CENTER FOR BRIEF THERAPY

DOCTORAL INTERNSHIP IN

CLINICAL PSYCHOLOGY

HANDBOOK

Rowland Hall
4190 City Avenue
Philadelphia, PA
19131

2016-2017
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THE DOCTORAL INTERNSHIP
AT THE PCOM CENTER FOR BRIEF THERAPY

The PCOM Center for Brief Therapy is a member of the Association of Postdoctoral and Psychology Internship Centers (APPIC) and uses the National Matching Service program to select interns in the annual Match. The program received initial accreditation for the maximum of seven years by the Commission on Accreditation of the American Psychological Association in August, 2014. The next accreditation site visit will be held in 2021. For general information about APA accreditation or specific information about the accreditation status of the internship at the PCOM Center for Brief Therapy, please contact:

Office of Program Consultation & Accreditation
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
202-336-5979
http://www.apa.org/ed/accreditation

The Doctoral internship in clinical psychology at the PCOM Center for Brief Therapy is designed to train future psychologists to work in health care settings as providers of comprehensive psychological services that stress interdisciplinary collaboration. The internship is designed to be fulfilled in 2000 hours of training, in not less than 12 months, and not more than 24 months consecutively. The Center for Brief Therapy is located on the 5th floor of the Rowland Hall Medical Office Building, and serves as a mental health resource to the students at the PCOM medical school and the local community. The internship fulfills part of its mission in a rotation at the on-campus Center for Brief Therapy, where interns provide mental health services in the Center for Brief Therapy’s outpatient clinic at the Philadelphia College of Osteopathic Medicine, and accept referrals from the Center for Academic Resources and Educational Services (C.A.R.E.S.) program, a student-focused program designed to lend academic support services to medical students and graduate students who are members of the PCOM academic community.

The internship fulfills another part of its mission by having interns participate in rotations with an integrated primary care emphasis at the on-campus PCOM Family Medical Practice and/or at community health care centers in two urban sites: the PCOM Lancaster Avenue Health Care Center in West Philadelphia, the Cambria Health Care Center in North Philadelphia, and the Lankenau Medical Associates of Main Line Health. In each of these centers, interns collaborate with medical and allied mental health professionals as a fully participatory member of the total health care team. Interns meet with the Internship Director at the beginning of the internship to discuss their interests and which health care center may best help them to match their training interests with the community demographics that the various health care centers serve.
MISSION

The mission of the Center for Brief Therapy is twofold: training and clinical service. As a training site, the Center for Brief Therapy offers the opportunity for graduate psychology students to hone their skills and develop into compassionate, sensitive, and culturally aware professionals. Furthermore, as one of PCOM’s patient service centers, we seek to provide high quality, affordable mental and behavioral health services to the community. We view the provision of these services as complimentary to the osteopathic vision of treating the whole person. We endeavor to reach a diversity of individuals including those who might not otherwise have access to these services.

GENERAL OVERVIEW OF THE INTERNSHIP AND ELIGIBILITY

The internship in clinical psychology at the PCOM Center for Brief Therapy is a training program for doctoral psychology interns based on the practitioner-scholar model of professional psychology training and practice. The internship is exclusively affiliated with the Psy.D. program in Clinical Psychology at PCOM. The internship at the Center for Brief Therapy emphasizes the integration of science and practice, informed by the local clinical scientist model, and an emphasis on cognitive behavioral practice. The internship stresses foundational competency development and consolidation in the areas of relationship, diversity, and applied ethics, and specific competency development in knowledge, skills and attitudes involving assessment, diagnosis, case conceptualization, treatment planning, intervention, consultation, supervision, and research and education. Interns also represent the role of psychology while working within an interdisciplinary team of health care professionals. The bulk of the internship is in the major rotation at Center for Brief Therapy, with a minor rotation in an assigned health care center. Our training curriculum strives to be relevant to the current demands of practicing psychologists and the populations they serve. The activities of the internship are designed to teach and develop professional competence through education, modeling, experience and supervision. The internship emphasizes the provision of service to culturally diverse communities, as well as the treatment of underserved populations with significant health disparities. The internship strongly values cultural competence and ethics. We strive for interns to employ scientific attitudes and analysis to the work they do. Overall, we expect interns to hone a range of competencies which are central to effective functioning as a professional psychologist, such that they emerge from our internship program fully prepared to function as entry level professionals.

PROGRAM PHILOSOPHY, TRAINING MODEL & TRAINING PLAN

The internship in clinical psychology at the PCOM Center for Brief emphasizes direct clinical practice and the integration of science and practice, informed by the local clinical scientist model, with an emphasis on cognitive behavioral practice. The internship stresses foundational competency development and consolidation in the areas of relationship, diversity, and applied ethics, and specific competency development in knowledge, skills and attitudes involving
assessment, diagnosis, case conceptualization, treatment planning, intervention, consultation, supervision, and research and education. Interns also represent the role of psychology while working within an interdisciplinary team of health care professionals.

The internship strongly values cultural competence and ethics. We strive for interns to employ scientific attitudes and analysis to the work they do. Overall, we expect interns to hone a range of competencies which are central to effective functioning as a professional psychologist, such that they emerge from our internship program fully prepared to function as entry level professionals.

An integral component of the health care training and delivery services at PCOM, the Doctoral Psychology Internship program emphasizes the development of Advanced to Proficient level clinical skills through supervised clinical experiences in the application of theoretical and empirical psychological knowledge. The program provides interns with a continuum of clinical training opportunities within a broad range of interdisciplinary clinical settings designed to train well-rounded clinicians in the skills to function in a variety of settings including clinical service, community consultation, and education.

Our training curriculum strives to be relevant to the current demands of practicing psychologists and the populations they serve. The activities of the internship are designed to teach and develop professional competence, through education, modeling, experience and supervision. The internship emphasizes the provision of service to culturally diverse communities, as well as the treatment of underserved populations with significant health disparities. The content of the didactic training seminars are balanced between needs for training, training staff competency, and input from former and current interns based on a needs assessment. When interns express a desire for training in an area that falls outside the range of expertise of the supervising faculty, we make every effort to recruit external expert speakers in those areas.

A core emphasis of the internship is extending proficiency in cognitive behavioral psychotherapy. Clinical supervision relies heavily on role play and review of videotaped sessions to achieve mastery of core skills. The didactic training seminar series focuses on a broad array of professional issues including assessment techniques, case conceptualization, treatment planning, empirically supported interventions for the most common disorders (including depression, anxiety disorders, attention deficit hyperactivity, eating disorders, behavioral health issues in primary care, personality disorders), ethical issues in treatment, legal/risk management, models for psychological consultation, clinical supervisory issues, dealing with difficult patients, non-adherence, and tailoring treatment to the various stages of change. As areas of need for additional training are identified over the course of the year by the interns and supervisors, they are incorporated into the curriculum. Interns are given the opportunity to lead a discussion of a research based topic within the seminar and to present their own cases as relevant to foster professional development and growth.

Interns are taught to develop interventions based on matching clinical presentation to theory and empirically based treatment. They are taught to understand and articulate the assumptions
and limitations of their interventions, as well as implement practices that address the problems they encounter. Interns will be expected to demonstrate competence in all professional issues related to the practice of psychology.

The internship experience is structured in a developing competency-tiered manner, with the interns being sequentially supervised through didactics, role modeling, (e.g., observing their supervisors in the process of intakes, evaluations, or interventions), direct observation by supervisors, indirect observation by supervisors via audio/videotape, and case presentation-based supervision. Psychology interns start the year with fewer cases and gradually increase their responsibilities as their skill levels develop.

DEVELOPMENTAL AND SEQUENTIAL LEARNING

The internship training program at the PCOM Center for Brief Therapy is developmentally planned and sequentially organized. Interns begin the year with orientation which is aimed at helping them to transition into the Department of Psychology and the medical practices at PCOM, to become part of the professional staff, and to begin assuming the role of intern. The internship program operates under the assumption that most interns will have had relatively little experience in the provision of integrated health services within a medical system and/or primary care setting. Consequently, the training program begins with an orientation to the scope of psychologist-physician collaboration, the culture of the Neighborhood Health Centers, issues related to serving culturally diverse populations, and policies and procedures related to the referral, triage and case assignment process. Issues such as the delivery of confidential services in a medical/primary care setting and HIPAA requirements are covered, as well as topics related to OSHA. At orientation, interns also receive training in documentation requirements, billing and agency protocol.

Prior to beginning training, interns perform a self-assessment using the PCOM Clinical Psychology Doctoral Psychology Internship Competencies Evaluation to establish a baseline measure of perceived skill level in each of the critical competency areas, which serves to inform and individualize the intern’s learning goals in terms of which skills need to be developed.

Next, the interns review their responses on the Internship Competencies Evaluation with their supervisors to discuss and complete their individualized learning goals using the Internship Learning Goals Agreement, which becomes a touchstone for all training and supervision activities. Interns and their supervisors review this agreement in conjunction with their mid-year and final Internship Competencies Evaluation. If any adjustments to the agreement are necessary to help interns to maximize their training experience, they may be made at any time during the internship.

Individual and group supervision begins by reinforcing a strong emphasis on active listening skills and the basics of gathering information in a systematic manner that informs a case conceptualization. Supervision then focuses on motivational interviewing skills – assessing the patient’s current stage of motivation and tailoring interviewing to moving the patient to the
next stage of motivation and avoiding the pitfalls of interventions that are inconsistent with a patient’s stage of change.

Next, supervision is dedicated to the process of formulating efficient cognitive behavioral conceptualization of the cases, including relevant background, automatic thoughts and associated emotions, behaviors, intermediate assumptions, core beliefs, compensatory strategies, and framing alternative beliefs. Following this, training and supervision focuses on how to educate the patient about the behavioral health consultant (BHC) model and the cognitive-behavioral model, including how to set an agenda and structure an intervention session. Supervisors meet bi-monthly at a regularly scheduled Supervisor’s meeting and track whether the intern’s assessment of their competence levels is accurate and whether they need more support than they realize or a push to move forward from their current level of competence. It is anticipated that interns will potentially be at different levels of competency on particular tasks, both from each other and from their own level of proficiency on other tasks. Similarly, it is expected that interns will develop at different rates as they move through different aspects of the program.

Once these general skills are in place, training focuses on cognitive and behavioral techniques specific to the most commonly encountered presenting problems: depression and anxiety disorders. Then, supervisors move to the more complex treatment of Axis II disorders and medical co-morbidities. In supervision, faculty may demonstrate the skill via role play and then have the intern practice via role play and/or videotaped intervention with a patient, which is then reviewed and discussed. Supervision is informed by a developmental approach, in that the supervisor initially takes a greater role in structuring the agenda and guiding the intern through competency development in assessment, case conceptualization, intervention, diversity issues, applied ethics, and reflection on the dynamics of the therapeutic relationship. As interns progress in the training year, they are expected to assume greater autonomy in the core competencies. They are given continuous formative feedback in supervision, and they are rated accordingly on the summative mid-year and final Intern Competencies Evaluation.

Throughout the internship, interns are also challenged to consider diversity issues that directly or indirectly inform their work as a member of an interdisciplinary health care team serving underserved populations with significant health disparities in the urban setting. Toward the end of internship, interns are expected to assume greater autonomy in guiding the content and process of the supervision sessions, such that the supervisor is able to move from a primarily didactic function to that of a consultant.

Didactic seminars related to assessment and intervention with special populations, such as geriatrics, children, and individuals with serious mental illness, and presenting problems with medical co-morbidities, such as eating disorders, chronic pain, ADHD, as well as other issues including motivational issues, medical adherence, spirituality, and quality of life, etc., round out and broaden the interns’ exposure to key issues and competencies required to work with these populations, since in the primary care setting, interns will be expected to work with as broad a variety of populations and presenting problems as possible. In addition, interns participate in a
series of didactics in Ethics and Professionalism, led by the PCOM’s Medical Ethicist, as well as two Clinical Research Seminars, led by the PCOM’s Director of the Office of Research and Sponsored Programs. Supervision continues to cycle back through the foundational skills to consolidate these competencies as new skill areas are added. As the internship continues, the intern is expected to demonstrate increased proficiency in the conceptualization of cases and autonomy in acquiring the necessary clinical data to render accurate diagnoses and treatment plans. Complexity of case work increases as the intern's skill level increases.

In sum, the interns observe experienced psychologists modeling and/or role-playing effective assessments, interventions, and diagnostic skills. They are subsequently given opportunities to provide service with supervisory assistance, take on cases that are increasingly complex, supported by an appropriate level of supervision, and provide consultation to fellow interns and supervision to doctoral and master’s level practicum students.

Training in each skill area utilizes a developmental approach incorporating the following modalities:

- Orientation provides interns with a general introduction to all areas of functioning included in the internship and provide background conceptual and/or didactic frameworks for many areas.

- Didactic seminar sessions offered throughout the year continue to enrich the interns’ knowledge, skills and attitudes for an array of relevant topics. Sessions provide more in depth explorations of various topics or encourage interns to contemplate their experiences thus far in the area in order to integrate their didactic and/or scientific knowledge with their provision of the service. Role play and case discussion are used to practice and refine skill attainment.

- Participation in group supervision and case conference, which always includes a discussion of multicultural and ethical considerations, initially provides interns with an opportunity to hear how senior staff conceptualize their work and will help interns become familiar with some of the issues and challenges associated with each area of service provision. As interns become more involved with service provision, group supervision and case conference becomes a place where they can get multiple sources of input into their work.

- Interns begin providing the service. Review of audiotaped and/or videotaped sessions and chart notes and documentation are used to monitor effectiveness and refine competency leaning goals and objectives.

- Interns develop in their competency in each area as they participate in training activities including: discussions and review of video recordings of their sessions in supervision; discussions and case presentations in didactic seminars; interaction and discussion with other interns.
• Supervisors and the training committee continuously evaluate and give formative feedback to interns to encourage their development, identify areas needing extra attention and provide remediation, as necessary.

• As supervisors are clearer about an intern’s level of competency and confidence in a particular area, the intern will be encouraged to function more autonomously and with more complex presentations in that area.

• Supervision and other training activities will encourage interns to incorporate their increased level of competency into their identity as a professional and level of confidence. Interns will thereby feel increasingly able to take on additional challenges and push their growth edges.

Supervision is informed by a developmental approach, in that the supervisor initially takes a greater role in structuring the agenda and guiding the intern through competency development in assessment, case conceptualization, intervention, diversity issues, applied ethics, and reflection on the dynamics of the therapeutic relationship. As interns progress in the training year, they are expected to assume greater autonomy in the core competencies and given formative feedback continuously in supervision, and are rated accordingly on the summative mid-year and final Intern Competencies Evaluation form. Throughout the internship, interns are also challenged to consider diversity issues that directly or indirectly inform their work, as a member of an interdisciplinary health care team serving underserved populations with significant health disparities in the urban setting. Toward the end of internship, interns are expected to assume greater autonomy in guiding the content and process of the supervision sessions, such that the supervisor is able to move from a primarily teaching function to that of a consultant.
PROGRAM GOALS, OBJECTIVES, AND COMPETENCIES

Goal # 1: To produce internship graduates who demonstrate competence in relationship to individual and cultural diversity.

Objective(s) for Goal # 1:

Objective 1. Production of graduates who exhibit professional values, comportment and behaviors in working relationships with clients, staff and supervisors.

Competencies Expected:

1. To demonstrate the ability to appropriately interact with clients, staff, and other mental health professionals and dress appropriately to the professional context.
2. To demonstrate the ability to complete clinical notes in a thorough, timely and professional manner (e.g., well-written, free of jargon, etc.) and demonstrates attention to detail.
3. To comply with clinic or other internship setting procedures and policies.

How Outcomes are Measured:

1. Ratings by supervisors and faculty using the Doctoral Psychology Internship Competencies Evaluation (semi-annual) which will include consideration from other professionals who have a direct working relationship with the intern.
2. Supervisor observations.
3. Direct Observation and/or Review of audio and video tapes of sessions.
4. Ratings of the internship by the interns on the Internship Training Site Evaluation form.

Minimum Thresholds for Achievement for Expected Competencies:

1. Satisfactory evaluation from individual supervisor [minimum rating of 3] on Section I, Item 1, on the Doctoral Psychology Internship Competencies Evaluation.
2. Satisfactory evaluation from individual supervisor [minimum rating of 3] on Section I, Item 5, on the Doctoral Psychology Internship Competencies Evaluation.
4. Interns will rate the internship at a mean of 3 or above on the Internship Training Site Evaluation form, where 0 = Poor, and 5 = Excellent.

Objective 2. Production of graduates who exhibit reflective practice and self-assessment through identification and management of personal issues.

Competencies Expected:

1. To demonstrate the ability to self-identify personal distress, particularly as it relates to clinical work, and seek and use resources that support healthy functioning when experiencing personal distress.
2. To demonstrate the ability to manage personal stress, psychological concerns, and emotional reactions so they do not adversely affect clinical work or interactions with supervisors and other professionals.

3. To demonstrate the ability to commit to quality improvement through self-identified areas in need of further growth and development.

4. To demonstrate the ability to work hard and develop as a graduate student, and future mental health professional.

How Outcomes are Measured:

1. Ratings by supervisors and faculty using the Doctoral Psychology Internship Competencies Evaluation (semi-annual) which will include consideration from other professionals who have a direct working relationship with the intern.

2. Supervisor observations.

3. Ratings of the internship by the interns on the Internship Training Site Evaluation form.

Minimum Thresholds for Achievement for Expected Competencies:

1. Satisfactory evaluation from individual supervisor [minimum rating of 3] on Section I, Item 2, on the Doctoral Psychology Internship Competencies Evaluation.


5. Satisfactory evaluation from individual supervisor [minimum rating of 3] on Section I, Item 2, on the Doctoral Psychology Internship Competencies Evaluation.

6. Interns will rate the internship at a mean of 3 or above on the Internship Training Site Evaluation form, where 0 = Poor, and 5 = Excellent.

Objective 3. Production of graduates who are able to be sensitive to and incorporate diversity considerations into their professional relationships with diverse individuals, groups and communities.

Competencies Expected:

1. To demonstrate the ability to appreciate one’s own cultural identity in relation to others and effectively integrate knowledge of client’s individual and cultural diversity into assessment, case formulation and treatment.

