

SEACOAST MENTAL HEALTH CENTER, INC.
1145 Sagamore Avenue
Portsmouth, NH 03870

PSYCHOLOGY INTERNSHIP EVALUATION

Intern Name _____ **Date of Evaluation** _____
Evaluation Period ___Sept-Feb ___Mar-Aug
 [as needed] ___Sept-Nov ___Mar-May
Supervisor Name _____ **Number Hours Worked:** _____
Secondary Supervisor _____ **Total Annual Hours Worked:** _____

Use the five-point scale below to rate the intern's level of performance in each of the categories listed, providing specific examples or "significant incidents" that relate to your evaluation. See attached definitions of descriptors.

Ratings: 1 -- Unsatisfactory 2 -- Probation 3 -- Satisfactory
 4 -- Excellent 5 -- Outstanding N/A -- (Not Applicable)

I. INTAKE/ASSESSMENT [Overall Rating ____] Completed by _____

1. Intakes cover the following topics: presenting problem, history of the presenting problem, medical history, educational history, psychosocial history, trauma/abuse history, substance abuse history, mental status including current and past suicidal ideation and behavior.

1	2	3	4	5
Significant gaps in the assessment; one or more topics not covered; little or no improvement over time.		All areas are included; details are adequate; minor deficiencies are discussed in supervision and have improved over time.		All areas are covered in great detail; little supervision needed.

2. Intakes assess symptoms of the major diagnostic categories, including affective disorders, anxiety disorders, substance abuse, and psychotic disorders.

1	2	3	4	5
Significant gaps in the assessment one or more dx categories not assessed; little or no improvement over time.		All dx categories are assessed; minor; gaps are discussed in supervision; improvement noted		All dx categories are assessed in great detail; nuances of sx are noticed and inquired; little supervision needed.

3. The intern establishes rapport in the initial session. The intern greets the client in the waiting room; is attentive to the client's comments in the session; uses follow up comments to let the client know he/she was understood; uses transition comments to change topics in the intake; is able to balance the collection of the assessment information with attending to the client's affect.

1	2	3	4	5
Difficulty relating to the client; statements are disjointed and do not correspond to the client's themes or affect; focus solely on information gathering.		Good balance of information and affect; dialogue flows; therapist relates easily to client; minor awkwardness & difficulties are raised in supervision		Intake interview needs little supervision; rapport is established easily and comfortably.

4. The written evaluation includes the DSM IV diagnosis that is consistent with the description of the symptoms presented in the report.

1	2	3	4	5
The dx is not justified in the report; corresponding sx are not reported; or dx does not fit the sx reported.		The dx is justified in the report with corresponding sx, such that an outside reader could come to the same dx. Questions re: diagnosis are discussed in supervision.		The dx is justified with discussion of differential dx issues.

5. The evaluation presents a clearly organized narrative of the assessment information from which follows the initial treatment plan.

1	2	3	4	5
Themes/topics in report are haphazard with little organization; significant topics missing; report does not clearly inform a tx plan; little improvement over time.		Clear narrative; information is easy to understand; all topics are covered; some revisions needed; improvement noted over time.		Clear narrative and organization of information; nuances of pertinent detail are presented; minor or no revisions needed.

6. The evaluation on culturally diverse individuals documents “culturally relevant factors” which include such areas as: number of generations in this country, number of years in this country, primary language and fluency in English, level of acculturation, level of stress related to acculturation, change in social status as a result of immigration, etc.

1	2	3	4	5	NA
No consideration is given in report to culturally relevant factors; no demonstrated awareness that cultural/ethnic factors contribute to an understanding of the client.		Clear recognition of relevance of cultural factors in report; discussion in report of many of the above issues; questions about the impact of culture are raised in supervision.		Comprehensive report narrative that integrates the relative influences of cultural/ethnic/historical/familial/psychological/diagnostic factors.	

Comments:

II. TREATMENT [Overall Rating ____] Completed By _____

1. The intern states their rationale for their choice of treatment modality and interventions, as well as an awareness of the results of the intervention.

