Tiffany Griffiths, Psy.D & Associates, Inc.

# Clinical Psychology Internship Program Training Manual



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### Welcome and Mission:

Welcome! We at Tiffany Griffiths, Psy.D. & Associations are committed to providing exemplary psychological, counseling, medication management, and wellness services to the greater community as well as exceptional training to future therapists. The ongoing professional and personal development of our clinical staff is imperative to our mission. Being committed to providing quality holistic, integrated and evidence-based treatment, we believe in the necessity for ongoing growth and strive to challenge ourselves to embody the spirit of the practice. We also believe in the importance of fully understanding the diverse experiences that color our perceptions of the world and our place in it. Diversity education and training are an integral part of our clinical staff’s ongoing development.

Our practice mission is to provide a compassionate, peaceful, safe, and unconditional therapeutic environment where clients will be taught the skills and tools to assist in taking accountability and responsibility for their life. We believe this is necessary to begin to awaken to full potential and live more fully in each moment. We believe in the inherent value and inner wisdom of each individual to determine the direction of their own life and it is our role to partner with each individual to identify, explore, and overcome barriers to living an authentic meaningful, healthy, and fulfilling life.

In fulfillment of this mission, we have developed a capstone experiential training program for psychology interns. The internship is designed to prepare the trainee for entry-level employment as a generalist psychologist. The following are the goals and competencies in which a doctoral intern will be trained and evaluated.

Applicants are required to be matriculated in an APA accredited clinical or counseling doctoral program and to have completed the prerequisite training prior to the internship. This would include completion of formal academic coursework at a degree granting program in professional psychology as well as completion of closely supervised experiential training in professional psychology skills conducted in a non-classroom setting. The application deadline is November 15th of the year proceeding internship. Tiffany Griffiths, Psy.D. & Associates, Inc. participates in the online APPIC application process and does not require any supplemental material.

### Goals and Objectives:

Goal 1: Psychology Interns will be competent to provide clinical interventions, diagnostic assessments, and psychological evaluations as entry-level psychologists.

Objectives:

* Demonstrate competence in the provision of evidence-based interventions during individual, group, family, and/or couples psychotherapy, depending on planned experience
* Demonstrate competence in overall therapy skills, such as client-centered stance, empathic presence, active listening, and collaborative planning
* Demonstrate competence to perform initial diagnostic assessments
* Demonstrate competence in assessing and intervening with client crisis
* Demonstrate competence in comprehensive psychological evaluation services, including:
	+ Appropriately selecting psychological testing tools, conducting psychological testing, scoring of psychological testing, and interpreting psychological testing results
	+ Comprehensive writing of reports
	+ Performing feedback sessions for identified client/caregivers and collaboration with referral source and/or primary care physician regarding outcome and recommendations

Related Training Curriculum:

* 28 hours per week of direct client service, including diagnostic assessments and psychotherapy
* 4 hours per week of direct psychological testing/evaluation of clients
* 12 hours of training in Telehealth for Mental Health Providers
* 23 hours of training in Practice-Based Intensive Dialectical Behavior Therapy
* 12 hours of training in Acceptance and Commitment Therapy
* 1 hour per week of diagnostic group, grand round style facilitated by the House Lead Clinician
* 2 hours per week of individual supervision, to include supervision of psychotherapy and psychological testing
* Quarterly Special Topics presentations to be given by clinicians and/or interns to foster relevant skills
* Quarterly Process Recording assignments, allowing for the supervisor to directly observe direct service and provide constructive feedback
* Quarterly written evaluation of intern performance, with relevant and constructive feedback

Goal 2: Psychology Interns will further develop their professional identity and related skills, which they will adequately use to guide professional, ethical, and competent decisions.

Objectives:

* Demonstrate competence in professional judgment by practicing within appropriate scope and laws, in accordance with the code of ethics of the American Psychological Association, and consistent with the training program’s outlined policies and procedures
* Demonstrate competence in the integration of awareness and sensitivity to cultural and individual diversity
* Demonstrate competence in developing appropriate interpersonal professional relationships, including for collaboration in client care
* Demonstrate competence in communication, both orally and in writing
* Demonstrate competence in self-reflection and self-awareness, including insight into how they impact others
* Demonstrate ability to reflect upon professional identity and needed development
* Demonstrate increasing autonomy in practice and supervision

Related Training Curriculum:

* Extensive orientation to the training program, related policies and procedures, and the larger facility
* 30+ hours per week of direct clinical practice that supports cultivation of judgment, ethical decision making, and diversity sensitivity with clients and collateral contacts
* 2 hours per week of individual supervision to support ethical decision making, integration of diversity sensitivity, and development of communication and self- awareness
* 1 hour per week of diagnostic group to assist in fostering of professional relationships with other clinicians
* Required collaboration with medication prescribers, primary care physicians, and other collateral contacts of clients
* Quarterly Process Recording assignments
* Quarterly Special Topics presentations to be given by clinicians and/or interns to foster related skills, attendance is mandatory.
* Quarterly Meetings to foster related skills, attendance is mandatory.
* Quarterly written evaluation of intern development, with relevant and constructive feedback

### Yearly Training Curriculum Overview:

August:

#### Internship starts on or around August 1.

* **Practice orientation.** The first three days of internship is spent in orientation in a group format that includes all psychology interns and may include additional orientees that are onboarding to the practice. Minimum of 20 hours in training.
* **Intern welcome**. Small social gathering to welcome and socialize with fellow psychology interns, supervisors, and co-workers.
* **Begin didactic training:** Telehealth for Mental Health Professionals: 2-Day Distance Therapy Training (12 hours total). Recommended to complete 5 or more hours. Completion due Oct 31.
* **Individual Supervision (8+ hours/month).** 2 hours of individual supervision each week with two different individual supervisors.
* **Diagnostic group (4+ hours/month).** 1 hour of diagnostic group, grand round style didactic each week with fellow clinicians, psychiatric nurse practitioner, and intern supervisor(s).
* **Direct psychological service.** Approximately 32 hours per week of face-to-face direct psychological service, which may include: individual, couples, family, and/or group psychotherapies and psychological testing and evaluation.

September:

* **Special Topics Presentation**: *Mindfulness Based Stress Reduction (MBSR).* 2-hour, in person, didactic presentation conducted by Dr. Tiffany Griffiths, a qualified MBSR teacher and the practice's CEO. Includes opportunities for learning, thoughtful discussion, and light socializing.
* **Continue didactic training:** Telehealth for Mental Health Professionals: 2-Day Distance Therapy Training (12 hours total). Recommended to complete 5 or more hours. Completion due Oct 31.
* **Individual Supervision (8+ hours/month).** 2 hours of individual supervision each week with two different individual supervisors.
* **Diagnostic group (4+ hours/month).** 1 hour of diagnostic group, grand round style didactic each week with fellow clinicians, psychiatric nurse practitioner, and intern supervisor(s).
* **Direct psychological service.** Approximately 32 hours per week of face-to-face direct psychological service, which may include: individual, couples, family, and/or group psychotherapies and psychological testing and evaluation.

