

Appendix C:
Conemaugh Health System



PSYCHOLOGY INTERNSHIP PROGRAM

THE PSYCHOLOGY INTERNSHIP HANDBOOK

2026-2027



Psychology Internship Program

1086 Franklin Street

Johnstown, Pa. 15905

Phone: (814) 534-1142

TABLE OF CONTENTS

The Psychology Internship at CHS	3
Mission.....	3
Program Aims for Training in the Practice of Professional Psychology	4
Program Philosophy, Training Model & Training Plan	5
Developmental and Sequential Learning	6
Program Facilities, Training Materials, and Equipment.....	14
Internship Competencies & Objectives.....	19
Procedures for Intern Selection.....	23
AAPIC.....	23
Intern Benefits/Stipend.....	24
Paid Time Off.....	24
Intern Work Schedule.....	24
Due Process Policy.....	25
Grievance Policy.....	26
Record Retention.....	27
Didactic Training / Schedule.....	27

CONEMAUGH HEALTH SYSTEM PSYCHOLOGY INTERNSHIP PROGRAM

The Psychology Internship at Conemaugh Health System (CHS) is designed to train future psychologists to work in health care settings as providers of comprehensive psychological services that stress interdisciplinary collaboration, behavioral medicine techniques, and primary care psychology. The internship is designed to be fulfilled in 2000 hours of full-time training, in not less than 12 months. Conemaugh Health System serves as a health resource to its employees, local students, medical professionals, and the larger community. Conemaugh Health System fulfills its mission in the major rotations at four sites: The Family Medical Center, located on the ground floor, E-Building, Conemaugh Health System, Main Campus; The East Hills Professional Building, which houses Cardiac Rehabilitation, is located on 1450 Scalp Avenue; CPG Outpatient Surgery Clinic that is home to the bariatric and medically assisted weight management program is located at 415 Napoleon Pl; and Conemaugh Counseling Associates located at 320 Main Street, 2nd Floor, Conemaugh Health System - Lee Campus. In each of these sites, interns collaborate with medical and allied mental health professionals as a fully participatory member of the total health care team, under the supervision of a licensed psychologist. Interns meet with the Training Director and Chief Psychologist at the beginning of the internship to discuss their interests and to help them to match their training interests with the patient populations served by the various health care sites of Conemaugh Health System.

The CHS Psychology Internship Program is a member of the Association of Postdoctoral and Psychology Internship Centers (APPIC) and uses the National -Match Service program to select interns.

MISSION

The mission of Conemaugh Health System is “Making Communities Healthier.” The system adheres to “High Five Guiding Principles:” 1) Delivering high-quality patient care; 2) Creating excellent workplaces for our employees; 3) Supporting physicians; 4) Providing community value; 5) Ensuring fiscal responsibility. These principles provide the guideposts for our practice and inform our CORE values: Champion patient care; Do the right thing; Embrace individuality; Act with kindness; and Make a difference together.

As CHS patient service centers, both the Family Medical Center and the Department of Psychology seek to provide high quality, affordable mental and behavioral health services to the community. We endeavor to reach a diversity of individuals including those who might not otherwise have access to these services. Furthermore, as a training site, the Conemaugh Health System offers the opportunity for graduate psychology students to hone their skills and develop into compassionate, sensitive, and culturally aware professionals.

THE PROGRAM AIMS FOR TRAINING THE PRACTICE OF PROFESSIONAL PSYCHOLOGY

The fundamental objective of our program is to prepare students for the practice of professional psychology consistent with the philosophy embodied in the practitioner-scholar model of training. We aim to train future professional psychologists to meet the individual and collective health and mental health needs of all persons, with attention to diversity of gender, race, ethnicity, social class, sexual orientation, religion, age, and abilities, by use of comprehensive, empirically-supported cognitive and behavioral interventions, in collaboration with primary care physicians and other health professionals in an effort to provide holistic interdisciplinary health care services. We seek to train culturally competent clinical psychologists who will be leaders, advocates, clinicians, educators, and supervisors, with a commitment to scholarship and the application of research methodologies to answer clinical questions in their daily practices and communities. The overarching program aims for the internship are to assess, refine and extend 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 the following areas of Profession-Wide Competencies:

Competence in Research: the ability to evaluate the research literature for clinical meaningfulness, scientific rigor, and relevance to diverse patient populations; the ability to apply the theoretical and empirical literature to professional practice; and the ability to understand and apply the knowledge, skills and attitudes that contribute to effective supervision and clinical teaching. Also included is the ongoing engagement in research and its dissemination across public and professional audiences.

Competence in Ethical and Legal Standards: knowledge of ethical principles and standards; application of these principles based on Ethics and Standards of Professional Practice in Pennsylvania, the APA Code of Ethics, as well as other standards of care and conduct, including HIPAA regulations; as well as understanding the role of the clinical psychologist as a clinician, researcher, educator, and administrator in medical and mental health settings, and supporting and modeling the development of that role.

Competence in Individual and Cultural Diversity: including sensitivity to, respect for, and knowledge and understanding of issues of individual differences and cultural diversity including current theoretical and empirical knowledge base related to addressing diversity. The application of a framework for effective practice with areas of individual and cultural diversity.

Competence in Professional Values, Attitudes, and Behaviors: demonstrates dispositions and engages in behaviors that reflect the values and attitudes of the psychology profession, in all professional roles including performance improvement, response to supervision, and graduated independence.

Competence in Communication and Interpersonal Skills: including how to develop an effective working alliance and therapeutic relationship; the ability to interact adaptively and communicate effectively throughout the range of professional psychological roles.

Competence in Assessment: Clarification of the referral question, diagnostic interviewing and hypothesis formulation, selection and utilization of appropriate instruments, competent administration, scoring, interpretation, and case formulation consistent with empirical support, psychometrics, diversity and contextual factors. Adept at presenting findings concisely in written form and via oral feedback.

Competence in Intervention: Interviewing patients, developing case formulations, and implementing treatment strategies based on empirically supported treatment paradigms with the respect for client values and preference.

Competence in Supervision: identifies appropriate supervision techniques relevant to empirically supported models with respect to adult learning, support for trainee development, and the differences of other professionals.

Competence in Consultation and Interprofessional/Interdisciplinary Skills: application of knowledge regarding consultation models with demonstrated knowledge and respect for the roles and perspectives of other professionals. Collaboration with interdisciplinary treatment team members in the role of a behavioral health consultant, including experience with patients who have complex medical and co-existing psychological problems.

PROGRAM PHILOSOPHY, TRAINING MODEL, AND TRAINING PLAN

The internship experience involves training which extends and integrates the intern's basic academic program. The internship is designed to offer a broad range of experiences to develop these core professional competencies. Interns have a shared responsibility in designing and planning the internship experience in collaboration with the intern's Chief Psychologist, supervisors, and Psychology Training Director. This process is intended to ensure that the intern's training plan is integrated with the intern's overall graduate or professional school training plan, and that the internship provides a coherent progression from the basic knowledge and practical clinical skill competencies achieved in the academic program to the core practice competencies that are refined in the internship. Upon completion of the internship, interns are prepared to assume an entry level doctoral psychology position in medical, primary care, integrated care, outpatient, adult, child, and adolescent psychiatric behavioral health care settings. Interns who successfully graduate from the program are equally well prepared to succeed as fellows in post-doctoral training areas of greater specialization. Throughout the development of the clinical competencies, licensed psychologist supervisors remain clinically responsible for all cases under their supervision.

An integral component of the health care training and delivery services at CHS, the Psychology Internship program emphasizes the development of proficient to advanced level clinical skills

through supervised clinical experiences in the application of theoretical and empirical psychological knowledge. The program provides interns with a continuum of clinical training opportunities within a broad range of interdisciplinary clinical settings designed to train well-rounded clinicians in the skills to function in a variety of settings including clinical service, medical consultation, and education.

Our training curriculum strives to be relevant to the current demands of practicing psychologists and the populations they serve. The activities of the internship are designed to teach and develop professional competence, through education, modeling, experience, and supervision. The internship emphasizes the provision of service to culturally diverse communities, as well as the treatment of underserved populations with significant health disparities. The content of the didactic training seminars is balance of competencies identified through the Society of Behavioral Medicine, APA recommendations for Primary Care Psychology and Integrated Behavioral Health, and input from former and current interns based on ongoing needs assessment. When interns express a desire for training in an area that falls outside the range of expertise of the supervising faculty, we will make every effort to recruit external expert supervisors in those areas.

