

# Intern Handbook

Policies and Procedures of the  
Mid-Michigan Psychology Internship Consortium



Prepared by the Training Co-Directors and Site Supervisors  
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# Introduction

## Preface

The mission of the Mid-Michigan Psychology Internship Consortium is to train scientist-scholar-practitioners in health service psychology who conceptualize their work with children, adolescents, and transition-age students from an ecological systems perspective. MMPIC offers intensive, structured training experiences with a diverse population at the individual, family, school, and systems-level by consulting and collaborating with caregivers, family members, school professionals, medical professionals, and other important stakeholders to support client care. MMPIC values evidence-based practices that take into consideration individual, cultural, ethnic, and societal differences. Interns are trained to engage in scholarly inquiry and are expected to apply learned knowledge in their clinical practice.

The three consortium sites, Michigan Medicine, Department of Pediatrics, Division of Pediatric Psychology, Sunfield Center for Autism, ADHD, and Behavioral Health, and Thriving Minds Behavioral Health Center are located in Ann Arbor, and Brighton, Michigan. Intern supervision and didactic trainings occur at all three sites and at Michigan State University.

The consortium accepts applicants from school and clinical psychology doctoral programs, with preference given to interns from accredited programs.

MMPIC is committed to offering a well-rounded, comprehensive, and unified training program. Interns apply for and are admitted to MMPIC, not individual sites. While intern responsibilities and supervision are coordinated at individual sites, interns complete case consultation and most didactic training together as a cohort. All interns develop competencies in assessment, intervention, and consultation within an ecological framework, though daily activities may vary considerably from site to site.

MMPIC is currently an Association of Psychology Postdoctoral and Internship Centers (APPIC) member. MMPIC is accredited by the American Psychological Association. We have a 10 year renewal cycle and the next self-study is due in 2031.

## Program Structure

MMPIC has the following administrative structure.

The consortium's administrative home is Michigan State University. The department of Counseling, Educational Psychology, and Special Education (CEPSE) provides some faculty time and some administrative support to the consortium. The University of Michigan is also a university partner. The chair of the CEPSE (Counseling, Educational Psychology, and Special Education) department in the College of Education at Michigan State University, Dr. Kui Xie, also provides administrative oversight to MMPIC by supervising Training Co-Director, Dr. Jana Aupperlee.

The consortium is headed by two Co-Directors of Training: Dr. Aupperlee and Dr. Kotrba.

Dr. Aupperlee is the administrative leader and manages membership, accreditation, and data collection in close contact with the co-director and the other supervisors. Dr. Kotrba is the practice leader and is on-site at least 20 hours a week. Please note that these duties are roughly labeled; the co-directors work closely to support one another, the other supervisors, and the interns. Please see the duties listed below.

Dr. Aupperlee takes primary responsibility for administration with the internship consortium. Dr. Aupperlee directs and organizes the training program and its resources. Her duties include policy creation and oversight, organizing intern selection, and monitoring intern development. Specifically, under the header of policy creation and adherence, she drafts applications to APPIC and later to the APA's CoA. Dr. Aupperlee also created first drafts of program materials like the training handbook and brochure. Second, Dr. Aupperlee coordinates intern selection, planning the review of applications and subsequent interview processes. Dr. Aupperlee helps to foster intern development through scheduling intern seminars and ensuring alignment of seminar topics with the MMPIC aim and competencies. During the seminars, Dr. Aupperlee provides some didactic training and facilitates intern goal setting. Finally, Dr. Aupperlee promotes continuous program improvement. She monitors and evaluates the training program's aims and activities, documents and maintains interns' training records, contact intern's home universities as necessary, and schedules and leads meetings of the supervisors.

Dr. Kotrba takes primary responsibility for practice training. Her duties include co-directing and organizing the training program and its resources. She also contributes to the final review of consortium materials including the APPIC application, the APA accreditation materials, and consortium materials like the program handbook. She helps to monitor and evaluate the training program's activities. Dr. Kotrba reviews intern feedback on didactics and shares that information with the speakers. She also serves as a resource to the on-site site supervisors. She provides an extra layer of supervision for assessment, intervention, and consultation activities.

The consortium's next level is the site supervisors, who also provide on-site coordination. Each site has one primary supervisor/coordinator. The supervisor provides the intern with space, activities, clients, face-to-face supervision, indirect supervision, systems knowledge, systems access, and access to other staff members.

Specifically, Dr. Kotrba, Dr. Naguib, Dr. Jordan, and Dr. Butcher share responsibility for practice training. Their duties include supporting and organizing the training program and its resources. They also contribute to the final review of consortium materials including the APPIC application, the APA CoA self-study, and consortium materials like the program handbook. They also help provide didactic training to the cohort and help to monitor and evaluate the training program's aims and activities. Further, each trainer provides one intern regular, site-based supervision.

Interns may have contact with other professionals at each site (e.g., other psychologists, counselors, speech and language therapists, etc.) but this contact is informal and under the direction of the site supervisors.

The interns comprise a cohort and interact through face-to-face didactic trainings, a shared intern-created text thread, and through planned social events.

Administrative assistant support is provided informally by support staff at each site.

## Training Aim, Competencies, and Learning Elements

Evaluations are designed to assess whether the intern has met the minimum level of achievement for each learning element.

Aim: Developing health service psychologists who use evidence-based approaches to support children, adolescents, and families in community.

<i>(i) Research</i>
<ul style="list-style-type: none"><li>● Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level</li><li>● Applies scientific methods of evaluating practices, interventions, and programs</li></ul>
<i>(ii) Ethical and legal standards</i>
<ul style="list-style-type: none"><li>● Be knowledgeable of and act in accordance with each of the following:<ul style="list-style-type: none"><li>○ the current version of the APA Ethical Principles of Psychologists and Code of Conduct</li><li>○ Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels, and</li><li>○ Relevant professional standards and guidelines</li></ul></li><li>● Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas</li><li>● Conduct self in an ethical manner in all professional activities</li><li>● Demonstrates and applies knowledge of school-specific regulations, policies, and practices in school and clinical contexts</li></ul>

*(iii) Individual and cultural diversity*

- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves
- Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service
- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities) This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own
- Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship

*(iv) Professional values, attitudes, and behaviors*

- Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others
- Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness
- Actively seek and demonstrate openness and responsiveness to feedback and supervision
- Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training
- Accurately assesses own strengths and weaknesses
- Keeps supervisor informed of all professional activities
- Manages time effectively

*(v) Communications and interpersonal skills*

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services
- Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well
- Demonstrates a thorough grasp of professional language and concepts
- Tolerates professional ambiguity and uncertainty



<i>(vi) Assessment</i>
<ul style="list-style-type: none"> <li>● Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.</li> <li>● Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural)</li> <li>● Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process</li> <li>● Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient</li> <li>● Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective</li> <li>● Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences</li> </ul>
<i>(vii) Intervention</i>
<ul style="list-style-type: none"> <li>● Establish and maintain effective relationships with the recipients of psychological services</li> <li>● Develop evidence-based intervention plans specific to the service delivery goals</li> <li>● Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables</li> <li>● Demonstrate the ability to apply the relevant research literature to clinical decision making</li> <li>● Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking</li> <li>● Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation</li> </ul>
<i>(viii) Supervision</i>
<ul style="list-style-type: none"> <li>● Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees</li> <li>● Demonstrates knowledge of supervision models and practices</li> <li>● Recognizes supervision needs</li> <li>● Invites feedback</li> </ul>
<i>(ix) Consultation and interprofessional/interdisciplinary skills</i>
<ul style="list-style-type: none"> <li>● Demonstrate knowledge and respect for the roles and perspectives of other professions</li> <li>● Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior</li> </ul>

# Training Resources

## Training Methods, Content, and Curriculum

### Michigan Medicine

Michigan Medicine Interns complete 1-2 major and minor rotations during the internship year – all interns have an option to switch rotations mid-year but may choose to stay in their current rotation(s) contingent on their interests and future goals. These rotations are six months in length. All interns complete rotations in primary care and medical specialty clinics; time in each setting is determined according to trainee interest, supervisor availability, and relevant funding sources. In total, interns engage in clinical activity for 3-4 days per week. Interns at Michigan Medicine work alongside their supervisors in completing clinical activities. During clinic, interns provide direct assessment and intervention and check in regarding consultation work. Throughout Michigan Medicine, intervention is driven by evidence-based protocols. For instance, interns may collect data to support an ADHD diagnosis, enact a behavioral activation protocol for a youth with depression, or develop a behavior plan to facilitate medical regimen adherence. While these protocols are consistently applied, they're sometimes adapted to better match client needs related to individual and cultural diversity. Interns receive less supervisor scaffolding as they grow in confidence and competence, beginning with observation and over time taking on more independence in patient care. Remaining time during the intern training week each week is allocated for documentation and clinic-related follow-up, relevant clinical team meetings/case conferences, didactic training, tiered supervision experiences, face-to-face supervision, and research. Please see the sample below for more information about a typical intern week at Michigan Medicine.

### Sunfield Center

At Sunfield Center, an outpatient clinical center, the intern has one consistent weekly schedule across the year, with some activities occurring every other week. During the mornings, interns complete roughly two assessments per month, consultation activities, supervise practicum students, receive supervision, and engage in research. These assessments are first completed with their assessment supervisor. Responsibility gradually shifts to the intern for those activities as intern skills and knowledge develop over time. Given that most clients are school-aged, the week includes treatment sessions Monday through Thursday afternoons. All treatment work follows a cognitive-behavior therapy framework with a clear emphasis on skill development and shifting reinforcers in the client's context. Treatment is carefully scaffolded across internship. Again, as intern confidence and skill develop, the clinical supervisor provides less direct support while maintaining oversight of all intern clinical work.

The clinical focus at Sunfield Center is neurodiverse youth and families with children with significant behavior differences. In particular, the intern works closely with the site supervisor to conduct comprehensive autism evaluations that include training and certification in the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2). The intern also gains extensive training in using the Autism Diagnostic Interview – Revised (ADI-R) to support their

ASD diagnostic work. In addition to conducting autism evaluations with the site supervisor, interns also engage in intensive applied behavior analysis (ABA) early intervention protocols for children with autism. For intervention, interns receive training and certification in Parent Child Interaction Therapy (PCIT); they work closely with the site supervisor and progress from observational learners to independent therapists while conducting PCIT with clients throughout internship. Ultimately, interns develop independent practice skills conducting autism assessments, executing both CBT and behavioral interventions for children with autism and other behavioral differences. Beyond their assessment, intervention work, and consultation work, interns also complete documentation and clinic related phone calls, didactic training, supervise practicum students, engage in face-to-face supervision, and conduct research. The sample schedule below provides more information about an intern's week at Sunfield Center.

