

# the Behavior Therapist

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## Message From the Editor

**Kate Wolitzky-Taylor, UCLA**



IT HAS BEEN A PLEASURE and an honor to serve as Editor of *the Behavior Therapist* for the past 3 years. As my term comes to an end, I have spent some time reflecting on the work that we have published by so many esteemed colleagues and ABCT members. I have enjoyed reading such a variety of types of submissions from the most junior to the most senior members of ABCT, and everyone in between. I hope that you have enjoyed the empirical articles, informative clinical discussions, and thought-provoking commentaries and Letters to the Editor. My goal was to maintain the utility of *the Behavior Therapist* in disseminating new ideas, perspectives, and information for everyone: students to early-career professionals to the most senior members of our field. In addition to the variety of topics our published articles have covered in our regular issues, I hope you have enjoyed reading the many special issues we have published in these past 3 years as much as I have enjoyed working on them. In these special issues, we covered a variety of relevant and timely topics in our field, including diversity and inclusion, stigma in mental health, dissemination and implementation, diverse career settings and diverse settings for CBT delivery, pseudoscience, and radically open DBT. I want to especially thank Trent Codd, Richard LeBeau, RaeAnn Anderson, Sarah Kate Bearman, Alyssa Ward, and Shannon Blakey for their tremendous help with these special issues. I want to also thank Bitu Mesri and Resham Gellatly for their administrative assistance, and the Editorial Board for their behind-the-scenes work. Thank you for always being willing to help out in a pinch, and for all of your inspiring ideas. I am leaving *the Behavior Therapist* in the extremely capable hands of my friend and colleague, Richard LeBeau, and look forward to reading the future issues of *the Behavior Therapist*.

## the Behavior Therapist

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- Feature articles that are approximately 16 double-spaced manuscript pages may be submitted.
- Brief articles, approximately 6 to 12 double-spaced manuscript pages, are preferred.
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# Maximizing Opportunities During the Doctoral Internship in Professional Psychology: Recommendations for Current and Future Trainees

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THE DOCTORAL INTERNSHIP in professional psychology is a major requirement for degree completion and licensure. Grounded in supervised training in clinical service delivery, the clinical internship year<sup>1</sup> provides complementary learning experiences such as research involvement, didactic seminar attendance, and professional development activities. Due to its placement at the end of the graduate training sequence, internship is often described as a capstone experience of the doctoral degree (Lamb, Baker, Jennings, & Harris, 1982). Yet the internship might be better regarded as a keystone experience of graduate training, considering its catalyzing role in the integration of skills across nine professional competency areas<sup>2</sup> (McCutcheon, 2011). Today, the Association of Psychology Postdoctoral and Internship Centers (APPIC) operates the internship Match, a computerized system in which over 4,000 students in clinical, counseling, and school psychology programs are paired with over 700 internship sites (McCutcheon & Keilin, 2014).

Despite the stressors associated with applying to and completing internship, the internship year is an exciting time during which many professional and personal milestones are met. In contrast to graduate school—where boundaries between personal and professional life are not always clearly defined or defended—internship

programs expect interns to complete a manageable set of responsibilities within fixed working hours. Internship also stimulates an attitudinal shift among trainees, who are called to assume greater autonomy and develop a professional identity independent of their graduate advisor(s).

Numerous resources address how to successfully apply and match to an internship (e.g., Prinstein, 2013; Williams-Nicholson, Prinstein, & Keilin, 2018), yet there is a relative dearth of published recommendations for making the most of the internship year itself. In addition to relocating (sometimes with partners or families), interns are asked to identify training goals, establish productive relationships with new supervisors and peers, demonstrate specific professional competencies, and secure a future postdoctoral/staff/faculty position—all in a short period of time! Accordingly, balancing and prioritizing various responsibilities and opportunities become key components of what ought to be a formative and pleasurable year. Reflecting on our experiences as outgoing interns (SMB and ESS) and Training Director of an APA-accredited internship program (SRM), we offer recommendations for maximizing enjoyment and mastery across multiple domains during the doctoral internship.

