



VALLEY HEALTH

Quality healthcare in your neighborhood.

Doctoral Internship Handbook

2018 - 2019

Table of Contents

Program Overview	3
Valley Health Systems Mission	3
Internship Application Process	4
Requirements	5
Start and End Date	5
Salary and Benefits	6
Contact Information	6
Internship Training Mission	8
Training Goals and Objectives	8
Training Program	11
Training Model	11
Training Experiences	12
Didactic	14
Supervision	14
Estimated Weekly Schedule	15
Training Staff	16
Policies and Procedures	17
Internship Completion Criteria	17
Self-Study	17
Evaluations	17
Due Process Guidelines	17
Sexual Harassment	25
Training Resources	26
Sites	26
Scheduling	26
Notes	27
Tasks	27
Email	27
Technical Support	27
Dress Code	27
Appendix A: Sample Schedules	28
Appendix B: Tentative List of Didactics	29
Appendix C: Tentative Group Supervision Schedule	31
Appendix D: Sample Evaluation of Intern Progress	33
Appendix E: Sample Evaluation of Internship	43
Appendix F: Sample Evaluation of Didactic	45

Valley Health Systems

Doctoral Internship in Psychology

The Doctoral Internship at Valley Health Systems is designed to train future psychologists to work in primary care settings as providers of comprehensive psychological services that collaborate with other disciplines to improve patient care. Interns provide services in integrated primary care clinics, outpatient behavioral health clinics, psychological assessment clinics, and through our Medication Assisted Therapy (MAT) for opioid addiction program. Valley Health Systems is a constellation of over 30 medical clinics throughout southern Ohio and Western West Virginia with behavioral health services in 12 of those sites. Interns are involved in clinics at four of our sites: Highlawn (Huntington, WV), Huntington (Huntington, WV), East Huntington (Huntington, WV), and Hurricane (Hurricane, WV).

The internship is designed to be fulfilled in 1500 hours of training over the course of 12 months. Interns will receive direct supervision from at least three different supervisors during the training year, with ongoing feedback provided regarding progress toward training goals and formative feedback provided each quarter. All supervising psychologists are employees of Valley Health who hold a doctoral degree in psychology and are licensed psychologist in the state of West Virginia. Additionally, they have been approved by the West Virginia Board of Examiners in Psychology to serve as supervisors. We are committed to providing a supportive educational environment to interns as they develop into increasingly independent professionals. It is the goal of the training program to prepare interns to be able to take on a variety of roles that exist in primary care settings, particularly in settings that provide access for underserved patients.

Valley Health System Mission

Valley Health is a federally qualified healthcare center with a mission to provide healthcare to all individuals and an emphasis on reaching those who are underserved. Valley Health serves nearly 60,000 patients each year through a system of health care facilities and providers in family medicine, women's health, dentistry, internal medicine, pediatrics, optometry and behavioral medicine. Valley Health also offers specialty programs including Women, Infants, and Children (WIC), nutrition services, school-based health centers and programs for the homeless. As part of this mission, Valley Health provides services to patients, regardless of their ability to pay.

To provide the highest possible quality service to our patients, we strive to be aware of the cultural context of the communities we serve. The patients that we serve vary widely in terms of education level and socioeconomic status. Additionally, patients vary in whether they live in a city with access to resources such as public transportation and relatively short commutes to

services or whether they live in a very rural community with few resources easily accessible. Awareness of the language used by the patient in their health care encounters, beliefs and values that shape their presentations and experiences, and recognition of the impact of clinician's own experiences on our relationships with our patients is central to our daily work.

Vision:

Valley Health Systems will be the leader in providing excellent community-based primary healthcare.

Values:

Honesty: We will tell the truth.

Respect: We will treat every person as important.

Unity: We will work together.

Trust: We will do what we say and say what we do.

Internship Application Process

We will be participating in the APPIC match as a non-member for the 2018 – 2019 match. We will be using APPIC's APPI Online Service. Applications require a completed APPI, verification of eligibility by your Director of Training, three recommendation letters, a current CV, and an official transcript. Valley Health's match number is 242411.

The application deadline for the Valley Health Doctoral Internship is December 15. All applications will be screened by members of the Internship Training Committee, which includes the Director of Training and the supervisors within the internship. If you are selected to interview, you will be invited for a half-day visit to our facility for interviews with training staff. Arrangements may be made for interviews to be conducted over the phone if needed. Applicants will be notified by email whether they are selected. Committee members will conduct interviews and will provide ratings and feedback to the Director of Training and other Committee members. Final rankings are made by consensus during a Committee review of interviewees.

Once interns are matched to a site, a letter of agreement is sent to the selected interns within 48 hours. This letter includes information about start and end dates, intern salary, contact information for the Director of Training, and other relevant information about the internship. Interns will also receive requests from Valley's HR department for required pre-employment screening measures, including drug screening and background checks. Interns must complete these requirements in order to start internship.

Every effort will be made to ensure diversity in selected trainees. Selections are non-discriminatory on the basis of age, gender, gender identity, race, ethnicity, culture, national origin, sexual orientation, disability, and socioeconomic status.

Requirement for Selection

An applicant must have completed all on-campus requirements in an APA accredited, degree granting clinical or counseling psychology doctoral program in the United States by the time the internship is scheduled to begin. The applicant must also have been awarded a Master's Degree in Psychology during their training. The applicant must have successfully completed supervised practicum experiences and graduate coursework in clinical psychology and health psychology.

Start and End Dates

The internship begins on July 30, 2018 and ends on July 26, 2019. Interns must complete pre-employment screening and drug testing through Valley Health. Interns are also subject to the Human Resources policy on criminal background checks. Once interns have been matched to Valley Health, it is important that they remain in touch with Director of Training and be prompt in responding to information requests and updates. Trainees must obtain a Gold Card through the West Virginia Board of Examiners of Psychologists and the Director of Training will assist

in navigating this process. It is essential that the application for the Gold Card be completed in a timely fashion so as to avoid a delay in clinical work. Trainees must submit to the Director of Training a copy of their master's degree, CV, and Gold Card prior to beginning internship.

Interns will also need to monitor their email for updates from Valley Health's Human Resources to begin the pre-employment process, including completing a physical and drug screen as well as a background check. Interns will need to attend an orientation day to include meeting with HR, completing required paperwork, and learning how to navigate the EHR system.

Salary and Benefits

Interns receive a salary of \$28,000 annually. Interns will also have access to 2 days (16 hours) of leave for CEU as well as \$500. Interns will also accrue Paid Time Off (PTO) at a rate of 6.15 hours biweekly, totaling 160 hours or 20 days annually. PTO may only be used as it is accrued. Additionally, time off is subject to prior approval of your clinical supervisors and the Director of Training and will not be approved for the last two weeks of internship training without extenuating circumstances. Unused PTO will be paid out at the end of the internship year. Plan your use of PTO carefully and in consideration of anticipated needs for leave such as graduation, dissertation defense, and conferences.

Interns will also accumulate time in an Extended Illness Bank. This time is used for necessary absence caused by illness, injury, pregnancy, or absence from work to receive medical, dental, or psychological evaluation and treatment. EIB is accrued at a rate of 2.46 hours biweekly. Employees have access to two personal days annually to cover any illnesses, doctor appointments, and other medical needs. After expending two personal days in one calendar year, the employee must expend two PTO days before additional EIB benefits can be used. Employees may use their EIB benefits immediately if hospitalized.

Interns are eligible for health insurance through Valley Health.

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Internship Training Goals

The overall goal of the Valley Health internship is to provide a broad training experience in behavioral health services in a primary care setting. The internship will facilitate further development in the competencies necessary for professional practice in this setting. The goals and objectives for internship training are informed by the American Psychological Association's Competency Benchmarks Document and Integrated Primary Care Competencies Document. Clear behavioral anchors tied to readiness for entry into practice are defined for each competency. These will be used as tools for assessing intern progress and providing feedback to both the intern and the intern's home university.

Training Goals and Objectives

Goal 1: Interns will value the scientific foundation underlying clinical practice.

Objective 1: Interns will be able to read and evaluate scientific research related to clinical practice.