Interns are taught to develop interventions based on matching clinical presentation to theory and empirically based treatment. They are taught to understand and articulate the assumptions and limitations of their interventions, as well as implement practices that address the problems they encounter. Interns will be expected to demonstrate competence in all professional issues related to the practice of psychology.

The internship experience is structured in a developing competency-tiered manner, with the interns being sequentially supervised through didactics, role modeling, (e.g., observing their supervisors in the process of intakes, evaluations, or interventions), direct observation by supervisors, indirect observation by supervisors, and case presentation-based supervision. Psychology interns start the year with fewer cases and gradually increase their responsibilities as their skill levels develop.

TRAINING MODEL-Developmental and sequential learning

The internship training program at Conemaugh Health System is developmentally planned and sequentially organized. Interns begin the year with orientation which is aimed at helping them to transition into the Department of Psychology in the Family Medicine practice at CHS and the Department of Behavioral Medicine, to become part of the professional staff, and to begin assuming the role of Intern. The internship program operates under the assumption that most interns will have had introductory experience in the provision of services within a medical system and/or primary care setting. Consequently, the training program begins with an orientation to the scope of psychologist-physician collaboration, the culture of the psychiatric

consultative liaison, issues related to serving culturally diverse populations, and policies and procedures related to the referral, triage and case assignment process. Issues such as the delivery of confidential services in a medical/primary care setting and HIPAA requirements are covered, as well as topics related to OSHA. At orientation, interns also receive training in documentation requirements, billing and the various relevant protocols.

Prior to beginning training, interns perform a self-assessment using the CHS Psychology Intern Evaluation to establish a baseline measure of perceived skill level in each of the critical competency areas, which serves to inform and individualize the intern's learning goals in terms of which skills need to be developed.

Next, the interns review their responses on the Intern Evaluation with their supervisors to discuss and complete their individualized learning goals. Interns and their supervisors review this evaluation in conjunction with their goals to maximize their progress throughout the year. If any adjustments to the agreement are necessary to help interns to maximize their training experience, they may be made at any time during the internship.

Once these general skills are in place, training focuses on cognitive and behavioral techniques specific to the most commonly encountered problems: depression, anxiety, and pain disorders. Then, supervisors move to the more complex treatment of disorders such as psychosis and personality disorders and medical co-morbidities. Supervision is informed by a developmental approach, in that the supervisor initially takes a greater role in structuring the agenda and guiding the intern through competency development in assessment, case conceptualization, intervention, diversity issues, applied ethics, and reflection on the dynamics of the therapeutic relationship. As interns progress in the training year, they are expected to assume greater autonomy in the core competencies and are given formative feedback continuously in supervision, with respective written evaluations at mid-term and year-end using the intern evaluation form.

Throughout the internship, interns are also challenged to consider diversity issues that directly or indirectly inform their work, as a member of an interdisciplinary health care team serving various underserved populations with significant health disparities. Toward the end of internship, interns are expected to assume greater autonomy in guiding the content and process of the supervision sessions, such that the supervisor is able to move from a primarily didactic function to that of a consultant.

Didactic seminars related to assessment and intervention with special populations, such as geriatrics, children, and individuals with serious mental illness, and presenting problems, such as eating disorders, chronic pain, ADHD, etc., round out and broaden the interns' exposure to key issues and competencies required to work with these populations, since in the primary care setting, interns will be expected to work with as broad a variety of populations and presenting problems as possible. Supervision continues to cycle back through the foundational skills to consolidate these competencies as new skill areas are added. As the internship continues, the

intern is expected to demonstrate increased proficiency in the conceptualization of cases and autonomy in acquiring the necessary clinical data to render accurate diagnoses and treatment plans. Complexity of case work increases as the intern's skill level increases.

In sum, the interns observe experienced psychologists modeling effective assessments, interventions, and diagnostic skills. They are subsequently given opportunities to provide service with supervisory assistance, take on cases that are increasingly complex, supported by an appropriate level of supervision, and provide consultation to fellow interns and supervision to practicum students.

Training in each skill area utilizes a developmental approach incorporating the following modalities:

- Orientation provides interns with a general introduction to all areas of functioning included in the internship and provides background conceptual and/or didactic frameworks.
- Didactic seminar sessions offered throughout the year will continue to enrich the interns' knowledge, skills, and attitudes for an array of relevant topics. Sessions provide more in-depth explorations of various topics or encourage interns to contemplate their experiences thus far in the area in order to integrate their didactic and/or scientific knowledge with their provision of the service.
- Participation in case conferences, which always includes a discussion of multicultural and ethical considerations, initially provides interns with an opportunity to hear how senior staff conceptualize their work and will help interns become familiar with some of the issues and challenges associated with each area of service provision. As interns become more involved with service provision, case conference becomes a place where they can get multiple sources of input into their work.
- Observation of supervisors and seasoned professionals performing clinical services provides interns an opportunity to become familiar with the competencies required to provide the service and the procedures utilized by the agency in performing the service. Interns will also, thereby begin to be introduced to different approaches to cognitive and behavioral case conceptualization and styles of engaging diverse clients in a behavioral health care setting. Observation helps interns to clarify questions that they have and leads to discussion of best practices for the particular service.
- Interns begin providing the service. Initially, participation includes providing the service in conjunction with a staff or clinical supervisor, being observed by a supervisor, or with consultation from a staff or supervisor.

- Interns will develop in their competency in each area as they participate in training activities including: discussions and review of their sessions in supervision; discussions and case presentations in didactic seminars; interaction and discussion with other interns.
- Supervisors and the training committee evaluate and give formative feedback to interns to encourage their development, identify areas needing extra attention and provide remediation, as necessary.
- As supervisors are clearer about an intern's level of competency and confidence in a particular area, the intern will be encouraged to function more autonomously and with more complex presentations in that area.
- Supervision and other training activities will encourage interns to incorporate their increased level of competency into their identity as a professional and level of confidence. Interns will thereby feel increasingly able to take on additional challenges and push their growth edges.

Supervision is informed by a developmental approach, in that the supervisor initially takes a greater role in structuring the agenda and guiding the intern through competency development in assessment, case conceptualization, intervention, diversity issues, applied ethics, and reflection on the dynamics of the therapeutic relationship. As interns progress in the training year, they are expected to assume greater autonomy in the core competencies and given formative feedback continuously in supervision and they are rated accordingly on the summative beginning and final CHS Psychology Internship Intern Evaluation. Throughout the internship, interns are also challenged to consider diversity issues that directly or indirectly inform their work, as a member of an interdisciplinary health care team serving underserved populations with significant health disparities in the urban setting. Toward the end of internship, interns are expected to assume greater autonomy in guiding the content and process of the supervision sessions, such that the supervisor is able to move from a primarily teaching function to that of a consultant. Clinical supervisors remain responsible for the overall care and treatment of clients they service in the entire program.

TRAINING PLAN

Psychology Interns at Conemaugh Health System receive training and gain clinical experience through a combination of major and minor rotations throughout the year, as well as on-going didactic and research participation.

I. MAJOR ROTATIONS

a. DEPARTMENT OF FAMILY MEDICINE-Integrated Primary Care Services

Psychology Interns dedicate half of their schedule throughout the year at the Family Medical Center (FMC). In this rotation, interns will be assigned a role as members of the interdisciplinary primary care team and work in an integrated care setting (community outpatient primary care center) with physicians, family medicine resident physicians and other health care professionals. There are opportunities for outpatient and inpatient consultation-liaison with a wide range of medical specialties, assessment and treatment of mental illness and substance abuse, and teaching the psychological dimensions and sequelae of medical illness to family medicine residents.

