

Employee Name:

**DUTY STATEMENT
DEPARTMENT OF STATE HOSPITALS - NAPA**

JOB CLASSIFICATION: CLINICAL PSYCHOLOGY INTERN (PSYCHOLOGY SERVICES)

1. MAJOR TASKS, DUTIES, AND RESPONSIBILITIES

Clinical Psychology Intern is a limited-term class offering advanced pre-doctoral level graduate students a 1-year supervised training experience in clinical psychology. Work assignments are designed to meet the student's training objectives and are developed in coordination with the intern's academic department of psychology.

75%	Receives supervised training from assigned members of the psychology staff in performing the principal duties of a psychologist at this facility, including the provision of direct clinical services such as psychotherapy and psychological assessment, consultation with treatment teams regarding clients' psychological functioning, and participation in the interdisciplinary treatment team process.
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25%	Attends and participates in training activities offered by the Psychology Internship Training Program, including seminar series on topics such as diagnosis, therapy, consultation, assessment, and professional issues.
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0%	SITE SPECIFIC DUTIES
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0%	TECHNICAL PROFICIENCY
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2. SUPERVISION RECEIVED

Psychology Interns work under the general supervision of the Chief Psychologist. Day-to-day supervision is under the direction of the Senior Psychologist (Supervisor) (Internship). In addition, Interns are assigned to psychologists who supervise them in their areas of particular clinical expertise.

3. SUPERVISION EXERCISED

Interns exercise no direct or indirect supervisory authority.

4. KNOWLEDGE AND ABILITIES

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KNOWLEDGE OF:

The basic principles and techniques of clinical psychology.

ABILITY TO:

Reason clearly and logically, draw sound conclusions and make appropriate recommendations; apply instructions to working situations; gather and analyze data; establish and maintain effective working relationships; communicate effectively.

5. REQUIRED COMPETENCIES

SAFETY

Actively supports a safe and hazard free workplace through practice of personal safety and vigilance in the identification of safe or security hazards, including infection control.

AGE SPECIFIC

Provides services commensurate with age of patients being served. Demonstrates knowledge of growth and development of the following age categories:

☐ Pediatric ☐ Adolescent ☐ Adult (18-54) ☐ Geriatric (55 & up)

- Age specific competencies for this classification are identified and validated through the privileging process.

THERAPEUTIC STRATEGIES AND INTERVENTIONS

Applies and demonstrates knowledge of correct Therapeutic Strategies and Interventions (TSI).

RESTRAINT/SECLUSION

Demonstrates knowledge of criteria and appropriately uses, applies, and removes restraint and/or seclusion.

CULTURAL AWARENESS

Demonstrates awareness to multicultural issues in the workplace which enable the employee to work effectively.

SITE SPECIFIC COMPETENCIES

TECHNICAL PROFICIENCY (SITE SPECIFIC)

6. LICENSE OR CERTIFICATION – NOT APPLICABLE

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7. **TRAINING** - Training Category = **A**

The employee is required to keep current with the completion of all required training.

8. **WORKING CONDITIONS**

EMPLOYEE IS REQUIRED TO:

- Report to work on time and follow procedures for reporting absences;
- Maintain a professional appearance;
- Appropriately maintain cooperative, professional, and effective interactions with employees, patients and the public; and
- Comply with hospital policies and procedures.

The employee is required to work any shift and schedule in a variety of settings throughout the hospital and may be required to work overtime and float to other work locations as determined by the operational needs of the hospital. All employees are required to have an annual health review and repeat health reviews whenever necessary to ascertain that they are free from symptoms indicating the presence of infection and are able to safely perform their essential job duties.

_____ Employee Signature	_____ Print Name	_____ Date
<i>K. Eichenberger, PsyD</i>	Kaitlyn Eichenberger	09/30/2025
_____ Supervisor Signature	_____ Print Name	_____ Date
_____ Reviewing Supervisor Signature	_____ Print Name	_____ Date