

PSYCHOSOCIAL REHABILITATION TREATMENT PROGRAM/
POST TRAUMATIC STRESS DISORDER INTENSIVE OUTPATIENT PROGRAM
ROTATION GOALS AND OBJECTIVES

Goal 1: Acquire skills necessary to function as a member of an interdisciplinary intensive psychiatric treatment team.

Objectives:

	<u>Met</u>	<u>W/Rem</u>	<u>N/M</u>
1. Conduct four psychological intake evaluations on new PTSD IOP Veterans.			
2. Develop four Mental Health Treatment Plans.			
3. Develop PTSD IOP Treatment Plans on all individual patients.			
4. Create Safety Plans on all individual patients.			
5. Attend one or more weekly interdisciplinary staff meetings.			
6. Attend at least one Screening Committee meeting on a weekly basis.			

Goal 2: Acquire skills in conduction individual and group psychotherapy with PTSD Patients.

Objectives:

	<u>Met</u>	<u>W/Rem</u>	<u>N/M</u>
1. Conduct weekly individual psychotherapy with at least one patient diagnosed with PTSD.			
2. Co-facilitate at least eight group therapy sessions per week in the PTSD IOP.			
3. Gain knowledge of different theoretical conceptualizations of PTSD through reading at least one article on CPT and one article on PE.			
4. Discuss at least one ethical dilemma experienced on the PR RTP/PTSD IOP units with supervisor.			

Goal 3: Acquire skills in documentation of patient contacts.

Objectives:

	<u>Met</u>	<u>W/Rem</u>	<u>N/M</u>
1. Document new patient evaluations according to the standard operating procedures for psychological consultations.			
2. Document all individual and group patient contacts in progress notes.			

NOTE: These are the minimum requirements for the rotation.

Met: Intern demonstrates satisfactory mastery of objective.

W/Rem: Intern needs remedial work in this area, specified below.

N/A: Object was not met due to factors beyond the Intern's control

I have read, understand and agree to work towards the rotations goals and objectives.

Intern Signature Date

Supervisor's Signature Date

_____ has completed all above goals and objectives and has successfully completed the
PRRTP/PTSD IOP Internship Rotation.

Supervisor's Signature Date

Intern Signature Date

Please discuss strengths and weaknesses of Intern or any remedial needs.