### **Thriving Minds**

Thriving Minds offers rich training opportunities to interns. Interns work directly with clients in Thriving Minds clinics where they deliver individual and family psychotherapy using a cognitive behavioral framework. Interns typically spend two days a week at one clinic, supervised by an assistant site supervisor, two days a week at the second clinic, supervised by a second assistant site supervisor, and complete training and didactic activities on Friday. Interns work with children who experience anxiety disorders, depression, ADHD, and behavior problems. Interns receive hands-on training experience in therapy and evaluation, closely monitored and supervised by a licensed psychologist. Interns typically see 15-20 clients per week, allowing them to develop competence and confidence over time. Interns also work with the site supervisor one morning a month at a local hospital. In the hospital, the intern and the site supervisor complete developmental assessments for infants and toddlers born prematurely and then provide parent feedback sessions.

Beyond direct service delivery, interns spend the rest of their week participating in weekly training meetings, including didactic training, face-to-face individual supervision, group supervision, peer supervision with all therapists at the clinic, and case conceptualization with all clinicians. Additionally, the interns provide supervision for practicum students at the clinic, thereby getting supported experience in being a trainer/supervisor for clinical therapy cases. Please see the sample schedule below for more information about how Thriving Minds interns spend their time.

## Sample Schedules

### Sample Michigan Medicine Intern Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Friday/ Alternating
8am	Supervise Practicum Student	Medical Specialty Clinic and Supervision	Primary Care Clinic and Supervision	Primary Care Clinic and Supervision	Research and Indirect Clinical Activities	Research and Indirect Clinical Activities
9am	Patient Follow Up and Prep				Research Lab	Research Lab
10am	Ibh/Supervision				Individual Supervision and Lunch	Individual Supervision and Lunch
11am						
12pm	Lunch	Lunch	Monthly Case Conference	Grand Rounds	MMPIC Didactic	MMPIC Didactic
1pm	Medical Specialty Clinic and Supervision	Medical Specialty Clinic and Supervision	Primary Care Clinic and Supervision	Primary Care Clinic and Supervision	Protected Dissertation or Research Time	
2pm						
3pm						
4pm						

### Sample Sunfield Center Intern Schedule

	Monday/ alternating	Monday/ alternating	Tuesday	Tuesday/ alternating	Wednesday	Thursday	Friday	Friday/ alternating
9am	Assessment Part 1	Assessment feedback	Assessment part 2	Initial Consultation	Treatment	Supervise practicum student	Group supervision/ case conference	Group supervision/ case conference
10am		Report writing		Initial Consultation	Treatment	Research/ Project work		
11am				Initial Consultation	Treatment			
12pm				Lunch	Lunch	Lunch	Lunch	MMPIC Didactic
1pm	Lunch	Lunch			Individual Supervision		PCIT Supervision	
2pm	Individual Supervision						Weekly PCIT Co- Treatment (3/4 weeks)	PCIT Didactic
3pm	Treatment	Treatment	Treatment	Treatment	Treatment	Treatment		
4pm	Treatment	Treatment	Treatment	Treatment	Treatment	Treatment	Project team meeting	Research/ Project research meeting
5pm	Treatment	Treatment	Treatment	Treatment	Treatment	Treatment		

### Sample Thriving Minds Intern Schedule

	Monday	Monday Alternating	Tuesday	Wednesday	Thursday	Friday	Friday Alternating
9am		Bayley Assessment					
10am	Therapy Intake		Supervise Practicum Student		Individual Supervision	Office Work	Office Work
11am			SM Group Supervision or Office Work	Therapy Intake	Intern SM Supervision or Office Work	Marketing Meeting	Office Work
12pm	Individual Supervision	Intern Group Supervision			Lunch	MM Didactic	MM Didactic
1pm	Staff Meeting	Individual Supervision	Lunch	Trauma Group	Peer Supervision/ Didactics	Research Release	Research Release
2pm	Lunch	Intern-Led Group Supervision	Treatment	Lunch	Treatment		MMPIC Monthly Didactic
3pm	Treatment	Treatment	Treatment	Treatment	Treatment		
4pm	Treatment	Treatment	Treatment	Treatment	Treatment		Research Release
5pm	Treatment	Treatment	Treatment	Treatment	Treatment		
6pm	Treatment	Treatment	Treatment				

### Training/Supervisory Staff

MMPIC has a diverse and supportive training staff. The consortium is headed by the Training Co-Directors, Drs. Aupperlee and Kotrba. Dr. Aupperlee is a faculty member at Michigan State University and Dr. Kotrba is the owner and site supervisor at Thriving Minds Behavioral Health. The other site supervisors are Dr. Naguib (Sunfield Center) and Dr. Butcher and Dr. Jordan (Michigan Medicine). Each site has multiple assistant site supervisors. At Michigan Medicine, Dr. Jordan and Dr. Butcher serve as internship co-directors and primary site supervisors; interns are assigned a primary supervisor for their major rotation and meet with additional pediatric psychology faculty in their minor rotation for supplemental supervision. At Sunfield Center, interns work with and receive supervision from Drs. Bergamo and Dr. Malcolm. At Thriving Minds, interns work with and are supervised by Dr. Hella (Brighton clinic director), Dr. Thomson (Chelsea clinic director), Dr. Roth (Livonia clinic director), and Dr. Youngdahl (Ada clinical director).

### Physical Facilities and Training Settings

MMPIC has excellent physical facilities and training settings for the internship. First, the MMPIC training co-director is housed within the College of Education at Michigan State University, Testing materials and other supply resources are available for MMPIC use. The MMPIC training co-director has her own locked office. Intern files are kept within Dr. Aupperlee's electronic files accessed through two factor authentication.

Each intern has workspace at each site. Secretarial support services and office supplies are available like all other site staff. Each training site has the capability for interns to have access to other offices for specialty services, computers and the internet for research and electronic records.

### **Michigan Medicine**

Interns have shared intern workspace with dedicated workstations. Each intern is assigned a desk in a room with other trainees including postdoctoral fellows. Interns may leave personal belongings in this shared workspace. Interns see clients in multiple locations, the C. S. Mott Children's hospital and outpatient clinics. Each clinic is set up like a typical medical office with a check in station, waiting room, and examination rooms. The interns' work occurs in these designated pediatric examination rooms or designated consultation rooms. When in the outpatient clinics, interns use staff workrooms alongside their supervisors. These workrooms are located down the hall from where the interns and their supervisors see clients.

### **Sunfield Center**

At Sunfield Center, interns have a shared conference area with a large table for collaboration. The space is shared by interns, practicum students, and therapists. Most often, two to six people are in the space. The interns also have access to a small kitchen area with a sink, refrigerator, and a microwave. The interns place their personal belongings in the conference room or the room they are working in.

The clinic has a waiting area, open space with a kitchen and large conference room, Dr. Naguib's office, the administrative assistant's desk, and four therapy rooms. To reserve a therapy room to see a client, the clinician uses the secure, online practice management software, TherapyNotes.

### **Thriving Minds**

At Thriving Minds, interns have their own, furnished office with therapy space and a desk. Interns may leave personal belongings in their office. The room has a locked filing cabinet. Interns can choose to lock the room when they leave the office.

Thriving minds has four locations (Ada, Brighton, Chelsea, and Livonia). Each site is set up like a typical medical practice with a large waiting room, office manager's office, billing manager's office, offices for the clinicians, a conference room, a kitchen, restroom and 2 playrooms.

## **Clerical, Technical, and Electronic Support**

### **Michigan Medicine**

Michigan Medicine has clerical, technical, and electronic support available to internship faculty and interns. The Division of Pediatric Psychology has an administrative assistant who supports the interns and psychologists in communicating with staff, parents, and clients. The assistant also helps with greeting clients, making phone calls, scheduling appointments, gathering and entering data, managing databases, making copies, faxing, and obtaining office supplies. At Michigan Medicine, the interns share an office space and each person has his or her own desk. Each intern is assigned an HP laptop computer for the year. Interns also have full access to a copy machine, scanner, fax, and office supplies. Interns also have access to a shared desktop computer and printer. Interns also have access to a landline phone with voicemail. The site uses an EPIC Electronic Health Record system called MiChart for electronic medical records. Each

intern is assigned specific login information. All client and staff data are protected with two factor authentication. When technical support is needed, the intern calls the Health Information Technology Services (HITS) office.

### **Sunfield Center**

Sunfield Center has sufficient clerical, technical, and electronic resources. First, Sunfield Center employs an administrative support person. She manages day to day activities, schedules appointments, and addresses client and staff needs. Interns have full access to the center's scheduling system (InSync), copy machine, scanner, fax, and office supplies. The intern's laptop is networked to the system and the site is fully wi-fi capable. Interns also have access to a landline phone, voicemail, and a shared space for working. When interns need technical support, the administrative assistant ensures they receive the necessary supports.

### **Thriving Minds**

Thriving Minds clinics include sufficient clerical, technical, and electronic resources. The practice also has an office manager and a billing manager. Both assist the intern and psychologists in communicating with staff, parents, and clients. These office managers help with greeting clients, making phone calls, scheduling appointments, gathering and entering data, managing databases, making copies, faxing, and obtaining office supplies. When interns need technical support, they alert the office manager, who assists them or contacts professional technical support from the internet provider to correct the problem.

### **Training Equipment**

Each site has the following tools: Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V), Wechsler Individual Achievement Test, Third Edition (WIAT-III), Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-4), Wechsler Preschool and Primary Scale of Intelligence, Fourth Edition (WPPSI-4), Bayley Scales of Infant and Toddler development, Third Edition (Bayley 3), Behavior Assessment System for Children, Third Edition (BASC-3), Vineland Adaptive Behavior Scales, Third Edition (Vineland-3), Multidimensional Anxiety Scale for Children, Second Edition (MASC-2), and Children's Depression Inventory, Second Edition (CDI-2).

More assessment tools and rating scales are available for checkout from the School Psychology program at Michigan State University. Given the consortium connection with the School Psychology program at Michigan State University, interns may access their library of assessment and intervention materials. To borrow materials, an intern would email Dr. Aupperlee, who would then check out the materials and loan them to the intern. Interns do not have direct access to the Michigan State University library system because they are linked to each site rather than the university directly.

