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Section I – Internship Information

Description
Since 2004, the Wright Institute's Integrated Health Psychology Training Program (IHPTP) has provided a much needed and highly sought-after clinical psychology training experience in primary care. IHPTP is a full-time APA-Accredited exclusively affiliated internship program of the Wright Institute in collaboration with two community health organizations:

Partnering Health Centers (Contra Costa County) – Primary Care sites

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

John Muir Health (JM) https://www.johnmuirhealth.com/for-physicians/family-medicine-residency.html
- John Muir Family Medicine 1450 Treat Blvd., Walnut Creek, CA 94597

Interns are placed at either 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** (i.e. grief and trauma)

- **Specialty Clinic Rotations** (based on site offerings may include Prenatal, Transgender Health, Adult ADHD, Austism 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 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 Example

Interns - Total Hours for Weekly Internship (40)	**Hours**
Warm Handoffs with Primary Care Providers – 2 shifts	8
Individual Therapy/ Clinical Specialty Clinics (18 pts caseload / given time)	16
Group Therapy with live supervision TBD	2
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**
Monday Seminar Series (Psychopharmacology, Supervision, AOD etc)	2
Thursday Seminar Series (1,3,4 & 5) (Integrated Health Psychology)	3
Friday Seminar (2nd Fri) Diversity, Equity and Inclusion	(3)
Site Specific Training Opportunities (John Muir and Lifelong Medical Care)	1
Total Hours for Seminars Training	**6**
Administrative Time – group prep, patient calls, patient lists, etc.	**4**

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

Michael Changaris, PsyD Chief Training Officer, Clinical Supervisor
Franca Niameh, PsyD Clinical Supervisor, Diversity Equity Inclusion Officer
Sharon Perlman-Berry PsyD Clinical Neuropsychology Consultant Geriatric Training
Temre Uzuncan PsyD Director, Chief Psychologist, Clinical Supervisor
David Velleman, PsyD Clinical Supervisor, Training Faculty

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 referral 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 (1-6 sessions) 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.

Group Intervention
The focus of the program's group treatment training for psychology interns is to support the development of skills in providing psycho-educational interventions, skills training, and facilitate group therapy. Interns are assigned to an ongoing yearlong clinical group at the start of the training year. Groups are facilitated by a licensed supervisor and interns are given in-vivo training each week. The clinical supervisor provides supportive ongoing feedback in the development of skills in group therapy treatment.

The program's group intervention training follows a graded developmental approach to group intervention training. In the beginning of the training year, interns will work with the groups supervisor to develop group curriculum, generate referrals, outreach, advertisement etc. Interns will start with observing the supervisor facilitate the group and participates when comfortable. By the middle of the training year, interns are expected to be an active co-facilitator of the group, co leading group activities and discussions. By the end of the training year, interns are expected to facilitate the group independently while being observed by the supervisor, develop group materials and group activities.

Each week, interns are expected to be prepared with the group curriculum materials. Interns are also expected to document each patient group visit and submit the notes to the attending group supervisor for review and sign-off and attestation in the electronic medical record immediately following the group visit. Interns will also be expected to assist supervisor in patient outreach, group advertisement, printing group materials and other group intervention activities each week.

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.***

Supervisor Evaluation
Seminar & Rotation Seminars Evaluations
Seminars and Rotations (if applicable) are evaluated by interns twice per year (mid-year and year-end). Instructors, including Intern Instructors are evaluated when teaching in seminars.

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 director, between supervisors and program director.

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) to development of competency in progress (level 3) to attainment of competency with further supervised experience (level 4).

