

WELLSPAN PHILHAVEN CBT
DOCTORAL INTERNSHIP PROGRAM
IN PSYCHOLOGY
Site Training Manual
2025-2026 Training Year

WellSpan Philhaven CBT
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WellSpan Philhaven

WellSpan Philhaven provides the behavioral health services of WellSpan Health: an integrated health system serving south central Pennsylvania. It is a community-based, not-for-profit organization. WellSpan Health's Mission Statement reads as follows:

Working as one to improve health through exceptional care for all, lifelong wellness and healthy communities.

WellSpan Philhaven CBT Doctoral Internship

The doctoral internship at WellSpan Philhaven CBT is designed to train future psychologists to work in health care settings, especially large, integrated health systems such as ours, as providers of comprehensive psychological services with an emphasis on multidisciplinary collaboration. In addition to adhering to the Profession Wide Competencies, WellSpan Philhaven CBT aims to train future psychologists proficient 1) in Cognitive Behavior Therapy and 2) acting as a member of an integrated care team. Accordingly, we are aggressively recruiting a diverse group of interns with a passion for learning CBT and integrating these skills into medical settings, performing diagnostic screenings and more comprehensive evaluations, serving as consultants to multidisciplinary treatment teams, and providing staff trainings in areas such as Motivational Interviewing. Also, we seek interns who are capable of a close reading of the relevant research literature and of presenting this clearly and succinctly to a professional audience in the true tradition of the practitioner-scholar model. WellSpan Philhaven offers a full spectrum of psychological services to virtually all diagnostic categories and all ages in inpatient, crisis intervention, intensive outpatient, outpatient, and medical-surgical settings. The internship has a strong cognitive behavior orientation aimed to address the physical and emotional health of the population. Interns participate in system efforts by spending their time divided into three main tasks: 1) addressing population health by serving as a Behaviorist in integrated medical practices, 2) honing their assessment and therapy skills in traditional outpatient settings, 3) and training to extend proficiency in cognitive behavior psychotherapy with an emphasis in behavioral medicine and community behavioral health.

The WellSpan Philhaven CBT Doctoral Internship is accredited by the Commission on

Accreditation of the American Psychological Association (APA) and is a member of the Association of Psychology Post-doctoral and Internship Centers (APPIC). Questions related to the program's accredited status should be directed to the Commission on Accreditation:

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

Covid-19 Program Modifications

For the 2025-2026 training year, you will be providing psychotherapy both in-person and via telemedicine (video visits). This relates to our previous reliance on remote services during the Covid-19 pandemic but also reflects the continued likelihood that many clients will prefer at least some degree of telemedicine services even as risks are reduced. We have enhanced our 2025-2026 training program by adding training on telepsychology. Masks are not required in our patient clinics or medical locations unless the patient or provider/staff member is sick.

If the Covid-19 pandemic evolves to differently impact our WellSpan Philhaven clinicians including psychology interns, or if other unanticipated factors should impact our training setting, we want to be clear that we will do everything possible to continue quality internship training in a manner that provides a safe environment for interns.

For 2026-2027 candidates, please note in the Internship Application Process section that this year's interview process will be offered remotely or in-person at the discretion of the applicant. Ranking will NOT be impacted positively or negatively whether the interview is remote or in person. Those offered interviews will be given instructions explaining how to participate in interviews by video (such as via Zoom) or scheduled for an in-person interview.

Advancing a Culture of Belonging: one size fits one human experiences

WellSpan Health believes that diversity includes all the human characteristics that make each of us similar as well as different. We strive to make every person feel welcomed, respected, and valued while creating a safe and inclusive environment where we all have the individual freedom to express our uniqueness in a respectful manner.

WellSpan Health is an Equal Opportunity Employer. It is the policy and intention of the System to maintain consistent and equal treatment toward applicants and employees of all job classifications without regard to age, sex, race, color, religion, sexual orientation, gender identity, transgender status, national origin, ancestry, veteran status, disability, or any other legally protected characteristic.

All WellSpan Philhaven CBT interns can join the Belonging committee at the Edgar Square office if they would like. A mentorship program is offered to provide professional guidance and support to trainees from a psychologist or provider outside an evaluative role or related to the

training committee. It is our hope this is a great addition to all trainees, but especially those representing marginalized groups.

A Commitment to Training

As an extension of our mission statement, WellSpan Philhaven CBT strives to provide a planned, sequential training program that contributes to ongoing excellence in the field of psychology and is committed to the following core values:

- We are committed to the practitioner-scholar model with training based upon applying sound scientific knowledge and scholarly practice to clinical work.
- We are committed to a broad range of skill development encompassing a variety of skill sets that practitioner-scholars have found useful. We seek to provide experiences aimed at producing well-rounded clinicians with the skills to function in a variety of settings including clinical service, integrated care, community consultation, and education.
- We are committed to an understanding of human diversity as it affects the delivery of clinical services to diverse client groups. Training includes the opportunity to work with clients from various ethnic, cultural, and socioeconomic groups.
- We are committed to the facilitation of the development of professional identity and ethical professional practice. Training offers the opportunity to engage in a variety of professional roles and to do so with the expectation of a high level of professionalism and ethical standards.
- We are committed to extending interns' knowledge and skills in cognitive behavior therapy with an emphasis in behavioral medicine to address population health. In line with this aim, experience serving as both a generalist in an outpatient setting and a Behaviorist in an integrated team within medical practices is central to our training.

WellSpan Health is:

As a regional leader in high-quality care, and a mission-driven, physician-led integrated health system, our team is dedicated to delivering exceptional care for all – one patient, one community, one unique health care need at a time. From supporting lifelong wellness to providing nationally recognized, advanced specialty care, to being a deeply committed community partner, we are focused on improving health across Central Pennsylvania and Northern Maryland.

Our more than 23,000 team members "work as one," collaborating and innovating to provide exceptional care for all at an affordable price -- and all close to home, so that our friends and neighbors can get the care they need when and where they need it.

As the region's largest employer, we're proud to be recognized as a one of America's greatest workplaces.

We also understand that health care is more than medical care – which is why we are a deeply committed community partner, reinvesting millions of dollars each year to help foster healthy environments for our friends and neighbors.

By leading with compassion, hiring world-class team members, and continually innovating to bring cutting-edge technology and processes together to benefit our patients, we are dedicated to reimagining health care and transforming the communities we serve.

Click here to learn about the counties we serve, and you could join! [Quality of Life | WellSpan Careers](#)

WellSpan Philhaven CBT: Overview

Behavioral health services are offered in a variety of settings including the inpatient Adult Behavioral Health Unit of the York Hospital, the WellSpan Surgery and Rehabilitation Hospital, WellSpan Philhaven Hospital, and over a dozen outpatient locations serving the full range of mental health needs of the community from children to geriatric patients. Doctoral interns perform a variety of clinical functions, including individual, marital, group, and family psychotherapy, diagnosis and assessment, psychological testing, in-service training, and consultation with medical staff. Interns have two placements within the broader system: as fully integrated behaviorists within our specialty offices (e.g. OBGYN and pediatrics) and as outpatient therapists in one of our community mental health clinics.

Clinical services provided by interns include:

Psychotherapy Services:

- Individual Psychotherapy
- Marital Psychotherapy
- Family Therapy
- Cognitive Behavior Therapy
- Group Therapy

Psychological Assessment and Consultation Services:

- It should be noted that formal psychological testing is NOT emphasized in our internship. Rather, most assessments completed by interns occur in the context of using structured interviews and instruments designed for focal assessment to answer specific referral questions, e.g. Bariatric Evaluations, Spinal Cord Stimulator Evaluations, and ADHD evaluations. That said, the following services are offered by WellSpan Philhaven CBT on a limited basis and interns may gain some experience in these areas if time and interest permit:
 - Intelligence and Educational Testing
 - Behavior and Personality Assessment
 - Neuropsychological Testing

Statement of Non-Discrimination

WellSpan Health values the diversity of the communities that we serve. It is the policy of WellSpan Health to not discriminate in providing access to or delivery of healthcare services on the basis of any legally protected category. WellSpan Health offers healthcare services to patients without regard to their:

- age
- sex
- religion, creed

- race, ethnicity, national origin, color, limited English proficiency
- mental or physical disability
- medical condition, medical history, genetic information
- evidence of insurability, claims experience, source of payment, income status
- sexual orientation, gender identity
- any other legally protected category

This policy applies to all entities that are part of the WellSpan Health system. WellSpan Health facilities are available to patients, visitors and customers without discrimination on the basis of any legally protected category. WellSpan Health expects all persons and organizations that do business with WellSpan Health or that refer or recommend patients for WellSpan Health services, to do so without discrimination on the basis of any legally protected category. Persons who experience or become aware of discriminatory behavior toward patients, visitors or customers are encouraged to notify the WellSpan Health Compliance Officer. Reports of discriminatory behavior will be investigated, and corrective action taken, as appropriate.