1	2	3	4	5
<p>Unable to give any rationale for modality and interventions; interventions are haphazard or "techniquey" without plan; lack of awareness of the results of intervention; little awareness of affect or process in rationale for interventions.</p>		<p>Some rationale for modality and interventions; able to intervene with regard to session content; at least somewhat able to observe session process and affect and use this to inform interventions; is aware of results of interventions; uses supervision to discuss rationale.</p>		<p>Clear rationale for modality and interventions; well able to observe session process as well as content which informs his/her decisions re: interventions.</p>

2. The intern demonstrates awareness of the interaction of individual and/or diversity factors cultural factors on the client's symptom presentation, treatment relationship, and course of treatment; the intern raises obvious differences between his/her and the client for discussion.

1	2	3	4	5
<p>Cultural issues are not attended to in therapy; no demonstrated awareness that cultural factors contribute to therapy.</p>		<p>Demonstrated awareness that cultural factors may be relevant to therapy; intern seeks out education to enhance his/her understanding of specific culture of client; use of supervision to understand influence of diversity issues in the therapy.</p>		<p>Without prompting intern discusses own biases and assumptions in supervision; good sensitivity to and clinical use of issues of difference in the therapy.</p>

3. The intern manages "boundary" issues in the course of treatment: e.g. introduces self as an intern; starts and ends sessions on time; addresses insurance parameters, fees, lack of payments in sessions; addresses no shows, cancellations, late arrivals; addresses out of session phone calls, gifts, etc.

1	2	3	4	5
<p>Boundary issues not attended to; sessions start or end late; no shows, fee issues not addressed; little or no improvement with supervision.</p>		<p>Fairly good boundary management; aware of boundary "crossings"; uses supervision to discuss these issues.</p>		<p>Consistently good boundary management; avoids boundary "crossings"; consistently addresses these issues as they arise in tx.</p>

4. The intern tolerates and manages the expression of affect in the therapy session.

1	2	3	4	5
<p>Intolerance of affect; the intern changes the subject, minimizes the emotion, immediately offers reassurance or advice; blocks the expression of emotion.</p>		<p>Fairly tolerant of, and able to manage client affect; the intern is able to reflect back to the client the emotion 50% of the time, and explore the affective issue; allows the expression of emotion with some discomfort; is aware of discomfort,</p>		<p>and uses supervision to discuss these issues.</p>

5
Consistently good tolerance and management of client's affect;

allows the expression of emotion with minimal discomfort; is aware of

when to foster emotional expression and when to contain it.

5. The intern demonstrates clinical skills with at least two treatment modalities (individual, couples, group, testing and rapid assessment and crises stabilization).

1 2
No clinical experience other than individual therapy; has refused or otherwise avoided opportunities to gain additional experience.

3 4
Demonstrated beginning clinical skill with two modalities; seeks opportunities to gain additional experience beyond areas of familiarity.

5
Demonstrated proficiency with two or more tx modalities; seeks opportunities to gain experience in additional areas.

6. The intern completes required paperwork in accordance with federal, state and agency standards with regard to content and timeliness.

1 2
Paperwork is chronically late or incomplete; intern does not comply with standards even after supervisory input.

3 4
Paperwork is, for the most part, on time, complete, and in accordance with agency requirements; minor deficiencies are corrected within timelines allotted.

5
Paperwork is consistently on time, complete, and in accordance with agency requirements.

Comments:

III. TESTING [Overall Rating ____]

Completed by _____

1. When applicable, the intern conducts a comprehensive interview with either the client or the parent(s) of the client, clarifying the referral question, collecting background information (including family, developmental, and medical history), and identifying parents' or clients' perceptions of strengths, weaknesses, and interests.

1	2	3	4	5
Testing is conducted with no knowledge of background information; chart is not read; referring person was not spoken to; interview inadequate or missing.		Interview covered most relevant areas; medical record reviewed; use of supervision to clarify questions related to referral questions.		Comprehensive background information covering all areas gathered through interview with client and relevant collaterals; medical record fully reviewed and discrepancies noted; little supervision needed.