The outpatient family medicine clinic serves a diverse population, including the underserved in an identified rural, Appalachian setting. Interns gain experience as part of an integrative healthcare team, and conduct activities including assessment of health risk, psychological assessment, and provide individual and group therapy for patients with multiple health and concomitant mental health issues. In addition to providing interventions targeting behavioral health concerns that may exacerbate physical health concerns or impair medical treatment adherence, the Psychology Intern will gain proficiency in delivering effective interventions related to the following health-related issues:

- Chronic pain
- Sleep disorders
- Stress
- Chronic fatigue
- Chronic headaches
- Caregiver stress
- Gastrointestinal disorders, including irritable bowel syndrome
- Smoking cessation
- Adjustment to medical conditions such as COPD, cancer, diabetes, stroke, neurological disorders and heart conditions

b. CONEMAUGH COUNSELING ASSOCIATES

Conemaugh Counseling provides assessment and treatment to individuals across the lifespan, including children, adults, and older adults. Psychology interns will be assigned to this longitudinal rotation for the length of the year to improve continuity of care. Services offered at CCA include psychological assessment and treatment, psychiatric care, individual, family and couples counseling. The psychology interns will have the opportunity to complete psychological assessments for adults and children under the supervision of the Chief Psychologist. They will attend interdisciplinary treatment team meetings and collaborate with medical providers throughout CHS. Interns receive weekly supervision from a licensed psychologist who is on the core staff and who oversees their clinical and supervisory practice. Interns may also, with training and supervision, organize, and review program initiatives and

clinical cases being treated by other allied staff members. While on this rotation, interns will rotate through the adult inpatient behavioral medicine unit as described below.

c. BEHAVIORAL MEDICINE DEPARTMENT

Psychology Interns at CHS serve an assignment involving consultation service on psychiatric inpatient units at the MMC main campus. Interns will be assigned rotations for six months at a time among the inpatient units. Consultation services include individual and a small group training of staff in issues related to applied behavioral assessment, psychological assessment, implementation of cognitive-behavioral interventions based on empirically supported treatment packages, and in-service training seminars related to prevention and early identification and intervention of behavioral health problems.

i. CHILD AND ADOLESCENT SERVICES / inpatient

Aloysia Hall provides safe and secure inpatient treatment for children ages 4 through 17. Treatments are tailored to meet the individual needs of each child, and emphasize patient and family participation. Interns will be assigned this mini rotation for a period of 3 months out of their rotation for 4 hours, three days per week, for the period assigned. Common diagnoses include oppositional defiant disorder, attention deficit with hyperactivity disorder, depression and other behavioral disorders. The short-term program is designed to stabilize the child so that he/she can return home and continue treatment outside of the hospital.

Psychology interns will follow clients from time of admission to a full course of care. They will provide initial assessments to evaluate physical, social, and emotional health, and help determine the appropriate level of care. In addition to assessment, they may be asked to provide short-term intensive individual therapy, group therapy, or family therapy. Through cognitive behavior therapy, patients and their family members also learn ways to recognize the issues that may trigger behavioral problems, as well as techniques to help manage them.

Aloysia Hall is the region's only inpatient program dedicated to strengthening the emotional health of area children. It is licensed by the Pennsylvania Department of Health, accredited by the Joint Commission on the Accreditation of Healthcare Organizations, and had been serving the needs of children and their families since 1981. *Note: at this time, Aloysia Hall is currently not accepting patients and this specific service is suspended.*

ii. ADULT PSYCHIATRIC SERVICES / INPATIENT

The Inpatient Treatment Units provide safe, secure, comfortable, and therapeutic environment for adults who require 24-hour psychiatric care on a short-term basis. The psychology interns

will be assigned a six-month rotation, (4 hours, 2 days per week) on the unit. A team of psychiatrists, psychologists, psychiatric nurses, social workers, recreational therapists, addiction counselors and other health care specialists work with patients and their families to treat and manage a range of psychiatric conditions. Treatment includes discharge planning with step-down recommendations for appropriate follow-up care upon discharge. Diagnoses can include but are not limited to mood disorders, psychotic disorders, anxiety disorders, addiction disorders, and more.

Structured treatment options can include individual psychotherapy, group therapy, cognitive behavior therapy, in which patients and their family members learn how to recognize the issues that may trigger episodes and how to manage them, medication therapy, or Electroconvulsive Therapy (ECT). The psychology interns will provide diagnoses and treatment options following evaluation and assessments, as well as input from the patient or family members.

During treatment, patients receive instruction and support related to stress management, effective communications, anger control, self-care, self-esteem, goal-setting and problem-solving, and spirituality. Extensive therapies that use play and recreation as a means of coping and relaxing are part of the treatment plan. These include exercise, music, electronic games, crafts and several other programs.

iii. CRICHTON REHABILITATION CENTER

Crichton is an acute, inpatient rehabilitation facility that provides a wide variety of services under a team approach to care. Services focus on patients who have suffered a loss of function due to (but not limited to): stroke, brain injury, hip fracture, spinal cord injury, amputation, neurological disorders, and more. Psychology interns serve a 6 month, (4 hours, 2 days per week) rotation with Crichton. A team of physiatrists, physicians, nurses, physical therapy, occupational therapy, neuropsychology, and others work with patients and caregivers to address patient needs.

Interns provide consultation services based on physiatrist referrals during treatment team meetings. Consultation requests address areas of psychological diagnosis and acute interventions targeting the impact of mental health for maximum patient recovery.

iv. WESTERN PENNSYLVANIA BARIATRIC INSTITUTE

Psychology interns serve a six-month rotation with the bariatric surgery clinic that has been accredited as a quality program according to the standards set by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program. In addition,

this clinic has been recognized as a Blue Distinction Center for Bariatric Surgery as part of the Blue Distinction Specialty Care program of Highmark Blue Cross Blue Shield. Interns provide the pre-surgery psychological evaluation in addition to limited, acute behavioral health interventions as needed for patients participating in the program. Interns also participate in the Bariatric Support Group.

II. MINOR ROTATIONS

Minor rotations are typically offered also on a six-month schedule. Psychology interns typically dedicate one half-day per week to a minor rotation.

a. CARDIAC REHABILITATION

Interns lead a cardiac rehabilitation support group emphasizing the empirically supported role that stress reduction is understood to play in cardiac rehabilitation. Interns also work with registered nurses and licensed practicing nurses engaged in patient treatment through physical rehabilitation exercises. The group meets for approximately 1 hour per month.

b. TRAUMA DEPARTMENT (ELECTIVE)

Psychology interns at CHS will have the opportunity to provide services in conjunction with the CHS trauma department during this rotation. Services include consultation, participation in treatment team, individual therapy, and assessment. This major rotation includes preliminary assessment for acute stress disorder and post-traumatic stress disorder as well as mental-status exam and other assessments and screening related to the recovery of trauma patients. Acute inpatient care includes individual adjustment and support, family support, psychoeducation, and treatment team support. Follow-up care with outpatients includes ASD and PTSD screening as well as education and training for patients and physicians.

c. COMMUNITY MENTAL HEALTH – CHS HIGHLANDS HEALTH (ELECTIVE)

Psychology services through the CHS Highlands Health (Free Clinic) rotation include primary care services as well as participation in community outreach, psychoeducation, and collaboration in a whole-health team model.

d. RYAN WHITE CLINIC (ELECTIVE)

The **Ryan White Clinic** at the Family Medical Center provides comprehensive healthcare for people infected with HIV/AIDS. An interdisciplinary team of physicians, a psychologist, psychology interns, a nurse practitioner, pharmacists, dieticians, social workers and an infectious disease specialist provide integrated care. Psychology interns conduct biopsychosocial assessments and cognitive screenings as well as provide individual and group treatment.

e. ONCOLOGY (ELECTIVE)

Conemaugh offers the only accredited cancer program in Cambria, Bedford, and Somerset Counties. Our team has repeatedly received the prestigious [Commendation Approval Award](#) from the American College of Surgeons. This distinctive honor is awarded to only **one in four hospital programs across the country**. Conemaugh Health System is the recipient of the American Cancer Society **Corporate Excellence Award** for cancer awareness and promoting a healthy lifestyle. As part of this award, Conemaugh is recognized for being a smoke-free and tobacco-free workplace, participation in Look Good Feel Better workshops and an annual Cancer Survivor's Conference. Psychology Interns engage in milieu therapy with oncology patients during their treatment at main campus as well as through support in group settings.

II. RESEARCH

Recognizing the role of scholarship and ongoing research plays among the practice of psychology, psychology interns engage as educated consumers and participants in scholarship and research. This is demonstrated through case conceptualizations, the selection and implementation of interventions and assessments, and across the range of professional behaviors of the intern. In addition, interns participate through presentation at the Conemaugh Research Symposium. Interns identify a topic to pursue individually or in conjunction with medical residents. This topic is approved through the CHS Office of Research Assistance, Institutional Review Board, and presented at the Annual Conemaugh Research Symposium.