Commitment to Community Health and Wellness and WellSpan Hiring Expectations

WellSpan Health and its employees have a shared mission of “working as one to improve health through exceptional care for all, lifelong wellness and healthy communities.” It’s a commitment WellSpan takes seriously. Candidates are asked to please be aware of the commitment they would make to protect WellSpan patients and promote a healthy environment.

The commitment would include:

- Being free from illegal drugs
- Being tobacco-free and nicotine free (refrain from using tobacco and nicotine products)
- Being fragrance-free (no colognes, perfumes or scented body products)
- Obtaining an annual flu vaccination.

Matched interns would need to acknowledge that they agree to comply with all pre-employment screenings, obtain a flu vaccine (or a flu vaccine exemption, not obtainable before match), and refrain from using colognes, perfumes and scented body products, and that they understand that failure to adhere to the above commitments could result in dismissal from their assignment at WellSpan Health.

Employment Status Eligibility

Applicants must be legally authorized to work in the United States for the entire duration of the internship. Applicants are solely responsible for ensuring that their immigration status is valid for the entire period of the proposed internship. WellSpan will not sponsor or pay for applicants needing immigration-related benefits to start or complete the program. If selected for the program, applicants will be required to provide proof of their legal authority to work for WellSpan.

WellSpan Philhaven CBT: Training Structure

- Interns are expected to complete a 2,000-hour internship within 52 weeks. This includes 160 hours PTO/sick leave and 6 paid holidays over the course of the internship. About 50% of an intern’s time is spent in direct clinical service delivery in one of our outpatient clinics and in medical settings.

- Although requirements may vary, generally, interns generally see 18-20 outpatient clients per week.
- Interns spend about 8-10 hours a week in a medical setting.
- Interns attend individual, face-to-face supervision with at least two different doctoral level licensed psychologists on our staff for a combined two hours each week, two hours of group supervision with a licensed doctoral level staff psychologist and attend didactic intern seminars with the intern cohort. Other supervised training experiences such as case conferences, multidisciplinary team meetings, educational seminars and Grand Rounds may occur. At a minimum, four hours per week of supervision and two hours per week of didactic training are provided.
- Interns are required to perform at least two diagnostic testing evaluations during the internship year. Interns will also complete assessments for bariatric surgery, spinal cord stimulation, morphine pumps, and adult ADHD screenings, as described above.
- Interns receive training and supervision in as broad a range of professional activities as possible and perform a variety of clinical functions including individual psychotherapy, assessment and diagnosis, intake evaluations, psychological testing, and consultation to medical patients.
- Interns are also required to choose a special area of interest for the year to demonstrate their scholarly research skills and to do a close reading of the research to present at our Didactic Seminar.

Internship Stipend

The annual stipend for interns for 2025-2026 is \$35,360.00 US to be paid in 26 installments, minus all deductions required by law or authorized by the Intern. Interns are entitled to overtime pay (\$25.50) for hours exceeding 40 hours a week, consistent with the Fair Labor Standards Act (FLSA) related to non-exempt employees. Training activities are intended to fall within a 40-hour work week, and interns are encouraged and coached during supervision to enhance their ability to develop a healthy work-life balance. Interns are entitled to 160 hours of paid time off, six holidays, and receive health, dental, and vision benefits. Unless approved by the Director of Training due to extraordinary circumstances, interns may not take time off during the first month or the last week of training. This is to create a smooth transition into the training role and assure continuity of care for patients before exiting. Interns are required to have reliable transportation to clinical and training sites. Mileage to medical homes is reimbursed consistent with federal guidelines.

Administrative Assistance

Interns have access to the full range of clerical and technical support available to all employees at WellSpan Philhaven, including secretarial services for scheduling appointments, support through information services for technical assistance with computer-based information systems, and access to our medical library and the Emig Research Center, among other services. Support staff assistance is provided for patient scheduling, billing, coordination and assurance of adequate supervision time, training time, equity in assessment and therapy assignments, and access to psychological tests, supplies, forms, and materials. WellSpan Philhaven CBT provides extensive orientation training, as well as customer service training every year. This customer service training addresses cultural competence.

Doctoral Internship Training Competencies

Consistent with APA Standards of Accreditation and Profession Wide Competences, the overarching goals for the internship year are to refine and extend proficiency, knowledge, skills and attitudes in the following areas of professional psychology such that the intern will have developed a proficient to advanced level of competence in:

C-8 D Profession-Wide Competencies

SoA Competency Area I. Research: Interns are expected to:

- Demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.
- Disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

SoA Competency Area II. Ethical and legal standards: Interns are expected to:

- Be knowledgeable of and act in accordance with each of the following:
 - the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
 - relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
 - relevant professional standards and guidelines.
- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.

SoA Competency Area III. Individual and cultural diversity: Interns are expected to have:

- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;
- Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service;
- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.
- The ability to apply a framework for working effectively with areas of individual and cultural diversity.
- The ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

SoA Competency Area IV. Professional values and attitudes: Interns are expected to:

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

SoA Competency Area V. Communication and interpersonal skills: Interns are expected to:

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Demonstrate a thorough grasp of professional language and concepts; produce, comprehend, and engage in communications that are informative and well-integrated.
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

SoA Competency Area VI. Assessment: Interns are expected to:

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

SoA Competency Area VII. Intervention: Interns are expected to demonstrate the ability to:

- Establish and maintain effective relationships with the recipients of psychological services.
- Develop evidence-based intervention plans specific to the service delivery goals.

- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrate the ability to apply the relevant research literature to clinical decision making.
- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking,
- Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

SoA Competency Area VIII. Supervision: Interns are expected to:

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

SoA Competency Area IX. Consultation and interprofessional/interdisciplinary skills: Interns are expected to:

- i. Demonstrate knowledge and respect for the roles and perspectives of other professions.
- ii. Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interdisciplinary groups, or systems related to health and behavior.

Direct or simulated practice examples of consultation and interprofessional/interdisciplinary skills include but are not limited to:

- iii. Role-played consultation with others, peer consultation, provision of consultation to other trainees.

Internship Activities

Clinical Problems Treated at WellSpan Philhaven CBT

Interns spend about 20 hours each week in face-to-face psychological services, assessing and treating clients with the full range of disorders, as well as marital and family issues. Patients come from a variety of referral sources including self-referral, Crisis Intervention, the Adult Behavioral Health Inpatient Unit, Managed Care Organizations, primary care physicians, schools, courts, community agencies, and various medical specialties on both an inpatient and outpatient basis.

Treatment Settings

Interns will spend their time split between an outpatient clinic and their assignment at one or more of our specialty medical practices. Interns will have regularly scheduled hours at each of these locations. Our outpatient sites provide services to children, adults, and geriatric patients.

Services include individual, couples, family, and group psychotherapy, medical evaluations, and neuropsychological evaluations. Interns are expected to work about two evenings (5p.m. and after) each week. Interns schedule approximately 18-20 outpatient hours at Edgar Square. In their specialty medical setting, interns work closely with physicians and psychiatric staff to collaborate on assessment and treatment utilizing the bio-psycho-social model of assessment and treatment. Interns are in a medical setting about 8-10 hours a week.

Consultation Services

In addition to carrying a general outpatient caseload at our Edgar Square site, interns will be assigned to an additional placement site providing psychological consultation services in one or more of our specialty medical settings, serving as a behavioral health consultant. Our philosophy is to teach the core skills of cognitive behavior therapy and for each intern to immerse him/herself in applying them in these two settings. It is our belief that by learning the foundational knowledge well and how to apply them in one setting over the course of a year, one will then be able to apply them in virtually any setting in which one finds oneself.