How Outcomes are Measured:

1. Ratings by supervisors and faculty using the Doctoral Psychology Internship Competencies Evaluation (semi-annual) which will include consideration from other professionals who have a direct working relationship with the intern.
2. Supervisor observations.
3. Direct Observation and/or Review of audio and video tapes of sessions.
4. Ratings of the internship by the interns on the Internship Training Site Evaluation form.

### Minimum Thresholds for Achievement for Expected Competencies:

2. Interns will rate the internship at a mean of 3 or above on the Internship Training Site Evaluation form, where 0 = Poor, and 5 = Excellent.

#### Objective 4.
Production of graduates who demonstrate the ability to effectively use supervision and feedback to enhance clinical and professional development.

### Competencies Expected:

1. To demonstrate the ability to use supervision appropriately; to be prepared for supervision and able to incorporate feedback from supervisor.
2. To demonstrate the ability to self-reflect and self-evaluate regarding clinical skills and use of supervision, including using good judgment as to when supervisory input is necessary.
3. To demonstrate the ability to commit to engaging in activities that support and extend knowledge, skills and attitudes in professional psychology, including awareness of current research and how it informs practice.

### How Outcomes are Measured:

1. Ratings by supervisors and faculty using the Doctoral Psychology Internship Competencies Evaluation (semi-annual) which will include consideration from other professionals who have a direct working relationship with the intern.
2. Supervisor observations.
3. Direct Observation and/or Review of audio and video tapes of sessions.
4. Ratings of the internship by the interns on the Internship Training Site Evaluation form.

### Minimum Thresholds for Achievement for Expected Competencies:

4. Interns will rate the internship at a mean of 3 or above on the Internship Training Site Evaluation form, where 0 = Poor, and 5 = Excellent.

#### Objective 5.
Production of graduates who demonstrate the ability to exhibit awareness of ethical
concepts and apply ethical principles in their professional activities with individuals, groups, and organizations.

**Competencies Expected:**
1. To demonstrate the ability to make decisions that reflect consideration of and commitment to ethical principles in professional work and practice and demonstrates ethical behavior.

**How Outcomes are Measured:**
1. Ratings by supervisors and faculty using the Doctoral Psychology Internship Competencies Evaluation (semi-annual) which will include consideration from other professionals who have a direct working relationship with the intern.
2. Supervisor observations.
3. Direct Observation and/or Review of audio and video tapes of sessions.
4. Ratings of the internship by the interns on the Internship Training Site Evaluation form.

**Minimum Thresholds for Achievement for Expected Competencies:**
2. Interns will rate the internship at a mean of 3 or above on the Internship Training Site Evaluation form, where 0 = Poor, and 5 = Excellent.

**Goal #2: To produce internship graduates who demonstrate competence in assessment, diagnosis and case conceptualization.**

**Objective(s) for Goal #2:**

**Objective 1.** Production of graduates who exhibit knowledge of evidence-based assessment.

**Competencies Expected:**
1. To demonstrate the ability to construct a specialized assessment battery using evidence-based practice.

**How Outcomes are Measured:**
1. Ratings by supervisors and faculty using the Doctoral Psychology Internship Competencies Evaluation (semi-annual) which will include consideration from other professionals who have a direct working relationship with the intern.
2. Supervisor observations.
3. Direct Observation and/or Review of audio and video tapes of sessions.
4. Ratings of the internship by the interns on the Internship Training Site Evaluation form.

**Minimum Thresholds for Achievement for Expected Competencies:**
1. Satisfactory evaluation from individual supervisor [minimum rating of 3] on Section II, Item 1, on the Doctoral Psychology Internship Competencies Evaluation.
2. Interns will rate the internship at a mean of 3 or above on the Internship Training Site Evaluation form, where 0 = Poor, and 5 = Excellent

**Objective 2.**
1. Production of graduates who demonstrate the ability to screen proficiently and administer and score psychological assessment measures.

**Competencies Expected:**
1. To demonstrate the ability to conduct screening to determine risk for self-harm, other harm, child maltreatment, or psychosis and is knowledgeable regarding specific protocol to follow if immediate action is necessary.
2. To demonstrate the ability to administer and score a variety of psychological assessment measures and instruments in a standardized manner.
3. To demonstrate ability to administer and score diagnostic assessment measures in a standardized manner.

**How Outcomes are Measured:**
1. Ratings by supervisors and faculty using the Doctoral Psychology Internship Competencies Evaluation (semi-annual) which will include consideration from other professionals who have a direct working relationship with the intern.
2. Supervisor observations.
3. Direct Observation and/or Review of audio and video tapes of sessions.
4. Ratings of the internship by the interns on the Internship Training Site Evaluation form.

**Minimum Thresholds for Achievement for Expected Competencies:**
1. Satisfactory evaluation from individual supervisor [minimum rating of 3] on Section II, Item 2, on the Doctoral Psychology Internship Competencies Evaluation.
2. Satisfactory evaluation from individual supervisor [minimum rating of 3] on Section II, Item 3, on the Doctoral Psychology Internship Competencies Evaluation.
4. Interns will rate the internship at a mean of 3 or above on the Internship Training Site Evaluation form, where 0 = Poor, and 5 = Excellent.

**Objective 3.** Production of graduates who exhibit the ability to obtain information, interpret and formulate a case conceptualization.

**Competencies Expected:**
1. To demonstrate the ability to formulate a realistic diagnostic impression based on clinical interview and historical information and considers diversity issues.
2. To demonstrate the ability to interpret assessment measures, instruments and tests.
| Objective 3. | To demonstrate the ability to obtain information from multiple sources and integrate results into case formulation and treatment planning. |

**How Outcomes are Measured:**

1. Ratings by supervisors and faculty using the Doctoral Psychology Internship Competencies Evaluation (semi-annual) which will include consideration from other professionals who have a direct working relationship with the intern.
2. Supervisor observations.
3. Direct Observation and/or Review of audio and video tapes of sessions.
4. Ratings of the internship by the interns on the Internship Training Site Evaluation form.

**Minimum Thresholds for Achievement for Expected Competencies:**


2. Interns will rate the internship at a mean of 3 or above on the Internship Training Site Evaluation form, where 0 = Poor, and 5 = Excellent.

**Objective 4.** Production of graduates who are able to report and communicate assessment feedback in a professional and sensitive manner.

**Competencies Expected:**

1. To demonstrate the ability to write a report that is accurate, well-written, professional in quality, and that is sensitive to diversity issues.
2. To demonstrate the ability to provide accurate and specific feedback regarding test performance and findings to examinees that is sensitive to diversity issues.
3. Competently completes all assigned assessments, reports, and feedback sessions, as required by PCOM Center for Brief Therapy guidelines.
4. Completes required testing activities on time, as required by PCOM Center for Brief Therapy guidelines.

**How Outcomes are Measured:**

1. Ratings by supervisors and faculty using the Doctoral Psychology Internship Competencies Evaluation (semi-annual) which will include consideration from other professionals who have a direct working relationship with the intern.
2. Documentation of dates of psychological testing reports submitted.
3. Ratings of the internship by the interns on the Internship Training Site Evaluation form.
### Minimum Thresholds for Achievement for Expected Competencies:

1. Satisfactory evaluation from individual supervisor [minimum rating of 3] on Section II, Item 8, on the Doctoral Psychology Internship Competencies Evaluation.

2. Satisfactory evaluation from individual supervisor [minimum rating of 3] on Section II, Item 9, on the Doctoral Psychology Internship Competencies Evaluation.

3. Interns will complete psychological test reports by no more than 6 weeks after the initial appointment testing session.

4. Interns will rate the internship at a mean of 3 or above on the Internship Training Site Evaluation form, where 0 = Poor, and 5 = Excellent.

### Goal # 3. To produce internship graduates who demonstrate competence in applied ethics and general therapeutic skills.

#### Objective 1. Production of graduates who are able demonstrate awareness and application of ethical decision making.

#### Competencies Expected:

1. To demonstrate the ability to readily identify ethical implications in cases and to understand the ethical elements in any present ethical dilemma or question.

2. To demonstrate the ability to effectively implement the following practices: informed consent, confidentiality, setting up appropriate boundaries, and documentation of services.

#### How Outcomes are Measured:

1. Ratings by supervisors and faculty using the Doctoral Psychology Internship Competencies Evaluation (semi-annual) which will include consideration from other professionals who have a direct working relationship with the intern.

2. Supervisor observations.

3. Direct Observation and/or Review of audio and video tapes of sessions.

4. Ratings of the internship by the interns on the Internship Training Site Evaluation form.

#### Minimum Thresholds for Achievement for Expected Competencies:

1. Satisfactory evaluation from individual supervisor [minimum rating of 3] on Section III, Item 1, on the Doctoral Psychology Internship Competencies Evaluation.

2. Satisfactory evaluation from individual supervisor [minimum rating of 3] on Section III, Item 2, on the Doctoral Psychology Internship Competencies Evaluation.

3. Interns will rate the internship at a mean of 3 or above on the Internship Training Site Evaluation form, where 0 = Poor, and 5 = Excellent.

#### Objective 2. Production of graduates who are able to effectively employ nonspecific therapeutic skills.

#### Competencies Expected:
1. To demonstrate the ability to effectively use empathy, active collaboration, warmth, and a nonjudgmental stance to develop the therapeutic relationship.

2. To demonstrate the ability to effectively employ a wide range of therapeutic responses such as reflections, interpretations, open-ended questions, and summary statement to achieve specific therapeutic goals.

3. To demonstrate the ability to terminate treatment, put gains and issues into perspective and consider future assistance.

4. To demonstrate the ability to identify how one’s personality and attributes contribute to or interfere with the therapeutic process and also in regard to clients who differ from the trainee in beliefs, ethnicity, or sexual orientation.

5. To demonstrate the ability to identify and address diversity issues and is aware of when and how to bring these up in therapy with a client.

**How Outcomes are Measured:**

1. Ratings by supervisors and faculty using the Doctoral Psychology Internship Competencies Evaluation (semi-annual) which will include consideration from other professionals who have a direct working relationship with the intern.

2. Supervisor observations.

3. Direct Observation and/or Review of audio and video tapes of sessions.

4. Ratings of the internship by the interns on the Internship Training Site Evaluation form.

**Minimum Thresholds for Achievement for Expected Competencies:**


6. Interns will rate the internship at a mean of 3 or above on the Internship Training Site Evaluation form, where 0 = Poor, and 5 = Excellent.

**Goal # 4:** To produce internship graduates who demonstrate competence in intervention, scientific knowledge and clinical application.

**Objective 1.** Production of graduates who are able to effectively implement psychological
Competencies Expected:

1. To demonstrate the ability to conceptualize a case in at least two distinct cognitive or behavioral models.
2. To demonstrate the ability to incorporate a developmental framework into case conceptualization and treatment planning.
3. To demonstrate the ability to identify and address diversity issues when conceptualizing cases and creating a treatment plan.
4. To demonstrate the ability to execute basic cognitive treatment techniques, such as automatic thought records, cognitive restructuring and mindfulness training.
5. To demonstrate the ability to execute basic behavioral techniques, such as functional analysis of behavior, behavioral activation strategies, and skills training (e.g., problem solving training).
6. To demonstrate the ability to use psychoeducation techniques properly (i.e., in language that is jargon-free, understandable and gauged to the level of the client).
7. To demonstrate the ability to execute basic relaxation techniques, such as progressive muscle relaxation and imagery.
8. To demonstrate the ability to use psychoeducation techniques effectively (i.e., in a manner that explains the problem to the client and a rationale for intervention).

How Outcomes are Measured:

1. Ratings by supervisors and faculty using the Doctoral Psychology Internship Competencies Evaluation (semi-annual) which will include consideration from other professionals who have a direct working relationship with the intern.
2. Supervisor observations.
3. Direct Observation and/or Review of audio and video tapes of sessions
4. Supervisor review of progress notes and chart entries.
5. Completion of formal case presentation.
6. Ratings of the internship by the interns on the Internship Training Site Evaluation form.

Minimum Thresholds for Achievement for Expected Competencies:

1. Satisfactory evaluation from individual supervisor [minimum rating of 3] on Section IV, Item 2, on the Doctoral Psychology Internship Competencies Evaluation.
2. Satisfactory evaluation from individual supervisor [minimum rating of 3] on Section IV, Item 5, on the Doctoral Psychology Internship Competencies Evaluation.
3. Satisfactory evaluation from individual supervisor [minimum rating of 3] on Section IV, Item 6, on the Doctoral Psychology Internship Competencies Evaluation.

5. Satisfactory evaluation from individual supervisor [minimum rating of 3] on Section IV, Item 8, on the Doctoral Psychology Internship Competencies Evaluation.


7. Satisfactory evaluation from individual supervisor [minimum rating of 3] on Section IV, Item 10, on the Doctoral Psychology Internship Competencies Evaluation.

8. Satisfactory evaluation from individual supervisor [minimum rating of 3] on Section IV, Item 11, on the Doctoral Psychology Internship Competencies Evaluation.

9. On-time completion of clinical records and notes.

10. Formal case presentation before supervising faculty.

11. Interns will rate the internship at a mean of 3 or above on the Internship Training Site Evaluation form, where 0 = Poor, and 5 = Excellent.

Objective 2. Production of graduates who are able to implement evidence-based clinical interventions.

Competencies Expected:

1. To demonstrate the ability to implement evidence-based interventions that take into account empirical support, clinical judgment, and client diversity (e.g., client characteristics, values and context).

2. To demonstrate the ability to implement clinical practice that is informed by scientifically-derived knowledge and empirically-supported practice.

3. To demonstrate the ability to use knowledge of CBT and can apply a CBT framework to cases, which includes at a minimum, setting an agenda, goal setting, and assigning homework.

How Outcomes are Measured:

1. Ratings by supervisors and faculty using the Doctoral Psychology Internship Competencies Evaluation (semi-annual) which will include consideration from other professionals who have a direct working relationship with the intern.

2. Supervisor observations.

3. Direct Observation and/or Review of audio and video tapes of sessions.

4. Supervisor review of progress notes and chart entries.

5. Completion of formal case presentation.

6. Ratings of the internship by the interns on the Internship Training Site Evaluation form.

Minimum Thresholds for Achievement for Expected Competencies:

1. Satisfactory evaluation from individual supervisor [minimum rating of 3] on Section IV, Item
Objective 3. Production of graduates who are able to competently collaborate interprofessionally and provide consultation.

**Competencies Expected:**

1. To demonstrate the ability to implement the consultant’s role as an information provider to another professional who will ultimately be the patient-care decision maker.

2. To demonstrate the ability to effectively relate to other professionals in accordance with their unique patient care roles.

**How Outcomes are Measured:**

1. Ratings by supervisors and faculty using the Doctoral Psychology Internship Competencies Evaluation (semi-annual) which will include consideration from other professionals who have a direct working relationship with the intern.

2. Supervisor observations.

3. Physician feedback.

4. Direct Observation and/or Review of audio and video tapes of sessions.

5. Ratings of the internship by the interns on the Internship Training Site Evaluation form.

**Minimum Thresholds for Achievement for Expected Competencies:**

1. Satisfactory evaluation from individual supervisor [minimum rating of 3] on Section IV, Item 12, on the Doctoral Psychology Internship Competencies Evaluation.

2. Satisfactory evaluation from individual supervisor [minimum rating of 3] on Section IV, Item 13, on the Doctoral Psychology Internship Competencies Evaluation.


4. Interns will rate the internship at a mean of 3 or above on the Internship Training Site Evaluation form, where 0 = Poor, and 5 = Excellent.

Objective 4. Production of graduates who are able to competently supervise and evaluate professional work, apply continuous quality improvement strategies, and advocate for the
profession.

**Competencies Expected:**

1. To demonstrate the ability to use knowledge of methods and issues related to evaluating professional work, including delivering formative and summative feedback, and which accounts for individual and cultural differences.
2. To demonstrate basic skills in Quality Improvement (QI) procedures in direct delivery of services, basic management of direct services, and QI procedures.
3. To demonstrate the ability to advocate for the profession by identifying and addressing the social, political, economic or cultural factors that may impact human development in the context of service provision.

**How Outcomes are Measured:**

1. Ratings by supervisors and faculty using the Doctoral Psychology Internship Competencies Evaluation (semi-annual) which will include consideration from other professionals who have a direct working relationship with the intern.
2. Satisfactory completion of Quality Improvement/research proposal to supervising faculty, as rated by clinical supervisors.

**Minimum Thresholds for Achievement for Expected Competencies:**

4. Score of 3 or above on Quality Improvement/research proposal rubric, as rated by clinical supervisors.
5. Interns will rate the internship at a mean of 3 or above on the Internship Training Site Evaluation form, where 0 = Poor, and 5 = Excellent.
MINIMAL LEVELS OF ACHIEVEMENT TO MAINTAIN GOOD STANDING AND PROGRESS SATISFACTORYLY

1. By the end of the first six months of internship, interns are expected to have earned the majority of levels of achievement by ratings of 3 (Advanced). At the Advanced level, the intern can see his or her actions in terms of long-range goals or plans of which he or she is consciously aware. The Advanced level psychologist is less flexible in these areas than the Proficient psychologist [the next level of competence] but does have a feeling of mastery and the ability to cope with and manage many contingencies of clinical work. This is a common rating during internship, and requires routine supervision of each activity on the Clinical Psychology Doctoral Psychology Internship Competencies Evaluation, with no more than six ratings of 2 (Intermediate) out of the 25 total objectives that are assessed. More than six ratings of 2 (Intermediate) will result in a Student Progress and Evaluation Committee meeting between the intern, supervisory staff, the Internship Director, the Director of Clinical Training and the Program Director for the Psy.D. Program in Clinical Psychology to discuss any barriers to progress and develop a remedial action training plan.

2. By the end of the final six months of internship, interns are expected to have earned the majority of levels of achievement by ratings of 4 (Proficient). The Proficient psychologist perceives situations as wholes rather than in terms of chopped up parts or aspects. Proficient psychologists understand a situation as a whole because they perceive its meaning in terms of longer-term goals. This is a frequent rating at completion of internship. Competency is attained in all but non-routine cases; supervisor provides overall management of intern’s activities; depth of supervision varies according to clinical needs on the Clinical Psychology Doctoral Psychology Internship Competencies Evaluation, with no more than 10 ratings of 3 (Advanced) out of the 25 total objectives that are assessed. Intern progress and potential barriers to attainment of competencies are discussed at bi-monthly Supervisor meetings and formative feedback is routinely given, so that the intern is given every opportunity to attain and refine skills and competencies as part of a process, in addition to summative evaluation at the midpoint and endpoint of the internship.