October:

* **Quarterly Meeting***.* 3-hour mandatory meeting that includes all employees and interns. Focused professional development that is in support of the practice’s mission statement is offered.

#### Quarterly Process Recording Due

* **Quarterly Supervisee Evaluation Due**

#### Quarterly Supervisor Evaluation Due

* **90 day Clinical Performance Evaluation Due**
* **Didactic training completion due.** Telehealth for Mental Health Professionals: 2- Day Distance Therapy Training (12 hours total). Completion of this 12-hour, self- study training program required by October 31. Recommended to 2 hours and/or any remaining hours.
* **Individual Supervision (8+ hours/month).** 2 hours of individual supervision each week with two different individual supervisors.
* **Diagnostic group (4+ hours/month).** 1 hour of diagnostic group, grand round style didactic each week with fellow clinicians, psychiatric nurse practitioner, and intern supervisor(s).
* **Direct psychological service.** Approximately 32 hours per week of face-to-face direct psychological service, which may include: individual, couples, family, and/or group psychotherapies and psychological testing and evaluation.

November:

* **Begin didactic training**: Practice-Based Intensive Dialectical Behavior Therapy Training (23 hours). Recommended to complete 6 or more hours. Completion due Mar 31.
* **Individual Supervision (8+ hours/month).** 2 hours of individual supervision each week with two different individual supervisors.
* **Diagnostic group (4+ hours/month).** 1 hour of diagnostic group, grand round style didactic each week with fellow clinicians, psychiatric nurse practitioner, and intern supervisor(s).
* **Direct psychological service.** Approximately 32 hours per week of face-to-face direct psychological service, which may include: individual, couples, family, and/or group psychotherapies and psychological testing and evaluation.

December:

* **Special Topics Presentation**: *Parent Child Interactive Therapy (PCIT).* 2-hour, in person, didactic presentation led by PCIT certified clinician, Krista Hurley, LCSW. Includes opportunities for learning, thoughtful discussion, and light socializing.
* **Continue didactic training**: Practice-Based Intensive Dialectical Behavior Therapy Training. Recommended to complete 4 or more hours. Completion due Mar 31.
* **Individual Supervision (8+ hours/month).** 2 hours of individual supervision each

week with two different individual supervisors.

* **Diagnostic group (4+ hours/month).** 1 hour of diagnostic group, grand round style didactic each week with fellow clinicians, psychiatric nurse practitioner, and intern supervisor(s).
* **Direct psychological service.** Approximately 32 hours per week of face-to-face direct psychological service, which may include: individual, couples, family, and/or group psychotherapies and psychological testing and evaluation.

January:

* **Quarterly Meeting***.* 3-hour mandatory meeting that includes all employees and

interns. Focused professional development that is in support of the practice’s mission statement is offered.

#### Quarterly Process Recording Due

* **Quarterly Supervisee Evaluation Due**

#### Quarterly Supervisor Evaluation Due

* **Continue didactic training**: Practice-Based Intensive Dialectical Behavior Therapy Training. Recommended to complete 2 or more hours. Completion due Mar 31.
* **Individual Supervision (8+ hours/month).** 2 hours of individual supervision each week with two different individual supervisors.
* **Diagnostic group (4+ hours/month).** 1 hour of diagnostic group, grand round style didactic each week with fellow clinicians, psychiatric nurse practitioner, and intern supervisor(s).
* **Direct psychological service.** Approximately 32 hours per week of face-to-face direct psychological service, which may include: individual, couples, family, and/or group psychotherapies and psychological testing and evaluation.

February:

* **Continue didactic training**: Practice-Based Intensive Dialectical Behavior Therapy Training. Recommended to complete 6 or more hours. Completion due Mar 31.
* **Individual Supervision (8+ hours/month).** 2 hours of individual supervision each week with two different individual supervisors.
* **Diagnostic group (4+ hours/month).** 1 hour of diagnostic group, grand round style didactic each week with fellow clinicians, psychiatric nurse practitioner, and intern supervisor(s).
* **Direct psychological service.** Approximately 32 hours per week of face-to-face direct psychological service, which may include: individual, couples, family, and/or group psychotherapies and psychological testing and evaluation.

March:

* **Special Topics Presentation**: *Reducing Burnout.* 2-hour, in person, didactic presentation conducted by Dwayne Albright, LPC. Includes opportunities for learning, thoughtful discussion, and light socializing.
* **Didactic training completion due**: Practice-Based Intensive Dialectical Behavior Therapy Training (23 hours). Recommended to complete 5 hours and/or any remaining hours. Due Mar 31.
* **Individual Supervision (8+ hours/month).** 2 hours of individual supervision each week with two different individual supervisors.
* **Diagnostic group (4+ hours/month).** 1 hour of diagnostic group, grand round style didactic each week with fellow clinicians, psychiatric nurse practitioner, and intern supervisor(s).
* **Direct psychological service.** Approximately 32 hours per week of face-to-face

direct psychological service, which may include: individual, couples, family, and/or group psychotherapies and psychological testing and evaluation.

April:

* **Quarterly Meeting**: *Topic TBD.* 3-hour mandatory meeting that includes all employees and interns. Focused professional development that is in support of the practice’s mission statement is offered.

#### Quarterly Process Recording Due

* **Quarterly Supervisee Evaluation Due**

#### Quarterly Supervisor Evaluation Due

* **Begin didactic training.** Acceptance and Commitment Therapy: 2-Day Intensive ACT Therapy (12 hours). Recommended to complete 2 or more hours. Completion due June 30.
* **Individual Supervision (8+ hours/month).** 2 hours of individual supervision each week with two different individual supervisors.
* **Diagnostic group (4+ hours/month).** 1 hour of diagnostic group, grand round style didactic each week with fellow clinicians, psychiatric nurse practitioner, and intern supervisor(s).
* **Direct psychological service.** Approximately 32 hours per week of face-to-face direct psychological service, which may include: individual, couples, family, and/or group psychotherapies and psychological testing and evaluation.

May:

* **Continue didactic training.** Acceptance and Commitment Therapy: 2-Day Intensive ACT Therapy (12 hours). Recommended to complete 6 or more hours. Completion due June 30.
* **Individual Supervision (8+ hours/month).** 2 hours of individual supervision each week with two different individual supervisors.
* **Diagnostic group (4+ hours/month).** 1 hour of diagnostic group, grand round style didactic each week with fellow clinicians, psychiatric nurse practitioner, and intern supervisor(s).
* **Direct psychological service.** Approximately 32 hours per week of face-to-face direct psychological service, which may include: individual, couples, family, and/or group psychotherapies and psychological testing and evaluation.