Psychological Testing and Assessment

It should be noted that training in formal psychological testing is not a specific emphasis in our internship. Depending on time and interest, interns can gain experience with a range of psychological testing including assessment of medical problems with co-morbid mental health issues, assessment of personality dynamics, and neuropsychological screenings and full-battery evaluations. Interns are required to complete at least two psychological test reports over the course of the internship year, most commonly for the purpose of differential diagnosis, case conceptualization, and treatment planning. Additional assessment experience completing evaluations for spinal cord stimulators, bariatric surgery, ADHD, and pain management are also required. WellSpan Philhaven CBT maintains a strong emphasis on developing a cognitive case conceptualization to guide treatment and focuses on assessment skills necessary to develop and revise the conceptualization throughout therapy.

Supervision

Interns will receive weekly supervision from two licensed doctoral level psychologists who are on the core faculty and who oversee their clinical and supervisory practice. In recent years, as our internship has grown, we have not had the capacity to host practicum students. In this case, opportunities for peer supervision are utilized in group supervision and in the didactic training seminar. A minimum of two videotaped sessions serving as a peer supervisor are required for review of the interns' own supervision skills.

Telesupervision policy

WellSpan Policy: WellSpan recognizes that in-person supervision is preferable and thus encourages supervisors and supervisees to meet in person whenever possible. However, we also recognize that there are some situations in which telesupervision is deemed necessary. Reasons that telesupervision may be used include the following:

- Minor illness of the supervisor or supervisee, in which the ill person is well enough to work but may be contagious.

- An injury or medical procedure that causes the supervisor or supervisee to work from home for a temporary period of time.
- A local, regional, or national state of emergency, which could require either the supervisor or supervisee to work off-site for a temporary period of time.
- A patient in crisis disrupts a supervisor or supervisee's schedule, such that traveling from another site is no longer feasible.
- An intern or supervisor schedules a makeup supervision session due to being off of work due to illness or vacation, and traveling from offsite for the makeup session is difficult or not feasible.

In the above situations, telesupervision may be preferable to rescheduling in-person supervision, as both the supervisor and supervisee may have patients scheduled out, making timely in-person makeup supervision difficult. In these cases, we believe it is more beneficial for interns to have consistent, regular supervision, than in-person supervision which may have gaps between sessions.

Whether telesupervision is preferable to rescheduling in-person supervision should be discussed and agreed to by both the supervisor and supervisee. If either believes that telesupervision would not be beneficial, then an in-person makeup session should be scheduled instead.

Supervisors remain responsible for supervising the intern's written work using electronic medical record. Feedback should be given consistently, as the supervisor would do in an in-person session.

Supervisees should be provided with their supervisors' phone numbers so that they can be reached for emergencies and/or crisis situations. If a supervisor is not available during certain times, they should give clear directions to the intern regarding whom they should consult with while the supervisor is unavailable.

Telesupervision should only be used when both the intern and supervisor have a quiet and confidential location to talk with minimal interruptions. Telesupervision should not occur when either the intern or supervisor is in a public space. This ensures both the confidentiality of the patient, and the privacy of the intern.

Telesupervision with video capability is preferred over audio-only supervision. Telesupervision via the phone should only be used when a visual method such as Zoom is not available. Supervisors should make sure that interns are familiar with Zoom before scheduling a Zoom appointment. WellSpan has a contract and business associate agreement in place with Zoom which makes our video visits HIPAA compliant. This creates a secure, end-to-end connection between the provider and the patient using both a randomly generated meeting ID and password to prevent intentional or accidental unauthorized entry into the visit.

Teaching

Interns will be required to present a minimum of one in-service training during the year to the local community, a special interest or support group, or to their intern cohort and the core faculty on a topic related to their clinical interests.

Research

While involvement in research activities is not a formal component of our internship and few interns can find the time to participate, WellSpan Philhaven does have an active research program: the Emig Research Center. Interns with an interest in research are encouraged to participate. WellSpan Philhaven CBT interns have consistently participated with the collection of relevant outcome data to evaluate treatment effectiveness by utilizing the Session Rating Scale, Outcome Rating Scale, and PHQ-9. This data is compiled to evaluate care they provide in the outpatient and medical settings. It is not realistic for an intern to be a primary investigator on a project, but they can assist staff involved with ongoing research projects. Interns are encouraged to develop and pursue their research ideas and designs, as time permits, to help them answer clinical or outcomes questions generated from their clinical experience. Consistent with the scholar-practitioner model, interns are required to present a researched topic for treatment in the didactic seminar and as required by their individual supervisors to inform treatment.

Description of Supervision

The Internship Training Director is a doctoral level staff psychologist who is responsible for the integrity and quality of the training program and is actively licensed as a psychologist in the Commonwealth of Pennsylvania. Interns attend individual, face-to-face supervision with at least two different doctoral level licensed psychologists on our staff for a combined two hours each week with the specific intent of developing their proficiency in their delivery of psychological services. Videotaping and audiotaping of sessions for supervisory review is a regular feature of supervision. Interns also attend a two-hour group supervision session each week supervised by a doctoral level licensed psychologist from our supervisory staff. The two hours of individual supervision and two hours of group supervision total a minimum of 4 hours of weekly supervision. Records of all supervision are retained by supervisors. At the end of the internship year, supervision notes, communications regarding trainees, evaluations, etc. are retained in the interns' files. The internship level psychology interns will have the title of "Psychology Intern" and will be identified as such to clients and on written documentation and it will be made clear to clients from the beginning that the supervisor is ultimately clinically responsible for their care.

Didactic Training

In accordance with APPIC internship standards, all interns are required to participate in regularly scheduled didactic training seminars at the internship site for an equivalent of 2 hours a week. These training seminars are designed to ensure an experience of developmental learning and to permit socialization as an internship cohort. The Cognitive Behavior Therapy Training Seminar, described below, accounts for 100 hours of training. The core curriculum for didactic training is provided in the two-hour Cognitive Behavior Therapy Training Seminar held weekly at a WellSpan Philhaven CBT facility. This curriculum is designed to teach proficiency in cognitive behavior therapy and its application in medical and traditional behavioral health settings. The training relies heavily on role play and review of videotaped sessions to achieve mastery of core skills. The seminars focus on a broad variety of professional issues: assessment techniques, case conceptualization, treatment planning, empirically supported interventions for the most common disorders including depression, anxiety disorders, trauma, and personality disorders, ethical issues in treatment, legal/risk management, managed care issues, models for psychological consultation, health psychology, dealing with difficult patients, non-compliance, and resistance, and clinical supervisory issues. As a reminder, interns are expected to present on a topic of their

specific focus, relevant to CBT, during a time designated for intern presentations in the didactic training schedule. The seminars are taught by the core faculty and other specialists for particular topics. An outline of the scheduled topics for the 2025-2026 training year and objectives for the seminar are as follows:

*Note student presentations are subject to change from year to year based on the interests of the intern presenting.

Date	Topic	Description
7/16/2025	Orientation/Culture of York and Adams Counties and Stimulus Value	<p>1) Orientation to the Didactic Training Seminar:</p> <ol style="list-style-type: none"> 1. Goals, Structure, Methods: <ol style="list-style-type: none"> a. Review of suggestions from past interns on how to get the most from your experience b. Format: Intern at random summarizing Reading then Lecture/Demonstration/Role Play c. Ground rules for role plays 2. Exceptions: Knowing when it's NOT time for traditional CBT – e.g. Crisis Mode, personality disorders, patient who is not at action stage 3. Frequently Asked Questions/Things you should know <ol style="list-style-type: none"> a. EAP referrals b. Probation/Parole/Court mandated referrals c. Handling pre-evaluations for psychiatric referrals d. Directory of local resources e. Provider Directory and how to make referrals to colleagues for neuropsychological testing, psychoeducational testing, etc. 4. Problem solve present concerns <p>2) Culture of York and Adams Counties</p> <p>3) Students will identify their stimulus value as the clinician in the room, and the impact of that on the treatment of patients based on similarities and differences.</p>

7/23/2025	Cognitive Case Conceptualization & CTRS-R	<p>Objective: Students will be able to identify and demonstrate the components of a CCD and the essential elements of a Cognitive Therapy Session as indicated on the CTRS-R:</p> <ol style="list-style-type: none"> 1) Identifying the elements of a CCD and how to elicit responses 2) Learn the elements of the CTRS-R and scoring system <p>Exercise: Demonstration followed by student role plays</p> <p>CCD on yourself (you do not need to share it)</p>
7/30/2025	Bariatric Evaluations	<p>Objective:</p> <p>Students will be able to articulate and screen for variables associated with likely successful or risky bariatric surgery results to provide recommendations for surgery or intermediate steps.</p>
8/6/2025	Diversity Day at Lebanon Valley Community College	<p>Description:</p> <p>The objective of this conference is to develop cultural awareness in the community by providing practical ideas and information for working with different cultures and abilities, and to initiate development of a local resource network.</p>

