

## **Park Center, Inc. Behavioral Health Institute Brief Program Overview**

The Psychology Internship/Residency program at Park Center, Inc. was established in August of 1987 and has been continuous since then. Initial accreditation was achieved in 1988 with full accreditation obtained shortly thereafter. At the last reaccreditation visit, the program was awarded 10 years full accreditation with the next visit scheduled to occur in 2029.

This Internship/Residency program was originally developed within the context of a Community Mental Health Center, Park Center, serving a culturally and ethnically diverse community population. In 2020, Park Center formally merged with a regional health care entity, Parkview Health forming Park Center, Inc. Behavioral Health Institute. A broad continuum of clinical training opportunities, including assessment, evaluation, consultation, supervision, and direct treatment have been consistently available to the Intern/Resident. With this merger, additional opportunities are available to the Intern/Resident to provide psychological services within the healthcare setting. Interns/Residents are now expanding into Integrated Primary Care clinics within the broader Parkview PPG system, and beginning in 2026/2027, will have the opportunity to work within the Cancer Institute and Inpatient Rehabilitation settings.

Interns/Residents provide services to a varied client population in different service settings, as well as receive training through weekly supervision and didactic seminars. The program emphasizes generalist preparation with children, adults, and families along with training in supervision and consultation.

Current healthcare and political changes necessitate careful preparation in order to practice effectively in this changing milieu. Parkview Health and these training programs are forerunners in staying informed of changes and in assuring that Interns/Residents understand the implications of these changes and are prepared to practice accordingly. As such, Interns/Residents are gaining more experience within the broader healthcare system through integration in Primary Care, the Cancer Institute, and Inpatient Rehabilitation settings.

The theoretical orientation of the Psychology Internship (Residency) reflects the diversity of the Internship (Residency) training staff. Cognitive-behavioral, psychodynamic, systemic, dialectical behavioral, feminist, compassion-focused and developmental orientations are represented among the supervisory staff. Short-term and brief psychotherapies are emphasized though not to the exclusion of appropriate long-term modalities. Understanding, and being responsible for, effectively working within a multi-disciplinary setting is emphasized.

Using a practitioner-scholar paradigm, Interns/Residents develop a range of applied skills as they integrate their clinical experiences with theory and empirical research. Understanding and demonstrating the ethical practice of psychology is paramount.

### **Mission**

The mission of Park Center, Inc. Behavioral Health Institute's Doctoral Clinical and Counseling Psychology Internship (Residency) program is to prepare interning psychologists for ethical, competent, and culturally sensitive practice in a multidisciplinary community health care setting. It is our goal for interns to complete our program with competence in assessment, evaluation, and treatment of a wide range of presenting concerns. Interns will develop the skill set for integration into a medical healthcare setting to deliver behavioral health treatment as part of a multidisciplinary team. Further, it is our goal for interns to be capable of planning, implementing, and evaluating treatment as direct providers, supervisors, and consultants. It is our

intent that interning psychologists graduate from our program with a clear sense of self as a professional psychologist in a changing political healthcare environment.

## **Goals**

Each goal listed below is developed throughout the Internship (Residency) year with specific objectives, requirements, and methods of evaluation to ensure that the Intern (Resident) demonstrates accomplishment in each area upon completion of the program. Interns in our program will leave with the following:

### **1. Professional competence in research.**

Requirements: Demonstrates the independent ability to critically evaluate and disseminate research. Uses scholarly research to inform treatment and presentations. Demonstrates this skill through case conferences, dissertation progress, and public presentations.

### **2. Professional competence in ethical comportment and knowledge of legal standards.**

Requirements: Act in accordance with the APA Ethical Principles of Psychologists and Code of Conduct. Have knowledge of the relevant local, state, regional, and federal regulations. Demonstrate this knowledge through recognition of ethical dilemmas as they arrive and through discussions with supervisors and colleagues.

### **3. Professional competence in Individual and Cultural Diversity**

Requirements: Demonstrate through all actions and interactions how their own personal/cultural history, attitudes, and biases affect how they interact with those differing from them. Demonstrate personal ability to self-reflect and to integrate this awareness and knowledge into professional roles. Demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity.

### **4. Professional competency in adherence to the professional values, attitudes, and behaviors of the profession.**

Requirements: Demonstrate the ability to engage in self-reflection regarding one's personal and professional functioning including behavior that reflects the values and attitudes of the profession inclusive of integrity, accountability, lifelong learning and concern for the welfare of others. Demonstrate openness to feedback and responsiveness to supervision.

### **5. Professional competence in communication and interpersonal skills.**

Requirements: Demonstrates the ability to develop and maintain effective relationships with colleagues, communities, supervisors, organizations, and those receiving professional services. Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated, demonstrating a thorough understanding of professional language and concepts.

### **6. Professional competence in assessment.**

Requirements: Demonstration of familiarity and accuracy using the DSM -5-TR. Demonstrate understanding of human behavior within its context including the ability to apply the knowledge of functional and dysfunctional behavior. Select and apply assessment methods that draw from the best available empirical literature. Interpret results following current research and professional standards to inform case conceptualization, classification, and recommendations while guarding against decision making biases. Communicate results of evaluation professionally and effectively.

**7. Professional competence in intervention.**

Requirements: Demonstrate the ability to maintain effective relationships with the recipients of psychological services. Demonstrate the ability to apply relevant research literature to clinical decision making and development of contextually relevant treatment plans based on the individual needs of the client. Evaluate the effectiveness of interventions and adapt as needed.

**8. Professional competence in provision of supervision to others.**

Requirements: Demonstrates the ability to apply supervision knowledge in direct or simulated peer supervision.