3. Finally, each intern will participate in the development and design of a plan for a Quality Improvement/research project, with presentation to supervising faculty. This plan should be developed in consultation with and approved by the Internship Director, and depending on feasibility, may be initiated and concluded during the internship year. While it is not a requirement to implement the proposed Quality Improvement study, all research projects must be submitted to and approved by the PCOM Institutional Review Board if it is determined by the Internship Director and Director of Clinical Training that it is feasible to conduct and conclude during the internship year, with a final report back to the IRB upon conclusion of the study.
REQUIREMENTS FOR COMPLETION OF INTERNSHIP

The following requirements must be met to the satisfaction of the Training Committee to receive satisfactory certification of internship completion:

1. The internship requires a total of 2000 hours. This time is split between supervised work in the rotation at Center for Brief Therapy for three (3) days a week, and a rotation in an assigned PCOM Health Care Center for two (2) days a week for a total of 16 hours each week. A minimum of 500 hours (25% of time on internship) in the provision of direct face-to-face clinical services is required. The internship may not be completed in less than 12 months, or more than 24 months, in accordance with the standards of the Pennsylvania State Board of Psychology and the American Psychological Association.

2. All rotations must be satisfactorily completed; majority of ratings must be at the level of 4 (Proficient), with no more than 10 ratings at the level of 3 (Advanced skill level) by the completion of the internship.

3. All assigned clinical documentation and administrative record keeping must be completed.

4. Regular attendance at all Internship Didactic Seminars, Saturday Seminars, completion of an online Multicultural Training program, attendance and participation in the Annual CAPS Diversity Forum, the Annual Supervisor Training Day program, and attendance to at least 2 Rovinsky Family lectures. Any seminars that are missed must be made up by participation in an equivalent program, to be determined by the Internship Director. If circumstances prohibit attendance to these lectures (such as conflicts with religious practices and/or holidays), they may be viewed on Tegrity recordings (where possible), and then discussed in group supervision.

5. At least two comprehensive Psychological/Psychoeducational Evaluations with an integrated written report must be completed. Feedback on the results of the evaluation must be provided to the referral source and the individual tested, as well as to family members when appropriate.

6. All supervisor evaluation forms and Internship Program Evaluation forms must be completed.

7. Successful completion of a Quality Improvement/research proposal, submitted and presented to the Internship Director.

PROCEDURES FOR INTERN SELECTION

NON-DISCRIMINATION POLICY

PCOM policy prohibits discrimination on the basis of age, race, color, gender, national origin, ancestry, sexual orientation, religion, creed, disability, or marital status. The policy applies in
recruitment and admission of students, employment of faculty and staff, and scholarship and loan programs. This policy is also followed in the operation of all other programs, activities, and services of the college.

Philadelphia College of Osteopathic Medicine subscribes to the principles and adheres to the requirements of state and federal law pertaining to civil rights and equal opportunity, in accordance with the requirements of Title VI of the Civil Rights Act of 1964, amended; Title IX of the Education Amendments of 1972; Section 504 of the Rehabilitation Act of 1973, as amended; and the Age Discrimination Act of 1975, as amended.

Evidence of practices inconsistent with this policy should be reported to the Director of Human Resources, who is the designated coordinator of PCOM’s nondiscrimination program. Inquiries regarding compliance with the sex discrimination provisions of Title IX may also be directed to the Assistant for Civil Rights, Department of Education, and Washington, D.C.

APPLICATION AND SELECTION PROCEDURES

Applicants should have completed all the coursework required for the Psy.D. Degree in the APA-accredited doctoral program in Clinical Psychology at the Philadelphia College of Osteopathic Medicine, and should have had supervised clinical practicum training, adequate and appropriate for a practitioner-scholar model internship, and a commitment to empirically-supported interventions with strong grounding in cognitive behavioral practice. Although we have no minimum cutoff for face to face clinical experience, we have found more successful interns to have had above 400 such hours. They should also possess a Master’s degree in Psychology and have successfully passed comprehensive or qualifying examinations. Three letters of recommendation should be submitted from doctoral faculty and/or supervisors familiar with the applicant’s skills and interests. Applicants should express interest in specific training opportunities offered by our internship, highlighting related experience and goals when possible.

We emphasize that the internship demands maturity, motivation, autonomy and clearly defined goals. Applicants should submit the APPIC uniform application for via the AAPI Online. In ranking candidates, we are particularly attentive to the match of the applicant’s interest focus, cumulative experience and career goals with our resources and opportunities and goodness of fit, in terms of competencies preparation, commitment to evidence-based practice, and relationship skills. We are particularly attuned to the match between the intern and their goals to work in integrative health care settings and serve underserved population.

We adhere to all APPIC requirements in meeting, interviewing and considering candidates for our internship program. The following steps are taken from the time the completed application is received through to the final ordering of applicants:
1. The Director of Clinical Training, Internship Director and Training Committee read and review all applications. Based on the prospective intern’s credentials and our judgment as to goodness of fit, decisions are made regarding extending an invitation to interview.

2. Candidates must have completed all or almost all requirements for their doctoral degree, have successfully proposed their dissertation, have outstanding letters of recommendations (top third or better of class), have completed 2 years of practicum experience with a preference for at least 400 hours combined Assessment and Intervention hours, and are a good match for our internship in terms of cognitive behavioral orientation with an emphasis on integrated health care.

3. Selected applicants are invited to attend an interview date scheduled in December (or January, if unable to attend in December). Each candidate participates in an individual interview with faculty members and the Internship Director. The prospective applicants also meet with the current intern group in order to obtain unencumbered and “uncensored” feedback from the interns who have “first-hand” experience with all aspects of the program. The interview sessions run from 9:00 a.m. – 1:00 p.m.

4. Interviewers complete a rating form describing the applicant’s strengths, weaknesses and goodness of fit between the candidate and our program. All interviewers then meet as a group to share impressions of the candidates and to determine a final ranking.

5. Finally, the Training Committee reviews ranked lists of candidates for inclusion in the computerized match.

**ADMINISTRATIVE SUPPORT**

All interns are assigned an individual office in the Center for Brief Therapy. All offices are equipped with a desk, a telephone with voicemail, a computer with internet connection and email, and a wall-mounted video camera to record sessions with patient consent, for the purposes of supervision. Interns have full access to all services at PCOM, including the state of the art electronic library, which includes full-text APA journals through PsychINFO, as well as numerous holding and resources in medical, cultural diversity, forensic, and ethical fields of inquiry, to just name a few.

**INTERN STIPEND**

The Center for Brief Therapy is a not for profit clinic that is dedicated to serving the underserved in urban health centers in Philadelphia. The annual stipend for interns for 2016-17 is $23,000 US, paid in increments on a bi-monthly basis. Appointments are offered conditional to satisfactorily passing the required criminal background check.
SICK AND VACATION DAYS

Interns are provided 2 weeks of paid vacation per year, to be used at agreed upon times during the year. Interns also earn 5 sick days per year and are entitled to three days of paid conference time. Interns are not paid at the end of the Internship for any unused sick or vacation days. In addition, Interns are given the same holidays that PCOM staff receives.

INTERN WORK SCHEDULE

The Center for Brief Therapy is open Monday through Thursday, 8:00 a.m. to 8:00 p.m., and Friday, 8:00 a.m. to 5:00 p.m. Interns are expected to work within those hours unless other arrangements are made with the Internship Director. In addition, interns may sometimes be required to work outside of the traditional Monday through Friday, schedule.

SAMPLE WEEKLY SCHEDULE

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Community Health Care Centers

PCOM’s Health Care Centers were established to serve the medical needs of our community by providing a variety of quality, easily accessible health care services in one convenient location.

PCOM Health Care Centers – City Avenue Division

With a focus on quality and accessibility of health care for our patients, we are able to offer health care services that include:

- Family Medicine, Geriatrics, Gynecology
- Internal Medicine
- Osteopathic Manipulative Medicine (OMM)
- Psychology
- Surgery

4170 City Ave
Philadelphia, PA 19131
(215) 871-6100
After hours: (215) 871-6351
PCOM Health care Centers – Lancaster Avenue Division

With a focus on quality and accessibility of health care for our patients, we are able to offer health care services that include:

- Family Medicine
- Gynecology
- Pediatrics
- Family Planning Services
- Dermatology
- Nephrology (kidneys)
- Rheumatology (arthritis and gout)
- Child Health Monitoring for WIC Participants
  Women, Infants and Children (WIC) located on site

4148 Lancaster Avenue
Philadelphia, PA 19104
Phone: 215-662-0119
Fax: 215-662-5339
With a focus on quality and accessibility of health care for our patients, we are able to offer health care services that include:

- Family Medicine
- Gynecology
- Pediatrics
- Podiatry
- Dermatology
- Nephrology (kidneys)
- Rheumatology (arthritis and gout)

2100 W. Cambria Street
Philadelphia, PA 19132
Phone: 215-578-3300
Fax: 215-578-3335
**Lankenau Medical Associates**

*About Lankenau Medical Associates*

Our board certified providers pride themselves in giving compassionate and thorough care to all of their patients and in going the extra mile to accommodate patients' individual needs.

**Office Hours**

Monday–Friday 8:30 am–5:00 pm

**Appointment Scheduling**

- Same day urgent appointments and online scheduling available
- After hours answering service available seven days a week
- For times when you may require care outside of our operating hours, we offer access to urgent care services seven days a week and holidays

**Location**

Lankenau Medical Center, Ground Floor, Suite B11
100 East Lancaster Avenue
Wynnewood, PA 19096

PHONE: 484.476.2658
FAX: 484.476.3577

**Patient-Centered Medical Home—Our Commitment to You**

- A personal relationship with your Primary Care Physician (PCP)
- Coordination of your care with other medical specialists
- Enhanced access and communication
INTERNET ACTIVITIES

CLINICAL SERVICES AT THE CENTER FOR BRIEF THERAPY

The Center for Brief Therapy offers ongoing cognitive-behavioral therapy as well as comprehensive psychological evaluations for children and adolescents, adults and older adults. The Center specializes in cognitive-behavioral therapy, a short-term treatment model with an impressive history of research support. This model has been shown to result in significant improvements in the quality of life for individuals with a wide range of emotional and behavioral problems as well as difficulties related to medical problems. All services provided at the Center for Brief Therapy are strictly confidential. Interns are trained to adhere to confidentiality guidelines set forth by the American Psychological Association which respect and protect the confidentiality of all of clients.

Therapy at the Center for Brief Therapy may focus on a wide variety of psychosocial or medical issues which can affect personal, interpersonal, educational, and/or daily functioning.

Mental Health Related Issues

- Depression
- Anxiety
- Adjustment Difficulties
- Child-family conflicts
- Parenting issues
- Relationship difficulties
- Reaction to traumatic experiences
- Grief, bereavement
- Occupational or academic stress
- Eating disorders
- Substance abuse disorders

Physical Health Related Issues

- Chronic pain
- Sleep disorders
- Stress
- Chronic fatigue
- Weight management problems
- Adjustment to medical conditions such as cancer, diabetes stroke, heart conditions
- Caregiver stress
- Gastrointestinal disorders, including irritable bowel syndrome
- Medical treatment adherence difficulties
- Smoking cessation
Training in Empirically Supported Interventions

The supervising faculty at the PCOM Center for Brief Therapy consists of highly experienced licensed doctoral psychologists who are members of the core faculty in the APA-accredited doctoral program in Clinical Psychology at the Philadelphia College of Osteopathic Medicine. While the goals and objectives of internship are to train psychologists who are skilled generalists, the overarching theoretical philosophy and practice of all supervising faculty in the program is rooted in cognitive and behavioral practice. Interns are expected to have basic assessment, conceptualization and intervention competencies in cognitive and behavioral practice upon beginning the internship, and over the course of the training year, they are expected to refine these competencies by translating empirically supported cognitive behavioral skills in their work with a variety of patients across a wide range of individual and cultural diversity variables, as well as socioeconomic status, age, gender, and ability. The commitment to training interns to think like scientists is a core value of training in psychology at PCOM, and interns are expected to learn and refine their use of empirically supported interventions for a variety of presenting problems such as depression, anxiety, anger, pain, traumatic stress, etc. The PCOM Library maintains reserve holdings for many empirically supported cognitive and behavioral treatment manuals for a variety of disorders by authors including Edna Foa, David Barlow, Stuart Agras, Arthur Freeman, Michelle Craske, Dennis Turk, Robert Leahy, and Mark Gilson, just to name a few. These resources are available to interns through loan from the Library, and are used in supervision via teaching, modeling, and role-playing.

Comprehensive Psychological Assessment Service

The Center for Brief Therapy provides comprehensive psycho-educational and psychological evaluations for both adults and children at an affordable price. Evaluations such as these can help determine an individual's level of intellectual functioning, unique learning style, personality characteristics, present academic achievement, career and vocational interests and aptitudes, and social/emotional needs, while incorporating the impact of situational and environmental factors. Interns collaborate with the referral source, educational institution, parents/guardians, and treating clinicians during the assessment process. Interns are trained to utilize current research findings published by the National Institute of Health & Human Services (NIH) in their conceptualization and diagnosis. Clients are often impressed by the thoroughness of the report, which includes clear, “user friendly” recommendations targeted to improve the client’s learning, attention, interpersonal, emotional, behavior and/or academic success.

Issues for which interns may conduct psychological testing and assessment include:

1. Learning disorders, school failure, achievement problems
2. Attention deficit hyperactivity disorder
3. Evaluations of gifted students
4. Evaluations of patients with medical disorders and co-occurring psychological or mental health issues
5. Personality evaluation
6. Motivational assessment
Interns are expected to complete a minimum of 2 comprehensive psychological test batteries a year, including administration, scoring interpretation, report writing, and giving feedback to the client, in order to ensure competency in the assessment of a range of psychopathologies and medical problems with co-morbid mental health issues. Psychological testing occurs with populations across the lifespan, and often focuses on specific learning disorders, testing for ADHD, and assessment of a variety of psychopathologies for the purpose of differential diagnosis, case conceptualization and treatment planning. The Center for Brief Therapy maintains a wide variety of the most current instruments and assessment tools, including instruments used in cognitive assessment, health assessment, achievement testing, objective and projective assessment, and vocational assessment. Interns are also guided in the skill of providing feedback to consumers of psychological testing and milieu consultation, where appropriate. In addition, Interns use a variety of mood and health assessments in daily supervised clinical practice in each of the settings in which they function, as part of their training to be psychologists whose practice is grounded in clinical outcomes assessment and treatment planning.

Evaluations are written to conform to state and federal guidelines, such as the IDEIA (Individuals with Disabilities Education Improvement Act), ADA (American Disabilities Act), and Section 504 of Rehabilitation Act, and adhere to specifications set forth by most post-secondary institutions in determining eligibility for educational accommodations.

All psychological testing, from administration and scoring, to interpretation, written report and client feedback session are closely supervised by licensed doctoral psychologists, and formative feedback is given throughout the process. Client feedback sessions for test results and treatment planning occur with the supervisor as co-leader in the office of the session.

Collaboration with Primary Care Physicians

In addition to the rotation at the Center for Brief Therapy for three (3) days a week, interns serve an additional rotation in the PCOM neighborhood family health care centers at one of two different locations: the Cambria Street Center and the New Lancaster Avenue practice, two days a week, for a total of 16 hours per week. These centers serve an urban, lower socioeconomic, culturally diverse population that are typically underserved recipients of mental health and medical care. While on rotation in these neighborhood health care centers, interns are expected to work closely with family practice physicians and medical residents to collaborate on assessment and intervention with patients, utilizing the bio-psycho-social model. Behavioral health consultation sessions are conducted at the neighborhood health care centers, while standard outpatient psychotherapy sessions are conducted at the Center for Brief Therapy on the PCOM campus. In addition to assessment and intervention, psychoeducational services may be provided to the general community, including such diverse activities as smoking cessation groups, medication adherence groups, weight management groups, anger control, parent effectiveness training, relapse prevention for substance abuse, etc. Referrals are often made for these psychoeducational services based on close collaboration with primary care physicians in the PCOM neighborhood health care practices.

Behavioral Health Consultation

Interns at the PCOM Center for Brief Therapy provide Behavioral Health Consultation (BHC) services as members of the interdisciplinary health care team in three urban family medicine
health care centers in Philadelphia, and the on-campus Family Medicine clinic. Each intern is assigned to one health care center for 16 hours a week total. Interns typically stay at their assigned health care center for the duration of the year so that they have an opportunity to become adjusted to the center and become integrated as part of the health care team. BHC consultation and brief interventions are provided for problems for a variety of medical and psychological issues.

**Professional Staff Consultation**

Interns at the Center for Brief Therapy are expected to serve an assignment involving consultation service in the outpatient medical practices of the Philadelphia College of Osteopathic Medicine (Health Care Centers). Consultation services include individual and a small group training of professional medical staff in issues related to applied behavioral assessment, implementation of cognitive-behavioral interventions based on empirically-supported treatment packages, and in-service training seminars related to prevention and early identification and intervention of behavioral health problems.

**Child and Adolescent Services**

Our child and adolescent therapy services offers children and their families high quality psychological care for a wide range of emotional and behavioral difficulties. Some of the issues treated at the PCOM Center for Brief Therapy include depression, ADHD, social adjustment, school-related difficulties, oppositional behavior, parenting and coping skills. Furthermore, housed within the PCOM Center for Brief Therapy is the Child and Adolescent Anxiety Program, a specialty clinic for childhood anxiety disorders. We use a child-friendly approach to engage children in the process, often including activities and games to enhance the sessions. Cognitive behavioral therapy (CBT) is our primary modality of treatment. CBT tends to be present-centered and direct with a focus on the connection between feelings, thoughts and behaviors. CBT has received empirical support for treating a variety of childhood disorders. Interns are trained to work together with children as coaches, helping them to more effectively cope with the difficulties they are experiencing.

**Child and Adolescent Anxiety Program (CAAP)**

The Child and Adolescent Anxiety Program is housed within the Center for Brief Therapy, providing state-of-the-art, empirically supported treatment to children and adolescents coping with anxiety disorders. Children learn to identify their feelings and the bodily sensations that may accompany those feelings, and are introduced to relaxation exercises. They become familiar with recognizing their internal thoughts and learn to replace negative thoughts with ideas that may be more positive or helpful, hence helping to alleviate some of their distress. Children become knowledgeable in problem solving skills to help them better cope with their own anxiety. Finally, after mastering the skills needed to effectively handle anxiety, practice is targeted to reinforce these skills.