2. Based on the background interview, review of medical record, and consultation with the referring person, the intern selects a battery of tests which are appropriate and well-matched to the referral questions.

1	2	3	4	5
Unable to give any rationale for test selection; test battery is haphazard or altered without rationale from the battery selected with supervisor.		Some rationale for test selection; discussed test selection in supervision; in testing uses battery that was planned.		Clear rationale for test selection; able to select appropriate battery with minimal supervision; able to adapt battery, as needed during the testing, with clear rationale.

3. The intern considers the validity of test instruments and data interpretation in light of the cultural and linguistic characteristics of the client. Intern is aware of the test's reference population and possible limitations of tests with other populations.

1	2	3	4	5
No consideration is given to test validity in light of cultural factors; intern makes interpretations without consideration of cultural/linguistic issues.		Intern seeks out additional information to enhance his/her understanding of test validity and interpretations in light of cultural/linguistic issues; use of supervision to understand these issues.		With minimal supervision intern is knowledgeable of validity issues; test report clearly states limitations of interpretations in light of cultural/linguistic issues.

4. The intern demonstrates an ability to establish rapport at the beginning of the testing session: greets client in the waiting room; engages the client in conversation about talents, interests, hobbies; uses follow up comments to encourage the client and let him/her know he/she was understood.

1	2	3	4	5
		Difficulty relating to the client; statements awkward or disjointed;		little or no conversation prior to beginning the task.

3	4	5
Good balance between encouragement and sticking to the task; friendly initial conversation to which the client responds by being involved; intern anxieties are discussed in supervision.		Rapport is established easily; client resistance, refusal or behavior problems are dealt with and the testing conducted.

5. Test administration follows standardized testing procedures.

1	2	3	4	5
Major deviations from standardized procedures with no rationale; significant errors in administration; inadequate preparation prior to administration such that handling of materials is awkward or disorganized; incomplete materials; pace of testing is too fast or too slow.		Standard procedures followed; minor deviations have rationale and are discussed in supervision; errors are minor; new tests have adequate preparation and practice such that materials are handled smoothly; pace is comfortable and attuned to the needs of the client.		Minimal to no errors in administration; good use of when procedures can be altered, as in testing the limits; knowledge of a wide selection of tests; little supervision needed on administration.

6. Tests are scored accurately.

1	2	3	4	5
Frequent errors in scoring one or more tests; little improvement noted over time.		Minor errors in scoring are corrected in supervision; improvement noted.		Minimal to no scoring errors; little supervision needed on scoring.

7. Test reports include the following components: a summary of relevant background information, observations of client's behavior during the testing, a succinct and organized summary of test results, a clear "picture" of the client identifying strengths, weaknesses, the major features impacting the referral questions in cognitive, attentional, affective and psychological areas, and specific recommendations which are practical, explained clearly, and address the referral questions and the issues most apparent in the evaluation.

1	2	3	4	5
Reports are missing one or more of the above components; language is jargon and not understandable to the non-professional; report is inconsistent with test data; recommendations are general and ambiguous.		Reports include all of the above components; language has some jargon, but primarily is clear and understandable; discussion is a reasonable interpretation of the data; recommendations are specific, and matched to the referral questions; good use of supervision in preparing the report; some revisions to report needed.		Reports include all of the above components in extensive detail; good use of language to make the client "come alive"; clear, specific, practical recommendations; little supervision or revisions needed; test report at the level of independent practice.

8. Consultation is provided regarding test results and recommendations to the referring person in language that is clear and understandable to the person receiving it, and with sensitivity to the effects of this information on the client.

1	2	3	4	5
Feedback language is jargon and not understandable to the non-professional; client's reaction to the information is not noticed or responded to.		Feedback language is primarily clear and understandable; some jargon; inquiry into client's reaction; follow-up comments indicate intern's response to client's reaction.		Feedback is given in easily understood language; evidence of good attunement to client's reaction via inquiry, etc.; little supervision needed.