### **Michigan Medicine**

At Michigan Medicine, interns have ample access to technology for professional use, assessment, and for client use. First, each intern is assigned a laptop for use across the internship. All computers have Microsoft office software, Windows 10, current version of SPSS,

access to all journals through Michigan Medicine library, and teleconferencing software. Interns are also assigned pagers for in-hospital use. Interns also have landlines and voicemail at their desks. Michigan Medicine also has a full complement of assessment materials. Beyond the measures noted above, they have various ratings scales and assessment materials. These assessment tools include: Conners Child Behavior Checklists (CBCLs), Conners Third Edition (Conners 3), Gilliam Autism Rating Scale, Third Edition (GARS 3), Eyberg Child Behavior Inventory, and current biofeedback equipment. All measures are present at the Howell, Brighton, Northville, West and Canton Health Center clinics. Across the whole Division, Michigan Medicine has check in kiosks, tablets for patient questionnaires, and an abundance of computers in all workrooms and clinic/therapy rooms in all five clinics listed above. Finally, interns at Michigan Medicine also have access to the University of Michigan library system as employees of Michigan Medicine.

### **Sunfield Center**

At Sunfield Center, the site has the materials and resources necessary to support an internship. First, in addition to the measures listed above, the clinic has the following assessments: Wechsler Abbreviated Scale of Intelligence, Second Edition (WASI-2), Differential Ability Scales, Second Edition (DAS-2), adult self-report scales, and the Mullen Scales of Early Learning. Interns also have access to the technology necessary to do their work. While most interns use their own laptop computers with clinic Wifi, desktop computers are available as well as a printer and iPad. Interns can also use Sunfield Center cameras to tape sessions. In addition, interns have access to a fax machine, a scanner, and a laminator. The clinic uses InSync and each intern has his or her own login and account. Interns also have their own clinic email addresses. Finally, the clinic has a HIPAA compliant Google drive on which clinic team members share resources and materials.

### **Thriving Minds**

Thriving Minds has sufficient resources to support intern growth and development. Thriving Minds has the following assessment tools: the Wechsler Abbreviated Scale of Intelligence, Second Edition (WASI-2), the Wechsler Memory Scale (WMS), the Peabody Picture Vocabulary Test, Fourth Edition (PPVT-4), the Expressive Vocabulary Test, Third Edition (EVT-3), the Gray Oral Reading Test, Fifth Edition (GORT-5), and the Delis Kaplan Executive Function System (DKEFS). In addition to the assessments, interns have access to office technology including Wifi access, a designated phoneline, printers, a scanner, a fax machine, and a copy machine. Interns use their own laptops but are provided with HIPAA-compliant email and access to the electronic health record, TheraNest. In addition, interns have access to training manuals, training videos, and an online clinical program, Go Zen. In addition, each therapy room has a Nest online camera system. The camera system links to a HIPAA-compliant cloud. Using the cloud, Dr. Kotrba and the assistant site supervisors can watch live feeds of all sessions at all times.



# Selection Criteria and Procedures

## Statement of Nondiscrimination

Given that the consortium is affiliated with Michigan State University, the MMPIC trainers adhere to the university's equal opportunity statement:

*Michigan State University is committed to the principles of equal opportunity, non-discrimination and affirmative action. University programs, activities and facilities are available to all without regard to race, color, gender, religion, national origin, political persuasion, sexual orientation, marital status, disability, height, weight, veteran status, age or familial status. The University is an Affirmative Action, Equal Opportunity Employer.*

Beyond providing equal opportunity, the trainers at MMPIC seek out candidates with diverse experiences. We are committed to ensuring a range of diversity among our interns, and we select candidates representing different geographic areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences. All things being equal, consideration is given to applicants who identify themselves as members of historically underrepresented groups on the basis of racial or ethnic status, as representing diversity on the basis of sexual orientation, or as representing diversity on the basis of disability status.

## Diversity Plan

MMPIC is committed to the value of diversity and the richness of human differences. Our service and training mission requires that the consortium serve people of all backgrounds with the expectation of respectful, culturally-appropriate treatment and service. In particular, the consortium recognizes that stereotypes, prejudice, and discrimination have affected training and programming practices in the mental health field. We believe that we benefit from the perspectives of those who differ by age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and social economic status. Thus, the consortium's policies and procedures, as well as its activities, associations, and interactions with the community, reflect and promote the dignity and worth of the individual and the value and strength of diversity in the community. We encourage diverse individuals to apply to our program and seek out opportunities to serve diverse clients and systems.

We believe professionals become culturally competent through carefully structured experiences with people who differ with regards to age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socio-economic status. We begin our diversity training by having interns reflect on their own perspectives, beliefs, and privilege, since nearly all our interactions have cross-cultural components. Next, we offer them structured didactic trainings including readings and discussions related to diversity. Interns are also required to participate in reflection activities with their intern peers. We also expect interns to seek out assessment, intervention, and consultation activities with diverse clients and professionals. Site supervisors work closely with

interns to ensure that they work with diverse children, youth, and families. Should interns have specific populations of interest, the site supervisors help them gain access to those clients as feasible.

According to the United States Census Bureau report (2010), approximately 21.1% of the citizens of Michigan are racially or ethnically diverse (African-American/Black, 14.2%, Hispanic/Latino, 4.8%, Asian 2.9%). While we acknowledge that Michigan is relatively homogenous, these state level-statistics belie the diverse urban, rural, and suburban communities in our area.

We take a number of steps to help our interns gain experiences with diverse clients and professionals.

- At least one of the primary supervisors self-identify as differing by gender, ethnicity, race, culture, sexual orientation, age, religious beliefs, or socio-economic class. Our primary supervisors solicit the contributions of diverse individuals at their sites to the training of their interns.
- Dr. Naguib is willing to supervise interns who wish to practice psychology in Portuguese, Spanish, or Arabic.
- MMPIC continues to recruit training sites in rural and urban areas where underserved populations do not typically access mental health services outside the schools.
- Training supervisors select cases for interns involving aspects of diversity.
- We also seek to increase the diversity of our intern cohort. We are determined to attract racially/ethnically diverse applicants to our program, learn from them, and provide them appropriate mentors. We invest time in cohort development so that interns can receive social support from one another to promote intern retention.
- We post advertisements on listservs recommended by the Black, Hispanic, Indian, Asian American, and LGBTQIA psychological associations.
- We ask School Psychology programs within 400 miles to publicize our consortium and to encourage interns who differ based on gender, ethnicity, race, culture, sexual orientation, age, religious beliefs, and socio-economic class to apply.

## **Intern Recruitment and Selection**

The recruitment of interns includes several specific strategies. Initial efforts focus on obtaining an applicant pool that is highly reflective of diversity.

First, our consortium's website highlights the sensitivity to and value for diversity, thereby increasing the likelihood that more diverse applicants will view our setting as a desirable place to work and commensurate with their diversity-related values. The website also emphasizes the consortium trainers' sensitivity to diversity and our commitment to attracting interns with diverse backgrounds. Thus, our non-discrimination policy is featured prominently on our website.

Applicants reflecting diversity are reviewed holistically to avoid emphasizing factors that could disadvantage otherwise strong diverse candidates and highlight openness to the full scope of assets a diverse candidate might bring.

Given that this is a new internship consortium, concerted efforts are made to publicize the internship, and particularly with candidates reflecting ethnic and cultural diversity. These include affiliated psychologists presenting and speaking at national conferences and meetings. At such meetings, affiliated psychologists bring printed brochures highlighting key aspects of the internship. Supervisors also routinely bring up our internship in their off-site discussions with colleagues and students. As noted above, our internship website highlights our sensitivity to diversity and commitment to ongoing training in related areas. Our internship brochure is also be emailed to groups and APA Divisions that focus on diversity (Association of Black Psychologists; National Latina/o Psychological Association, APA Divisions 35, 44, and 45).

### **Practica and Academic Preparation Requirements**

Interns are selected based on the following criteria found in all MMPIC public documents:

**Academic Record:** Interns must be in good standing with their APA-approved doctoral program in psychology.

**Clinical Experience:** Interns must have practicum experiences with a school-age population. Interns must have at least 150 hours of assessment experience and at least 150 hours of intervention/ consultation experience.

- Applicants must be eligible to obtain their Doctoral Educational Limited License in Psychology (TLLP). Applicants must obtain their Doctoral Educational Limited License in Psychology (TLLP) BEFORE the August 15 start date. Specifically, they must submit a copy to a Training Co-Director before July 15.
- Criteria and procedures for the Doctoral Educational Limited License in Psychology (TLLP) application are found on the [Michigan Board of Psychology](#) website.
- ***The cost of these required licenses/credentials is roughly \$100.***

**Scholarship:** Consistent with the scientist-scholar-practitioner model, interns must complete their doctoral dissertation proposal prior to the ranking deadline.

**Writing Skills:** Interns must demonstrate strong writing skills in application materials.

**Letters of Recommendation:** Interns must have three letters of recommendation.

**Interpersonal and Communication skills:** MMPIC seeks interns who are flexible, collaborative, mature, and open to feedback and supervision. Applicants who are interested in culturally competent practice or speak a second language are prioritized.

### **Selection Process**

We seek applicants who have a sound clinical and scientific knowledge base from their academic program, strong basic skills in assessment, intervention, and consultation skills, and the personal characteristics necessary to function well in our internship setting. Our selection

criteria are based on “goodness-of-fit” with our scientist-scholar-practitioner model, and we look for interns whose training goals match the training that we offer. A selection committee including at least two licensed psychologists is involved in training reviews applications. The selection process may include information gained from internet searches of applicants’ names.

## **Requirements Prior to Internship**

### **Licensure Requirements Prior to Internship**

All interns must obtain their Doctoral Educational Limited License in Psychology (TLLP) before internship. The cost for this certificate is roughly \$100. Criteria and procedures for application are found on the Michigan Board of Psychology website. Interns must send the Training Co-Director a copy of the TLLP before July 15.

### **Insurance Requirements Prior to Internship**

All interns must purchase Professional Liability (Malpractice) Insurance for Students before internship. The cost for this insurance is roughly \$35. Most interns select policies from American Professional Agency, Inc. or Trust Insurance. Interns must send the Training Co-Director a copy of their liability insurance policy before July 15.

### **Background Checks**

All interns are background tested/checked prior to or as a part of internship. A conviction for violence, abuse, or neglect may terminate the internship offer or employment.

### **COVID-19 Vaccination Status**

Interns must be fully vaccinated prior to beginning internship. Interns are required to follow all site-specific safety protocols, which may include masking, to ensure patient safety.

## **Applications and Interviews**

### **Application Procedures**

MMPIC is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Over the years, APPIC has developed procedures for student-internship matching, and these guidelines continue to evolve over time as APPIC remains responsive to the varied concerns around this issue. The guidelines in effect for this application year are available from [APPIC](#). MMPIC agrees to follow APPIC guidelines. 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.