**9. Professional competency consultation and interprofessional/interdisciplinary skills.**

Requirements: Demonstrate knowledge and respect for the roles and perspectives of other professions. Apply this knowledge in direct consultation with other health care professionals, interprofessional groups or systems related to health and behavior.

**Training Model**

Park Center, Inc. Behavioral Health Institute subscribes to a Practitioner-Scholar model, utilizing a developmental and mentoring approach in supervision. Components include:

- A. Supervision:** This is a core element of the internship. Each Intern (Resident) receives a minimum of 4 hours of supervision per week, of which at least two hours will be individual supervision and one-two hours will be group supervision. Psychologist supervisors actively supervise within the context of the Practitioner-Scholar model, utilizing research supported interventions and theoretical source information. Through a close supervisory relationship, the Intern (Resident) develops both professional self-confidence and meaningful integration of theory with practice.
- B. Professional Development Supervisions:** Internship (Residency) committee members lead two monthly forums, which includes didactic, interactive, and experiential topics. One monthly supervision will cover Supervision of Supervision, and one monthly supervision will cover Consultation. Additionally, several seminars are provided throughout the year to facilitate discussion about the roles and expertise of psychologists and theories of change.
- C. Broad Based Training:** Broad-based training takes place in a multidisciplinary milieu with a wide range of clients in integrated primary care settings, specialty medical departments, and community mental health facilities. Treatment settings include hospital inpatient, outpatient clinics, and community mental health facilities. Patient population is diverse in terms of racial/ethnic backgrounds, age, presenting concerns, and treatment modalities. Psychological testing, consultation with medical services and case management services are important modalities of assessment and connection with multiple disciplines as well.
- D. Varied Program Placements:** Each Intern (Resident) will have the opportunity to work in an integrated primary care setting, Inpatient Rehabilitation, and a Cancer Institute outpatient clinic. Each Intern will engage in psychological testing within the Community Mental Health Center.

## Placement Opportunities within Park Center, Inc. Behavioral Health Institute

In addition to the Primary Placement, each Intern/Resident will have an opportunity to actively support clinical services in the Cancer Institute and in Inpatient Rehabilitation. Placement opportunities subject to change for each intern cohort based on the previous cohort's feedback.

<b>Primary Placement for all Interns/Residents (Select 1 placement)</b>	
<ul style="list-style-type: none"><li>• <b>Pediatric Integrated Care</b> 2003 Stults Road, Suite 105, Huntington, IN</li><li>• <b>PPG Family Medicine &amp; Pediatrics</b>- 11055 Twin Creeks Cove, Fort Wayne, IN</li><li>• <b>PPG Family Medicine &amp; Internal Medicine</b> - 15333 Hunters Ridge Lane, Huntertown IN</li></ul>	Consult and collaborate with primary care providers. Provide short-term treatment for behavioral health presenting concerns in primary care setting. Conduct same-day crisis evaluations, warm handoffs, and diagnostic evaluations.
<b>Secondary Placement for all Interns/Residents (Residents get experience in both of the following)</b>	
<ul style="list-style-type: none"><li>• <b>Inpatient Rehabilitation</b> – 2200 Randalia Drive, Fort Wayne, IN</li><li>• <b>Cancer Institute</b> - 11050 Parkview Circle, Fort Wayne, IN</li></ul>	Consult and collaborate with providers. Provide short-term treatment for behavioral health presenting concerns. Provide inpatient short-term supports (Rehabilitation)

**E. Psychology Seminars:** Park Center, Inc. Behavioral Health Institute provides a seminar series for psychology interns consisting of two-hour bi-weekly seminar meetings from August to July. Topic areas include professional ethics, diagnosis and treatment planning, diversity and cultural issues, case presentations, play therapy, and theories of treatment to name several. Psychologists from Park Center, Inc. Behavioral Health Institute present the majority of seminars with other professionals participating to support diversity of perspectives being presented. Presentations are didactic, research-based, and interactive in nature. Each Seminar is evaluated at the conclusion, and feedback is given to the presenter.

**F. Consultation:** Each Intern (Resident) engages in a consultation experience in which they will provide consultation to a subset of the health system by utilizing research and programming skills. Her/his contribution should reflect research and planning skills and should contribute positively to the growth and improvement of the health system.

**G. Supervision of Supervision:** Each Intern (Resident) has the opportunity to provide supervision to a staff peer for a portion of the Internship (Residency) year. This is supported by the professional development seminar on supervision, teaching theories, and models of supervision.

**H. Evaluation:** Each Intern (Resident) is formally evaluated twice yearly with written evaluations provided to the intern's school. Interns are required to obtain a minimum level of 4 for all aspects of the evaluation by the final evaluation. All scores falling below a 3 at the mid-year evaluation are supported by a plan of action developed with the Intern (Resident) to ensure that any required remediation is clear and doable to ensure successful completion of the program. Interns also evaluate her/his supervisors at the end of the training year. In addition, interns receive written feedback on their monthly case presentations. Participation in seminars, case and other material presentations, interaction

in supervision and interaction with peers and other staff on the multidisciplinary team all contribute to the evaluation process. Intern feedback about the quality of supervision and seminars is valued and actively utilized in making changes to the Internship (Residency) to enrich the learning experience.

- I. Diversity Group:** Once monthly immersive and experiential group with Interns (Residents) and committee members. Residents select a group topic each month; participants then seek out scholarly materials for the dialogue. Group begins with members orienting themselves to the topic, explaining any personal bias and sharing scholarly info about how to manage this clinically.