June:

* **Special Topics Presentation**: *Marriage and Family Therapy.* 2-hour, in person, didactic presentation conducted by Sofia Mansurova, LMFT. Includes opportunities for learning, thoughtful discussion, and light socializing.
* **Continue didactic training.** Acceptance and Commitment Therapy: 2-Day Intensive ACT Therapy (12 hours). Recommended to complete 4 hours and/or any remaining hours. Completion due June 30.
* **Individual Supervision (8+ hours/month).** 2 hours of individual supervision each week with two different individual supervisors.
* **Diagnostic group (4+ hours/month).** 1 hour of diagnostic group, grand round style didactic each week with fellow clinicians, psychiatric nurse practitioner, and intern supervisor(s).
* **Direct psychological service.** Approximately 32 hours per week of face-to-face direct psychological service, which may include: individual, couples, family, and/or group psychotherapies and psychological testing and evaluation.

July:

* **Quarterly Meeting**: *Topic TBD.* 3-hour mandatory meeting that includes all employees and interns. Focused professional development that is in support of the practice’s mission statement is offered.

#### Quarterly Process Recording Due

* **Quarterly Supervisee Evaluation Due**

#### Quarterly Supervisor Evaluation Due

* **Intern farewell.** Small gathering to socialize and bode farewell and congratulations. Internship completion certificates will be awarded.
* **Individual Supervision (8+ hours/month).** 2 hours of individual supervision each week with two different individual supervisors.
* **Diagnostic group (4+ hours/month).** 1 hour of diagnostic group, grand round style didactic each week with fellow clinicians, psychiatric nurse practitioner, and intern supervisor(s).
* **Direct psychological service.** Approximately 32 hours per week of face-to-face direct psychological service, which may include: individual, couples, family, and/or group psychotherapies and psychological testing and evaluation.

### Sample Weekly Intern Schedule:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| 9am | Client |  |  |  | Client |
| 10am | Client |  |  |  | Client |
| 11am | Client |  |  |  | Client |
| 12pm | Break/ Documentation | Report Writing | Individual Supervision | Client | Break/ Documentation |
| 1pm | Individual Supervision | Diagnostic Group | Client | Telemental Health Training | Report Writing |
| 2pm | Administer Psychological Testing Battery | Break/ Documentation | Break/ Documentation | Break/ Documentation | Client |
| 3pm | Client | Client |  | Client |
| 4pm | Client | Client | Client | Client | Client |
| 5pm | Client | Client | Client | Client | Quarterly Special Topics Presentation:Self-Care |
| 6pm |  | Client | Client | Client |
| 7pm |  | Client | Client | Client |  |

Overview of Direct Psychological Services:

The psychology intern is assigned a caseload of 28 individual clients from a broad spectrum of demographics and with various presenting problems. The intern is expected to work with common presenting concerns in this setting, including mood disorders, anxiety, and adjustment disorders. Opportunity for enhancing specialized interests in presenting problems or populations will be fostered as appropriate by prioritizing case assignments.

The Psychology Intern will be encouraged to practice psychological intervention from their own theoretical orientations and to explore practice from other orientations, as supported by the Intern Supervisor(s). Theoretical orientations and evidence-based treatment that are practiced by our Intern Supervisors include CBT, ACT, DBT, Humanistic, Insight-Oriented Psychodynamic, Behavioral Activation, Interpersonal Therapy, Motivational Interviewing, Exposure Therapy, and Mindfulness. The Psychology Intern will have ample opportunity for observation, training, and dialogue, with ongoing feedback during routine supervision to enhance their intervention skills. Additional intervention skills feedback will be offered quarterly during formal evaluations and during the Process Recording assignment*.*

Additional training in psychological intervention is required and scheduled throughout the internship year in telemental health, DBT, and ACT. Other skills-based trainings will be offered quarterly during the Special Topics presentations; topics are decided based upon the training site's needs and announced the month before the quarterly Special Topics presentation is offeredThe psychology intern is assigned a maximum of four face-to-face testing hours per week of psychological testing with an additional two hours for scoring, data synthesis, and report writing. Psychological assessment experiences include psycho-diagnostic interviews conducted at intake, brief behavioral measures implemented throughout treatment, routine psychological testing, and psychological evaluations.

Routine psychological testing includes tools such as the MCMI-IV, the MMPI-2, and the BASC, which serve to improve accuracy of psycho-diagnostic interviewing and treatment planning.

Psychological evaluations are comprehensive and implemented to rule out more complex presenting problems, such as ADHD, Autism Spectrum Disorders, differential diagnoses, and cognitive impairment. Each evaluation includes a battery of psychological tests to perform and score, extensive report writing with integration of testing data, interview data, and collateral data, and direct feedback sessions with the recipient of the testing and/or their family. All interviewing and testing will be supervised and overseen by the Intern Supervisor(s) through weekly individual and/or group supervision, as well as through observation and quarterly evaluations.

The Psychology Intern will have the opportunity to observe, practice, and discuss feedback from multiple testing psychologists in addition to the assigned Intern Supervisor(s).

The psychology intern practices direct psychological services 32 hours per week. The psychology intern must minimally complete 1,750 hours of supervised clinical experience to fulfill the internship experience.

### Overview of Supervision:

The intern supervisor(s) and the intern complete the Supervision Contract, which reviews duties, rights, and objectives relative to the supervisory experience for all parties involved. The intern supervisor(s) are responsible to conduct and document a minimum of two hours of routine weekly individual supervision for full-time interns. The Professional Disclosure document, which reviews the intern's trainee status, the identity and contact information of the supervisor(s), the clinical responsibility and liability of the supervisor(s), and consent to record session(s) is reviewed by the intern with each client and is signed by the client and retained in their charting. All intern documentation of clinical services is reviewed and counter-signed by the intern supervisor(s) via our electronic health record. The supervisor(s) provide a formal, written evaluation each quarter in coordination with the intern academic training program, as well as a training site-specific evaluation. Submission of the Process Recording Evaluation is also due quarterly at the time of formal evaluation. This includes a recording of a live client session and a reflection assignment, all of which is reviewed with the supervisor(s) to ensure deeper understanding of the case and the intern's skill and professional development.

### Clinical Procedures for Supervision of Psychology Interns:

* Required Supervision Contract: Supervisees and supervisors will sign a supervisory contract, which outlines the purpose, goals, and objectives of supervision as well as the method of evaluation and the duties and responsibilities of both the supervisor and the supervisee. *See Psychology Internship Supervision Contract*
* Required Consent for Clients: Supervisees are required to obtain the required signature on the “Professional Disclosure and Informed Consent Statement.” This document must be reviewed and signed by all new clients. It is imperative that all supervisees inform their clients of the supervision process. Supervisors are responsible for ensuring the consent has been obtained and that patients have been informed of the supervision process. *See Professional Disclosure and Informed Consent Statement*
* Process Recording: Process recordings are utilized for supervision and training purposes. From the “Professional Disclosure and Informed Consent Statement,” all clients must either consent or decline to electronic recording of sessions. At any time, a client may revoke agreement to record sessions. The recordings must be stored securely, either physically locked up in practice filing cabinets or electronically locked on practice computers. Each office has a recording device to be shared by all trainees. Virtual recording is also available via our licensed Zoom account. Every quarter, it is required that supervisees audiotape one session to be reviewed for evaluation with their supervisor. The supervisee is responsible for completing the “Process Recording

Evaluation Form” prior to evaluation review with supervisor. The supervisor is to review this recording and provide feedback, which is to be documented. *See Process Recording Evaluation*

