ST. LOUIS PSYCHOLOGY INTERNSHIP CONSORTIUM

DOCTORAL PSYCHOLOGY INTERNSHIP TRAINING PROGRAM

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INTRODUCTION

The St. Louis Psychology Internship Consortium offers a one-year, full-time doctoral internship in Health Service Psychology to advanced students in APA-accredited doctoral psychology programs. The internship is sponsored by four Joint Commission-accredited inpatient mental health facilities operated under the auspices of the Missouri Department of Mental Health and two outpatient mental health clinics operated under the auspices of the University of Missouri – St. Louis. The four inpatient facilities serve child, adolescent, adult and geriatric populations; these facilities are Hawthorn Children’s Psychiatric Hospital (HCPH), Metropolitan St. Louis Psychiatric Center (MPC), St. Louis Psychiatric Rehabilitation Center (SLPRC), and Sex Offender Rehabilitation and Treatment Services (SORTS). The outpatient clinics at the University of Missouri – St. Louis consist of the Center for Behavioral Health (CBH), serving children, adults, couples and families, and Children’s Advocacy Services of Greater St. Louis (CASGSL) serving children with trauma histories and their non-offending parents. The St. Louis Psychology Internship Consortium has a long tradition (since 1956) of providing high-quality clinical training in psychology in inpatient and outpatient treatment settings. We are proud of our internship program and of our intern graduates. Our past interns have distinguished themselves in a wide variety of employment settings including medical schools, academia, and inpatient and outpatient practice settings, and many alumni hold leadership positions in the field.

The Psychology staff maintains a strong commitment to the training of interns and makes every effort to provide an enriching experience within an atmosphere of mutual respect and professionalism. We strive to achieve a good balance between serving the clinical needs of the populations served by the Consortium sites and appreciating the training process. This perspective is reflected in the quality and quantity of supervision that has characterized the program over the years. We place emphasis on exposing interns to the breadth and diversity of professional roles assumed by psychologists. Interns receive advanced training in performing in-depth clinical interviews; constructing test batteries to respond to specific diagnostic and referral questions; evaluating and integrating clinical findings to provide appropriate treatment; and developing formulations and recommendations and communicating these in articulate written and/or oral reports.

Interns work with a minimum of four clinical supervisors over the course of the year, representing a range of theoretical orientations and areas of specialty. Interns shadow their supervisors and/or provide clinical services (groups, assessments, consultations to treatment teams, presenting in rounds, etc.) alongside their supervisor at all sites, allowing for a first-hand view of various models of professional engagement. Further, interns are exposed to psychologists who do not supervise them through our didactic seminar series, allowing for exposure to additional professional role models. In our view, working with a range of supervisors and hearing the perspectives of many professional psychologists through the seminar series enhances the breadth and depth of learning, and helps interns further discern the styles that best complement their emerging professional identity.

We are committed to creating and maintaining a positive, welcoming and inclusive training atmosphere that embraces diversity. We strive to promote a climate of respect and appreciation for the uniqueness that every individual brings and an affirming environment where all psychology interns feel supported to reach their training goals. We believe that diversity of perspectives and backgrounds enriches us all. Further, our program is committed to training interns to provide culturally sensitive intervention and assessment services.
Our internship is accredited by the American Psychological Association; our most recent site visit was conducted in December of 2011 (see cover page of manual for information on how to contact the APA Office of Program Consultation and Accreditation). As a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), we abide by their procedures and guidelines, as well.

Deana L. Smith, Ph.D., Training Director
FACILITIES & PATIENT POPULATIONS

The UMSL Center for Behavioral Health (CBH), a not-for-profit outpatient mental health clinic at the University of Missouri-St. Louis, is a practicum training site for graduate students in the APA-accredited Doctoral Program in Clinical Psychology at UM-St. Louis. CBH, one of the largest providers of psychological services in the region, offers psychological services at no cost or on a sliding-scale basis for children, adolescents, adults, and geriatric clients who represent diverse racial/ethnic and socio-economic backgrounds. Indeed, 42% of CBH clients referred this year identify as racial minorities, with African Americans making up the largest proportion of these clients. Lower income individuals with inadequate or no health insurance make up the bulk of referrals. Moreover, during fiscal year 2016-2017, 47% of clients had total household incomes below the median household income for the St. Louis region ($59,755 per year). During the same period, nearly 4000 patients/families requested services; over 31,500 hours of professional service were provided (including over 1,700 psychological evaluations, 1000 individual therapy sessions, and 46 couple therapy sessions). CBH clinicians perform psychological assessments for private clients using grant funds or a sliding scale and provide evaluations for local schools and state agencies on a contractual basis. CBH offers funded evaluation services across the geographic areas of St. Louis County, St. Louis City, St. Charles County, Jefferson County and Franklin County. In addition to this funding, referrals for evaluation are received St. Louis City Family Court, St. Charles Family Court, and a local charter school.

CBH offers both a Core rotation (4 days/week for 4 months) and an Adjunct rotation (1 day/week, year-long). Interns completing CBH as a Core rotation conduct a wide variety of evaluations including cognitive and personality (objective and projective) assessment for a range of referral questions and presenting concerns, including significant emotional, psychiatric, and behavioral difficulties. Core rotation interns also carry a small caseload of outpatient psychotherapy clients (3-4 clients) and may have the opportunity to supervise a doctoral student on a therapy or assessment case. CBH can also be selected as an adjunct rotation (1-day/week, year-long) for an assessment-only focused experience. CBH offers diverse psychological assessment experiences that are tailored to the developmental needs of the intern.

The Children’s Advocacy Services of Greater St. Louis (CASGSL) is the region’s primary provider of evidence-based, trauma-focused services to children ages 3-18 and their non-offending parents. From 2012 through 2016, CASGSL conducted 3,145 forensic interviews and provided over 36,839 sessions of trauma informed counseling to over 3,427 clients. Additionally, 345 children received trauma focused interventions in school settings in the last five years. Approximately 66% of CASGSL clients are from racially/ethnically diverse groups, primarily African-American, and approximately the same percentage live in households with annual incomes of less than $20,000. Children who receive services at CASGSL have experienced a wide variety of traumatic events, with exposure to multiple forms of trauma being the norm. The most common forms of trauma experienced by CASGSL clients include sexual abuse, physical abuse, domestic violence, neglect, and community violence. The trauma histories of CASGSL clients are frequently complex and long-standing, often beginning in the first few years of life. CASGSL clients present with a variety of emotional and behavioral difficulties including posttraumatic stress, depression, anxiety, conduct disturbances, attention difficulties, emotional and behavioral dysregulation, and sexualized behaviors.

CASGSL offers an Adjunct rotation (1 day/week, year-long) for Consortium interns. Training opportunities for interns include provision of empirically-supported “Best Practice” treatments for children and adolescents who have a history of trauma. Although interns primarily provide treatment in an individual format, opportunities for experience with group treatment
formats are often available as well. Additionally, interns are able to conduct trauma-informed diagnostic assessments and consultations. Lastly, interns can choose to participate in the many didactic offerings CASGSL hosts, including a monthly colloquium series, Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) trainings (when available), and community-based presentations.

Hawthorn Children’s Psychiatric Hospital (HCPH) is a 28-bed inpatient, Joint Commission-accredited facility serving children and adolescents (ages six through 18) from St. Louis City and a 31-county region of Southeastern Missouri. Youth are hospitalized who are assessed to be dangerous to themselves or others or who are adjudicated to have an under-controlled severe psychiatric disturbance which so imperils their judgment or capacity to control behavior that a non-specific risk is posed. Most patients qualify for multiple psychiatric diagnoses often co-occurring with developmental disorders and learning disabilities. Developing personality disorders are common in this population, as are life circumstances representing extreme psychosocial stressors, frequently physical or sexual abuse and neglect. Average length of stay for the eight bed Children’s Unit and 20 bed Adolescents’ Unit combined is 85 days. Both inpatient units function within a behavior management system and comprehensive care is afforded by multidisciplinary teams consisting of Psychiatrists, Psychologists, Nursing staff, Social Workers, Recreational and Art Therapists and Teachers as well as Interns of these various professions. Hawthorn Residential consists of three co-ed cottages with teenagers who require long term care that cannot be provided adequately in a more natural environment. Length of stay varies from approximately six months to two years.

HCPH offers a Core rotation (4 days/week for 4 months). Interns primarily work on the adolescent unit and provide individual, group and family psychotherapy, serve as consultants to multi-disciplinary treatment teams, and conduct psychological evaluations for differential diagnostic purposes.

Metropolitan St. Louis Psychiatric Center (MPC) is a 50-bed psychiatric hospital for adult inpatients in the Eastern Region of Missouri. MPC treats individuals from a highly diverse catchment area that includes rural, urban and suburban populations. While diverse backgrounds and socioeconomic levels are represented within the inpatient population, persons with less education and fewer resources are in majority. Approximately 50% of the patients represent racial/ethnic minorities, with the majority being African-American. Patients have ranged in age from 18 to 86 years. MPC is home to the Forensic Pretrial Program and serves the courts in the Eastern Region of Missouri by providing forensic evaluations and treatment of defendants who have been adjudicated incompetent to proceed. The program consists of two components—the Forensic Evaluation Program and the Inpatient Competency Restoration Program.

The Forensic Evaluation Program conducts pretrial and presentence evaluations of individuals ordered by the courts to undergo mental evaluations, as well as conducting the re-evaluations of patients who were admitted to one of the inpatient units at MPC. The forensic evaluations are conducted by Certified Forensic Examiners, licensed psychologists who have been trained to conduct court-related evaluations in a way that bridges the gap between clinical mental health assessments and the legal standards in Missouri law. The forensic evaluations address such issues as competency to stand trial, competency to waive Miranda rights, criminal responsibility (insanity; NGRI), battered spouse syndrome, diminished capacity, and violence risk assessment.

The Inpatient Competency Restoration Program consists of two inpatient psychiatric units, with 25-beds per unit. These units receive defendants found incompetent to stand trial and occasionally those who require inpatient forensic evaluation. Defendants who are incompetent to stand trial have a major mental illness, brain injury, intellectual disability or
other condition severe enough to cause them to be unable to understand the legal
proceedings against them or to cause them serious impairment in working with their defense
attorney. MPC is tasked with providing comprehensive, intermediate-term psychiatric care
and competency restoration services to prepare patients to return to court and face the
charges against them. The patients are committed for 180 days at a time, but they can
return to court sooner or be kept longer, depending on treatment needs and progression.
Treatment on the inpatient unit is informed by information from the pretrial evaluation,
particularly with respect to the defendant’s competency related deficits. On the inpatient
units, interns provide treatment to acutely ill, intellectually disabled and personality
disordered individuals who have been committed for competency restoration.