- Demonstrate knowledge of readings in didactic seminars, supervision, and case conferences.
- Demonstrate ability to integrate scientific knowledge into clinical practice during supervision and case conferences.
- Demonstrate the ability to effectively present research regarding treatment and standards for evidence-based practice to patients, patient care teams, and other professionals.

Objective 2: Interns will utilize evidence-based treatments to inform treatment planning and to evaluate patient outcomes.

- Implement empirically validated treatments appropriate for the patient and for the setting in which they are providing care.
- Use outcome measurements to assess progress and adjust treatment plans.

Goal 2: Interns will be competent in clinical diagnostic assessment.

Objective 1: Conduct diagnostic assessments at depth appropriate for the presenting problems and the clinical setting in which they are practicing (outpatient therapy, primary care clinic).

- Demonstrate effective use of multiple methods of interview (e.g. structured, semi-structured, child-focused, brief problem) to evaluate presenting concerns that are appropriate for the referral and responsive to the patient.
- Demonstrate ability to develop rapport with patients.

- Incorporate interview(s) and other sources of information to inform case conceptualization, recommendations for intervention, and treatment planning.

Objective 2: Interns will be able to evaluate and diagnose presenting problems that would benefit from intervention.

- Demonstrate skill in assessment that considers medical, developmental, environmental, and family factors as appropriate.
- Evaluate and use patient's strengths and supports to inform assessment of patient needs.
- Demonstrate working knowledge of diagnosis using DSM-5.
- Monitor patient progress to identify changes in presenting problems and effectiveness of intervention.
- Demonstrate awareness of cultural factors that might impact presentation and appropriate intervention strategies.

Objective 3: Interns will be able to formulate a biopsychosocial treatment plan appropriate for the setting (e.g. brief, problem-focused versus traditional outpatient therapy).

- Demonstrate awareness of ability to incorporate evidence-based protocols into treatment plans.
- Demonstrate the ability to clarify the referral issue.
- Effectively consult and collaborate with professionals across disciplines.
- Develop a case conceptualization to guide appropriate and effective treatment planning.
- Demonstrate ability to conduct comprehensive diagnostic assessments across functional domains.
- Demonstrate ability to conduct brief, problem-focused assessments that prioritize integrated care treatment goals.

Objective 4: Interns will be able to present their diagnostic findings or assessments in concise verbal form as well as in comprehensive and appropriately tailored reports for various consumers in the Electronic Health Record (EHR).

- Effectively communicate findings and recommendations to families.
- Effectively communicate findings to other providers.
- Complete notes and reports with appropriate content and attention to relevant details in timely manner.

- Describe ethical and privacy considerations for sharing information in the electronic health record (EHR) and with other providers involved in the patient's care.

Goal 3: Interns will be competent to provide intervention and consultation for children, adolescents, and adults that is appropriate for the clinical setting in which they are providing care.

Objective 1: Interns will develop rapport and form a therapeutic alliance with patients.

- Effectively collaborate with patients to identify intervention goals that focus on functional outcomes and symptom reduction in a targeted manner.
- Establish and maintain effective relationships with patients.
- Demonstrate an awareness of how differences between the patient and the therapist may impact therapeutic relationships.

Objective 2: Interns will implement empirically supported techniques and interventions that are appropriate for the clinical setting in which they are providing care.

- Demonstrate ability to provide justification/support for interventions selected as well as awareness of support and contraindications for other possible interventions.
- Effectively use current evidence-based interventions appropriate for the setting to treat health and mental health issues.
- Demonstrate the ability to evaluate treatment outcomes.
- Monitor and adjust the intervention plan as needed.
- Demonstrate skills in adapting interventions for specific patient needs.

Objective 3: Understand acute and chronic illness and medical management, including the effects of disease processes and medical management on patient's overall well-being.

- Demonstrate basic knowledge of acute and chronic conditions and injuries and management of them.
- Demonstrate understanding of adjustments to chronic illness and social and health behaviors associated with poor health outcomes (e.g. impact of poverty, nonadherence to medical regimens).
- Effectively consult with professionals across multiple disciplines.
- Demonstrate an understanding of appropriate levels of assessment, intervention, and documentation given the reason for referral and the setting.
- Demonstrate the ability to collaborate with other disciplines in intervention planning and implementation for problems related to medical conditions.
- Target evidence-based interventions to improve chronic care management.

- Offer interventions that are inclusive of the family system when appropriate (e.g. parent-training, family problem-solving, caregiver support)
- Bridge appropriately between behavioral services offered in primary care, outpatient mental health, and community services offered.

Goal 4: Interns will be sensitive to issues of diversity, including but not limited to: age, social-economic status, race, culture, ethnicity, religion, gender, gender identity, sexual orientation, and medical condition.

Objective 1: Interns will be sensitive to issues of diversity and exhibit awareness of the extent to which the lives of others can differ from their own.

- Demonstrate familiarity with relevant literature concerning cultural competency and the ability to integrate that knowledge into case conceptualization.
- Demonstrate skills in assessment and intervention with patients of diverse backgrounds.
- Use culturally sensitive measures and procedures when conducting research, evaluation, or outcome assessment.
- Demonstrate self-awareness regarding own cultural backgrounds and beliefs and potential impact on delivery of patient care.

Objective 2: Interns will be able to identify and appreciate the impact of these differences on patients' daily life experiences, as well as how experiences may impact their participation in treatment and response to therapy.

- Demonstrate skills in assessment with patients of diverse backgrounds.
- Incorporate awareness of patient's diversity in rapport building, case conceptualization, and intervention.
- Work with patient to develop treatment goals that are consistent with diverse needs and priorities of the patient.

Objective 3: Interns will become comfortable with addressing issues of differences or diversity with the patients when relevant.

- Demonstrate comfort when communicating with patients about issues of diversity.
- Demonstrate ability to discuss available resources with patients.
- Modify interventions for behavioral health change in response to social and cultural factors.
- Demonstrate ability to consult with professionals from diverse backgrounds.

Goal 5: Interns will develop a professional identity as a psychologist.

Objective 1: Interns will effectively collaborate with other professionals in multidisciplinary and interdisciplinary settings.

- Conduct self in a professional manner across settings and situations.
- Demonstrate respect for other disciplines and perspectives within an inter-professional or multidisciplinary care team.
- Demonstrate the ability to effectively communicate the psychosocial factors contributing to the issues being addressed in the care team.
- Recognize when and how to effectively advocate with other members of the health care team.
- Demonstrate ability to work with all members of the teams in primary care clinics and outpatient services.

Objective 2: Interns will explore a range of professional roles within a primary care setting.

- Demonstrate understanding of roles of psychologists in primary care centers.
- Convey to others the roles/skill sets a psychologist offers in primary care settings.
- Adapt role and activities in the best interest of patient care.
- Adapt to primary care environment, including frequent interruptions, fast pace of clinics, and unpredictability in scheduling.

Objective 3: Interns will conduct themselves professionally and abide by legal and ethical guidelines.

- Identify and address the ethical issues encountered in primary care and other clinical settings, particularly within an underserved area (e.g. dual relationship concerns, confidentiality, informed consent, boundary issues, team functioning, business considerations).
- Demonstrate knowledge about legal issues associated with clinical practice (e.g. compliance with documentation and billing practices, following state laws for reporting abuse/neglect).
- Demonstrate the ability to communicate ethical and legal concerns with team members.
- Follow appropriate procedures for reporting and documenting ethical and legal concerns.

Training Program

Valley Health’s internship program is intended to provide interns a broad experience in a variety of roles in which psychologists serve in primary care settings. All interns will receive training in substance abuse treatment, integrated primary care, and outpatient psychotherapy services. Interns will also complete assessments and will have the opportunity to obtain training within our Dialectical Behavioral Therapy program and to participate in ongoing research projects.

Training Model:

Interns have a shared responsibility in planning and shaping their training experience in collaboration with their supervisors and the Director of Training. It is our intent to provide an experiences that fulfills each interns’ identified training needs in a progression from basic knowledge and practical clinical skill competencies to preparation for an entry level doctoral psychology position.