8/13/2025	Cognitive Conceptualization: Emphasis on Goals/Aspirations and Treatment Planning	<p>Students will be able to articulate the core components of a cognitive conceptualization, namely:</p> <ol style="list-style-type: none"> 1) Relevant background 2) Triggering situation(s) 3) Eliciting and identifying automatic thoughts 4) Identifying the associated emotions 5) Identifying the associated behaviors 6) Identifying the intermediate conditional assumptions 7) Identifying the Core Beliefs via the downward arrow 8) Identifying Compensatory strategies 9) Framing an effective alternative belief <p>Students will be able to demonstrate the basic methods for eliciting the cognitive conceptualization, namely,</p> <ol style="list-style-type: none"> 1) Collaboration 2) Guided discovery 3) Socratic questioning 4) Evaluating the evidence supporting and not supporting automatic thoughts 5) Introducing patients to the cognitive model (role play) <p>Exercise: Demonstration of how to deal with common problems such as patients with vague complaints and goals, patients with goals that conflict with the therapist's values, conflating thoughts with feelings, difficulty framing a realistic and concise alternative belief, establishing a collaborative relationship, etc.</p> <p>Developing an effective treatment plan from the cognitive conceptualization</p> <p>Individual student role plays of above followed by analysis and discussion</p>
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8/20/2025	Integrated behavioral health care and the 5 A's model	Dr. Martinez-Pitre Objective: Students will learn considerations for applying psychotherapy to a variety of medical populations
8/27/2025	Motivational Interviewing	Ojectives: Students will learn, articulate and practice skills related to motivational interviewing 1) Review of core premises and interventions in MI 2) Student role plays

9/3/2025	Cognitive Conceptualization: Emphasis on session structure - agenda/beginning, middle, and end/action planning	<p>Students will be able to articulate the core components of a cognitive conceptualization, namely:</p> <ol style="list-style-type: none"> 1) Relevant background 2) Triggering situation(s) 3) Eliciting and identifying automatic thoughts 4) Identifying the associated emotions 5) Identifying the associated behaviors 6) Identifying the intermediate conditional assumptions 7) Identifying the Core Beliefs via the downward arrow 8) Identifying Compensatory strategies 9) Framing an effective alternative belief <p>Students will be able to demonstrate the basic methods for eliciting the cognitive conceptualization, namely,</p> <ol style="list-style-type: none"> 1) Collaboration 2) Guided discovery 3) Socratic questioning 4) Evaluating the evidence supporting and not supporting automatic thoughts 5) Introducing patients to the cognitive model (role play) <p>Exercise: Demonstration of how to deal with common problems such as patients with vague complaints and goals, patients with goals that conflict with the therapist's values, conflating thoughts with feelings, difficulty framing a realistic and concise alternative belief, establishing a collaborative relationship, etc.</p> <p>Developing an effective treatment plan from the cognitive conceptualization</p> <p>Individual student role plays of above followed by analysis and discussion</p>
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9/10/2025	Cognitive Conceptualization: Emphasis on identifying and evaluating automatic thoughts with Guided Discovery	<p>Students will be able to articulate the core components of a cognitive conceptualization, namely:</p> <ol style="list-style-type: none"> 1) Relevant background 2) Triggering situation(s) 3) Eliciting and identifying automatic thoughts 4) Identifying the associated emotions 5) Identifying the associated behaviors 6) Identifying the intermediate conditional assumptions 7) Identifying the Core Beliefs via the downward arrow 8) Identifying Compensatory strategies 9) Framing an effective alternative belief <p>Students will be able to demonstrate the basic methods for eliciting the cognitive conceptualization, namely,</p> <ol style="list-style-type: none"> 1) Collaboration 2) Guided discovery 3) Socratic questioning 4) Evaluating the evidence supporting and not supporting automatic thoughts 5) Introducing patients to the cognitive model (role play) <p>Exercise: Demonstration of how to deal with common problems such as patients with vague complaints and goals, patients with goals that conflict with the therapist's values, conflating thoughts with feelings, difficulty framing a realistic and concise alternative belief, establishing a collaborative relationship, etc.</p> <p>Developing an effective treatment plan from the cognitive conceptualization</p> <p>Individual student role plays of above followed by analysis and discussion</p>
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9/17/2025	Cognitive Conceptualization: Emphasis on identifying and evaluating core beliefs with Guided Discovery	<p>Students will be able to articulate the core components of a cognitive conceptualization, namely:</p> <ol style="list-style-type: none"> 1) Relevant background 2) Triggering situation(s) 3) Eliciting and identifying automatic thoughts 4) Identifying the associated emotions 5) Identifying the associated behaviors 6) Identifying the intermediate conditional assumptions 7) Identifying the Core Beliefs via the downward arrow 8) Identifying Compensatory strategies 9) Framing an effective alternative belief <p>Students will be able to demonstrate the basic methods for eliciting the cognitive conceptualization, namely,</p> <ol style="list-style-type: none"> 1) Collaboration 2) Guided discovery 3) Socratic questioning 4) Evaluating the evidence supporting and not supporting automatic thoughts 5) Introducing patients to the cognitive model (role play) <p>Exercise: Demonstration of how to deal with common problems such as patients with vague complaints and goals, patients with goals that conflict with the therapist's values, conflating thoughts with feelings, difficulty framing a realistic and concise alternative belief, establishing a collaborative relationship, etc.</p> <p>Developing an effective treatment plan from the cognitive conceptualization</p> <p>Individual student role plays of above followed by analysis and discussion</p>
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9/24/2025	Cognitive Conceptualization: Reviewing a session using the CTRS-R	<p>Students will be able to articulate the core components of a cognitive conceptualization, namely:</p> <ol style="list-style-type: none"> 1) Relevant background 2) Triggering situation(s) 3) Eliciting and identifying automatic thoughts 4) Identifying the associated emotions 5) Identifying the associated behaviors 6) Identifying the intermediate conditional assumptions 7) Identifying the Core Beliefs via the downward arrow 8) Identifying Compensatory strategies 9) Framing an effective alternative belief <p>Students will be able to demonstrate the basic methods for eliciting the cognitive conceptualization, namely,</p> <ol style="list-style-type: none"> 1) Collaboration 2) Guided discovery 3) Socratic questioning 4) Evaluating the evidence supporting and not supporting automatic thoughts 5) Introducing patients to the cognitive model (role play) <p>Exercise: Demonstration of how to deal with common problems such as patients with vague complaints and goals, patients with goals that conflict with the therapist's values, conflating thoughts with feelings, difficulty framing a realistic and concise alternative belief, establishing a collaborative relationship, etc.</p> <p>Developing an effective treatment plan from the cognitive conceptualization</p> <p>Individual student role plays of above followed by analysis and discussion</p>
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10/1/2025	Functional Analysis of Behavior and Parenting Skills Training	<p>Presenter: Dr. Ruch</p> <p>Objectives: Students will learn Behavioral Analysis and Evidence-based Parenting Skills</p> <ol style="list-style-type: none"> 1) ABCs of Behavior 2) Attending 3) Reinforcement 4) Selective attention/ignoring 5) Effective directions 6) Behavioral costs/punishment
10/2/2025	Joint Training Day at Mt. Gretna	<p>Dr. Lydia Hackenberg</p> <p>Group Therapy: Best Practices and Clinical Applications</p> <p>Dr. Steele</p> <p>Couples Therapy</p>

