts self in an ethical manner in all professional activities.  |

Comments:

### COMPETENCY 8: PROFESSIONAL VALUES AND ATTITUDES

|  |  |
|--|--|
|  | Element 8.1: Behaves in ways that reflect the values and attitudes of psychology including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. |
|  | Element 8.2: Engages in self-reflection regarding personal and professional functioning and engages in activities to maintain and improve performance, well-being and professional effectiveness.                  |
|  | Element 8.3: Actively seeks and demonstrates openness and responsiveness to feedback and supervision.  |
|  | Element 8.4: Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.  |

Comments:



COMPETENCY 9: COMMUNICATION AND INTERPERSONAL SKILLS

|  |  |
|--|--|
|  | Element 9.1: Develops and maintains effective relationships with a wide range of individuals including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services |
|  | Element 9.2: Demonstrates a thorough grasp of professional language and concepts; produces, comprehends and engages in communications that are informative and well-integrated.                                    |
|  | Element 9.3: Demonstrates effective interpersonal skills and the ability to manage difficult communication well.   |

Comments:

SUMMARY OF STRENGTHS:

AREAS IN NEED OF ADDITIONAL DEVELOPMENT:

Supervisor(s) signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INTERN COMMENTS:

My supervisor has reviewed this feedback form with me and that the information from this form will be incorporated into my Competency Evaluation at the end of each rotation (6 and 12 months). I understand that my signature does not necessarily indicate my agreement.

Intern signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Indiana University School of Medicine Psychology Intern**

**COMPETENCY EVALUATION FORM**

Intern Name: \_\_\_\_\_

Core Rotation & Supervisor(s): \_\_\_\_\_

Elective Rotations & Supervisors : \_\_\_\_\_

1st Rotation    2<sup>nd</sup> Rotation Final Comprehensive (circle one)

Assessment Methods Used

\_\_\_\_\_ Direct Observation                      \_\_\_\_\_ Video Observation                      \_\_\_\_\_ Review of Raw Test Data  
 \_\_\_\_\_ Review of Written Work                      \_\_\_\_\_ Discussion of Clinical Interactions  
 \_\_\_\_\_ Case Presentation                      \_\_\_\_\_ Comments from Other Staff                      \_\_\_\_\_ Patient Feedback

Competency Ratings Descriptions: Please note: For competency descriptions with two possible ratings, the lower number should be considered the floor for that description with the higher number representing a “plus” rating to indicate movement toward the next higher category

|    |   |
|----|---|
| 10 | <u>Ability to Teach and Lead in this Area.</u> This is a level that will likely only be reached in select areas of competency even at completion of post-doctoral training. The individual is sought out by doctoral level providers on a regular basis for advice and consultation   |
| 9  | <u>Prepared for Advanced Level Practice</u> This is the rating expected at the completion of post-doctoral training. The intern is functioning at the level of a specialized psychology staff member. This is not a typical rating given even at completion of internship.  |
| 8  |   |
| 7  | <u>Ready for Entry Level Practice and Licensure.</u> This is a frequent rating at the end of internship. The intern at this level is ready for autonomous general practice. This means that they can function independently in a broad range of clinical and professional activities, can generalize skills and knowledge to new situations and demonstrate the ability to self-assess when to seek additional training, supervision or consultation. |
| 6  |   |
| 5  | <u>Emerging Competence.</u> This is a common rating early in internship/advanced practicum. The intern at this level is building some independence in the rated area, particularly when tasks are more routine.   |
| 4  |   |
| 3  | <u>Minimal Independence.</u> This is a rating appropriate for a beginning practicum student. The intern is not demonstrating independence on routine/basic tasks, but can perform basic tasks with specific direction.  |
| 2  |   |
| 1  | <u>Remedial work is needed.</u> This indicates the intern requires additional observational learning or intensive instruction prior to being ready to assume patient care even if specific/concrete direction is provided.  |