Interns begin the year with orientation that is intended to help them transition into Valley Health systems and to become familiar with the staff, needs, and resources of our clinics, community, and patient populations. Interns work with our HR department, office coordinators, supervisors, and the Director of Training throughout this orientation process. Interns will also complete a self-evaluation and participate with training staff to define goals for the training year.

The internship operates under the assumption that many interns will have relatively little experience with providing services in a primary care setting. Therefore, initial training experiences include didactics in integrated primary care, organizational and treatment procedures and policies relevant to their daily work, collaboration with other disciplines, and unique ethical issues that are common to this setting. Once interns are well-oriented, training will expand to cover the most common presenting concerns and areas of intervention in our clinics (e.g. depression, anxiety, pain, diabetes, health behaviors). Specialized topics will also be incorporated. Whenever possible, trainings specific to interns’ expressed interests will also be incorporated.

Early in the training year, supervision will likely involve more direct instruction, modeling, observation, and coaching. Interns will assume greater autonomy in guiding the context and structure of supervision as the year progresses, with evaluation of progress toward training goals serving as a guide.

Primary Training Experiences:

These training experiences are intended to be year-long.

Medication Assisted Treatment for Opioid Addiction (MAT Program). The MAT program is an interdisciplinary program that involves Valley Health family practice physicians, psychiatrists,

nurses, nurse-practitioners, pharmacists, psychologists, and other behavioral health providers working together to promote recovery and independence from opioid addiction. The multidisciplinary team also often works collaboratively with community agencies (e.g. Child Protective Services, Neonatal Transition Unit and Mother-Baby units at our local hospital). Interns will work under their supervising psychologist on the team to provide individual and group therapy, provide feedback to all members of the team regarding patient progress and concerns, and collaborate with the community agencies involved to coordinate and improve overall care for the patient.

Integrated Primary Care Clinic. During this time, interns will complete warm hand-offs from physicians to establish an initial face-to-face contact between the behavioral health provider and the patients and to transfer the trust and rapport to the behavioral health provider. Interns will be available for provider consultation as part of the patient-centered approach. They will be prepared to provide diagnostic impressions, complete brief interventions, facilitate referrals to treatment, and foster a patient's readiness for change. Interns will also assist with patients who are experiencing acute distress. Interventions are brief and focused. Needs assessment may occur. The Behavioral Health Consultant (BHC) may then facilitate referrals to appropriate providers within the Valley Health team or community providers.

Outpatient Psychotherapy. As a department, we see patients from preschool-aged children to geriatrics for individual outpatient psychotherapy for a variety of presenting concerns. Interns will be providing therapy to patients consistent with their supervisor's scope of practice. Interns will utilize evidence-based approaches and intervention protocols. Given the primary care setting, intakes are scheduled for 30 minutes to 1 hour. All intakes must be done by the licensed psychologist or with the licensed psychologist present and participating. Follow-ups are often scheduled for 30 minutes for individuals. There are patients (e.g. family therapy sessions) and/or presenting concerns where longer appointments may be appropriate and these can be scheduled as needed. This pace requires brief and focused intervention skills as well as effective time-management. Patient referrals come from within our department, from Valley Health providers, and from the community. Collaborating or coordinating care with other health care professionals or other systems (e.g. school) will be done as appropriate for the case. Interns providing these services will have an independent caseload overseen by their supervisor.

Dialectical Behavioral Therapy. Valley Health has a dialectical behavioral therapy program in our East Huntington and Hurricane locations. Interns may choose to receive training in this model as their outpatient experience. Interns would then participate in the DBT consultation team, co-lead skills groups, and see individual patients using this approach.

Assessment. Interns will also spend approximately four hours a week completing psychological assessments. The Department of Behavioral Medicine is currently only able to offer a limited

range of formal psychological assessments due to issues related to reimbursement and time involved in such testing. However interns will have the opportunity to complete assessments for diagnostic clarity, ADHD, developmental disabilities, cognitive capacity, and pre-surgical clearance.

Research. Interns can choose to be involved in research. There are several projects and opportunities within the department and, if interested, interns are strongly encouraged to talk to the supervising psychologists about these opportunities.

Didactic.

Interns will attend two hours of didactics weekly. Regular participation (<90%) in the didactic seminars is required for successful completion of the internship program. Didactics will be presented by psychologists within the Department of Behavioral Medicine as well as by other professionals such as pharmacologists, psychiatrists, family medicine physicians, and nursing staff. All didactics will be on topics directly relevant to psychologists' clinical practice in a primary care setting. Please see the tentative list of didactics in Appendix B.

Supervision.

Each week interns will receive one hour of individual supervision for work within the MAT program, thirty minutes of individual supervision as well as curbside supervision for work within the integrated primary care clinics, thirty minutes of supervision weekly for assessment, and one hour of individual supervision for work in outpatient psychotherapy services. If interns are participating in DBT, they will also attend a weekly consultation team. At each of the locations where interns provide services, there will be licensed psychologists available for supervision as needed throughout the workday as well.

Interns will also receive one hour of group supervision weekly. APA and state board of examiners requires there be supervision devoted to direct observation of the intern. In addition to the direct observation of diagnostic assessments (intakes), supervisors will coordinate direct observation of other services to provide the highest quality training and services.

Interns will be designated on all documentation as "Psychology Intern." In terms of billing for services, interns act as supervised psychologists and bill under the license of the supervisor for those services. Because of guidelines for provision of services by supervised psychologists in a FQHC (Federally Qualified Health Center), all diagnostic assessments (intakes) must be done by the licensed psychologist or with the licensed psychologist present and participating. Follow-up appointments may be completed by the supervised psychologist (i.e. Psychology Intern) in support of the diagnosis and treatment plan rendered during the diagnostic assessment. Throughout the internship year, supervisors remain clinically responsible for all cases under their supervision.

Estimated Weekly Schedule.

An approximation of the intern’s weekly training activities is listed below, though some variation may exist.

Intern’s Estimated Weekly Schedule	
Service Activities	Hours/Week
MAT Program	6
Integrated Primary Care	8
Outpatient Psychotherapy	14
Assessment	4
Training Activities	Hours/Week
Didactic Seminar	2
Individual Supervision	3+
Group Supervision	1
Other Activities	Hours/Week
Documentation	5
Total Hours/Week	43

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Policies and Procedures

The Director of Training manages daily operations and routine decisions pertaining to the internship including scheduling, personnel matters, and coordination of didactic schedule. Additionally the Director of Training will serve as liaison with APPIC and ensure that the training program follows all APPIC guidelines and regulations.

The Internship Training Committee consists of the Director of Training and the current supervisors for interns. The Internship Training Committee will review policies, goals of training, ongoing self-study, review of interns' progress, interviews of applicants, and applicant ranking. The Internship Training Committee will have a monthly conference call in addition to communicating by email throughout the training year with face-to-face meetings held as needed.

Internship Completion Criteria

Successful completion of the internship program will require:

1. A minimum of 1500 direct hours
2. A minimum of two hours of individual and one hour of group supervision weekly
3. Attendance of at least 90% of didactic seminars
4. Satisfactory evaluations in all three primary clinical experiences and participation in secondary clinical experiences

Upon successful completion of the internship program, interns will receive their internship certificate.

Self-Study

Feedback regarding the training experiences of the intern will be provided by the interns as well as by supervisors. This feedback will be reviewed by the Director of Training and the Internship Training Committee in an ongoing self-study process with the goal of continuing to develop and maintain a high quality broad training experience that is consistent with the program's defined goals at a developmentally appropriate level for an intern.

Evaluations

Feedback regarding intern performance will be given on an ongoing basis through supervision. Additionally, interns will be given quarterly formal progress evaluations in each of their three primary clinical experiences. Feedback from secondary rotations will be included at the half year and end of year (second and fourth quarterly evaluation period). The competency-based evaluation form is included in Appendix E. Interns are encouraged to review this form.