III. SUPERVISION

a. FMC Resident Rotation

Resident physicians within the Family Medicine Residency Program engage in a 5-week behavioral medicine rotation during their second year of residency. Fulfillment of this requirement is met via rotation through the Psychology Department. The six (6) second year FMC residents rotate through the Psychology Department throughout the

year of internship. Each intern completes six months of supervision for these residents. Supervisory responsibilities during this time include, but are not limited to:

- i. Didactic training of the resident in appropriate interpersonal communication techniques and cognitive-behavioral techniques empirically supported for acute interventions.
- ii. Appropriate screening and selection of patient(s) to be treated jointly and individually with the resident.
- iii. Case management and patient communication consistent with ethical and legal guidelines.
- iv. Representation of the case as appropriate to the supervisor of record.
- v. Report of the resident's progress throughout the rotation

b. Practicum Students

Interns are encouraged to engage with practicum students in a mentoring and supervisory relationship. There will be opportunities for formal supervision of a group treatment and/or a project assigned to practicum students and interns are encouraged to take advantage of informal opportunities to engage in supervisory conversations and didactics with their junior colleagues.

c. Peer-to-peer Supervision

Peer-to-peer supervision is among the most recommended techniques for practicing psychologists when faced with an ethical question, a clinical conceptualization difficulty, or even the need to process complex cases. Interns are encouraged to practice this form of supervision with one another, and formal supervision will reflect this encouragement.

PROGRAM FACILITIES, TRAINING MATERIALS, AND EQUIPMENT

The Psychology Internship program has the benefit of facilities available on multiple campuses all proximal to the Johnstown area and available within ten minutes via auto travel. As the Psychology Department is embedded within the Family Medical Center, main office areas for psychology interns are located within FMC. Each rotational site has dedicated space for behavioral health staff. These spaces are inclusive of PC accessibility, telephone and Internet access, seating and semi-private space for therapeutic discussion.

Family Medical Center: is housed on the main CHS campus. The clinic contains seventeen (17) treatment rooms, a dedicated room for medical procedures, two triage

rooms, offices, conference rooms, and reception areas. Among this space is the dedicated therapy room as well as office space for the Training Director and interns. Doctoral Psychology Interns share office space with one another and psychology practicum students. Each intern has a specific office space available with desk, filing drawers, telephone, PC, printer, and office supplies. Psychology interns have access to a kitchen and restrooms that are shared with FMC staff. Additionally, there is dedicated reception area, check-in/out, and intervention space independent of the FMC areas to meet requirements for co-location services.

Conemaugh Counseling Associates: is housed in the Lee Campus of CHS and located in downtown Johnstown. CCA currently utilizes four (4) treatment rooms, office areas, and a reception area. CCA also houses a kitchen area and restrooms that interns share with CCA staff. The office for the Chief Psychologist is located in CCA in addition to a dedicated assessment room available as workspace for interns. Office space with PC and telephone is available for intern use while providing services through CCA. The assessment room is adjacent to the Chief Psychologist office with a door between the two rooms that allows for observation by the Chief Psychologist and immediate feedback for training purposes.

Cardiac Rehabilitation: is located in the Conemaugh East Hills Outpatient Center. This center's goal is a continuation of the Patient Centered Medical Home model and aims to target multiple patient facilities in a single location. Patient facilities include: ambulatory surgery center, endoscopy suites, laboratory and diagnostic center, cardiac and pulmonary rehabilitation, neuroscience specialty clinics, pain management center, MedWELL urgent care, primary and specialty care physician offices. Facilities design includes ample space for behavioral health personnel and treatment. Cardiac Rehabilitation space includes a full-sized gym with aerobic and strength-training equipment, office space and adjacent conference rooms. The East Hills location is on the northeast section of the Johnstown area and accessible via auto within 10-15 minutes from the FMC.

Highlands Health: is located in downtown Johnstown, blocks away from the Lee Campus and less than ten minutes by auto from the FMC. Facilities include office space for behavioral health interns that includes PC, telephone, and printer; treatment rooms, and conference areas.

Western Pennsylvania Bariatric Institute: is located in an outpatient setting within one mile of the main campus. The clinic includes outpatient medical exam rooms, conference areas, office space for treatment team members (surgeon, nurse practitioner, dietician, registered nurse, and clerical team members). Interns share an office space and have access to individual space as well as private space for clinical services.

The CHS Psychology Internship program strives to maintain materials and equipment relevant and current for treatment and training purposes. It is intended that these materials be available to interns for clinical use with appropriate training and supervision as well as available for training and learning purposes. For example, mood screeners such as the Patient Health Questionnaire-BREF are utilized with every patient while the Rorschach is rarely utilized yet maintained for learning and practice purposes. Biofeedback equipment is utilized following specific didactic trainings that review theory and application as well as engage in clinical practice. Some materials are site-specific while others are available anytime upon request. Interns have open access to the Conemaugh Health Sciences Library that includes librarian assistance with literature searches, bound textbooks, and an online public access catalog. Online access includes access to EBSCO, PUBMED, OVID and other on-line journal databases and is accessible anytime through the internet. The Psychology Department maintains subscriptions to the APA Monitor, PPA Psychologist, and APA Division 38 Health Psychology journals.

Family Medical Center: The following training materials and equipment are available for intern use within the Family Medical Center and during all rotations. Assessment materials include: SCID-5-CV, (Structured Clinical Interview for DSM-5 Clinical Version); MMPI-3, (Minnesota Multiphasic Personality Inventory-3); MCMI-IV, (Millon Clinical Multiaxial Inventory-IV); PDS, (Post Traumatic Stress Diagnostic Scale); PCL-5 / PCL-C / PCL-M, (Post Traumatic Stress Disorder Checklist for DSM-5, Civilian and Military versions); MBHI, (Millon Behavioral Health Inventory); BHI, (Battery for Health Improvement); BDI-II, (Beck Depression Inventory-II); BRIEF-A, (Behavior Rating Inventory of Executive Function-Adult version); P3, (Pain Patient Profile); BSI, (Brief Symptom Inventory); BAI, (Beck Anxiety Inventory); TOMM, (Test of Memory Malingering); Conners 3 and Continuous Performance Test; Vanderbilt Assessment Scales; MBMD, (Millon Behavioral Medicine Diagnostic); PHQ-9, (Patient Health Questionnaire-9); MoCA, (Montreal Cognitive Assessment); MMPI-A-RF, Minnesota Multiphasic Personality Inventory-Adolescent-Restructured Form; TAT, (Thematic Apperception Test); and the Rorschach Inkblot Test. In addition, interns have access to therapeutic materials that are available when working with patients individually or in a group setting.

The following training materials and equipment are available for intern use within the Family Medical Center and during all rotations with the appropriate supervision by CHS neuropsychologist Katherine Kelley, Psy.D. Assessment materials include: Advanced Clinical Solutions (ACS): Social Cognition, Advanced Clinical Solutions (ACS): Test of Premorbid Functioning, Advanced Clinical Solutions (ACS): Word Choice, Battery for Health Improvement 2 (BHI2), Beck Anxiety Inventory (BAI), Beck Depression Inventory (BDI), Behavior Assessment System for Children 2nd Edition (BASC-2), Behavior Rating Inventory of Executive Function (BRIEF), Behavioural Assessment of the Dysexecutive Syndrome (BADS), Bender Gestalt, Benton Facial Recognition, Benton Judgment of Line

