

COMPETENCY GRID

Interns will manage the “Master” copy, with competencies “signed off” by various supervisors as achieved. Competence is judged at three levels:

1. Competent to carry out procedure under direct observation
Example: Supervisor observes intern administering the Bayley Scales of Infant Development
Example: Supervisor observes intern providing feedback to parents

2. Competent to carry out procedure with indirect supervision
Example: Intern discusses case with supervisor and develops a step-by-step behavioral treatment plan to conduct the intervention; daily progress is discussed with supervisor

3. Competent to proceed to post-internship supervised practice (recognizing that sign-off and minimal review is still required for licensure reasons).
Example: Intern relies on supervisor for consultation regarding child’s behavior during Stanford-Binet protocol
Example: Intern’s written report requires minimal to no editing by supervisor

The supervisor’s signature means that the supervisor judges that the intern has the level of competence noted and can go on to the next level of competence in that particular area. This is reviewed by the intern and supervisor at least monthly; and by intern and training director quarterly.

The competency grid block is signed and dated by a licensed psychologist supervisor. It is expected that the intern will have achieved competencies at level 3 in all areas (assessment, intervention, consultation-liaison, research-based practice, professional issues, and multicultural diversity) by the end of internship.

Each competency should be signed and dated by a licensed psychologist supervisor

	LEVEL 1 Competent with Direct Observation	LEVEL 2 Competent with Indirect Supervision	LEVEL 3 Competent to Proceed to Post- Internship Supervised Practice
COMPETENCY – ASSESSMENT SKILLS			
1. Intern generates an appropriate assessment plan including clear statement summarizing the referral issues, initial differential diagnosis and appropriate assessment measures. The intern considers special limitations/competencies of the child.			
2. Intern competently administers and scores selected assessment measures * as observed by supervisor. (See Record of Assessment Measures for individual tests)	No Summary Sign-off	No Summary Sign-off	No Summary Sign-off
3. Intern demonstrates competent interpretation of the test results, integrating background information and assessment data.			
4. Intern generates a comprehensive diagnostic formulation.			
5. Intern develops recommendations, which take into consideration the referral questions, assessment findings and available resources with sensitivity to cultural context.			
6. Intern communicates test results, interpretation, diagnosis and recommendations to family effectively and with appropriate responses to the family's reactions and questions.			
7. Intern generates a written report summarizing the above in a timely manner (30 day documentation standards).			
8. Intern participates in at least one school consultation/conference.			
9. Completes a minimum of 1-2 neuropsychological evaluations in conjunction with neuropsychologist supervisor (including feedback). (Emphasis is on learning a few measures considered to reflect neuropsychological assessment.)			
10. Completes assessment of preschoolers (including test selection, administration, report, feedback).			
11. Completes assessment of school aged children (including test selection, administration, report, feedback).			
12. Completes assessment of high school/college aged students (including test selection, administration, report, feedback).			
13. Demonstrates proper procedure for learning to administer and interpret any new tests (i.e., study the test manual, observe, practice administration in a nonclinical setting, videotaped clinical administration).			