MMPIC participates in the APPIC Internship Matching Program administered by National Matching Services Inc. (NMS). Applicants must complete the [APPIC Application for Psychology](#)

[Internship \(AAPI\)](#) online. The Match number for MMPIC is: 2447 followed by the two-number code for the different sites.

Applicants should indicate which consortium site (by preference) they are applying to in the first line of the cover letter (e.g., "I am applying to the Sunfield Center" or "I am applying to Michigan Medicine.") Applicants should write ***one cover letter for each MMPIC site.***

All application materials must be submitted through the AAPI Online Service. No materials will be accepted by e-mail or US mail.

## Interviews

Virtual interviews are required of all applicants who make the final selection round. Virtual interviews involve a meeting with at least two licensed psychologists at the site(s) to which applicants applied. Optional site tours are also offered the day before interviews. An in-person and a virtual option is available for each site.

# Requirements throughout Internship

## Liability Insurance During Internship

Interns are covered first by the liability insurance of their supervisor on the dates specified in the intern's offer letter and secondarily through their personal liability insurance.

## Substance Use

The Mid-Michigan Psychology Internship Consortium provides a drug-free workplace and environment. Our sites prohibit the use of all drugs illegal per the federal government. Our internship programs prohibit the use of marijuana/cannabis, THC, and/or CBD in ALL circumstances, and will refuse to hire/will terminate an intern who tests positive regardless of medical need, the presence of a prescription, the fact that it was obtained over-the-counter, or its legal status. Any suspicion of use may result in termination of internship. Unscheduled drug testing may occur at any time during the internship.

# Expectations for Intern Performance

## Common Experiences

All MMPIC interns are required to have the following training experiences across the internship year:

- Each intern must complete three assessments with written documentation
- Each intern must share assessment data with a parents or guardian at least three times
- Each intern must complete three interventions with written documentation
- Each intern must complete three consultation experiences with written documentation
- Each intern must liaise with at least one school staff member

- Each intern must present publicly present on a topic
- Each intern must work on a team with at least one other mental health professional
- Each intern must have at least one experience supervising another mental health professional at a lower level of training
- Each intern must work with at least three individuals with diverse or minoritized identities

## **Expectations and Hours**

For interns to successfully complete the internship, the following criteria must be met:

- Total training time must include at least 2000 hours
- Direct service time must include at least 500 hours
- Total supervision time must include 100 hours of individual supervision with a licensed psychologist plus an additional 100 hours of supervision with a licensed psychologist.
- All client records, paperwork, and work products must be complete and reviewed with supervisors before the end of internship

## **Completion Criteria**

- In order to successfully complete the internship, all interns must: meet the minimum level of achievement (a score of 3, graduating intern) on the final evaluation of all competencies, meet the required number of internship hours, and meet the requirements specified in any Formal Remediation Plan.

## **Evaluation Procedures**

Each intern is assigned at least two licensed psychologist supervisors who provide evaluative feedback. One doctoral-level, licensed supervisor is assigned to each intern for two hours of supervision per week.

Within the context of these supervisory relationships, interns receive ongoing feedback regarding their professional strengths and their areas/skills in need of improvement. This occurs in many ways including ongoing review of work products and discussions about intern skill development.

Interns receive specific feedback four times during the internship year. Twice, in October and March, supervisors provide each intern informal verbal feedback, discussion, and a short written paragraph regarding the following topics: (1) his/her knowledge and acquisition of relevant professional standards; (2) his/her acquisition of appropriate professional skills and competencies; and (3) his/her appropriate management of personal concerns and issues as they relate to professional functioning. Within one week of the informal verbal feedback discussion between intern and supervisor, the supervisor provides a training co-director with a summary paragraph.

In addition to the informal feedback, each intern also receives formal written reviews twice a year. In December and August each primary supervisor provides a training co-director with formal ratings of each intern using the MMPIC Intern Evaluation. The MMPIC Intern Evaluation

provides a structured form for feedback on the profession-wide competencies. This formal feedback is reviewed with each intern during regularly scheduled supervision. At the formal winter evaluation, each intern must achieve scores of 2 or higher on all items on the MMPIC Intern Evaluation. Any score of 1 will trigger the initiation of a formal remediation plan. At the final formal evaluation in summer, each intern must achieve scores of 3 (graduating intern) or higher on all items on the MMPIC Intern Evaluation; this is the minimum level of achievement.

At the end of each of the four evaluation periods, a training co-director reviews the progress of each intern. Because keeping the intern's home university informed about intern progress is essential, a training co-director provides the supervisors' MMPIC Intern Evaluation results to the designated internship representative, typically the DCT.

Interns also use these December and August feedback periods to provide verbal and written feedback to each supervisor regarding his/her provision of supervision. Perceptual and/or factual differences between the supervisors' evaluation and that of the intern are expected to be resolved during this evaluation meeting. Interns are invited to respond in writing to the MMPIC Intern Evaluation and submit it to a training co-director. A copy of the evaluation is forwarded to a co-director and the ratings are entered into the MMPIC data management system. A copy of the final ratings on the Intern Evaluation is provided to the intern's home university.

### **Evaluation Outcomes**

Below are the potential scores interns may receive on the MMPIC Intern Evaluation in each competency area.

Rating	Score	Description
Novice**	1	<p>Intern is just beginning to demonstrate these skills and requires more instruction, training, and practice prior to the completion of internship requirements. Intensive supervision is needed.</p> <p>This is a typical rating for interns at the onset of internship. A mid-year evaluation score of 1 will lead to initiation of formal remediation procedures.</p>
Early Intern	2	<p>Intern can demonstrate these skills with close supervision, but requires additional practice prior to completion of internship requirements. Routine, but intensive, supervision is needed.</p> <p>This is a typical rating early in internship. Scores of 2 or higher meet expectations for the mid-year formal evaluation.</p>
Graduating Intern	3	<p>Intern's skills are adequate for internship expectations. Additional guidance or practice may be necessary.</p> <p>This is a common rating for interns throughout internship. A score of 3 is the minimum level of achievement for the final formal evaluation. A 3 indicates an intern is ready for entry-level practice.</p>
Emerging Professional	4	<p>Intern demonstrates acceptable skills for an entry-level psychologist. Competency attained in all but non-routine cases. Occasional supervision is needed; depth of supervision varies with client needs and case complexity.</p> <p>This is a common rating for interns at the completion of internship. It surpasses the minimum level of achievement.</p>
Independent Functioning	5	<p>Intern demonstrates advanced skills for an entry-level psychologist. Intern demonstrates advanced skills in this area, consistent with those of a licensed psychologist. Supervision is ongoing and largely based on intern's needs assessment.</p> <p>This is an unusually high rating for interns at the completion of internship. It surpasses the minimum level of achievement.</p>
**Note: Supervisors must offer a detailed explanation for any score of 1		



# Due Process Policy

The Mid-Michigan Psychology Internship Consortium (MMPIC) is committed to facilitating knowledge acquisition, skill development, and professional identity development.

## Intern Rights and Responsibilities

- The right to specific, timely, formative feedback.
- The right to be treated in manner that is respectful, professional, and ethical.
- The right to reasonable opportunities to remediate problems. These procedures are not punitive; rather, they are structured opportunity for interns to receive support and assistance to remediate concerns.
- The right to participate in Due Process procedures by having his/her viewpoint heard in each step of the process.
- The right to appeal decisions within the limits of the policy.
- The right to engage in ongoing evaluation of the training internship experience using the Site/Supervisor Training Evaluation.
- The responsibility to engage with the training program in a manner that is respectful, professional, and ethical, making every reasonable attempt to remediate behavioral and competency concerns, and striving to meet the aims and objectives of the program.

## Internship Rights and Responsibilities

- The right to implement due process procedures as described below.
- The right for trainers to be treated in manner that is respectful, professional, and ethical.
- The right to make decisions related to remediation for an intern including probation, suspension, and termination within the limits of this policy.
- The responsibility to engage with the intern in a manner that is respectful, professional, and ethical, making every reasonable attempt to support interns in remediating behavioral and competency concerns, and supporting the interns in successfully completing the training program.
- The responsibility to use constructive feedback to improve training.
- The trainers reserve the right to restrict an intern's participation in internship should serious problems be apparent.

## Definition of a Problem

A problem is broadly defined as an interference in professional functioning which is reflected in one of more of the following ways: 1) an inability to demonstrate professional behavior; 2) an inability to demonstrate professional skills at an acceptable level of competency; and/or 3) an inability to manage personal stress, behaviors, and/or emotional reactions that interfere with professional functioning.

Trainers use professional judgment to determine when an issue becomes a problem that requires remediation. Issues typically become identified as problems that require remediation when they include one or more of the following characteristics:

1. The intern scores below the minimum level of acceptable performance on a formal evaluation
2. The intern does not acknowledge, understand, or address the problem when it is identified
3. The quality of services delivered by the intern is negatively affected
4. The problem is not restricted to one area of professional functioning
5. A disproportionate amount of attention by training personnel is required
6. Trainee behavior does not change as a function of feedback and/or time
7. The behavior has potential for ethical or legal ramifications if not addressed
8. The behavior negatively impacts the public view of the agency
9. Trainee behavior negatively impacts other trainees
10. The behavior potentially causes harm or causes harm to a client
11. Gross misconduct that violates ethical standards and/or regulations, site policies and/or procedures, and/or state/federal law

MMPIC addresses intern behaviors to support the demonstration of profession-wide competencies at two levels. The first level is an Informal Review. A supervisor or faculty/staff member works with the intern to develop a plan, monitor the behavior, and resolve the issue. Second, intern behavior can be addressed formally and will result in an Acknowledgement notice, Remediation Plan, a Suspension Plan, or Termination.

### **Informal Review**

When a supervisor or other faculty/staff member believes that an intern's behavior is becoming problematic or that an intern has difficulty consistently demonstrating an expected level of competence, the first step should be to raise the issue with the intern directly and as soon as feasible in an attempt to informally resolve the problem. The supervisor or faculty/staff who raises the concern should monitor the situation through resolution or a formal response.

### **Formal Review**

If an intern's problem behavior is beyond the level of an Informal Review or if the problem behavior persists following an attempt to resolve the issue informally, the following process is initiated:

- a. **Notice:** The intern and the intern's home institution are notified in writing that the issue has been raised to a formal level of review and that a Hearing will be held.
- b. **Hearing:** The site supervisor, and faculty/staff member if appropriate, will hold a Hearing with a training co-director and intern within 10 business days of issuing a Notice. The purpose is to discuss the problem and determine what action needs to be taken to address the issue. If the training co-director is the supervisor who is raising the issue, an additional faculty member who works directly with the intern will be included at the Hearing. The intern will have the opportunity to present his or her perspective at the Hearing and/or to provide a written statement related to his or her response to the problem.