MPC offers a Core rotation (4 days/week for 4 months). Interns rotating to MPC provide
services in both the Forensic Evaluation Program and the Competency Restoration
Program. Interns conduct forensic evaluations under the direction of their supervisor,
allowing them to develop an understanding of the fundamentals of forensic evaluation,
develop skills in forensic interviewing, hone differential diagnosis skills, learn to write for the
court, and gain an understanding of the overlap between clinical psychology and the legal
system. For the Competency Restoration Program, interns participate in specialized groups
using materials derived from empirically-based research to provide competency education.
In addition, interns provide individual and group interventions with persons who have
persistent and severe mental illness and/or cognitive deficits combined with current legal
involvement. Interns have the opportunity to administer intellectual assessments,
neuropsychological screenings, objective and projective personality assessments, as well as
malingering instruments. Interns also gain experience working with a multidisciplinary
treatment team.

Saint Louis Psychiatric Rehabilitation Center (SLPRC), under various names, has served
the public since 1869. The facility currently has 196 beds divided into four 25-bed wards and
twelve 8-bed residential cottages. SLPRC provides long-term inpatient psychiatric and
psychosocial rehabilitation services to adults with severe and persistent mental illnesses
and personality disorders from the urban, suburban, and rural areas of eastern Missouri.
Most of our clients were committed for treatment because they were adjudicated Not Guilty
by Reason of Insanity. 15% are female. 55% of patients identify as African American, and
1% of patients are Asian and 1% Hispanic. The average age of patients is 51 with a mean
length of stay of 6.5 years. Opportunities exist for interns to provide services to clients in the
Cognitive Behavioral Program (CBP) and the New Outlook Program (NOP), as well as to
gain exposure to the Deaf Services program. Clients in the CBP program have a broad
range of functioning, although most are at a higher level. Most have a personality disorder
(often Antisocial Personality or significant Antisocial features) in addition to a stable mental
illness (usually Schizophrenia). Many have problems with chemical dependency as well.
NOP is a DBT-based program that provides services to adults with severe emotion
dysregulation in addition to developmental disabilities and personality disorder diagnoses
(primarily Borderline Personality Disorder and Antisocial Personality Disorder). Although
personality dysfunction is the primary problem for the majority of these clients, a wide
spectrum of psychiatric diagnoses are represented. The Deaf Services program provides
long-term psychiatric inpatient treatment for the Missouri Deaf community. This is a
culturally affirmative program that addresses treatment needs for a client group that has low
language abilities.

SLPRC offers a Core rotation (4 days/week for 4 months). Interns provide individual and
group therapy typically based in CBT and DBT and learn the effect of the client’s forensic
status on their treatment and discharge. Interns also gain experience completing risk
assessments and working as part of a multidisciplinary treatment team. There are typically
opportunities for “traditional” psychological assessment as well.
The Sex Offender Rehabilitation and Treatment Services (Formerly Missouri Sex Offender Treatment Center) was established in 1999, under what is commonly referred to as the Sexually Violent Predator (SVP) Act, to offer sexual offender treatment to those who meet certain criteria, including a history of sexually violent offenses. 135 residents reside at this maximum security facility, on seven wards, and range in age from the mid-20s to the late 70s. Approximately 19% of clients at SORTS are ethnic minorities, with the vast majority being African American. There is also diversity in terms of sexual orientation and gender identity. The most common DSM diagnoses are the paraphilias, but many clients are also diagnosed with mood disorders, psychotic disorders, and/or personality disorders. The psychotherapeutic model at SORTS operates on the core elements of: 1) cognitive-behavioral principles, 2) personal responsibility for past and current behaviors, and 3) compassion and a genuine belief in the resident’s capacity for change. Interns have the opportunity to provide individual and group psychotherapy, to be part of multidisciplinary treatment teams, and to conduct psychological evaluations for differential diagnostic purposes. SORTS offers an Adjunct rotation (1 day/week, year-long) for Consortium interns.
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TRAINING PHILOSOPHY, AIMS AND COMPETENCIES

Training competent, generalist, entry-level health service psychologists who are prepared to work in a variety of professional settings is the primary intent of the St. Louis Psychology Internship Consortium. Our program is designed to train interns to meet the broad range of demands placed on psychologists by facilitating the development of core professional competencies. Our intention is that upon the completion of their internship year, our intern graduates will have acquired entry-level professional skills and will be well-qualified, highly desirable candidates for appointments in a variety of clinical settings and postdoctoral training programs.

Consistent with a Scientist-Practitioner model of training, the program aims to develop health service psychologists who utilize the scientific method and are able to integrate scientific research in the professional practice of psychology in the context of client characteristics, culture, and preferences. Scientific skills that inform clinical practice include a hypothesis testing approach to clinical practice, application of specific research to practice, use of empirically supported assessment and treatment approaches, and the systematic collection and analysis of information in clinical investigation. We encourage interns to examine the efficacy of their work with their clients and to consult the research literature for guidance regarding not only which treatment approaches are best suited to particular problems, but to inform their understanding of multiple systems (e.g., family systems, organizational, cultural). While formal research opportunities are not available during the internship training year, the primary emphasis is providing clinical supervision that is informed by current research and producing psychologists whose generalized and specialized clinical practice incorporates current research findings and is conducted with a scientific temper.

The Aims of the Internship Program are as follows:

**Aim 1:** To produce entry-level professionals who are able to provide quality assessment and treatment services to clients from diverse backgrounds.

**Aim 2:** To produce entry-level professionals who engage in effective, intentional collaborations with individuals or groups to address a problem, seek knowledge or promote effectiveness in professional activities and are able to provide entry-level clinical supervision.

**Aim 3:** To produce entry level professionals who adhere to the highest levels of ethical and professional behavior in all aspects of their work.

**Aim 4:** To produce entry-level professionals who are able to critically evaluate research and scholarly works, provide professional presentations, and who are able to competently integrate scientific research into the professional practice of psychology.

Consistent with the Aims of our program and with the APA Standards of Accreditation, interns are expected to demonstrate competence in:

1. Research
2. Ethical and legal standards
3. Individual and cultural diversity
4. Professional values, attitudes, and behaviors
5. Communication and interpersonal skills
6. Assessment
7. Intervention
8. Supervision
9. Consultation and interprofessional/interdisciplinary skills
ROTA TION GOALS

Interns rotate to three of four Core rotations (4 days/week, 4 months) and one of three year-long, Adjunct rotations (1 day/week). At the beginning of each rotation, interns, in consultation with their supervisors, generate a set of goals for the rotation. This process places emphasis on identifying intern training needs and interests and is designed to bring coherence to the rotation. This Rotation Goals and Plan is reviewed and signed by the supervisor and training director. Appendix A contains an example of a Rotation Goals and Plan. Rotation Goals and Plan are due to the Training Director by the second week of each Core rotation and the fourth week of the Adjunct rotation.
SUPERVISION, DIDACTICS AND WEEKLY BREAKFAST

Supervision

Interns receive intensive in-person supervision for each rotation (minimum of 4 hours per week total). At least two hours of formal, scheduled individual supervision on their Core rotations is provided in addition to daily informal supervision to address supervision needs that arise. Interns also receive at least one hour of formal individual supervision on their Adjunct rotations, as well as additional informal supervision. All psychology supervisors maintain an open door policy such that interns are able to request additional supervision or consultation at any time. Our program does not utilize telesupervision or other distance education technologies for training and supervision.

Didactic Seminars

Our seminar series is an integral part of educational experience provided in the internship training program. Weekly 2-hour didactic seminars are offered (9-11am on Friday mornings) and are typically held in the conference room at Children’s Advocacy Services of Greater St. Louis. Seminars consist of lectures and case presentations, and are taught by Internship Faculty and other psychologists from University of Missouri – St. Louis, the Department of Mental Health, and from other settings.

Seminars provide a rich and varied sampling aimed to enhance core professional competencies. The Friday Seminar Series covers the broad areas of (1) Assessment (2) Intervention (3) Cultural and Individual Diversity (4) Professional Consultation and Supervision (5) Professional Development and (6) Case Conferences. Considerations of ethics/legal standards and diversity are emphasized throughout the seminar series, and there is a focus on empirically-supported approaches and best practices.

Attendance at seminars is mandatory. Except in an emergency, absence from seminar requires pre-approval from the Training Director. Interns should travel to their scheduled rotation immediately following the conclusion of the intern seminar.

Weekly Intern Breakfast

Intern Breakfast is an important part of the educational experience provided in the internship training program, as well. Breakfast is a time for informal professional sharing and socializing, case consultation, processing of internship experiences and planning for the future. Breakfast is held on Friday mornings at a location chosen by the interns. Breakfast should start no later than 7:45 a.m. and should be planned so that interns can arrive promptly at their Seminar by 9:00 a.m. Attendance at breakfast is mandatory. Except in an emergency, absence requires pre-approval from the Training Director.
INTERN CASE PRESENTATION

During the third rotation of the training year, each intern will be asked to do a formal case presentation during Friday seminar. Interns can select an assessment or a treatment case for this presentation. An internship faculty member will serve as the discussant for the intern case presentation and will provide performance ratings (outlined below). Interns are asked to consult with the psychologist who supervised the case as they prepare the presentation (e.g., let them know of the intent to present the case, ask if they would like to discuss the material to be presented, etc.). Powerpoint slides should be included in the presentation.

The presentation must include an analysis and discussion of at least one relevant empirical contribution from the literature that relates to the case. The literature can relate to the case in any number of ways including, but not limited to: diagnosis, treatment approach, assessment tool, diversity, ethical/legal issue, therapist/client relationship. Intern presenters are to email the article to all attendees, including faculty who plan to attend, at least one week in advance and should plan to discuss how the article adds to their understanding of the case. This is an important aspect of your case presentation. The internship faculty member who attends the intern case presentation will provide ratings of the Research Competencies on the standard Intern Evaluation Form (Competency 6: Research; Intern Evaluation Form, page 5).