Procedure for quarterly evaluations:

1. The Director of Training will request that the supervisors complete the competency based evaluation form and return it by the specified deadline.
2. The Director of Training will ask interns to complete a self-evaluation, using the same competency-based evaluation form.
3. After receiving both the supervisors' and the intern's evaluation forms, the Director of Training will summarize these into the formal competency evaluation.
4. The evaluation is reviewed by the Director of Training with the intern and the intern is given the opportunity to provide a written response.
5. All evaluations and intern responses become part of the intern's file, are reviewed by the Internship Training Committee, and are provided to the Director of Clinical Training at the intern's doctoral training program.

Due-Process Guidelines

The goal of the due process guidelines is to provide a framework to respond and ensure that decisions about interns will not be arbitrary or personally biased.

1. Interns will receive and review a written copy of training goals, objectives, and expectations in the Intern Handbook prior to beginning the internship. The Handbook will also contain a copy of evaluation procedures and forms. Evaluations will be completed in a timely manner by supervisors who directly work with the intern.
2. Supervisors as well as the Director of Training will communicate early and often with the intern, and when needed with the intern's doctoral training program, if difficulties that are significantly interfering with the intern's professional performance are suspected.
3. When appropriate, the Internship Training Committee will institute a remediation plan for these identified difficulties, including a time frame for the expected remediation and consequences of not adequately addressing the deficits.
4. The intern may institute an appeal process, described below. Due process procedures will allow the intern sufficient time to respond to any action taken by the training program before the remediation plan and/or consequences are implemented.
5. The Director of Training will document in writing, and provide to all relevant parties, the actions taken by the program and the rationale for all actions.

Remediation of Performance Difficulties and Problematic Behavior, Due Process, and Grievance Procedures.

If an intern is performing below expectations in the defined competency areas or if problematic behaviors are identified, this will be noted in writing on the quarterly evaluation form or noted earlier in the evaluation period, as appropriate.

This document provides interns with a definition of problematic behaviors, problematic performance, a listing of sanctions, and an outline of due process and grievance procedures.

Definitions

Problematic Behaviors: when supervisors perceive that an intern's behavior, attitude, or characteristics are interfering with the quality of clinical services, relationships with peers, supervisors or other staff, or the ability to comply with appropriate standards of professional behavior.

Problematic Performance: an interference in professional functioning that results in the intern being unable and/or unwilling to develop and incorporate professional standards into his/her behavior, unable to acquire professional skills that reach an acceptable level of competency, or unable to control personal stress which leads to dysfunctional emotions reactions or behaviors.

Examples of problematic behaviors:

1. Intern does not acknowledge, understand, or address the problem when it is identified by supervisors.
2. The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training.
3. The quality of services delivered by the intern is significantly below expectations or negatively affected by the behavior of concern.
4. The problem is not restricted to one area of professional functioning.
5. The problem interferes with relationships with patients, peers, supervisors, or other staff.
6. A disproportionate amount of attention by training personnel is required.
7. The intern's behavior does not change as a function of feedback, remediation, efforts, and/or time.

Procedures to Respond to Problematic Behavior

1. Verbal feedback can be given to the intern at any time there are problematic behaviors or that performance is not up to standards. This feedback will be recorded on quarterly evaluations if behavior or performance has not been adequately addressed by that point. Any ratings below expected competency level will be explicitly discussed with the intern. If the intern addresses this formal feedback appropriately and improved performance to the expected standard, no further action is necessary.
2. If the intern's performance and/or behaviors remain a concern, the following procedures will be followed.
 - a. Within five working days of receiving the below-expectations rating, the Internship Training Committee will discuss the ratings and determine appropriate action to be recommended to address the problem.

- b. The intern will be notified in writing that such a review is occurring, and the intern will have the opportunity to submit a response to the rating.
- c. After reviewing the inadequate ratings and the intern's response, the Internship Training Committee may choose one or more of the following methods or may take another course of action deemed to be appropriate:
 - i. Written or verbal notice that no further action is necessary.
 - ii. Written notice stating:
 - 1. Internship Training Committee is aware of and concerned about this rating
 - 2. That the rating has been brought to the intern's attention.
 - 3. That the Internship Training Committee will work with the intern to remediate the problem or skill deficit.
 - 4. That the behaviors associated with the rating are not serious enough to warrant more serious action.
 - 5. Probation notice. Probation will be a time-limited, remediation oriented, more closely supervised training period. This is intended to assess the ability of the intern to complete the internship and to return the intern to a more independent level of functioning. During the probation period, the Director of Training and Internship Training Committee will systematically monitor for a specific length of time the degree to which behavior or performance changes. Interns will be informed in writing of:
 - a. The actual behavior associated with the inadequate rating.
 - b. The specific recommendations for rectifying the problem, including remediation considerations.
 - c. The time frame during which the problem is expected to be addressed.
 - d. The procedures that will be used to determine whether the behavior has been effectively addressed.
- d. When the Internship Training Committee determines that remediation is required the identifying behavior must be systematically addressed. Possible remedial steps include, though are not limited to:
 - i. Increased supervision, with the same or different supervisors.
 - ii. Change in format or emphasis of supervision.
 - iii. Reduction of overall caseload. The length of the schedule modification will be determined by the Internship Training Committee as will the point of termination of the modification.
 - iv. Requiring additional reading, literature review, or specific academic coursework.

- e. The Internship Training Committee will then meet with the intern to review the recommendations. The intern may choose to accept the recommendations or challenge the recommendations. The procedures for challenging the recommendations are described under Intern Grievance Procedures in this document. The Internship Training Committee will review the status of the concern within three months, at the next formal evaluation, or sooner if determined to be appropriate. In the case of probation, the intern's progress will be reviewed within the time frame set in the agreement on probation.
3. When the remediation does not appropriately rectify the problematic performance or behavior within a reasonable period of time or when the intern seems to be unable or unwilling to alter the behavior, the Internship Training Committee may need to take further formal action. If the intern has not sufficiently improved under the conditions stipulated in the recommendation for probation, the Director of Training, after reviewing the problem and progress with the Internship Training Committee, will notify the intern in writing that the conditions of probation have not been met. The Internship Training Committee may then take appropriate action including, but not limited to:
 - a. Modify or continue the remediation plan for a specific period of time.
 - b. Suspend the intern for a defined and limited period of time from engaging in professional activities until there is evidence that the behavior in question has been rectified. Such suspension may mean that the intern is unable to successfully complete the internship.
 - c. May specify to the graduate program the areas in which the intern can/cannot function adequately.
 - d. Make formal recommendations of immediate termination to the chair of the Department of Behavioral Medicine and the intern will be informed of the recommendation. Following the approval of the Chair, the intern's employment and training at Valley Health will be terminated.

Intern Appeal Procedures

Interns who are notified of poor performance ratings or recommendation of probation, or who otherwise disagree with any Internship Training Committee decision regarding their status in the program, may challenge the committee's actions by initiating a grievance. Throughout this process due process procedures will be implemented and there will be documentation of all decisions and actions. Information will be shared with the intern and the intern's home university's training director.

Within 10 working days of notification that a significant deficit or problem behavior has been identified, the intern must inform the Director of Training in writing that he/she disagrees with the Training Committee's action and justification for this belief. Failure to provide such

information will constitute an irrevocable withdrawal of the challenge. Following receipt of the appeal, the following action will be taken:

1. Upon receipt of the appeal, the Director of Training will meet with the intern's supervisors for each of their primary clinical experiences (outpatient, integrated, and MAT). If the grievance involves one of these supervisors, that supervisor will recuse him or herself from the process and another licensed psychologist within the department will step in.
2. Within 10 days of receiving the appeal or grievance, the above mentioned supervisors will meet to determine appropriate action. Decisions must be made by majority vote. Within 10 days of the hearing, the Director of Training will prepare a written report, including recommendations. These recommendations will detail goals, objectives, assessment techniques, expected outcomes, and timelines for improvement by the intern. This report will be presented to the intern and, the intern's home university training director in writing.

Allegations of Intern Violation of Standards

Any staff member may file a written complaint against an intern for the following reasons: ethical or legal violations of professional standards or laws, failure to satisfy professional obligations that result in violation of the rights, privileges, or responsibilities of others.

