Overview of Training Model

The mission of the CHS Psychology Internship is to provide broad based, generalist professional training with the goal of developing interns' competence in providing psychological services within an integrated community health setting.

The internship program subscribes to a developmental model of training. A developmental model of training and supervision has been suggested (Finkelstein & Tuckman, 1997; Kaslow & Deering, 1994; Kaslow & Rice, 1985; Stedman, 1997) in order to facilitate the process of autonomy and professional development. Viewing the internship as a developmental process helps supervisors individualize training to maximize the interns' progress in transitioning from student to practitioner. Kaslow and Rice (1985) compare the internship issues to key issues in adolescent development, with analogies to Erikson and Mahler. Developmental issues vary in sequence, duration, and intensity among interns. In this approach, the supervisor facilitates the intern's movement from relative dependency to increased autonomy and responsibility in service planning and delivery. Training is personalized and adapted to the trainee's level of functioning as new professional challenges are encountered. The developmental model has the advantage of providing a unifying paradigm for the program while allowing maximal flexibility and individualization for interns and faculty. A developmental approach can be used with any theoretical orientation. It allows this program to select interns from an array of qualified applicants from diverse programs (clinical, counseling, Ph.D., Psy.D.) with varied training models (scientist practitioner, practitioner scholar, etc.).

A developmental approach involves a sequence of skills and levels of proficiencies in skills, along with careful instruction in a sequence of skills. This links the evaluation and supervision process. The internship is based in a list of crucial skills that can be prioritized, with some being more salient early in the internship, and others being more important near the end of the internship. Vygotsky's concept of the "zone of proximal development" is relevant (Vvgotsky, 1930). A learner tends to make the best progress when the training is aimed at a level only slightly beyond the learner's current level of independent functioning. The supervisor evaluates skill levels and provides training experiences and supervision designed to target emerging skills systematically, without repetitively over-teaching, and without surpassing the interns readiness to learn. The training staff are mindful of the developmental progression of interns as they proceed through the training program. Internship issues include: orienting to the internship, developing an identity as an intern, coping with self-doubt, role differentiation, independence in functioning, continuing education planning, and ending the internship (Lamb, Baker, Jennings, & Harris, 1982; Kaslow, 1985). The Training Director and Psychology Training Committee, including supervisors and mentors, are constantly monitoring the interns' developmental progression and needs. Training is marked by close, supportive supervision that is tailored to the intern's

developmental level. For example, interns often have similar developmental issues at the beginning of the year. Lamb et al (1982) called this state "early intern syndrome." Interns must orient to the agency and the internship, develop a bond with supervisors, and may question their initial skill levels. A warm, supportive, nurturing approach to supervision with clear discussions of limits and behavioral expectations may be appropriate. Interns are more dependent on clinical supervisors, mentors, and the Training Director. They have small caseloads and spend time observing their clinical supervisors in clinical practice. Supervision also involves close observation of the intern in clinical practice. Interns are guided in their identity development and are exposed to a wide range of activities throughout the training year. These activities are graded in complexity, such that interns are able to gradually increase their skill and comfort level. By the end of the internship, the interns have a stronger sense of their strengths and interests, and are able to reach a level of independence in practice. They have full caseloads and are more active in treatment team, etc. Although the supervisor continues to share full responsibility for the intern's work, supervision becomes more reflective, less instructive, and evolves to broader issues of practice. The training program fosters a paradigm of ongoing professional development. Supervisors and mentors strive to model self-reflection and examination, evolving professional identity, and growth in skills and knowledge.

The training agenda is developmental, systemic, ecological, and bio-psycho-social in nature. Interns are provided with a graded sequence of supervised clinical training experiences, with increasing levels of responsibility. Training experiences evolve as trainees demonstrate increased comfort and competency over the course of the internship year. The internship is designed to provide diversity in clinical training, including a range of patient populations (ages, backgrounds, ethnicity) with diverse presenting problems. This varied exposure is accomplished, in part, through the use of formal, scheduled rotations in integrated primary care, psychosocial rehabilitation, and traditional outpatient services. A major training emphasis is placed on direct supervised clinical experience in a diverse range of multidisciplinary settings. Interns are exposed to a variety of roles (as behavioral health consultants in primary care, traditional outpatient therapists, peer supervisors, health educators). Interns are also trained in a variety of treatment modalities (individual, family, and group assessment, intervention, and consultation) during the course of the internship. The internship training does not emphasize any one particular theoretical orientation to treatment. Supervisors and seminars incorporate a bio-psycho-social perspective that is informed by scholarly inquiry and models critical thinking. A variety of theoretical models, including cognitive-behavioral, solution-oriented, interpersonal and systems approaches, are represented. Interns are encouraged to develop their own clinical style based on theoretical understanding, scientific evidence, and clinical judgment. Strong critical thinking skills are emphasized throughout training. Interns are guided to be informed of evidence-based strategies, be mindful of the particular needs of each client, and utilize conceptual and critical thinking skills to evaluate appropriate clinical applications. Clinical

approaches are patient-centered and framed within a multidisciplinary context. Given CHS' emphasis on integrated care, close collaboration with other involved health care professionals, agencies, and the community is an essential component of the training paradigm.

The Training Director strives to "match" interns to sites, supervisors, and mentors that suit their training needs, interests, and goals. Interns complete a formal self-assessment three times a year to help operationalize and guide this developmental process. This self-assessment is reviewed and discussed with the Training Director and intern mentor to develop a training agenda. Each clinical experience is designed to increase intern knowledge and skills within the core competency areas while addressing the individualized training goals of each intern. Objectives are reached via a variety of teaching mechanisms, including exposure, modeling, didactics, supervision, direct clinical experience, and mentoring.

References

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