## Cultural Humility as an Overarching Framework

The comments that follow in this article are overlaid with a respect for individual differences among multiple identity dimensions. Cultural humility has been conceptualized as the “ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important” to that person (Hook, Davis, Owen, Worthington, & Utsey, 2013, p. 2). We respectfully expand on Hook and colleagues’ (2013) original definition in this article to acknowledge the additional relevance of complex social, historical, religious, political/systemic, and other factors on individual identities. Within the context of psychology internship training, we understand cultural humility to be a framework, not a training module; a direction, not a terminal credential. It demands an appreciation not only for individual differences, but for their infinite intersections and interactions. It is optimized through trainee vulnerability, nondefensiveness, and willingness to discuss difficult issues with supervisors, mentors, and peers.

Though full exploration of how to practice cultural humility within professional psychology is beyond the scope of this paper, we do recommend interns incorporate the following essential components of delivering multiculturally sensitive care: (a) fostering a willingness to experience one’s own and other people’s “differentness” and the resulting potential discomfort, (b) clarifying one’s own values and attitudes about ways in which people are “different,” (c) seeking patient referrals of people from diverse backgrounds, (d) actively learning about the contextual and systemic issues related to people’s “differentness”; (e) openly discussing these issues as they arise in supervision; and (f) willingly looking inward to identify one’s strengths and growth areas in this domain. We encourage interns to remain open and engage in ongoing self-reflection throughout the training year, leaning into potential discomfort rather than shying away from it. Respectful curiosity and honest introspection will help interns improve their knowledge, awareness, and skills as they work toward cultural humility. By striving to see through the perspective of others, interns will be better positioned to reflect upon, monitor, and adjust the impact of their implicit and explicit biases on patients and

<sup>1</sup> Although some programs offer extended part-time positions, most internships are year-long, full-time (40-hour) placements.

<sup>2</sup> Profession-wide competency areas identified by the American Psychological Association (APA) include: research; ethical and legal standards; individual and cultural diversity; professional attitudes, values, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional/interdisciplinary skills (APA, 2018).

other professionals. Readers interested in learning more about this topic are referred to work by Hook and colleagues (2013), Fisher-Borne, Cain, and Martin (2015), and Yun (2017).

### Clinical Skills Enhancement

Given its conception as a self-contained clinical immersion experience (Lamb et al., 1982), internship training is primarily grounded in supervised intervention and assessment, enhanced by exploration of the role of psychologists across various settings and/or patient populations. In accord with the APA (2018) Standards of Accreditation, internship is by definition a broad and general training experience. We therefore encourage interns to consider both long-term career trajectories (e.g., hospital versus university setting) as well as short-term professional goals (e.g., maximizing competitiveness for postdoctoral, clinical staff, or university faculty positions) in selecting clinical rotations and adjunctive experiences. Ideally, the internship training year should include elements of both (a) expanding breadth of training in novel

domains and (b) enhancing depth of training in select areas of interest in order to prepare for the next stage of one's career.

A central responsibility of internship programs is to help trainees extend their repertoire of clinical skills and apply these skills in novel professional contexts. To this end, interns are often given opportunities to complete rotations in specialized services distinct from prototypical outpatient mental health clinics (e.g., behavioral medicine or rehabilitation psychology settings) as well as deepen prior learning through more immersive, complex applications of existing skills. Interns might also be invited to attend elective clinical workshops and trainings to learn new therapeutic protocols or approaches—sometimes even earning formal credentials denoting specialized competence in that approach. For example, interns at VA internship programs can sometimes complete formal training sequences for specific empirically supported treatments, gaining marketable “certification” in those therapies. Alternatively, interns across diverse training settings and systems can receive more infor-

mal, experiential “on-the-job training” in therapeutic approaches through their work with experienced clinical supervisors. Interns’ immersion within multiple—and likely interprofessional—clinical teams also confers the advantage of developing a broader appreciation for perspectives of providers from diverse training backgrounds, in addition to greater familiarity with various team structures and dynamics.

Whereas some interns strive to maximize breadth experiences, it is important to balance exploration with deepening of clinical skills. We thus recommend trainees consider the unique value of developing and refining one's professional identity above and beyond their professional skill set. This can be achieved in several ways. Some interns might prioritize continued training in their area of clinical expertise early in the year in order to be more competitive for fellowships or jobs in those areas, with plans to pursue training in novel approaches, populations, or settings later in the year. Other interns may practice delivering familiar treatments with novel

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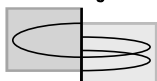
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restraints throughout the entire year—or example, exercising “flexibility within fidelity” to evidence-based principles through their work with patients during short-term inpatient stays or with complex comorbidities. Ultimately, there is no single or perfect way to strike this balance; interns should make the best decision for themselves after careful thought and discussion with trusted advisors.