10/8/2025	Treating Depressive Disorders: Emphasis on behavioral activation and automatic thoughts	<p>Objective: Students will be able to articulate the core components of a cognitive conceptualization, namely:</p> <ol style="list-style-type: none"> 1) Relevant background 2) Triggering situation(s) 3) Eliciting and identifying automatic thoughts 4) Identifying the associated emotions 5) Identifying the associated behaviors 6) Identifying the intermediate conditional assumptions 7) Identifying the Core Beliefs via the downward arrow 8) Identifying Compensatory strategies 9) Framing an effective alternative belief <p>Students will be able to demonstrate the basic methods for eliciting the cognitive conceptualization, namely,</p> <ol style="list-style-type: none"> 1) Collaboration 2) Guided discovery 3) Socratic questioning 4) Evaluating the evidence supporting and not supporting automatic thoughts 5) Introducing patients to the cognitive model (role play) <p>Exercise: Demonstration of how to deal with common problems such as patients with vague complaints and goals, patients with goals that conflict with the therapist's values, conflating thoughts with feelings, difficulty framing a realistic and concise alternative belief, establishing a collaborative relationship, etc.</p> <p>Developing an effective treatment plan from the cognitive conceptualization</p> <p>Individual student role plays of above followed by analysis and discussion</p>
10/15/2025	Assessing and Treating Suicidality	<p>Objective: Students will be able to articulate evidence-based means for assessing and treating suicidal patients:</p> <p>Exercise: Role play demonstration</p>

10/22/2025	Treating Depressive Disorders cont. (student role plays with feedback from supervisors and post-docs) & Student presentations related to Mood Disorders or Anxiety Disorders	<p>Objectives:</p> <p>Student application of interventions with depression: role plays with feedback</p> <ol style="list-style-type: none"> 1) Identifying and evaluating cognitive distortions 2) Identifying and evaluating core beliefs 3) Students will demonstrate mastery of scholarly presentations
10/29/2025	Techniques for Treating Anxiety: Part 1: Generalized Anxiety Disorder	<p>Objective: Students will be able to articulate the core components of treating GAD, namely:</p> <p>Cognitive model of GAD:</p> <ol style="list-style-type: none"> 1) Intolerance of uncertainty 2) Poor problem orientation 3) Beliefs about worry 4) Cognitive avoidance <p>Exercise: Role play demonstrating the treatment of GAD</p>
11/5/2025	Techniques for Treating Anxiety: Part 2: Social Anxiety Disorder and Panic Induction	<p>Objectives: Students will be able to articulate and demonstrate the central cognitive behavioral techniques for treating anxiety, namely:</p> <ol style="list-style-type: none"> 1) Anticipatory processing 2) Self-focus 3) Avoidance and safety behaviors 4) Post-event rumination <p>Students will be able to articulate and demonstrate the cognitive behavioral techniques for treating panic disorder, namely:</p> <ol style="list-style-type: none"> 1) Panic Induction 2) Identifying and modifying catastrophic interpretations of somatic symptoms of anxiety <p>Exercise: Demonstration of preparing patients and educating them to the model, dealing with common barriers to compliance, and conducting a panic induction procedure followed by individual student role plays.</p>

11/12/2025	Techniques for Treating Anxiety: Part 3: Relaxation, Systematic Desensitization, and Exposure Hierarchies	Objectives: Students will be able to articulate and demonstrate the central cognitive behavioral techniques for treating anxiety, namely: 1) Identifying and modifying the automatic thoughts/core beliefs typical of the anxiety disorders 2) Utilizing imagery 3) Relaxation Techniques 4) Systematic Desensitization Exercise: Demonstration of treatment for a phobic patient : explaining the model, constructing an exposure hierarchy, and the mechanics of conducting systematic desensitization – followed by individual student role plays.
11/19/2025	Prolonged Exposure 8-9 & Student presentations on trauma or anxiety disorders	Presenter: Dr. Sheri Keogh Objectives: 1) Learn key elements for prolonged exposure therapy. 2) Students will demonstrate mastery of scholarly presentations
11/26/2025	CPT and a touch on Psychological First Aid	Dr. Wild Objective: Students will learn the structure and techniques associated with CPT.

12/3/2025	TF-CBT	<p>Drs. Ruch and Wild</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1) Learn the evidence-based practice of TF-CBT 2) Practice skills associated with TF-CBT
12/10/2025	Treating Personality Disorders	<p>Objectives: Students will be able to compare and contrast the Beck Model of Cognitive Therapy for Personality Disorders and Jeffrey Young's Schema-Focused approach including:</p> <ol style="list-style-type: none"> 1) Use of Young's Schema Questionnaire 2) Pattern identification 3) Cognitive interventions 4) Use of the relationship for issues of disconnection 5) Experiential techniques 6) Behavior pattern breaking 7) Cognitive profiles of specific Personality Disorders
12/17/2025	Treating Personality Disorders Cont.	<p>Objectives: Students will learn how to adapt CBT when working with difficult patients and personality disorders.</p>
12/24/2025	Holiday	
12/31/2025	Holiday	

1/7/2026	DBT	<p>Presenters: Wendy Wild, PsyD</p> <p>Objective: Learn the core components of a DBT program. Learn and experience DBT skills for mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness</p>
1/14/2026	<p>Topic 1: Review of Training Program to Date</p> <p>Topic 2: Self Care/Burnout</p>	<p>Objectives:</p> <p>a) Students will assess:</p> <ol style="list-style-type: none"> 1) Material covered 2) Training methods 3) Measures of Learning 4) Future planning <p>Exercise: Review of Student's Mid-Year completion of the Internship Site Evaluation Form.</p> <p>b) Students will learn signs, causes, and means to manage burn-out.</p>

1/21/2026	Theories and Methods of Supervision	<p>Objectives: The students will be able to:</p> <ol style="list-style-type: none"> 1) Describe the multiple roles of the clinical supervisor including consultant, mentor, teacher, team member, evaluator, and administrator 2) Describe the transition from therapist to supervisor 3) Describe various models for training supervisors 4) Describe the following models for doing supervision: <ol style="list-style-type: none"> a. Developmental approaches b. The Discrimination Model c. The Systems Approach d. A Competency Based Approach 5) Describe what the literature tells us about what makes for good and bad supervision 6) Discuss the use of counter-transference 7) Discuss the use of self-disclosure 8) Discuss the management of alliance ruptures, boundary violations and the use of meta-communication 9) Describe the development of a self-care plan
1/28/2026	Application of Supervision & Student presentations on supervision or SUD	<p>Objectives:</p> <ol style="list-style-type: none"> 1) Students will practice via role play addressing problems in the context of the supervisory relationship 2) Students will demonstrate mastery of scholarly presentations.

2/4/2026	Topic: Cognitive Behavioral Therapy for Substance Abuse	Objectives: Students will be able to discuss: 1) Addictive Beliefs 2) The therapeutic relationship and its problems 3) Type of cravings 4) The sequence of anticipatory and permissive beliefs and how to intervene 5) How to handle patients who want a recovering therapist 6) When to refer to a higher level of care 7) Issues raised by working with impaired professionals 8) How to handle a patient arriving for session intoxicated 9) Pacing and motivational interviewing 10) What information is reportable for mandated patients 11) How to introduce a behavioral analysis and approach 12) When and how to include family members 13) How to handle family members sharing secrets
2/11/2026	Sex Therapy	Dr. Steele Objective: Students will learn key skills and interventions when working with individuals/couples with sexual dysfunction.
2/18/2026	CBT-I (8-9) and Chronic Pain	Presenter: Dr. Sheri Keogh (CBT-I) and Wild (pain) Objectives: 1) Learn key elements for CBT for insomnia Objectives: 1) Learn specific CBT skills to treat chronic pain.