* Evaluation Documentation: Supervisors and supervisees must complete the Psychology Intern Evaluation Form and the Supervisory Satisfaction Questionnaire. For all supervisees and supervisors, the review will occur quarterly. Any academic training program evaluations will also be conducted and reviewed on the same quarterly basis. *See Psychology Intern Evaluation Form and Supervisory Satisfaction Questionnaire*
* Required Supervision Hours: It is the supervisee’s responsibility to have an understanding of requirements related to supervision and to track their supervision hours. It is the supervisor’s responsibility to ensure this is being done. As per the Pennsylvania State Board of Psychology, supervisees are required to demonstrate proof of supervised clinical experience. Post-doctoral psychology interns must complete 1,750 hours of supervised clinical experience. Experience must meet the criteria established in board regulations. Supervisees must have 2 hours of documented individual supervision per 40 hours worked, or 1 hour of documented individual supervision per 20 hours worked.
* Electronic Health Record (EHR)/Valant Procedure: While under supervision, all Valant documentation must be counter-signed by the supervisor and billing provider. To counter-sign a document through the scheduler, right click the client appointment, select “document session,” and select the appropriate document type. At the bottom of the pop- up prompt, click “select additional participants.” Check the corresponding left boxes for your specific supervisor(s) and billing provider. To the right of these individuals’ names, select the drop-down menu. From the drop-down menu, select “supervisor” for both counter-signers. Your document is now properly signed, continue with documentation as appropriate. Documents that do not request additional cosigners: PCP initial letter, PCP measures review, PCP termination letter, Client termination letter, and Call logs. Each supervisee will have a chart, which is to include all supervision notes, process recordingevaluations, and formal evaluations. The chart is set up and monitored by the supervisor.

### Training Resources:

Tiffany Griffiths, Psy.D. and Associates offers a variety of training resources that encourage integration of evidenced-based research, therapy skill development, and ongoing support. The following are the most commonly appreciated resources.

* The practice has invested in homes that have been repurposed as therapeutic spaces. Interns will be assigned dedicated and well-appointed office space, which includes a laptop computer, phone, general office supplies, artwork, and furnishings that are comfortable for both staff and clients. All staff also have access to a kitchen/break area.
* Support staff are employed at each house. Their duties include receiving client phone calls, scheduling new clients, managing in-house referrals for testing and medication management, overseeing physical needs in each location, and maintaining the general office flow. Additional support staff oversee billing, credentialing, and office management.
* House Lead clinicians are also available at each site for orientation, urgent and emergent clinical needs, and facilitation of diagnostic group.
* Technological resources include use of an electronic health record (EHR), internet-based calling and voicemail that is available via an app, Outlook email, virtual therapy platforms, such as VSee and Zoom, and online housing of all manuals, policies, and forms via DropBox for ease of access.
* Didactic resources include three separate required trainings in areas we believe are crucial for trainee development of evidence-based intervention skills: Telemental health, Dialectical Behavior Therapy, and Acceptance and Commitment Therapy.
* A didactic library, accessible by all staff, includes hundreds of texts on evidence-based topics, workbooks to use with clients, and audio offerings for guided practices.
* An extensive psychological testing battery is available to support intern development of evaluation and testing skills. Scoring of psychological testing is conducted online, through programs like Q-Global.
* Training staff, including Dr. Griffiths and Dr. Fitz-Gerald, are each highly invested in training and supervision, with a wide range of experiences and specialties. We have been supervising psychology, counseling, and social work trainees successfully for several years and we each have additional education in clinical supervision. See our staff bios [here](https://www.drtiffanygriffiths.com/staff) for more information.
* The stipend currently offered for psychology interns is $40,000, with optional benefit package and 10 days paid leave, plus acknowledged holidays.

### Training Sites

Training takes place across the four houses of the private practice. Training engagement and services offered at each house are consistent and include supervision, diagnostic group, direct client services of psychotherapy, diagnostic assessment, psychological evaluation, and psychological testing. Training supervisor(s) and the training director are present and available throughout the week. Each intern is given dedicated office space; the location of which is determined upon after considering office availability and supervisor assignment. Interns are assigned to the house in which their supervisor(s) are also assigned to ensure consistent availability and regular contact. Quarterly meetings and Special Topics presentations are held at external locations that can accommodate larger groups.

The following are the addresses of the houses, all of which are located in [Northeastern](https://www.discovernepa.com/) [Pennsylvania (NEPA).](https://www.discovernepa.com/)

* 502 North Blakely Street, Dunmore, PA 18512
* 406 North State Street, Clarks Summit, PA 18411
* 470 Wyoming Avenue, Kingston, PA 18704
* 1031 Main Street, Peckville, PA 18452

### Training Director:

* Dr. Tiffany Griffiths, Pa- Licensed Psychologist; tiffany@drtiffanygriffiths.com; (570) 316-6327
* Directly manages all administrative aspects of the postdoctoral training program, doctoral internship, and doctoral student practicum placements. This includes day-to-day management of these programs (e.g., leadership, organization, program development, administration, accreditation, and management of all aspects of the program).
* Manages the application and selection processes, evaluation processes, accreditation processes, management of grievances, and any other processes needed to support the day- to-day operations of the psychology training program.
* Develops, implements, and updates all policies and procedures for the programs, develops a Training Plan with each intern and postdoctoral resident prior to the beginning of their training year and updates this throughout the year. Addresses grievances or other employment/training issues with trainees, per the Grievance and Due Process Procedures, and ensures evaluations are completed appropriately.
* Oversees the quality and quantity of training, develops program initiatives, obtains necessary resources, and engages in regular program review.
* Develops, plans, organizes, and manages resources for all aspects of the Psychology Training Program.

### Due Process Procedure for Psychology Internship Program:

Psychology Interns at Tiffany Griffiths, Psy.D. and Associates, Inc. shall meet reasonable standards of training performance and personal and professional conduct. Psychology Interns may deviate from standard training practices and standards for a number of reasons, including but not limited to an individual disability, outside stressors/contexts, lacking adequacy of professional supports, discrimination, and poor fit between the intern and training program. Due Process is handled by the Training Director and, as appropriate, the Clinical Manager, HR Director, and the Chief Operating Officer (COO).

Disciplinary action resulting from due process is not intended to be primarily punitive, but rather to maintain the efficiency and integrity of the services to clients of Tiffany Griffiths, Psy.D. and Associates, Inc.. The nature and severity of the infraction and the intern’s prior disciplinary record shall be considered. The degree of due process administered will depend upon the severity of the infraction and shall be in accordance with any applicable contract or policies and procedures of Tiffany Griffiths. Psy.D. and Associates, Inc. as well as local, state, and/or federal laws and regulations.