Being closer to independent practitioners than graduate practicum students, interns are typically expected to take on commensurately more complex cases, including patients who are at higher risk of harm to themselves or others. Although there is regional variability in the type and representativeness of patients’ diversity characteristics, interns generally get to work with more demographically and clinically diverse populations than is typically possible during graduate training. Moreover, the internship training year is rich with intentional reflection on interpersonal, cultural, social, historical, institutional, and systemic factors related to the provision of health service psychology. Such reflection—while admittedly demanding on trainees’ emotional and cognitive resources—facilitates personal and professional growth, empathic capacity, and clarified professional identity through the catalytic integration of professional values, attitudes, and ethical principles. The prospect of encountering complex situations and working with people from different backgrounds can feel daunting at first, but it is necessary for developing independent ethical and clinical decision-making skills. We recommend that interns draw from available sources of supervision and consultation as they ultimately increase their competence in providing effective, multiculturally sensitive care.

Other new experiences on internship are equally vital for professional functioning, albeit sometimes less glamorous. One of the biggest initial hurdles for many interns is adjusting to new administrative procedures, including learning potentially challenging electronic medical health records systems, processes related to patient flow, and/or insurance and billing procedures. Once relatively mastered, it can be helpful (and can reduce frustration/annoyance) for trainees to consider the functionality of these specific procedures embedded in the broader system, considering “what purpose does this procedure serve?” and “how effectively is it fulfilling its intended purpose?” Consider the

example of an intern completing a supervised evaluation and report for individuals seeking organ transplants. At the surface, this exercise could be seen as the intern fulfilling programmatic assessment requirements, mastering the particular assessments consistent with the clinic’s procedures, and documenting findings in accord with supervisors’ stylistic preferences. Deeper and more significant questions inherent in these tasks include the intended and possible audiences who may access this report, the legal and ethical implications of documentation, and the potential consequences of the evaluation on other professionals’ decision making. Interns’ formation of an underlying conceptual or “bigger picture” framework, even regarding tedious administrative procedures, is necessary preparation for independent professional practice.

Another important (yet often overlooked) element of clinical training is the concept of interns as experts, despite having fewer years of practical experience than their supervisors. Interns are ideally treated as full members of interprofessional teams who bring their own unique interests as well as their knowledge of state-of-the-art research and practices. Accordingly, we encourage trainees to respectfully share their interests and expertise with colleagues and supervisors not only to familiarize team members with their areas of specialty, but also to facilitate relevant referrals and highlight interns’ value as contributing team members. This recommendation is more easily offered than followed; both the first and second authors of this article admittedly had to explicitly identify the ownership and advertising of their clinical skill sets as a formal training goal during their internship placements. It is therefore based on lived experience that we empathetically encourage interns to lean into potential discomfort when refining and embracing their professional identities during internship.

In sum, interns generally experience tremendous clinical skills enhancement, assume agency in determining their training goals, and have significant influence over how their self-identified training goals will be met. Constructing a comprehensive training plan that effectively addresses interns’ training goals within the structure of the internship program (and within only 1 year!) can seem like a Herculean task. Designing this plan requires attention to both short-term goals and forethought to advancement beyond internship. It also ideally occurs with the supportive input of

trusted and experienced mentors, such as interns’ clinical supervisors and/or internship program training director. We strongly encourage interns to embrace the chance to “try on” a (reasonable) variety of experiences, understanding that both positive and less enthusiastic reactions can calibrate one’s professional sense of self and inform future career choices. Interns might also benefit from envisioning their future selves to anticipate the type(s) of careers they might want, reflect upon current areas of strength and skills that need bolstering, and consider ways in which certain training experiences will enhance existing interests/skills and cultivate growth in new areas. Overall, a combination of depth and breadth experiences adds layers of nuance and complexity to clinical, academic, and personal perspectives alike, which is essential for understanding the complexities of human experiences and behavior.