2/25/2026	Anger & Student presentations on anger, consultation, pain, OCD, or culturally competent care	Presenter: Dr. Wild Objectives: 1) Students will learn the cognitive model for anger and appropriate treatment targets and interventions. 2) Students will demonstrate mastery of scholarly presentations
3/4/2026	Theories and Methods of Consultation and Collaboration	Objectives: Students will be able to discuss 1) The concept of “particular question” 2) Educating the referral source regarding realistic expectations 3) Establishing a realistic timeline for providing feedback 4) Comparisons among Caplan’s Four Types of Consultation (Client-Centered Case Consultation; Consultee-Centered Case Consultation, Program-Centered Administrative Consultation, and Consultee-Centered Administrative Consultation) on the dimensions of focus, goal, and consultant’s role and responsibilities. 5) Specific applications to bariatric surgery evaluations 6) Specific applications to requests for assistance with patient compliance to medication and medical procedures
3/11/2026	OCD	Objectives: 1) Knowledge of the CBT model of OCD 2) Identify treatment targets and interventions 3) Awareness of common pitfalls in treatment

3/18/2026	Culturally informed CBT for African American/Black individuals	<p>Presenter: Dr. Nicki</p> <p>Objective: Students will learn consideration to serve the African American/black community with cultural sensitivity.</p>
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3/25/2026	Serving the LatinX Community	Dr. Cordero Objective: Students will learn consideration to serve the LatinX community with cultural sensitivity.
4/1/2026	Unified Protocol	Objectives: 1) Students will learn the assumptions and principles of the Unified Protocol and Transdiagnostic theory. 2) Students will practice applying skills congruent with the model.
4/8/2026	Grief	Objectives: 1) Students will learn models of grief. 2) Students will identify supportive interventions for those suffering with grief.
4/15/2026	ACT	Objectives: 1) Students will learn the key principles of ACT. 2) Students will learn ACT interventions for appropriate applications.
4/22/2026	Emotional Eating	Objectives: 1) Students will learn the functions of emotional eating. 2) Students will learn skills to support patients to combat emotional eating.
4/29/2026	Topics Selected by Cohort	
5/6/2026	Topics Selected by Cohort	
5/13/2026	Topics Selected by Cohort	

5/20/2026	Topics Selected by Cohort	
5/27/2026	Topics Selected by Cohort	
6/3/2026	Topics Selected by Cohort	
6/10/2026	Topics Selected by Cohort	
6/17/2026	Topics Selected by Cohort	
6/24/2026	Topics Selected by Cohort	
7/1/2026	Topics Selected by Cohort	
7/8/2026	Last Didactic	Reflections on what worked and what did not Recommendations for next year

Intern Evaluation Procedures

Interns are in a unique position: they are participants in a formal, structured educational program and yet they are, in a limited sense, professional practitioners who receive a stipend for the performance of certain services. While it is important to recognize the duality of the intern role, it is also necessary to establish evaluative and disciplinary policies in the context of both education and practice (in order to avoid a confusing mixture of values and procedures). The following procedures, therefore, are intended to deal with students in an educational process carried out in the setting of professional patient care. Interns' educational progress is measured regularly by the teaching faculty through firsthand observation of clinical performance, oral examination, and other accepted means of measuring professional growth. A baseline measure of basic skills in cognitive behavior therapy is obtained in the first few weeks of the internship by rating a videotape or role play of the intern conducting a standard CBT session using the Cognitive Therapy Rating Scale-Revised. The intern is rated again after having completed 6 months of the internship and again at the end of the year. Scores are used to inform training goals by identifying an intern's relative strengths and weakness, inform performance evaluations, and inform areas of focus in supervision. In addition, supervisors submit a semi-annual formal evaluation of each intern's progress using the Intern Competencies Evaluation Form (see below). Interns are evaluated after they have completed six months of their internship training and at the end of the year. A form is given to each key supervising psychologist that invites commentary on both specific areas of skill as well as general professional demeanor. These evaluations will be discussed with the intern and then signed by both the intern and the supervisor. Interns are given the opportunity to respond to any comments made by the supervisor with which they disagree and to have the response included with the evaluation. Evaluations are to be based on an accurate

portrait of each intern's work. Accordingly, supervisors should observe sessions, view videotapes, and/or listen to audiotapes of sessions on a regular basis. There should be clear, ongoing communication between interns and their supervisors throughout the year on areas of strength and weakness. The feedback they receive in the formal evaluation process should never come as a surprise to the intern as they should be obtaining this information regularly over the course of the year in supervision in an ongoing fashion. The Director of Clinical Training for the WellSpan Philhaven CBT Internship will receive and review these forms. If the evaluation reveals that an intern is having minor difficulties, the Director of Clinical Training may a) obtain more information from the key supervisor(s); b) meet with the supervision team of WellSpan Philhaven CBT to discuss the nature of the difficulties, and/or c) discuss the difficulties with the intern. If an intern appears to have significant difficulties, the following process will be initiated:

1. The evaluation will be presented to the clinical staff of WellSpan Philhaven CBT internship program. A preliminary determination will be made as to whether the difficulty appears to be of a long-standing nature or specific to this particular internship site. Contacting the intern's University Clinical Director may be an option in attempting to determine the scope of the problem, especially if it is suspected that it is of a long-standing nature.
2. Based on the recommendation of the clinical staff, the Director of Training and the student may be required to develop a Performance Improvement Plan to address the specific area(s) of difficulty and submit such plan to the clinical staff for review and monitoring. The school's clinical director will be notified of the areas of difficulty and the proposed remedial plan.
3. Failure to successfully resolve the area(s) of difficulty could result in an unsatisfactory completion of the internship and/or termination of the internship.
4. If the intern fails to complete the internship successfully and termination from the internship is recommended, the intern can initiate the due process/appeals procedure as outlined in subsequent pages.

Interns are evaluated twice a year, giving them an opportunity to improve and provide remediation if necessary. At the conclusion of the internship program, interns are provided with a final performance evaluation which is also provided to the intern's academic advisor. The format of the evaluation is a 5-point scale with 1 defined as "Emerging Evidence of Competency"; 2 as "Partially Demonstrates Competency"; 3 as "Demonstrates Readiness to Enter Independent Practice"; 4 as "Demonstrates Strength in this Competency"; and 5 as "Demonstrates Advanced Preparation for Practice". The expected level of competency to remain in good standing by mid-year is that all elements within each competency area will be at a competency rating of 2 or better. The expected level of competency for successful completion of the internship is a rating of 3 or better on all elements within each competency area.

WellSpan Philhaven CBT Site Evaluation

INSTRUCTIONS TO SUPERVISORS:

Please complete the following WellSpan Philhaven CBT Competency Evaluation and review it with your intern before both you and your intern sign off on the form. It is our expectation that the evaluation process should be part of a dialogue related to developmental growth, in addition

to an evaluation of current competencies, and should be valuable in setting training goals and objectives for future training activities and plans.

WellSpan Philhaven CBT

Internship Competency Evaluation

Name of Trainee:

Date:

Clinical Supervisor:

Clinical Supervisor:

Clinical Supervisor's License #:

Clinical Supervisor's License #:

Evaluation Criteria

PLEASE EVALUATE THE STUDENT IN YOUR INTERNSHIP USING THE SCALE BELOW. PLEASE INDICATE THE NUMBER THAT BEST DESCRIBES THE INTERN'S COMPETENCE.

- 1- Emerging Evidence of Competency: limited knowledge and understanding of (a) how to analyze problems and of (b) intervention skills and the processes and techniques of implementing them. Remedial work is required as part of the supervision process.
*Please comment on any responses of 1.
- 2- Partially Demonstrates Competency: Psychology students at this level of competence have coped with enough real-life experiences to recognize some important recurring meaningful situational components, based on prior experience in actual situations. Generalization of diagnostic and intervention skills to new situations and patients is developing and support is needed to guide performance. This is a common rating for beginning interns.
- 3- Demonstrates Readiness to Enter Independent Practice: At this level, the intern can see his or her actions in terms of long-range goals or plans of which he or she is consciously aware. At this level, the developing psychologist can assess and treat individuals without constant supervision, and the use of supervision is more consistent with consultation of a licensed provider. This is the goal by completion of internship.
- 4- Demonstrates Strength in this Competency: Demonstrates significant ability to integrate research, personal life experiences, and prior clinical work in a manner consistent with considerable time licensed in the field.
- 5- Demonstrates Advanced Preparation for Practice: Either based on adherence to the research or extensive exposure, demonstrates a high level of expertise.

ASSESSMENT METHOD(S) FOR COMPETENCIES

<input type="checkbox"/> Direct Observation	<input type="checkbox"/> Review of Written Work
<input type="checkbox"/> Videotape	<input type="checkbox"/> Review of Raw Test Data
<input type="checkbox"/> Audiotape	<input type="checkbox"/> Discussion of Clinical Interaction
<input type="checkbox"/> Case Presentation	<input type="checkbox"/> Communication from Other Staff
<input type="checkbox"/> Other (describe)	

C-8 D Profession-Wide Competencies

SoA Competency Area I. Research: Areas of observation and evaluation include, but are not limited to, presentations to the intern cohort, presentations to WellSpan Philhaven entities, community presentations, citation of research in report writing, citation of research in supervision, and provision of psychoeducation.

Interns are expected to:

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

1* 2 3 4 5

Comments: _____

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

1* 2 3 4 5

Comments: _____

SoA Competency Area II. Ethical and legal standards: Areas of observation and evaluation include, but are not limited to, the ability to cite and follow regulations, provision of therapy within appropriate boundaries, interpersonal manner in all contexts, ChildLine reporting, and critical thinking within case presentations in supervision.