RECORD OF ASSESSMENT MEASURES

*** Required core competencies are highlighted with an asterisk:**

	LEVEL 1	LEVEL 2	LEVEL 3
* Diagnostic interview of child			
* Cognitive Assessment Measures:			
*WPPSI-IV			
*WISC-IV			
* Other Preschool Measures:			
*Stanford Binet: 5th Edition			
*Bayley Scales of Infant Development-III (exposure only is expected)			
Differential Ability Scales-2 (DAS-2)			
Kaufman Assessment Battery for Children-2 (KABC-2)			
*Test of Achievement (at least one of the following):			
Woodcock-Johnson Tests of Achievement-III			
Wechsler Individual Achievement Test-3 (WIAT-3)			
*Adaptive Behavior Measures:			
*Vineland Adaptive Behavior Scales II			
Scales of Independent Behavior SIB-R			
Adaptive Behavior Assessment Scale (ABAS-II)			
*Parent ratings of adjustment (Specify at least 2)			
1. BASC-2 3. CBCL			
2. BRIEF 4. Other: (specify)			
*Self-ratings of emotional adjustment (Specify at least 2)			
1. BASC-SR or CBCL: Youth 2. CDI, BDI, or RADS-2			
3. MASC, BAI, or STAIC 4. MAPI, MACI, or MMPI-A			
5. Piers-Harris or Harter			
*Projective measures (Specify at least 1): (e.g., Rorschach, Thematic Apperception Test, Roberts Apperception Test for Children, Sentence Completion)			
Cognitive Measures (Optional)			
1. Memory Testing (CMS, CVLT-C, WRAML-2, WMS-IV, TOMAL, NEPSY-II)			
2. Attention Testing (TEA-Ch, IVA-CPT, Connors' CPT, NEPSY-II)			
3. Grooved/Purdue Pegboard 4. Language (CELF, CASL)			
4. Executive Function (, , DKEFS, TOL)			
6. Spatial (TVPS-3)			
Other (Specify):			

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COMPETENCY – INTERVENTION SKILLS			
1. Intern conducts a comprehensive intake assessment, initial screening form, accesses relevant collateral resources and presents a summary to supervisor for treatment determination.			
2. Intern demonstrates competent integration of background history, presenting behaviors, and collateral data.			
3. Intern demonstrates a working knowledge of the DSM-5.			
4. Intern generates an appropriate treatment plan that is based on specific client information, and updates every 4 th visit (corporate compliance guidelines).			
5. Intern knows or reviews relevant treatment literature for the disorder to be treated and integrates this knowledge into treatment planning. They are able to consider the different theoretical frameworks that influence their treatment plan.			
6. Intern effectively communicates case information and specific treatment goals to family with appropriate responses to family's questions and reactions.			
7. Intern generates a treatment summary detailing above information in a timely manner.			
8. Intern demonstrates competency in documentation skills as measured by a review of written materials by at least two supervisors.			
9. Intern completes appropriate closing forms and/or transfer summary for all treatment patients.			
10. Intern routinely completes documentation in a timely manner (within 5 working days).			
11. Intern develops a coherent diagnostic formulation and is able to communicate this effectively in documentation.			
12. Intern can draw from multiple conceptual frameworks to develop diagnostic formulation and treatment plan. List theoretical frameworks intern has demonstrated a clear understanding.			
13. Intern systematically evaluates individual patients to monitor effectiveness of treatment plan and revise as needed.			

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COMPETENCY (CONTINUED) - INTERVENTION			
<p>13. Intern demonstrates overall intervention competency by integrating skills 1-8 in at least three of the following treatment modalities: (at least 2 separate supervisors must be involved in certifying this overall competency; this is demonstrated in individual supervision by direct observation, audio or video tape, or process summary provided in supervision)</p> <p>A. Cognitive-Behavioral Treatment _____</p> <p>B. Individual Play Therapy _____</p> <p>C. Behavioral Management _____</p> <p>D. Parent Guidance _____</p> <p>E. Family Therapy _____</p> <p>F. Group Therapy (optional) _____</p> <p>G. Pain Management _____</p> <p>H. Other (Specify) _____</p>			
10. Intern completes a presentation on a research-based topic and incorporating a treatment case to clinical faculty and interns.			
11. Intern collaborates with primary supervisor to provide co-therapy (optional).			

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COMPETENCY - CONSULTATION			
1. Intern demonstrates an understanding of role and duties of psychologist in relation to other medical/nursing/psychosocial staff.			
2. Intern works collaboratively with other members of the multidisciplinary team. Specify which teams:			
3. Intern demonstrates ability to obtain appropriate background information, contacting the referral source and other pertinent multidisciplinary staff to clarify the purpose of the consult and the referral question.			
4. Intern communicates effectively with parents and/or guardians to negotiate the consultation plan.			
5. Intern demonstrates competency in the application of general assessment and treatment skills to the hospital context.			
6. Intern participates in interdisciplinary rounds and/or team meetings			
7. Intern develops recommendations that are pertinent and responsive to the consultation request, and communicates these effectively (both verbally and in writing) to the referral source, medical staff, parents, and child (as well as third party payers as needed). Intern responds appropriately to the family's reactions and questions.			
8. Intern makes appropriate referrals to outside agencies as needed, and provides appropriate information to the referral source.			
9. Intern presents a treatment case to psychology staff at Pediatric Case Conference.			