The internship faculty member who serves as the discussant for the presentation will also complete a Case Presentation Evaluation Form to provide feedback on the talk (see p. 42 of this Manual). Interns must receive an average rating of ‘3’ across the items on the evaluation form including a ‘3’ on the item related to the inclusion of a research article in the presentation; if this level of performance is not achieved, the intern must present another case until this rating level is met.

CASE PRESENTATION GUIDELINES

The following are guidelines to structure case presentations in our Seminar Series. The presentation can be based upon an assessment case or therapy case for which you have been the primary therapist. Although some flexibility in the application of these guidelines is expected given unique aspects of a given case, these guidelines are designed to promote a scientist-practitioner approach to our case presentation format. At a minimum, please include the following components in case presentations:

1. Rationale for Presenting Case:
   1. Clinical features: illustration of therapeutic issues (termination, treatment relationship, etc), illustration of therapeutic strategies and intervention, illustration of assessment or diagnostic issues (differential diagnosis, etc).
   2. You as a clinician: questions you have about the client, yourself as therapist, client-therapist dynamics, what you would like to get out of this presentation, specific questions that you would like discussed.

2. Identifying Data
   a) Demographic Data (e.g., age, gender, race/ethnicity, education, referral source, family structure, other characteristics pertinent to case conceptualization).
   b) Physical Characteristics: notable characteristics
   c) Presentation: affect, relatedness, thought process, congruence, clarity, motivation
3. **Presenting problem(s).**
   a) Client's representation of the problem
   b) Major symptoms
   c) Mental status
   d) Onset and course of problem
   e) Coping mechanisms
   f) Precipitating events

4. **History**
   a) Academic history
   b) Family background
   c) Economic history
   d) Medical background
   e) Psychiatric/substance abuse history
   f) Place of origin and subsequent residency
   g) Interpersonal development and other developmental history

5. **Formal assessment results** (if available)

6. **Summary of case formulation from the intern's perspective.** This should include diagnostic impressions and specific problems/issues to be addressed in therapy. Presenting problems and assessment data should be integrated into a theoretical formulation of the case that lends itself to effective interventions. Consideration of diversity factors is important.

7. **Course of treatment**
   a) Summary of treatment approaches and rationale for interventions used
   b) How approach was adapted in consideration of diversity factors
   c) Problems encountered
   d) Discuss approach to managing any emergency/urgent care issues.
   e) Process comments

8. **Ethical/legal issues pertinent to case and how they were managed.**

9. **Recommendations for further assessment and/or treatment and prognosis.**

10. **Inclusion of at least one relevant empirical contribution from the literature.** Some didactic application of the available research literature to the issues relevant to the case is expected.

11. **Please use powerpoint slides for your presentation.** Handouts are welcomed, but are optional. Any information that could identify a client should be deleted from written information used in the presentation. Also, do not use the client's full name during the presentation. Handouts containing any potential identifying information should be collected after the presentation and shredded.
Evaluation Process and Expected Levels of Performance

Supervision shall be a continuous process that occurs from the first day of the rotation through the last day. Feedback from the supervisor to the intern regarding progress toward rotation training goals and professional development should occur on a regular and frequent basis. Feedback from the intern to the supervisor regarding the intern’s training needs and experiences should also be frequent and regular. Given the frequency of observational feedback and supervision, it is our goal that the formal feedback sessions do not contain any "surprises" for the intern.

The Psychology Internship Program continually assesses each intern’s performance and conduct. Two evaluations will take place during the Core rotation: a) a verbal mid-rotation evaluation session approximately mid-way through the Core rotation to determine the progress made toward intern competencies and training goals and to determine possible changes or alterations in the rotation to maximize the intern’s training; and b) the final written rotation evaluation, occurring during the last week of the rotation. Three formal evaluations take place during the year-long Adjunct rotation: a) written evaluations at the fourth-month mark (1st trimester) and the eighth-month mark (2nd trimester) to determine the progress made toward intern competencies and training goals and to determine possible changes or alterations in the rotation to maximize the intern’s training; and b) the final (3rd trimester) written rotation evaluation, occurring during the last week of the rotation. When a written evaluation has been completed, verbal feedback to the intern from the supervisor should occur after the intern has read the formal written evaluation by the supervisor. Both the supervisor and the intern sign these evaluation forms (please see Appendix B).

The Training Director and the Training Committee meet monthly and, as a group, review the evaluation data for each intern. The group meeting is chaired by the Training Director. In collaboration with the group, the Training Director combines the evaluations and provides the interns with a verbal summary of their progress in the program. All evaluations become a part of the intern’s permanent file. These records are maintained by the Director of Training in locked filing cabinets in her office.

Expected levels of performance:

To maintain in good standing in the internship, interns must meet competency expectations, assessed with the use of the Intern Competency Evaluation Form. At the end of the 1st rotation, all rated intern competencies must be rated at a level 4 or higher. At the end of the 2nd rotation, all rated competencies must be at a level 4 or higher, with at least 50% of rated areas at a level 5 or higher. At the end of the 3rd rotation, all competency areas must be rated at a level 6 or higher.

Psychology Interns are required to act in accordance with the American Psychological Association’s ethical principles and standards for providers of psychological services and according to state law (APA Code in Appendix G). Violations of these principles and standards may constitute grounds for dismissal from the program.

Our policies and procedures regarding due process, impaired/problematic intern performance, and intern grievances are detailed in Appendix C.

In addition, as employees of the University of Missouri – St. Louis, interns should be familiar with University-specific expectations and requirements. Please see https://www.umsystem.edu/ums/rules/collected_rules/
WORK SCHEDULE, ANNUAL LEAVE TIME/HOLIDAYS AND REQUIRED HOURS FOR INTERNSHIP COMPLETION

Work Hours

As salaried employees, interns are expected to work at least 40 hours per week. At times, an intern may work more than 40 hours in a given week, depending upon clinical necessity and training needs. Any concerns regarding workload should be brought to the attention of the rotation supervisor and/or the Training Director.

An intern’s specific work schedule will depend on the clinical activities at the site to which the intern is rotating. Interns’ work schedule typically will be 8am-4:30pm or 9am-5:30pm, except for Children’s Advocacy Services where evening hours are required. At the beginning of your rotation, please clarify your work schedule with your supervisor. Any time you will be away from your site during your scheduled work hours, you must request time-off (as described below). Any requests to adjust your work schedule for a particular day must be approved by your supervisor.

Annual Leave Time

As University of Missouri employees, you are entitled to 22 working days of annual leave to use for any purpose (e.g., vacation, professional time, sick time, educational leave, etc.) during your internship year. You will not be reimbursed for any unused leave at the end of the internship.

Usage Rules for Annual Leave (22 Days):

Except in cases of illness or emergency, all requests for time-off must be pre-approved.

Requests for approval to use two or more consecutive days of annual leave must be submitted to your supervisor and the Training Director two weeks prior to the beginning of your desired time-off. To use one day of annual leave also requires pre-approval and should be requested with as much notice as the intern can provide.

Excluding time-off for illness, you may take a maximum of 4 days annual leave from a Core rotation site within a four-week timeframe, and up to a maximum of 8 days total annual leave across the entire four-month Core rotation. Excluding time-off for illness, you may take a maximum of 1 day of leave from an Adjunct rotation within a four-week timeframe and up to a maximum of 6 days of annual leave across the year-long Adjunct rotation. Annual leave cannot exceed 22 days total for the entire internship.

Any exceptions to the above will require special approval by the Training Committee.

Process for Requesting Time-Off:

To request approval for time-off, email your supervisor(s) and copy the Training Director. Once you have received email confirmations from your supervisor(s) and the Training Director indicating that the request is “approved” your time-off has been authorized. In the event of an illness, your supervisor should be informed the day of your illness and, upon your return to work, an email should be sent to your supervisor and the Training Director confirming your use of annual leave for the illness.
# Holidays

All University of Missouri System employees are entitled to 8 paid holidays annually (see holiday schedule). The Department of Mental Health has 4 holidays that the University System does not observe. Thus, if you are to be at a DMH facility at the time of a holiday observed by DMH, but not by the University system, you will be expected to make arrangements to work at a University site for the day unless you chose to take annual leave. If you have a concurrent rotation at a University site and do not plan to take leave for the DMH Holiday, please plan to work there for the day. If you do not have a core or adjunct rotation at a University site, speak with the Training Director to make arrangements to work at a University site for the day.

### Holiday Schedule 2017-2018

<table>
<thead>
<tr>
<th>Date</th>
<th>Holiday</th>
<th>University holiday</th>
<th>DMH holiday</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 4, 2017</td>
<td>Labor Day</td>
<td></td>
<td>DMH holiday</td>
</tr>
<tr>
<td>October 9, 2017</td>
<td>Columbus Day</td>
<td></td>
<td>DMH holiday</td>
</tr>
<tr>
<td>November 10, 2017</td>
<td>Veterans Day</td>
<td></td>
<td>DMH holiday</td>
</tr>
<tr>
<td>November 23, 2017</td>
<td>Thanksgiving</td>
<td>University holiday</td>
<td>DMH holiday</td>
</tr>
<tr>
<td>November 24, 2017</td>
<td>Day after T-giving</td>
<td>University holiday</td>
<td>DMH holiday</td>
</tr>
<tr>
<td>December 25, 2017</td>
<td>Christmas</td>
<td>University holiday</td>
<td>DMH holiday</td>
</tr>
<tr>
<td>January 1, 2018</td>
<td>New Year’s Day (observed)</td>
<td>University holiday</td>
<td>DMH holiday</td>
</tr>
<tr>
<td>January 15, 2018</td>
<td>MLK Day</td>
<td>University holiday</td>
<td>DMH holiday</td>
</tr>
<tr>
<td>February 12, 2018</td>
<td>Lincoln’s B-day</td>
<td></td>
<td>DMH holiday</td>
</tr>
<tr>
<td>February 19, 2018</td>
<td>Washington’s B-day</td>
<td></td>
<td>DMH holiday</td>
</tr>
<tr>
<td>May 7, 2018</td>
<td>Truman Day</td>
<td></td>
<td>DMH Holiday</td>
</tr>
<tr>
<td>May 28, 2018</td>
<td>Memorial Day</td>
<td>University holiday</td>
<td>DMH holiday</td>
</tr>
<tr>
<td>July 4, 2018</td>
<td>4th of July</td>
<td>University holiday</td>
<td>DMH holiday</td>
</tr>
</tbody>
</table>
Required Hours for Internship Completion

The internship is a full-time, 12-month commitment. Successful completion of the internship requires 2,080 hours, total. This expectation accounts for leave time/paid holidays to which interns are entitled.
TRACKING INTERNSHIP HOURS

Interns applying for postdoctoral positions, jobs and credentials are often expected to document time spent in clinical and training activities. In addition, the Training Director is asked to verify these hours. This documentation can be a daunting task when the time span and the level of detail are considered. In order to assist with this task, we are providing three forms: 1) an Activity Log; 2) a Client Log; and, 3) a Monthly Activity Summary. Please see Appendix D for these forms.