**Methods of Evaluation**

On a quarterly basis, the Intern Supervisor will complete the *Clinical Supervision Supervisee Evaluation*. At the same time, Psychology Interns will assess their Intern Supervisor using the *Supervisory Satisfaction Questionnaire*. The evaluations are reviewed and feedback is given during the next clinical supervision. The evaluations are then turned into the Training Director within one week. The Training Director will review the evaluations within 3 business days. Any areas on the *Clinical Supervision Supervisee Evaluation* that are reported to be unsatisfactory (a rating of 1) will prompt the first level of due process. Any area on the *Supervisory Satisfaction Questionnaire* with a rating of 2 or 1 will be addressed by the Training Director who will meet privately with the Psychology Intern in order to assess the problem severity. If the Training Director determines that there is an issue with goodness of fit between the Psychology Intern and the Intern Supervisor, the Training Director will work with the Intern Supervisor on the areas of concern. Within one month from the date of the evaluation, the Training Director will meet with the Psychology Intern to determine if their level of satisfaction with the supervision has increased and their problems addressed. If it is found that the problem remains, the Psychology Intern will be transferred to another supervisor.

In addition, the Clinical Manager is responsible for conducting a 90 day *Clinical Performance Evaluation* to determine whether the Psychology Intern is following practice policies and procedures. Any area where a rating of unsatisfactory is given will prompt the first level of due process.

**Level One: Notice**Level one of due process occurs once a problem has been identified. It is usually the Intern Supervisor who will identify problems that are clinical in nature whereas it is the Clinical Manager that will become aware of any procedural issues. Clinical issues can be identified either by patient report or by an unsatisfactory rating on the *Clinical Supervision Supervisee Evaluation*. Procedural issues come to the attention of management in various ways to include but not limited to patient report, colleague report, by daily, weekly, and monthly monitoring of business protocol, and by conducting the 90 day *Clinical Performance Evaluation.*

The Intern Supervisor will address problems that are clinical in nature. This will be done during individual supervision with the Psychology Intern no later than one week after the problem is identified or upon the feedback session. This includes a discussion with the Psychology Intern and, depending upon the infraction, the Training Director or HR Director. The Clinical Manager will address problems that are procedural in nature by meeting with the Psychology Intern. Infractions handled at this level are of minor degree or when the Psychology Interns performance is of concern. These discussions can be handled privately or in-the-moment as the concern is identified. If the problem identified in Level One is not rectified within the allocated timeframe (2 weeks or 1 month dependent upon the infraction), the process will move to Level Two.

**Level Two:** **Verbal Warning**
Level two of due process includes a verbal warning, administered by the Training Director. Infractions handled at this level are of minor degree and when intern performance is of concern and/or when informal discussion has already been implemented/attempted unsuccessfully. The verbal warning is given in private. The Training Director informs the intern that a verbal warning is being issued, that the intern is being given an opportunity to correct the concern, and, without correction of the concern, the intern is be subject to more disciplinary action. A notation that a verbal warning was given is made in the intern’s training file. This notation is not be submitted to the academic training program, unless the intern requests it to be.

**Level Three: Written Warning/Reprimand, Performance Improvement Plan**

Level three of due process includes a written reprimand, administered by the Training Director or Human Resources Director, as appropriate to the infraction. Infractions handled at this level are more serious in nature and/or when more lenient levels of due process have been implemented/attempted unsuccessfully. The written warning/reprimand is signed by all parties in agreement, including the intern. A signed copy is handed to the intern at the time of the discussion and placed in the intern training file. This reprimand is provided to the academic training program.

If the identified infraction/concern is deemed by the Training Director or Human Resources Director to require ongoing intervention and/or monitoring, a Performance Improvement Plan is developed by a committee to minimally include the Training Director, the Intern Supervisor, and the Psychology Intern. The Clinical Manager and the COO can be consulted, as appropriate. The Performance Improvement Plan is written and includes the following elements: a start and anticipated end date (not to exceed sixty days), specified behavioral objective(s), and clearly defined steps for achieving the identified objective, including dates of routine (i.e., weekly or bi-weekly) progress check points with the Training Director. The plan is signed by all parties in agreement, including the intern. A signed copy is handed to the Psychology Intern and placed in the intern training file. This plan is provided to the academic training program.

At the point of the anticipated end date, the Training Director, Intern Supervisor, the Psychology Intern, and any other relevant parties assess the outcome of the Performance Improvement Plan. If all relevant parties agree the specified behavioral objective is met, the intern exits the plan and resumes typical training routine. If the specified behavioral objective is not met, further assessment by the Human Resources Director is warranted to determine next steps, which may include revising the Performance Improvement Plan or moving to level four of due process, as below. A written summary regarding the disposition of the intern and the outcome of the Performance Improvement Plan is signed by all parties in agreement, including the Psychology Intern. A signed copy is handed to the intern and placed in the intern’s training file. This written summary is provided to the academic training program.

**Level Four: Discharge**

Removal of an intern from the training site is considered an unusual circumstance, but it may be warranted in instances involving serious insubordination, theft, serious illegal or destructive acts while in training, gross ethical misconduct, harassment, or other substantial reasons deemed appropriate by the Training Director, Human Resources Director, and COO. An intern may also be discharged after repeated offenses (three offenses in a ninety-day period) of a less serious nature if the offenses are documented by the training director and appropriate behavioral changes have not resulted from previous progressive disciplinary action.Any decisions to discharge an intern are agreed upon by the Training Director, the Clinical Manager, the Human Resources Director, and the COO. The original copy of the disciplinary action is signed by the training director, human resources director, Owner, and the intern. A signed copy is handed to the intern and placed in the intern’s training file. This disciplinary action is provided to the academic training program.

An intern who is discharged from the internship program as a result of due process is responsible for completion of all relevant clinical paperwork and for properly terminating with clients over a thirty-day period in order to avoid client abandonment. The Intern Supervisor oversees the intern’s discharge from a clinical perspective. Credit hours are awarded for all hours completed prior to the decision to terminate.

**Appeals:**

Informally, the Training Director can consult with the Clinical Manager at any time. The Psychology Intern may also informally consult with the Clinical Manager at any time, especially if the Training Director’s decision-making regarding due process is of concern.

The Psychology Intern may appeal any due process decision for up to thirty days following the decision by contacting the Clinical Manager via email. The intern must state in the email that it is a formal appeal. To appeal the Clinical Managers decision, the intern may appeal to the COO via email. The intern must state in the email that it is a formal appeal. Appeals and decisions decided by the COO are considered final.

It is the responsibility of the Training Director, Clinical Manager, and the COO to evaluate thoroughly the circumstances and facts as objectively as possible and then apply due process as outlined above.

### Grievance Procedure for Psychology Internship Program:

Tiffany Griffiths, Psy.D. and Associates, Inc. strives to ensure fair and honest treatment of all Psychology Interns. Interns are expected to treat each other, colleagues, support staff, and management personnel with mutual respect. Complaints may fall into many categories to include, but not limited to disagreement with practice policies, procedures, practices, or established rules of conduct, disagreement over an evaluation they have received, any violation of their rights, or dissatisfaction with the quality of supervision they are receiving, they can express their concern through the Grievance Procedure outlined below. No intern will be penalized, formally or informally, for voicing a grievance with Tiffany Griffiths, Psy.D. and Associates, Inc. in a reasonable, professional manner, or for using the Grievance procedure.