1. The Director of Training and other Internship Training committee members will determine if there is reason to pursue further or whether the behavior in question is being rectified.
2. If the Training Director and other Internship Training Committee members determined the alleged behavior in the complaint would not constitute a serious violation, the Director of Training will inform the complaining staff member, who may then be allowed to modify the original complaint if additional information is provided.
3. When an adverse decision has been made by the Director of Training and other Internship Training Committee members, the procedures to be followed will be those outlined above under Procedures to Respond to Problematic Behavior.

Administrative Disciplinary Action

As an employee of Valley Health Systems, interns are held to the organization's administrative policies. Interns may be subject to disciplinary action for administrative reasons including, but not limited to, failure to complete documentation in a timely manner, falsification of documentation, violation of privacy practices, and conviction of a felony. Administrative suspension or dismissal is not appealable under these Due Process Policies.

Complaints and Grievance Procedures Initiated by Interns

In the case that an intern has a complaint about working conditions, treatment by a supervisor, etc., the following policies should be followed to resolve the concern. If the complaint is about harassment, it is handled per the Valley Health policy on Sexual Harassment (section 12 in Master Policy and Procedure Manual available on Intranet).

The Director of Training and supervisors within the internship training program will work to identify, prevent, and make reasonable efforts to correct the causes of the intern's concern and dissatisfaction as related to the training program. Every effort will be made to resolve the concerns informally. However, a formal grievance may be necessary and is the final means of resolving disputes. An intern, in presenting his or her grievance, is entitled to communicate with and seek advice from any of the following:

- A supervisor within the training program
- Association of Psychology Postdoctoral and Internship Centers
- The American Psychological Association, Committee on Accreditation

Procedures

1. **An Informal Procedure:** The intern must complete the informal procedure before undertaking formal procedures. An intern may present a grievance under this procedure either orally or in writing. The intern should discuss his/her grievance with the immediate supervisor first. However, if the nature of the grievance is such that the intern considers it not to be in his/her best interest, he/she may discuss it with the Director of Training of other psychology staff. The intern's request for informal adjustment must not be made later than 5 working days after the incident of action occurred or was first learned. An intern may present a grievance concerning a continuing practice or condition at anytime. The time limit may be extended when the intern shows good cause. Based on careful consideration of all the available facts, the supervisor who has authority to resolve the grievance informally will answer the intern, in writing, within 5 working days from the date of the request for informal consideration. The answer will include:
 - a. The decision
 - b. The reason(s) on which the decision is based, and
 - c. A statement of the intern's right to present the grievance under the formal procedure, if he/she is not satisfied with the informal decision.
2. **Formal Procedure:** If the intern is not satisfied with the informal answer, he/she is entitled to present the grievance in writing, to the Director of Training or other member of the Internship Training Committee. The formal grievance must be submitted within 5 working days after the date he/she is informed on the answer under the informal

procedure. The time limit may be extended when the intern shows good cause. The formal grievance must be in writing and contain the following information;

- a. The specific action or incident on which the grievance is based, including the date of the action of incident and the date the intern first learned of the action or incident.
- b. The reason(s) on which the intern based his/her belief that the action was unjustified or that he/she was treated unfairly and the specific policy, written agreement, or provision that was violated and how it affected the intern.
- c. The corrective action requested by the intern

Grievances will be handled in the following manner:

- a. Grievances should be written and/or sent to the Director of Training.
 - b. The Director of Training communicates the complaint to the intern's other supervisors and/or the Internship Training Committee within 5 working days.
 - c. The Committee gathers necessary information from all relevant parties (e.g. other interns, supervisors, clients, other staff).
 - d. The Committee recommends a decision within 10 working days of the grievance being presented to the Committee.
 - e. The Director of Training notifies the intern of the recommendation in writing within three working days.
3. Decision of the Grievance: The Director of Training will be responsible for administering the grievance procedure and will bring the procedure to the attention of the interns during their orientation period.
4. Supervisors are responsible for listening to intern complaints and attempting to clarify and make reasonable adjustments to address problems that arise in daily relationships with interns. The supervisors who have authority to adjust the issue(s) involved in a particular grievance are responsible for:
- a. Maintaining a fair and objective attitude toward all interns in an effort to encourage an informal adjustment to the complaint(s) and/or grievance(s).
 - b. Being alert to any evidence or complaints of intern dissatisfaction, inquiring into the reasons for such dissatisfaction, and resolving issues and misunderstandings in an expeditious manner before the problem becomes a grievance.
 - c. Displaying an attitude of willingness to listen and consider an intern's problem.
 - d. Giving prompt, thorough, and impartial consideration to a resident's grievance and for making a fair decision based on the facts related to the issue(s).
 - e. Timely and carefully documenting his/her efforts to each grievance as it arises.

Sexual Harassment Policy

The Internship complies with Valley Health’s policy on sexual harassment, found in section 12 of the Master Policy and Procedure manual available on the intranet. This policy is consistent with the expectation that all interns and staff comply with Section 1.11 and 1.12 of the *Ethical Standards of Psychologists and Code of Conduct*, which state:

1.11 Sexual Harassment

(a) Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist’s activities or roles as a psychologist, and that either: (1) is unwelcome, is offensive, or creates a hostile work environment, and psychologist knows or is told this; or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts.

(b) Psychologists accord sexual harassment complaints and respondent’s dignity and respect. Psychologists do not participate in denying a person academic admittance or advancement, employment, tenure, or promotion based solely upon their having made, or their being the subject of, sexual harassment charges. This does not preclude taking action based upon the outcome of such proceedings or consideration of other additional information.

1.12 Other Harassment

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those person’s age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

Training Resources

Training Sites. For the 2017-2018 training year, interns will be providing services at the East Huntington, Huntington, Highlawn and Southside locations for Valley Health. The supervisor for the services provided by the intern will always be onsite and available. Additionally, the Director of Training and other training staff will be available by phone for consultation or other supervisory support. For general outpatient, MAT, and assessment services, interns will have an office available for their use during the times they are scheduled for those services. While they are providing integrated primary care services, they may be working in exam rooms with patients. Interns will have access to computers for all services so that they can access and document within the electronic health record.

East Huntington

3377 Route 60 E, Huntington, WV 25705

Office Hours: Monday-Thursday: 8:30 a.m-8 p.m., Friday: 8 a.m.-5 p.m.

Services Offered: Behavioral Health, Family Practice, OB/GYN, Dental, Optometry, Pharmacy

Huntington

1301 Hal Greer Boulevard, Huntington, WV 25701

Office Hours: Monday-Friday: 8:30 a.m-5 p.m.

Services Offered: Behavioral Health, Family Practice, Pediatrics, Pharmacy

Highlawn

2585 Third Avenue, Huntington, WV 25703

Office Hours: Monday – Friday 8 a.m. – 5 p.m.

Services Offered: Family Practice, Behavioral Health

Southside

723 Ninth Avenue, Huntington, WV 25701

Office Hours: Monday-Thursday: 8 a.m-7 p.m., Friday: 8 a.m.-5 p.m.

Services Offered: Pediatrics, OB/GYN, Behavioral Health

Scheduling. The supervising psychologists and Director of Training will work together with IT to set up a template for the interns' schedules in Intergy EHR. The front desk staff for each site and behavioral health advocates will schedule patients onto the intern's template. Interns are responsible for alerting their supervisor and the office coordinator for the site if problems with scheduling arise. Interns, after receiving approval from their supervisors and DOT for requested time off, will be responsible for notifying the office coordinator at their site(s) to have this time blocked in the schedule. Interns are encouraged to do this as early as possible to decrease the need to reschedule patients. We understand that emergency situations arise that cannot be anticipated. In emergency situations, the Intern must notify their supervisor(s), DOT, and office coordinator for their site(s) of the absence so that appropriate adjustments to the schedules can be made.