**Center for Academic Resources and Support (C.A.R.E.S)**

Center for Brief Therapy also serves as the primary referral resource for the C.A.R.E.S. program, as a means of assessment for academic support to the PCOM medical and graduate student community.
Study Skills

Two hour study skills group sessions are offered each month over two weeks on weekday evenings. The sessions cover the topics listed below. The times of the sessions vary each month. Pre-registration is required. Students should bring a notebook, pencil, and pen with them. This program is open to the public.

Topics Covered:

- Organizational Skills
- Improving your Memory
- Test Taking
- Stress Management

Training in the Supervision Competency

All interns at the internal internship (Center for Brief Therapy) serve as a formal “supervisory consultant” to a Master’s level practicum trainee at the internal internship site. Interns receive weekly supervision from a licensed psychologist who is on the core faculty and who oversees their clinical and supervisory practice. Interns may also, with training and supervision, organize, administer, score, and review standardized patient (STEPPS) videotapes with Master’s level students in the Department of Psychology at PCOM.

Training in Administrative Practices

Interns are expected to engage in primary triage activities at the Center for Brief Therapy. These duties include responding to telephonic referral inquiries, conducting intake interviews, obtaining necessary information to make a clinical determination regarding level of service and appropriateness for service, and assisting with community resources for support. Interns perform quality improvement activities and policy and procedure setting roles, as assigned throughout the training year. Interns also discuss administrative issues for the Center for Brief Therapy at regularly scheduled clinical team meetings with the Internship Director.

Training in the Research Competency

While involvement in research activities is not a formal requirement, interns are informally encouraged to collaborate with PCOM faculty on research projects and/or pursue their own research projects as the intern’s interests and time permits. Interns may utilize data collected at the Center for Brief Therapy, or they may use their experiences in the community-based health care centers to generate research questions that have their origins in local science. As such, the interns will work together to propose a Quality Improvement project. They will assess and define the presenting issue, identify measures to use pre and post, and propose interventions or modifications, which may be implemented if it is proposed to and approved by the PCOM Institutional Review Board. They will write up their proposed project in a brief summary and do a brief presentation to the Training Committee at one of the bi-monthly meetings Supervisors Meetings. The interns will work with the Internship Director for this process.
Teaching

In support of the teaching competency, interns will teach behavioral skills training techniques to second year doctoral students in clinical psychology at PCOM as a lab portion of these students’ coursework. The emphasis is on instruction, demonstrations, role-plays, and feedback, using standardized measures.

STRUCTURE OF TRAINING ACTIVITIES

The Doctoral internship in clinical psychology at the PCOM Center for Brief Therapy is designed to train future psychologists to work in health care settings that focus on interdisciplinary collaboration and treatment. The internship emphasizes direct clinical practice, and the integration of science and practice, informed by the local clinical scientist model, and with an emphasis on cognitive behavioral practice. The internship stresses foundational competency development and consolidation in the areas of relationship, diversity, and applied ethics, and specific competency development in knowledge, skills and attitudes involving assessment, diagnosis, case conceptualization, treatment planning, intervention, consultation, supervision, and research and education. Interns also represent the role of psychology while working within an interdisciplinary team of health care professionals.

As an integral component of the health care training and delivery services at PCOM, the Doctoral Psychology Internship program emphasizes the development of intermediate to advanced level clinical skills through supervised clinical experiences in the application of theoretical and empirical psychological knowledge. The program provides interns with a continuum of clinical training opportunities within a broad range of interdisciplinary clinical settings. Our training curriculum strives to be relevant to the current demands of practicing psychologists and the populations they serve. The activities of the internship are designed to teach and develop professional competence, through didactic instruction, modeling, experience, case discussion and supervision. The internship emphasizes the provision of service to culturally diverse communities, as well as the treatment of underserved populations with significant health disparities.

We offer two simultaneous rotations, such that each intern is assigned to spend the equivalent of 3 days a week in the on-campus outpatient clinic, the Center for Brief Therapy performing psychological testing and traditional outpatient psychotherapy, and the equivalent of 2 full days (16 hours a week) in one of the PCOM-owned and operated neighborhood health care centers where they serve as a behavioral health consultant as part of the integrated health care team. In each rotation, the intern will be assigned to a senior supervising psychologist who is the responsible supervisor for the intern’s clinical activities within that clinical setting. The supervising psychologists serve as a role model and mentor, supervising the intern for the range of psychological services provided by the intern within that rotation. Supervisors review with interns the general and specific competencies they must develop as an ongoing function of supervision. They provide frequent and ongoing formative feedback in addition to participating in a summative evaluation process at 6 months and at the end of the internship year.

Interns attend individual, face-to-face supervision with at least two different doctoral level psychologists on our staff for a combined two hours each week and this supervision is organized around specific goals and objectives developed collaboratively over the course of the year. In addition, interns also attend weekly group supervision and case consultation for an equivalent of two hours per week, as well as individual assessment/psychology testing
supervision. Interns attend didactic seminars with the intern cohort, exposing them to a variety of opportunities for didactic instruction, practice, and discussion aimed at integrating learning and competency attainment related to a broad array of populations and presenting issues in clinical practice within the health care milieu. In addition, interns attend other supervised training experiences such as case conferences, multidisciplinary team meetings, group supervision, and educational seminars for the equivalent of at least 2 hours per week.

**DIDACTIC TRAINING**

In accordance with APPIC internship standards, all interns are required to participate in regularly scheduled didactic training seminars at the internship site for an equivalent of 2 hours a week. These training seminars are designed to ensure an experience of developmental learning and permit adequate socialization as an internship cohort. Interns participate in a variety of didactic trainings and seminars, including the Assessment and Intervention Seminar, Ethics and Professionalism Seminar, and Clinical Research Seminar. In addition, interns attend and participate in the annual Supervisor Training Day training program, the Annual C.A.P.S. Diversity Forum, at least 2 Rovinsky Family lectureship presentations, and an online multicultural training program in supervisory practices with Latinos.

The didactic training seminars at the Center for Brief Therapy focus on a broad variety of professional issues including assessment techniques, psychological testing, clinical health psychology, empirically supported interventions, ethical issues in treatment, cultural diversity issues, case conceptualization, professional issues including legal/risk management, models of psychological consultation, dealing with difficult patients, medical non-adherence, clinical supervisory issues, and methods of office-based research.

**The Intern Didactic Seminars include:**

**Assessment and Intervention Seminar:** These intern seminars focus on the use of empirically supported treatments with a diverse variety of clients, with an emphasis on cognitive behavioral practice. They include opportunities to learn, discuss, practice and refine skills. In addition, each intern is expected to lead a case discussion of a psychological testing case that they have completed in the Center for Brief Therapy. If a case presentation is part of the agenda, interns will be expected to prepare data/case material and distribute information to the seminar leader and intern peers at least 3 days prior to seminar for discussion and elaboration on case conceptualization and treatment planning/intervention issues. Each participant is expected to prepare notes for discussion related to diagnostic and treatment planning issues relevant to the case.

**Ethics and Professionalism Seminar:** These seminars are led by Matt Weinberg, M.B., Assistant Professor of Medical Ethics, and PCOM's first full-time faculty member in Medical Ethics. The goals of the seminars are to provide clinical psychology interns with: 1) an understanding of the ethical issues and dilemmas they will be confronted with as an intern and throughout their subsequent career, and 2) the intellectual tools for identifying, addressing and resolving these issues and dilemmas. The first half of each seminar will begin with a didactic session related to the readings or current issues and challenges in the ethical practice of psychology. The remainder of each seminar will be spent actively engaged in an open dialogue applying ethical theories, concepts and mandates from the readings (i.e., articles, codes, case
law, regulations and statutes) to specific cases the interns have encountered in clinical practice and recorded in their ethics reflection log.

**Clinical Research Seminar:** These seminars are led by Jane Dumsha, Ph.D., CHES, Director of PCOM’s Office of Research and Sponsored Programs. The seminars focus on a discussion of a variety of types of research and potential risks to subjects, focusing on social, behavioral, and educational research.

**Supervisor Training Day** (as scheduled, 6 hours of didactics)

**Annual Cultural Association of Psychology Students (C.A.P.S.) Diversity Conference** (as scheduled, 6 hours of didactics)

**A Cultural Competency Program for Psychologists: Clinical and Supervisory Practices with Latino Culture and Language** (10 hour online training program)

The intern seminars are typically led by members of the core faculty at the Philadelphia College of Osteopathic Medicine, other contributors to the internship program, or invited guest speakers. The purpose of these seminars is to foster broad interaction and shared learning experiences for the intern cohort as a whole. The didactic training schedule for 2013-14 is summarized and listed below.
## Summary of All Supervision and Training (All Interns)

<table>
<thead>
<tr>
<th>TRAINING TYPE</th>
<th>FREQUENCY</th>
<th>LENGTH OF TIME</th>
<th>AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUPERVISION</strong>: Individual, face-to-face supervision</td>
<td>Twice weekly</td>
<td>1 hour each weekly session, with 2 different supervisors</td>
<td>2 hours / week Individual, face-to-face supervision (100 hours total individual supervision)</td>
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<tr>
<td><strong>SUPERVISION</strong>: Group Supervision</td>
<td>Once weekly</td>
<td>1.5 hours each weekly session</td>
<td></td>
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<tr>
<td><strong>SUPERVISION</strong>: Individual, face-to-face supervision with Internship Director</td>
<td>Once weekly</td>
<td>0.5 hours each weekly session</td>
<td>2 hours / week Group and other supervision 100 hours total group / other supervision</td>
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<tr>
<td><strong>ORIENTATION</strong></td>
<td>July 1, 2, 3</td>
<td>15.5 hours</td>
<td>15.5 hours total</td>
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<tr>
<td><strong>DIDACTICS</strong>: Assessment and Intervention Didactic Seminar</td>
<td>Twice a month</td>
<td>2-4 hours each bi-weekly session (80 hours total)</td>
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<tr>
<td><strong>DIDACTICS</strong>: Ethics and Professionalism Seminar</td>
<td>10 sessions per year</td>
<td>2 hours each session (20 total)</td>
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<tr>
<td><strong>DIDACTICS</strong>: Clinical Research Seminar</td>
<td>2 sessions per year</td>
<td>2 hours each session (4 total)</td>
<td></td>
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<tr>
<td>DIDACTICS:</td>
<td>Frequency</td>
<td>Hours Each</td>
<td>Total Didactics: 153 hours (yearly average 3.00 hours/week)</td>
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<tr>
<td>Saturday Special Topics</td>
<td>4 times a year</td>
<td>5 hours each</td>
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</tr>
<tr>
<td>Didactic Seminars</td>
<td>(20 total)</td>
<td></td>
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<tr>
<td>Cultural Competency Program</td>
<td>Once a year</td>
<td>10 hours</td>
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<tr>
<td>for Psychologists: Clinical and</td>
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<tr>
<td>Supervisory Practices with</td>
<td></td>
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<tr>
<td>Latino Culture and Language</td>
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<tr>
<td>C.A.P.S. Diversity Conference</td>
<td>Once a year</td>
<td>6 hours</td>
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<tr>
<td>Supervisor Appreciation Day</td>
<td>Once a year</td>
<td>6 hours</td>
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<tr>
<td>Rovinsky Family Lectures</td>
<td>Twice a year, 1.5 hours</td>
<td>3 hours</td>
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<td></td>
<td>each</td>
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</table>
Intern Orientation Program- July 5th, 6th & 7th, 2016

Tuesday, July 5th, 2016 – Rowland Hall 340B

10:30 am – 11:30 am  Welcome. History and Mission of CBT Review Internship Competencies
  Dr. Golden, Dr. White, & Dr. Zahn

11:30 am – 12:30 pm  Psychologist-Physician Collaboration Neighborhood Health Centers Supervision Consultation/Assessment Introduction to Special Projects CARES Wellness projects
  Dr. Golden & Dr. White

12:30 pm – 1:00 pm  Lunch

1:00 pm – 2:30 pm  Policies and Procedures Referral, Triage, and Case Assignment Process
  Dr. Golden and Alex Santoro, Graduate Assistant

2:30 pm – 3:30 pm  Group Supervision Risk Assessment
  Dr. White

Wednesday, July 6th, 2016 - Rowland Hall 424A

10:00 am – 11:00 am  Professionalism & Multicultural Awareness
  Dr. Golden

11:00 am – 12:00 pm  Patient Centered Medical Home (PCMH) Shared Medical Appointments
  Dr. Glassman

12:00 pm – 1:00 pm  Case Review, Make Appointments, & Lunch

1:00 pm – 2:30 pm  Begin Behavioral Health Consultation (DVD)
  Dr. Neftali Serrano, PsyD

2:30 pm – 3:30 pm  Group Supervision & Risk Assessment
  Dr. Zacharcenko
Thursday, July 7th, 2016 – Rowland Hall 340B

9:00 am – 11:00 am Complete Behavioral Health Consultation (DVD)  
Dr. Neftali Serrano, PsyD

11:00 am – 12:00 pm Lunch, Office Work, & NextGen

12:00 pm – 1:30 pm Complete all required trainings  
Dr. Golden

2:00 pm – 5:00 pm WMS and WIAT training  
Dr. Molony
# FRIDAY INTERN DIDACTIC SEMINARS 2016-17

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>HOURS</th>
<th>LEADER</th>
<th>TOPIC</th>
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</thead>
<tbody>
<tr>
<td>Saturday</td>
<td>6/18/16</td>
<td>9:00 AM – 12:00 PM</td>
<td>6</td>
<td>Rori Minissale, Psy.D.</td>
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<td></td>
<td>12:00 PM – 3:00 PM</td>
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<td>Executive Functioning and ADHD Rating Scales</td>
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<tr>
<td>Tuesday</td>
<td>7/5/16</td>
<td>10:00 AM – 3:30 PM</td>
<td>5.5</td>
<td>Barbara Golden, Psy.D., ABPP</td>
</tr>
<tr>
<td>Wednesday</td>
<td>7/6/16</td>
<td>10:00 AM – 3:30 PM</td>
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<td>Barbara Golden, Psy.D., ABPP</td>
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<tr>
<td>Thursday</td>
<td>7/7/16</td>
<td>10:00 AM – 3:00 PM</td>
<td>5</td>
<td>Barbara Golden, Psy.D., ABPP</td>
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<tr>
<td>Friday</td>
<td>8/5/16 RH424</td>
<td>9:00 AM – 2:00 PM</td>
<td>5</td>
<td>Brian Eig, Psy.D.</td>
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<tr>
<td>Friday</td>
<td>8/12/16</td>
<td>9:00 AM – 12:00 PM</td>
<td>2</td>
<td>Scott Glassman, Psy.D.</td>
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<tr>
<td>Date</td>
<td>Time</td>
<td>Code</td>
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<td>Topic</td>
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<tr>
<td>Friday 8/19/16</td>
<td>10:00 AM – 12:00 PM</td>
<td>2</td>
<td>Brad Rosenfield, Psy.D.</td>
<td>Assessment and Cognitive Behavioral Intervention for Sleep Disorders</td>
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<td>Single-Session Treatment for Panic</td>
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<tr>
<td>Friday 9/9/16</td>
<td>10:00 AM – 12:00 PM</td>
<td>2</td>
<td>Susan Panichelli-Mindel, Ph.D.</td>
<td>Children and Adolescents Intervention for ADHD</td>
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<td>Saturday 9/17/16</td>
<td>9:00 AM – 12:00 PM</td>
<td>6</td>
<td>Terry Molony, Psy.D.</td>
<td>Special Topics in Assessment of Learning Disorders: Administration and Interpretation of Test Results</td>
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<td>12:00 PM – 3:00 PM</td>
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<td>Special Topics in Assessment of Learning Disorders: Case Conceptualization of Learning Disorders and Treatment Recommendations</td>
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<td>Friday 9/23/16</td>
<td>9:00 AM – 12:00 PM</td>
<td>2</td>
<td>Scott Glassman, Psy.D.</td>
<td>Motivational Interviewing II</td>
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<td>Friday 9/30/16</td>
<td>10:00 AM – 12:00 PM</td>
<td>2</td>
<td>Kelly Campanile, Psy.D.</td>
<td>Primary Care Programming for Super Utilizers</td>
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<tr>
<td>Friday 9/30/16</td>
<td>12:30 PM – 2:30 PM</td>
<td>2</td>
<td>Matthew Weinberg, M.B.</td>
<td>Ethics and Professionalism Seminar (1)</td>
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<tr>
<td>Date</td>
<td>Time</td>
<td>Duration</td>
<td>Speaker(s)</td>
<td>Topic</td>
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<tr>
<td>Friday 10/14/16</td>
<td>9:00 AM - 12:15 PM</td>
<td>3</td>
<td>Donna Sudak, M.D.</td>
<td>Supervising Cognitive Behavior Therapy</td>
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<tr>
<td>Friday 10/14/16</td>
<td>1:15 PM – 4:30 PM</td>
<td>3</td>
<td>Monnica Williams, Ph.D.</td>
<td>Reducing Microaggressions and Promoting Racial Harmony in Clinical Training, Clinical Supervisor Training</td>
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<tr>
<td>Friday 10/21/16</td>
<td>10:00 AM – 12:00 PM,</td>
<td>4</td>
<td>Robert DiTomasso, Ph.D., ABPP and Anna Zacharcenko, Psy.D.</td>
<td>Non-adherence to Medical Advice: Challenges and Strategies – Part 1</td>
</tr>
<tr>
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<td>12:30 PM – 2:30 PM</td>
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<td></td>
<td>Non-adherence to Medical Advice: Challenges and Strategies – Part 2</td>
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<td>Friday 11/4/16</td>
<td>9:00 AM – 3:00 PM</td>
<td>6</td>
<td>David Festinger, Ph.D.</td>
<td>CBT &amp; Treatment of Addictive Disorders</td>
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<td>Friday 11/18/16</td>
<td>10:00 AM - 12:00 PM</td>
<td>2</td>
<td>Stephen Poteau, Ph.D.</td>
<td>Clinical Outcomes Seminar</td>
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<tr>
<td>Date</td>
<td>Time</td>
<td>Session Details</td>
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<tr>
<td>11/18/16</td>
<td>12:30 PM - 2:30 PM</td>
<td>Matthew Weinberg, M.B.</td>
<td>Ethics and Professionalism Seminar (2)</td>
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<tr>
<td>RH424</td>
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</table>
| **Friday   | 12/2/16       | 10:00 AM - 12:00 PM; 12:30 PM - 2:30 PM              | Stephanie Felgoise, Ph.D., ABPP | Empirically-based Approaches to Problem Solving Therapy/Quality of Life for Medical Patients-Part I  
<p>| RH424      |               |                                                     | Empirically-based Approaches to Problem Solving Therapy/Quality of Life for Medical Patients-Part II |
| **Friday   | 12/16/16      | 10:00 AM - 12:00 PM; 12:30 PM - 2:30 PM              | Elizabeth Gosch, Ph.D., ABPP | Assessment of Anxiety Disorders in Children |
| RH424      |               |                                                     |
| **Friday   | 1/6/17        | 10:00 AM - 12:00 PM                                  | Beverly White, Psy.D. | Rorschach Performance Assessment System (R-PAS) |
| RH424      |               |                                                     |
| **Friday   | 1/6/17        | 12:30 PM - 2:30 PM                                  | Matthew Weinberg, M.B. | Ethics and Professionalism Seminar (3) |
| RH424      |               |                                                     |
| **Friday   | 1/20/17       | 10:00 AM - 12:00 PM                                  | Brad Rosenfield, Psy.D. | CBT with Difficult Patients |
| RH424      |               |                                                     |</p>
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Session Duration</th>
<th>Facilitator</th>
<th>Title</th>
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<tr>
<td>Friday 1/20/17 RH424</td>
<td>12:30 PM – 2:30 PM</td>
<td>2</td>
<td>Matthew Weinberg, M.B.</td>
<td>Ethics and Professionalism Seminar (4)</td>
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<tr>
<td>Saturday 2/4/17 RH424A</td>
<td>9:00 AM – 12:00 PM</td>
<td>6</td>
<td>Danika Perry, Psy.D.</td>
<td>Reducing Health Disparities through Culturally Competent Integrated Primary Care</td>
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<tr>
<td>Friday 2/10/16</td>
<td>10:00 AM – 12:00 PM</td>
<td>2</td>
<td>Matthew Weinberg, M.B.</td>
<td>Ethics and Professionalism Seminar (5)</td>
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<td>Friday 2/17/17 RH424</td>
<td>10:00 AM – 12:00 PM</td>
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<td>Friday 3/3/17 RH424</td>
<td>10:00 AM – 12:00 PM</td>
<td>2</td>
<td>Matthew Weinberg, M.B.</td>
<td>Ethics and Professionalism Seminar (6)</td>
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<td>Friday 3/17/17 RH424</td>
<td>10:00 AM – 12:00 PM</td>
<td>2</td>
<td>Matthew Weinberg, M.B.</td>
<td>Ethics and Professionalism Seminar (7)</td>
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<tr>
<td>Friday 3/24/17 EH327</td>
<td>10:00 AM – 12:00 PM</td>
<td>2</td>
<td>Matthew Weinberg, M.B.</td>
<td>Ethics and Professionalism Seminar (8)</td>
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<tr>
<td>Date</td>
<td>Time</td>
<td>Session</td>
<td>Speaker(s)</td>
<td>Event Description</td>
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<tr>
<td>Friday 3/3/17 RH424</td>
<td>10:00 AM - 12:00 PM</td>
<td>2</td>
<td>Matthew Weinberg, M.B.</td>
<td>Ethics and Professionalism Seminar (9)</td>
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<tr>
<td>Friday 3/17/17 RH424</td>
<td>10:00 AM - 12:00 PM</td>
<td>2</td>
<td>Matthew Weinberg, M.B.</td>
<td>Ethics and Professionalism Seminar (10)</td>
</tr>
<tr>
<td>Friday 3/24/17 EH327</td>
<td>10:00 AM - 12:00 PM</td>
<td>2</td>
<td>Matthew Weinberg, M.B.</td>
<td>Ethics and Professionalism Seminar (11)</td>
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<tr>
<td>CAPS Diversity Conference, Dates TBA</td>
<td>TBA</td>
<td>6</td>
<td>Speakers TBA</td>
<td>CAPS Diversity Conference</td>
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# Multicultural Competency Training