The Activity Log is designed to help you keep track of how you spend your time throughout the day while the Client Log is designed to help you track the kinds of clients, diagnoses, etc. with whom/which you have worked. The Activity Log and the Client Log are for your use only and designed to help you complete the Monthly Activity Summary. If you prefer to track this data through use of an appointment book or other personal system you develop, feel free to do so.

The Monthly Activity Summary is for the use of the Training Director as well as you. The categories included reflect the kind of data asked for by various credentialing bodies subsequent to your internship. You must submit the Monthly Activity Summary to the Training Director by the first Friday of the month for the previous month. Monthly Activity Summary data will be permanently kept in the interns’ file.
APPLICATION REQUIREMENTS AND PROCEDURE

Applicants must be from APA-accredited doctoral programs in clinical or counseling psychology to be considered. Experience with both adults and children/adolescents is desired. We require a minimum of 200 psychotherapy hours as well as prior clinical experience administering and interpreting major cognitive (e.g., WAIS-IV) and personality (e.g., MMPI-2) tests. Applicants are expected to have completed a minimum of 5 comprehensive psychological assessments integrating both cognitive and personality measures. Projective testing experience is desired, but not required. A particular interest in, and/or experience with, diverse populations is highly desirable. We seek to train interns from diverse backgrounds.

To apply for our internship program, please follow the steps detailed below. If you have any questions, you may contact Dr. Smith (email is preferred):

Deana Smith, Ph.D.
Training Director, St. Louis Psychology Internship Consortium
Email: deana.smith@umsl.edu
Phone (314) 516-5824, Fax (314) 516-5347
Department of Psychological Sciences
University of Missouri – St. Louis
One University Blvd
St. Louis, MO 63121

Our APPIC Matching Program Code Number is 140011.

1. Please visit www.appic.org to access the online AAPI application. Please be sure to submit the following materials through the online application portal:

~ Completed AAPI application, including cover letter, CV, certification from your program's Director of Clinical Training, official transcripts from each graduate psychology program and 3 letters of recommendation.

Please submit the following through the supplementary materials portal:

~ Treatment Summary: a therapy case summary that includes a case conceptualization and a summary of the course of treatment.

~ Psychological Evaluation Report

2. APPLICATION DEADLINE: NOVEMBER 12, 2017

3. On-site interviews are held in January. Invitations for interviews are sent out by email. Applicants invited to interview will spend a half-day at our site.

4. We participate in the National Matching Program and will abide by the Match Policies enumerated on the APPIC website (www.appic.org). The National Matching Service can also be accessed through the APPIC website, or directly at www.natmatch.com/psychint/

The program adheres to the University of Missouri Collected Rules and Regulations Policy #320.010: "The Curators of the University of Missouri do hereby reaffirm and state the policy..."
of the University of Missouri on Equal Employment/Educational Opportunity. Equal Opportunity is and shall be provided for all employees and applicants for employment on the basis of their demonstrated ability and competence without discrimination on the basis of their race, color, religion, sex, sexual orientation, national origin, age, disability, or status as a Vietnam era veteran.”

https://www.umsystem.edu/ums/rules/collection_rules/equal_employment_educational_opportunity/ch600/600.010_equal_employment_educational_opportunity_policy

Note: The University of Missouri – St. Louis and the Missouri Department of Mental Health both require a background check for abuse/neglect and criminal history. In addition, the Missouri Department of Mental Health also requires a drug screen. Failure to pass any of these screens will abrogate the obligation incurred through the Match and result in dismissal from the internship.
INTERNSHIP ROTATION GOALS & PLANS

SAMPLE

INTERN NAME: ____________________________

INTERNSHIP SITE: ____________________________

PRIMARY SUPERVISOR: ____________________________

SECONDARY SUPERVISOR: ____________________________

PROFESSIONAL GOALS FOR ROTATION

1. To develop and refine diagnostic skills with children and adults.

   1a. To interview child/adult clients and family members for purposes of clinical assessment.

   1b. To select, administer, score and interpret psychological tests which are appropriate for the population, setting and referral question.

   1c. To integrate findings from test data, history, clinical interview and behavioral observations into a cohesive picture of client functioning.

   1d. To formulate formal DSM psychiatric diagnoses as appropriate.

   1e. To produce formal reports in a timely manner which are accurate, well-organized, concise and easily understood by non-psychologist professionals.

   1f. To develop appropriate treatment recommendations and referrals as needed.

   1g. To receive didactic instruction, complete assigned readings and practice test administration as needed.

   1h. To receive weekly supervision of psychological testing, diagnostic formulation and report-writing.

2. To increase familiarity/skill with a variety of psychotherapeutic techniques.

   2a. To observe a variety of therapeutic models including Cognitive-Behavioral Therapy, Brief Focused Therapy, Dialectical Behavioral Therapy, Systems Therapy and other models
practiced on assigned rotations in both individual and group modalities.

2b. To develop mutually agreed upon goals of therapy with clients and to select and implement an appropriate intervention plan.

2c. To receive didactic instruction, complete assigned readings and participate in case conferences related to therapeutic techniques.

2d. To receive weekly supervision on individual and group therapy.

3. To increase understanding of psychopathology and levels of functioning of hospital inpatients.

3a. To participate in assessment & interdisciplinary treatment planning of child and adult inpatients, both acute and chronic, as well as forensic.

3b. To appropriately relate selection of therapeutic interventions to developmental stage, symptomatology, severity of pathology, level of client function (cognitive, affective, motivational, level of ego strength, physical health status) treatment setting, expected length of stay in the program, availability of follow-up treatment, social support system and public safety issues.

3c. To receive didactic instruction and complete assigned readings in the area of psychopathology.

3d. To receive weekly supervision regarding assessment and treatment of hospital inpatients.

4. To function effectively on interdisciplinary teams.

4a. To attend interdisciplinary (nursing, psychiatry, psychology, rehabilitation services and social work) treatment team meetings regularly.

4b. To accurately identify the disciplines represented as well as their respective contributions to treatment planning and implementation.

4c. To consistently interact with interdisciplinary staff in a manner which reflects respect, openness and appreciation for differing viewpoints, suggestions and contributions.

4d. To receive observational feedback and supervision regarding team interactions.
The rotation’s requirements and expectations, the supervision format and expectations, and the goals and plans I identified were presented and discussed with my supervisor(s).

Days and Times of Weekly Individual Supervision: _________________________________

Back-up Supervision Arrangement: ________________________________

INTERN SIGNATURE ________________________________

DATE ________________________________

INTERNSHIP SITE SUPERVISOR SIGNATURE ________________________________

DATE ________________________________

INTERNSHIP SITE SUPERVISOR SIGNATURE ________________________________

DATE ________________________________

DIRECTOR OF TRAINING SIGNATURE ________________________________

DATE ________________________________
**Saint Louis Psychology Internship Consortium Psychology Intern**

**COMPETENCY EVALUATION FORM FOR INTERN CLASSES 2016-2017 AND LATER**

Intern Name: 

Supervisor Name: 

Training Experience: [ ] CASGGL [ ] CPS [ ] HCPH [ ] MPC [ ] SLP/R [ ] SORTS

Core Rotation: [ ] 1 [ ] 2 [ ] 3 OR Adjunct Rotation: [ ] 1 [ ] 2 [ ] 3

Assessment Methods Used

- [ ] Direct Observation*  
- [ ] Video Observation  
- [ ] Review of Written Work  
- [ ] Discussion of Clinical Interactions  
- [ ] Review of Raw Test Data  
- [ ] Case Presentation  
- [ ] Comments from Other Staff  
- [ ] Patient Feedback

*Required

<table>
<thead>
<tr>
<th>Competency Rating Description</th>
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</thead>
<tbody>
<tr>
<td>10 Ability to Teach and Lead in this Area. This is a level that will likely only be reached</td>
</tr>
<tr>
<td>in select areas of competency even at completion of post-doctoral training. The individual</td>
</tr>
<tr>
<td>is sought out by doctoral level providers on a regular basis for advice and consultation.</td>
</tr>
<tr>
<td>9 Prepared for Advanced Level Practice. This is the rating expected at the completion of</td>
</tr>
<tr>
<td>post-doctoral training. The intern is functioning at the level of</td>
</tr>
<tr>
<td>a psychology staff member and supervision is only required due to the intern’s unlicensed</td>
</tr>
<tr>
<td>status. This is not a typical rating given even at completion of internship.</td>
</tr>
<tr>
<td>8 Ready for Entry Level Practice and Licensure. This is a frequent rating at the end of</td>
</tr>
<tr>
<td>internship. The intern at this level will have attained competency in routine areas of</td>
</tr>
<tr>
<td>practice with supervision focused on complex and non-routine issues and cases.</td>
</tr>
<tr>
<td>7 Routine Supervision Needed. This is a common rating early in internship. The intern at</td>
</tr>
<tr>
<td>this level requires discussion of routine areas of practice during scheduled supervision,</td>
</tr>
<tr>
<td>but is building some independence in these areas and does not frequently require extra</td>
</tr>
<tr>
<td>supervision time. The intern is able to identify specific needs in supervision.</td>
</tr>
<tr>
<td>6 Intensive Supervision is needed. This is a rating appropriate for a practicum student.</td>
</tr>
<tr>
<td>Supervision is required for all activities, and the intern requires direction regarding how</td>
</tr>
<tr>
<td>to proceed on routine tasks. Frequent supervision is needed between regularly scheduled</td>
</tr>
<tr>
<td>meetings.</td>
</tr>
<tr>
<td>5 Remedial work is needed. This indicates the intern requires additional observational</td>
</tr>
<tr>
<td>learning or intensive instruction prior to being ready to assume patient care. This rating</td>
</tr>
<tr>
<td>should be accompanied by a specific remediation plan.</td>
</tr>
<tr>
<td>4 Not Applicable for this training experience or not assessed during this training experience</td>
</tr>
</tbody>
</table>