Notes. Interns are expected to complete all documentation in a timely fashion. Valley Health Policy requires that documentation and billing be completed within 48 hours of the patient contact, noting that a provider’s ability to remember sufficient details past that timeframe diminishes greatly. All documentation is completed within our EHR system. The students will open the note, write the note, and then notify the supervisor that the note is ready to be reviewed and signed. The note must be completed and signed by the supervisor within 48 hours of the encounter to be compliant with Valley Health policy. Interns are responsible for ensuring that all notes are signed by the supervisor in a timely manner by monitoring their list of open notes. All notes in EHR must be signed by the supervisor. These notes will include individual, family, and group psychotherapy as well as warm hand-offs and other direct patient encounters. Additional documents such as correspondence containing diagnostic or treatment information must be co-signed by the supervisor and scanned into the chart. Other correspondence should be reviewed with the supervisor to determine if co-signatures are necessary and whether it needs to be scanned into the patient chart. On all documentation, the Intern must clearly be identified as Psychology Intern.

Tasks. Interns are expected to respond to tasks on their Intergy Home Page promptly. Common examples of tasks include messages from patients, questions from support staff regarding scheduling, requests from billing regarding completion of preauthorization paperwork, and interactions from other providers regarding patients. Tasks are part of a patient’s medical record and information conveyed in tasks should be appropriate for the patient’s general medical record.

Email. Interns will be provided an email account and are responsible for regularly monitoring and responding to email communication. Per Valley Health policy, only patient chart numbers are permitted to be used in email correspondence. Emails must not contain any Protected Health Information (PHI).

Technical Support. IT Staff are on-site at the East Huntington office and are available by phone and email from all sites. Interns will have access to computers or a laptop during the work day. Additionally, interns will be able to remotely log-in, if needed, from their personal computers. All HIPPA regulations must be carefully followed, with special caution when logging in remotely.

Dress Code. Interns are expected to present a professional appearance. Interns are expected to be neat, clean, and covered.

Appendix A: Sample Schedule

Clinical Service	Intern A Supervisor	Intern B Supervisor
Integrated Primary Care	Oxley	Perkins
General Outpatient	Denning	Fernandez (DBT)
MAT Program	Wolfe	Wolfe
Assessment	Wilson	Wilson

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00	Testing Intake	MAT Follow-up	Outpatient Intake	Integrated Primary Care (Huntington)	DBT clinic
8:30		MAT Group			
9:00	Testing Block	MAT Follow-up	Outpatient Intake		
9:30		MAT Follow-up	Follow-up		
10:00		MAT Follow-up	Follow-up		
10:30		MAT Follow-up	Follow-up		
11:00		MAT Follow-up	Follow-up		
11:30		Testing Supervision	MAT Follow-up		
12:00	DBT consultation team		Outpatient Supervision		
12:30					
1:00		MAT Supervision	Brown Bag Lunch		
1:30					
2:00	MAT Follow-up	Follow-up	Group Supervision		
2:30	MAT Follow-up	Follow-up			
3:00	MAT Follow-up	Follow-up	Didactic		
3:30	MAT Follow-up	Follow-up			
4:00	MAT Follow-up	Follow-up			
4:30	MAT Follow-up	Follow-up			
5:00	Wrap-up/ Notes	Follow-up	Wrap-up/ Notes	Wrap-up/ Notes	
5:30		Wrap-up/Notes Follow-up			
6:00					

Appendix B: Sample Didactic Schedule

Didactic Schedule 2017-2018

Time: Thursdays 3-5pm

Location: East Huntington, Conference Room

Week	Date	Topic	Presenter
1	8/3/2017	Introduction to Integrated Primary Care	Rebecca Denning, Psy.D. (Division 38's Modules)
2	8/10/2017	Across the Continuum of Integration: Psychology's Role	Rebecca Denning, Psy.D. (Division 38's Modules)
3	8/17/2017	DBT: Part 1	Marti Fernandez, Psy.D.
4	8/24/2017	DBT: Part 2	Marti Fernandez, Psy.D.
5	8/31/2017	DBT: Part 3	Marti Fernandez, Psy.D.
6	9/7/2017	Primary Care Patients and How Psychology Can Be Helpful	Rebecca Denning, Psy.D. (Division 38's Modules)
7	9/14/2017	Crisis Management	Dave Wolfe, Psy.D.
8	9/21/2017	Cognitive Screening	Kimilee Wilson, Psy.D.
9	9/28/2017	Integrated Primary Care Interventions	Rebecca Denning, Psy.D. (APA Curriculum on IPC)
10	10/5/2017	Diabetes Management in Primary Care	Britni Ross, Psy.D.
11	10/12/2017	Population Health	Rebecca Denning, Psy.D. (APA Curriculum on IPC)
12	10/19/2017	Evidence Based Treatment of Depression	Kelcey Perkins, Psy.D.
13	10/26/2017	Psychotropic Primer - Adults: Part 1	Michael Hackman, MD
14	11/2/2017	Psychotropic Primer - Adults: Part 1	Michael Hackman, MD
15	11/9/2017	Ethics in Integrated Primary Care	Rebecca Denning, Psy.D. (APA Curriculum on IPC)
16	11/16/2017	Screening in Adult Wellness Visits	Britni Ross, Psy.D.
17	11/23/2017	Psychotropic Primer - Children and Adolescents	Whitney Fulton, MD
18	11/30/2017	Management of Diabetes in Pediatric Population	David Oxley, Psy.D.
19	12/7/2017	Management of Chronic Pain	Sheilla Robinette, Psy.D.
20	12/14/2017	Substance Abuse in Primary Care	Britni Ross, Psy.D.
21	12/21/2017	Suicide and Self-Injury in Children and Adolescents	Rebecca Denning, Psy.D.
22	12/28/2017	HOLIDAY WEEK - No Didactic	No Didactic
23	1/4/2018	Leadership and Interprofessional Teams	Rebecca Denning, Psy.D. (APA Curriculum on IPC)
24	1/11/2018	Assessment and Treatment of Gender Dysphoria	Sheilla Robinette, Psy.D.
25	1/18/2018	Quality Improvement	Rebecca Denning, Psy.D. (APA Curriculum on IPC)
26	1/25/2018	Assessment and Treatment of Autism	David Oxley, Psy.D.
27	2/1/2018	Evidence Based Treatment of Pediatric OCD	Rebecca Denning, Psy.D.
28	2/8/2018	Coping with Grief and Loss	Kelcey Perkins, Psy.D.
29	2/15/2018	Evidence Based Treatment of Disruptive Behavior Disorders	Rebecca Denning, Psy.D.
30	2/22/2018	Evidence Based Treatment of Panic	Rebecca Denning, Psy.D.
31	3/1/2018	Neonatal Abstinence Syndrome	Britni Ross, Psy.D.
32	3/8/2018	Mindfulness in Psychotherapy	Marti Fernandez, Psy.D.
33	3/15/2018	Assessment of Adult ADHD	Kimilee Wilson, Psy.D.

34	3/22/2018	Appalachian Parenting and Impact on Treatment	Jenna Wallace, Psy.D.
35	3/29/2018	Evidence Based Treatment of Adult Anxiety	Dave Wolfe, Psy.D.
36	4/5/2018	Pediatric Weight Management	David Oxley, Psy.D.
37	4/12/2018	Smoking Cessation	Britni Ross, Psy.D.
38	4/19/2018	Sleep Interventions in Primary Care	Rebecca Denning, Psy.D.
39	4/26/2018	Evidence Based Treatment of Depression in Children	David Oxley, Psy.D.
40	5/3/2018	Sexual Offender Risk Assessment	Dave Wolfe, Psy.D.
41	5/8/2018	Assessment and EBT of Sexual and Non-Sexual Trauma	Sheilla Robinette, Psy.D.
42	5/15/2018	Weight Management in Primary Care	Britni Ross, Psy.D.
43	5/24/2018	Psychologist's Role in Well-Child Visits	David Oxley, Psy.D.
44	5/31/2018	Pre-Surgical Assessment	Kimilee Wilson, Psy.D.
45	6/7/2018	Evidence Based Treatment of Pediatric Anxiety	Rebecca Denning, Psy.D.
46	6/14/2018		Kelcey Perkins, Psy.D.
47	6/21/2018	Management of Enuresis and Encopresis	Rebecca Denning, Psy.D.
48	6/28/2018	Maintaining Boundaries in Professional Practice	Dave Wolfe, Psy.D.
49	7/5/2018		David Oxley, Psy.D.
50	7/13/2018	Motivation Enhancement	Rebecca Denning, Psy.D.
51	7/26/2018	Last Week - No Didactic	No Didactic

Appendix C: Group Supervision Schedule

Group Supervision Schedule 2017-2018

Facilitator: Rebecca Denning, Psy.D.