Orientation, Benton Visual Form Discrimination, Boston Naming Test, Brown ADD Scales
 , California Verbal Learning Test Second Edition (CVLT-II), Clock Drawing Test, Cognistat
 , Cognistat-5, Coloured Progressive Matrices, Columbia- Suicide Severity Rating Scale (C-
 SSRS), Complex Ideational Material (from the BDAE), Comprehension Assessment of Spoken
 Language (CASL), Conners' Adult ADHD Rating Scale (CAARS), Conners Behavior Rating Scale
 (CBRS), Conners Continuous Auditory Test of Attention (CATA), Controlled Oral Word
 Association Test (COWAT), Delis-Kaplan Executive Function System (DKEFS), Dementia
 Severity Rating Scale (DSRS), Detailed Assessment of Posttraumatic Stress (DAPS), Dot
 Counting Test, Expressive Vocabulary Test (EVT, Extended Complex Figure Test, Frontal
 Systems Behavior Scale (FrSBe), Galveston Orientation and Amnesia Test
 (GOAT), Generalized Anxiety Disorder 7 Item (GAD-7), Grooved Pegboard, Halstead-Reitan
 Battery, Hamilton Depression Inventory (HDI), Hand Dynamometer, Hooper Visual
 Organization Test (VOT), Interference Learning Test (ILT), Iowa Gambling Task, Ishihara's
 Tests for Colour-Blindness, Kaufman Brief Intelligence Test 2nd Edition (K-BIT 2), Maslach
 Burnout Inventory, Meyers Forced Choice, Millon Behavioral Medicine Diagnostic, Millon
 Clinical Multiaxial Inventory-IV, Mini Mental Status Examination (MMSE), Minnesota
 Multiphasic Personality Inventory 3rd Edition (MMPI-3), Modified Wisconsin Card Sorting Test
 (M-WCST), Montreal Cognitive Assessment (MoCA), Multilingual Aphasia Examination 3rd
 Edition (MAE), Nelson-Denny Reading Test, Neuropsychological Assessment Battery:
 Attention Module, Neuropsychological Assessment Battery: Digits Forward/Digits
 Backward, Neuropsychological Assessment Battery: Executive Function
 Module, Neuropsychological Assessment Battery: Language Module, Neuropsychological
 Assessment Battery: Mazes, Neuropsychological Assessment Battery: Memory
 Module, Neuropsychological Assessment Battery: Naming, Neuropsychological Assessment
 Battery: Screening Module, Neuropsychological Assessment Battery: Spatial
 Module, Neuropsychological Assessment Battery: Visual Discrimination, Oral Trails, Pain
 Catastrophizing Scale (PCS), Pain Patient Profile (P-3), Patient Health Questionnaire 9 Item
 (PHQ-9), Peabody Picture Vocabulary Test 3rd Edition, Personality Assessment Inventory
 (PAI), Purdue Pegboard Test, Quick Dementia Rating Scale (QDRS), Quick Neurological
 Screening Test 3rd Edition Revised (QNST-3R), Random A Test, Raven's Progressive
 Matrices, Repeatable Battery for the Assessment of Neuropsychological Status
 (RBANS), Revised NEO Personality Inventory (NEO PI-R), Rey 15-Item, Rey Auditory Verbal
 Learning Test (RAVLT), Rey Complex Figure Test, Reynolds Adaptable Intelligence
 Test, Reynolds Intellectual Screening Test 2nd Editions (RIST-2), Ruff 2&7 Selective Attention
 Test, Ruff Figural Fluency Test, Scales of Cognitive Ability for Traumatic Brain Injury, Short
 Blessed Test, Stroop Neuropsychological Screening Test, Stroop Test, Structured Inventory of
 Malingered Symptomology (SIMS), Symbol Digit Modalities Test (SDMT), Test of Memory and
 Learning 2nd Edition (TOMAL-2), Test of Memory Malingering (TOMM), Test of Nonverbal
 Intelligence 4th Edition (TONI-4), The b Test, The Booklet Category Test, The Personality
 Inventory for DSM-5, The Rivermead Behavioral Memory Test, Tower of London Drexel

University: 2nd Edition, Trail Making Test, Trauma Symptom Inventory-2 (TSI-2), Validity Indicator Profile (VIP), Wechsler Abbreviated Scale of Intelligence- 2nd Edition (WASI-II), Wechsler Adult Intelligence Scale 4th Edition (WAIS-IV), Wechsler Adult Intelligence Scale 5th Edition (WAIS 5), Wechsler Memory Scale 4th Edition (WMS-IV), Wechsler Memory Scale 5th Edition (WMS-V), Wechsler Test of Adult Reading (WTAR), Wide Range Achievement Test 5th Edition (WRAT5), Wisconsin Card Sorting Test (WCST)

Treatment planning materials include resources specific to behavioral health, primary care psychology, rural delivery, and persons diagnosed with HIV.

Therapeutic resources include books and manuals related to: chronic pain, Obsessive Compulsive Disorder, Cognitive Behavior Therapy, Cognitive Processing Therapy, Cognitive Behavioral Therapy for Insomnia, Trauma Focused Cognitive Behavioral Therapy, Solution Focused Therapy, Eriksonian hypnosis, and assessment. Additional equipment available for therapeutic use by interns includes an I-330-C2 biofeedback machine for EDR, EMG, ECG, EEG, HR biofeedback therapy.

Conemaugh Counseling Associates: The following training materials and equipment are available for intern use through CCA. Some of the materials are prohibitive to remove from the CCA site, such as the Autism Diagnostic Observation Schedule due to the size of the kit; however, many of the materials are available for use in other locations when prior arrangements are made.

Assessment materials include: WAIS-IV (Wechsler Adult Intelligence Scale-IV); WISC-V (Wechsler Intelligence Scale for Children-V); ADOS-II (Autism Diagnostic Observation Scale); IVA+Plus (Integrated Visual and Auditory Continuous Performance Scale); and many of the same assessment measures available at FMC.

INTERNSHIP COMPETENCIES AND OBJECTIVES

Competency Model of Evaluation (Appendix A)

The basic goal of the internship program is to promote the professional development of interns in each of the APA Standards of Accreditation areas so that interns are ready to assume the responsibilities of a postdoctoral fellow or entry level doctoral psychologist position. To assist in our internship training and evaluation process, and to document the attainment of skills relative to the Standards of Accreditation, overall competency ratings and specific objective ratings within each standard are completed for each of the following nine standards: (1) Research, (2) Ethical and legal standards, (3) Individual and Cultural Diversity, (4) Professional Values, attitudes, and behaviors, (5) Communication and interpersonal skills, (6) Assessment (7) Intervention, (8) Supervision, and (9) Consultation and interprofessional/interdisciplinary skills. Based on Falender and Shafranske (2008; *Clinical Supervision: A Competency-Based Approach*,

Washington, DC: APA), the methodology we use to both evaluate and integrate competency into the curriculum consists of (a) clearly articulated training objectives that are defined by specific quantifiable descriptors of expectations for each developmental skill level for each of our six core competency domains; (b) a ratings form for the beginning of the year prior to the start of training, mid-year evaluations, and end-of-the-year evaluations of each defined competency in both self-report and supervisor report; and (c) a training plan that lays out the specific training activities and expectations that address the specific training needs of each intern. Interns complete a self-assessment of the nine core competencies at the beginning of the training year. Strengths and weaknesses that emerge from this self-assessment are discussed with primary supervisors in developing a training plan for the internship year. Interns complete self-evaluations and supervisors complete competency evaluations of interns at mid-year and end-of-year points for each major and minor rotation. We use a developmental rating scale that is intended to reflect progression toward becoming an independent psychologist. Level 2 is expected of beginning practicum students, but some interns may enter internship training at this level for some domains. Level 3 is where practicum students are expected to be at the end of their graduate program, and where pre-doctoral interns are expected to begin their internship year in most domains. Level 4 is the competency level expected of interns at the end of the internship year and is consistent with entry level psychologists performing independently. Level 5 represents the practice competence of independent psychologists who have received advanced training and experience. Level 4 is the minimum aggregate level of competence expected and required of interns by the end of the internship in identified competencies that are consistent with the nine APA Profession-wide Competencies.

In addition to the ongoing feedback and evaluation which is a natural part of the supervision process, each intern receives formal, written evaluation ratings from each of his/her primary supervisors at the midpoint, along with the formal evaluations at the completion of each training year. The mid-point evaluations are intended to be a progress report for interns to increase self-awareness and awareness of supervisor's perceptions, discrepancies between intern self-ratings and supervisor ratings, and to help the intern focus on specific competencies and areas of work for the second half of the program. This and the supervisor's evaluation of the intern are discussed by the intern and supervisor to facilitate mutual understanding and growth. Copies of the intern's and the supervisor's evaluations are forwarded to the intern's university psychology Training Director. Intern evaluations will be forwarded to the Director of Training/Program Director at the intern's graduate school during the six-month and year-end evaluation periods.

To successfully complete the internship, interns are expected to demonstrate an appropriate level of professional psychological skills and competencies across the profession-wide competencies described in the section on the Program Aims of the Internship Program. Interns will be certified as having completed the internship at CHS with the concurrence of individual

supervisors and the Psychology Internship Training Committee. Interns successfully completing the training program will be issued a certificate of internship completion (a CHS diploma) consistent with APPLIC guidelines.