- c. **Outcomes:** The result of the Hearing will be determined by the training co-director and the site supervisor, and potentially the other faculty/site supervisor who was present at the Hearing. This outcome will be communicated to the intern and the intern's Director of Clinical Training in writing within 5 business days of the Hearing. As a result of the hearing, a hearing report will be generated. The four possible outcomes are 1) the behavior should be addressed informally through an Acknowledgement Notice, or that the problem should be addressed formally with a 2) Remediation Plan, 3) Suspension Plan, or 4) Termination.

1. **Acknowledgement Notice:** The trainers will write a report that formally acknowledges:
  - a. That the faculty is aware of and concerned with the problem,
  - b. that the problem has been brought to the attention of the intern, and
  - c. that the problem is NOT SIGNIFICANT ENOUGH to warrant further remedial action at this time.
2. **Remediation Plan.** The plan defines procedures such that the supervisor(s) and training co-director(s) actively and systematically monitor, for a specific length of time, the degree to which the intern addresses, changes, and/or otherwise improves the problematic behavior or skill deficit. The length of the remediation period depends on the nature of the problem and is determined by the intern's supervisor(s) and the training co-director(s). The written Remediation Plan will be shared with the intern and the intern's home institution and will include:
  - a. The behaviors or skills associated with the problem;
  - b. The specific actions to be taken to rectify the problem;
  - c. The time frame during which the problem is expected to be ameliorated; and
  - d. The procedures designed to determine whether the problem has been appropriately remediated.

At the end of the remediation period, a training co-director will provide a written statement indicating whether the problem was remediated. This statement will remain in the intern's file and will be shared with the intern's home institution. If the problem has not been remediated, a training co-director may choose to extend the Remediation Plan, place the intern on a Suspension Plan, or terminate the intern's placement. The extended Remediation Plan includes all the information specified above and the extended time frame.

3. **Suspension Plan.** Intern suspension removes the intern from all clinical service provision for a specified period of time, during which the program may support the intern in obtaining additional didactic training, close mentorship, or some other method of remediation. The length of the suspension period will be determined by the intern's supervisor and a training co-director. A written Suspension Plan will be shared with the intern and the intern's home institution and will include:
  - a. The behaviors or skills associated with the problem;
  - b. The specific actions to be taken to rectify the problem;

- c. The time frame during which the problem is expected to be ameliorated; and
- d. The procedures designed to determine whether the problem has been appropriately remediated.

At the end of the suspension period, a training co-director will provide a written statement indicating whether the problem was remediated such that suspension of clinical activities can be lifted. If the problem has not been remediated, a training co-director may choose to recommend that the intern be placed on a Remediation Plan, extend the suspension, or terminate the intern's placement. This written document will follow the procedures outlined above. This statement will remain in the intern's file and will be shared with the intern's home institution.

4. **Termination of Internship** If none of the above informal or formal methods of support is sufficient to change intern behavior OR the problem is a gross violation of ethical standards and/or regulations, site policies and/or procedures, and/or state/federal law, termination from internship may occur. Should the decision to terminate the intern occur, the intern will receive a written notice from a training co-director. If an intern receives official notice that the consortium terminates the internship, the intern must complete and submit all client paperwork within 48 hours. An MMPIC co-director would also notify, in writing, APPIC, the intern's home institution, and any relevant professional credentialing bodies. Human resources may be notified should they be present in the organization.

## **Due Process Guidelines**

### **General Guidelines**

Due process ensures that decisions made by internships about interns are not arbitrary or personally-based, requires that internships identify specific evaluative procedures which are applied to all trainees, and have appropriate appeal procedures available to the interns so they may challenge the internship's action. General due process guidelines include the following:

- Presenting interns notice, in writing, with the internship's expectations related to professional functioning.
- Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at regular intervals.
- Outlining in the internship handbook the various procedures and actions involved in making decisions regarding problematic behavior.
- Communicating early and often with interns about any suspected difficulties and seeking input about how to address such difficulties.
- Providing a written procedure to the intern which describes how the intern may appeal the internship's action(s). Such procedures are included in the internship's handbook and made available to the intern at the beginning of the internship.

- Ensuring that interns have sufficient time to respond to any action taken by the internship.
- Using input from multiple sources when making decisions or recommendations regarding intern performance.

## **Appeal Process**

Within ten business days of receiving a written outcome from a training co-director, the intern may appeal. Two levels of appeal are present. First, the intern would appeal, in writing, to a committee of three trainers, comprised of site supervisors and training co-directors. The intern may select one of the members of the three-person committee.

Should an intern disagree with the decision of the three-person committee, the intern may appeal in writing to Dr. Kui Xie, chair of the Counseling, Educational Psychology, and Special Education (CEPSE) department ([xiekui@msu.edu](mailto:xiekui@msu.edu)). The intern will submit all documents associated with the situation to the CEPSE chair. The MMPIC trainers may also submit documents to the chair for review. The chair will review the documents and make a decision. The decision will be made within five business days of receipt of the written appeal and all documents. The chair has final authority and full discretion in decision-making.

## **Grievance Policy**

**Grievance Definition:** A grievance is a formal, written, complaint against the training program or individual involved in the training program (e.g., complaints about evaluations, supervision, stipend/salary, harassment, etc.).

In order to protect the needs and rights of all interns, a formal grievance procedure has been developed. While the MMPIC trainers hope that any concerns or complaints can be discussed and resolved informally, a formal mechanism is appropriate in light of the power differential between trainers and interns. In general, interns are encouraged to actively work to create training experiences that fit their needs and interests and to work with MMPIC trainers to ensure that their needs are met. Giving feedback (both positive and negative) to supervisors or a training co-director is encouraged and welcomed. The grievance log and any grievances are stored indefinitely in a password protected electronic file in Dr. Aupperlee's Michigan State University-provided electronic file management system.

Interns have two levels of grievance: informal grievances and formal grievances.

## **Informal Grievances**

Interns dissatisfied with training or behavior may attempt to resolve the matter informally. When such a situation arises, the intern is encouraged to first speak directly with the person of concern for a resolution. If the situation is not resolved, or if the intern prefers not to speak directly to the staff member/supervisor, the intern may discuss the concern with a supervisor and/or a training co-director. In many cases, a training co-director or supervisor can provide suggestions or feedback that allows the intern to resolve the concern independently, and the matter is kept in confidence. If the intern is not comfortable addressing the situation alone, a

training co-director or supervisor will then facilitate a meeting between the intern and the person of concern. In the case of a concern regarding an employee of the partnering site who is not involved with MMPIC, the supervisor and/or a training co-director will consult with the site supervisor, who may then take the lead in facilitating a meeting between the intern and that employee. In some cases, several meetings are held as progress is made toward resolution. A training co-director may consult with the training committee to assist interns in resolving difficulties.

Interns also have the option of writing a formal grievance.

### **Formal Grievances**

If the intern's concern is not resolved informally or if the intern is not comfortable engaging in informal resolution procedures, the intern will submit a formal grievance, in writing, to the MMPIC trainers. The grievance should be sent to at least three MMPIC trainers and/or training co-directors. Within five days of the receipt of the written grievance, a trainer will convene a meeting. The committee will include the individuals already involved in addition to an intern advocate selected by the intern (if he/she chooses). The committee will outline a course of action. A written summary of the plan will be distributed by the appropriate parties to all relevant parties, including the intern's home institution. All MMPIC trainers agree to adhere to the course of action developed by the three trainer committee. Any formal grievances will be stored by a training co-director permanently in password protected electronic file. All grievances must be sent to the trainers during the internship or within one month of the intern's final day of internship. Grievances submitted after this time will not be considered.

Should an intern feel that the formal grievance was not satisfactorily addressed by the trainers, the intern may also send a written grievance to Dr. Kui Xie, chair of the CEPSE department. Within five days of the receipt of the written grievance, the chair will convene a meeting. The committee will include the individuals already involved in addition to an intern advocate selected by the intern (if he/she chooses). The chair will outline a course of action. A written summary of the plan will be distributed to all relevant parties, including the intern's home institution. All MMPIC trainers agree to adhere to the course of action developed by the chair. Any formal grievances received by the chair will be stored by a training co-director in a password protected electronic file. All grievances must be sent to the chair during the internship or within one month of the intern's final day of internship. Grievances submitted after this time will not be considered.

### **Relationship between MMPIC Policies and Site-Specific Policies**

MMPIC has clear and detailed due process and fair treatment policies. All sites adhere to the MMPIC due process and fair treatment policies. At one site, Michigan Medicine, agency-specific policies provide an extra level of support for interns. The policies there do not contradict those of MMPIC. The other two sites do not have formal due process and fair treatment policies. Also, all policies within the internship adhere to the APA and SoA requirements along with state and federal statutes.

At Michigan Medicine, the Human Resources department has as Standard Practice Guide Policy on “Grievance Procedure and Dispute Resolution.” Michigan Medicine policies include pre-grievance counseling, informal resolution, and the grievance procedure. The grievance procedure is a three step management review process. Step 1 includes a conversation between the employee (intern) and his or her supervisor. If not resolved there, Step 2 requires the employee (intern) to submit his or her concerns in writing to the next level of supervision. Step 3 is the University Review Committee. The Michigan Medicine grievance policy does not contradict MMPIC grievance procedures. If an intern’s grievance is found to be inappropriate to be resolved internally by MMPIC, it will be turned over to the human resources department to be resolved in accordance with the Michigan Medicine grievance procedures. Grievances are also turned over to the Michigan Medicine Human Resources department when they involve a legal issue.

The policy at Michigan Medicine does not contradict the MMPIC policies on due process, notice, hearing, and appeal. Interns are subject to the MMPIC due process policy, which is more comprehensive, but fits within the agency due process. In some cases, should an intern struggle with one team within the Division of Pediatric Psychology at Michigan Medicine, the intern might be moved to another team within the Division of Pediatric Psychology at Michigan Medicine.

At Sunfield Center, an employee manual exists, but does not include formal due process, hearing, notice, appeal, or grievance procedures. There are no policies that would impact or conflict with the intern’s experience. Any issues that arise will be addressed through the internship due process and fair treatment policies. The MMPIC policies ensure that intern rights are respected.

Thriving Minds has an employee manual, but it does not include formal due process, hearing, notice, appeal, or grievance procedures. At Thriving Minds, no policies exist that would impact or conflict with the intern’s experience. Any issues that arise will be addressed through the internship due process and fair treatment policies. The MMPIC policies ensure that intern rights are respected.