Time: Wednesdays 8-9

Location: Dr. Denning's Office

Week	Date	Topic
1	8/2/2017	Orientation Wrap Up, Learning Your Way Around Valley Health Systems
2	8/9/2017	Time Management: Planning Your Sessions, Planning Your Day
3	8/16/2017	So Far, So Good: Updates, clinical and logistical questions and group interests
4	8/23/2017	Building Your Professional Identity in Your Organization
5	8/30/2017	Microaggressions
6	9/6/2017	Learning the ADOS – Dr. Oxley
7	9/13/2017	Intern Case Presentation
8	9/20/2017	Structured Interviews
9	9/27/2017	Intern Case Presentation
10	10/4/2017	Health Literacy
11	10/11/2017	Intern Lead Article Review
12	10/18/2017	CFHA - No Group Supervision
13	10/25/2017	Intern Lead Article Review
14	11/1/2017	Planning Next Steps - PostDocs, EPPP, and beyond
15	11/8/2017	Intern Case Presentation
16	11/15/2017	Day Before Thanksgiving - No Group Supervision
17	11/22/2017	Intern Case Presentation
18	11/29/2017	Building Your Professional Identity in the Community
19	12/6/2017	Intern Lead Article Review
20	12/13/2017	Responsibility of Supervision
21	12/20/2017	Intern Lead Article Review
22	12/27/2017	HOLIDAY WEEK - No Group Supervision
23	1/3/2018	Intern Case Presentation
24	1/10/2018	Debunked Treatments
25	1/17/2018	Intern Case Presentation
26	1/24/2018	Health Disparities
27	1/31/2018	Discussion: Sticky Situations
28	2/7/2018	Knowing Yourself and Impact on Treatment
29	2/14/2018	Intern Lead Article Review
30	2/21/2018	Outcome Assessment
31	2/28/2018	Intern Lead Article Review
32	3/7/2018	Knowing Your Value: Negotiating Your Future
33	3/14/2018	Intern Case Presentation
34	3/21/2018	

35	3/28/2018	Intern Case Presentation
36	4/4/2018	
37	4/11/2018	Intern Lead Article Review
38	4/18/2018	
39	4/25/2018	Intern Lead Article Review
40	5/2/2018	
41	5/9/2018	
42	5/16/2018	Intern Case Presentation
43	5/23/2018	
44	5/30/2018	Intern Case Presentation
45	6/6/2018	DENNING OUT OF TOWN – No Group Supervision
46	6/13/2018	
47	6/20/2018	Keeping Up with the Literature
48	6/27/2018	Preparing for the End (at Starbucks)
49	7/4/2018	HOLIDAY - No Group Supervision
50	7/11/2018	Program Evaluations
51	7/25/2018	Wrap-Up

* Remaining topics will be determined based on intern interest and need

Appendix D: Sample Evaluation of Intern Progress

Evaluation of Intern Progress Valley Health Doctoral Internship

Intern:

Date of Evaluation:

Supervisor Completing Evaluation:

Services Supervised:

- Medication Assisted Treatment for Opioid Addiction
- Integrated Primary Care
- General Outpatient
- Assessment
- Research

Methods of Supervision:

- Direct Observation
- Recordings
- Comments from Other Staff
- Case Presentation
- Review of Written Work
- Discussion of Clinical Interactions

Competency Ratings Descriptions

- NA Not applicable for this training experience/Not assessed during this training experience
- 4 Advanced Skills. Comparable to autonomous practice at the licensure level. As unlicensed trainee, supervision is required however intern demonstrates consistency in autonomy in this area.
- 3 Occasional supervision needed. This is the level of competency expected by the end of internship. Competency attained in all but non-routine cases; supervisor provides overall management of the trainees activities. Depth of supervision varies as needs warrant.
- 2 Continued intensive supervision is needed. This is the level expected for practicum or for a new clinical experience. Routine, intensive supervision is needed.
- 1 Requires remedial work.

Goal 1: Interns will value the scientific foundation underlying clinical practice.

Objective 1: Interns will be able to read and evaluate scientific research related to clinical practice.

- Demonstrate knowledge of readings in didactic seminars, supervision, and case conferences.

NA	4	3	2	1
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- Demonstrate ability to integrate scientific knowledge into clinical practice during supervision and case conferences.

NA	4	3	2	1
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- Demonstrate the ability to effectively present research regarding treatment and standards for evidence-based practice to patients, patient care teams, and other professionals.

NA	4	3	2	1
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Objective 2: Interns will utilize evidence-based treatments to inform treatment planning and to evaluate patient outcomes.

- Implement empirically validated treatments appropriate for the patient and for the setting in which they are providing care.

NA	4	3	2	1
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- Use outcome measurements to assess progress and adjust treatment plans.

NA	4	3	2	1
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Comments:

Goal 2: Interns will be competent in clinical diagnostic assessment.

Objective 1: Conduct diagnostic assessments at depth appropriate for the presenting problems and the clinical setting in which they are practicing (outpatient therapy, primary care clinic).

- Demonstrate effective use of multiple methods of interview (e.g. structured, semi-structured, child-focused, brief problem) to evaluate presenting concerns that are appropriate for the referral and responsive to the patient.

NA	4	3	2	1
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- Demonstrate ability to develop rapport with patients.

NA	4	3	2	1
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- Incorporate interview(s) and other sources of information to inform case conceptualization, recommendations for intervention, and treatment planning.

NA	4	3	2	1
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Objective 2: Interns will be able to evaluate and diagnose presenting problems that would benefit from intervention.

- Demonstrate skill in assessment that considers medical, developmental, environmental, and family factors as appropriate.

NA	4	3	2	1
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- Evaluate and use patient’s strengths and supports to inform assessment of patient needs.

NA	4	3	2	1
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- Demonstrate working knowledge of diagnosis using DSM-5.

NA	4	3	2	1
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- Monitor patient progress to identify changes in presenting problems and effectiveness of intervention.

NA	4	3	2	1
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- Demonstrate awareness of cultural factors that might impact presentation and appropriate intervention strategies.

NA	4	3	2	1
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Objective 3: Interns will be able to formulate a biopsychosocial treatment plan appropriate for the setting (e.g. brief, problem-focused versus traditional outpatient therapy).

- Demonstrate awareness of ability to incorporate evidence-based protocols into treatment plans.

NA	4	3	2	1
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- Demonstrate the ability to clarify the referral issue.

NA	4	3	2	1
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- Effectively consult and collaborate with professionals across disciplines.

NA	4	3	2	1
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- Develop a case conceptualization to guide appropriate and effective treatment planning.

NA	4	3	2	1
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- Demonstrate ability to conduct comprehensive diagnostic assessments across functional domains.

NA	4	3	2	1
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- Demonstrate ability to conduct brief, problem-focused assessments that prioritize integrated care treatment goals.

NA	4	3	2	1
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Objective 4: Interns will be able to present their diagnostic findings or assessments in concise verbal form as well as in comprehensive and appropriately tailored reports for various consumers in the Electronic Health Record (EHR).

- Effectively communicate findings and recommendations to families.

NA	4	3	2	1
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- Effectively communicate findings to other providers.

NA	4	3	2	1
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- Complete notes and reports with appropriate content and attention to relevant details in timely manner.

NA	4	3	2	1
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- Describe ethical and privacy considerations for sharing information in the electronic health record (EHR) and with other providers involved in the patient's care.

NA	4	3	2	1
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Comments:

Goal 3: Interns will be competent to provide intervention and consultation for children, adolescents, and adults that is appropriate for the clinical setting in which they are providing care.

Objective 1: Interns will develop rapport and be able to form a therapeutic alliance with patients.

- Effectively collaborate with patients to identify intervention goals that focus on functional outcomes and symptom reduction in a targeted manner.

NA	4	3	2	1
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- Establish and maintain effective relationships with patients.

NA	4	3	2	1
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- Demonstrate an awareness of how differences between the patient and the therapist may impact therapeutic relationships.