9. The intern is knowledgeable of and conducts testing in accordance with the APA Ethical Guidelines.

1	2	3	4	5
Testing is misused; intern does not recognize or adequately represent the limits to certainty of test conclusions; interpretations do not take into account such factors as race, ethnicity, age, etc.		Fairly aware of ethical guidelines; no violations; supervisor prompting needed to discuss these issues.		Good awareness of guidelines; nuances are noticed by intern and raised in supervision by intern; no ethical violations; knowledge of and sensitivity to race, ethnicity, age.

Comments:

IV OTHER ROLE FUNCTIONS: [overall rating]_____ completed by_____

a) SUPERVISION OF OTHERS:

The intern demonstrated knowledge of and understanding of the various theories and methods of clinical supervision

1	2	3.	4.	5.
Minimal knowledge of theories/models of supervision. No experience providing supervision to others		Some understanding of supervision based on reading, course work, or seminars. Experience in the provision of supervision in at least one modality.		Strong working knowledge of several theories/models of supervision. Engagement in seminar discussions is of Excellent quality.

2) The intern actively engages in the process of peer supervision

1.	2.	3.	4.	5.
Minimal engagement in the process of peer supervision.		Active engagement in the process of peer supervision. Able to ask relevant questions and some constructive criticism.		Supervision skills in this modality are at the level of independent practitioner's

3) The intern is aware of the model of supervision used in their own clinical supervision and actively involved in discussions regarding the method and process.

1.	2.	3.	4.	5.
No awareness of model of supervision. Little interest in discussion of method and process.				With guidance from his/her supervisor the intern is able to identify the model of supervision

- 3) The intern routinely engages in informal evaluation of the internship program in individual supervision and various seminars and formal evaluation at mid-year and the end-of-the year.

1. Minimal observation of the effectiveness of the internship program in meeting learning needs	2.	3. Offers observations regarding problems and possible solutions to those problems. Formal evaluations are completed.	4.	5. Offers thoughtful suggestions and evaluation of the program's goals and outcomes. Recommendations are of high quality, concrete, and realistic.
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Comments:

V. PRIMARY SUPERVISION [Overall Rating ____] Completed By _____

1. The intern demonstrates curiosity about their work; an ability to be flexible in considering suggestions/recommendation that may be different from their own; a non-defensive use of constructive criticism.

1 Response to suggestions or feedback is predominately defensive, argumentative; little evidence of curiosity	2	3 Response to suggestions or feedback is relatively free of defensive or argumentative statements.	4	5 Response to suggestions or feedback characterized by curiosity, questions and mutual discussion.
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2. The intern is prepared for supervision, and utilizes the time well.

1 Cases are unprepared; no thought given to case; more than 1/4 time is necessary to discussion non-clinical, administrative matters.	2	3 Brings in cases with statements that suggest some thought was given to presentation and case.	4	5 Cases well prepared; statements suggest considerable thought and effort; little time spent on non-clinical, non-relevant discourse.
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3. The intern demonstrates an awareness of, and an ability to reflect on, their own behavior and its impact on clients, as well as their reactions to their clients.

1	2	3	4	5
No statements made about how intern reacts to clients; no statements with awareness of how s/he impacts clients.		Intern is able on own and with some feedback to make broad statements about self and impact on others		With little or no supervision, intern makes numerous statements about impact of intern and client(s) on each other.

4. The intern takes steps to increase knowledge in areas of gaps, and demonstrates an effort to correct or improve areas of deficiency noted in supervision.

1	2	3	4	5
No indication that intern does readings, workshops, etc. that address specific issues brought up in supervision.		Indication that intern does or will do readings or attend workshops with urging from supervisor.		Indication that intern, without urging, attends workshops, and asks for and does additional readings.

5. The intern identifies personal training needs and interests, and demonstrates initiative in getting these needs met during the course of the internship.