Should an intern have a concern about a training co-director, the intern is encouraged to share concerns with the other training co-director. Should the intern wish to file a grievance, the intern may do so with the other training co-director. Should the intern prefer not to approach the other training co-director, the intern’s options are dictated by their site. If the intern is part of Michigan Medicine, the intern should contact the Human Resources department at Michigan Medicine. If the intern is at Sunfield Center or Thriving Minds, the intern would then call a Review Panel. The Review Panel includes MMPIC trainers not directly involved in the intern’s concern. The intern may request a specific member of the training faculty to serve on the review panel. The review panel will review all written materials and have an opportunity to

interview the parties involved or any other individual with relevant information. The review panel has final discretion regarding outcomes.

## Policies and Procedures

### Ethics

Interns are expected to abide by the ethical principles of the [American Psychological Association](#). Interns may use the [Ethical Decision-Making Model](#) from Mary Alice Fisher (2005) to support their ethical decision making. Lack of awareness of the ethical codes does not preclude interns and trainers from adhering to the codes.

### Mandated Reporting

Internship requires interns to work with vulnerable populations that include minor children. Interns have the legal duty to protect the safety of children by reporting suspected abused or neglect. Additional guidance about reporting suspected child abuse or neglect can be found in the [Mandated Reporter's Resource Guide](#).

### Supervision

Each intern has a primary supervisor. This is a designated psychologist involved with each intern, one who is present for at least 20 hours per week and available for support, supervision and professional development, who is an employee/member of that agency, and has been designated as responsible for the training and supervision of psychology interns. Sites are required to provide two hours per week of individual face-to-face supervision for each intern by a psychologist licensed in the state where the training is taking place. Interns must also receive an additional two hours a week of supervision. This supervision may occur individually or in a group through activities like case conferences, seminars, in-service training, or grand rounds. Supervision by other mental health professionals may also be a part of the intern's training, but all interns receive four hours a week of supervision, though the format varies site by site.

At Michigan Medicine, interns receive one hour a week of individual supervision outside clinic time. Additional supervision is provided during clinic to total at minimum two hours of individual supervision per week. Interns also receive individual supervision from their rotation supervisors.

At Sunfield Center, interns receive two hours a week of individual supervision with their primary supervisor plus two hours a week of group supervision at the intern level. In addition, interns receive two hours a month of Parent-Child Interaction Therapy (PCIT) group supervision plus two hours a month of Assessment supervision.

At Thriving Minds, interns receive one to 1.5 hours a week of individual supervision with Dr. Hella or Dr. Roth or Dr. Thomson or Dr. Youngdahl. Also, the intern receives one hour per month of group supervision, two hours per month of individual supervision on selective



mutism, one hour per month of peer supervision with all clinical staff, plus an additional hour of group supervision on trauma and an hour on selective mutism.

## **Supervision by Interns**

Supervision is grounded in science and integral to the activities of health service psychology. Supervision involves the mentoring and monitoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills. Supervisors act as role models and maintain responsibility for the activities they oversee.

Interns are expected to:

- Apply this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees;
- apply the supervisory skill of observing in direct or simulated practice;
- apply the supervisory skill of evaluating in direct or simulated practice;
- apply the supervisory skill of offering feedback on written work; and
- apply the supervisory skills of giving guidance and feedback in direct or simulated practice.

Some activities that may comprise supervision at MMPIC include group supervision with a more junior colleague, clinical book club with a more junior colleague, review of notes and resources with a more junior colleague, engaging in research with a more junior colleague, and observing a junior clinician in treatment and then providing feedback.

## **Research**

All interns receive research time. Most MMPIC interns use their research time to complete their dissertations. Interns who have completed their dissertations are encouraged to join ongoing research efforts at each site. These activities vary. Any intern who wants a specific research experience not available at their site should communicate first with their immediate supervisor and then their site supervisor. Site supervisors recommend that interns share any research requests as early in the internship as possible.

## **Didactic Training**

Consortium members share resources and develop coordinated training activities and admissions. Didactic training occurs across sites and on site by licensed psychologists. All interns receive an average of **eight hours a month** of didactic training as identified in the didactic calendar. The calendar includes information about MMPIC didactics, site-specific didactics, as well as dates, hours, topics covered, and presenters.

First, MMPIC provides two monthly, two-hour-long, virtual group didactics. Site psychologists present on topics of particular expertise to all interns. For instance, Dr. Aupperlee presents on Ethics and Law. In addition, interns are required to attend two specialized trainings. Dr. Naguib

presents a 3 day training on the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2) and Dr. Kotrba presents a day-long training on Selective Mutism.

When not attending MMPIC-specific didactics, interns attend a one-hour, weekly, virtual didactic training at Michigan Medicine.

The final 2-3 hours per month of didactic training are site specific. At Michigan Medicine, the interns receive an hour per week of didactic clinical application, direct instruction from their secondary supervisor. At Sunfield Center, the intern receives PCIT didactics via 40-hour training, advanced autism assessment training via an 11-hour ADI-R training, and an additional 6 hours on various clinic-related topics. Finally, at Thriving Minds, each intern receives an hour a month of Thriving Minds didactics and 1-2 hours per month of clinic-guided didactics.

### **Telesupervision**

Prior to the COVID-19 pandemic, telesupervision was only used in rare circumstances when inclement weather prohibited live supervision. Given the COVID-19 pandemic and quarantine requirements, telesupervision is used frequently by all intern/supervisor dyads.

The Mid-Michigan Psychology Internship Consortium (MMPIC) uses telesupervision in three circumstances. First, videoconferencing is used to provide weekly one on one supervision to some interns, typically those at Michigan Medicine. In addition, group supervision with the MMPIC interns and supervisors occur via videoconferencing about once a month. This format is used to promote interaction and socialization among interns, since interns are frequently dispersed across separate training sites. Finally, supervisors sometimes use teleconferencing to observe their interns completing intervention activities online. The supervisor enters the intern's telehealth sessions as a co-facilitator or observer.

MMPIC places high value on cohesion and socialization of intern cohorts, and virtual meetings via videoconferencing are an effective way to foster connection during the intervals between in-person meetings. Prior to COVID-19, interns met face to face with MMPIC trainers about once a month. Given COVID-19, interns meet via teleconferencing with an MMPIC supervisor about once a month.

The use of videoconference technology for supervisory experiences is consistent with MMPIC's model and training aim as MMPIC places a strong training emphasis on access to behavioral healthcare in rural and underserved areas, which often includes the use of telehealth services.

MMPIC recognizes the importance of supervisory relationships. For all clinical cases discussed during group supervision, full professional responsibility remains with the intern's primary supervisor, and any crises or other time-sensitive issues are reported to that supervisor immediately. Interns are provided contact information, including email and phone numbers, so crises and time-sensitive information can be reported as necessary to supervisors and the Training Co-Director.

All MMPIC videoconferencing occurs over a HIPAA-compliant version of Zoom with business associate agreements. Supervision sessions using this technology are never recorded, thus protecting the privacy and confidentiality of all trainees. All interns are provided with instruction regarding the use of the videoconferencing equipment at the outset of the training year. Technical difficulties that cannot be resolved on site are directed to the Site Supervisor (Thriving Minds and Sunfield Center) and to the Health Information and Technology and Services office (Michigan Medicine).

## **Telehealth**

Prior to the COVID-19 pandemic, telesupervision was used only as a backup measure when face-to-face meetings weren't possible due to weather. Given COVID-19, telehealth and telesupervision occur frequently. For more information about the use of telehealth and telesupervision, please see a description for each site below.

### **Michigan Medicine**

Michigan Medicine provides care in a hybrid format. All interns conduct at least 20% of their patient care activities in-person. Supervisors conduct supervision with their interns either in-person or via Zoom, a HIPAA-compliant platform installed by Michigan Medicine on all intern computers. Didactics, other research labs, and book/journal clubs are largely being conducted via Zoom, with occasional hybrid offerings.

Patient visits that are scheduled as video visits are being conducted via a HIPAA-compliant Zoom platform integrated into the EPIC Electronic Health Record at Michigan Medicine. Zoom allows clinicians to place patients in a virtual waiting room, so that the intern and supervisor can discuss the case and develop case conceptualizations.

### **Sunfield Center**

Sunfield Center provides in-person assessment, intervention, and consultation. Interns are on-site full time. The COVID-19 pandemic allowed Sunfield to explore different ways to provide care to families who are unable to attend treatment in person. Currently, the majority of training experiences are being conducted in person, while some training and services are conducted virtually. Supervisors conduct supervision both in person as well as via Zoom Healthcare, a HIPAA secure product. All interns have a personal Zoom account. Training and staff meetings are conducted both in person and via Zoom. Assessment, intervention, and therapy are being conducted in person and via Zoom based on client preference. The Zoom platform also allows clinicians to place patients in a virtual waiting room, so that the intern and supervisor can discuss the case and develop case conceptualization during the session. At Sunfield Center, interns and staff are fully vaccinated and are required to follow all safety protocols, including masking, to ensure both intern and patient safety.

## **Thriving Minds**

Thriving Minds provides in-person assessment, intervention, and consultation. Interns are on-site full time. The COVID-19 pandemic led Thriving Minds to offer the option of online telehealth and online supervision when appropriate and/or requested by families seeking services. The majority of services, trainings, and supervision sessions are held in person, while others are held via Zoom for Healthcare. Interns and staff are fully vaccinated and required to follow safety protocols to ensure both intern and patient safety.

## **Time Requirements and Schedule**

The internship is a year, full-time, one-year (roughly 2000 hour) training experience. Interns and sites may adjust their schedules to meet the needs and training experiences of both parties. It is expected that interns will accumulate their hours based on roughly 40-43 hours week for 50 weeks a year. Overtime will not be grounds for leaving an internship in less than 52 weeks. Interns must provide a minimum of 500 hours of direct client contact. The rest of the time should be spent with training experiences, supervision, report writing, case conferences, meetings, research, etc. Sites are free to develop their own individual training experiences based on what they have to offer and the training needs of the interns. Site training is in addition to cohort-based training.

Interns who do not document 2000 hours during the training year should discuss this with their site supervisors and the training co-directors to attempt to arrange for continuation at the site until those hours are completed. Sites are not obligated to continue the intern's stipend beyond their one-year commitment, and interns are responsible for providing their additional malpractice insurance if they wish to be covered for more than a calendar year.

## **Family Medical Leave Act**

Interns who require use of the family and medical leave act are the only exception to this one year, full time, expectation. Should an intern require use of the family and medical leave act, the internship clock and stipend would both stop until the leave ended. Interns must complete all internship hours and responsibilities within 15 months of their state date. Each intern requesting family and medical leave must provide their site supervisor with physician-provided documentation.