Interns are expected to:

- Be knowledgeable of and act in accordance with each of the following:
 - the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
 - relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
 - relevant professional standards and guidelines.

1* 2 3 4 5

Comments: _____

- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.

1* 2 3 4 5

Comments: _____

- Conduct self in an ethical manner in all professional activities.

1* 2 3 4 5

Comments: _____

SoA Competency Area III. Individual and cultural diversity: Areas of observation and evaluation include, but are not limited to, insight into one's stimulus value, effectiveness working with individuals different than oneself, and provision of culturally informed treatment.

Interns are expected to have:

- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;

1* 2 3 4 5

Comments: _____

- Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service;

1* 2 3 4 5

Comments: _____

- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.

1* 2 3 4 5

Comments: _____

- The ability to apply a framework for working effectively with areas of individual and cultural diversity.

1* 2 3 4 5

Comments: _____

- The ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

1* 2 3 4 5

Comments: _____

SoA Competency Area IV. Professional values and attitudes: Areas of observation and evaluation include, but are not limited to, reflections shared in didactic and group or individual supervision, and manner across training settings.

Interns are expected to:

- Behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

1* 2 3 4 5

Comments: _____

- Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.

1* 2 3 4 5

Comments: _____

- Actively seek and demonstrate openness and responsiveness to feedback and supervision.

1* 2 3 4 5

Comments: _____

- Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

1* 2 3 4 5

Comments: _____

SoA Competency Area V. Communication and interpersonal skills: Areas of observation and evaluation include, but are not limited to, interactions with patients, the intern cohort, colleagues and supervisors; and report and note writing.

Interns are expected to:

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

1* 2 3 4 5

Comments: _____

- Demonstrate a thorough grasp of professional language and concepts; produce, comprehend, and engage in communications that are informative and well-integrated.

1* 2 3 4 5

Comments: _____

- Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

1* 2 3 4 5

Comments: _____

SoA Competency Area VI. Assessment: Areas of observation and evaluation include, but are not limited to, a biopsychosocial assessment for treatment, a cognitive case conceptualization, medically specific assessments, and psychological or neuropsychological batteries.

Interns are expected to:

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.

1* 2 3 4 5

Comments: _____

- Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).

1* 2 3 4 5

Comments: _____

- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.

1* 2 3 4 5

Comments: _____

- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

1* 2 3 4 5

Comments: _____

- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while

guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

1* 2 3 4 5

Comments: _____

- Communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

1* 2 3 4 5

Comments: _____

SoA Competency Area VII. Intervention: Areas of observation and evaluation include, but are not limited to, review of live, audio or video recorded sessions; role play; case presentation; and Cognitive Therapy Rating Scale score. *Adherence to a solid Cognitive Behavior case conceptualization is important given WellSpan Philhaven CBT's aim to train future psychologists proficient in Cognitive Behavior Therapy.

Interns are expected to demonstrate the ability to:

- Establish and maintain effective relationships with the recipients of psychological services.

1* 2 3 4 5

Comments: _____

- Develop evidence-based intervention plans specific to the service delivery goals.

1* 2 3 4 5

Comments: _____

- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

1* 2 3 4 5

Comments: _____

- Demonstrate the ability to apply the relevant research literature to clinical decision making.

1* 2 3 4 5

Comments: _____

- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking,

1* 2 3 4 5

Comments: _____

- Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

1* 2 3 4 5

Comments: _____

SoA Competency Area VIII. Supervision: Areas of observation and evaluation include, but are not limited to, feedback given to peers; role play of supervision; supervision sessions recorded for review; and acting as group supervisor to the intern cohort under the guidance of a faculty supervisor.

Interns are expected to:

- Apply this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

1* 2 3 4 5

Comments: _____

- Apply the supervisory skill of observing in direct or simulated practice.

1* 2 3 4 5

Comments: _____

- Apply the supervisory skill of evaluating in direct or simulated practice.

1* 2 3 4 5

Comments: _____

- Apply the supervisory skills of giving guidance and feedback in direct or simulated practice.

1* 2 3 4 5

Comments: _____

SoA Competency Area IX. Consultation and interprofessional/interdisciplinary skills: Areas of observation and evaluation include, but are not limited to, feedback from medical placement sites and feedback from clinic psychiatrists or nursing staff. *The ability to interact well within a multidisciplinary team is important given WellSpan Philhaven CBT's aim to train future psychologists proficient in interacting within integrated care teams.

Interns are expected to:

- iv.** Demonstrate knowledge and respect for the roles and perspectives of other professions.

1* 2 3 4 5

Comments: _____

- v. Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interdisciplinary groups, or systems related to health and behavior.

1* 2 3 4 5

Comments: _____

Direct or simulated practice examples of consultation and interprofessional/interdisciplinary skills include but are not limited to:

- vi. Role-played consultation with others, peer consultation, provision of consultation to other trainees.

1* 2 3 4 5

Comments: _____

This Intern has received the following internship hours under my supervision at this point.

Individual Supervision

Group Supervision

Therapy Intervention (Edgar Square and medical sites)

Assessment (face-to-face time only)

Didactic/Training

Clinically-related supportive activities (particularly documentation)

GOAL FOR INTERN EVALUATIONS AT MID-YEAR (DECEMBER 31ST)

Good Standing requirements: A 2 or better is obtained under each Profession Wide Competency.

GOAL FOR INTERN EVALUATIONS AT COMPLETION OF INTERNSHIP (JUNE 30TH)

Good Standing requirements: A 3 or better is obtained under each Profession Wide Competency.

_____ The intern HAS successfully completed the above goal. We have reviewed this evaluation together.

_____ The intern HAS NOT successfully completed the above goal. We have made a joint written remedial plan as attached, with specific dates indicated for completion. Once completed, the rotation will be re-evaluated using another evaluation form, or on this form, clearly marked with a different color ink. We have reviewed this evaluation together.

Therapy Supervisor: _____

Date: _____

Therapy Supervisor: _____

Date: _____

Assessment Supervisor: _____

Date: _____

Director of Internship Training: _____

Date: _____

(The above signatures indicate that the intern has read this feedback form and that the supervisor and intern have discussed it verbally. The signatures do not necessarily imply total agreement on the intern's performance.)

Intern: _____

Date: _____

INTERN COMMENTS REGARDING COMPETENCY EVALUATION (IF ANY):

Psychology Interns, Problematic Performance Policy 2030.005

I. Policy

Psychology Interns who experience significant competency problems or disruption in training sequence will be carefully evaluated to establish a plan for remediation and/or termination as may be required. This policy addresses procedures in the case of problem performance. The intern's employment is employment at will, and this policy does not create contractual or legal obligations for WellSpan Philhaven. WellSpan Philhaven may refrain from following the policy when deemed appropriate. For other employment related issues, WellSpan Philhaven Human Resources policies apply.

In many cases problem performance is identified after: 1) initial efforts to support the psychology intern in improving competencies and skills (such as providing extra education, supervision, or training activities) have not yielded expected improvements; and/or 2) the WellSpan organization's Just Culture practices are employed where relevant, and yet performance problems/concerns persist.

II. Definition-Problem performance may include any of the following:

- A. Psychology Intern is unable to fully participate in internship due to absence from the program or reduction in hours. Absences from the program will be considered and reviewed on a case-by-case basis.
- B. Psychology Intern is unable or unwilling to consistently perform the basic functions of the internship, including clinical assignments and educational/training activities.
- C. Psychology Intern's performance in any area of competency is rated "1" on a Competency Observation Review (below entry internship level rating), or the intern otherwise demonstrates performance that is below internship expectations.
- D. The quality or volume of services delivered by the Psychology Intern is below organizational standards.

