EDP 8340

**Division:** Theoretical and Behavioral Foundations  
**Program Area:** Educational Psychology  
**Course Number:** EDP 8340  
**Course Title:** Internship in Clinical Procedures II  
**Section Number:**  
**Term/Year:** Winter, 2017  
**Course Location:** Clinical Site  
**Day:** Arranged  
**Time:** Arranged  
**Instructor:** Dr. Stephen Hillman  
**Office Address:** 343 Education  
**Office Hours:** By appointment.  
**Office Phone:** (313) 577-1614  
**E-mail:** s.b.hillman@wayne.edu

**Course Description:**

*EDP 8340:* Admission to Ph.D. program in Educational Psychology. Placement as a psychology intern in appropriate organized health care setting under the supervision of a licensed psychologist.

**Course Outcomes:**

1. Interns will demonstrate professional competence in administering both standardized and projective testing instruments, with an emphasis on batteries of tests; interpreting test scores and writing clear, concise, comprehensive, and professional psychological assessment reports.

2. Interns will demonstrate competence in integrating knowledge of human development and developmental delays, learning theory, and psychopathology into clearly and concisely written DSM diagnoses for both initial assessment and final diagnosis of their client’s disorders. Diagnoses must demonstrate a comprehensive understanding of the client and of the disorder.

3. Interns will demonstrate competence in conducting interviews and psychotherapy sessions with children, adolescents, adults, couples, and families and maintaining clear, concise, and current session/process notes that are HIPAA compliant.

4. Interns will demonstrate the development of appropriate professional relationships with clients and staff from diverse cultural backgrounds.
5. Interns will demonstrate competence in establishing, in appropriate situations, counseling relationships with clients and their families, and consulting relationships with other professionals (e.g., psychiatrist, teacher, case worker, etc.) who may also be involved with the intern’s clients (with appropriate signed release).

6. Interns will demonstrate the ability to establish therapeutic and empathic relationships with clients, their families, other professionals, and/or staff, and the public in a professional manner that complies with the APA code of ethics and Michigan law.

**Required Text:** None

**Additional References:** None

**Course Assignments:**

In the internship, students experience supervised practice in individual, couple therapy, family therapy, psychological testing (both standardized and projective), and report writing. Interns are also afforded experience with other resources that may be available at the site (e.g., computers, print and non-print media, professional literature, and research). Interns learn how these resources are used in therapeutic settings.

The Internship provides opportunities to interact with clients, colleagues, and staff to develop a broad view of people including diversity of culture, ethnicity, gender, age, religious experience, physical disability, intellectual ability, sexuality, and socio-economic issues.

**Class Policy:**

1. Interns will maintain active liability insurance and provide the Liability Declaration Sheet to the course instructor. Further, interns are expected to comply with APA code of ethics and Michigan law in the performance of their duties.

2. Students must have prior permission from their major advisor and the course instructor to begin their internship. On-site supervision must be provided by a Licensed Psychologist.

3. State regulations require that interns receive at least two hours of supervision each week, which must be individual and face-to-face.

4. Interns must submit to the course instructor an internship log to document their activities and hours for each semester. This log is to be initiated (signed??) by the site supervising psychologist(s). The log may be downloaded from the website.
5. The quality and quantity of the intern’s work (e.g., effectiveness, creativity, judgment, accuracy, and thoroughness) must meet satisfactory professional standards as evaluated by the supervising psychologist and the course instructor.

6. It is expected that the intern will be made aware of any deficits and/or progress during the weekly supervision; however, a formal evaluation of the intern’s work will be conducted near the conclusion of each semester using the Internship Evaluation Form provided on the Educational Psychology website. Completed evaluations must be returned by either mail or email to the course instructor and will be included in the intern’s departmental academic file.

**Plagiarism:**

Plagiarism includes copying material (any more than 5 consecutive words) from outside texts or presenting outside information as if it were your own by not crediting authors through citations. It can be deliberate or unintended. If you are in doubt about the use of a source, cite it. Students caught plagiarizing information from other sources will receive a failing grade in the course. University policy states that students can be subject to multiple sanctions, from reprimand to expulsion as a consequence of academic dishonesty. To enforce this policy, all outside references must be submitted with assignments.

**Class Schedule:**

Interns will determine their clinical schedule with their on-site supervising psychologist and/or the clinical director.

**Grading System:**

All grades for the internship will be Satisfactory or Unsatisfactory and determined through evaluation feedback from your site supervising psychologist and University Supervisor.

**Withdrawal Policy:**

Students who withdraw from a course after the end of the 4th week of class will receive a grade on the work due to date of WP (withdraw passing), WF (withdraw failing), or WN (withdraw with insufficient materials submitted to give a grade).

Students must submit their withdrawal request on-line through Pipeline. The faculty member must approve the withdrawal request before it becomes final, and students should continue to attend class until they receive notification via email that the withdrawal has been approved. Withdrawals can be requested at any point from the fifth week of class through the study day.
Attention Students with Disabilities:

If you have a documented disability that requires accommodations, you will need to register with Student Disability Services (SDS) for coordination of your academic accommodations. The Student Disability Services (SDS) office is located at 1600 David Adamany Undergraduate Library in the Student Academic Success Services department. SDS telephone number is 313-577-1851 or 313-577-3365 (TDD only). Once you have your accommodations in place, I will be glad to meet with you privately during my office hours to discuss your special needs. Student Disability Services’ mission is to assist the university in creating an accessible community where students with disabilities have an equal opportunity to fully participate in their educational experience at Wayne State University.

Please be aware that a delay in getting SDS accommodation letters for the current semester may hinder the availability or facilitation of those accommodations in a timely manner. Therefore, it is in your best interest to get your accommodation letters as early in the semester as possible.

SDS News:

Effective Fall semester 2010 Student Disability Services will be implementing a revised alternative testing form when a student schedules classroom exams/quizzes administration at SDS. As before the student and instructor each have a portion to complete. Exams are to be mailed to a new password protected email address: sdsexams2010@wayne.edu.
INTERNSHIP EVALUATION
School & Community Psychology or Educational Psychology

Internship Semester/Year: _____________  EDP Class: ☐ 8340  ☐ 8350
Section No.: ___________________________  Credit Hours: _____________

Student's Name: ___________________________________________________________________

Period of Practicum:  Beginning: _________________  Ending: ____________________

Agency's Name: _________________________  Address: ____________________________

Supervisor's Name: _____________________  Telephone No.: _______________________

Average No. of Hours per Week at Agency: __________________

Psychological Testing Techniques: ___________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Interviewing: _____________________________________________________________________

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________________________________________________________________________________

Diagnosis and Interpretation: _______________________________________________________

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Report Writing: ___________________________________________________________________

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Relationship with Colleagues and Clients: ____________________________________________

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_______________________________________________________________________________

Consultation Techniques: __________________________________________________________

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Overall Rating: _________________________________________________________________

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Additional Comments: ____________________________________________________________

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Supervisor's Signature ___________________________ Date ____________________________