N/A
**COMPETENCY 1: ASSESSMENT**

<table>
<thead>
<tr>
<th></th>
<th>1A. Selects and applies assessment methods in a reasoned manner, and collects data using multiple sources and methods as appropriate to the identified goals and questions, attending to the science of measurement and psychometrics and the best available empirical research</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1 2 3 4 5 6 7 8 9 10 N/A</td>
</tr>
<tr>
<td></td>
<td>1B. Proficiently administers and scores psychometric (e.g., personality, intelligence, achievement) tests according to professional standards and guidelines.</td>
</tr>
<tr>
<td>2</td>
<td>1 2 3 4 5 6 7 8 9 10 N/A</td>
</tr>
<tr>
<td></td>
<td>1C. Examiner is mindful of relevance of examinee person variables including but not limited to gender, race, ethnicity, religion, and previous experience with health professionals (along with similarities and difference with examiner) when orienting examinee to the assessment process and in the selection/interpretation of psychological tests and measures.</td>
</tr>
<tr>
<td>2</td>
<td>1 2 3 4 5 6 7 8 9 10 N/A</td>
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<tr>
<td></td>
<td>1D. When conducting a clinical/diagnostic interview, clinician is mindful of person variables including but not limited to gender, race, ethnicity, religion, and previous experience with health professionals (along with similarities and difference with examiner), and how they may influence participation in interview, perception and definition of “symptoms,” beliefs regarding “cause” and “cures” as well as “illness.” Factors affecting help seeking and support shall also be considered. Further, clinician considers important role of “other informants” when evaluating children, persons with limited verbal abilities, and those for whom someone other than a family member is designated as a wanted spokesperson for examinee (extended family, community members, etc.)</td>
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<tr>
<td>2</td>
<td>1 2 3 4 5 6 7 8 9 10 N/A</td>
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<tr>
<td></td>
<td>1E. Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases and distinguishing the aspects of assessment that are subjective from those that are objective.</td>
</tr>
<tr>
<td>2</td>
<td>1 2 3 4 5 6 7 8 9 10 N/A</td>
</tr>
<tr>
<td></td>
<td>1F. Writes a well-organized report that documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences. Report answers the referral questions and includes well-reasoned recommendations.</td>
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<tr>
<td>2</td>
<td>1 2 3 4 5 6 7 8 9 10 N/A</td>
</tr>
<tr>
<td></td>
<td>1G. Plans and implements feedback session appropriately. Adjusts personal style, complexity of language and level of feedback to accommodate the audience, including patient or caregiver needs. Foresees areas of difficulty in session and responds empathetically to patient or caregiver concerns.</td>
</tr>
</tbody>
</table>

**Comments:**
### COMPETENCY 2: INTERVENTION

<table>
<thead>
<tr>
<th>2A. Establishes and maintains collaborative, professional, and effective relationships with the recipients of psychological services</th>
<th>1</th>
<th>2</th>
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<th>10</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>2B. Formulates useful case conceptualizations that draw on theoretical knowledge and research findings</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
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<td>N/A</td>
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<tr>
<td>2C. Develops evidence-based intervention plans specific to the service delivery goals</td>
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<td>N/A</td>
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<tr>
<td>2D. Interventions are informed by the current scientific literature, assessment findings, person variables related to diversity of populations, and contextual variables</td>
<td>1</td>
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<tr>
<td>2E. Demonstrates the ability to apply the relevant research literature to clinical decision making</td>
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<tr>
<td>2F. Modifies and adapts evidence-based approaches effectively when a clear evidence base is lacking</td>
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<tr>
<td>2G. Evaluates the outcomes of interventions continuously, and adapts approaches accordingly</td>
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<td>N/A</td>
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<tr>
<td>2H. Demonstrates ability to effectively manage and/or use own emotional reactions to the patient productively in the treatment</td>
<td>1</td>
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<tr>
<td>2I. Demonstrates an understanding of the characteristics of a professional relationship and establishes/maintains appropriate boundaries</td>
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<td>N/A</td>
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<tr>
<td>2J. Clinician is mindful of person variables when recommending treatment modalities and makes effort to involve persons and strategies within patients’ frameworks and belief system</td>
<td>1</td>
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<td>N/A</td>
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<tr>
<td>2K. Assumes responsibility for promptly completing and documenting key patient care tasks (e.g. phone calls, letters). Notes are clear, concise, timely and include crucial detail</td>
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<td>N/A</td>
</tr>
</tbody>
</table>

Comments:
### Competency 3: Individual and Cultural Diversity

<table>
<thead>
<tr>
<th>3A. Demonstrates understanding of how own personal/cultural history, attitudes and biases may affect own understanding of and interactions with people different from themselves.</th>
<th>1</th>
<th>2</th>
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<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>3B. Demonstrates knowledge (theoretical and/or empirically based) and understanding of the relevance of person variables in all professional activities given the diversity of the population being served.</td>
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<td>N/A</td>
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<tr>
<td>3C. Demonstrates the ability to integrate awareness and knowledge (theoretical and/or empirically based) of individual and cultural differences in the conduct of professional roles including research, service and other professional activities.</td>
<td>1</td>
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<tr>
<td>3D. Demonstrates the ability to apply a framework when working with persons of backgrounds not previously encountered and/or awareness and follow through regarding the need for specific education to enhance the ability to do so.</td>
<td>1</td>
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<td>N/A</td>
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<tr>
<td>3E. Demonstrates ability to work effectively with clients whose group membership, demographic characteristics, or worldviews create conflict with their own.</td>
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<td>N/A</td>
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<tr>
<td>3F. Demonstrates the ability to apply their knowledge and tailor their clinical approach to work effectively with diverse populations.</td>
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<td>N/A</td>
</tr>
</tbody>
</table>

Comments:

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

<table>
<thead>
<tr>
<th>4A. Demonstrates knowledge and respect for the roles and perspectives of other professionals.</th>
<th>1</th>
<th>2</th>
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<th>8</th>
<th>9</th>
<th>10</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>4B. Applies knowledge of consultation models and practices in consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior. This can include consultation to other trainees.</td>
<td>1</td>
<td>2</td>
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<td>7</td>
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<td>10</td>
<td>N/A</td>
</tr>
<tr>
<td>4C. Demonstrates ability to work as a member of an interdisciplinary team to provide comprehensive assessment and treatment for shared clients.</td>
<td>1</td>
<td>2</td>
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<td>10</td>
<td>N/A</td>
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</tbody>
</table>

Comments:
COMPETENCY 5: SUPERVISION (To be completed by Supervision Seminar Lead; Rotation Supervisor to complete, if there have been opportunities to observe)

<table>
<thead>
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<tr>
<td>A. Demonstrates knowledge of supervision models and practices</td>
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<td>B. Applies knowledge of supervision models and practices with psychology trainees or other health service professionals. This may include role played supervision or peer supervision with other trainees.</td>
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<td>C. Considers possible difference in understanding in role relationships between oneself and supervisee. Conceptualizes various approaches to supervision (e.g. Training, coaching, teaching, mentoring, guiding, directing—and commonalities and differences among them)</td>
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<td>D. Demonstrates awareness and consideration of multiple, perhaps simultaneous roles.</td>
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Comments:

COMPETENCY 6: RESEARCH (To be completed by Faculty member(s) attending Case Presentation; Rotation Supervisor to complete, if there have been opportunities to observe)

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<tr>
<td>A. Demonstrates the substantially independent ability to critically evaluate research.</td>
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<td>B. Demonstrates the substantially independent ability to disseminate, via professional publication or presentation, research or other scholarly activities.</td>
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Comments:
### COMPETENCY 7: ETHICAL AND LEGAL STANDARDS

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<tr>
<td>7A.</td>
<td>Demonstrates good knowledge of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct</td>
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<td>7B.</td>
<td>Demonstrates good knowledge of and acts in accordance with relevant laws, regulations, rules and policies governing health service psychology at the organizational, local, state, regional and federal levels.</td>
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<td>7C.</td>
<td>Demonstrates good knowledge of and acts in accordance with relevant professional standards and guidelines.</td>
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<td>7D.</td>
<td>Recognizes ethical dilemmas as they arise, seeks supervision/consultation, and applies ethical decision making processes in order to resolve the dilemmas.</td>
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<td>7E.</td>
<td>Conducts self in an ethical manner in all professional activities.</td>
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Comments:

### COMPETENCY 8: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIOR

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<tr>
<td>8A.</td>
<td>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.</td>
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<td>8B.</td>
<td>Personal and professional self-reflection and awareness is evident in supervisee’s discussion of his/her clinical work and in various roles filled. Engages in activities to improve performance and effectiveness. If applicable, seeks and uses resources when personal distress is evident.</td>
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<td>8C.</td>
<td>Actively seeks and demonstrates openness and responsiveness to feedback and supervision.</td>
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<td>8D.</td>
<td>Responds professionally in increasingly complex situations with a greater degree of independence across the training experience, and retains a professional demeanor no matter how evocative or controversial the situation or dilemma.</td>
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<td>8E.</td>
<td>Demonstrates ability to accomplish administrative tasks. Prioritizes appropriately and accomplishes tasks in a timely manner.</td>
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<td>8F.</td>
<td>Manages time efficiently. Keeps scheduled appointments and meetings on time.</td>
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<tr>
<th>COMPETENCY 9: COMMUNICATION AND INTERPERSONAL SKILLS</th>
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<tbody>
<tr>
<td>9A. Develops and maintains effective (e.g., collaborative and professional) relationships with individuals varying in roles and representations (including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services).</td>
</tr>
<tr>
<td>9B. Verbal and nonverbal communications are intelligible and informative. Writing is easy to understand and an integration of facts is evident in summaries and conclusions. Comprehends verbal, nonverbal, and written communications well.</td>
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<tr>
<td>9C. Demonstrates an understanding of, and facility with, professional language and concepts likely unique to psychologists.</td>
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<tr>
<td>9D. Demonstrates effective interpersonal skills and the ability to manage difficult communication well.</td>
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Comments:

**SUMMARY OF STRENGTHS:**

**AREAS IN NEED OF ADDITIONAL DEVELOPMENT:**
COMPETENCY GOALS:

At the end of the 1st rotation, all rated items will be at a level of 4 or higher.

At the end of the 2nd rotation, all rated items will be at a level of 4 or higher, with 50% or more of rated areas at a level of 5 or higher.