### COMPETENCY 1: ASSESSMENT

|  |  |
|--|--|
|  | Element 1.1: Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client/patient strengths and psychopathology.   |
|  | Element 1.2: Demonstrates understanding of human behavior within its context (e.g. family, social, societal and cultural)  |
|  | Element 1.3: Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.  |
|  | Element 1.4: Selects and applies assessment methods that draw from the best available empirical literature that reflects the science of measurement and psychometrics; collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. |
|  | Element 1.5: Interprets assessment results following current research and professional standards and guidelines to inform diagnostic classification, case conceptualization and treatment recommendations while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.                         |
|  | Element 1.6: Communicates the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.   |

Comments:

### COMPETENCY 2: INTERVENTION

|  |  |
|--|--|
|  | Element 2.1: Establishes and maintains effective relationships with the recipients of psychological services   |
|  | Element 2.2: Develops evidence-based intervention plans specific to the service delivery goals   |
|  | Element 2.3: Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics and contextual variables |
|  | Element 2.4: Demonstrates the ability to apply the relevant research literature to clinical decision making.   |
|  | Element 2.5: Modifies and adapts evidence-based approaches effectively when a clear evidence base is lacking   |
|  | Element 2.6: Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation                               |

Comments:

### COMPETENCY 3: INDIVIDUAL AND CULTURAL DIVERSITY

|  |  |
|--|--|
|  | Element 3.1: Demonstrates an understanding of how own personal/cultural history, attitudes and biases may affect own understanding of, and interactions with people different from themselves.                                       |
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Comments:

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Comments:

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Comments:

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|  | Element 9.3: Demonstrates effective interpersonal skills and the ability to manage difficult communication well.   |

Comments:

SUMMARY OF STRENGTHS:

AREAS IN NEED OF ADDITIONAL DEVELOPMENT:

COMPETENCY GOALS:

At the end of the 1<sup>st</sup> rotation, all elements will be rated at a level of 5 or higher all with 50% or more of elements at a level of 6 or higher.

At the end of the 2<sup>nd</sup> rotation, all elements will be at a level of 6 or higher reflecting a readiness for entry level practice and licensure in all competency areas.

## ACHIEVEMENT OF COMPETENCY GOAL:

\_\_\_\_\_ The intern has successfully completed their competency goal. We have reviewed this evaluation together

\_\_\_\_\_ The intern has not successfully completed their competency goal.

If this is the end of rotation 1, we have made a joint, written remediation plan which is attached to this evaluation, and which includes specific dates for completion. The plan will be re-evaluated at least monthly per program remediation procedures.

If this is the end of rotation 2, an appropriate plan of action has been developed in collaboration with the intern's DCT that is consistent with all relevant program and GME policies and procedures.

We have reviewed this evaluation and associated plans together.

Core Supervisor(s)' signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Elective Supervisors' signatures: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Director/Asst. Director of Training signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INTERN COMMENTS:

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

Intern signature: \_\_\_\_\_ Date: \_\_\_\_\_



**SUPERVISION AGREEMENT**

|                             |  |
|-----------------------------|--|
| <b>Date</b>                 |  |
| <b>Rotation</b>             |  |
| <b>Intern Name</b>          |  |
| <b>Supervisor Name</b>      |  |
| <b>Supervision Day/Time</b> |  |

**Agreed upon goals for this rotation:**

1.

2.

3.

4.

5.

**Comments:**

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Signature of Intern

---

Signature of Supervisor

## **DISTANCE LEARNING**

### **A. Describe specifically when and how distance/online/electronically mediated education methodologies are used. If specific seminars/training experiences (in part or whole) are offered using distance education methods, each must be explicitly identified as such.**

Our program will employ distance learning, including hybrid formats, when indicated by federal, state, local or institutional guidelines related to a public health emergency. This would include scenarios such as quarantines being re-instated by the institution related to exposure to Covid-19 or another pathogen that may emerge in the future.

We may elect, on occasion, to move didactic sessions or clinics to a virtual format for situations such as bad weather that lead the institution to direct clinics and classes to be moved to remote formats if feasible.

We may have occasional didactic presenters present live, from a remote location to enable out-of-state presenters to share their expertise without needing to travel to Indiana, or to enable a presenter to avoid cancelling a didactic session if they experience an unforeseen issue such as transportation problems.

We will utilize telesupervision as described under our Telesupervision Policy on page 33.