1	2	3	4	5
Intern makes no statements about training needs & takes no initiative in asking for additional supervision, more cases, etc.		Intern is able to list needs and interests when questioned by supervisor, and will initiate steps with encouragement.		Intern repeatedly brings up questions and statements about own needs and initiates steps without prompting or encouragement.

Comments:

VI. SECONDARY SUPERVISION [Overall Rating _____] Completed by _____

1. The intern demonstrates curiosity about their work; an ability to be flexible in considering suggestions/recommendation that may be different from their own; a non-defensive use of constructive criticism.

1	2	3	4	5
Response to suggestions or feedback is predominately defensive, argumentative; little evidence of curiosity		Response to suggestions or feedback is relatively free of defensive or argumentative statements.		Response to suggestions or feedback characterized by curiosity, questions and mutual discussion.

2. The intern is prepared for supervision, and utilizes the time well.

1	2	3	4	5
Cases are unprepared; no thought given to case; more than 1/4 time is necessary to discuss non-clinical, administrative matters.		Brings in cases with statements that suggest some thought was given to presentation and case.		Cases well prepared; statements suggest considerable thought and effort; little time spent on non-clinical, non-relevant discourse.

3. The intern demonstrates an awareness of, and an ability to reflect on, their own behavior and its impact on clients, as well as their reactions to their clients.

1	2	3	4	5
No statements made about how intern reacts to clients; no statements with awareness of how s/he impacts clients.		Intern is able on own and with some feedback to make broad statements about self and impact on others		With little or no supervision, intern makes numerous statements about impact of intern and client(s) on each other.

4. An intern takes steps to increase knowledge in areas of gaps, and demonstrates an effort to correct or improve areas of deficiency noted in supervision.

1	2	3	4	5
No indication that intern does readings, workshops, etc. that address specific issues brought up in supervision.		Indication that intern does or will do readings or attend workshops with urging from supervisor.		Indication that intern, without urging, attends workshops, and asks for and does additional readings.

Comments:

VII. INTERPERSONAL BEHAVIOR [Overall rating ____] Completed by _____

1. The intern demonstrates an ability to relate comfortably and appropriately with other staff members, interns and support staff.

1	2	3	4	5	NA
Behavior characterized by no eye contact; smirks; interrupting others; demands of assistance; expressions of impatience or intolerance; negative feedback from other staff.		Intern makes eye contact when speaking or listening to others; waits until the speaker completes his/her thought before speaking; communicates appreciation to staff for services provided and requests met; limited participation in meetings.		Intern participates fully in range of meetings; relates comfortably with peers, supervisors, support staff, etc. Unsolicited positive feedback from other staff.	

2. The intern demonstrates an ability to manage interpersonal concerns and conflicts respectfully and effectively.

1	2	3	4	5	NA
Behavior characterized by blaming others; interrupting; lack of willingness to wonder what "I" have contributed to the conflict.		Some avoidance engaging in interpersonal conflict; brings concerns and issues to supervision; with discussion and prompting intern is able to express concerns to other person; non-defensive reflection of own contribution to conflict.		When concerns are raised, intern listens to the entire statement before responding; restates the concern to the person to ensure understanding; responds with "I" statements; intern expresses his/her concerns and issues respectfully and without attack, able to discuss his/her contribution to the conflict.	

3. The intern demonstrates respect for and sensitivity to individual differences with regard to gender, race, age, ethnicity, sexual orientation, and physical disability in interpersonal relationships.

1	2	3	4	5	NA
Use of language, statements and jokes based on stereotypes associated with a particular race, ethnic group, disability, etc.		Refrains from use of language, jokes based on stereotypes; uses supervision to discuss biases, judgments, and prejudices; some prompting from supervisor may be needed to increase awareness of these issues.		Is aware of his/her issues and biases related to individual/cultural diversity, and brings this awareness into the session and supervision appropriately.	