REQUIREMENTS FOR COMPLETION OF INTERNSHIP

The following requirements must be met to the satisfaction of the Training Committee to receive satisfactory certification of internship completion:

1. The internship requires a total of 2000 hours. The bulk of this time will be supervised work in the two major rotations at the Family Medical Center, and in The Behavioral Medicine Department. A **minimum** of 25% of time on internship will be required (500 hours) in the provision of direct face-to-face clinical services. The internship is a full-time appointment and may not be completed in less than 12 months, in accordance with the standards of the Pennsylvania State Board of Psychology and the American Psychological Association.

- a. It is a goal to maintain an ongoing caseload within the FMC Integrated Care rotation of 15 patients weekly as discussed with the program director. This caseload continues to allow for administrative time and supervision time.

2. All rotations must be satisfactorily completed; with aggregate goal ratings must be at the level of four (4) (Level 4 is the competency level expected of interns at the end of the internship year and is consistent with entry level psychologists performing independently). The goals identified on the CHS Psychology Intern Evaluation Form are consistent with the nine Profession-wide Competencies.

3. All assigned clinical documentation and administrative record keeping must be completed and stored in accordance with CHS, HIPPA, and APA/PPA guidelines and standards.

4. Regular attendance at all Internship Didactic Seminars, attendance at all scheduled assigned treatment team meetings, attendance and participation in public education seminars provided by staff, and at least 2 Conemaugh continuing education seminars for the year. Any trainings that are missed must be made up by participation in an equivalent program, to be determined by the Training Director.

5. At least two comprehensive psychological/psycho-educational evaluations with an integrated written report must be completed. Feedback on the results of the evaluation must be provided to the referral source and the individual tested, as well as to family members when appropriate.

6. Interns will receive at least two hours of scheduled, formal, individual supervision per week with a licensed clinical psychologist. Additional supervision time is met through delegated supervisors who are licensed/certified specialists within their respective areas of clinical work. In addition, the "open door policy" of the supervisors allows for frequent informal supervision.

Through these supervision activities, interns meet the four hour per week supervision requirement as recommended by APA. All Supervisor Evaluation forms and Internship Program Evaluation forms must be completed.

6.a. In individual circumstances of exception where in-person supervision cannot meet during regularly scheduled time, telesupervision may be offered. Circumstances are defined as an unforeseen exception, e.g., weather emergency, quarantine, travel complications, and will be determined on an individual basis. Interns always retain the right to request in-person supervision. Whenever utilized, telesupervision shall meet PA legal requirements as well as APA best-practices. Synchronous audio-visual platform that meets HIPAA compliance regulations will be utilized and confidential/private log-in locations will be utilized. The complete telesupervision policy is reviewed during internship orientation.

7. Participation in case conferences and meetings required for the Major and Minor rotations are routinely expected.

8. Successful completion of the research requirement including submission of proposal and presentation thereof with the CHS Research Symposium.

9. Supervisory requirements as identified regarding the supervision of FMC residents, supervision of practicum students, and peer-to-peer supervision.

PROCEDURES FOR INTERN SELECTION

NON-DISCRIMINATION POLICY

Conemaugh Health Systems' policy prohibits discrimination on the basis of age, race, color, gender, national origin, ancestry, sexual orientation, religion, creed, disability, or marital status. The policy applies in recruitment of medical staff, employees, medical students, and any scholarship programs. This policy is also followed in the operation of all other facilities within the larger Conemaugh family. Conemaugh Health System systems subscribe to the principles and adheres to the requirements of state and federal law pertaining to civil rights and equal opportunity, in accordance with the requirements of Title VI of the Civil Rights Act of 1964, amended; Title IX of the Education Amendments of 1972; Section 504 of the Rehabilitation Act of 1973, as amended; and the Age Discrimination Act of 1975, as amended.

Evidence of practices inconsistent with this policy should be reported to the Director of Human Resources, who is the designated coordinator of MMC's nondiscrimination program.

SELECTION OF INTERNS

The Conemaugh Health Systems (CHS) Psychology Internship Training Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC).

Our program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Our program is not accredited by the American Psychological Association. Questions related to the program's accreditation 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
Email: apaaccred@apa.org

All other questions about the internship program may be directed to:

CHS Psychology Internship Program
Richard Kutz, Psy.D., ABPP
Training Director
rkutz@conemaugh.org

Offers are tendered to applicants through the APPIC National Computer Match process in strict compliance with APPIC policy regarding internship offers and acceptances. Instructions for the APPIC-MATCH Procedures can be found on the APPIC Web Site at www.appic.org/match. This internship site 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. (There will be early notification to any applicants who are not included in the match by CHS.) Applicants are similarly expected to conform their behavior to the requirements of the APPIC program. The CHS Psychology Internship Program is an Equal Opportunity Employer and we encourage ethnic minority applicants.

Intern applicants from APA accredited doctoral programs in clinical psychology will be preferred. Interns are expected to have completed at least three years of doctoral study before beginning the internship year, including at least 400 clinical intervention hours and at least 50 clinical assessment hours. Furthermore, only students who have completed their department's practicum requirements and whose department indicates that the student is ready for an internship should apply. Our internship program trains doctoral candidates to function, at the end of the year, autonomous psychologists in interdisciplinary behavioral health care settings which place a strong emphasis on professional practice and scholarly inquiry. As such, we attempt to recruit students with experience in a wide range of clinical settings rather than students with predominantly a research or teaching focus. The majority of our interns develop careers that are primarily focused on professional practice.

INTERN BENEFITS

STIPEND

Conemaugh Health System Lifepoint is a for-profit hospital that is dedicated to serving the underserved rural area of Johnstown, PA. The annual stipend for interns for 2026-27 is \$18.49/hour US, paid in increments on a bi-weekly basis. Interns are considered hospital employees, and positions are offered conditional to satisfactorily passing the required criminal background checks, drug-screen, and meeting additional hiring requirements as determined through human resources. Rights and responsibilities as hospital employees are defined for the intern through the human resources office prior to beginning internship. Interns are expected to maintain those responsibilities as would be expected of any hospital employee.

DIETARY EXPENDITURE

Interns are permitted to use their unique Conemaugh ID badge for the purchase of dietary products at either the Crossroads Café or the Gourmet Bean. There is a maximum annual allowance of \$1,500.00 provided through GME for each psychology intern.

PTO: PAID TIME OFF

Interns are provided with 15 days Paid Time Off (PTO) days per year, used as vacation and sick time, in addition to 6 paid holidays per year. Interns are expected to manage their schedule and PTO amounts relative to scheduling leave and patient schedules, providing notice to supervisors, providing notification to office managers, and maintaining appropriate PTO balances.

INTERN WORK SCHEDULE

Conemaugh Health System is open 24 hours to provide emergency and acute care services. Interns routinely will work Monday through Friday, 8:00 A.M. to 5:00 P.M. Federal tax law regarding "exempt" and "non-exempt" status requires interns to "punch-in" and "punch-out" at the beginning and conclusion of each workday. Failure to meet this responsibility results in a loss of stipend for that workday. This process is explained in greater detail with instructions during the orientation period. Interns are expected to work during aforementioned hours unless other arrangements are made with the Director of Training or their rotation supervisor. In addition, interns may sometimes be required to work outside of the traditional Monday through Friday, 8:00 A.M. - 5:00 P.M. schedule. Clients are typically scheduled between 8:00 A.M. and 5:00 P.M., with the exception of evening groups.

Paid Time Off (PTO) (vacation days, sick days and holidays) do not count towards the 2000 hours of psychological service activities required to complete the internship.

DUE PROCESS POLICY

While most trainee problems and conflicts can be resolved informally, this policy is written to provide a formal mechanism to resolve issues of concern. The following describes the formal mechanism at Conemaugh for responding to a trainee's problematic behavior, and includes the procedure for notice, an opportunity for a hearing, and steps for an appeal process.

PROBLEMATIC BEHAVIOR, PERFORMANCE, OR CONDUCT

Problematic performance/conduct are present when the intern is unable or unwilling to acquire or integrate professional standards into their repertoire of professional behavior; unable to develop the competencies required to reach an acceptable level of performance; and/or unable to manage their personal stress that leads to a disruption in professional functioning. Examples of such performance/behavioral problems include but are not limited to: a lack of awareness of the problem; a deficiency that is greater than can be remediated; an inability of the trainee to modify a behavior or deficit, despite significant supervision and attention from program faculty. Problematic behavior is identified through a score of < 3 on competencies listed on the Intern Evaluation Form.