The internship training program is committed to providing the best possible training conditions for its interns. Part of this commitment is encouraging an open and frank atmosphere in which any grievance, problem, complaint, suggestion, or question receives a timely response from management personnel.

No individual who reports or complains about harassment or improper conduct, or who assists Tiffany Griffiths, Psy.D. & Associates, Inc., in an investigation of harassment, will be subjected to retaliation. If retaliation is witnessed or experienced, the intern has a responsibility to report the behavior immediately to the Intern Supervisor, Training Director, or Human Resources Director.

The internship training program will not tolerate any effort to avoid, hinder, or corrupt the grievance process, including refusal to cooperate with an investigation or knowingly making false statements to management personnel during the grievance and investigation process. Such actions may result in disciplinary action, as outlined by the Due Process procedure.

An intern may lodge a grievance at any time about any element of training, including about supervisors, directors, and management personnel. If a situation occurs when the intern believes that a condition of training or a decision affecting them is unjust or inequitable, they are encouraged to make use of the following steps. The intern may discontinue the procedure at any step. The steps for lodging a grievance are outlined as follows:

1. Intern presents grievance directly and informally with the person of concern or the most relevant person for the grievance, within one week of the incident or decision. An informal conversation about the concern may help to clarify intentions, misunderstandings, and/or policies.

2. If the grievance is not resolved through the above informal discussion, the intern should present the grievance, in writing, to the director who oversees the person of concern or the most relevant director, likely the Human Resources Director, within thirty days. The director responds to the grievance either during discussion, after consultation with appropriate resources, or after consulting with legal representation, when necessary, within seven days of the intern’s report.

3. If the grievance remains unresolved, the intern presents grievance to the COO, in writing, within fourteen days of the above response. The COO reviews and considers grievance. The COO informs intern of decision and places copy of written response in intern’s training file. The COO has full authority to make any adjustment deemed appropriate to resolve the problem. The COO’s decision is considered final.

# Tiffany Griffiths, Psy.D. & Associates, Inc.

## Psychology Internship Supervision Contract

This contract serves as verification and a description of the psychotherapy supervision provided by (Supervisor) and (Supervisee) for the period of time beginning and ending .

1. PURPOSE, GOALS, AND OBJECTIVES
	1. Monitor and ensure welfare of clients seen by supervisee.
	2. Promote development of supervisee’s professional identity and competence.
	3. Fulfill requirements in preparation for supervisee’s licensure application or required training hours towards a degree.
2. CONTEXT OF SERVICES
	1. One hour of individual supervision weekly or as needed (a second hour of supervision is required per 40 hours of work and this hour can be in a group context).
	2. Supervision will revolve around counseling conducted with adults, adolescents, and children.
	3. The developmental model for supervision, the supervisee’s case conceptualization based on his/her theoretical preference, progress notes, and audio/videotape review will be used in supervision.
3. METHOD OF EVALUATION
	1. The supervisor will provide feedback during each session, and a formal written evaluation will be completed by the supervisor and discussed with the supervisee in the next supervision session on a quarterly basis or more frequently as deemed necessary by the supervisor.
	2. Specific feedback provided by supervisor will focus on supervisee’s demonstrated therapy skills and clinical documentation, as well as knowledge of and adherence to ethical and legal requirements.
4. DUTIES AND RESPONSIBILITIES OF SUPERVISOR
	1. Examine client presenting complaints and treatment plans
	2. Listen/view audio/videotapes of supervisee’s therapy sessions
	3. Regularly monitor and review patient charts to ensure documentation requirements are being upheld and that notes/treatment plans are goal oriented and patient centered
	4. Sign documentation when necessary
	5. Monitor supervisee’s basic attending skills
	6. Present and model appropriate directives
	7. Direct supervisee and/or intervene to protect client welfare if supervisor becomes aware of risk to client
	8. Ensure that ethical and legal guidelines are upheld
	9. Maintain weekly supervision case notes
5. DUTIES AND REPSONSBILITIES OF SUPERVISEE
	1. Uphold ethical and legal guidelines
	2. Be prepared to discuss all client cases, have client documentation current and completed to include client progress notes and treatment plans, and have therapy sessions audio/videotapes ready
	3. Discuss client case conceptualizations made, progress of approach, and techniques used
	4. Complete progress notes and all documentation as necessary
	5. Consult with supervisor in cases of emergency
	6. Complete all required documentation and obtain all required consents
	7. Implement all supervisory directives
	8. Have a clear understanding of the scope of practice in your field
6. PROCEDURAL CONSIDERATIONS
	1. Supervisee’s written progress notes, treatment plans, and audio/videotapes may be reviewed and evaluated in supervisory sessions.
	2. Issues related to supervisee’s professional development may be discussed.
	3. Sessions will be used to discuss issues of conflict and failure of either party to abide by directives outlined here in contract. If concerns of either party are not resolved in supervision, a third party can be consulted.
	4. In event of emergency, supervisee is to contact supervisor at work

 or home .

* 1. In event of emergency and supervisor is not available, please contact Dr. Tiffany

Griffiths at (570) 498-3624 .

1. TERMS OF CONTRACT

This contract is subject to revision at any time, upon the request of either the supervisor or supervisee with agreement of both. We agree to the best of our ability to uphold the directives specified in this supervision contract and to conduct our professional behavior according to the ethical and legal principles of our professional associations.

Supervisor Date

Supervisee Date

This contract is effective from (start date) to (end date).

# Tiffany Griffiths, Psy.D. & Associates Inc.

## Professional Disclosure and Informed Consent Statement

Thank you for allowing me to assist you with your personal concerns. Sometimes it is difficult to speak with someone about personal issues, and I appreciate your courage in seeking help. This document will explain your rights as a client. We will review it together, and please ask questions as they arise.

#### Psychology Intern

I am currently completing my internship in clinical psychology, which is one of the final criteria for graduating with a doctorate in psychology from . I am being supervised by who can be reached by phone at

 and by who can be reached by phone at

 with any concerns or questions.

#### The Counseling Experience

I am committed to helping my clients live the best possible life they can. I believe the counseling experience requires work from both the client and counselor. I believe it is a collaborative effort to help you as the client get to the best place possible. While counseling can be a challenging experience at times, it can also be one of the most rewarding based on client participation and completion of homework. At any time, you can ask me to discuss the positive and negative effects of counseling. Although I expect you to benefit from counseling, I cannot guarantee any specific results. Nevertheless, counseling is a personal journey and may lead to major changes in your life.

#### Counselor & Client Relationship

Therapeutic sessions may become very emotional and psychologically intimate, it is important to remember that the counseling relationship is a professional relationship. While we are both part of the surrounding community, I may have to limit my engagement or involvement of activities outside of the practice. This allows for me to remain objective during sessions and provide you with unbiased guidance.

#### Appointments and Cancellation

You are expected to attend scheduled appointments. If you cannot make an appointment, please call in advance to notify me with at least 24 hour notice or you will be charged. You are responsible for rescheduling cancelled or missed appointments. If you miss more than one scheduled appointment without notice then I will discontinue counseling services until issues pertaining to attendance are resolved.