## **Internship Dates and Time Off**

The internship begins on August 15 or the first Monday after August 15 each year and ends on August 14 or the Friday before August 14 each year. Completing hours before August 14 does not allow an intern to finish internship before August 14.

All interns are entitled to 15 days off (comprised of vacation, sick days, and personal leave) during the internship year. Interns receive 8 hours a day of credit for days off for a total of 120 hours (15x8=120). All interns will receive the following days off: New Years Day, Memorial Day,

Independence Day, Labor Day, Thanksgiving, and Christmas. Each of the six holidays will count for 8 hours of training (6x8=48). Interns may be given other holidays, given to all staff at a site, but these will not count towards internship hours. Sites may give interns compensatory time-off, such as leaving early, if an intern has worked over-time, but this should be pre-approved by a site supervisor. All days off should be communicated with a supervisor in advance if possible. In the case of illness, interns follow site-specific procedures.

Each intern receives an additional 3 professional development days off (comprised of conference attendance, postdoc interviews, and research-related activities) during internship. These days are in addition to vacation, sick, and personal days. All days off should be communicated with a supervisor in advance.

In addition, each intern is allowed up to three hours per week of research time for dissertation completion.

All internship-related activities are counted and tracked weekly within the 2000 hours, and Site Supervisors sign intern evaluations to verify experiences at part of the formal evaluations. The interns report their hours in the month before each evaluation deadline. Intern activities and hours are discussed at MMPIC supervisor meetings.

## **Administrative and Financial Assistance**

### **Administrative Structure**

The training committee includes the site co-directors and the site supervisors. The training committee meets regularly, usually four times per year. The training committee meets to discuss issues pertaining to the internship training program and to ensure the quality and integrity of the training program, review interns, and sites, and vote on policy. A site supervisor from each agency attends. Teleconference attendance at quarterly trainer meetings may occur sometimes, though only in extenuating circumstances (e.g., family illness, weather, etc.). In addition to meeting face-to-face, the training committee meets four times a year via teleconferencing through Zoom. The training committee is in frequent contact via site visits, e-mail, phone, or through teleconferencing. Agenda and minutes are kept for policy and process changes, and for intern review. The consortial agreement is reviewed annually, typically in the spring when intern offer letters are being developed.

### **Finances**

Financial Structure:

- (a) Funding for intern slots is provided through each partnering site and each site is responsible for funding a minimum of one internship position paid directly to the intern(s).
- (b) All three sites offer access to health insurance, but none of the sites pay for or subsidize health insurance.

(b) Sites are free to offer other benefits as they deem appropriate e.g., travel money compensation, costs to attend other training or to purchase books.

### **Intern Contract**

Each intern receives a brief contract letter after they have been informed of their match from the Matching Service within the time limits set forth by APPIC. This letter is sent by the Site Supervisor to the intern and states the basic conditions of the internship. The interns reply to formally accept the positions in MMPIC, placed at a site. This letter is followed by a detailed Intern Contract, which includes the internship start date (beginning with a general Orientation), pay level, benefits (only at Michigan Medicine), as well as the number of hours required to successfully complete the internship. The site is not a party to the MMPIC Intern Contract but is given a copy that reflects all conditions contained in this Consortium Agreement.

### **Maintenance of Records**

MMPIC records are maintained by the Training Co-Director, Dr. Aupperlee. These records are maintained in a password protected file. Backup access to these files is maintained by the school psychology administrative assistant in the College of Education at Michigan State University. Records maintained include intern offer letters, intern evaluations (formal evaluations and informal paragraphs), and intern certificates of completion. The internship handbook for each year, which includes a description of the internship experience and requirements, is also retained. These records are maintained indefinitely.

### **Facility Requirements**

All participating facilities will apply for membership and be accepted by vote at training committee meeting. Facilities must provide adequate facilities to accommodate interns and their learning activities. Additionally, all agencies agree and acknowledge a uniform commitment to administering and implementing the program's training principles, policies, and procedures addressing intern admission, financial support, training resources, supervisor access and supervision, mid- and end-of-year performance evaluations and expectations as defined by MMPIC handbook and to the extent the handbook does not conflict with agency's required rules, regulations, policies and procedures. Sites commit to intern activities and learning to ensure the success of an intern. Psychologists evaluate interns twice per year and follow remediation and due processes as outlined by MMPIC handbook.

### **Public Materials and Selection of Interns**

Members agree to advertise accurate information on all intern positions and site conditions, provide experiences and staff to meet consortium aims, and to advertise and select positions according to consortium criteria printed in the brochure and handbook, including MMPIC policy of non-discriminatory practices. Members agree to inform the Director of any major change that would impede an intern being successful.

## **Staffing Requirements**

Each site should provide adequate staffing to carry out internship training functions. Each intern's site supervisor will be a licensed psychologist in good standing with the state in which the training is taking place. Mental health professionals involved with training activities are licensed in their field. Sites ensure the quality of their staff and agree that all staff shall remain current and up to date in their respective fields and will provide appropriate professional modeling to interns.

## **Communication with Other Agencies**

A MMPIC Training Director informs APPIC of all changes to MMPIC sites and interns, and certifies that all parties are in compliance with MMPIC and APPIC policies annually. A MMPIC Training Director also reports on all interns' completion of internship experiences to their home institutions. An MMPIC Training Director completes all internship verification hours to psychology licensing boards for all members on behalf of interns.

# **Internship Requirements**

## **Evaluation and Activity Logs**

Interns can access the MMPIC handbook for the MMPIC Intern Evaluation. These forms must be signed, completed in full, and submitted per didactic calendar deadlines. These evaluation forms should be attached to intern activity logs. Documenting internship hours and experiences is important in planning professional development, applying for professional credentials, and monitoring progress in meeting self-identified goals. Each intern should keep a weekly log of internship hours including supervision, activities, cases, workshops, client characteristics, and assessment tools.

Interns must also complete the Site/Supervisor Training Evaluation in December and August. These forms give the interns a standard way to indicate their assessment of the consortium, their supervisor, and their site. All trainers review this feedback at quarterly meetings and use it to inform continuous improvement efforts.

## **Didactic Participation and Attendance**

Interns attend all didactics including the face to face didactics and the weekly Michigan Medicine-provided didactics. Beyond attendance, interns are expected to come to didactics prepared to discuss required reading material, professional issues, and professional development. Active participation in didactics includes volunteering during discussions, attentive listening, appropriate technology use, and thoughtful, critical analysis of internship content and field experiences. Each intern also complete two ungraded grand rounds presentations with the other interns and a training co-director.

Supervisors expect that interns will attend 100% of didactics. Attendance includes paying attention to the speaker, having one's camera on, contributing ideas, asking questions, and active participation in small group activities. Absences must be logged in the form in the didactic calendar AND be approved by the supervisor (preferably in advance). Unexplained or frequent absences will necessitate a discussion and potential remediation plan with the supervisor and/or MMPIC director(s).



# MMPIC Sites

## **Michigan Medicine, Department of Pediatrics, Division of Pediatric Psychology**

Program within the Department of Pediatrics at the C. S. Mott Children's Hospital within the Michigan Medicine System. The program is composed of psychologists who are integrated within medical teams to maximize the overall health of children and their families using principles of behavioral science.

Site Primary Supervisor: Jennifer Butcher, Ph.D. and Phoebe Jordan, Ph.D.

Division of Pediatric Psychology

C.S. Mott Children's Hospital

Pediatric Psychology Clinic

1540 East Medical Center Drive, Level 5

Ann Arbor, MI 48109-5318

734-936-4220; [phoebej@med.umich.edu](mailto:phoebej@med.umich.edu) and [jenbutc@med.umich.edu](mailto:jenbutc@med.umich.edu)

<https://medicine.umich.edu/dept/pediatrics/divisions/pediatric-psychology>

## **Sunfield Center for Autism, ADHD, and Behavioral Health**

Private practice, outpatient mental health center specializing in treatment of child, adolescent, and adult psychiatric disorders (primarily Autism, anxiety, ADHD and behavioral health concerns) in Ann Arbor, Michigan.

Site Primary Supervisor: Suzi Naguib, PsyD

3005 Boardwalk, Suite 201

Ann Arbor, MI 48108

734-222-9277; [training@sunfieldcenter.com](mailto:training@sunfieldcenter.com)

<http://sunfieldcenter.com/>

## **Thriving Minds Behavioral Health Center**

Private practice, outpatient mental health clinic, located in Brighton and Chelsea, Michigan, specializing in the evaluation and treatment of anxiety, learning, and behavioral disorders in children and adolescents.

Site Primary Supervisor: Aimee Kotrba, Ph.D.

10524 East Grand River, Ste. 100

Brighton, MI 48116

810-225-3417; [information@drkotrba.com](mailto:information@drkotrba.com)

[www.thrivingmindsbehavioralhealth.com](http://www.thrivingmindsbehavioralhealth.com)

# Appendices

## Appendix 1 MMPIC Intern Evaluation Form

Mid-Michigan Psychology Internship Consortium

620 Farm Lane

437 Erickson Hall

East Lansing, MI 48824

Telephone: 517.432.0843

### Intern Evaluation Form (completed by supervisors)

Intern Name
Supervisor(s) Name(s)
Date
Internship Site
Total Hours
Mid-year End-of-year
Did interns receive at least two hours a week of face-to-face supervision? Yes No
Methods Used in Evaluation (check as many as apply):
Live Observations (required)      Process Notes Audiotapes      Test Protocols Videotapes      Other (specify): Verbal Summary

#### Mid-Year Expectations and Completion Criteria

- At the mid-year formal evaluation, each intern's skills must be rated as Early Intern (a score of 2) on every item on the evaluation. If a score falls below a 2 at mid-year, the formal remediation plan procedures will be initiated.
- In order to successfully complete the internship, all interns must:
  - ☐ Meet the Minimum Level of Achievement of graduating intern (a score of 3) on every item on the final formal evaluation, and
  - ☐ Meet the required number of internship hours, and
  - ☐ Meet the requirements specified in any formal remediation plan

For each item, mark the number corresponding with your rating of the intern's skills.