At the end of the 3rd rotation, all competency areas will be at a level of 6 or higher reflecting a readiness for entry level practice and licensure in all competency areas.

ACHIEVEMENT OF COMPETENCY GOAL:

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

☐ The intern has not successfully completed their competency goal. We have made a joint, written remediation plan which is attached to this evaluation, and which includes specific dates for completion. Once completed, the rotation will be re-evaluated. We have reviewed this evaluation together.

Supervisor signature: ___________________________ Date: ______________

INTERN COMMENTS:

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

Intern signature: ___________________________ Date: ______________
Rotation/Supervisor Feedback Form

Supervisor ____________________________________________

Intern ____________________________________________________

Internship Site ____________________________________________

Rotation __________________________________________________

1. Established good supervisory relationship, including openness and acceptance/encouragement of feedback in relationship.

   _____ never    _____ sometimes    _____ most of the time    _____ always

   Comments: _______________________________________________________________________
               ___________________________________________________________________________
               ___________________________________________________________________________

2. Clearly articulated intern duties and responsibilities at the beginning of and throughout the rotation.

   _____ never    _____ sometimes    _____ most of the time    _____ always

   Comments: _______________________________________________________________________
               ___________________________________________________________________________
               ___________________________________________________________________________

3. Work expectations were reasonable given the time constraints of the rotation.

   _____ never    _____ sometimes    _____ most of the time    _____ always

   Comments: _______________________________________________________________________
               ___________________________________________________________________________
               ___________________________________________________________________________

4. Supervisor is punctual and keeps scheduled supervision appointments.

   _____ never    _____ sometimes    _____ most of the time    _____ always

   Comments: _______________________________________________________________________
               ___________________________________________________________________________
5. Provided sufficient amount of uninterrupted time for supervision.

_____ never  _____ sometimes  _____ most of the time  _____ always

Comments: ____________________________________________
___________________________________________________________________________
___________________________________________________________________________

6. Remained primarily focused on your assignments, experiences, and growth.

_____ never  _____ sometimes  _____ most of the time  _____ always

Comments: ____________________________________________
___________________________________________________________________________
___________________________________________________________________________

7. Demonstrated and conveyed adequate knowledge of psychotherapy.

_____ never  _____ sometimes  _____ most of the time  _____ always

Comments: ____________________________________________
___________________________________________________________________________
___________________________________________________________________________

8. Encouraged exploration of hypotheses regarding clients/dynamics.

_____ never  _____ sometimes  _____ most of the time  _____ always

Comments: ____________________________________________
___________________________________________________________________________
___________________________________________________________________________

9. Helped conceptualize central problems of client(s)/families and offered suggestions for therapeutic interventions as appropriate.

_____ never  _____ sometimes  _____ most of the time  _____ always

Comments: ____________________________________________
___________________________________________________________________________
___________________________________________________________________________
10. Demonstrated and conveyed adequate knowledge of various psychodiagnostic techniques.

   _____ never     _____ sometimes     _____ most of the time   _____ always

Comments: _______________________________________________________

   _____________________________________________________________

   _____________________________________________________________


   _____ never     _____ sometimes     _____ most of the time   _____ always

Comments: _______________________________________________________

   _____________________________________________________________

   _____________________________________________________________

12. Provided guidance, support, and feedback regarding professional development and identity.

   _____ never     _____ sometimes     _____ most of the time   _____ always

Comments: _______________________________________________________

   _____________________________________________________________

   _____________________________________________________________

13. Gave regular feedback regarding your performance, allowing you to develop and improve as the rotation progressed.

   _____ never     _____ sometimes     _____ most of the time   _____ always

Comments: _______________________________________________________

   _____________________________________________________________

   _____________________________________________________________

14. Provided a good role model in interactions with other professionals and clients.

   _____ never     _____ sometimes     _____ most of the time   _____ always

Comments: _______________________________________________________

   _____________________________________________________________

   _____________________________________________________________
15. Supervisor is informed and willing to discuss professional issues in the field of psychology, particularly as they related to rotation experiences, e.g., credentialing issues, malpractice, professional training.

_____ never  _____ sometimes  _____ most of the time  _____ always

Comments: ____________________________________________________________
___________________________________________________________
______________________________________________________________

16. Supervisor discussed ethical issues, particularly as they relate to rotation experiences.

_____ never  _____ sometimes  _____ most of the time  _____ always

Comments: ____________________________________________________________
___________________________________________________________
______________________________________________________________

17. Supervisor is attentive/receptive and sensitively discusses personal issues and feelings as they influence your work.

_____ never  _____ sometimes  _____ most of the time  _____ always

Comments: ____________________________________________________________
___________________________________________________________
______________________________________________________________

18. What do you see as the supervisor’s primary strengths?

Comments: ____________________________________________________________
___________________________________________________________
______________________________________________________________

19. In what areas do you believe your supervisor could improve?

Comments: ____________________________________________________________
___________________________________________________________
______________________________________________________________
20. In what ways do you believe your training needs were met on this rotation?

Comments: __________________________________________________________
___________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

21. In what ways do you believe your training needs were unmet on this rotation?

Comments: __________________________________________________________
___________________________________________________________
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Please make any additional comments regarding your experiences with your supervisor.
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Supervisor Signature_______________________________ Date________________

Intern Signature___________________________________ Date________________
You are asked to evaluate the intern’s case presentation in several areas listed below. Your evaluation should be based on the skill level typical of interns at a comparable stage of training.

Please use the following scale in your evaluation:

(3) At expected level of competency or better  
(2) Minor improvements needed  
(1) Below expected level of competency  
(N/A) Not Applicable

1. Thoroughness and accuracy of assessment and/or diagnosis  
2. Clarity and theoretical soundness of case conceptualization  
3. Appropriateness of intervention strategy  
4. Handling of ethical principles and legal standards as relevant  
5. Commitment to, and concern for, client’s welfare  
6. Consideration of diversity issues with regard to case conceptualization, treatment planning, and intervention.  
7. Openness to input from the faculty supervising the case presentation  
8. Openness to peer feedback on his/her work  
9. Use of empirical research to add to the understanding of the case in discussion
Please comment on each of the following areas.

9. Particular strengths:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

10. Suggested areas for further development:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

11. Overall impression:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

12. Comments:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

RETURN TO TRAINING DIRECTOR
APPENDIX C: INTERN RETENTION, MINIMUM LEVELS OF ACHIEVEMENT, DUE PROCESS AND GRIEVANCE PROCEDURES
Intern Retention, Minimum Levels of Achievement, Due Process and Grievance Procedural Guidelines

Minimum Levels of Achievement

To maintain in good standing in the internship, interns must meet competency expectations, assessed with the use of the Evaluation Form. At the end of the 1st rotation, all rated intern competencies must be rated at a level 4 or higher. At the end of the 2nd rotation, all rated competencies must be at a level 4 or higher, with at least 50% of rated areas at a level 5 or higher. At the end of the 3rd rotation, all competency areas must be rated at a level 6 or higher. These performance levels are designed to assure that interns completing the program are prepared to function as qualified and competent entry-level practitioners who can provide an array of psychological services in a variety of settings. If an intern’s performance falls below competency standards, performance improvement and due process procedures are followed, as outlined below.

Interventions by Level of Deficiency

Competency Rating 1: Remedial Level Skill. If an intern receives a 1 on a written evaluation, a remediation plan is required (see Remediation Plan and Steps). The supervisor is expected to discuss his/her concerns with the intern, communicate his/her concerns with the Training Director, consult with the Training Committee for suggestions regarding remediation and develop a remediation plan to address the deficiencies. In addition, the Training Director will consult with the intern’s graduate program Director of Clinical Training regarding the intern’s performance in their academic program and request suggestions for remediation. The intern’s graduate program DCT is provided with a copy of the plan. The intern will be notified, in writing, if any formal review is occurring and the Training Committee will receive any information or statement from the intern related to his/her response to the rating.

If there is a substantial knowledge deficit in a competency area central to providing professional psychological services, the Training Committee will decide if the student is also displaying Problematic Performance (see steps for identifying and addressing Problematic Performance below).

Competency Rating Below Expectations for Evaluation Time-point (excluding a Level 1 rating): Competency ratings expected per evaluation time-point are outlined above. If an intern receives a rating that is below expectations on a written evaluation (but above a 1), the supervisor is expected to discuss this with the intern, increase the intern’s supervision and direct the intern to other appropriate resources to address the deficit area (e.g., assign readings). The supervisor will keep a written record of the discussion with the intern and corrective steps agreed upon, will monitor the intern’s skill development, and will be provide biweekly feedback to the supervisee regarding progress. Concurrently, the supervisor will notify the Training Director of the concern, consult the Training Director and Training Committee for suggestions regarding skill improvement, and provide monthly feedback to the Training Director regarding progress on the skill development. As the skills of the intern are assessed from the beginning of a rotation, deficiencies are typically identified early on and discussed at the mid-rotation evaluation feedback meeting. Indeed, if the supervisor believes an intern is deficient in any domain assessed by the Evaluation Form, they are
expected to complete a written evaluation of the intern at the mid-rotation point, rather than verbal feedback alone. If the deficiency is identified toward the end of a rotation, the plan to improve the intern's skills is shared with the supervisor of the next rotation who shall monitor the skill until it reaches a satisfactory level. If the intern does not improve by the next evaluation point (e.g., if the deficit is identified at the mid-rotation point, it must improve to a satisfactory level by the end-of-rotation evaluation point), a formal remediation plan is developed (see Remediation Plan and Steps).

**Formal Remediation Plan: Processes and Procedures**

Once a formal remediation plan is necessary, the following steps will be followed:

1. A remediation plan will be developed. This is a time-limited, remediation-oriented supervised period of training. It is designed to return the intern to an appropriate functioning level with the full expectation that the intern will complete the internship. Each remediation plan will include the following:
   a. A description of the intern's unsatisfactory performance
   b. Recommended actions needed from the intern to correct the identified problems.
   c. Supportive intervention/modifications made to the intern's training program (e.g., increase supervision with the same or other supervisors, change focus or format of supervision, require coursework or readings, reduce caseload and recommend personal therapy)
   d. A time line for correcting the problem
   e. The action to be taken if the problem is not corrected

2. If the remediation plan developed in Step 1 is unsuccessful in addressing the problematic performance and/or conduct within the timeframe identified, the Training Director will meet with the Training Committee to discuss further courses of action. These may include one of the following sanctions or actions:
   a. Modified Remediation Plan -- It may be determined that continuing the remediation plan with specific modification is the most appropriate intervention (repeat Step 1). When the problem is considered severe, an intern may be required to complete a remediation plan and concurrently placed on probation.
   b. Probation -- A probationary period would involve close supervision with active involvement from both the immediate supervisor(s) and Director of Training. All details, requirements, and expectations of the probation period will be in writing. The supervisor(s) and the Training Committee will meet a minimum of once a month during the probationary time to monitor the intern's progress in addition to the intern's weekly supervision. It is the decision of the Training Committee as to whether or not the intern, during this time, should continue providing direct services to patients. The Training Director will discuss the intern's status with the graduate program Director of Clinical Training.