#### Confidentiality

You have the right to confidentiality as a client of the practice, which abides by HIPPA. I abide by the American Psychological Association’s Code of Ethics that outlines my professional and ethical behavior. As a client, you are guaranteed the protection of confidentiality within the boundaries of the client/counselor relationship. As a supervised practitioner, non-identifying disclosure of your information may be discussed with my direct supervisor(s) for professional

supervision and educational reasons. There are limitations to confidentiality when a counselor feels that there is a clear and imminent danger to you or others, when a child, individual with a disability, or an incapacitated adult is abused or neglected or when legal requirements demand that confidential information be disclosed such as a court case. Whenever possible, you will be informed before confidential information is revealed. Any concerns with confidentiality can be discussed with me at any time.

#### In Case of Emergency

In case of an emergency, I encourage all of my clients to immediately dial 911 or go to the local emergency department. If you need someone to speak to due to increased symptoms or a crisis you can call the local crisis line at Scranton Counseling Center at 570-348-6100 or the national Suicide Prevention Line at 1-800-273-TALK.

#### Referral and Secondary Treatment Options

As noted on page 1 of this consent, the clinician is currently continuing their graduate education or pursuing licensure. This may cause a change in provider once licensure is obtained. The continuity of care and treatment will not be interrupted, but there may be a required change of clinician. All efforts will be made to place you with a clinician with the practice (Tiffany Griffiths Psy.D & Associates). Should circumstances arise when that is not possible, a referral will be made the appropriate outside clinician for continued care and treatment.

#### Responsible Party initials .

There may be times when other mental health services may be needed to advance treatment. For this reason, you and/or your treatment team may believe that a referral is needed. If this arises I will provide you with options of persons and/or companies that may be able to assist you better. A verbal exploration of alternatives to counseling will also be made available upon request. You will be responsible for contacting and evaluating those referrals and/or alternatives. Understand that you may discontinue services at any time, and that I will be willing to assist you in finding alternative treatment if needed.

**Consent to Electronic Recording of Sessions** *(Initials on one option required)*

 I give consent for my counselor to electronically record our interviews for educational purposes. I understand this means that sessions may be audio or video taped or monitored. I am aware that at any time during our sessions that I can revoke my agreement to record or have monitored sessions. It is my understanding that these tapes (and all related content) will be kept confidential. All recordings will be destroyed at the end of the training period (if not before).

 I do not give consent for electronic recording of my sessions.

#### Consent to Treatment

Your signature below indicates:

* You voluntarily agree to receive mental health assessment and counseling
* You are willing to participate in treatment and can discontinue treatment at any time
* You have read and understood this statement and any questions have been answered to your satisfaction
* You have received a copy of this statement

My signature verifies the accuracy of this document and acknowledges my commitment to conform to its specification.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Client Name |  |  | Therapist Name |  |
| Client Signature | Date |  | Therapist Signature | Date |

# Tiffany Griffiths, Psy.D. & Associates, Inc.

## Process Recording Evaluation

Clinician Name:

Supervisor:

1. Statement of Purpose:

(Who is the client? Why is he/she being seen? Background of case)

1. What challenges have you faced with this client?
2. What do you hope to gain in supervision when discussing this case?
3. Verbatim Recording of select exchanges (What was actually said in the session?)
4. Student Process (What are you thinking and feeling during the interaction)
5. How can you use your own process to assist the client?
6. Evaluation of your learning during this contact. Please complete each section: Self-awareness:

Discuss your performance (clinical/administrative for example): Did you make a correct assessment?

Were you able to assist the client in accomplishing his/her goals?

State areas where you think that you performed correctly.

State areas for improvement.

Supervisee Signature Date

Supervisor Signature Date

# Tiffany Griffiths, Psy.D. & Associates, Inc.

## Psychology Intern Supervisee Evaluation Form

This evaluation form is to be completed by the supervisor quarterly. Ratings should be based on the expectations for the intern’s current developmental level. The intern supervisor will devote a supervision session to discuss this evaluation (and any others) with the supervisee.

Name of Supervisee: Date:

Name of Supervisor: Clinical hours completed to date:

#### Rating Scale:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **N/A** |
| **Outstanding** | **Above Average** | **Average** | **Below Average** | **Deficient** | **N/A** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Professional Identity and Related Skills:**Ability to empathize with others | 5 | 4 | 3 | 2 | 1 | N/A |
| Behaves ethically, maintains HIPAA |  |  |  |  |  |  |
| compliance | 5 | 4 | 3 | 2 | 1 | N/A |
| Awareness of own professional limitations |  |  |  |  |  |  |
| with regards to scope of practice | 5 | 4 | 3 | 2 | 1 | N/A |
| Awareness of own biases | 5 | 4 | 3 | 2 | 1 | N/A |
| Ability to accept other's values | 5 | 4 | 3 | 2 | 1 | N/A |
| Awareness of own strengths | 5 | 4 | 3 | 2 | 1 | N/A |
| Awareness of own weaknesses | 5 | 4 | 3 | 2 | 1 | N/A |
| Openness to growth and learning | 5 | 4 | 3 | 2 | 1 | N/A |
| Knowledge of APA Ethics Code, |  |  |  |  |  |  |
| relevant laws, guidelines | 5 | 4 | 3 | 2 | 1 | N/A |
| Ability to recognize ethical dilemmas and apply |  |  |  |  |  |  |
| ethical decision-making processes | 5 | 4 | 3 | 2 | 1 | N/A |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Follows proper documentation procedure | 5 | 4 | 3 | 2 | 1 | N/A |
| Follows office policies and procedures | 5 | 4 | 3 | 2 | 1 | N/A |
| Overall professional demeanor | 5 | 4 | 3 | 2 | 1 | N/A |
| Demonstrates sounds judgmentComments on professionalism: | 5 | 4 | 3 | 2 | 1 | N/A |

**Rating Scale**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **N/A** |
| **Outstanding** | **Above Average** | **Average** | **Below Average** | **Deficient** | **N/A** |

**Communication and Related Skills:**

Ability to communicate directly with others,

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| especially about difficult topics | 5 | 4 | 3 | 2 | 1 | N/A |
| Ability to consult with others while |  |  |  |  |  |  |
| maintaining HIPAA compliance | 5 | 4 | 3 | 2 | 1 | N/A |
| Ability to establish/maintain a positive |  |  |  |  |  |  |
| professional working alliance with others | 5 | 4 | 3 | 2 | 1 | N/A |
| Collaborates with other professionals and |  |  |  |  |  |  |
| disciplines, as appropriate | 5 | 4 | 3 | 2 | 1 | N/A |
| Seeks out supervisor appropriately | 5 | 4 | 3 | 2 | 1 | N/A |
| Utilizes supervision effectively | 5 | 4 | 3 | 2 | 1 | N/A |
| Communicates needs effectively | 5 | 4 | 3 | 2 | 1 | N/A |
| Produces oral and written communications that |  |  |  |  |  |  |
| effective and thoughtful | 5 | 4 | 3 | 2 | 1 | N/A |