PROCEDURES FOR RESPONDING TO PROBLEMATIC BEHAVIOR, PERFORMANCE, OR CONDUCT

Should an unacceptable rating on an evaluation, or a concern or complaint from a supervisor, staff member, or other trainee be presented, the following actions will be taken:

1. Direct communication between the trainee and complainant may be recommended. Should this not be warranted, the Training Director should be contacted. The Training Director will initiate discussion with the goal of informal resolution regarding the issue. If the parties involved agree informal resolution is not appropriate, and/or repeated notifications of the problematic behavior continue, the Training Director will issue written notice to the intern(s).
2. Written notice will be issued within two working days and will include the specific problematic behavior(s), and the date/time/location of a hearing including the Training Director and one additional faculty member. The hearing would be held within five working days. The purpose of this hearing would be to review the problematic behavior(s), solicit information and response from the intern, and determine corrective action as needed. Written notice will also state the intern's right for an appeal of the hearing outcome to the GME Director.
3. Outcomes of the hearing include the following responses:
 - a. No further action required. This would include a written resolution statement addressing the problematic behavior and how the issue has been resolved.
 - b. Corrective Action. This would include a written statement including measurable, objective behaviors to be met over a specified period of time and agreed upon by all parties involved.
 - c. Probationary Status. Probationary Status would include a corrective action with an interruption in successful progress through the internship in the event corrective action is found unsuccessful.
4. Hearing follow-up:

- a. At the conclusion of the hearing, written explanation of the problematic behaviors, the hearing process, and the agreed upon resolution will be communicated in writing to the intern's home university program director.
- b. Corrective action plan will be reviewed during weekly supervision with behavioral objectives reviewed and progress discussed.
- c. At the conclusion of the timeframe established in the corrective action plan, the intern's supervisor reviews the objective behaviors identified in the corrective action plan and identifies whether or not corrective action has been successful.
 - i. In the event of an unsuccessful outcome for a corrective action plan that does not include probationary status, a hearing will be convened within seven working days to include a quorum of the Advisory Board. This hearing will update the corrective action plan including a new timeframe and specify probationary terms.
 - ii. In the event of an unsuccessful outcome for a corrective action plan where probationary terms are specified, a suspension or termination from the internship position would proceed within five business days as directed by the Human Resource department.
- d. The outcome of the corrective action will be communicated in writing with the intern's home university program director.

A note on the appeal process: Interns have the right to appeal ANY decision. In the event the decision or situation involves the Training Director, interns should communicate with the Chief Psychologist. Additional resources for communication are available through the third faculty member and the Graduate Medical Education system. The appeal process is outlined below as the Grievance Procedure.

GRIEVANCE PROCEDURE

There may be occasions in which the intern wishes to make a formal complaint about a process (evaluation, supervision, due process, etc.), or a person (harassment, hostile work environment, etc.). Interns are encouraged to make attempts to resolve such complaints through informal resolution. There may be occasions where doing so are not appropriate. In such occasions, the following processes are available

1. The intern should notify the Training Director or Chief Psychologist and detail the nature of the complaint, the desired resolution, and other relevant information.
2. The Training Director or Chief Psychologist will notify the advisory board in writing within three business days of the grievance for the purpose of suggested resolution. The Advisory Board will offer suggested resolution within seven business days of receiving the grievance. The intern will be notified in writing of the board's decision.
3. In the event the suggested resolution is unacceptable, interns may make a final, written appeal within three business days to the Director for Graduate Medical Education. The GME director will issue a resolution within five business days, in writing, to the intern and Training Director.
4. Once a final resolution is decided, the intern, the intern's graduate program, and other appropriate personnel will be notified.
5. If the issue pertains to a personnel issue which cannot be resolved or involves hospital policy/procedure, the Training Director or his/her designee will consult with the Director

of Graduate Medical Education and the Director of Human Resources for their input. Other related professionals, such as the Risk Manager, may be included as necessary.

As interns are also hospital employees, they may also to contact the anonymous complaint report line should they feel uncomfortable or unable to discuss personnel issues with the program faculty. Interns who pursue grievances in good faith will not be subject to adverse personal or professional consequences.

RECORD RETENTION POLICIES

Intern records are maintained in a confidential, electronic file accessible by the program director and program coordinator. Records include intern application materials, written evaluations, documentation of any due process and/or grievance issues, supervision notes including delegated supervisor feedback, letters of recommendation, and any subsequent licensure requirements (e.g., internship completion verification forms, etc.). These records are maintained indefinitely and kept confidential.

DIDACTIC TRAINING

Conemaugh Health System provides a wealth of opportunities for learning. As a regional teaching hospital with eight medical residencies, a pharmacy residency, and a psychology internship, education is offered daily for medical faculty, residents, interns, and allied health professionals. The department of Graduate Medical Education schedules monthly Grand Rounds. Additional lectures, seminars, and case presentations are offered throughout the year, on topics relevant to psychologists, such as research, ethics, and practice management.

The hospital didactic training schedule will be held on the date of designation at Noon, unless otherwise designated on the training schedule. Didactic presentations include lectures by medical and mental health professionals, Balint sessions, Suboxone, and HIV case reviews. Opportunities for learning, such as CE classes, seminars, and presentations by hospital-associated and private groups such as the local psychological association are available throughout the year.

Seminars will be held in the Family Medicine Department on Tuesdays at noon. Discussion-based didactic will be held in the neurosurgery department in the Medical Arts Building with neuropsychology staff member on Fridays at noon. The Chief Psychologist will conduct his seminars at The Conemaugh Counseling Center (Treatment Team Room). The meetings cover a variety of medical and behavioral topics. Weekly training is provided by the three supervising psychologists. The didactic lectures are one hour in length. Each psychology trainee will receive two hours of individual supervision weekly. Furthermore, additional case discussion, group discussion, or on-line training is given or directed by the training director and supervising psychologist.

2026-27 Didactic Schedule

Didactics: Tuesdays from 12pm-1pm (Topics/Speakers Subject to Change)

Date	Topic	Facilitator
July 7	NO DIDACTICS- ORIENTATION	N/A
July 14	NO DIDACTICS- ORIENTATION	N/A
July 21	Primary Care Psychology: Overview and Competencies	Kutz
July 28	Primary Care Psychology (Continued)	Kutz
August 4	PA Specific Laws/Practice	Kutz
August 11	Motivational Interviewing	Kutz
August 18	Risk Assessment	Kutz
August 25	Bariatrics: Overview and Medical Treatment	Resident TBD
September 1	Bariatrics: MH and Psychological Treatment	Kutz
September 8	Trauma	Kutz
September 15	Chart Reviewing Basics	Kelley
September 22	Cognitive Screening and Mental Status	Kelley
September 29	Assessment Report Writing and Referral Questions	Kelley
October 6	Diabetes: Overview and Medical Treatment	Resident TBD
October 13	Diabetes: MH, Cog. Func., and Psychological Treatment	Kutz and Kelley
October 20	Providing Assessment Feedback	Kelley
October 27	Cardiac: Overview and Medical Treatment	Resident TBD
November 3	Cardiac: MH, Cog. Func., and Psychological Treatment	Kutz and Kelley
November 10	Cognitive Domains	Kelley
November 17	Neuroanatomy Basics: Part 1	Kelley
November 24	Oncology: Overview and Medical Treatment	Resident TBD
December 1	Oncology: MH, Cog. Func., and Psychological Treatment	Kutz and Kelley
December 8	Rehab Psychology: Practical and Applied Approaches	Kutz and Kelley
December 15	Common Blood Tests/Diagnostic Tools	Resident TBD
December 22	NO DIDACTICS	N/A
December 29	NO DIDACTICS	N/A
January 5	Medical Decision-Making Capacity	Kelley
January 12	Neuroanatomy Basics: Part 2	Kelley
January 19	Neurology: Overview and Medical Treatment	Resident TBD
January 26	Neurodevelopmental Disorders	Dunne
February 2	Neurological Diseases	Kelley
February 9	Concussion and TBI	Kelley

February 16	Delirium and Post-ICU Syndrome	Kelley
February 23	Neurodegenerative Diseases	Kelley
March 2	Sleep Overview	Kelley
March 9	Sleep Disorders	Kelley
March 16	Sleep Treatment	Kelley
March 23	Psychopharmacology Basics: Part 1	Kutz
March 30	Psychopharmacology Basics: Part 2	Kutz
April 6	RxP	Speaker TBD
April 13	Somatic Symptom Disorder and Malingering	Kutz
April 20	Biofeedback and Relaxation Training	Speaker TBD
April 27	Palliative Care: Therapeutic Interventions	Speaker TBD
May 4	Termination	Kutz
May 11	Other Presurgical Evaluations	Kutz and Kelley
May 18	Chronic Pain and CBT-CP	Kelley
May 25	EMDR	Citrin
June 1	HIV	Speaker TBD
June 8	Forensics/Legal System Crossover with Behavioral Health	Speaker TBD
June 15	Advocacy	Kutz and Kelley
June 22	TBD	TBD
June 29	Program and Supervisory Evaluation	Kutz and Kelley