## 7th Annual Diversity Conference Saturday, April 30, 2016

**Demystifying Disability: A Cross-Cultural Approach**

## Conference Schedule at a Glance

<table>
<thead>
<tr>
<th>Time</th>
<th>Session/Topic</th>
<th>Location</th>
<th>Speaker</th>
<th>CE Hours/Credits</th>
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<tr>
<td>8:00 a.m. - 9:00 a.m.</td>
<td>Continental Breakfast and Registration</td>
<td>Evans Hall Lobby</td>
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| 9:00 a.m. - 10:30 a.m. | Opening Plenary  
Autism, Neurodiversity, and Social Evolution in the Future | Ginsberg Amphitheater | Eric R. Mitchell, Ph.D. | 1.5               |
<p>| 10:45 a.m. - 12:15 p.m. | Break Out Session - Choose One of the Following |                     |                                |                  |</p>
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
<th>Facilitators</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td>12:15 p.m. -</td>
<td>Lunch</td>
<td>Zdeck Amphitheater</td>
<td>Lucila Hernandez, Psy.D., LPC</td>
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<tr>
<td>1:30 p.m.</td>
<td>Lunch</td>
<td>Ginsberg Amphitheater</td>
<td>Shoshana Rosen, MBA and Alysse Einbender, BA</td>
<td>1.5</td>
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<tr>
<td>1:30 p.m. -</td>
<td>Closing Session</td>
<td>Ginsberg Amphitheater</td>
<td>Timothy Barksdale, Psy.D.</td>
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<tr>
<td>3:00 p.m.</td>
<td>The Culture of Disability, A Lifetime of Being an Outsider Looking In</td>
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Language Acquisition Issue or Language Disability? Challenges in Identification & Testing: Recommendations for Practice -OR-

Disability Etiquette: It’s Just Respect

Lunch
Lunch will be on your own – please feel free to bring your own bagged lunch. A list of restaurants and delis in the area will be provided to all participants.
## Supervisor Training Day

### October 14, 2016

<table>
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<th>Date</th>
<th>Time</th>
<th>Seminar Leader</th>
<th>Topic</th>
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<tbody>
<tr>
<td>10/14/16</td>
<td>9:00 AM – 12:15 PM</td>
<td>Donna Sudak, M.D.</td>
<td>Supervising Cognitive Behavioral Therapy</td>
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<td>10/14/16</td>
<td>1:15 PM – 4:30 PM</td>
<td>Monnica Williams, Ph.D.</td>
<td>Reducing Microaggressions and Promoting Racial Harmony in Clinical Supervisor Training</td>
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</table>
SUPERVISION

Interns receive training and supervision in as broad a range of professional activities as possible, including: behavioral assessment, psychodiagnostics (including cognitive and personality testing); psychoeducational evaluations; clinical interventions (including individual group psychoeducationpsychotherapy, crisis intervention, milieu therapy, and work with families); consultation; applied clinical research (including clinical outcome research); and case management (including serving on treatment teams and developing prescriptive treatment programs), as appropriate. In addition, interns gain experience in supervision of master’s level practicum students and multidisciplinary consultation with health care providers in a variety of contexts. Each intern is supervised by 2 separate supervisors for at least 1 hour each in individual, face-to-face supervision per week, for a total of 2 hours of individual face-to-face supervision per week, in addition to supervision for at least 2 hours per week, led by training faculty.

INDIVIDUAL SUPERVISION

Each intern receives a minimum of 2 hours of individual supervision weekly from their primary supervisors, who are licensed psychologists (one hour minimum with each supervisor). These primary supervisors maintain full responsibility for each intern’s work. Supervisors are responsible for direct observation of the intern’s work through co-therapy or viewing and processing video or audio recordings of sessions, and reviewing and signing off on all paperwork.

GROUP SUPERVISION

Interns participate in group supervision with the Internship Director (1.5 hour a week). Topics typically include issues related to administrative and operational issues, quality performance issues, supervision of Master’s practicum students, and current topics in professional practice and research. Each also meets individually with the Internship Director for 0.5 hours a week for Administrative supervision.

CULTURAL COMPETENCY AND DIVERSITY

PCOM and its Family Medicine and neighborhood Health Care Centers serve a large and varied community, and our interns are exposed to a population that is diverse in terms of ethnicity, religion, culture, sexual orientation, age, socioeconomic status, medical status and psychiatric status. The surrounding community is a highly diverse and multicultural one with significant health disparities and lack of access to behavioral health centers. We serve large Latino, African-American, and Asian communities, in addition to low-income groups of all races and ethnic identities. Throughout the College and the Department of Psychology, respect for cultural and individual difference is not only expected, but it is a core value, not just in the classroom, but in practice.
The goal of teaching students the importance and necessity of being sensitive and aware of individual differences and diversity in the practice of professional psychology is infused throughout students’ educational and training experiences. Concurrent to this goal is that students learn the value and necessity of self-reflection and self-awareness concerning personal beliefs and values and how these impact their effectiveness in working with diverse populations.

As such, the Department of Psychology has adopted a formal Diversity Mission Statement, which is publicly posted on the Department of Psychology website: “The Department of Psychology at PCOM is committed to preparing highly skilled, compassionate practitioner-scholars at the doctoral and master’s levels with sensitivity to cultural, ethnic, gender diversity and the underserved. Thus, the Department respects and affirms the equal human worth of every individual and of all distinctive groups of people. The moral and intellectual justification for this mission is rooted in the Department’s commitment to students and faculty of different backgrounds, experiences, and origins which enhances the learning experience for all. Diversity is broadly defined to include, but not limited to, respect of race, ethnicity, sexual orientation, gender, age, abilities, religion, native tongue or culture. The programs of the Psychology Department at PCOM embrace the integration of diversity through:

a. Acknowledging the salience of diversity in our society by addressing the interests and concerns of students in the Psychology Department;

b. Fostering the recruitment and retention of diverse students, staff, and faculty;

c. Integrating diversity education and sensitivity into the curriculum, research, and clinical training opportunities;

d. Promoting empathy and respect for all groups; and

e. Encouraging and educating students in promoting advocacy and social justice.

The Department of Psychology maintains a strong and ongoing commitment in these areas.”

The Center for Brief Therapy is a multifaceted training resource at PCOM, including APPIC doctoral interns, post-doctoral fellows, and doctoral and master’s practicum students. Training is maintained at the on-campus comprehensive psychological services center, the Center for Brief Therapy, and in PCOM health care centers in the local community. These centers typically serve the underserved, where psychology trainees work side by side with physicians, residents, and allied health care professions to provide pro bono services to at-risk and underserved populations who traditionally cannot access quality mental health services. The Center for Brief Therapy was featured in an article in the January, 2007 edition of the Monitor on Psychology in an article, Supplying Therapy Where It’s Needed Most.

Both the College and Psychology Department are fully committed to training clinical psychologists who are culturally competent and whose practice is defined by the importance of understanding and addressing individual differences, perspectives, and experiences in a variety of professional settings. In addition, it is a primary focus of the PCOM Department of
Psychology to develop and maintain a community where students and faculty of diverse backgrounds are able to succeed and flourish. The program recognizes that effectively teaching, mentoring, supervising and providing direct psychological services depends on a capacity to fully understand and embrace the uniqueness of each individual person. These goals are addressed by the Department through efforts to:

- Attract and retain students from diverse backgrounds.
- Attract and retain faculty from diverse backgrounds.
- Foster the development of students’ cultural competency.

The culture and climate of education and training at PCOM is such that teaching and clinical supervision is not only based upon respect and appreciation of differences in individual and cultural diversity, it is enmeshed in the very fiber of individuals and groups existence and meaning-making. We fully embrace the diversity competency as an affirmation of the richness of human differences and beliefs. Furthermore, we embrace the definition of diversity as including, but not being limited to age, color, disability and health, ethnicity, gender, language, national origin, race, religion spirituality, sexual orientation, and social economic status (NCSPP, 2002). In addition, we acknowledge and are mindful of the importance of power differentials, power dynamics and privilege as being at the core of understanding diversity issues and their impact on social structures and institutionalized forms of discrimination and health disparities.

PCOM values the diversity competency as a transmitted attitude that includes incorporation of self-awareness by both the supervisor and the supervisee, and an interactive process between the clients, the supervisee/therapist, and supervisor, using all of their diversity factors. In supervision, interns at the Center for Brief Therapy are taught to examine how diversity informs their relationships with clients and constituents using a parallel process model that incorporates differences in values and behavior across the dimensions of the client-supervisee, the supervisor-supervisee, and the client-supervisor. Therefore, we subscribe to a triadic relationship in multicultural supervision that takes into account the patient's culture, the supervisee’s culture, and the supervisor’s culture. Furthermore, we believe that supervision should take into account people's strengths, in addition to their illness, limitations, disabilities or functional deficits. As such, we emphasize the value of recovery-informed clinical supervision, by advocating for and assisting clients to engage in self-directed care focused on self-actualization while providing access, enhanced quality, and resultant positive outcomes in care. These values, attitudes, and applied skills permeate all clinical encounters, not only in supervision, but in the delivery of clinical services and in interactions with interdisciplinary colleagues and in the community-at-large.

Specifically, our goals in this domain are to assist interns at the Center for Brief Therapy in:

- monitoring and applying knowledge of self as a cultural being in assessment, treatment, and consultation;
understanding and monitoring their own cultural identity in relation to work with others;

- critically evaluating feedback and supervisory input related to diversity issues;

- monitoring and applying knowledge of others as cultural beings in assessment, treatment, and consultation;

- understanding multiple cultural identities in work with others;

- using knowledge of others cultural identity in work as a professional;

- critically evaluating feedback as initiating supervision regularly related to diversity issues;

- applying knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others;

- applying knowledge, sensitivity, and understanding regarding individual and cultural diversity issues to work effectively with diverse others in assessment, treatment, and consultation.

Finally, the internship is designed to assist interns to move through stages of individual and cultural competency based upon a developmental model that recognizes that each supervisee brings a different level of awareness of ethnocentric attitudes and behaviors to the internship, with the goal of expanding these competencies to an advanced level of self-reflection, self-awareness and utility, as interns strive to learn to be more aware of their inherent biases and the biases of their multiple clients, and advocate for the rights of individuals from diverse groups and take actions to promote and protect cultural pluralism and social equality.

In support of our commitment to training culturally competent psychologists, interns are expected to complete a 10 hour online didactic training program, *A Cultural Competency Program for Psychologists: Clinical and Supervisory Practices with Latino Culture and Language*, by Marie C. Weil, Psy.D. and Bruce S. Zahn, Ed.D., ABPP.

**INTERN EVALUATION**

Supervisors submit a semi-annual formal evaluation of each intern’s progress. Interns are evaluated after they have completed six months of their internship training and at the end of the year. A form is given to the key supervising psychologist that invites commentary on both specific areas of skill as well as general professional demeanor. These evaluation forms are to be discussed with the interns and then signed by both the intern and the supervisor. Interns are given the opportunity to respond to any comments made by the supervisor with which they disagree and to have the response included with the evaluation. Evaluations should be based on an accurate picture of each student’s work. Supervisors should observe sessions, view videotapes or listen to audiotapes of sessions on a regular basis. There should be clear on-going communication between interns and their supervisors throughout the year on areas of strength.
and weakness. Interns should never be surprised by the feedback they receive on the formal evaluation because they should be obtaining this information over the course of the year in supervision.

The PCOM Director of Clinical Training will receive and read these forms. If the evaluation reveals that an intern is having minor difficulties at the internship site, the Director of Clinical Training may: (a) obtain more information from the key supervisor; b) meet with the Internship Director at the Center for Brief Therapy to discuss the nature of the difficulties, and/or (b) discuss the difficulties with the intern. If an intern appears to have significant difficulties, the following process will be initiated:

1) The evaluation will be presented to the Clinical Training Committee, consisting of the Director of Clinical Training, the Internship Coordinator, the Practicum Coordinator, the Internship Director at the Center for Brief Therapy, and at least 2 other ad hoc faculty members from the PCOM Psy.D. program in Clinical Psychology. A preliminary determination will be made as to whether the difficulty appears to be a long-standing one or a problem that has emerged in this particular site. Contacting the intern’s program Director of Clinical Training may be an option in attempting to determine the scope of the problem, especially if it is suspected that it is of long-standing nature. In some cases, the problem may be of such a nature to be addressed through a discussion between the intern and the Director of the Clinical Training or through the resources of the setting itself.

2) In other instances, a second review may be necessary using any of the following resources:
   a) the intern
   b) the Director of the Psy.D. Program
   c) the supervisory staff at the Center for Brief Therapy. As a consequence of this review, the committee may suggest that the Director of Clinical Training and/or his/her designee have regular sessions with the intern to discuss, for example, the intern’s difficulty in using supervision constructively.
   d) If the aforementioned reviews and lines of intervention do not seem sufficient to deal with the problem at hand, a final decision will be made by the Student Progress Evaluation Committee (SPEC) of the Psy.D. Program in Clinical Psychology.

3) A final appeal may be made by the student to the Chair of the Department of Psychology.
STANDARDS OF CONDUCT

PSYCHOLOGY DEPARTMENT STATEMENT ON STUDENT CONDUCT

In addition to the College policy, students enrolled in any of the graduate programs in psychology at Philadelphia College of Osteopathic Medicine are expected to adhere to a standard of behavior and conduct consistent with the high standards of the professional community. Individuals who are entering into a professional field should have developed qualities of maturity, including an awareness of the concepts of honor and integrity, and all such conduct in relationship to their professional education should be guided by such values.

In addition to behaving consistently with the principles set forth in the Ethics Code, a critical aspect of training in professional psychology is the relationship aptitude competency. The capacity to develop and maintain constructive working relationships with clients and colleagues is a foundation for all other competencies needed for successful practice in clinical, school, or community settings. Although an in-depth discussion of the relationship competency is beyond the scope of this brochure, critical elements of the relevant knowledge, skills, and attitudes associated with the relationship competency are summarized below:

- Knowledge base that encompasses three distinct domains: (a) expert knowledge of a relevant portion of the psychological data base, (b) knowledge of self, and (c) knowledge of others.