NA	4	3	2	1
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Objective 2: Interns will implement empirically supported techniques and interventions that are appropriate for the clinical setting in which they are providing care.

- Demonstrate ability to provide justification/support for interventions selected as well as awareness of support and contraindications for other possible interventions.

NA	4	3	2	1
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- Effectively use current evidence-based interventions appropriate for the setting to treat health and mental health issues.

NA	4	3	2	1
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- Demonstrate the ability to evaluate treatment outcomes.

NA	4	3	2	1
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- Monitor and adjust the intervention plan as needed.

NA	4	3	2	1
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- Demonstrate skills in adapting interventions for specific patient needs.

NA	4	3	2	1
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Objective 3: Understand acute and chronic illness and medical management, including the effects of disease processes and medical management on patient’s overall well-being.

- Demonstrate basic knowledge of acute and chronic conditions and injuries and management of them.

NA	4	3	2	1
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- Demonstrate understanding of adjustments to chronic illness and social and health behaviors associated with poor health outcomes (e.g. impact of poverty, nonadherence to medical regimens).

NA	4	3	2	1
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- Effectively consult with professionals across multiple disciplines.

NA	4	3	2	1
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- Demonstrate an understanding of appropriate levels of assessment, intervention, and documentation given the reason for referral and the setting.

NA	4	3	2	1
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- Demonstrate the ability to collaborate with other disciplines in intervention planning and implementation for problems related to medical conditions.

NA	4	3	2	1
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- Target evidence-based interventions to improve chronic care management.

NA	4	3	2	1
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- Offer interventions that are inclusive of the family system when appropriate (e.g. parent-training, family problem-solving, caregiver support)

NA	4	3	2	1
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- Bridge appropriately between behavioral services offered in primary care, outpatient mental health, and community services offered.

NA	4	3	2	1
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Comments:

Goal 4: Interns will be sensitive to issues of diversity, including but not limited to: age, social-economic status, race, culture, ethnicity, religion, gender, gender identity, sexual orientation, and medical condition.

Objective 1: Interns will be sensitive to issues of diversity and exhibit awareness of the extent to which the lives of others can differ from their own.

- Demonstrate familiarity with relevant literature concerning cultural competency and the ability to integrate that knowledge into case conceptualization.

NA	4	3	2	1
----	---	---	---	---

- Demonstrate skills in assessment and intervention with patients of diverse backgrounds.

NA	4	3	2	1
----	---	---	---	---

- Use culturally sensitive measures and procedures when conducting research, evaluation, or outcome assessment.

NA	4	3	2	1
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- Demonstrate self-awareness regarding own cultural backgrounds and beliefs and potential impact on delivery of patient care.

NA	4	3	2	1
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Objective 2: Interns will be able to identify and appreciate the impact of these differences on patients' daily life experiences, as well as how experiences may impact their participation in treatment and response to therapy.

- Demonstrate skills in assessment with patients of diverse backgrounds.

NA	4	3	2	1
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- Incorporate awareness of patient’s diversity in rapport building, case conceptualization, and intervention.

NA	4	3	2	1
----	---	---	---	---

- Work with patient to develop treatment goals that are consistent with diverse needs and priorities of the patient.

NA	4	3	2	1
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Objective 3: Interns will become comfortable with addressing issues of differences or diversity with the patients when relevant.

- Demonstrate comfort when communicating with patients about issues of diversity.

NA	4	3	2	1
----	---	---	---	---

- Demonstrate ability to discuss available resources with patients.

NA	4	3	2	1
----	---	---	---	---

- Modify interventions for behavioral health change in response to social and cultural factors.

NA	4	3	2	1
----	---	---	---	---

- Demonstrate ability to consult with professionals from diverse backgrounds.

NA	4	3	2	1
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Comments:

Goal 5: Interns will develop a professional identity as a psychologist.

Objective 1: Interns will effectively collaborate with other professionals in multidisciplinary and interdisciplinary settings.

- Conduct self in a professional manner across settings and situations.

NA	4	3	2	1
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- Demonstrate respect for other disciplines and perspectives within an interprofessional or multidisciplinary care team.

NA	4	3	2	1
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- Demonstrate the ability to effectively communicate the psychosocial factors contributing to the issues being addressed in the care team.

NA	4	3	2	1
----	---	---	---	---

- Recognize when and how to effectively advocate with other members of the health care team.

NA	4	3	2	1
----	---	---	---	---

- Demonstrate ability to work with all members of the teams in primary care clinics and outpatient services.

NA	4	3	2	1
----	---	---	---	---

Objective 2: Interns will explore a range of professional roles within a primary care setting.

- Demonstrate understanding of roles of psychologists in primary care centers.

NA	4	3	2	1
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- Convey to others the roles/skill sets a psychologist offers in primary care settings.

NA	4	3	2	1
----	---	---	---	---

- Adapt role and activities in the best interest of patient care.

NA	4	3	2	1
----	---	---	---	---

- Adapt to primary care environment, including frequent interruptions, fast pace of clinics, and unpredictability in scheduling.

NA	4	3	2	1
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Objective 3: Interns will conduct themselves professionally and abide by legal and ethical guidelines.

- Identify and address the ethical issues encountered in primary care and other clinical settings, particularly within an underserved area (e.g. dual relationship concerns, confidentiality, informed consent, boundary issues, team functioning, business considerations).

NA	4	3	2	1
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- Demonstrate knowledge about legal issues associated with clinical practice (e.g. compliance with documentation and billing practices, following state laws for reporting abuse/neglect).

NA	4	3	2	1
----	---	---	---	---

- Demonstrate the ability to communicate ethical and legal concerns with team members.

NA	4	3	2	1
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- Follow appropriate procedures for reporting and documenting ethical and legal concerns.

NA	4	3	2	1
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Comments:

Appendix E: Sample Evaluation of Internship

Evaluation of Internship Valley Health Doctoral Internship

Internship Year:

Supervisors:

Ratings Description

5	Excellent.	Exceptional for this level of training.
4	Good.	Recognizably above satisfactory for this level of training.
3	Satisfactory.	Average for this level of training
2	Improvement Needed.	Clearly below what is expected at this level of training.
1	Unsatisfactory.	Unacceptable for this level of training.

1. Please rate your overall training experience.

5	4	3	2	1
---	---	---	---	---

Comment of the quality of the internship training. Be specific in terms of strengths and weaknesses.

2. Please rate the quality of supervision you received.

5	4	3	2	1
---	---	---	---	---

3. Please rate the availability of the supervision.

5	4	3	2	1
---	---	---	---	---

4. Please comment on your supervision experience:

5. Please rate the sites at which you worked.

Site: _____

5	4	3	2	1
---	---	---	---	---

Site: _____

5	4	3	2	1
---	---	---	---	---

Comment on the sites:

6. Please rate the ability of the internship to provide a well-rounded training experience.

5	4	3	2	1
---	---	---	---	---

7. Please rate the provision of training in diversity.

5	4	3	2	1
---	---	---	---	---

8. Please rate the program on its presentation in application materials.

5	4	3	2	1
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9. Please rate how well goals and objectives were communicated.

5	4	3	2	1
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10. Please rate how well the internship goals and objectives were achieved.

11. Please rate the overall organization and structure of the internship.

12. What recommendations would you offer for improving the internship?

Appendix F: Sample Evaluation of Didactic

Evaluation of Didactic Presentation Valley Health Doctoral Internship

Date of Presentation:
Topic:

Presenter:

Please complete and return to the Director of Training.

1. This didactic was appropriate for my current level of training.

Strongly Agree Agree Undecided Disagree Strongly Disagree

2. The speaker was well prepared for the presentation.

Strongly Agree Agree Undecided Disagree Strongly Disagree

3. The material presented was informative.

Strongly Agree Agree Undecided Disagree Strongly Disagree

4. The method of presentation was:

Excellent Good Undecided Bad Very Bad

5. The speaker addressed relevant diversity issues.

Strongly Agree Agree Undecided Disagree Strongly Disagree

6. What aspect of the presentation did you like most and why?

7. What aspect did you like least and why?

8. Suggestions for improvement in the topic or presentation.