### Research Training

In addition to supervised clinical training, many programs offer trainees protected time to engage in research (e.g., 4 to 8 hours per week). Research-related activities, broadly defined, might also be infused through other internship training components such as clinical service delivery, consultation, and continuing education. Internship training therefore promotes the integration of clinical science and clinical service delivery, consistent with APA’s strategic plan and definition of evidence-based practice in psychology (APA, 2006, 2019). Because designing, obtaining relevant Institutional Review Board (IRB) approval, and implementing original research studies is typically not feasible within a single calendar year, interns often elect to join ongoing projects, run secondary analyses using existing data sets, and/or continue collaborating on projects initiated during graduate school instead.

While most graduate students equate “doing research” with authoring empirical manuscripts, internship allows trainees to engage in several novel forms of scientific inquiry. For example, quality improvement (QI) projects involve analysis of data provided from human participants but are not officially considered “research” by most IRB groups. QI projects are common in hospital settings and have the potential to rapidly inform and improve health service delivery—experiences not commonly available or encouraged, relative to conducting systematic investigations, during graduate school. Interns could also deepen

and/or expand existing research skills through working with new populations (e.g., refugees), applying new methodologies (e.g., case reports), or exploring new funding mechanisms (e.g., VA Office of Research & Development). Interns may also face unique constraints placed by certain settings and/or systems (e.g., when conducting research with protected populations).

For outgoing graduate students accustomed to unrestricted time for data analysis and manuscript preparation, the transition to minimal (or no) protected research time can be difficult at first. Designated research hours may also be distributed in smaller chunks over the course of the week rather than provided in a single block, requiring interns to practice task shifting (e.g., format tables between clinic intake appointments). Moreover, many interns find they have substantially less energy to work on research projects after a full day of clinical service delivery compared to a day of classes and lab meetings. We therefore recommend trainees set realistic research goals for the internship year. It is easier to commit to one to two projects and make

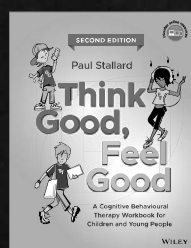
additional research commitments if time allows than to fall short of target output/deadlines for the four to five projects originally promised. At the same time, it is essential to practice self-compassion; even the most thoughtful, proactive, and research-focused trainees have difficulties maintaining research productivity among competing internship demands. Research productivity might also fluctuate throughout the year as interns rotate across clinical placements, apply and interview for jobs/fellowships, and navigate other life events outside of work.

Consistent with our belief that internship should build upon and extend graduate school experiences, we encourage interns to explore diverse applications of clinical science rather than maintain the status quo of writing as many empirical manuscripts as quickly as possible. Opportunities to explore varied scientific interests using new methodologies and/or clinical populations are fewer and farther between after the internship year, so we recommend trainees take advantage of the chance to diversify their research skills while they can. At the same time—and consistent with

our initial recommendation to set manageable research goals—it becomes important for interns to balance remaining open to new experiences with learning to say “no.” Research is only one of several professional competency areas emphasized during internship training and there are only so many hours in the work week.

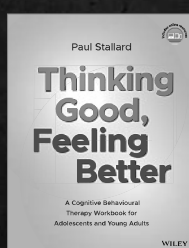
It is important to acknowledge the above recommendations are easier to implement if interns have completed their dissertation. In fact, some internship programs will not permit trainees to engage in new research until their dissertation has been successfully defended. We therefore encourage potential and incoming interns to prioritize dissertation completion above all other research goals. We similarly advise interns to carefully consider the advantages and drawbacks of continuing graduate school projects during internship. It can be difficult to balance old and new research activities across settings (not to mention time zones!) and investing time in graduate school projects can interfere with building new professional relationships and skills. For this reason, it can be helpful for incoming interns to speak with their graduate

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**Paul Stallard** is Professor of Child and Family Mental Health at the University of Bath and Head of Psychological Therapies (CAMHS) for Oxford Health NHS Foundation Trust. He has worked with children and young people since qualifying as a clinical psychologist in 1980.

He is the author of *“Think Good Feel Good: A cognitive Behaviour Therapy Workbook for Children and Young People”* and Editor of the book series *“Cognitive Behaviour Therapy with Children, Adolescents and Families”*. He has contributed to the development of CBT in many countries and has provided workshops for clinicians around the world. He is an active researcher and has published over 150 peer reviewed papers.