- Skills that are broadly defined within the rubric of interpersonal behavior, including the ability to (a) communicate empathy, (b) engage others, (c) set others at ease, (d) establish rapport, and (e) communicate a sense of respect.

- Attitudes and values that include, but are not limited to (a) intellectual curiosity and flexibility, (b) open-mindedness, (c) psychological health, (d) belief in the capacity for change in human attitudes and behaviors, (e) appreciation of individual and cultural diversity, (f) personal integrity and honesty, and (g) respect for others.

Graduate students and trainees in psychology are expected to take responsibility for their own learning, as evidenced in multiple ways, including but not limited to:

- Maintaining communication with faculty, supervisors and colleagues (e.g., checking e-mail and campus mailboxes on a regular basis, confirming appointments, following up on agreements).

- Taking initiative with regard to participation in classroom and program-related activities. Attending to issues related to self-care and personal well-being, including utilizing available resources such as CARES, personal therapy, tutoring, etc.
• Maintaining a professional appearance and manner in accordance with reasonable expectations for appropriateness in specific settings (e.g., classroom, clinical placements, formal academic meetings, etc).

BREACH OF THE CODE OF CONDUCT

Breach of the Code of Conduct will result in a Student Progress Evaluation Committee Student Action meeting (see above). However, the Department reserves the right to recommend action through PCOM’s Discipline Policy and Procedures.

INTERNSHIP GRIEVANCE PROCEDURE

In his or her capacity as an intern, a student might have a grievance against any party associated with the internship (e.g., faculty member, on-site supervisor). The intern is strongly encouraged to first resolve the issue informally with the party involved. If the student has attempted to do so unsuccessfully or believes he or she is unable to do so without the assistance of an external party, the intern is encouraged to proceed through as many of the following steps as may be necessary for the resolution of the problem. Interns are informed of the Grievance Procedure and Due Process Procedure at the beginning of the internship at orientation, and verify receipt of these procedures by signing a verification of receipt form.

1. Discuss the issue with the Director of Clinical Training. At this initial exploratory stage, the student may speak confidentially to the either of these members of the Clinical Training Committee who will help to clarify the problem. In some cases, this contact may be sufficient to resolve the complaint.

2. If necessary, the Director of Clinical Training may, with the permission of the intern, perform an informal investigation which may include interviewing the parties involved or any party who has evidence concerning the validity of the complaint.

3. If this informal investigation fails to lead to the resolution of the grievance, the Director of Clinical Training will assist the grievant in formulating a plan of action. This plan of action may take the form of utilizing the grievance procedure.

4. If such procedures are used and are unsuccessful in resolving the complaint in the eyes of the student, then a formal meeting of the Grievance Panel of the Clinical Training Committee will review the complaint. Such a review is formal and requires a written complaint on the part of the student. The Grievance Panel is composed of the members of the Clinical Training Committee and an additional faculty member, typically the Intern’s supervisor. If the supervisor is already on the Panel, a member will be chosen randomly from the faculty. The Grievance Panel will render a decision about the complaint that will be communicated in writing to all parties involved.
5. If it is impossible to resolve the matter at this level, the student may appeal to the Student Progress Evaluation Committee.

6. If the decision involves the withdrawal of the intern from the site, or if the student wishes to make an appeal, the complaint will be reviewed by the Chair of the PCOM Department of Psychology.

A final appeal may be made to the Dean and Provost of the Philadelphia College of Osteopathic Medicine.

INTERNSHIP DUE PROCESS

The intern supervisor and Internship Director for the PCOM Center for Brief Therapy are responsible for clearly documenting significant problem areas of the intern's performance as soon as they are noted, discussing these with the intern, and working with the intern and other supervising faculty to correct the problems. The intern's supervisor and Internship Director discuss the specific problem(s), determine how and by whom the intern will be informed of the problem, and by whom efforts to correct the problem will be initiated. A meeting may be held between the intern, the Internship Director, and the PCOM Director of Clinical Training, to gather information and evaluate options for resolving the problem. Depending on the seriousness of the issues, remedial options may be developed in consultation with the Chair of the PCOM Student Progress Evaluation Committee. Following this meeting, a letter is sent to the intern, with a copy to the intern's file, the intern's primary supervisor, the Director of Clinical Training, and the Director of the doctoral program, outlining the concerns identified in the meeting and recommendations for corrective actions.

All interns at the PCOM Center for Brief Therapy are expected to maintain the standards established by the psychology profession and by the Philadelphia College of Osteopathic Medicine in order to successfully complete the internship. In order to safeguard student rights and to ensure the standards of the profession and the school, the Psychology Department has established policy and guidelines for discontinuance of a student from internship.

DEFINITION OF PROBLEMATIC BEHAVIOR

Problematic Behavior is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning.
It is a professional judgment as to when an intern's behavior becomes problematic rather than of concern. Trainees may exhibit behaviors, attitudes or characteristics which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training.

**REMEDICATION, SANCTION ALTERNATIVES, TERMINATION**

It is important to have meaningful ways to address problematic behavior once it has been identified. In implementing remediation or sanction interventions, the training staff must be mindful and balance the needs of the intern, the clients involved, members of the intern training group and staff.

1. **Verbal Warning** to the intern emphasizes the need to discontinue the inappropriate behavior under discussion. No record of this action is kept.

2. **Written Acknowledgment** to the intern formally acknowledges:
   a) That the Internship Director, the Director of Clinical Training, and the Chair of the PCOM Student Progress and Evaluation Committee (SPEC) are aware of and concerned with the performance rating,
   b) That the concern has been brought to the attention of the intern,
   c) That the Internship Director, the Director of Clinical Training, and the Chair of the PCOM Student Progress and Evaluation Committee (SPEC) will work with the intern to rectify the problem or skill deficits, and
   d) That the behaviors associated with the rating are not significant enough to warrant more serious action.

The written acknowledgment will be removed from the intern's file when the intern responds to the concerns and successfully completes the internship.

**Written Warning** to the intern indicates the need to discontinue an inappropriate action or behavior. This letter will contain:

a) A description of the intern's unsatisfactory performance;

b) Actions needed by the intern to correct the unsatisfactory behavior;

r) The time line for correcting the problem;

r) What action will be taken if the problem is not corrected; and

e) Notification that the intern has the right to request a review of this action.

**Schedule Modification** is a time-limited, remediation-oriented closely supervised period of training designed to return the intern to a more fully functioning state. Modifying an intern's
schedule is an accommodation made to assist the intern in responding to personal reactions to environmental stress, with the full expectation that the intern will complete the internship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the Internship Director, the Director of Clinical Training, and the Chair of the PCOM Student Progress and Evaluation Committee (SPEC). Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:

- a) Increasing the amount of supervision, either with the same or other supervisors;
- b) Change in the format, emphasis, and/or focus of supervision;
- c) Reducing the intern's clinical or other workload;
- d) Requiring specific didactic coursework.
- e) Recommending an independent psychological or psychiatric evaluation or personal therapy;

The length of a schedule modification period will be determined by the Internship Director, the Director of Clinical Training, and the Chair of the PCOM Student Progress and Evaluation Committee (SPEC). The termination of the schedule modification period will be determined, after discussions with the intern, Internship Director, the PCOM Clinical Training Committee, and the Chair of the PCOM Student Progress and Evaluation Committee (SPEC).

**Probation** is also a time limited, remediation-oriented, more closely supervised training period. Its' purpose is to assess the ability of the intern to complete the internship and to return the intern to a more fully functioning state. Probation defines a relationship that the Internship Director, the Director of Clinical Training, and the Chair of the PCOM Student Progress and Evaluation Committee (SPEC) systematically monitor for a specific length of time the degree to which the intern addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The intern is informed of the probation in a written statement which includes:

- a) The specific behaviors associated with the unacceptable rating;
- b) The recommendations for rectifying the problem;
- c) The time frame for the probation during which the problem is expected to be ameliorated, and
- d) The procedures to ascertain whether the problem has been appropriately rectified.

If the Internship Director, the Director of Clinical Training, and the Chair of the PCOM Student Progress and Evaluation Committee (SPEC) determine that there has not been sufficient improvement in the intern's behavior to remove the Probation or modified schedule, then they will discuss possible courses of action to be taken.
The Chair of the PCOM Student Progress and Evaluation Committee (SPEC) will communicate in writing to the intern that the conditions for revoking the probation or modified schedule have not been met. This notice will include the course of action the Student Progress and Evaluation Committee (SPEC) has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of another alternative. Additionally, the Chair of the PCOM Student Progress and Evaluation Committee (SPEC) will communicate to the Internship Director that if the intern's behavior does not change, the intern will not successfully complete the internship.

**Suspension of Direct Service Activities** requires a determination that the welfare of the intern's client or consultee has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the Internship Director, the PCOM Clinical Training Committee, and the Chair of the PCOM Student Progress and Evaluation Committee (SPEC). At the end of the suspension period, the intern's supervisor, in consultation with the Internship Director, the PCOM Clinical Training Committee, and the Chair of the PCOM Student Progress and Evaluation Committee (SPEC) will assess the intern's capacity for effective functioning and determine when direct service can be resumed.

**Administrative Leave** involves the temporary withdrawal of all responsibilities and privileges in the agency. If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the internship, this will be noted in the intern's file and the intern's academic program will be informed.

**Dismissal from the Internship** involves the permanent withdrawal of all clinical responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the problem behavior or concerns and the trainee seems unable or unwilling to alter her/his behavior, the Internship Director, the Director of Clinical Training, and the Chair of the PCOM Student Progress and Evaluation Committee (SPEC) will meet to discuss the possibility of termination from the internship and training program. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the intern is unable to complete the internship due to physical, mental or emotional illness. When an intern has been dismissed, the PCOM Director of Clinical Training will communicate to the intern's academic department that the intern has not successfully completed the internship.
INTERNESHIP DUE PROCESS: POLICY

Due process ensures that decisions about interns are not arbitrary or personally based. It requires that the Internship Program identify specific evaluative procedures which are applied to all trainees, and provide appropriate appeal procedures available to the intern. All steps need to be appropriately documented and implemented. General due process guidelines include:

During the orientation period, presenting to the interns, in writing, the program's expectations related to professional functioning. This will be discussed in both group and individual settings.

1. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
2. Articulating the various procedures and actions involved in making decisions regarding the problem behavior or concerns.
3. Communicating, early and often, with graduate programs about any suspected difficulties with interns and when necessary, seeking input from these academic programs about how to address such difficulties.
4. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
5. Providing a written procedure to the intern which describes how the intern may appeal the program's action. Such procedures are included in the PCOM Internship Handbook which is provided to interns and reviewed during orientation.
6. Ensuring that interns have sufficient time to respond to any action taken by the program.
7. Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance.
8. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

INTERNESHIP DUE PROCESS: PROCEDURES

The basic meaning of due process is to inform and to provide a framework to respond, act or dispute. When a matter cannot be resolved between the Internship Director and the supervising faculty or staff at the Center for Brief Therapy and the intern, the steps to be taken are listed below. Steps involved in the Due Process procedure include:
1. **Notice.** The intern will be notified of the problematic behavior and that the internship is addressing the problem.

   a. If the problem is initially identified by a supervisor or staff member other than the Internship Director, the Internship Director will be consulted.

   b. If the issue is not resolved informally, the supervisor or staff member may seek resolution of the concern by written request, with all supporting documents, to the Internship Director, the Director of Clinical Training, and the Chair of the Student Progress and Evaluation Committee for a review of the situation.

   c. When this occurs, within three days of a formal complaint, the aforementioned parties must consult with the Chair of the Department of Psychology and implement a Review Panel by the procedures described below.

2. **Hearing.** The intern will have an opportunity to hear and respond to concerns. A review panel will be convened by the Chair of the Department of Psychology. The panel will consist of three faculty members selected by the Chair of the Student Progress and Evaluation Committee with recommendations from the Director of Clinical Training and the intern involved in the dispute. The intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.

   a) Within five (5) work days, a hearing will be conducted in which the challenge is heard and relevant material presented. Within three (3) work days of the completion of the review, the Review Panel submits a written report to the Chair of the Department of Psychology, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.

   b) Within three (3) work days of receipt of the recommendation, the Chair of the Department of Psychology will either accept or reject the Review Panel's recommendations. If the Director rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the Chair of the Department of Psychology may refer the matter back to the Review Panel for further deliberation and revised recommendations or may make a final decision.

   c) If referred back to the panel, they will report back to the Chair of the Department of Psychology within five (5) work days of the receipt of the Chair of the Department of Psychology's request of further deliberation. The Chair of the Department of Psychology then makes a final decision regarding what action is to be taken.
d) The Chair of the Student Progress and Evaluation Committee informs the intern, faculty and/or staff members involved and if necessary members of the training staff of the decision and any action taken or to be taken.

3. **Appeal.** The intern will have an opportunity to appeal the actions taken by the Internship program through submission of a letter to the Chair of the Department of Psychology within five days of notification of the Hearing’s decision. The Chair of the Department of Psychology will then collaborate with the PCOM Director of Clinical Training and the intern’s applicable faculty member/or Director of Clinical Training within their graduate program in order to determine an alternate course of action or maintain the hearing’s decision in consideration of the intern’s appeal. Formal documentation will occur of the appeal decision.

4. **Interns who are matriculated at PCOM.** The Due Process procedures articulated above apply to all interns who are at the PCOM Center for Brief Therapy. In addition to these procedures, interns who are matriculated as students at the Philadelphia College of Osteopathic Medicine are subject to the College Disciplinary Procedures that are described in the PCOM General Student Handbook, which is located at the Nucleus intranet site under the Student Handbooks & Composites tab.
APPLICATION REQUIREMENTS

Statement of non-discrimination: PCOM provides equal opportunity to all applicants and employees regardless of age, race, color, gender, national origin, ancestry, sexual orientation, religion, creed, disability or marital status.

This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

Prospective interns are expected to apply for internship at the PCOM Center for Brief Therapy by completing the following materials. All application materials must be received by no later than November 14, 2016.

APPLICATION REQUIREMENTS:

1. APPIC Uniform Application materials (including Professional Conduct Form, Practicum Documentation, Verification of Internship Eligibility and Readiness, etc.)
3. Curriculum vita
4. Applicants are expected to be enrolled and in good standing in the APA accredited Psy.D. program in Clinical Psychology at the Philadelphia College of Osteopathic Medicine.
   • Competency assessment: Internship applicants are required to submit a copy of their graduate transcripts;
5. General course work and training should include ethics/professional issues, multicultural competence, assessment, psychopathology, psychometrics, and intervention.
   • Competency assessment: Internship applicants are required to submit a copy of their graduate transcripts;
6. Given the strong emphasis our internship places on training in cognitive behavioral therapy, exposure to training in CBT is expected.
   • Competency assessment: Internship applicants are expected to demonstrate major identification in their Theoretical Orientation Essay on the AAPI with cognitive behavioral case conceptualization.
7. Have completed 2 years of practicum experience with sufficient supervised training experience to advance to internship.
   • Competency assessment: (a) Internship applicants are required to submit the AAPI Online, showing a preference of a minimum of 400 hours combined Assessment and Intervention hours; (b) DCT Verification of Readiness for Internship endorsing readiness for internship.
8. Comprehensive Exams should be passed and the Dissertation Proposal should be successfully defended by time of application for the internship

- **Competency assessment**: Internship applicants are required to submit a copy of their graduate transcripts and a CV showing the title of their dissertation proposal, the name and degree of the Dissertation Chair, and the date that the oral proposal was successfully defended/passed.

9. Have outstanding letters of recommendations (top third or better of class),

- **Competency assessment**: Internship applicants are required to submit at least 2 letters of recommendation from current doctoral faculty or practicum supervisors. Letters of recommendation will be reviewed by 2 supervising faculty and rated on a rubric, with an average acceptable rating of 3 (Very Good) or 4 (Excellent).

An onsite interview is required. Applicants are invited for interview via e-mail and can expect to receive notification of their interview status by December 5, 2016. Interviews are conducted from mid-December through mid-January. The interviews include an individual interview with a member of the supervising faculty, an interview with the Internship Director, a group interview with a supervisor and the current interns, a tour of the Center for Brief Therapy, and an ethical case for discussion and role-play.

**Please submit all materials to:**

Bruce S. Zahn, Ed.D., ABPP  
Director of Clinical Training  
Department of Psychology  
Philadelphia College of Osteopathic Medicine  
4190 City Avenue,  
Rowland Hall, Suite 226  
Philadelphia, PA 19131  
Tel.: 215-871-6498  
Email: brucez@pcom.edu
TRAINING AND SUPERVISING FACULTY

ROBERT A. DITOMASSO, PH.D., ABPP
PROFESSOR AND CHAIR, DEPARTMENT OF PSYCHOLOGY
(Diplomate in Clinical Psychology)

Areas of Interest: Dr. DiTomasso, Chairman of the Department of Psychology, is board certified in clinical psychology by the American Board of Professional Psychology, a Fellow of the Academy of Clinical Psychology, a Founding Fellow of the Academy of Cognitive Therapy, and a licensed psychologist in Pennsylvania and New Jersey. He has extensive experience in cognitive behavioral therapy, graduate-level teaching, research/program evaluation and psychological consultation in medical settings.

Dr. DiTomasso graduated with a BA in psychology magna cum laude in 1973 from La Salle University and then pursued and completed an MS degree in general-experimental psychology from Villanova University in 1975, where he was the recipient of a research assistantship. This was a rigorous program that provided a solid foundation in scientific psychology and, later, an empirical focus for his clinical work. It was at Villanova where Dr. DiTomasso took his first course in Behavior Therapy and discovered an area of study devoted exclusively to helping people through the use of empirically-derived techniques based upon learning principles - a perfect match for his interests. The next year he entered the PhD program in Professional-Scientific Psychology at the University of Pennsylvania and over the next four years he refined his interest in behavior therapy, cognitive therapy, and research methods. While at Penn he was awarded a teaching fellowship and was mentored in the art of teaching. Subsequently, he attended the June Institute in Behavior Therapy and completed an internship under the direction of Joseph Wolpe, MD at the Behavior Therapy Unit, Eastern Pennsylvania Psychiatric Institute, Temple University School of Medicine, Department of Psychiatry. Upon graduation from the University of Pennsylvania, he was awarded the William E. Arnold Dean's Award in recognition of outstanding leadership and scholarship. He later obtained postdoctoral training and supervision in cognitive-behavioral therapy from David Burns and Arthur Freeman and completed a certificate in cognitive therapy under the direction of Arthur Freeman, EdD, ABPP.