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 intern 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 = Remediation necessary; 5 = Professional demonstration of competency). 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 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 = *Remediation necessary*; 5 = *Professional demonstration of competency*). 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 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 = *Remediation necessary*; 5 = *Professional demonstration of competency*). 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 or higher (meeting minimum levels of achievement) in each of the primary competency domains. If there are ratings of a 3 or lower at Mid-Year C 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

Name of intern:	**Mid-year A**	**Mid-year B**	**Final**
Name of primary supervisor:	**Date**	**Date**	**Date**

Please indicate: **Intern self-evaluation** *or* **Supervisor evaluation**

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) including: **(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**

This evaluation is an assessment of the intern's development of profession-wide competencies. This evaluation form includes comprehensive feedback gathered from program supervisors, instructors, program director and training coordinator. This form is to be completed and signed by both (1) Primary Supervisor and (2) Intern three times per year. Once both the supervisor and intern have completed the Performance Evaluation independently, the primary supervisor and intern meet to review the evaluation. The intern is responsible for turning in all signed evaluations to the Program Evaluation Coordinator.

Given that our program is experiential, sequential and graded in its expectations, interns who earn below the expected level of competency domain rating of 2 ("Entry Level") at mid-year A or below expected level of competency domain rating of 3 ("Intermediate Level") at mid-year B are subject to the implementation of a remediation plan. An intern who receives a rating below expected level of competency domain rating of 4 ("Entry to Autonomous Practice") at final/year-end evaluation are not graduated. By the end of the internship, each intern must demonstrate achievement of the profession-wide competencies and any program specific competencies outlined in the evaluation form.

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 while in training status.
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
3	**Intermediate Competence** A common rating at mid-year B evaluation and sometimes mid-year A. Routine supervision of each activity.
2	**Entry Level:** A common rating for mid-year A evaluation. Routine, but intensive, supervision is needed.
1	**Needs Remediation:** Performance below expectations, remediation plan is indicated.
NA	**Not applicable** for this training experience/Not assessed during training experience.

COMPETENCY I. RESEARCH

1a: _____ Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications). **Comments:**

1b: _____Disseminate research or other scholarly activities (e.g., case conference, presentation, publications at the local (including the host institution), regional, or national level **Comments:**

COMPETENCY II. ETHICAL AND LEGAL STANDARDS

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

2b: _____Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas. **Comments:**

2c. _____ Conducts self in an ethical manner in all professional activities. **Comments:**

COMPETENCY III. 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. **Comments:**

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**. Comments:**

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). **Comments:**

3d: _____Ability to 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 **Comments:**

3e. _____ Ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship. **Comments:**

COMPETENCY IV. PROFESSIONAL VALUES AND ATTITUDES

4a: _____Behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. **Comments:**

4b: _____Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness**. Comments:**

4c: _____Actively seek and demonstrate openness and responsiveness to feedback and supervision. **Comments**:

4d: _____Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training. **Comments:**

COMPETENCY V. COMMUNICATION AND INTERPERSONAL SKILLS

5a: _____Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. **Comments:**

5b: _____Demonstrate a thorough grasp of professional language and concepts; produce, comprehend and engage in communications that are informative and well-integrated. **Comments:**

5c: _____Demonstrate effective interpersonal skills and the ability to manage difficult communication well. **Comments:**

COMPETENCY VI. ASSESSMENT

6a: _____Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology. **Comments:**

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

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

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

6e: _____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. C**omments:**

6f: _____Communicates orally and documents findings and implications of assessment in an accurate and effective manner sensitive to a range of audiences. **Comments:**

COMPETENCY VII. INTERVENTION

7a: _____Establish and maintain effective relationships with the recipients of psychological services). **Comments:**

7b: _____Develop evidence-based intervention plans specific to the service delivery goals. **Comments**:

7c: _____Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. **Comments:**

7d: _____Demonstrates the ability to apply the relevant research literature to clinical decision-making. **Comments:**

7e: _____Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking. **Comments:**

7f: _____Evaluate intervention effectiveness, (including routine outcome measurement), and adapt intervention goals consistent with results of ongoing evaluation. **Comments:**

COMPETENCY VIII. SUPERVISION

8a: _____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. **Comments:**

8b: _____Apply the supervisory skill of observing in direct or simulated practice. **Comments:**

8c: _____Apply the supervisory skills of giving guidance and feedback in direct or simulated practice. **Comments:**

COMPETENCY IX. CONSULTATION AND PROFESSIONAL/INTERDISCIPLINARY SKILLS

9a: _____Demonstrate knowledge and respect for the roles and perspectives of other professions. **Comments:**

9b: _____Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior. **Comments:**

I attest that direct observation by supervisor was conducted during the evaluation period indicated on this form.