If agreeable to both supervisor and intern, and appropriate to the training experience, interns may be permitted to participate in some Core or Elective rotation activities from home. This may not be an option for many rotations. Interns should not expect to routinely have work from home days and should not expect that requests for work from home days can be granted. Interns should be prepared to be on-site 5 days per week.

### **B. Describe the methods by which the program identifies the person participating in the education or training activity that uses distance education methodologies. In other words, a program must report how it ensures that an intern participating in that activity is the same person that participates in and completes that activity.**

We require that our interns have their cameras on, and that they are visible on screen for the duration of the activity other than brief breaks. Given that our interns are known to supervisors and didactic presenters, they are identified visually.

### **C. Describe how the methods described above protect intern privacy.**

Privacy is protected as all distance learning activities are over Zoom Health or other HIPAA compliant platforms; virtual meetings are waiting room and/or password protected and no one is permitted to join other than those who would be involved in the activity in person (supervisor, didactic presenter, other interns).

### **D. Describe how interns are informed in a timely manner of any additional program fees associated with verification of intern identity.**

We do not charge interns for distance learning activities, and we do not use any methods of identity verification that carry a cost.

## IUSM PSYCHOLOGY INTERNSHIP TELESUPERVISION POLICY

Rationale for using telesupervision: Because our training experiences are located at various sites on a large campus, telesupervision enables supervisors and learners to engage in make-up or additional supervision sessions on days when the supervisor and learner are not in the same physical location without requiring travel. In addition, telesupervision will also permit supervision to still occur if supervisor and/or intern are working remotely from home on a given day.

How telesupervision is consistent with our program's overall aims and training outcomes: The use of telesupervision permits our program to ensure that interns can more easily meet with their regular supervisor even if both are not located in the same physical space on a given day. Consistent, regular access to Core and Elective supervisors, at both scheduled and unscheduled times, enhances our ability to prepare interns for entry-level practice and licensure, able to provide quality, evidence-based assessment and treatment to patients across the lifespan and from diverse backgrounds.

How and when our program uses telesupervision in clinical training: Telesupervision is used when the supervisor and intern need to reschedule supervision to a day/time when they are located at different sites on campus or when one or both are working remotely.

How is it determined which interns can participate in telesupervision? Telesupervision will be utilized with all interns, at least intermittently, throughout the training year. If it is determined that an individual trainee is not able to engage in telesupervision due to technology issues or due to difficulty engaging over telesupervision, the supervisor will use their judgement to limit supervision to in person only if the issues cannot be addressed.

How will our program ensure that relationships between supervisors and interns are established at the onset of the supervisory experience? The majority of supervision in our program will be provided in person. Regardless of modality of supervision, it is expected that supervisors will spend time permitting supervisor and intern to become acquainted with one another. Based on feedback from previous interns, this initial phase will include discussion of what supervisor and supervisee each bring to the supervisory relationship in terms of individual and cultural diversity and prior experiences in supervision.

How will off-site supervisors maintain full professional responsibility for clinical cases? We do not have supervisors who are fully off-site. All supervisors work in the clinics/on the services where they supervise. If a supervisor is working remotely on a given day, they are able to utilize a VPN to fully access medical records through the electronic record system and will be available via cell phone and Diagnostics.

How are non-scheduled consultation and crisis coverage managed? If an intern is on site when a supervisor is working remotely, another supervisor will be available on site in addition to the supervisor being available via cell phone and the secure messaging application, Diagnostics. If both the intern and supervisor are working remotely, the supervisor will be immediately available via cell phone and Diagnostics.

Managing privacy and confidentiality of patients and interns: Supervisors will only conduct telesupervision utilizing a HIPAA compliant platform, such as Zoom Health. Supervisors and interns will both ensure they are in private locations where discussions cannot be overheard by others. Supervisors will review variables that need to be taken into account to ensure their location is private.

Technology and quality requirements and education regarding technology for trainees and supervisors: All supervisors and trainees will have IU Health issued laptops with cameras and microphones. Supervisors are provided with access to HIPAA compliant teleconferencing/ telehealth platforms via Indiana University and/or IU Health and will use these accounts for telesupervision. The interns will join the meeting initiated by the supervisor. If any supervisor or intern needs instruction in the use of HIPAA compliant teleconferencing/telehealth platforms, this can be provided during orientation week and during onboarding of new supervisors.