Over the next 20 years, Dr. DiTomasso worked full time as associate director of the West Jersey Health System Family Medicine Residency and directed the Behavioral Medicine training, taught resident physicians, provided case consultation to physicians, developed and conducted health risk behavior groups, conducted research and treated medical patients suffering from stress and stress related disorders. He also served as an editorial consultant for the Journal of Behavioral Therapy and Experimental Psychiatry and the Journal of Consulting and Clinical Psychology. In addition, he maintained a part-time private practice and served as an adjunct associate professor at the University of Pennsylvania.
He began teaching at PCOM as an adjunct professor at the very beginning of the PsyD program in Clinical Psychology and joined the department full-time in July 1998 as professor, vice-chairman and director of clinical research. While at PCOM, Dr. DiTomasso spearheaded and coordinated the accreditation process which ultimately led to the accreditation of the PsyD program in Clinical Psychology. He is also actively involved in the development of educational outcome assessments and processes and serves as chairman of the college-wide Student Learning Outcomes Committee.

Dr. DiTomasso's major areas of interest are cognitive-behavioral assessment, therapy, and consultation, anxiety and anxiety-related disorders, primary care psychology, patient non-adherence, developing assessment instruments for health risk behaviors, and research design, measurement, methodology and program evaluation. Over the past several years, Dr. DiTomasso and his dissertation students have been developing and studying a variety of new measures including The MAD-AS, an anger questionnaire, The Inventory of Cognitive Distortions (ICD), and the HABIT (Health Adherence Behavior Inventory). Dr. DiTomasso was recently named as the recipient of the Dondero Award from LaSalle University, honoring an alumnus who has distinguished himself in promoting the science and/or practice of psychology according to the humanistic values that were at the basis of the life and teaching of the late John Dondero, PhD.

**STEPHANIE H. FELGOISE, PH.D., ABPP**  
**PROFESSOR AND DIRECTOR, PSYD IN CLINICAL PSYCHOLOGY**  
*(Diplomate in Clinical Psychology)*

**Areas of Interest:** Dr. Felgoise joined the faculty of PCOM in July 1999. She earned her MA and PhD in clinical psychology from Hahnemann University, after completing an APA-accredited internship in clinical/community psychology at UMDNJ-Robert Wood Johnson Medical School, in Piscataway, NJ. Her postdoctoral training in Health Psychology and Research from Hahnemann University, and her private clinical practice positions her to mentor students in clinical work, research, scholarship and professional affiliation. Dr. Felgoise earned her diplomate in clinical psychology by the American Board of Professional Psychology, and is a Fellow of the American Academy of Clinical Psychology.

Dr. Felgoise's research focuses on quality of life in, and psychosocial aspects of, ALS (Lou Gherig's Disease) and Long QT Syndrome (LQTS, a life-threatening cardiac arrhythmia condition). Research on these topics have emphasized factors relating to quality of life, social problem solving, coping and adjustment, resilience factors, and comorbid psychological conditions (i.e., anxiety, depression). ALS research has focused on adults and their lay caregivers; LQTS research focuses on children and adolescents and their parental caregivers. Dr. Felgoise has been a co-principal investigator for several studies and a program of research focusing on quality of life issues for persons with ALS and their family caregivers. These
research projects have been funded by the ALS Association and the Christopher Reeves Foundation. She and her collaborators have published their works in the *Annals of Behavioral Medicine*, *Neurology*, and *Quality of Life* journals. Her LQTS studies are funded by the Center for Chronic Disorders of Aging.

BARBARA A. GOLDEN, PSY.D., ABPP
*PROFESSOR, INTERNSHIP DIRECTOR*
*(Diplomate in Clinical Psychology)*

**Areas of Interest:** As the director of the *Center for Brief Therapy* and Internship Director, Dr. Golden has expanded services from our on-campus training site to the PCOM neighborhood Health Care Centers, serving traditionally underserved populations with significant health disparities. Psychology students have the opportunity to work with medical students, medical residents and family medicine physicians to offer behavioral health assessment, intervention and consultation to a wide variety of populations. In addition to direct service, the psychology students under Dr. Golden’s direction offer in-service training to a variety of professional medical and educational staff. As a member of the American Psychological Association, the Association of Behavioral and Cognitive Therapy, and the Pennsylvania Psychological Association, Dr. Golden presents at annual conventions with PCOM students. These presentations have included topics of psychology and primary care, psychology and chronic medical illness, chronic and acute pain management, and psychology in urban health care settings.

Dr. Golden has collaborated with the College's Department of Family Medicine on several multidisciplinary research projects. Her publications include topics related to nonpharmacology and chronic pain management. She was the recipient of the College's prestigious Lindback Award for Excellence in Teaching in 2011.

BRUCE S. ZAHN, ED.D., ABPP
*PROFESSOR, DIRECTOR OF CLINICAL TRAINING*
*(Diplomate in Clinical Psychology)*

**Areas of Interest:** Dr. Zahn is a licensed psychologist who has a broad variety of clinical experiences with patient populations ranging from children to older adults. In his capacity as Director of Clinical Training in the Psy.D. program in Clinical Psychology, Dr. Zahn is leader of the Clinical Training Committee and is responsible for the direction and coordination of all practicum activities and internship applications. He also acts as the Clinical Training Committee consultant to the Student Progress and Evaluation Committee (SPEC). Dr. Zahn is the program's lead delegate to the NCSPP (National Council of Schools of Professional Psychology). Within the PCOM community, Dr. Zahn has served as a member of the Appointments, Promotions and Tenure Committee and the Academic Appeals Committee. In 2010, Dr. Zahn was selected to serve on the American Psychological Association's Recovery
Advisory Committee, designed to provide recommendations, information, and strategic oversight with regard to data collection and analysis, training material development, marketing, dissemination, and education in the APA's Recovery to Practice initiative for individuals with serious mental illness (http://www.apa.org/pi/mfp/psychology/recovery-to-practice/index.aspx). Dr. Zahn has been active at the national and regional levels of leadership. He was the Chair of the Association for Behavioral and Cognitive Therapies Master Clinician Series for the 2010 ABCT Annual Convention, and he is a member of the PPA Continuing Education Committee. He has served on the Board of the Philadelphia Society for Clinical Psychologists as well. Dr. Zahn has also volunteered his time as a Board Member of the Interfaith Housing Alliance of Ambler, PA, serving families in Montgomery County to overcome homelessness (http://www.i-fha.org).

Dr. Zahn's mentoring and research interests are in the supervision competency, diversity issues in clinical training and practice, homelessness, cognitive therapy with older adults, and psychological testing. He has recently chaired dissertations that have focused on multicultural competence of providers and clinical supervisors (focusing specifically on Latino behavioral health issues), as well as issues related to homelessness and mental health recovery.

DAVID S. FESTINGER, PH.D.
PROFESSOR AND DIRECTOR OF SUBSTANCE ABUSE RESEARCH AND EDUCATION

Areas of Interest: Dr. Festinger holds a Ph.D. in clinical psychology and master's degrees in counseling and clinical health psychology, and is a licensed psychologist in the Commonwealth of Pennsylvania.

Dr. Festinger is a Fellow of the American Psychological Association (APA) and is currently President Elect of APA's Division 28 (Substance Abuse and Psychopharmacology). His National Institutes of Health-funded research has focused primarily on empirically isolating the active mechanisms of drug courts, developing empirically based dispositional procedures for offenders with substance use disorders, integrating disease prevention and healthcare into criminal justice programs for substance users, and bringing experimental research methods to bear on major ethical questions and human subject protections involving research participants.

To date, he has served as principal or co-Investigator on more than 20 NIH-funded grants and numerous contracts and grants from other federal, state and local funding agencies, has authored over 70 articles and chapters, and has disseminated his research findings at conferences and scientific meetings across the US and abroad. In addition, he is one of the principal architects of several evidence-based helping tools for clients and stakeholders within the fields of substance abuse and criminal justice.
ELIZABETH A. GOSCH, PH.D., ABPP
PROFESSOR
(Diplomate in Clinical Child and Adolescent Psychology)

Areas of Interest: Dr. Gosch is Director of the MS Program in Counseling and Clinical Health Psychology and a core faculty member of the PsyD program in Clinical Psychology. A licensed clinical psychologist, she is board certified by the American Board of Clinical Child and Adolescent Psychology and serves as a diplomate examiner for this board. Dr. Gosch received her B.A. in 1987 from Grinnell College and her doctorate in clinical psychology in 1997 from Temple University. She employs an interactive teaching style, seeking to incorporate discussions of theoretical issues with real-world experience to help students master course material.

Dr. Gosch is a nationally recognized expert on clinical child psychology, anxiety disorders, and cognitive behavioral therapy (CBT) with youth. She has published on several topics but is best known for co-editing Anxiety Disorders: A Practitioner’s Guide to Comparative Treatments and articles on the treatment of internalizing disorders in children. Dr. Gosch is currently on the editorial board of Clinical Psychology: Science and Practice. She serves as a reviewer for the Journal of Consulting and Clinical Psychology, Cognitive and Behavioral Practice, and The Behavior Therapist. She has served on the Publications Committee of the Association for Advancement of Behavior Therapy. She was a co-principal investigator of an NIMH-funded study (NIMH-64484-01A1) of therapeutic process and alliance in the treatment of children with anxiety disorders.

Dr. Gosch’s major research interest concerns the process and effectiveness of psychotherapy with differing populations. Much of her work has focused on the treatment of anxiety and depression in youth. She has conducted NIMH-funded psychotherapy outcome research at the University of Pennsylvania’s Center for Psychotherapy Research, the Department of Child and Adolescent Psychiatry at the Children’s Hospital of Philadelphia, and the Child and Adolescent Anxiety Disorders Clinic at Temple University. Her past work at the Behavioral Therapy Service of the Institute of Pennsylvania Hospital and the Princeton Child Development Institute has also provided her with extensive experience in the field of cognitive-behavioral assessment and treatment.

Although she has received certification in cognitive behavioral therapy with youth from Temple University, Dr. Gosch has also received training in family and psychodynamic approaches. She believes that therapeutic change in youth must be understood from a developmental perspective and strives to integrate findings from the field of developmental psychology into her clinical work. In her private practice, she works with youth experiencing both externalizing and internalizing symptoms but specializes in the treatment of anxiety and depression.
RORI MINNISALE, PSY.D.

**CLINICAL ASSISTANT PROFESSOR**

**Areas of Interest:** Psychological testing; school psychology, assessment of learning disorders and ADHD; parent support for learning disordered children and adolescents.

THERESA MOLONY, PSY.D.

**CLINICAL ASSISTANT PROFESSOR**

**Areas of Interest:** Psychological testing; school psychology, assessment of learning disorders and ADHD; parent support for learning disordered children and adolescents.

SUSAN PANICHELLI-MINDEL, PH.D.

**ASSISTANT PROFESSOR, DIRECTOR OF CLINICAL RESEARCH**

**Areas of Interest:** Dr. Susan Panichelli Mindel is as a core faculty member of the Psy.D. program in Clinical Psychology. Dr. Mindel received her B.A. in Psychology from Brandeis University and her M.A. and Ph.D. in Clinical Psychology from Temple University. She completed her internship at the APA accredited Behavioral Therapy Service of the Institute of Pennsylvania Hospital. She teaches doctoral courses in Learning Theories, Child and Adolescent Psychotherapy, Professional Development Seminar, Research Methods/Dissertation Seminar, Clinical Practicum, among others. Dr. Mindel teaches informally through the supervision and mentoring of students in their clinical and research work. She is also affiliated with the Center for Management of ADHD at the Children's Hospital of Philadelphia.

Dr. Mindel is a licensed clinical psychologist with extensive experience in the delivery of cognitive-behavioral evidence-based treatments in children and adolescents. She has served as a therapist trainer and supervisor at Temple University’s Child and Adolescent Anxiety Disorders Clinic, participated as a member of the treatment development staff at the Center for Psychotherapy Research at the University of Pennsylvania and served as a research consultant and clinical coordinator for the Cannabis Youth Treatment Cooperative Agreement, an NIMH multi-site funded project. She is dedicated to quality care, and maintains a private practice working with children and adolescents experiencing a variety of difficulties, with a specialization in anxiety disorders.

Dr. Mindel's research interests include issues in clinical child psychology, with an emphasis on the prevention and treatment of anxiety disorders, and diagnostic differences and treatment of subtypes of ADHD. Furthermore, her interests branch out to broader areas including child psychopathology as related to parenting variables, comorbidity, social behavior patterns, coping, and treatment responsiveness. She has served as an ad-hoc reviewer for the *Journal of Consulting and Clinical Psychology, Journal of Clinical Psychology, Cognitive Therapy and Research*, and as Notes and Announcements editor for *Cognitive Therapy and Research*. 
BRAD ROSENFIELD, PSY.D.
ASSISTANT PROFESSOR

Areas of Interest: Dr. Rosenfield's clinical experience includes post-doctoral training at the University of Pennsylvania's Center for Cognitive Therapy and the Adult ADHD Treatment and Research Program, in the Department of Psychiatry. He has maintained a private practice in treating a diverse client population with disorders ranging from social and occupational impairment to personality disorders and substance abuse. Dr. Rosenfield also has an intense interest in human-animal interactions and modifying behavior to the benefit of all concerned. Dr. Rosenfield has been active in the field of cognitive therapy and behavior modification as a teacher, researcher, writer, and clinician. He is an assistant professor and practicum coordinator in the Clinical PsyD program at PCOM. Dr. Rosenfield has published several articles in refereed journals and book chapters and has served as a coeditor and biographical editor of the International Encyclopedia of Cognitive Behavioral Therapy. He has also presented numerous invited lectures and workshops both within the United States and abroad.

Dr. Rosenfield's current research interests include cognitive behavioral therapy for adult ADHD, depressive disorders, somatic disorders, anxiety disorders, single session treatment for panic attacks, the social psychology of terrorism, multicultural counseling, communication skills, treating difficult patients, and human-animal interactions.

BEVERLY WHITE, PSY.D.
ASSISTANT INTERNSHIP DIRECTOR
CLINICAL ASSOCIATE PROFESSOR

Areas of Interest: Beverly Phillips White, Psy.D. received her doctorate in clinical psychology from the Philadelphia College of Osteopathic Medicine, and she returned to join our core faculty in November 2005. She currently serves as Clinical Assistant Professor of Psychology. In addition to her PCOM responsibilities, Dr. White works as a clinical consultant to one of the largest community health care providers in the country and has been in private practice for several years. Dr. White's private practice has focused on working with sexually abused children, adolescents and their families. Additionally, she has conducted numerous sexual abuse evaluations for the Philadelphia County Department of Human Services. Dr. White has presented at professional conferences and has traveled internationally to lead several workshops and trainings on various topics. Dr. White completed her undergraduate studies in psychology and sociology at Connecticut College for Women. She pursued graduate studies in social sciences and social work at Hunter College in New York. Dr. White has also had formal and extensive postgraduate coursework through her previous background in leadership and organizational development in the science and application of social psychology and, over a 13-year period, she studied social psychology internationally in several different countries including Japan, Germany, England, France, Italy, Mexico, Taiwan and Korea. Dr. White's other mentoring and research interests include projective assessment methods, cross-cultural assessment, the functions of the right and left brain hemispheres, and trauma. Her pursuant
concentration on social psychology, cultural and individual diversity and spirituality and mental health continue to be areas of strong interest as well.

**ANNA ZACHARCENKO, PSY.D.**  
**CLINICAL ASSISTANT PROFESSOR**  
**PSYCHOLOGIST / BEHAVIORAL HEALTH SPECIALIST**  
**PCOM FAMILY MEDICINE HEALTH CARE CENTER**

**Areas of Interest:** Dr. Zacharcenko serves as the attending psychologist and behavioral health specialist in PCOM’s Family Medicine practice which is a LEVEL 3 Patient Centered Medical home. Within this context, she provides behavioral health services to improve patient treatment outcomes. These services include diagnostic evaluations, testing and short term psychotherapy to patients presenting with psychological disorders impacting their adherence to health maintenance behaviors. In addition, in collaboration with the Medical Director, she assists in the design and implementation of community wellness education programs. She supervises psychology students and provides training focusing upon optimal behavioral health integration within primary care. Dr. Zacharcenko’s specialty interests include behavioral medicine and health psychology; treatment of anxiety and depression co-occurring with female medical disorders; motivational enhancement and cognitive behavioral interventions in weight management programs; depression and dementia in the elderly. In addition to her work at PCOM, she is a consultant to the Philadelphia Corporation for Aging providing competency testing and expert testimony and a contributing author to Health Forum Online, an organization providing web based continuing education for healthcare professionals.

**SCOTT GLASSMAN, PSY.D.**  
**CLINICAL ASSISTANT PROFESSOR**

**Areas of Interest:** Clinical health psychology, Motivational Interviewing, consultation with family medicine.

Dr. Glassman received his Psy.D. in clinical psychology from the Philadelphia College of Osteopathic Medicine in 2013, receiving the Provost’s Award for Academic Excellence and Sigma Xi Student Research Award. He is a member of the Motivational Interviewing Network of Trainers (MINT) and a consultant for the Family Medicine Department at PCOM, assisting with the integration of behavioral health in primary care. He has presented on brief adaptations of motivational interviewing at the Pennsylvania Osteopathic Medical Association’s Annual Clinical Assembly and Mercy-Fitzgerald Hospital Grand Rounds.
Dr. Glassman trains D.O. students in patient-centered communication and has developed patient-centered medical home initiatives at PCOM that foster collaboration between counseling and psychology students and healthcare professionals. His areas of interest include primary care psychology, the patient-centered medical home, positive emotions in motivational interviewing, cognitive behavioral approaches, psychological consultation, recovery-oriented models of care, and statistical methods.

DIVERSITY MENTORS
The Diversity Mentors listed below are graduates of the Psy.D. program in Clinical psychology who have agreed to be external mentors to students who wish to apply for internship at the Center for Brief Therapy. In this capacity, these mentors have agreed to be available to all potential applicants, and particularly those who are from differing ethnic, racial and personal backgrounds, in support of any questions that they have about applying for internship and remaining successful while on internship.