Discussion-Focused Didactics: Fridays from 12pm-1pm (Topics/Speakers Subject to Change)

Date	Topic	Facilitator
July 3	NO DIDACTICS- 4 th of July Holiday	N/A
July 10	NO DIDACTICS- ORIENTATION	N/A
July 17	NO DIDACTICS- ORIENTATION	N/A
July 24	Local Resources/Social Work in Primary Care	Speaker TBD
July 31	Journal Club: Primary Care Psychology	Kutz
August 7	Telehealth	Kutz
August 14	Multidisciplinary Work/Consultation	Kutz
August 21	Diversity and Health Disparities	Kutz
August 28	Resident Burnout and Fatigue	Kutz
September 4	Journal Club: Bariatrics	Kutz
September 11	Introduction to Case Conceptualization	Kutz and Kelley
September 18	Introduction to EPPP	Kelley
September 25	Working with Non-Traditional Patients	Kutz and Kelley
October 2	EPPP: Psychopathology	Kelley
October 9	Interview Skills	Kelley

October 16	Journal Club: Diabetes	Kutz and Kelley
October 23	EPPP: Clinical Psychology	Kelley
October 30	Postdoctoral Applications	Intern Led
November 6	Journal Club: Cardiac	Kutz and Kelley
November 13	EPPP: Physiological Psychology and Psychopharmacology	Kelley
November 20	Intervention Case Conceptualization	Kutz and Kelley
November 27	NO DIDACTICS	N/A
December 4	Journal Club: Oncology	Kutz and Kelley
December 11	Journal Club: Rehab Psychology	Kutz and Kelley
December 18	Assessment Case Conceptualization	Kutz and Kelley
December 25	NO DIDACTICS	N/A
January 1	NO DIDACTICS	N/A
January 8	EPPP: Learning & Memory and Research Methods & Stats	Kelley
January 15	Licensure	Intern Led
January 22	Professional Development: Ethical Issues	Kutz and Kelley
January 29	EPPP: Social Psychology	Kelley
February 5	Intervention Case Conceptualization	Kutz and Kelley
February 12	Assessment Case Conceptualization	Kutz and Kelley
February 19	Journal Club: Neuro	Kutz and Kelley
February 26	Journal Club: Neurodevelopmental Disorders	Kutz and Kelley
March 5	Professional Development: Early Career	Kutz and Kelley
March 12	EPPP: Organizational Psychology	Kelley
March 19	Journal Club: Sleep	Kutz and Kelley
March 26	EPPP: Ethics and Professional Issues	Kelley
April 2	Intern Topic of Choice	Intern Led
April 9	RxP and Psychopharmacology Wrap Up	Kutz and Kelley
April 16	Intern Topic of Choice	Intern Led
April 23	Master's Level Clinicians & Board Certification	Kutz and Kelley
April 30	Palliative Care: Applied Case Review	Speaker TBD
May 7	EPPP: Test Construction and Psychological Assessment	Kelley
May 14	Intervention Case Conceptualization	Kutz and Kelley
May 21	EPPP Review 1	Kelley
May 28	Journal Club: Substance Use	Kutz and Kelley
June 4	Assessment Case Conceptualization	Kutz and Kelley
June 11	EPPP Review 2	Kelley
June 18	EPPP Review 3	Kelley
June 25	End of Year Lunch	N/A

Welcome to Johnstown Pennsylvania!



Johnstown is located in Southwestern Pennsylvania approximately 70 miles east of Pittsburgh. The population of the city proper (not including the boroughs and townships) was 18,411 at the 2020 census. It is the county seat of Cambria County and the principle city of the Johnstown metropolitan area which had 133,472 residents in 2020.

Johnstown, at one time the largest iron-making city in the United States, has become a regional medical, educational, cultural, and communications center. Health care provides a significant percentage of the employment opportunities in the city, and Conemaugh Health System is its largest employer, with a staff of nearly 5,000. Recently Conemaugh Health System has merged with Duke LifePoint, a national leader in quality healthcare.



Located in the Laurel Ridges just east of Pittsburgh, Johnstown and the surrounding area offers some of the most spectacular natural scenery, outstanding recreation venues, historic sites and interesting events throughout the year. Our program is located approximately one and one-half hours from Pittsburgh, and three hours from Washington DC. Our area is noted for excellent skiing, whitewater rafting, hiking, biking, and other outdoor activities.

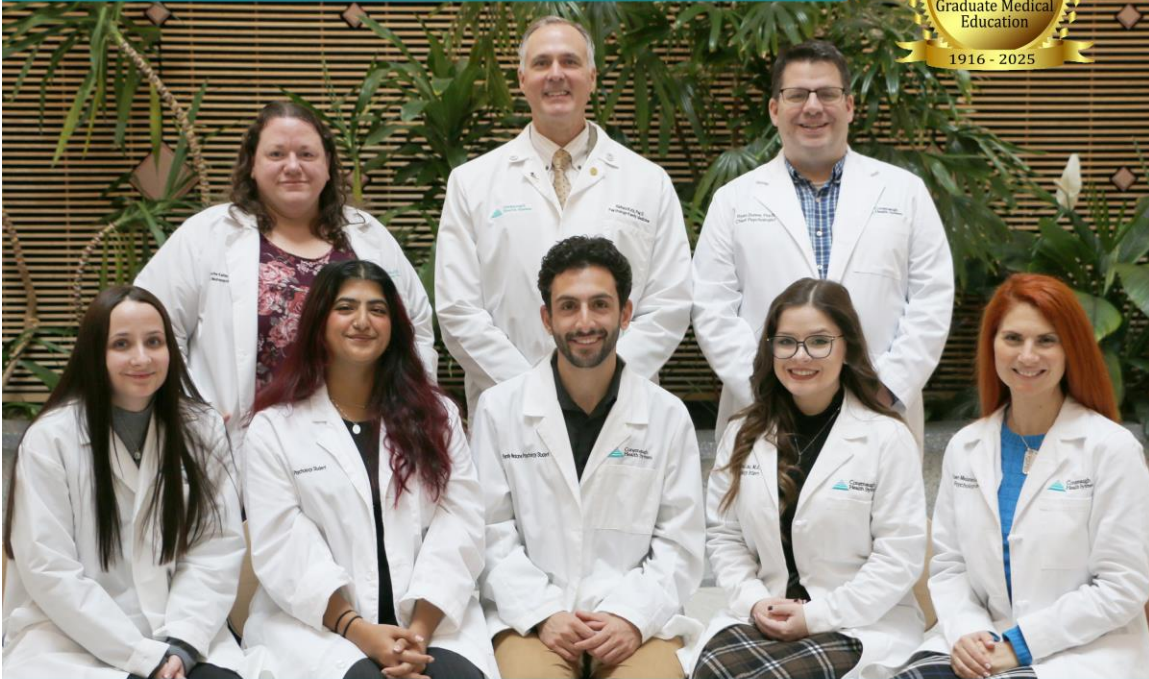
For further information about Johnstown and the Laurel Highlands, visit these websites:

www.visitjohnstownpa.com

www.laurelhighlands.org

Our Psychology interns have numerous opportunities for enjoyment with residents from the Family Medicine program. Retreats and trips have included zip lining, horseback riding, boating, rafting in both summer and winter, and paintball. Come and experience all that Western Pennsylvania has to offer!

Conemaugh Memorial Medical Center



2025 Doctoral Psychology Internship

1 Standing: Neuropsychologist Katherine Kelley, Psy.D.; Program Director Richard Kutz, Psy.D., ABPP; Chief Psychologist Ryan Dunne, Psy.D
Seated: Tara Smith, BA (Practica); Anisha Grover, MA (Practica); Afik Zaarur, MA (Practica); Corinne Lau, MA (Intern); Fawn Meisner-Zwickel, MA (Intern)
Not pictured: Eric Borowski, MA (Practica); Alex Cuc, MA (Practica)