Rating	Score	Description
Novice**	1	<p>Intern is just beginning to demonstrate these skills and requires more instruction, training, and practice prior to the completion of internship requirements. Intensive supervision is needed.</p> <p>This is a typical rating for interns at the onset of internship. A mid-year formal evaluation score of 1 will lead to initiation of formal remediation procedures.</p>
Early Intern	2	<p>Intern can demonstrate these skills with close supervision, but requires additional practice prior to completion of internship requirements. Routine, but intensive, supervision is needed.</p> <p>This is a typical rating early in internship. Scores of 2 or higher meet expectations for the mid-year formal evaluation.</p>
Graduating Intern	3	<p>Intern's skills are adequate for internship expectations. Additional guidance or practice may be necessary.</p> <p>This is a common rating for interns throughout internship. A score of 3 is the minimum level of achievement for the final formal evaluation. A 3 indicates an intern is ready for entry-level practice.</p>
Emerging Professional	4	<p>Intern demonstrates acceptable skills for an entry-level psychologist. Competency attained in all but non-routine cases. Occasional supervision is needed; depth of supervision varies with client needs and case complexity.</p> <p>This is a common rating for interns at the completion of internship. It surpasses the minimum level of achievement.</p>
Independent Functioning	5	<p>Intern demonstrates advanced skills for an entry-level psychologist. Intern demonstrates advanced skills in this area, consistent with those of a licensed psychologist. Supervision is ongoing and largely based on intern's needs assessment.</p> <p>This is an unusually high rating for interns at the completion of internship. It surpasses the minimum level of achievement.</p>
**Note: Supervisors must offer a detailed explanation for any score of 1		

Research						
		Early Intern		Graduating Intern		
1	Critically evaluates research	1	2	3	4	5
2	Disseminates research (e.g., case conference, presentation, publications)	1	2	3	4	5
3	Applies scientific methods of evaluating practices, interventions, and programs	1	2	3	4	5

Ethical and Legal Standards						
		Early Intern		Graduating Intern		
4	Demonstrates knowledge of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct	1	2	3	4	5
5	Demonstrates knowledge of and acts in accordance with relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels	1	2	3	4	5
6	Demonstrates knowledge of and acts in accordance with Relevant professional standards and guidelines	1	2	3	4	5
7	Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas	1	2	3	4	5
8	Conduct self in an ethical manner in all professional activities	1	2	3	4	5
9	Demonstrates and applies knowledge of school-specific regulations, policies, and practices in school and clinical contexts	1	2	3	4	5

<b>Individual and Cultural Diversity</b>						
		Early Intern		Graduating Intern		
10	Understands how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves	1	2	3	4	5
11	Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service	1	2	3	4	5
12	Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities)	1	2	3	4	5
13	Applies a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers	1	2	3	4	5
14	Works effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own	1	2	3	4	5
15	Independently applies their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship	1	2	3	4	5

<b>Professional Values, Attitudes, and Behavior</b>						
		Early Intern		Graduating Intern		
16	Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others	1	2	3	4	5
17	Engages in self-reflection regarding one's personal and professional functioning	1	2	3	4	5
18	Engages in activities to maintain and improve performance, well-being, and professional effectiveness	1	2	3	4	5
19	Actively seeks and demonstrates openness and responsiveness to feedback and supervision	1	2	3	4	5
20	Responds professionally in increasingly complex situations with a greater degree of independence as intern progresses across levels of training	1	2	3	4	5
21	Accurately assesses own strengths and weaknesses	1	2	3	4	5
22	Keeps supervisor(s) informed of all professional activities	1	2	3	4	5
23	Manages time effectively	1	2	3	4	5

Communication and Interpersonal Skills						
		Early Intern		Graduating Intern		
24	Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services	1	2	3	4	5
25	Produces oral, nonverbal, and written communications that are informative and well-integrated	1	2	3	4	5
26	Comprehends oral, nonverbal, and written communications	1	2	3	4	5
27	Demonstrates a thorough grasp of professional language and concepts	1	2	3	4	5
28	Demonstrates effective interpersonal skills and the ability to manage difficult communication well.	1	2	3	4	5
29	Tolerates professional ambiguity and uncertainty	1	2	3	4	5

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

<b>Intervention</b>		Early Intern		Graduating Intern		
37	Establishes and maintains effective relationships with the recipients of psychological services	1	2	3	4	5
38	Develops evidence-based intervention plans specific to the service delivery goals	1	2	3	4	5
39	Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables	1	2	3	4	5
40	Demonstrates the ability to apply the relevant research literature to clinical decision making.	1	2	3	4	5
41	Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.	1	2	3	4	5
42	Evaluates intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.	1	2	3	4	5

<b>Supervision</b>		Early Intern		Graduating Intern		
43	Applies supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals	1	2	3	4	5
44	Demonstrate knowledge of supervision models and practices	1	2	3	4	5
45	Recognizes supervision needs	1	2	3	4	5
46	Invites feedback	1	2	3	4	5

<b>Consultation and Interprofessional/ Interdisciplinary Skills</b>		Early Intern		Graduating Intern		
47	Demonstrates knowledge and respect for the roles and perspectives of other professions.	1	2	3	4	5
48	Applies this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.	1	2	3	4	5

Total Rating of Intern					
Mid-year	1	2	3	4	5
End of Year	1	2	3	4	5
Additional Comments or Observations of Intern's Performance:					
Summary of Future Goals:					
Please offer a detailed explanation for any skill ratings in the Novice (1) level. Also, note that any score of 1 will trigger the development of a formal remediation plan.					

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Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Intern's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Consortium Training Director's Signature \_\_\_\_\_ Date \_\_\_\_\_



## Appendix 2 Site/Supervisor Evaluation Form

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

### Mid-Michigan Psychology Internship Consortium Site/Supervisor Training Evaluation

1. Unsatisfactory - unacceptable for this level of training
2. Improvement Needed - clearly below what is generally expected at this level of training
3. Satisfactory - average at this level of training
4. Good - is recognizably above satisfactory for this level of training
5. Excellent - exceptional for this level of training

Overall Quality of Internship Training						
1	Please rate the overall quality of experience.	1	2	3	4	5
2	Please rate the overall quality of supervision.	1	2	3	4	5
3	Please rate the breadth of experience.	1	2	3	4	5
4	Please rate the depth of experience.	1	2	3	4	5
5	Please rate the overall professional atmosphere.	1	2	3	4	5
6	Please rate the consortium on its ability to develop the competencies necessary to function as an entry-level psychologist.	1	2	3	4	5
Consortium Structure						
7	Please rate the consortium on its representation of its training program.	1	2	3	4	5
8	Please rate how well the consortium communicated the internship goals and objectives.	1	2	3	4	5
9	Please rate how well the internship goals and objectives were achieved.	1	2	3	4	5
10	Please rate the overall organization and structure of this internship site.	1	2	3	4	5
11	Please rate the consortium in relation to providing the necessary activities required by its accrediting body (APA, APPIC) as you understand it (e.g., appropriate supervision, didactic training, etc.)	1	2	3	4	5
12	Please rate the intern evaluation forms.	1	2	3	4	5
13	Please rate the availability of the Training Director.	1	2	3	4	5
Intern Support						
14	Please rate the quality of the primary supervision you received.	1	2	3	4	5
15	Please rate the amount of supervision you received.	1	2	3	4	5
16	Please rate the availability of supervision.	1	2	3	4	5
17	Please rate the contribution of the didactic training seminars to your development as a well-rounded entry-level psychologist.	1	2	3	4	5
18	Please rate the opportunities for professional development.	1	2	3	4	5
19	Please rate the adequacy of available role models.	1	2	3	4	5
20	Please rate the supportiveness of the internship environment.	1	2	3	4	5
21	Please rate the peer support available throughout the internship.	1	2	3	4	5
22	Please rate the respect for interns.	1	2	3	4	5
23	Please rate the encouragement of personal growth.	1	2	3	4	5
24	Please rate the support for completing graduate research.	1	2	3	4	5
25	Please rate the balance between training and service delivery.	1	2	3	4	5

<b>Training in Profession-Wide Competencies</b>						
For the next set of questions, please consider all your MMPIC training including supervision, didactics, experiences, clinical work, and allocated time.						
26	Please rate how your MMPIC training supported your development in research.	1	2	3	4	5
Please provide feedback on how your MMPIC training supported your development in research.						
27	Please rate how your MMPIC training supported your development in ethical and legal standards.	1	2	3	4	5
Please provide feedback on how your MMPIC training supported your development in ethical and legal standards.						
28	Please rate how your MMPIC training supported your development in individual and cultural diversity.	1	2	3	4	5
Please provide feedback on how your MMPIC training supported your development in individual and cultural diversity.						
29	Please rate how your MMPIC training supported your development in professional values, attitudes, and behavior.	1	2	3	4	5
Please provide feedback on how your MMPIC training supported your development in professional values, attitudes, and behavior.						
30	Please rate how your MMPIC training supported your development in communication and interpersonal skills.	1	2	3	4	5
Please provide feedback on how your MMPIC training supported your development in communication and interpersonal skills.						
31	Please rate how your MMPIC training supported your development in assessment.	1	2	3	4	5
Please provide feedback on how your MMPIC training supported your development in assessment.						
32	Please rate how your MMPIC training supported your development in intervention.	1	2	3	4	5
Please provide feedback on how your MMPIC training supported your development in intervention.						
33	Please rate how your MMPIC training supported your development in supervision.	1	2	3	4	5
Please provide feedback on how your MMPIC training supported your development in supervision.						
34	Please rate how your MMPIC training supported your development in consultation and interprofessional/interdisciplinary skills.	1	2	3	4	5
Please rate how your MMPIC training supported your development in consultation and interprofessional/interdisciplinary skills.						

Which internship experiences did you find most beneficial and why?

What suggestions do you have for improvement of the internship training program?

What experiences in your internship specifically aided you in obtaining post-internship employment?

What changes in your knowledge/skills/attitudes/values have occurred as a result of your internship?

Additional Comments (attach a separate sheet if desired):

### Appendix 3 Policies Acknowledgement

The purpose of this document is to ensure that the intern has had the opportunity to review with a supervisor the following policies and procedures. The intern will initial next to each policy and/or procedure they have reviewed. They will then sign below indicating that they have reviewed all documentation, and they are acknowledging their understanding of the policies and procedures of the Mid-Michigan Psychology Internship Consortium, and their willingness to comply with the stated policies and procedures.

1. American Psychological Association Ethical Principles of Psychologists \_\_\_\_\_
2. American Psychological Association Code of Conduct \_\_\_\_\_
3. Due Process and Grievance Procedures \_\_\_\_\_
4. Non-Discrimination Policy \_\_\_\_\_
5. Internship Consortium Agreement \_\_\_\_\_
6. Internship Handbook \_\_\_\_\_

I \_\_\_\_\_, Psychology Intern, have reviewed and understand each of the documents listed above.

\_\_\_\_\_  
Intern Signature

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Note: Please return this form to internship training co-director, Jana Aupperlee, via email at [aupperl3@msu.edu](mailto:aupperl3@msu.edu), within one week.