Beatrice Hamblin Chakraborty, Psy.D., M.S.Ed., (Beatrice.Chakraborty@va.gov) is currently a Clinical Research Psychologist at the Pittsburgh Veterans Affairs Healthcare System, where she coordinates the Pittsburgh VA’s Million Veteran Program (MVP), a national genetics and health research program. She also coordinates the Stroke Survivor Study, a VA Pittsburgh pilot project investigating the efficacy of using acupuncture to treat depression in post-stroke patients and a staff consultant to Pittsburgh VA’s Mental Illness Research Education & Clinical Center (MIRECC). She earned a master’s degree in business from Eastern University, a Master’s in Educational Psychology from the University of Pennsylvania, a masters and doctorate in Clinical Psychology from the Philadelphia College of Osteopathic Medicine (achieving the Dean’s Award for academic excellence). She received Doctoral training in clinical psychology from the Pittsburgh VA’s Internship Program and post-doctoral re-specialization in biometrics and psychophysiological research from the VA and the University of Pittsburgh, as an NIMH-funded postdoctoral associate. Dr. Chakraborty has published in the Schizophrenia Research journal and is a reviewer for the Journal of Clinical Psychology and the International Journal of Psychophysiology. She is an active member of the Pennsylvania Psychological Association Board of Directors, where she chairs the Program and Education Board and she is Chair of the Continuing Education Committee of the Greater Pittsburgh Psychological Association. Her professional and research interests include developing culture-specific assessment techniques for diagnosing schizophrenia among African Americans and other minorities, complementary and alternative medicine, social problem-solving therapy for depression among elderly veterans and mentoring minority graduate students.
Jason Hunt, Psy.D. ([Jasonhu@pcom.edu](mailto:Jasonhu@pcom.edu), [jasperg@yahoo.com](mailto:jasperg@yahoo.com)) is currently a Post-Doctoral Resident at Ancora Psychiatric Hospital. He completed his internship at Friends Hospital and he has trained in various settings including University of Pennsylvania's anxiety clinic (CTSA), Cooper University Hospital, and the Children's Hospital of Philadelphia. He has provided treatment (group/individual therapy and psychological assessment) for sexual offenders since 2004. Dr. Hunt’s dissertation focused on associations between parenting styles and child behavior and it may be found at: [http://digitalcommons.pcom.edu/cgi/viewcontent.cgi?article=1261&context=psychology_dissertations](http://digitalcommons.pcom.edu/cgi/viewcontent.cgi?article=1261&context=psychology_dissertations)

Urmi Jani, Psy.D. ([Urmi.jani@gmail.com](mailto:Urmi.jani@gmail.com)) is currently finishing her post-doctoral fellowship at The Cognitive Behavioral Therapy Center of New Orleans, a busy practice where she provides CBT & ACT therapies to individuals with a wide range of clinical disorders. She also serves as adjunct faculty at Loyola University New Orleans. Dr. Jani was recently quoted in a media article in the Columbia Journalist about some of Mayor Bloomberg's programming for at risk youth. You can read this article at [http://columbiajournalist.org/www/458-mayors-youthwrap-initiative-making-strides/story?full_site=1](http://columbiajournalist.org/www/458-mayors-youthwrap-initiative-making-strides/story?full_site=1)

Danika Perry, PsyD, L.L.P. ([danikape@pcom.edu](mailto:danikape@pcom.edu)) completed her doctoral training in 2013 with a concentration in Clinical Psychology at Philadelphia College of Osteopathic Medicine (PCOM). She recently moved to Grand Blanc, MI to pursue a 2-year post-doctoral fellowship in Clinical Psychology/Behavioral Medicine. During her fellowship experience she will complete three rotations at Genesys Family Medicine Clinic, Genesys Regional Medical Center, and Genesys Internal Medicine Clinic. These rotations involve medical education of residents within an Integrated Primary Care model, behavioral health medicine including hospital consultation/liaison services and outpatient health psychology, clinical experiences in lifestyle change, and chronic pain management, and pre-surgical evaluation assessments and specialty medicine unit collaboration. Her Doctoral internship was at the Center for Brief Therapy at PCOM. During her internship experience she engaged with clients of all ages at the Center as well as in the local health care centers as a Behavioral Health Consultant. Dr. Perry has an avid interest in integrated primary care and recovery-oriented care. She also is an advocate for diversity and cultural awareness, and believes in the importance of mentoring matriculating psychology students. Her past practicum experiences were at the Center for Brief Therapy as well as Friends Hospital in Philadelphia, PA. She has worked within the field for over five years, with children/adolescents and families involved in Intensive Outpatient Treatment as well as children ages (Pre-K – 5) as an elementary school counselor. Dr. Perry has an avid
Interest in integrated primary care and recovery-oriented care. She also is an advocate for diversity and cultural awareness, and believes in the importance of mentoring matriculating psychology students. Currently, she is a member of the American Psychological Association, the Pennsylvania Psychological Association, and the Association of Black Psychologists. At the PPA conference in Spring 2013, she presented a two-hour workshop, co-facilitated with Dr. Barbara Golden, on the Assessment and Treatment of overweight and obese conditions in Children and Adolescents. Beginning in the Fall, 2015, Dr. Perry will assume a position as a Pediatric Psychologist for Integrated Primary Care at Nemours duPont in Wilmington, DE

Asma Ali, Psy.D. (asma.ali1191@gmail.com) completed her doctoral training in Clinical Psychology at Philadelphia College of Osteopathic Medicine in 2013, and is currently participating as a post-doctoral fellow at the Center for Neurological and Neurodevelopmental Health (CNNH), in Gibbsboro, NJ. Dr. Ali’s areas of interest are neuropsychology, traumatic brain injury, and community mental health. She completed 2 practicum placements in neuropsychology (Bancroft and CNNH), as well as her internship at CNNH. She is proficient in testing, report writing, providing feedback, and encourage working with an interdisciplinary team. She also enjoys working with patients to provide CBT and Cognitive Rehabilitation Therapy services. She is proud to be a first generation Pakistani-American.

Ashara Cashaw, Psy.D. (cashawpsyd@gmail.com) is currently the Director of Clinical Operations in the Behavioral Health Division of Green Tree School. She is an experienced clinician who has been providing therapeutic services for children, adolescents, and families for 10 years in various settings, including inpatient psychiatric, outpatient counseling centers, and inpatient medical settings. In addition to her position as Director of Clinical Operations at the Green Tree School, Dr. Cashaw is also currently providing individual and family therapy, with expertise in behavior modification and cognitive-behavioral therapy, in a small private practice.

Bertee Thomas, Jr., Psy.D. (Bertee.Thomas@cecintl.com) graduated from PCOM with the Class of 2012 with a Psy. D. in Clinical Psychology. Dr. Thomas is also a Licensed Professional Counselor and has served in the field of mental health and/or social services for approximately 22 years. He is currently employed as a Campus Administrator for Community Education Center's Coleman-Hoffman Hall where he responsible for the operation of a 750 bed residential community release treatment center for Pennsylvania State and Philadelphia County criminal offenders. Dr. Thomas has also had a significant amount of experience working with children and adolescents, victims and perpetrators of sexual misconduct, individuals suffering from chemical addiction, and the HIV/Aids population.
## PCOM Center for Brief Therapy
### Interns: 2006 - 2016 (APPIC Results)

<table>
<thead>
<tr>
<th>Year</th>
<th>Intern</th>
<th>School</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-07</td>
<td>Sandra Capaldi</td>
<td>PCOM</td>
<td>Psy.D. Clinical Psychology (APA-Accredited)</td>
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<tr>
<td>2006-07</td>
<td>Kim Simmerman</td>
<td>PCOM</td>
<td>Psy.D. School Psychology</td>
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<td>2006-07</td>
<td>Susanna Kanther-Sista</td>
<td>Pacific Graduate School of Psych-Stanford University</td>
<td>Ph.D. Clinical Psychology</td>
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<td>2007-08</td>
<td>Stacey Carpenter</td>
<td>PCOM</td>
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<td>Deborah Chiumento</td>
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<td>Donna Toro</td>
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<td>Eka Friedman</td>
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<td>Sara Velez</td>
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<td>Sooni Yi</td>
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<td>Twain Gonzales</td>
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<td>Karen Taratuski</td>
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<td>Raymond Carvajal</td>
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<td>Bertee Thomas</td>
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<td>Year</td>
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<td>Institution</td>
<td>Degree &amp; Accreditation</td>
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<td>Scott Glassman</td>
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<td>Vanessa Bennefield</td>
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<td>Will LaValle</td>
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SELECTED REFERENCES RELATED TO CLINICAL HEALTH PSYCHOLOGY AND INTEGRATED BEHAVIORAL HEALTH


SELECTED REFERENCES RELATED TO DIVERSITY


SELECTED REFERENCES RELATED TO SELF-CARE


EMPIRICALLY-SUPPORTED INTERVENTION MANUALS ON RESERVE IN THE PCOM LIBRARY


APA Videos/DVD’s on Reserve in the PCOM Library


13 videocassettes/DVDs

- [v. 1] Multimodal therapy / Arnold A. Lazarus (41 min.) –
- [v. 2] Feminist therapy / Laura S. Brown (42 min.) –
- [v. 3] Cognitive-affective behavior therapy / Marvin R. Goldfried (46 min.) –
- [v. 4] Ethnocultural psychotherapy / Lillian Comas-Diaz (46 min.) –
- [v. 5] Client-centered therapy / Nathaniel J. Raskin (46 min.) –
- [v. 6] Cognitive-behavior therapy / Jacqueline B. Persons (38 min.) –
- [v. 7] Effective psychoanalytic therapy of schizophrenia and other severe disorders / Bertram P. Karon (59 min.) –
- [v. 8] Individual therapy from a family systems perspective / Florence W. Kaslow (57 min.) –
- [v. 9] Process experimental psychotherapy / Leslie S. Greenberg (57 min.) –
- [v. 10] Experimental psychotherapy / Alvin R. Mahrer (46 min.) –
- [v. 11] Prescriptive eclectic therapy / John C. Norcross (47 min.) –
- [v. 12] Short-term dynamic therapy / Donald K. Freedheim (36 min.) –
- [v. 13] Schema therapy / Jeffrey E. Young (97 min.)

2. APA Psychotherapy Videotape Series II: Psychotherapies for Specific Problems and Populations / American Psychological Association; producer, Julia Frank-McNeil; director, Gene Broderson. 1996; Call #: WM 420 A512p 1996 Ser.2

12 videocassettes:

- [v. 1.] Interpersonal reconstructive therapy for passive-aggressive personality disorder --
- [v. 2.] Cognitive therapy for panic disorder --
- [v. 3.] Psychotherapy of children with conduct disorders using games and stories --
- [v. 4.] Cognitive-behavioral relapse prevention for addictions --
- [v. 5.] EMDR for trauma --
- [v. 6.] Ericksonian hypnotherapy for an impulse problem --
- [v. 7.] Play therapy with a 6-year-old --
- [v. 8.] Cognitive therapy for borderline personality disorder --
- [v. 9.] Couples therapy for extramarital affairs --
- [v. 10.] Family therapy with patients having physical health problems --
- [v. 11.] Behavior therapy for obsessive-compulsive disorder --
- [v. 12.] Practical psychotherapy with adolescents.
3. APA psychotherapy videos series: Specific treatments for specific populations.

- **Self-injury** / American Psychological Association, Governors State University Communications Services. 2007; Call #: WM 165 S465 2007

- **Shyness and social phobia** / American Psychological Association; a production of Communications Services, Governors State University. 2006; Call #: BF 575 .B3 S562 2006

4. APA psychotherapy videotape series III

- **Breast cancer** / [presented by] American Psychological Association; a production of Communications Services, Governors State University. 2003; Call #: WP 870 ‡b B8283 2003

- **Cardiac psychology** / [presented by] American Psychological Association; a production of Communications Services, Governors State University. 2003; Call #: WG 300 ‡b C267 2003

- **Chronic illness** / [presented by] American Psychological Association; a production of Communications Services, Governors State University. 2003; Call #: WT 500 ‡b C557 2003

- **Helping children manage diabetes** / presented by the American Psychological Association; produced by Governors State University Communication Services. 2006; Call #: WK 810 ‡b H483 2006

- **Pain management** / [presented by] American Psychological Association; a production of Communications Services, Governors State University. 2003; Call #: WL 704 ‡b P1469 2003

- **Sleep and sleep disorders** / ‡c executive producers, Gary R. VandenBos, Julia Frank-McNeil; a production of Communications Services, Governors State University. 2003; Call #: WM 188 S6339 2003

- **Smoking cessation** / [presented by] American Psychological Association; a production of Communications Services, Governors State University. 2003; Call #: WM 290 ‡b S666 2003

- **Weight loss and control** / Ann Mary Kearney-Cooke, guest expert; a production of Communication Services, Governors State University. 2003; Call #: WD 210 W4195 2003

- **Working with headaches** / presented by the American Psychological Association; produced by Governors State University Communication Services. 2006; Call #: WL 342 ‡b W926 2006

5. APA psychotherapy videotape series IV
• **Functional family therapy** / [presented by] American Psychological Association; a collaborative effort between Governors State University and the American Psychological Association; a production of Communication Services, Governors State University. 2004; 1 videocassette (112 min.) Call #: WM 430.5 .F2 ‡b F979 2004

• **Gay, lesbian, and bisexual clients** / Ruperto M. Perez (100 min.) [v. 11] Call #: WM 420 A512p 2004, Ser. 4

6. APA psychotherapy video series V: Multicultural counseling
American Psychological Association; a production of Communications Services, Governors State University. Call #: WM 420 A512p Ser. 5

• [v. 1] **Counseling Latina/Latino clients** / Patricia Arredondo (111 min.) 2005
• [v. 2] **Inclusive cultural empathy in practice** / Paul B. Pedersen (no date)
• [v. 3] **Mixed-race identities** /Maria P. P. Root (103 min.) 2006
• [v. 4] **Working with African American clients** / Thomas A. Parham (100 min.) 2005
• [v. 5] **Working with Asian American clients** / Jean Lau Chin (100 min.) 2005
• [v. 6] **Working with Native Americans** / Winona F. Simms (100 min.) 2005

7. Culturally-competent counseling and therapy / sponsored and produced by the Society for the Psychological Study of Ethnic Minority Issues, Division 45 of the American Psychological Association with the support of Microtraining Associates. 2000; Call #: WM 55 C9679 2000; 2 videocassettes (160 min.)

• [v. 1.] pt. 1 **Innovative approaches to counseling African descent people** (37 min.) -- pt. 2 **Innovative approaches to counseling Asian-American people** (37 min.) –

• [v. 2.] pt. 3 **Innovative approaches to counseling Latina/Latino people** ( -- pt. 4 **Innovative approaches to counseling Native American Indian people** -- pt. 5 **Innovative approaches from a white perspective**.

8. APA psychotherapy series 6, Spirituality

• **Mindfulness-based cognitive therapy for depression** / [presented by] American Psychological Association; a production of Communications Services, Governors State University; director, Charles Nolley; producer, Yevette Brown. 2005; Call #: WM 171 M663 2005

9. APA psychotherapy series VIII

• **Emotion-focused therapy over time** / [presented by] American Psychological Association; a production of Communications Services, Governors State University; producer, Yevette Brown; producer/director/editor, Jon M. Tullos. 2007; Call #: WM 420 E54 2007

• **Cognitive therapy over time** / [presented by] American Psychological Association; produced by Digital Learning and Media Design, Governors State University. 2010; Call #: WM 425.5.C6 C6761 2010
• Behavioral therapy over time / produced by Governors State University Division of Digital Learning and Media Design. 2009; WM 176 B419 2009

• Cognitive-behavioral therapy for perfectionism over time / a production of Digital Learning and Media Design, Governors State University; producer Yevette Brown; producer/director/editor, Jon M. Tullos. 2008; Call #: WM 176 C676 2008

• Personality-guided therapy over time / Jeffery J. Magnavita; hosted by Jon Carlson. 2010; Call #: WM 420 M196p 2010

10. APA Series X / Clinical Geropsychology

• Adapting psychotherapy for working with older adults / presented by the American Psychological Association; produced by Governors State University, Division of Digital Learning and Media Design; producer/director/editor, Jon M. Tulles. 2009; Call #: WT 145 A221 2009

• Depression with older adults / American Psychological Association; Peter Lichtenberg interviewed by Jon Carlson. 2007; Call #: WM 171 L699d 2007

• Interpersonal psychotherapy for older adults with depression / American Psychological Association; producer, Yevette Brown; produced by Governors State University Communications Services. 2007; Call #: WM 171 I615 2007

11. APA psychotherapy stimulus series

• Therapist-client boundary challenges / American Psychological Association presents; produced by Governors State University Communications Services; producer, Yvette Brown; producer-director-editor, Jon M. Tullos. 2004; Call #: WM 62 T398 2004


12. APA psychotherapy videotape series

• Responding therapeutically to patient expression of sexual attraction: a stimulus training tape / American Psychological Association; director, Gene Broderson; producer, Julia Frank-McNeil. 1999, Call #: WM 62 R435 1999

• Constructivist therapy [presented by] American Psychological Association; a production of Communications Services, Governors State University; producer, Yevette Brown; producer/director/editor, Jon M. Tullos., 2004; Call #: WM 420 C758 2004

• Adlerian therapy / American Psychological Association; featuring Jon Carlson. 2005; Call #: WM 420 C284 2005
• Cognitive-behavior therapy for depression / American Psychological Association; producer, Jacqueline B. Persons. 2000; Call #: WM 171 C678 2000; 5 video/dvd (55 min. each)

• [v. 1.] Individualized case formulation and treatment planning –
• [v. 2.] Structure of the therapy session –
• [v. 3.] Activity scheduling –
• [v. 4.] Using the thought record –
• [v. 5.] Schema change methods.
Verification of Receipt

PCOM Center for Brief Therapy

Doctoral Internship in Clinical Psychology Handbook

I ______________________________, hereby acknowledge that I have received the PCOM Center for Brief Therapy in Clinical Psychology Handbook, including the Grievance and Due Process Policies and Procedures contained herein, and agree to abide by its contents in its entirety. This Internship Handbook was provided to me at the beginning of the internship orientation.

________________________________________                     ___________________
Intern signature                                                                  Date

Witnessed:

________________________________________                     ___________________
Internship Director                                                                  Date