Probation is time limited and remediation-oriented. During this closely supervised training period, the Training Director and supervisor monitor the degree to which the intern addresses, changes, and/or otherwise improves
the problem behaviors. During the probation period, the intern may be suspended from engaging in certain professional activities until there is evidence that the problem behaviors have been rectified.

The intern will be given written notice of the probation that includes the following information:

i. Description of the problematic performance and/or conduct, including specific incidents or complaints

ii. Specific recommendations for rectifying the problems

iii. The length of the probation period, during which the problem is expected to be rectified

iv. Procedures to ascertain whether the problem has been appropriately rectified.

3. If the interventions outlined in Step 2 have been unsuccessful in addressing the skill deficits within the timeframe identified, the Training Director will meet with the Training Committee to discuss further courses of action, which may include:

i. Continuation of the probation for a specific time period

ii. Suspension whereby the intern is not allowed to continue to engage in certain professional activities until the skill deficit in question has improved

iii. Inform the Intern that the Training Committee is recommending to the Training Director that the intern will not, if the behavior does not change, successfully complete the internship

iv. Termination-- Dismissal from the internship may occur if probationary attempts are deemed to have little or no behavioral impact or there are APA ethical violations and/or state legal violations. This action is decided by the Training Director and Training Committee and will also involve consultation with UMSL’s HR representative. The intern will be notified, if appropriate, in person and provided with a written letter of the decision to dismiss. The Training Director will report the decision to the intern’s graduate program training director. APA will also be informed in writing of this action. The intern may appeal the decision to terminate by writing a letter to the Training Director requesting an informal hearing.

Due Process

All of the above steps must be appropriately documented and implemented in ways that are consistent with due process procedures. The Internship Training Director will communicate with the graduate program in a timely manner when problems arise with an intern that are not readily resolvable at the internship site, that are recurrent, or that may lead to the institution of due process procedures or alteration in the intern’s program. Ongoing communication will be maintained until the problem is resolved. All formal actions taken by the program shall be communicated in writing to the intern and the intern’s graduate department. The nature and rationale of the decision and remediation procedures shall be indicated. The intern shall receive copies of all formal communications regarding his or her performance.

The intern has the option to file a written grievance with the University. Please see the Collected Rules and Regulations regarding the University’s formal grievance procedures:
PROBLEMATIC PERFORMANCE

It is possible that intern performance deficiencies may be classified as "problematic performance."

Definition

Problematic performance in professional functioning that is reflected in one or more of the following ways:
a) an inability and/or unwillingness to acquire and integrate professional standards into one’s repertoire of professional behavior;
b) an inability and/or unwillingness to acquire professional skills in order to reach an acceptable level of competence as defined by prevailing standards of care; or
c) an inability and/or unwillingness to control personal distress, psychological dysfunction, and/or excessive emotional reactions that interfere with professional functioning.

The above concerns typically become identified as “problems” when they include one or more of the following characteristics:
a) the intern does not acknowledge, understand, or address the problem when it is identified,
b) the problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training,
c) the quality of services delivered by the intern is sufficiently negatively affected,
d) the problem is not restricted to one area of professional functioning,
e) a disproportionate amount of attention by training personnel is required,
f) the trainee’s behavior does not change as a function of feedback, remediation efforts, and/or time,
g) the problematic behavior has potential for ethical or legal ramifications if not addressed,
h) the intern’s behavior negatively impacts the public view of the agency,

Procedure

I. Identification and Remediation of Problematic Performance

The Training Committee in executive session (without the intern representative) will review intern evaluations after each rotation in the regularly scheduled meeting. If an inadequacy is identified in at least one major area (professional standards, professional skills, personal functioning) during this review, or if a supervisor requests immediate action to be taken (by the Training Director or site Training Coordinator) to address what is believed to be problematic performance, the following actions will be taken:
1) The Training Committee shall meet within ten working days in a special session to decide on a course of action. At least seven working days prior to the meeting, the intern shall be informed that the meeting will take place and offered the opportunity to provide the committee with relevant information regarding his or her response to the noted problematic performance.

2) The Committee shall determine by 4/5 majority (with the Training Director voting) whether the intern meets the criteria for problematic performance:

a) If the intern is not found to demonstrate problematic performance:
   i) No further action will be taken, or
   ii) If deficiencies exist that do not meet the criteria for problematic performance, the Committee may notify current supervisor(s) that active monitoring in addition to the regular evaluation process is required in the specific problem area identified with specific time limits to the monitoring.

b) If the intern is found to demonstrate problematic performance, the following action may be taken:
   i) A remediation plan shall be developed and implemented with a specified time frame for successful completion, or
   ii) the intern may be temporarily suspended from his or her duties so that intervention beyond the scope of the internship may be pursued.

3) After the specified time period of probation, the Training Committee will determine if the intern has successfully completed the remediation program.

a) If the intern has successfully completed the remediation program, the probation will be lifted and no further action taken.

b) If the intern has not successfully completed the remediation program, the following actions may occur:
   i) continuation of remediation plan with possible revision and specified time limits;
   ii) temporary suspension from duties during which intervention beyond the scope of the internship may be pursued.

II. Implementing Decisions.
If the intern is found to demonstrate problematic performance that is not resolved through remediation, the Internship Director shall take under the advisement the recommendation of the Training Committee and will follow the University of Missouri System’s Collected Rules and Regulations regarding employee discipline and possible termination.

III. Intern Appeal.
The intern has the option to file a written grievance with the University. Please see the Collected Rules and Regulations regarding the University’s formal grievance procedures:
IV. Communication with Graduate School.
The Internship Training Director will communicate with the graduate program in a timely manner when problems arise with an intern that are not readily resolvable at the internship site, that are recurrent, or that may lead to the institution of due process procedures or alteration in the intern’s program. Ongoing communication will be maintained until the problem is resolved. All formal actions taken by the program shall be communicated in writing to the intern and the intern's graduate department. The nature and rationale of the decision and remediation procedures shall be indicated. The intern shall receive copies of all formal communications regarding his or her performance.

GRIEVANCE PROCEDURE

Supervision shall be a continuous process that occurs from the first day of the rotation through the last day. Feedback from the supervisor to the intern regarding progress toward rotation training goals and professional development should occur on a regular and frequent basis. Feedback from the intern to the supervisor regarding the intern’s training needs and experiences should also be frequent and regular.

I. Problems should be discussed immediately and concerns that the intern or supervisor has should be addressed in the supervisory relationship.

II. If the intern believes the complaint or concern is not satisfactorily resolved after talking with the supervisor, the intern can consult with the Training Coordinator. The Training Coordinator can:
   1. a) informally meet with the intern and can provide guidance, procedural or educational information, and/or consultation to the intern.  
      b) suggest an informal meeting between the intern, supervisor and/or individuals involved to attempt to resolve the problem.  
      c) suggest a meeting with the Director of Training for further consultation.

2. The supervisor can also request a meeting with the Training Coordinator and intern if the supervisor believes the Training Coordinator could be helpful in resolving a conflict between supervisor and intern or if education or consultation is needed in an area outside of the supervisor’s competence or knowledge base. Frequent and regular supervision sessions provide a format for early and effective resolution of most differences. The supervisor should be thoroughly familiar with the intern’s prior training experiences and sensitive to and respectful of cultural and individual differences in the values and attitudes of the intern.

3. The intern can also ask to meet informally with the Director of Training for additional consultation.

4. While we hope to resolve grievances informally, the intern may file a written grievance with the University. Please see the Collected Rules and Regulations regarding the University’s formal grievance procedures at: https://www.umsystem.edu/ums/rules/collected_rules/grievance/ch370/370.010_Academic_Grievance_Procedure
# Activity Log

## Clinical Internship Experience

Name: __________________________

Day: Su M T W Th F Sa

Date: ________

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<tr>
<th>Time Interval</th>
<th>Hours</th>
<th>Activity</th>
<th>Details</th>
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Additional Information: ______________________________________________________

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## Monthly Activity Summary

Name: ________________________  
Month: ________________________

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<thead>
<tr>
<th>ACTIVITY</th>
<th>HOURS</th>
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<tr>
<td><strong>(A) Assessment:</strong></td>
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<tr>
<td>Client Interview</td>
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<tr>
<td>Chart Review</td>
<td></td>
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<tr>
<td>Administration and Scoring</td>
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<tr>
<td>Interpretation</td>
<td></td>
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<tr>
<td>Report Writing</td>
<td></td>
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<tr>
<td><strong>(T) Therapy:</strong></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td></td>
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<tr>
<td>Family</td>
<td></td>
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<tr>
<td>Couples</td>
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<td><strong>(SA) Client Support Activities:</strong></td>
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<tr>
<td>Specify:</td>
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<tr>
<td><strong>(RS/C) Receiving Supervision/Consultation:</strong></td>
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<tr>
<td>One-on-one</td>
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<tr>
<td>Peer/Case Conference</td>
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<tr>
<td>Other (Specify):</td>
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<tr>
<td><strong>(PC/S) Providing Consultation/Supervision:</strong></td>
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<tr>
<td><strong>(P/T) Presentations/Teaching:</strong></td>
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<tr>
<td>Intern Seminars Attended (At)</td>
<td>Presented (Pr)</td>
</tr>
<tr>
<td>Other Attended (At)</td>
<td>Presented (Pr)</td>
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<tr>
<td><strong>(OE) Other Professional Experience:</strong></td>
<td></td>
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<tr>
<td>Specify:</td>
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Other (Time spent in personal activities, e.g., lunch, vacation):       

TOTAL HOURS (should total at least 40 hours/week)_____________
APPENDIX E: TRAVEL REIMBURSEMENT
**TRAVEL REIMBURSEMENT**

When interns must travel from their first work site to another work site in the same day, they are eligible for reimbursement for their mileage expenses from the first to the second site. Interns are not reimbursed for travel from home to their first work site for the day, nor are they reimbursed to return home from their last work site of the day. Interns are reimbursed for mileage calculated for the shortest distance, not the fastest route. **Requests for reimbursement must be made within 60 days of the travel.** No other travel expenses will be reimbursed without prior approval of the Training Director.