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Participation or Achievement Noted by Supervisor

COMPETENCY: RESEARCH-BASED PRACTICE & ETHICAL/LEGAL STANDARDS
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1. Intern demonstrates appropriate use of empirically supported treatments and training manuals for intervention with children, recognizing the strengths and limitations of manualized intervention. <u>Identify which ones used in space on side.</u>	
2. Intern integrates empirical research data with clinical interventions.	
3. Intern applies data-collection methods to treatment cases during the training year to monitor progress toward goals, and utilizes data from objectively measured goals to inform treatment and document outcomes.	
4. Intern successfully completes two research-based presentations to faculty and interns: <ul style="list-style-type: none"> a. Case presentation of a case or topic including a review of the relevant literature that informs the treatment and/or issue. b. Presentation of data-based research. 	
5. Intern regularly attends Journal Club meetings, and leads two of the sessions (selects empirical research study to discuss, guides discussion, etc.)	
6. Intern exhibits evidence for use of critical thinking skills in clinical practice.	
7. Intern exhibits knowledge of ethical standards of practice for psychology, and ethical decision-making consistent with the current version of the APA Ethical Principles of Psychologists and Code of Conduct, and in accordance with state rules and regulations through the MN Board of Psychology.	
8. Intern applies professional standards and guidelines to clinical practice (e.g., confidentiality, privacy).	

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Participation or Achievement Noted By Supervisor

COMPETENCY – PROFESSIONAL ROLE, VALUES AND ATTITUDES	
1. Intern develops a Community Presentation about psychological issues for an interested and appropriate group in the community (parents, teachers, medical providers, etc.).	
2. Intern participates in full-day training program for metro-area interns on Multicultural Diversity.	
3. Intern participates in full-day training program for metro-area interns on Supervision.	
4. Intern participates in monthly Ethics meetings for interns conducted by the hospital's resident ethicist.	
5. Intern participates in monthly seminar with Director of Training about Professional Issues and Supervision.	
6. Intern strives to achieve 10-15 hours of direct service on a weekly basis, documenting these hours weekly for the Director of Training (and maintaining records for licensure).	
7. Intern takes initiative with appropriate autonomy in all aspects of clinical work with regard to paperwork, scheduling, treatment planning (with appropriate supervision).	
8. Intern belongs to professional organization (i.e., APA, Division 53/54, APAGS). List organizations to the right in free space.	
9. Intern's professional demeanor reflects a sense of identity as a professional with regard to interactions with others, attire, and behavior.	
10. Intern demonstrates self-assessment skills in terms of monitoring personal growth as well as personal skill development; intern identifies ongoing needs for supervision and training, and can accurately assess individual level of competence in general skill areas.	
11. Intern demonstrates knowledge of Practice Development: working with managed care companies, billing procedures, authorization for services, updating treatment plans.	

**Participation or
Achievement Noted
By Supervisor**

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COMPETENCY – MULTICULTURAL COMPETENCY	
1. Intern develops a Multicultural Case Presentation about for Multicultural Seminar series (related to specific case and diversity issues, how addressed, etc.)	
2. Intern participates in full-day training program for metro-area interns on Multicultural Diversity.	
3. Intern participates regularly in the Multicultural Seminar addressing various issues related to broadening and deepening competency in this area.	
4. Intern has experience with providing clinical services through the use of an interpreter. Specify on side of page which languages interpreters were used for.	
5. Intern considers diversity issues routinely when providing clinical care and addresses in supervision.	
6. Intern has the opportunity to work with a wide variety of patients from varying backgrounds and cultures (as evidenced by quarterly documentation using the Diversity Summary).	
7. Intern participates in Celebrating Children’s Community with a focus on multicultural competency during hospital orientation.	