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advisor to honestly discuss mutual expectations for the internship year.

### Continuing Education and Didactics

Interns can take advantage of numerous formal and informal learning opportunities beyond supervised clinical and research activities. Most programs offer didactic seminars, case conferences, journal clubs, and/or research forums to complement the experiential nature of internship training. Program-sponsored seminars ideally review foundational skills, extend prior skills to new practice settings, and prepare interns for entry into the job market. Though interns may bemoan mandatory didactics after graduate school, continuing education during internship is qualitatively distinct from attending academic lectures or conference presentations. Tailored to meet interns' needs and interests, seminars address professional development, mental/medical health conditions and interventions, and important multicultural, legal, and ethical issues related to health service psychology. We encourage interns to approach continuing education as a vehicle through which to explore professional interests, identify growth areas, and gain "free advice" related to professional development and advancement.

Depending on the training site, interns might also gain access to didactics offered through the larger setting as well as nearby teaching hospitals, universities, and other institutions. Supervisors with varied expertise and training backgrounds can also recommend or lend resources (e.g., books, articles, protocols) as well as direct interns to additional training opportunities of interest. Certain systems might also offer continuing education online; for example, the VA Health Care System grants interns access to the Talent Management System, which hosts thousands of recorded courses and webinars related to specific populations, conditions, and patient care issues. Although impossible to attend or complete every didactic offering on internship, such valuable opportunities at least expose interns to topics they are likely to encounter in their early career and beyond. Moreover, pursuing educational offerings inside and outside of the training facility enhances interns' clinical training and fosters a commitment to life-long learning.

### Professional Development

As described above, interns can expect to see rapid development of their baseline competencies within clinical, research, eth-

ical, and diversity domains. This growth is often both exhilarating and exhausting. Adding to this mix is the underlying growth of one's self as a maturing professional person and the corresponding shedding of one's identity as a "student." The daily experience of working with complex patients, of taking on primary responsibility for their care and outcomes, of navigating multiple duties in time-sensitive situations, of collaborating with providers of other disciplines—all these elements conspire in helping interns to act with greater agency, autonomy, and responsibility.

With these changes comes a corresponding recalibration of the intern's identity as a professional. In this sense, internship is truly a "finishing school," in the sense that "school" is in the rearview mirror and in the sense that interns will integrate their knowledge and skill at a higher level of organization than previously possible. As a result, professional behaviors become more fluid, more effective, more authentically integrated into one's "self," and less effortful or "foreign." Undoubtedly, interns can expect to finish their year with a rediscovered sense of their strengths and capabilities. Beginning the year as a "student" and ending the year as a "psychologist" is a heady experience of crossing a critical threshold. There is likely no other single year in a graduate student's tenure that will have such a profound effect on how one views oneself.

The immersive experience of internship additionally promotes another important aspect of professional development. Operating in a new professional setting outside of the home doctoral program—with its attendant expectations and pressures—allows interns to step out from the shadow of important mentors and to use their new freedom to explore additional career options or to revisit earlier-formed self-concepts. It is not uncommon for interns to discover a new excitement for clinical work or a rekindled passion for research. Whether someone forges a new career pathway or recommits to a longstanding career preference, internship provides an unparalleled platform for experimentation and exploration.

Interns also gain the opportunity to refine their approach to effectively navigating a larger network of supervisors and colleagues. Whereas it is typical for graduate students to have only a few direct supervisors at any given time (e.g., one faculty advisor, one clinical practicum supervisor, and one instructor of record overseeing teaching assistant duties), interns can work

under or alongside more than a dozen research and clinical staff members during the training year. Accordingly, we encourage interns to thoughtfully consider the manner in which they interact with other professionals, who are likely to present with unique personalities, communication styles, and expectations of interns rotating through their clinic/laboratory. At the same time, working alongside colleagues at various career stages confers several advantages. Whereas more senior supervisors can offer guidance in cultivating team leadership skills, more junior supervisors can offer practical advice for applying to jobs/postdoctoral fellowships. Because trainees must begin applying to post-internship positions soon after initiating internship, obtaining vertical mentorship from a wide range of supervisors can prove invaluable as interns navigate the training year.