- E. Complaints from program managers, co-workers, or clients exceed the number or level of severity that is typical for a psychology intern in areas such as interdisciplinary/team or other co-worker relationships and relationships with clients and families.
 - F. Psychology Intern violates ethical/legal standards as set by APA, Pennsylvania law, or other authoritative bodies.
- III. Procedure for identification of problem performance and intervention when problem performance is determined:
- A. Problem performance will be evaluated when (one of the following):
 - 1. One of an intern's Clinical Supervisors has given written notice of suspected problem(s) to the Internship Training Committee or the Internship Director;
 - 2. The Internship Training Committee identifies and documents a suspected problem in one of its meetings;
 - 3. A Competency Observation Review, completed by a Clinical Supervisor, documents one or more competency elements at the lowest level (below entry internship level, or rating of "1").
 - B. Within two weeks from the time the concern is identified, the Internship Training Committee or Internship Director will convene a process to determine a course of action, in consultation with appropriate administrative staff such as the WellSpan Philhaven Vice President and Chief Medical Officer-Behavioral Health and the WellSpan Philhaven Director of Human Resources. This process may result in:
 - 1. Performance Improvement Plan.
 - a. The Performance Improvement Plan is aimed at supporting improvement in areas of identified performance concern.
 - b. The plan includes clear goals for improvement, activities identified to help reach the goals, support resources available or required, expectations for achievement and related timeframes, etc.
 - c. The intern's clinical supervisor collaborates with the Internship Director and other internship training staff as appropriate to implement and monitor the plan.
 - d. The Internship Director collaborates with the intern's graduate program Director of Clinical Training or designee, communicating the Performance Improvement Plan and providing updates on progress.
 - 2. Corrective Action Plan

- a. Setting Up the Plan -The Corrective Action Plan may either function as the initial step to address Problem Performance or as the follow-up to a Performance Improvement Plan that was not completed successfully. In either case the Internship Director collaborates with the Director of Human Resources or other HR leader to form a Corrective Action Committee. In addition to the Internship Director and Human Resources leader, the committee shall include at least two of the following: members of the Internship Training Committee, the intern's current clinical supervisor, other administrative supervisor. Initially, the Corrective Action Committee will:
- Specifically identify the performance problems
 - Determine if any corrective or disciplinary action must be taken immediately
 - Ensure communication and collaboration with the intern's graduate program throughout this process
 - Assess and make recommendations/requirements for any or all of the following:
 - Written Plan of Remediation (in all cases other than suspension) including time frame for expected remediation and any additional training or supervision that will be provided/required.
 - Use of EAP
 - Leave of absence
 - Reduction of workload/hours
 - Termination from the internship program.
 - Inform the intern of the outcome of the committee meeting, including all recommendations.
- b. Monitoring the Plan - The Corrective Action Committee will collaborate with the Internship Training Committee to monitor the intern's progress and make decisions about the intern's problem performance status, including decisions about whether the intern will complete the internship. Additional representatives from Human Resources and WellSpan Philhaven administration who are not already on the Corrective Action Committee will be consulted as needed. The intern will be given verbal and written feedback which speaks to their progress in this process and any recommendations from the Corrective Action Committee. This may include feedback in supervision meetings, written evaluations, verbal and/or written updates from supervisors or program staff that have been involved in the remediation process, feedback from direct observations, verbal and/or written updates from the Internship Director, etc.

C. Due Process and Appeal Procedure

1. During the process of a Performance Improvement Plan or Corrective Action Plan, the psychology intern will be given the option to meet with a mentor. When the intern chooses to engage a mentor, the Internship Director will either appoint a mentor or select potential mentors and offer the intern a choice from among the candidates. Mentors will be WellSpan Philhaven Staff members and in some cases may be part of the internship program. The mentor is able to listen and offer support, coaching, and teaching functions. The mentor role may include helping explain the plan, addressing the intern's questions, providing education on organizational practices and culture, providing professional coaching on ways to navigate the process effectively, etc. The mentor will be expected to maintain confidentiality as appropriate.
2. Interns may formally appeal the Training Committee's determination of problem performance, or any other actions initiated by the Training Committee or Corrective Action Committee in this remediation process. A decision to suspend or terminate the intern from the internship may also be appealed. All appeals should be made in writing and will be considered by the Vice President and Chief Medical Officer-Behavioral Health or their designee. Any appeal should be initiated within two weeks from notification of the action. The review by the Vice President/CMO or designee will occur within two weeks from receipt of the appeal. The intern may request that a consultant be appointed to work with them to review and facilitate the appeal process. The consultant would be utilized for assistance in navigating and understanding this process and would not participate in the decision-making.

D. Leaving the Problem Performance Status

1. Successful completion of remediation plan.
2. Approval of Internship Training Committee and, if applicable, Corrective Action Committee.

E. Psychology Intern Feedback on Process

1. The Internship Training Staff will request written feedback from the intern at the conclusion of a remediation process. The Internship Training Staff will review this feedback for the purpose of process improvement.

Approved by _____

Date _____

Program/Department Director

Approved by _____ Date: _____

Application Requirements

Comprehensive Exams should be passed, and the Dissertation Proposal should be approved by the start of the internship. Applicants from APA approved Ph.D. and Psy.D. programs in Clinical Psychology are preferred. Our Internship Program agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. Prospective interns are expected to apply for internship at WellSpan Philhaven CBT by completing the following materials and submitting them to APPIC.

1. APPIC Uniform Application materials (including Professional Conduct Form, Practicum Documentation, Verification of Internship Eligibility and Readiness, etc.)
2. Curriculum Vita
3. Official Graduate transcripts
4. One assessment report (remember to remove all identifying information)
5. A written report of a case conceptualization. The case conceptualization is to reflect a cognitive-behavior framework for understanding the client and for intervention.
6. Three letters of reference (at least 2 must be from current supervisors)
7. NatMatch code (obtained from National Matching Services, Inc., 595 Bay Street, Suite 301, Box 29, Toronto, Ontario, Canada M5G 2C2).

Practica and Academic Preparation Requirements:

The applicants are expected to be enrolled in an APA accredited program in clinical psychology, although counseling and school psychology are considered acceptable and will be considered. Ph.D. and Psy.D. programs are preferred. General course work and training should include ethics/professional issues, multicultural competence, assessment, psychopathology, psychometrics, and treatment. Given the strong emphasis our internship places on training in cognitive behavior therapy, some exposure to training in CBT is expected. While these are only guidelines, we suggest 300 AAPI intervention hours and 50 AAPI assessment hours be completed. Comprehensive Exams should be passed, and the Dissertation Proposal should be approved by the start of the internship. Interviews for the 2026-2027 training year will be offered via Zoom or in person. Applicants are invited for an interview via e-mail/phone and can expect to receive notification of their interview status by December 22nd. Interviews are conducted in early January. The interviews are one hour in length and are traditionally conducted with our primary faculty. There will also be an opportunity to meet members of the current cohort.

For more information, please contact:

Wendy E. Wild, Psy.D.

Internship Director of Clinical Training

WellSpan Philhaven CBT

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717 851 1500
Email: wwild@wellspan.org

Training and Supervising Faculty

Director of Clinical Training/ Chief Psychologist, Supervising Psychologist
Wendy Wild, Psy.D.

Areas of Interest: Anxiety Disorders, Childhood Disruptive Disorders, Mood Disorders, Trauma, Pain MGMT/Medical Concerns, Personality Disorders, and DBT-informed treatment

Supervising Psychologists:

Debora Martinez-Pitre, Psy.D.

Areas of Interest: Health Psychology, Rehabilitation Psychology, Traumatic Brain Injuries, Culturally Competent Psychotherapy, and Cognitive-Behavior Therapy with Adults. Fluent in Spanish

Emily Ruch, Psy.D., BCBA

Areas of Interest: ADHD Evaluations, Autism, Behavior Management, Childhood Disruptive Disorders, Cognitive Behavior Therapy, Crisis Intervention, DBT informed treatment, Forensics, Personality Disorders, Parent Skills Training, Psychological Evaluations

Kristi Schippers, Psy.D.

Areas of Interest: Anxiety Disorders, Postpartum Depression, Cognitive-Behavior Therapy, Women's Issues, Depression, Bariatric Evaluations

Kelsey Steele, PsyD

Areas of Interest: Individual, Couples, Sex Therapy and Sexual Dysfunctions, Women's Health Issues, Bariatric Assessment, Spinal Stimulator Evaluations

Anastasia Teng, PsyD

Areas of Interest: Cognitive Behavior Therapy with adolescents and adults, Trauma, Anxiety disorders, ADHD, and Older/Geriatric population

WellSpan Philhaven CBT
Doctoral Internship Program in Clinical Psychology
Site Training Manual

SIGNATURE PAGE

I, _____, (Intern) have read and understand all material presented in this training manual.

Intern Signature: _____ Date: _____

University: _____