Comments on communication:

#### Rating Scale:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **N/A** |
| **Outstanding** | **Above Average** | **Average** | **Below Average** | **Deficient** | **N/A** |

**Therapy and Related Skills:**

Effective at establishing and maintaining a

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| therapeutic working alliance | 5 | 4 | 3 | 2 | 1 | N/A |
| Ability to take another’s perspective | 5 | 4 | 3 | 2 | 1 | N/A |
| Ability to incorporate elements of diversity 5 | 4 | 3 | 2 | 1 | N/A |
| Ability to apply knowledge to therapy and/or client situations | 5 | 4 | 3 | 2 | 1 | N/A |
| Responds appropriately to clients | 5 | 4 | 3 | 2 | 1 | N/A |
| Assumes neutral/client-centered stance | 5 | 4 | 3 | 2 | 1 | N/A |
| Is perceptive in handling client cues | 5 | 4 | 3 | 2 | 1 | N/A |
| Accepts and respects the client | 5 | 4 | 3 | 2 | 1 | N/A |
| Conveys a warm and empathic presence | 5 | 4 | 3 | 2 | 1 | N/A |
| Shows a growing confidence in working |  |  |  |  |  |  |
| with clients | 5 | 4 | 3 | 2 | 1 | N/A |
| Is a good, active listener | 5 | 4 | 3 | 2 | 1 | N/A |
| Ability to specify client concerns in a |  |  |  |  |  |  |
| concrete way | 5 | 4 | 3 | 2 | 1 | N/A |
| Can assist client in developing a |  |  |  |  |  |  |
| greater awareness | 5 | 4 | 3 | 2 | 1 | N/A |

Ability to collaborate with client in developing

treatment goals 5 4 3 2 1 N/A Develops evidence-based treatment plans

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 5 | 4 | 3 | 2 | 1 | N/A |
| 5 | 4 | 3 | 2 | 1 | N/A |
| 5 | 4 | 3 | 2 | 1 | N/A |

Interventions are informed by current scientific

literature, assessment findings, diversity characteristics, and context

Monitors intervention effectiveness and adjusts, as appropriate

Ability to work with challenging topics and

|  |  |
| --- | --- |
| dynamics involving negative projections |  |
| and transference | 5 | 4 | 3 | 2 | 1 | N/A |

Demonstrates adequate knowledge of

diagnostics 5 4 3 2 1 N/A

Selects and applies assessment methods that

are empirically-sound 5 4 3 2 1 N/A

Integrates multiple sources and methods appropriate to the assessment question and client’s diversity characteristics

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 5 | 4 | 3 | 2 | 1 | N/A |
| 5 | 4 | 3 | 2 | 1 | N/A |

Interprets assessment results using current research to inform the case conceptualization, while maintaining awareness potential biases

Assessment results are communicated

|  |  |
| --- | --- |
| orally and written in an accurate |  |
| and effective manner | 5 | 4 | 3 | 2 | 1 | N/A |

Exhibits capacity to assess safety and intervene

with crisis presentation effectively 5 4 3 2 1 N/A

Comments on therapy skills:

#### Rating Scale:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **N/A** |
| **Outstanding** | **Above Average** | **Average** | **Below Average** | **Deficient** | **N/A** |

|  |  |
| --- | --- |
| **Overall Potential Demonstrated by Supervisee** |  |
| To function with minimal supervision | 5 | 4 | 3 | 2 | 1 | N/A |
| For becoming an effective therapist | 5 | 4 | 3 | 2 | 1 | N/A |
| Overall evaluation of potential as a therapist | 5 | 4 | 3 | 2 | 1 | N/A |
| Supervisee Strengths: |  |  |  |  |  |  |

Supervisee Weaknesses:

Signature of Supervisor:

Signature of Supervisee:

Signature of Clinical Manager:

# Tiffany Griffiths, Psy.D. & Associates, Inc.

## Supervisory Satisfaction Questionnaire

Supervisee:

Supervisor:

Date:

Please give your honest opinions, both positive and negative. Please answer each question.

#### Circle Your Answers:

1. How would you rate the quality of supervision you have received?

|  |  |  |  |
| --- | --- | --- | --- |
| 4 | 3 | 2 | 1 |
| Excellent | Good | Fair | Poor |

1. Did you get the kind of supervision you wanted?

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 2 | 3 | 4 |
| No, definitely not | No, not really | Yes, generally | Yes, definitely |

1. To what extent has this supervision fit your needs?

|  |  |  |  |
| --- | --- | --- | --- |
| 4 | 3 | 2 | 1 |
| Almost all of my | Most of my needs | Only a few of my | None of my needs |
| needs have been met | have been met | needs have been met | have been met |

1. How confident are you in your supervisor’s direction and ability to supervise you?

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 2 | 3 | 4 |
| Not confident at all | Somewhat confident | Mostly confident | Very confident |

1. Do you feel your supervisor uses time in supervision appropriately, to assist in your professional development?

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 2 | 3 | 4 |
| No, definitely not | No, I don't think so | Yes, I think so | Yes, definitely |

1. Do you feel your supervisor adequately discusses your personal issues as they relate to your clinical work?

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 2 | 3 | 4 |
| No, definitely not | No, I don't think so | Yes, I think so | Yes, definitely |

1. Has the supervision you received helped you to deal more effectively in your role as a counselor or therapist?

|  |  |  |  |
| --- | --- | --- | --- |
| 4 | 3 | 2 | 1 |
| Yes, definitely | Yes, generally | No, not really | No, definitely not |

1. Are countertransference issues discussed as much as you would like in supervision?

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 2 | 3 | 4 |
| No, definitely not | No, I don't think so | Yes, I think so | Yes definitely |

1. To what extent do you feel you are clear on what is expected of you in supervision?

|  |  |  |  |
| --- | --- | --- | --- |
| 4 | 3 | 2 | 1 |
| I am very clear | I am mostly clear | I am somewhat | I have no idea of what |
|  |  | clear | is expected of me |

1. To what extent has your clinical knowledge expanded through supervision?

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 2 | 3 | 4 |
| Not very much at all | Somewhat | Mostly | Very much so |

1. Do you feel you are able to be honest with your supervisor?

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 2 | 3 | 4 |
| No, definitely not | No, I don't think so | Yes, I think so | Yes, definitely |

1. Multicultural issues are sufficiently discussed in supervision.

|  |  |  |  |
| --- | --- | --- | --- |
| 4 | 3 | 2 | 1 |
| Yes, definitely | Yes, generally | No, not really | No, definitely not |

1. In an overall, general sense, how satisfied are you with the supervision you have received?

|  |  |  |  |
| --- | --- | --- | --- |
| 4 | 3 | 2 | 1 |
| Very satisfied | Mostly satisfied | Indifferent or | Quite dissatisfied |
|  |  | mildly dissatisfied |  |

1. If you were to seek supervision again, would you come back to this supervisor?

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 2 | 3 | 4 |
| No, definitely not | No, I don't think so | Yes, I think so | Yes definitely |