### Life-Work Balance

Internship is a transitional phase between graduate school and the working world. For many trainees, this adjustment to full-time clinical work restricted to set business hours and a single or small set of predetermined locations can be simultaneously a relief and a challenge. It is therefore critical to cultivate a balance between work and personal life during this demanding year. Though expectations vary across sites, many internship programs advertise 40-hour weeks during operational hours, which can be in stark contrast to the flexible but often quantitatively greater number of working hours during graduate school. Trainee reactions to adopting a different working schedule vary; some relish the ability to compartmentalize personal and professional endeavors while others find it difficult to transition to a rigid, closely monitored, program-determined work schedule. Reduced control over one's schedule can be especially challenging for interns with parenting or other family responsibilities that sometimes arise during normal business hours. Even though many interns elect to continue working on graduate lab projects, the structure (or even symbolic concept) of a 40-hour workweek can be conducive to developing time-management skills that extend to multiple life domains.

The newfound ability to "leave work at work" can be seen as an opportunity to take greater advantage of nonworking hours. The internship year is ripe for engaging in valued activities, exploring new places and

cultures, developing interests and hobbies, attending community events, or adopting a new pet. It is also common for interns to consider and/or begin to have families, which could involve becoming legally partnered or even welcoming children into the home. Although APPIC does not require member programs to offer standardized parental leave, it does recommend the program and requesting trainee be creative and cooperative so as to obtain adequate leave while still meeting program requirements (Ponce, Aosved, & Cornish, 2015). At the very least, the structure, stability, and insurance benefits that accompany full-time employment can be helpful in supporting families, although it can still be challenging to juggle work and family responsibilities.

It is important to acknowledge that not all interns will be financially equipped to pursue every fee-based recreational activity. Intern stipends are generally low and there can be little (if any) “fun money” available after accounting for basic living expenses—especially on the heels of a potentially expensive geographic relocation. For its many advantages and oppor-

tunities, the internship year can also be a stressful time. Fortunately, most internship programs provide a built-in social support system: the intern cohort. Intern cohorts range from two (a required minimum class size for APPIC member programs) to over a dozen in size. Undergoing such a challenging and transformative experience together can forge bonds of friendship, professional collaborations, and general collegiality that last well beyond the internship year. In addition to seeking peer support and practicing compassionate self-care (e.g., Bettney, 2017), we encourage trainees to discuss with their supervisors how to mitigate work stress. For example, reducing the intern’s workload, decreasing perfectionism and/or self-expectations, or promoting greater task efficiency (e.g., creating note templates to facilitate swifter clinical documentation). In this way, interns can practice building a sustainable career, even in highly demanding or evaluative settings.

## General Recommendations and Conclusion

The doctoral clinical internship is an immersive, integrative training experience in health service psychology. Building upon and extending graduate training, internship learning experiences converge to prepare newly minted health service psychology doctorates for activities in clinical practice, science, education, and public interest. Interns often have the benefit of working in a different setting/system alongside new mentors than they did during graduate school, which allows them to evaluate their professional values and passions away from perceived pressures of their graduate program faculty supervisors. Thus, while it is critical to meet internship program requirements and expectations, interns are generally encouraged to invest time and energy in proportion to what is personally meaningful. We also advise interns to remain open to new experiences and bring a curious attitude throughout their placement, as training goals might change during the year. At the same time, learning to say no and set appropriate



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boundaries is essential to maintaining a healthy life-work balance.

Although the internship placement itself is time-limited, the associated professional experiences and relationships are not encapsulated. In addition to forming a social support network with fellow interns who may serve as future collaborators or consultants, relationships with clinical supervisors and other training program faculty can be instrumental in one's professional development. We therefore advise interns to maximize personal and professional opportunities by approaching the internship year with the mindset of living one's personal life as if it were only a 1-year experience (*carpe diem*) but interacting with colleagues as if it were a career-long commitment (protect your professional reputation). Finally, we urge trainees to "pay it forward" during and after internship. Whether that entails sharing resources with fellow members of the internship program, helping recruit future interns, giving honest and encouraging advice to internship applicants, or engaging in some other act of professional service, remember that professionals in health service psychology are united in a shared mission to promote and apply psychological science and knowledge to benefit both the greater society and the individual members it comprises.

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