The Sexual Offender Rehabilitation and Treatment Services pays interns for travel expenses associated with driving to that site for an adjunct rotation. Intern(s) at SORTS will not be eligible for mileage reimbursement from the University for this travel.

Below is a link to University policies regarding travel and travel reimbursement:


Below is a link to “mileage log” for travel:
INTERN RECORD RETENTION POLICY

The St. Louis Psychology Internship Consortium permanently maintains complete records of internship training experiences to document intern progress through, and completion of, the program. These complete intern records include application materials, performance evaluations, intern completion certificate, licensing forms, supervisor evaluations, and remediation plans.
ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

Adopted August 21, 2002
Effective June 1, 2003
(With the 2010 Amendments to Introduction and Applicability and Standards 1.02 and 1.03, Effective June 1, 2010)

With the 2016 Amendment to Standard 3.04
Adopted August 3, 2016
Effective January 1, 2017
# ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

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| 8.08 | Debriefing |
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| 8.13 | Duplicate Publication of Data |
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| 10.09 | Interruption of Therapy |
| 10.10 | Terminating Therapy |

## AMENDMENTS TO THE 2002 “ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT” IN 2010 AND 2016

Effective June 1, 2003 (as amended 2010, 2016). Effective January 1, 2017

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INTRODUCTION AND APPLICABILITY

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A-E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by an Ethical Standard does not mean that it is necessarily either ethical or unethical.

This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, Internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.

Membership in the APA commits members and student affiliates to comply with the standards of the APA Ethics Code and to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, state or federal agencies, and payors for health services.

In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an opportunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether a psychologist has violated the Ethics Code standards does not by itself determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

The American Psychological Association's Council of Representatives adopted this version of the APA Ethics Code during its meeting on August 21, 2002. The Code became effective on June 1, 2003. The Council of Representatives amended this version of the Ethics Code on February 20, 2010, effective June 1, 2010, and on August 3, 2016, effective January 1, 2017 (see p. 18 of this pamphlet). Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Office of Ethics, American Psychological Association, 750 First St. NE, Washington, DC 20002-4242. This Ethics Code and information regarding the Code can be found on the APA website, http://www.apa.org/ethics. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code, or amendments thereof, as follows:


Request copies of the APA Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First St. NE, Washington, DC 20002-4242, or phone (202) 336-5510.

2 Introduction and Applicability

Effective January 1, 2017
The modifiers used in some of the standards of this Ethics Code (e.g., reasonably, appropriately) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term reasonable means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner in keeping with basic principles of human rights.

**PREAMBLE**

Psychologists are committed to increasing scientific and professional knowledge of behavior and people’s understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of principles and standards upon which psychologists build their professional and scientific work.

This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for psychologists’ work-related conduct requires a personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

**GENERAL PRINCIPLES**

This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

**Principle A: Beneficence and Nonmaleficence**

Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists’ obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists’ scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

**Principle B: Fidelity and Responsibility**

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues’ scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

**Principle C: Integrity**

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of
psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

Principle D: Justice
Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.

Principle E: Respect for People’s Rights and Dignity
Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

ETHICAL STANDARDS
1. Resolving Ethical Issues

1.01 Misuse of Psychologists’ Work
If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority
If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.03 Conflicts Between Ethics and Organizational Demands
If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.04 Informal Resolution of Ethical Violations
When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts Between Ethics and Organizational Demands.)

1.05 Reporting Ethical Violations
If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

1.06 Cooperating with Ethics Committees
Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

4 Principle D—Standard 1.06

Effective January 1, 2017
1.07 Improper Complaints

Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 Unfair Discrimination Against Complainants and Respondents

Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

2.  Competence

2.01 Boundaries of Competence

(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

(f) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

2.02 Providing Services in Emergencies

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments

Psychologists' work is based upon established scientific and professional knowledge of the discipline. (See also Standards 2.01e, Boundaries of Competence, and 10.01b, Informed Consent to Therapy.)

2.05 Delegation of Work to Others

Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Emergencies; 3.05, Multiple Relationships; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

2.06 Personal Problems and Conflicts

(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy.)
3.  Human Relations

3.01  Unfair Discrimination
In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.02  Sexual Harassment
Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist’s activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

3.03  Other Harassment
Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons’ age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04  Avoiding Harm
(a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervises, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04a.

3.05  Multiple Relationships
(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist’s objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

3.06  Conflict of Interest
Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

3.07  Third-Party Requests for Services
When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple relationships, and 4.02, Discussing the Limits of Confidentiality.)

3.08  Exploitative Relationships
Psychologists do not exploit persons over whom they have supervisory, evaluative or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter with Clients/Patients; 7.07, Sexual Relationships with Students and Supervisees; 10.05, Sexual Intima-
cies with Current Therapy Clients/Patients; 10.06, Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy with Former Sexual Partners; and 10.08, Sexual Intimacies with Former Therapy Clients/Patients.)

3.09 Cooperation with Other Professionals

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)

3.10 Informed Consent

(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual’s assent, (3) consider such persons’ preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual’s rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

3.11 Psychological Services Delivered to or Through Organizations

(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 Interruption of Psychological Services

Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist’s illness, death, unavailability, relocation, or retirement or by the client’s/patient’s relocation or financial limitations. (See also Standard 6.02c; Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

4. Privacy and Confidentiality

4.01 Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others.)

4.02 Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

4.03 Recording

Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing with Informed Consent for Research; and 8.07, Deception in Research.)
4.04 Minimizing Intrusions on Privacy

(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

4.06 Consultations

When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)

4.07 Use of Confidential Information for Didactic or Other Purposes

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

5. Advertising and Other Public Statements

5.01 Avoidance of False or Deceptive Statements

(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others

(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists' Work.)

(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

5.04 Media Presentations

When psychologists provide public advice or comment via print, Internet, or other electronic transmission,
5.05 Testimonials

Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 In-Person Solicitation

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

6. Record Keeping and Fees

6.01 Documentation of Professional and Scientific Work and Maintenance of Records

Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work

(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

6.03 Withholding Records for Nonpayment

Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

6.04 Fees and Financial Arrangements

(a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

(b) Psychologists' fee practices are consistent with law.

(c) Psychologists do not misrepresent their fees.

(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)

(e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

6.05 Barter with Clients/Patients

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)

6.06 Accuracy in Reports to Payors and Funding Sources

In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)
6.07 Referrals and Fees
When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation with Other Professionals.)

7. Education and Training
7.01 Design of Education and Training Programs
Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

7.02 Descriptions of Education and Training Programs
Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community services), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

7.03 Accuracy in Teaching
(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)
(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.05, Maintaining Competence.)

7.04 Student Disclosure of Personal Information
Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy
(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)
(b) Faculty who are or are likely to be responsible for evaluating students’ academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

7.06 Assessing Student and Supervisee Performance
(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.
(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships with Students and Supervisees
Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

8. Research and Publication
8.01 Institutional Approval
When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

8.02 Informed Consent to Research
(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expect-
ed duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing with Informed Consent for Research; and 8.07, Deception in Research.)

(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)

8.03 Informed Consent for Recording Voices and Images in Research

Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

8.04 Client/Patient, Student, and Subordinate Research Participants

(a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing with Informed Consent for Research

Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

8.06 Offering Inducements for Research Participation

(a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

(b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter with Clients/Patients.)

8.07 Deception in Research

(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.

(b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

8.08 Debriefing

(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

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(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

(c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Human Care and Use of Animals in Research
(a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.
(b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.
(c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others.)
(d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.
(e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.
(f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.
(g) When it is appropriate that an animal’s life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results
(a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)
(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism
Psychologists do not present portions of another’s work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit
(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)
(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.
(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student’s doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

8.13 Duplicate Publication of Data
Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification
(a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.
(b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

8.15 Reviewers
Psychologists who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

9. Assessment
9.01 Bases for Assessments
(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on informa-
tion and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

(b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 Use of Assessments

(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual’s language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent in Assessments

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.06, Interpreting Assessment Results; and 9.07, Assessment by Unqualified Persons.)

9.04 Release of Test Data

(a) The term test data refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists’ notes and recordings concerning client/patient statements and behavior during an examination. Portions of test materials that include client/patient responses are included in the definition of test data. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, Maintaining Test Security.)

(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

9.05 Test Construction

Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

9.06 Interpreting Assessment Results

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists’ judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)
9.07 Assessment by Unqualified Persons

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others.)

9.08 Obsolete Tests and Outdated Test Results

(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services

(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)

(c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results

Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

9.11 Maintaining Test Security

The term test materials refers to manuals, instruments, protocols, and test questions or stimuli and does not include test data as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.

10. Therapy

10.01 Informed Consent to Therapy

(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)

(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)

(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Therapy Involving Couples or Families

(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist’s role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

10.03 Group Therapy

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

Effective January 1, 2017
10.04 Providing Therapy to Those Served by Others

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client/patient’s welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

10.05 Sexual Intimacies with Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy with Former Sexual Partners

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies with Former Therapy Clients/Patients

(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client’s/patient’s personal history; (5) the client’s/patient’s current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)

10.09 Interruption of Therapy

When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services.)

10.10 Terminating Therapy

(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.
AMENDMENTS TO THE 2002 “ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT” IN 2010 AND 2016

2010 Amendments

Introduction and Applicability

If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority; psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolved via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. If the conflict is unresolved via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority. Under no circumstances may this standard be used to justify or defend violating human rights.

2016 Amendment

3.04 Avoiding Harm

(a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04a.

Effective January 1, 2017
APPENDIX H: APA ACCREDITATION INFORMATION
APA Accredited Program*

Last Site Visit 2011; Next Site Visit 2018

The APA Standards of Accreditation can be found here:


APA-practice related documents

APA Ethical Principles and Code of Conduct (2002, Amended June 1, 2010)
http://www.apa.org/ethics/code/

APA Practice Guidelines
http://www.apa.org/practice/guidelines/

*The Commission on Accreditation may be contacted:
Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation