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Section I – Internship Information

Description

Since 2004, the Integrated Health Psychology Training Program (IHPTP) has provided clinical psychology training experience in primary care serving low-income, underserved diverse patient populations struggling with multiple health and mental health issues. IHPTP is an APA-Accredited exclusively affiliated internship program of the Wright Institute in collaboration with community health organizations in the San Francisco Bay area.

Partnering Health Centers – Primary Care Sites

- **Contra Costa Health Family Medicine Residency (CCHFMR)**

<https://www.cchealth.org/about-contra-costa-health/work-with-cch/family-medicine-residency-program>

Martinez Health Center 2500 Alhambra Avenue, Martinez CA 94553

Pittsburg Health Center 2311 Loveridge Rd, Pittsburg CA 94565

- **John Muir Health (JMFRP)**

<https://www.johnmuirhealth.com/for-physicians/family-medicine-residency.html>

John Muir Family Medicine 1450 Treat Blvd., Walnut Creek, CA 94597

- **Lifelong Medical Care (LMC)**

<https://lifelongmedical.org>

William Jenkins Health Center 150 Harbour Way, Richmond CA 94801

Pinole Health Center 806 San Pablo Ave Ste 1, Pinole CA 94564

Rodeo Health Center 25 California Street Rodeo CA 94572

Interns are placed at CCHFMR, LMC or JM for their clinical experiences throughout the year. The majority of training and supervision is provided by IHPTP clinical training faculty with some oversight and supervision provided by our partner clinical faculty members.

Training Goals

Goals of the Internship Program include the acquisition of competencies in preparation for practice in health service psychology (HSP) as set forth by the Commission on Accreditation - Profession-Wide Competencies in 1) the integration and application of science and practice 2) ethical and legal standards 3) individual and cultural diversity 4) professional behavior 5) professional communication and interpersonal skills 6) assessment 7) treatment planning and intervention 8) supervision 9) consultation and interprofessional /interdisciplinary skills.

Training and practical application of the program's stated training goals spans from the orientation period and continues throughout the year within the yearlong seminars; weekly individual and group supervision, case conferencing, live supervision, and daily clinical experiences obtained in the program's integrated primary care setting. The training program is structured so that it is sequential, cumulative and increases in complexity and breadth over time.

Clinical Training

IHPTP interns are placed in participating health centers working alongside the medical team of physicians, nurses and other medical staff providing integrated behavioral health services for an underserved, diverse adult patient population to deliver fully integrated, patient-centered care. Services include:

- **Exam room consultations** (warm handoffs, brief functional assessments and screenings, brief interventions and referrals)
- **Brief** (up to six sessions) **evidence-based individual intervention**
- **Evidence-based Group Intervention** (not available at all sites i.e. chronic pain and anxiety)

- **Specialty Clinic Rotations** (based on site offerings may include Support Groups, Prenatal, Gender Affirming Health, Adult ADHD, Autism Assessment etc)

Program Training Seminars Overview

(See Course Syllabus at End of Section 1)

Monday Seminar Series: Culturally Grounded Trauma Informed Affective Neuroscience

This seminar takes a patient centered approach to introducing interns to the fundamentals of clinical affective neuroscience from a trauma informed, culturally grounded perspective. Interns will develop an understanding of the biopsychosocial bases of behavior including basics of pharmacology, neurobiology of psychopathology, and social cultural factors impacting treatment.

Interns will review primary literature and practice guidelines to develop an understanding of current best practices in the application of clinical application of affective neuroscience, team-based care, pharmacotherapy management and conjunction with behavioral health interventions. Interns will learn to conduct functional assessments of key factors impacting SUD, OUD, SDOH, pharmacotherapy, ACEs and stress e.g. patient health beliefs, current symptoms and diagnosis, past experiences of pharmacotherapy, side effects and efficacy of treatment regime.

Interns develop skills to consult with multiple members of treatment team regarding biopsychosocial factors affecting pharmacotherapy and biopsychosocial interventions. Interns develop skills in adapting behavioral interventions to address challenges in treatment and treatment adherence as well as supporting effective patient outcomes. Throughout the course interns develop skills in motivational interviewing, rolling with resistance and supporting appropriate treatment adherence.

Culturally Grounded Trauma Informed Affective Neuroscience Core Topics Domains

- Neuropharmacology Basic and Advanced (PHA/B)
- Neuropharmacology OUD/SUD/Pain (NOSP)
- ACEs and Trauma Informed Systems (ATIC)
- Geriatric Psychology Cognitive and Emotional Wellness (GER-PSY)

Thursday Seminar Series: Integrated Health Psychology Training Program

(See Course Syllabus at End of Section 1)

This seminar takes a developmental approach to increasing student competency in providing psychological services within an integrated community health setting while learning specific competencies in 1) the integration and application of science and practice 2) ethical and legal standards 3) individual and cultural diversity 4) professional behavior 5) professional communication and interpersonal skills 6) assessment 7) treatment planning and intervention 8) supervision 9) consultation and interprofessional /interdisciplinary skills.

Integrated Health Thursday Seminar Core Topics and Domains

- Lifespan Health Psychology (LHSP)
- Social Determinants of Health, Adverse Childhood Experiences (ACEs) and Trauma Informed Care (SAT)
- Substance Use Disorders, Opioid Use Disorders and Pain (SOP)
- Geriatric Health Psychology – Cognitive and Emotional Wellness (GER-PSY)

Seminar Description Culturally Responsive Supervision Training (Monday Seminar Series) (See Course Syllabus at End of Section 1)

Supervision is a vital skill for psychologists and particularly health psychologists. Effective supervision is culturally humble and responsive to cultural realities of supervisor, client and supervisee. Working in complex health settings requires skills in interprofessional care that are unique and have unique training demands.

To this end, IHPTP offers a culturally responsive multi-disciplinary supervision training track to ensure that graduates of the program can make powerful and lasting contributions to the field of psychology as a whole and health psychology. Interns will have three interdisciplinary didactic and experiential trainings and the opportunity to lead a facilitated peer group supervision on key health psychology topic.

Training in methods of supervision is sequential, cumulative, and graded in complexity. This training includes expectations, roles, supervisor availability, types of supervision (in vivo, individual, group), the structure of supervision, how to use supervision effectively, and ethical and legal responsibilities. Interns will develop skills in how to fill out and use the required California Board of Psychology forms.

Interns will attend three yearly interdisciplinary seminars that cover key domains of supervision, including legal and ethics overview, key supervision competencies, guidelines, relationships, professionalism, diversity, evaluation and feedback, and management of supervisees who do not meet performance competency standards. The seminars allow for discussion of previous supervision experiences and self-assessment about areas of needed development and supervision in the integrated health setting.

Diversity & Multicultural Training/Dialogue Series (2nd Friday monthly) This seminar provides interns with training in various cultural diversity topics and an opportunity to dialogue around isms, privileges, and systemic oppression. Throughout the class, students will learn skills and interventions for providing culturally sensitive care to patients from diverse cultural backgrounds, underserved and marginalized communities.

Supervision

Interns are supervised by IHPTP and partnering health organization faculty in the application of skills and knowledge acquired in the orientation, weekly seminars and clinical onsite experiences. Interns are supervised for a **minimum** of 4 hours per week and includes opportunities for live (precepted) supervision throughout the year. All primary supervisors are Wright Institute IHPTP clinical faculty and hold professional responsibility for the cases supervised, including oversight and integration of supervision provided by the delegated supervisors. Delegated supervision is provided by both Wright Institute clinical faculty and licensed clinical staff at Contra Costa Health, John Muir Family Medicine Residency Program and Lifelong Medical Care. Interns can expect to spend an additional half hour (minimum) with their supervisors while onsite for additional consultation/supervision throughout the week. Primary Supervisors are also available to consult by phone when needed. The weekly group supervision allows interns to present cases both formally and informally and provide peer feedback and consultation. The program director facilitates a monthly group supervision that allows interns a space for program feedback, professional development and other topics of interns' choices.

Weekly Schedule with Supervision

Interns - Total Hours for Weekly Internship (40-44hr)	Hours
Warm Handoffs with Primary Care Providers – 2 shifts	8
Individual Therapy (16-20 pts on caseload at given time based on Specialty clinics)	12-16
Group Therapy / Specialty Clinics TBD	2-4
Total Clinical Opportunities	26
Individual Supervision Primary (PsyD)	1
Individual Supervision Primary or Delegated (PsyD)	1

Group Supervision PsyD (Minimum)	1
Group Supervision (Groups Development & Intervention) PsyD	1
Individual Supervision Delegated – Other (PsyD or LCSW)	.5 to 1
Total Supervision Hours Weekly (Minimum Hours Listed)	4.5-5.5
Monday Seminar Series (Psychopharmacology, Supervision, AOD etc)	2
Thursday Seminar Series (1,3,4 & 5) (Integrated Health Psychology)	3
Friday Seminar (2 nd Fri) Diversity, Equity and Inclusion	(3)
Site Specific Training Opportunities	1
Total Hours for Seminars Training	6
Administrative Time – group prep, patient calls, patient lists, presentation etc.	4

Wright Institute Clinical Faculty Training Supervisors Contact Information (*Alphabetical Order Last Name*)

Michael Changaris, PsyD (707) 319-2001 Chief Training Officer, Clinical Supervisor
 Spencer Crooks, PsyD (707) 363-6526 Postdoctoral Fellow, Training Assistant John Muir
 Ryan Cuffee-Ansarri, PsyD (860) 202-1515 Postdoctoral Fellow, Training Assistant
 Franca Niameh, PsyD (510) 734-9942 Clinical Supervisor, Diversity Equity Inclusion Officer
 Sharon Perlman-Berry PsyD (415) 225-6211 Neuropsychologist and Geriatric Consultant
 Temre Uzuncan PsyD (925) 899-9038 Director, Chief Psychologist, Clinical Supervisor
 David Velleman, PsyD (607) 280-3087 Clinical Supervisor, Training Faculty

Partnering Organization Delegated / Other Site Supervisors

Contra Costa Family Medicine Residency supervisors:

Franca Niameh, PsyD Franca.Niameh@cchealth.org 510 734-9942

Patricia Hennigan, PhD / Michael Changaris, PsyD 510-316-4454

John Muir Family Medicine Residency Program Supervisors:

Pilar Corcoran-Lozano PsyD supervisor 707) 373-5545 Pilar.CorcoranLozano@johnmuirhealth.com

Spencer Crooks, PsyD (707) 363-6526 Spencer.Crooks@johnmuirhealth.com

LifeLong Medical Care – Other Site Supervisors

Pinole/Rodeo: Carrie Cangelosi LCSW 510-619 5787 ccangelosi@lifelongmedical.org

William Jenkins: Chris Tarrant LCSW 510.215.5001 x3619 ctarrant@lifelongmedical.org

Clinical Services and Training Details

Exam-room consultations (warm hand-offs)

Interns work alongside medical providers weekly on two consult shifts. Interns are called into the exam room via a warm hand-off by the medical provider. In the 15 to 20-minute exam-room consultation, interns provide brief interventions that support both referring providers overall treatment goals and patient's mutually agreed upon goal(s). Interventions focus on behavioral techniques, such as relaxation exercises, behavioral activation, psychoeducation on sleep, as well as linkage to community resources, including specialty mental health. Recommendations and/or treatment planning may occur in the consult visit. Visits are documented the brief treatments provided in the consult and their recommendations for follow up treatment and or referrals. Notes are submitted in EPIC for review and signature by primary supervisor and for review by referring medical provider. At the beginning of the year during the orientation period, interns will be given opportunities to shadow (observe) their supervisors perform consultation and then will subsequently be observed performing those

clinical activities. Throughout the year, interns will have opportunities to be supervised performing clinical consultations by a member of the supervisory team to ensure that they are meeting the expected level of competency during each evaluation period.

Patient Referrals - Caseload

Psychology interns carry a caseload of 16-20 active patients (16 when in a specialty clinic rotation). Interns are expected to be proactive in communicating with the clinical site supervisor or referral queue manager and primary supervisor regarding status of caseload and to update their patients lists in EPIC on a weekly basis. Interns must inform clinical queue manager upon completion of a patient's treatment or when attempts at reaching patients are unsuccessful. Interns are expected to develop a treatment plan for each patient seen in brief treatment. Interns submit those treatment plans to their primary supervisors for review and to modify as needed at the onset of each treatment.

Brief Individual Intervention

Psychology interns provide brief evidence-based individual treatment to patients 1-8 sessions (12 for CPT for Trauma) on a weekly basis. Intern and patient establish an agreed-upon treatment plan based on the medical provider's referral question or presenting problem, conduct a functional assessment of patients presenting problem.

Treatments are adapted and modified to be effective with each patient being treated in the primary care setting. Brief psychological treatment planning and implementation generally incorporates skills from Cognitive Behavioral Therapy, Acceptance Commitment Therapy, Dialectical Behavioral Therapy and other treatment modalities as well as behavior strategies, such as behavioral activation, journaling, mood charting worry management, relaxation and breathing techniques, sleep management, assertive communication.

Psychoeducation (including printed handouts) on both mental health and health behaviors as well as community resource referrals are also incorporated into treatment. Subsequent sessions focus on a review of goals created in treatment plan, modification of targeted goals, and working on behavioral changes related to presenting problem.

Documentation of treatment planning, specific interventions, recommendations, and treatment progress is submitted to primary supervisor for review and sign-off in the electronic medical record. Interns also report treatment progress and recommendations to the referring provider through EPIC inbasket.

Interns will also get opportunities for live supervision while working with patients in individual brief intervention and exam room consultations throughout the training year to ensure that interns are meeting the level of competency expected for each evaluation period.

Evaluation Process

Program Evaluation

Psychology interns have an opportunity to provide formal feedback about their experience with their supervisors, seminars and program twice per year. Interns are encouraged and welcome to provide ongoing feedback throughout the year. ***Interns' feedback is an opportunity for the program to review what is working and what is not working, make changes and improve each year.***

Seminar Instructors Evaluations/Surveys

Seminar Instructors are evaluated for each class. You will receive a link to the survey at the start of seminar please make sure to submit upon completion of the seminar. Your feedback is important and helps us to continue to provide quality and effective training.

Intern Evaluation

It is the program's intention and goal to provide opportunities for psychology interns to allow for growth and self-correction. Our program strives to provide a supportive environment to both our interns and supervisors by encouraging and expecting ongoing communication between supervisors and interns, between interns and program and training directors, between supervisors and program and training directors.

The primary purpose of the evaluation is to monitor and track an intern's development in graded complexity over the course of the training year in core competencies as set forth by the Commission on Accreditation - Profession-Wide Competencies. The purpose of this evaluation is to monitor and track the intern's development in graded complexity over the course of the training year according to the Profession-Wide Competencies, according to standard C-8 I. (Commission on Accreditation, October 2015; revised July 2017, November 2020, April 2021) I) Research; (II) Ethical and legal standards; (III) Individual and cultural diversity; (IV) Professional values and attitudes; (V) Communication and interpersonal skills; (VI) Assessment; (VII) Intervention; (VIII) Supervision; (IX) Consultation and interprofessional/ interdisciplinary Skills

Training and practical application of the program's stated training competencies spans from the orientation period and continues throughout the year within the yearlong seminars; weekly individual and group supervision, case conferencing, live supervision, and daily clinical experiences obtained in the program's integrated primary care setting. The training program is structured so that it is sequential, cumulative and increases in complexity and breadth over time. Psychology interns are evaluated three times per year to assess their progress in obtaining the profession-wide competencies.

Formal intern evaluations occur three times per year (December, April, August) to measure intern's progress in obtaining skills and competencies related to the program's above stated profession-wide competencies. (Refer to the Intern Evaluation Form in this manual)

Interns are expected to progress over the year, moving from beginning stages of competency development (Level 2- *Entry Level*) to development of competency in progress (level 3 – *Intermediate Competence*) to attainment of competency with further supervised experience (level 4 -*Proficient Competence*) It is important to note that most interns do not meet level 5 -*Advanced Competency* and is only given when intern demonstrates exceptional performance in a particular domain.

Interns will be contacted through email three times per training year in November, March and August with information and instructions, including an attached evaluation form document, for intern to fill out as a self-evaluation.

During the formal evaluation periods, two intern evaluation forms are filled out: one form is completed by the intern (self-evaluation) and one form by supervisor. Supervisors obtain feedback from other supervisors, instructors to complete the evaluation form. Supervisors meet weekly and monthly to obtain the comprehensive feedback and incorporate it into the evaluation form.

The supervisor and intern meet to discuss the completed evaluation. Once the form is discussed the form should be signed by both parties, the supervisor submits the signed copy to the program evaluation coordinator. Instructions on the evaluation procedures will be provided at time of evaluation.

Intern Trimester Evaluation—Mid-Year A (1st rating period)

Interns are evaluated on a 5-point Likert-type scale (1 = *Needs Remediation* to 5 = *Advanced Competence*). Interns are expected to progress over the year, such that at the time the first rating period (Mid-Year A), interns must average a rating of 2 (*Entry Level*) or higher (meeting minimal level of achievement (MLA) in each of the primary competency domains. If there are ratings of a 1 at Mid-Year A this means that minimal competence

has not been achieved and a remediation plan must be developed and implemented to improve performance so that the intern may successfully complete the internship.

Intern Trimester Evaluation—Mid-Year B (2nd rating period)

Interns are evaluated on a 5-point Likert-type scale (1 = *Needs Remediation* to 5 = *Advanced Competence*). Interns are expected to progress over the year, such that at the time the second rating period (Mid-Year B), interns must average a rating of 3 (*Intermediate Competence*) or higher (meeting minimum levels of achievement (MLA) in each of the primary competency domains. If there are ratings of a 2 or lower at Mid-Year B this means that minimal competence has not been achieved and a remediation plan must be developed and implemented to improve performance so that the intern may successfully complete the internship.

Intern Trimester Evaluation—Final (3rd rating period)

Interns are evaluated on a 5-point Likert-type scale (1 = *Needs Remediation* to 5 = *Advanced Competence*). Interns are expected to progress over the year, such that at the time the third rating period (Final), interns must average a rating of 4 (*Proficient Competence*) or higher (meeting minimum levels of achievement) in each of the primary competency domains. If there are ratings of a 3 or lower at Final this means that minimal competence has not been achieved and a remediation plan must be developed and implemented to improve performance so that the intern may successfully complete the internship.

The internship program is structured so supervisors have weekly opportunities for consultation and support through the supervision meetings to discuss intern's progress, development and concerns. Supervisors are expected to address those concerns with psychology interns in a timely manner, and not wait for the formal evaluation process to give this feedback.

- 1) IHPTP supervisors will communicate early and often with the trainee if any suspected difficulties that are significantly interfering with performance are identified.
- 2) IHPTP director, training officer and supervisor will institute, when appropriate, a correction or sometimes if necessary, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies. When evaluating or making decisions about a trainee's performance, IHPTP staff will use input from multiple professional sources including partnering health center staff.

Intern Evaluation Form

Intern Evaluation: To be completed by supervisor

Intern: _____ Supervisor: _____

Dates of Evaluation: _____ to _____ Training site: _____

Methods used in evaluating competency:

_____ Direct Observation _____ Review of Audio/Video _____ Case Presentation

_____ Documentation Review _____ Supervision _____ Comments from other

N/A --Not Applicable

for this training experience/Not assessed during training experience.

1 -- Needs Remediation:

Performance below expectations, remediation plan is indicated

2 -- Entry Level:

A common rating for mid-year A evaluation. Routine, but intensive, supervision is needed

3 -- Intermediate Competence

A common rating at mid-year B evaluation and sometimes mid-year A. Routine supervision of each activity.

4 -- Proficient Competence

Expected level of competence for intern at completion of training program; ready for entry-level practice

Practice Level: A common rating at completion of internship. Competency attained in all but non-routine cases.

supervisor provides overall management of trainee's mostly autonomous activities; depth of supervision varies as clinical needs warrant

5 -- Advanced Competence

Common rating at completion of *postdoctoral training* or upon demonstrating exceptional performance in a particular domain. Competency attained at full psychology staff privilege level, however as an unlicensed trainee, supervision is required.

Competency 1 - Intern will achieve competence in the area of: Research

1a Demonstrates the substantially independent ability to critically evaluate and disseminate research at the local (including the host institution) level.

1b Demonstrate the ability to review and integrate relevant scholarly literature to assist in clinical problem solving

AVERAGE SCORE FOR BROAD AREA OF COMPETENCE

#DIV/0!

Comments:

Competency 2 - Intern will achieve competence in the area of: Ethical and Legal Standards

2a Demonstrates knowledge of and acts in accordance with each of the following: the current version of the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and relevant professional standards and guidelines.

2b Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas. Conducts self in an ethical manner in all professional activities.

AVERAGE SCORE FOR BROAD AREA OF COMPETENCE

#DIV/0!

Comments:

Competency 3 - Intern will achieve competence in the area of: Individual and Cultural Diversity

3a Demonstrates an understanding of how intern's own personal/cultural history, attitudes, and biases may affect how he/she understand and interact with people different from themselves

3b Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.

3c Ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers, the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own, and ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship

AVERAGE SCORE FOR BROAD AREA OF COMPETENCE

#DIV/0!

Comments:

Competency 4 - Intern will achieve competence in the area of: Professional Values and Attitudes

4a Demonstrates professional responsibility, identity and deportment (e.g. punctuality for appointments and meetings, management of workload, timely documentation of notes and communications). Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

4b Self-reflection and accuracy of self-assessment: Demonstrates ease in evaluation of own performance and shows significant insight into many areas of strength and areas for further development; shows clear appreciation for self-awareness and dedication to self-development, and is able to self-correct without significant feedback; diversity awareness is sophisticated.

4c Emotional awareness (of self and other): Possesses self-awareness regarding beliefs, values, issues (personal and professional) and how those factors might impact ability to conduct treatment. Recognizes and responds to cognitive and emotional biases, and exhibits desire to actively acknowledge and correct errors

4d Insight and self-care/coping: Demonstrates positive coping strategies with personal and professional stressors and challenges. Maintains professional functioning and quality patient care.

4e Professional behavior: Exhibits critical thinking, knowledge of self, self-assessment and self-care. Demonstrates openness, flexibility, positive attitude, and willingness to accept feedback. Exhibits confidence in addition to remaining open to learn; identifies as a life-long learner. Exhibits professional communication and ability to effectively manage interpersonal concerns or conflicts with patients, peers, colleagues and supervisors.

AVERAGE SCORE FOR BROAD AREA OF COMPETENCE

#DIV/0!

Comments:

Competency 5- Intern will achieve competence in the area of: Communication and Interpersonal Skills

5a Develops and maintains effective relationships with patients receiving professional services.

5b Develops and maintains effective relationships with other professionals and community organizations to address patient needs.

5c Develops and maintains effective relationships with supervisors and peers, as evidenced by the ability to accept constructive feedback and apply feedback to clinical work and manage difficult communications well.

5d Demonstrate a thorough grasp of professional language and concepts through communication of empirical and research findings in communications with supervisors, peers, medical providers, and other members of the interdisciplinary team.

5e Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated, including appropriate documentation of patient progress in treatment.

5f Ability to engage in consultation with medical providers and patients about issues affecting psychopharmacological treatment.

5g Recognizes and responds appropriately to high-risk patients or patient crises by accurately assessing risk and taking the necessary precautions to manage high-risk patients or crisis situations, including seeking consultation or support from supervisors, staff or outside agencies as necessary or appropriate. Demonstrates an understanding of the intern's own role in maintaining safety of patient and others, including the intern's own safety.

AVERAGE SCORE FOR BROAD AREA OF COMPETENCE

#DIV/0!

Comments:

Competency 6 - Intern will achieve competence in the area of: Assessment

6a Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.

6b. Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural).

6c Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process

6d Selects and applies assessment methods that draw from the best available empirical literature and data reflect the science of measurement and psychometrics.

6e Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

6f Interprets assessment results according to current research and professional standards and guidelines, to inform case conceptualizations, diagnostic classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

6g Communicates orally and documents findings and implications of assessment in an accurate and effective manner, sensitive to a range of audiences. and appropriate to the EMR

AVERAGE SCORE FOR BROAD AREA OF COMPETENCE

#DIV/0!

Comments:

Competency 7 - Intern will achieve competence in the area of: Intervention

7a Establish and maintains effective working relationships with patients (i.e. building rapport/working alliance with patients).

7b Develop appropriate evidence-based intervention plans specific to the presenting problem.

7c Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables

7d Demonstrates the ability to apply the relevant research literature to clinical decision-making.

7e Ability to modify and adapt evidence-based approaches effectively in the primary care setting, when a clear evidence-base is lacking

7f Evaluate intervention effectiveness, including routine outcome measurement, in order to adapt intervention goals consistent with results of ongoing evaluation

7g Group Rotation Supervisor (for Group Rotation Only). Professional and independent implementation of group interventions in the primary care setting. Possesses a broad knowledge of group dynamics, including appropriate interpersonal techniques and clinical interventions that are appropriate to the specific group and primary care setting. Creates a safe group environment, quickly and effectively addresses group ruptures, and provides an opportunity for group learning and process.

AVERAGE SCORE FOR BROAD AREA OF COMPETENCE

#DIV/0!

Comments:

Competency 8- Intern will achieve competence in the area of: Supervision

8a <i>Didactic Instructor</i> - Apply knowledge of supervision models and practices in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.	
8b Role-played Supervision - In evaluation period B and final evaluation period, interns will be observed and evaluated during role-played supervision with others and role-play of supervision of supervision.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV /0!
Competency 9 - Intern will achieve competence in the area of: Consultation and Interprofessional/ Interdisciplinary Development	
9a Demonstrates knowledge and respect for roles and perspectives of others (i.e., maintains effective working relationships with other professionals in the integrated care setting).	
9b Apply knowledge of interdisciplinary roles and perspectives to direct consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and Behavior	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	#DIV /0!
OVERALL RATING (average of broad competence area scores)	

I acknowledge that my supervisor has reviewed this evaluation with me.

Intern Signature	Date
------------------	------

Supervisor's Signature	Date
------------------------	------

Verification of Supervised Experience (California Board of Psychology)

Effective 2017, it is the responsibility of the psychology intern to submit the supervision agreement form and the verification of supervised hours form to the board of psychology upon application for licensure. http://www.psychology.ca.gov/laws_regs/voe.shtml

- IHPTP will keep the original Supervision Agreement form with the attached internship description in our locked cabinet at the Wright Institute for the duration of the training year.
- Upon completion of the internship, the Director will provide the intern with a signed verification of supervised hours form and the agreement form with the attached narrative description of the internship program. The forms will be provided to the intern in a sealed envelope with the Director's signature on the sealed part of the envelope. A copy of these forms will be submitted by the primary supervisor to Dr. Uzuncan for record keeping.
- The intern is responsible for safe-keeping of this envelope and its contents and will submit this envelope to the CA board of Psychology upon application for licensure.

Monthly Activity Log – Required for Verification of Supervised Experience

A monthly log will be emailed to the intern at the start of the training year.

Interns are responsible for completing and submitting their monthly activity log to their primary supervisor to review and for signatures at the end of each month (last supervision session of each month).

- Total hours for the month should be included on each log.
- Only supervised hours worked or completed for training and clinical activities can be included.
- Any missed days must be recorded on the monthly form.
- Supervisors are required to keep a copy of the monthly log.
- **The intern is responsible for keeping the original logs and is required to provide IHPTP with a copy of 12 months of activity logs at the completion of the internship in order to receive a verification of experience form to send to the Board of Psychology upon application for licensure.**
http://www.psychology.ca.gov/laws_regs/voe.shtml

Maintenance of Intern Records

Each intern record includes all original evaluation records, remediation plans (if necessary), and copies of the logs of activity, supervision agreement form, verification of experience forms and a copy of the certificate of completion. Current intern records are maintained in a secure filing cabinet at the Wright Institute. Graduate intern records are also kept in a secure records office in a locked filing cabinet at the Wright Institute and electronically. The internship program director has access to these records during business hours.

Intern Rights and Responsibilities

Intern Rights:

- The right to work in a setting conducive to the acquisition of skills and knowledge required for a professional in the field of psychology.
- The right to a clear statement of general rights and responsibilities upon entry into the training program, including a clear statement of aim and competencies of the training experience.
- The right to clear statements of the standards upon which the trainee is to be evaluated.
- The right to be trained by professionals who behave in accordance with the APA ethical guidelines.
- The right to ongoing evaluation that is specific, respectful and pertinent to training competencies.
- The right to engage in an ongoing evaluation of the training experience.
- The right to initiate an informal resolution of problems that might arise in the training experience through requests to the individual(s) concerned, Program Director, and/or other Clinical Supervisory staff.
- The right to due process after informal resolution of problems has failed, or to determine when rights have been infringed upon (see grievance procedures).
- The right to request any accommodations to meet any special training needs of the trainee

Intern Responsibilities:

- Acting in accordance with the guidelines established by the APA Ethical Principles of Psychologists and Code of Conduct.
- Acting in accordance with the laws and regulations of the State of California.
- Conducting oneself in a professionally appropriate manner that is congruent with the standards and expectations of IHPTP and LifeLong Medical Care / John Muir Family Medicine Residency, and to integrate these standards as a professional clinician into one's repertoire of behaviors, and to be aware of the impact of one's behaviors upon other colleagues and patients
- Showing up on time for each clinical and training activity.
- Meeting training expectations responsibly by developing areas outlined under Training Aim and Competencies
- Making appropriate use of supervision and other training formats (e.g., seminars) through such behaviors as arriving on time, being prepared with relevant materials for discussion, as well as maintaining an openness to learning, and being able to accept and use constructive feedback effectively, as evidenced by appropriate changes in clinical or professional behavior.
- Managing personal stress, such that work productivity is kept at acceptable levels, according to training and agency norms. (Stress management includes tending to personal needs, recognizing the possible need for professional help, considering feedback, and seeking help, if necessary.
- Giving professionally appropriate feedback to peers and training staff on the impact of the training experience.)
- Participating actively in the training, service, and overall activities of the Integrated Health Psychology Training Program with the end goal of being able to provide services across a range of clinical activities.

Professional Conduct and Communication

Professional Conduct

Professional conduct is the expression in day-to-day behavior of the responsibilities and principles to which psychology intern and mental health care providers are accountable. It concerns the clinical, ethical, legal, and academic domains within which all therapists must function. This includes strict adherence to the Code of Ethics of the American Psychological Association and relevant state and local laws, organizational policies (the Wright Institute and LifeLong Medical Care and/or John Muir Family Medicine Residency, as well as the guidelines in this training manual.

For psychology interns, professional conduct translates into an open-minded, flexible posture and a willingness and ability to listen, learn, collaborate and cooperate with peers, instructors, supervisors, patients, agencies, health care providers and other individuals encountered in the course of clinical work.

As set forth by the APA's Commission on Accreditation in its Profession-Wide Competencies C-8 I., interns are expected to:

- behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- actively seek and demonstrate openness and responsiveness to feedback and supervision.
- respond professionally in increasingly complex situations with a greater degree of independence

Communication and interpersonal skills

The CoA views communication and interpersonal skills as foundational to education, training, and practice in health service psychology. These skills are essential for any service delivery/activity/interaction and are evident across the program's expected competencies.

Psychology interns are expected to:

- develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Insufficient Progress - Intern's Inability to Perform to Competency Standards

Intern inability to perform to competency standards is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

- an inability to acquire professional skills in order to reach an acceptable level of competency

- an inability and/or unwillingness to acquire and integrate professional standards into one's professional behavior
- an inability to control personal stress, strong emotional reactions and/or psychological dysfunction which interfere with professional functioning

Problematic behaviors typically become identified when one or more of the following characteristics exist:

1. The trainee does not acknowledge, understand, or address the problem when it is identified
2. The problem is not merely a reflection of a skill deficit which can be rectified by supervision and training
3. The quality of services delivered by the trainee is sufficiently negatively affected
4. A disproportionate amount of attention by training/supervisory staff is required; and/or
5. The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.

Due Process and Grievance Procedures

This section provides trainees (includes practicum trainees, psychology interns, postdoctoral residents) and staff (includes clinical supervisors, training officer and program director) of The Wright Institute's Integrated Health Psychology Training Program (IHPTP) with an overview of 1) Due Process, which includes the identification and management of trainee problems and concerns, due process guidelines, overview of remediation/probation process and the appeals process and 2) Grievance Procedure, which includes procedures involved when a trainee has a complaint or problems with IHPTP and/or its staff.

Due Process

IHPTP's due process model focuses on prevention and a timely response to identified problems.

This ensures that decisions made by the program concerning interns are not arbitrarily or personally based and it requires that the program identifies specific evaluative procedures which are applied to all interns. Further, the same guiding principles shall govern the process by which an intern may address a corresponding issue with some aspect of IHPTP and one or more of its members.

Due process is a procedure that takes place when an intern is demonstrating an inability to perform to competency standards or there is interference or problematic behavior in professional functioning as described above in the Intern Professional Responsibilities and Communications Conduct and/or in the intern evaluation form.

IHPTP supervisors are expected to communicate early and often with the intern if any suspected difficulties or challenges are significantly interfering with performance are identified. The supervisor is expected to help and support the supervisee to address these issues in a timely manner.

Written Notice (when a trainee is notified of a formal due process procedure)

If problem(s) continue after failed attempts at being addressed in supervision or if the supervisor has identified that the problem(s) has an impact on the intern's functioning, program or its services, **the program director, training officer and supervisor(s) will institute, when appropriate, a written remedial plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.** The program director will contact the Director of Clinical Training at the Wright Institute (or trainee's graduate program) to inform them of the

remediation. ***The remediation or probationary period is designed to return the trainee to a more fully functioning state so that the intern can successfully complete the program.***

When evaluating or making decisions about a trainee's performance, IHPTP staff will use input from multiple professional sources including partnering health center staff. Prior to the written notice, the program director and supervisor(s) will meet to discuss the concerns and possible courses of action to be taken to address the issues and put together a formal written plan for the trainee.

Written Remedial Plans formally acknowledges:

- a) a description of the trainee's unsatisfactory performance
- b) actions needed by the trainee to correct the unsatisfactory behavior
- c) the timeline for correcting the problem
- d) what actions may be implemented if the problem is not corrected; and
- e) notification that the trainee has the right to request an appeal of this action
- f) written notification to the trainee that the remediation has been resolved.

The following remediation actions may take place in the remediation period:

- additional supervision, closely monitored supervision in consultation with the program director
- discussion of problem with medical providers working with trainee
- reducing or suspending the trainee's clinical or other workload
- recommendation of personal therapy
- additional time or activities to support trainee's successful completion of remedial period.

The plan will be presented to the trainee in a meeting with trainee, program director, training officer and supervisors(s), and an opportunity will be given for the trainee to review the plan, answer any questions and obtain feedback from the trainee. The remedial notice must be agreed to and signed by the trainee, program director, training officer and supervisor(s) and implemented following the meeting.

Upon completion of the determined timeframe, if IHPTP program director, training officer and supervisors determine that there has not been sufficient improvement in the trainee's behavior to remove the probation, then the IHPTP program director will communicate in writing to the trainee that the conditions for revoking the probation or modified schedule have not been met. This notice will include a revised remediation plan, which may include continuation of the current remediation efforts for a specified time period or dismissal from the program (see below) and the Director of Clinical Training at the Wright Institute and/or the intern's doctoral program will be notified.

Hearing

If the trainee does not agree with the outcome, he/she/they have the opportunity to present their perspective at a Hearing and to provide a written statement related to their response to the problem within 10 business days from the issue of the Notice. A hearing will take place between the trainee, director, training officer, supervisor(s) and results of the hearing will be provided to the trainee.

Dismissal from the Training Program

Dismissal from the Training Program involves the permanent withdrawal of all IHPTP responsibilities and privileges including the partnering clinical training site. When specific interventions do not, after a reasonable period of time, rectify the problem behavior or concerns and the trainee seems unable or unwilling to alter her/his behavior, the intern's program Director of Clinical Training (DCT) will be

notified and informed and asked to meet with the program director, training officer, supervisor(s) to discuss the possibility of termination from IHPTP. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the trainee is unable to complete the training program due to physical, mental or emotional illness. The program director will make the final decision about dismissal.

Immediate Dismissal involves the immediate permanent withdrawal of all agency responsibilities and privileges. Immediate dismissal would be invoked but is not limited to cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a patient is a major factor, or the trainee is unable to complete the training program due to mental or emotional illness. In addition, in the event a trainee compromises the welfare of a patient(s) or the partnering health center or training community by an action(s) which generates grave concern from the supervisor(s), the program director may immediately dismiss the trainee from IHPTP. This dismissal may bypass steps identified in notification procedures and remediation/probation procedures above. When a trainee has been dismissed, the program director will communicate to the trainee's Program's Director of Clinical Training that the trainee has not successfully completed the training program. If at any time the trainee disagrees with the aforementioned sanctions, the trainee can implement the Appeal Process.

Appeal Process In the event that a trainee does not agree with any of the aforementioned notifications or remediation, they may make an appeal. The process for the appeal requires that each step be taken first to resolve and if not satisfactorily resolved, the trainee may move on to the next step 2 etc.

Step 1) the trainee should file a formal appeal in writing with all supporting documents first with the IHPTP Director tuzuncan@wi.edu. The trainee must submit this appeal within 5 business workdays of the remediation letter or termination letter. Within five business days of receipt of a formal written appeal from a trainee, IHPTP program director will consult with members of IHPTP and respond. Step 2) If not resolved with IHPTP director, trainee may appeal to Trainees Program's Director of Clinical Training (DCT) at their respective doctoral program. The IHPTP director and other supervisors will then meet with the DCT to hear the appeal and determine next steps as agreed upon with the DCT; Step 3) If the first two steps have been exhausted and there is no sufficient outcome on the trainee's part, the trainee may reach out to the Vice President for Academic Affairs gnewman@wi.edu. and the Intern's Program Director of Clinical Training to submit an appeal.

Grievance Procedures

The mechanism by which an intern formally notifies the Training Program of difficulties or problems other than evaluation related (e.g., poor supervision, unavailability of supervisor(s), workload issues, personality clashes, other staff conflicts) during his or her internship year.

Grievance Procedure provides the guidelines through which an intern can informally and formally raise concerns about any aspect of the training experience or work environment

The training program is one that, of necessity, encourages open and frank communication between the intern and supervisor with regard to all aspects of the program's various systems, the clinical skill sets which are the focus of the training, the interpersonal relationships among the interns as well as between interns and supervisors, and the clinical

issues related to the treatment of the patients. These communications are occasionally difficult, and the resolution of these problem situations in the meetings with supervisors is a significant part of the training of the interns.

This topic is reviewed during the training and orientation of each new supervisor, and supervisors are subsequently expected to exercise clinical judgment with regard to what can be resolved during the supervisory sessions and when the trainee should be advised or even encouraged to request the intervention of the Director.

While by and large the difficulties are processed to resolution, sometimes there are more serious and durable problems, such as alleged harassment, raised by the trainee that require addressing and mediation by the Director and/or supervisors and the intern's Program Director of Clinical Training.

If the intern is unable to satisfactorily resolve the issue or believes he/she needs the assistance of a third party, the intern should proceed through as many of the following steps as may be necessary in order to resolve the problem.

In the event an intern identifies a grievance:

1. He/she/they will raise the issue with the supervisor, staff member, other trainee, in an effort to resolve the problem.
2. If a satisfactory resolution is not achieved or the trainee is either uncomfortable or deems it is inappropriate to address with the other individual, the grievance should be submitted directly to the Director.
3. If necessary, the Director may, with the permission of the intern, speak to the parties involved or any party who has evidence concerning the validity of the complaint.
4. If this informal investigation fails to lead to the resolution of the grievance, the Director will assist the student in formulating a plan of action. This plan of action may take the form of utilizing the formal grievance procedure as outlined below.
5. If the above procedures are used and are unsuccessful in resolving the complaint, then a formal meeting of the Program Director, Training Officer, Diversity Committee and possibly other supervisory team members will review the complaint. Such a review is formal and requires a written complaint on the part of the student. The Director, Training Officer and other supervisory members will meet within five (5) working days of the complaint and will render a decision about the complaint that will be communicated in writing to all parties involved.
6. If this meeting does not resolve the issue, the grievance will be referred to the Vice President for Academic Affairs of the Wright Institute. The VPAA will review the case, including any exhibits or papers, and may ask to meet with the grieving trainee. The VPAA's decision shall be made in writing to the trainee within ten (10) working days after receipt of grievance.
7. Should the trainee decide that the reply from the VPAA is unsatisfactory, the matter may be appealed within five (5) days of receipt of the response. The matter will be referred to the President of the Wright Institute for further review. The President will review the case, including any exhibits or papers, and may ask to meet with the grieving trainee.

The President will render a final decision within ten (10) days of receipt of the written materials of the grievance.

Time Limits

The prescribed time limits may be extended by mutual agreement whenever necessary in order for these provisions to be implemented. The interpretation of “days” within this section is to be normal workdays (Monday through Friday) exclusive of official Institute holidays.

Non-Discrimination Policy

The Wright Institute’s Integrated Health Psychology Training Program does not unlawfully discriminate on the basis of race, color, national or ethnic origin, religion, age, sex, disability, or prior military service in the administration of its educational policies, admission, financial aid, educational programs, or activities.

The Wright Institute’s Integrated Health Psychology Training Program maintains a policy of non-discrimination in all of its activities. In the administration of its affairs, the Institute is committed to not discriminate against any person on the basis of race, creed, color, national origin, sex, marital status, sexual orientation, age, or any other basis protected by federal and state law or by local ordinance and regulation.

If a student believes he or she has been a victim of a discriminatory act by the Wright Institute’s Integrated Health Psychology Training Program or by one of its agents, he or she may file a complaint with the Compliance Officer, who may be contacted at (510) 841-9230, ext. 170. The written complaint should include the nature of the discriminatory act, the party accused of the act, and the name and address of any authorized representative of the complainant.

The Wright Institute prohibits retaliation against any individual for filing a complaint or participating in the resolution of a complaint. Retaliation is a form of unprofessional conduct that may result in immediate dismissal.

Identification Badges/ The Use of the Title “Doctor”:

All staff and psychology interns must wear their badges at all times while in the health center(s). Badges will identify intern as a “Psychology Intern.”

At all times, psychology interns must identify themselves as *psychology interns*.

The use of the title “doctor” orally and/or in writing in the absence of an earned doctorate (ie: completion of *all* administrative and substantive requirements of your doctorate) is a violation of the “Ethical Principles of Psychologists.”

Time-off Policy and Holidays

Interns may take up to 10 days of personal time-off in addition to the federal holidays listed below. ***An additional 2 days of time off will be allotted to GPE-related conference attendance.***

Personal Time Off (PTO)

The 10 days of time off includes personal time, illness, professional development activities outside of IHPTP, postdoctoral interviews, dissertation time, etc. Interns are required to email and give as much notice as possible (not less than 2 weeks) for planned absences to their primary and sites supervisors and anyone else impacted by the absence (delegated supervisors, seminar

instructors, etc.). **Interns are required to attend the entirety of program's orientation from September 3 2024 through September 27, 2024.**

GPE Funded Conference Attendance

2 days of conference attendance funded by the GPE grant will not be counted towards PTO. Interns are expected to get this approved in advance.

Notification Procedures: Unexpected absences and Planned Absences

Attendance and punctuality at clinic, trainings, meetings, and supervision is required.

For unexpected absences, such as illness, Interns are expected to follow these procedures:

1. Send a text message to your primary supervisor, site supervisor at your clinic site prior to the start of the workday (at least two (2) hours prior). This is important as patient visits can be cancelled for that day.
2. Follow your clinic's procedures for same absences
3. Send a text message to anyone impacted by your absence (such as seminar instructors, rotation supervisors, co-group facilitators, etc)
4. Send a text message or email to the program director (Dr. Uzuncan) for tracking purposes.

For planned absences: interns should request planned time off with as much advance notice as possible, some clinics require 30 days advanced notice not less than two (2) weeks.

1. Email your initial request for time off to the program director (Dr. Uzuncan), Training Officer (Dr. Changaris) and primary supervisor for approval.
2. If approved, send an email notification to site supervisor(s), seminar instructors and anyone else impacted by your absence. This will also allow site supervisors to block your clinic schedules and make accommodations for your absence. "You may be expected to find coverage of your assigned responsibilities, so you must check with your site supervisor(s) for site protocols related to your planned absence.
3. Email/text entire team one (1) week prior to the approved time off to remind everyone of your absence.

If you are going to be late to a training or clinical activity:

Send a text message to your supervisor/site supervisor, didactic instructor and anyone impacted by your tardiness

Holiday Schedule 2024-25

- Labor Day Monday 9/2/2024
- Thanksgiving Thursday 11/28 & Friday 11/29/2024
- Christmas Wednesday 12/25/2024
- New Year's Wednesday 1/1/2025
- Martin Luther King Day Monday 1/20/2025
- President's Day Monday 2/17/2025
- Cesar Chavez Day Monday 3/31/2024
- Memorial Day Monday 5/26/2025

- Juneteenth Day Thursday 6/19/2025
- Independence Day Friday 7/4/2025

Other Religious or Cultural Holiday Observances

IHPTP supports everyone who is observing a religious/cultural holiday(s). Religious/cultural holidays will not be counted towards PTO. Please notify the program director and supervisors with the time off you will need with as much advance notice as possible so that the program can accommodate your absence.

Training Seminar Absences

Within the time-off allotment, interns may miss no more than two classes in each training seminar series throughout the year i.e. Thursday Seminar Series=2, Monday Seminar Series=2, Diversity Seminar=2. If applicable Interns will be responsible for reading and obtaining the seminar materials/slides for each seminar that is missed. Interns are expected to inform their seminar instructor(s) in advance of their planned absences and to obtain the seminar materials. If there are circumstances in which more than 2 seminars in a series is missed, interns will be required to submit a written research presentation/summary of the topic to the seminar instructor. (Instructions for make-up activities will be provided by the seminar instructors).

Email and EMR Communications

Interns are required to respond to any emails or communications sent to you by IHPTP or your assigned health center staff **within 24 hours**. If the email is sent over the weekend, you may respond no later than the following Monday.

Interns are required to respond to any communications viewable in the EMR (electronic medical record, often referred to as your *InBasket*) **within 24 hours** of receiving the original message. If the message is sent over the weekend, interns may respond upon return to the clinic on Monday morning.

Security ID Badges

Official departmental photo I.D. badges (name tags) must be worn at all times in assignments providing public/client contact, and whenever visiting other work locations where employees may be unable to identify you.

Professional Appearance and Attire

As a representative in a medical setting, your attire and grooming should be in accordance with the standards and professionalism appropriate for the healthcare setting. Interns are required to follow the attire, appearance and grooming rules and policies of our partnering healthcare organizations. Each health organization retains the discretion to determine acceptable dress, appearance, personal grooming and hygiene standards (consistent with applicable state and federal laws.) Since each organization may slightly differ on their policies, it is important to check in with your site supervisors for continued guidance.

There are several guidelines you should know about, including that:

- Clothing: professional attire is required. Casual attire, such as denim blue jeans, baggy pants, T-shirts, shorts, halter or tank tops etc., is not considered appropriate.
- Footwear: shoes shall be professional in appearance. Health and safety codes require that anyone working in a clinical setting wear closed-toe and closed-heel shoes therefore no sandals or open-toed footwear is permitted.
- Masks (surgical or N95) are required while onsite in health centers.
- Personal Hygiene: good personal hygiene such that body odor, smoke and other odors are not detectable and to avoid personal practices or preferences that may be offensive to others.
- Fragrances: in consideration of patients or employees with allergies, strong fragrances, perfumes, colognes, lotions or any substances which emit a strong fragrance are prohibited.
- Fingernails must be clean, neat and of a professional length. Artificial nails are not permitted in patient care areas.
- Hair and facial hair: must be clean and dry, controlled and trimmed, so as not to interfere with job duties.
- Tattoos should remain covered.
- Jewelry, body piercing and adornments may not be acceptable. Earrings and Jewelry that pose possible risk of injury, and excessive piercings are not permitted. Examples of excessive facial piercings include but are not limited to: Ear stretching, lobe gauging, piercing on the lips, tongue, face, chin or cheeks. A small nose stud is permitted.

Workspace

Interns are expected to work at their assigned workspaces (designated offices, workstations, etc) to complete clinical documentation, make patient phone calls, or complete other necessary paperwork.

Please be courteous and considerate to other providers while in the shared workstations such as talking quietly.

Exam rooms are used for patient visits.