Comments:

VIII. PROFESSIONAL IDENTIFICATION [Overall rating _____] Completed by _____

1. The intern demonstrates knowledge of the rights, responsibilities, and ethical guidelines of the profession.

1	2	3	4	5
Lack of awareness of consideration is the rights, responsibilities, and ethical guidelines of the profession; rarely does intern raise ethical issues in supervision or meetings.		Some ethical dilemmas are noticed and raised for discussion in supervision and seminars.		Without prompting from supervisor intern takes initiative to discuss ethical issues and dilemmas; makes numerous statements that indicate good awareness of subtle nuances of ethical issues in everyday practice.

2. The intern demonstrates awareness of current issues affecting the profession of psychology.

1	2	3	4	5
No demonstrated awareness of issues broader than the context of the internship; minimal interest or involvement in local, state, or national organizations.		Clear demonstration of interest in and knowledge of issues pertaining to the profession through readings, and membership in professional organizations.		Intern is actively involved in professional organizations; knowledgeable of a range of current professional issues.

3. The intern conducts him/herself in an ethical manner.

1	2	3	4	5
Demonstrated behavior which violates ethical guidelines.		Behavior is ethical as defined by APA.		Behavior is responsible and ethical; possible ethical concerns are identified prior to problem arising.

4. The intern adheres to organizational policies and procedures.

1	2	3	4	5
Organizational policies and procedures are ignored or avoided; little or no improvement over time.		Organizational policies are followed; questions are raised in supervision, staff meetings and appropriate committees.		Involvement in developing policies is demonstrated by involvement in meetings, and offering ideas.

Comments:

ADDITIONAL NARRATIVE EVALUATION:

Use the spaces that follow to provide the intern with feedback concerning his or her strengths (those areas of clinical and other professional functioning in which the intern is particularly competent), and weaknesses (those areas of clinical and other professional functioning which need work and which the intern needs to concentrate on improving).

Strengths:

Weaknesses:

OVERALL EVALUATION OF THE INTERN'S PERFORMANCE FOR THE SEMESTER _____

OVERALL EVALUATION OF THE INTERN'S PERFORMANCE FOR THE YEAR _____

Intern Response (use reverse side if needed):

Signatures: _____
Supervisor Date

Intern Date

Rating Scale

1 = Unsatisfactory: Intern's performance was characterized by such major problems that no credit for the internship can be given. Some corrective action/remediation (specify in the narrative section) needs to be arranged. Significant improvement must be observed in order to receive credit for the Internship. Performance will be evaluated every three months to monitor progress.

2 = Probation: Performance was minimally acceptable; there were some major problems though not severe enough to be considered "Unsatisfactory". Some corrective action/remediation needs to be arranged. Performance will be evaluated every three months to monitor progress.

3 = Satisfactory: Performance was basically competent with no major problems. Intern met expectations in all areas.

4 = Excellent: Performance exceeded expectations in specific areas; proficiency and skills were clearly above solid competence.

5 = Outstanding: Performance was at such an exceptional level that supervisor experienced intern as being at the level of a professional colleague.

Standards to be applied to the rating scale:

1. If major concerns become evident in the first month or two of the internship, a three-month evaluation will be held to specifically identify the areas of concern, and the corrective action/remediation plan.

2. In order to receive credit for the Internship year, the overall performance rating for the year in **all domains** must be, at a minimum, "Satisfactory".

3. If at mid-year any one area is rated "Probation", the overall rating for the semester will be considered "Probationary Status". The Executive Director, Advisory Board, and intern's school will be informed of the areas of concern and the corrective action plan. Significant improvement, as defined in the corrective action plan, will need to occur in order in order to receive credit for the internship year.

4. If at mid-year any one area is rated "Unsatisfactory", the overall rating for the semester will be considered "Unsatisfactory", thus no credit will be given for the semester. The Executive Director, Advisory Board, and intern's school will be informed of the intern's status, areas of concern and the corrective action plan. Significant improvement, as defined in the corrective action plan, will need to occur in order to receive credit for the second semester of the internship. In addition, the intern will be required to meet with the Director of Training and the Advisory Board to discuss the possibilities for additional training which might allow the intern to receive credit for the entire internship year.