Safety Procedures

Always position yourself so that you are nearest to the door of the exam room.

If a psychiatric or medical emergency occurs, or patient appears hostile or potentially dangerous during the course of a session, and you need immediate help, exit the room and inform the nurses working in the area of the safety concern and seek appropriate help from clinic staff present or from hospital security.

It is necessary and encouraged to excuse yourself from the room, inform the nursing staff of any potentially dangerous situation and ask they remain alert to the patient, while you seek assistance from supervisor, medical staff, and or sheriff.

Do not enter a room with a patient who appears volatile or dangerous and *never put yourself in a potentially harmful position; to do so may jeopardize your internship position.* Always seek

consultation and ask for help. You must inform your primary supervisor of any crisis or emergency at your earliest opportunity.

COVID-19

IHPTP is taking all necessary precautions following guidelines as set forth by our partnering health organizations, state, federal and county agencies. Interns will be expected to follow all health center (John Muir Health / LifeLong Medical Care/ Contra Costa Health) guidelines and protocols and will be notified and updated as changes are made. **Masks (surgical or N95) may be required while onsite. Staff and interns are required to be fully vaccinated against COVID-19 (minimum of 3 doses and boosters).**

In the event of additional public health emergency mandates, it is important to know that as psychologists / psychology trainees working in the healthcare / primary care setting, we are considered Disaster Service Workers (DSW) and are required to come to work during periods of the public health emergency. During those times, clinical services may be limited and/or may take place remotely through telehealth. Interns will be informed as timely as possible about expectations regarding onsite / offsite scheduling.

COVID-19 Illness

Please note that guidelines for exposure and illness are subject to change and will be determined by your respective healthcare site. Currently, if you are sick due to COVID-19, you must stay home until you test negative to COVID-19. The program may make exceptions to the absence PTO policy for COVID-related illnesses, it is important to check in with the Program Director if this occurs.

HIPAA-secure Telehealth Services and Virtual Training & Supervision

Currently IHPTP uses the following HIPAA-secure platforms to deliver accessible high-quality services: Zoom (licensed). These licensed platforms will be made available to interns. Interns are NOT allowed to use their personal Zoom Accounts or phone accounts for patient care. Interns will receive instructions on accessing and using licensed Zoom Accounts by their supervisors.

It is important that interns secure a private, uninterrupted space when providing telehealth services to protect the privacy of the patient's visit. Interns may NOT use Zoom backgrounds for patient visits unless it is approved by your supervisor and Program Director. It is important to keep the background free from distraction as much as possible. (We recommend using a minimally decorated wall, a closed door, bookshelf or window (with curtains or shades) if possible as a background). It is also important you use earbuds or earphones if you are not in a private space. If you are having challenges finding a private, appropriate or quiet space, IHPTP will arrange for you to use an office space in our partnering health centers. Interns will have Remote-Access to our partnering health centers' Electronic Medical Record (EMR) (EPIC) during this period.

Patient Protected Information

It is important that interns take all necessary steps to protect patient information while working remotely. This includes only accessing the EMR and any patient data as well as the telehealth visit in a private space where others may NOT view or have access to Patient Protected

Information; securing your laptop, computer or device so that only you have access to your computer; keeping your computer in a safe secure place to minimize potential loss, theft or damage.

If any patient information becomes compromised, you must inform your supervisor and the Program Director immediately in order to file a HIPAA related-security breach as mandated by the federal and state government.

Administrative and Stipend Information

The Integrated Health Psychology Training Program is supported in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) – Graduate Psychology Education (GPE) award July 2022- June 2025. GPE is the primary federal program dedicated solely to the education and training of doctoral-level health service psychologists. The purpose of GPE is to train doctoral health service interns, to provide quality interdisciplinary, integrated behavioral health including but not limited to Opioid Use Disorder (OUD) and other Substance Use Disorders (SUD) into community-based primary care settings in high need and high demand areas. Through these efforts, the GPE Program transforms clinical training environments and is aligned with HRSA’s mission to improve health and achieve health equity through access to quality services, a skilled workforce, and innovative programs.

IHPTP internship stipends are fully funded through the GPE grant. As a GPE funded intern, you must be continuously registered as a student in a doctoral program. You will receive transcript units from your institution and clinical hours towards your doctoral degree based on your successful completion of the clinical training program. Should you fail to complete all the required training provided at IHPTP, you will risk not graduating from the IHPTP program.

Upon completion of the internship, you agree to provide required reporting information including addresses of your postdoctoral and employment sites as well as other important distal data for purposes of federal grant funding and APA-Accreditation. IHPTP is committed to preparing interns to continue working with high need underserved populations in community health settings including postdoctoral opportunities within IHPTP for successful program completers.

The GPE funded stipend is \$28,352 and \$2,400 to be used towards health insurance premiums. In your capacity as a psychology intern, you will receive an annual stipend in the amount of \$28,352 during the academic training year and \$2,400 that can be used towards health insurance costs. This stipend is to be paid in twelve installments starting September 2024 with the last payment August 2025. Funds will be sent via ACH to your bank account at the end of the month. For all stipend -related questions, contact Tricia O’Reilly VP Finance and Administrative Affairs at toreilly@wi.edu

GPE-Supported Conference Attendance

Participant Intern Support allowance attendance at no more than one professional conference, (4) travel related expenses, the GPE funding also includes an allowance of \$1,850 per intern to

obtain training through one professional conference during the current (2023-24) training year which included lodging, transportation and meals Conference attendance must take place during the training year (2024-25) and must be approved by IHPTP program director and Tricia O'Reilly at the Wright Institute. **The conference/training must meet specific criteria aligned with GPE's purpose to train doctoral health service interns, to provide quality interdisciplinary, integrated behavioral health including but not limited to Opioid Use Disorder (OUD) and other Substance Use Disorders (SUD) into community-based primary care settings in high need and high demand areas. Interns are allotted 2 business days of time off that will not count towards PTO to attend this conference.** Please reach out Dr. Uzuncan with any questions or guidance.

Intern Conference Attendance for Interns	
Conference Registration	\$ 500
- Airfare R/T \$450	\$ 450
- Lodging \$300 2 nights	\$ 600
- Ground Transportation \$40 3 days	\$ 120
- Meals \$60 3 days	\$ 180
Total Conference-related Travel	\$1,850

Program Completer Information

Upon completion of the internship, you agree to provide required reporting information including addresses of your postdoctoral and employment sites as well as other important distal data for purposes of federal grant funding and APA-Accreditation.

IHPTP is committed to preparing interns to continue working with high need underserved populations in community health settings including postdoctoral opportunities within IHPTP for successful program completers

Questions related to the program's accredited status should be directed to the Commission on Accreditation: Office of Program Consultation and Accreditation American Psychological Association Phone: (202) 336-5979

Email: apaaccred@apa.org Web: www.apa.org/ed/accreditation

Training Manual Review Attestation

To be signed after review of Section One of Training Manual

This is to certify that I have read the following documents in the training manual

	Training Program Description and Policies
	Psychology Internship Aim and Professional-wide Competencies
	Due Process Grievance Policies
	Time-Off Policy
	Intern Evaluation Form

Intern Signature

Date