_____ _____

Signature of Primary Supervisor Signature of Doctoral Intern

Date reviewed_____

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 Tile "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."

Attendance & Tardiness Policy
Attendance and punctuality at clinic, trainings, meetings, and supervision is required. If you need to miss any of these activities, you must notify (by text and email) your supervisor(s) AND any person(s) impacted by your absence/tardiness such as your site supervisor, rotation supervisor, seminar instructor(s), etc with as much notice as possible not less than 2 weeks for planned absences.

It is important that you show up on time for each clinical / training activity, including seminars, supervision, and clinical commitments. If there are any circumstance that prevent you from being on time for an activity, you must notify the supervisor/instructor impacted by text.

Unexpected, Same-Day Absences
For unexpected absences, such as illness and if you have patients scheduled that day –

1) Send text to your primary and site supervisor prior to start of workday (at least 2 hours prior) so patients visits can be cancelled
2) Send text to anyone impacted by your absence (such as seminar instructors, rotation)

Time-off Policy and Holidays
Interns may take up to 10 days of personal time-off* in addition to the federal holidays listed below Interns are required to attend th**e entirety of program's orientation that takes place the first 3 weeks in September.**

Holiday Schedule / IHPTP time off

- Labor Day
- Thanksgiving (Thursday & Friday)
- Christmas Day
- New Year Day
- Martin Luther King Day
- President's Day
- Cesar Chavez Day
- Memorial Day
- Juneteenth Day
- Independence Day

Religious Holiday Observances: IHPTP supports everyone who is observing a religious holiday(s). Please check in with your supervisor and Director to let us know if you will need time off for any holiday you may observe.

***Personal Time Off:** 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 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.).

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).

Procedure for requesting vacation days off:

- ✓ **At least 14 days prior to your absence:** Email request to the following parties at least 2 weeks in advance:
  - Primary supervisor
  - Director
- ✓ Once a request for time-off has been approved by the primary supervisor, the intern/resident must notify (via email) all supervisors/instructors, who will be impacted by your absence (e.g., site supervisor, group intervention supervisor, rotation supervisor).
- ✓ **7 days prior to your absence**: You must notify your patients of your absence and remind them no later than 1 week before your absence.
- ✓ **2 days prior to your absence**: **Send a reminder email** to supervisors, instructors, director and anyone else impacted by your absence.

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 the shared workstations in the provider area 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) guidelines and protocols and will be notified and updated as changes are made. **Masks (surgical or N95) are required while onsite.**

Staff and interns are required to be fully vaccinated against COVID-19 (currently 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 or sick due to COVID-19, you must stay home until you test negative to COVID-19.

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 2022 with the last payment August 2023. 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

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 (2022-23) training year which included lodging, transportation and meals Conference attendance must take place during the training year (2022-23) 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. Please reach out the Temre Uzuncan with any questions or guidance.

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

Program Seminar Syllabi

Monday Seminar Syllabus

Culturally Grounded Trauma Informed Integrated Affective Neuroscience Course Syllabus

Instructors: Main Instructor - Michael Changaris, PsyD; Teaching Assistant Pilar Corcoran-Lozano, PsyD
Days/Times: Mondays 2-4pm
Location: Alternates between William Jenkins and John Muir
1st and 3rd Mondays: William Jenkins
2nd, 4th and 5th Mondays: John Muir

Contact information: drchangaris@gmail.com, (voice) 707.319.2001

Overview of Seminar

This seminar takes a patient centered approach to introducing interns to the fundamentals of clinical affective neuroscience from a trauma informed, culturally grounded perspective.

Students will develop skills in:

- Clinical Pharm Training Track – Basics of psychopharmacology and affective neuroscience.
- Pain and Substance Abuse Track – Behavioral Neuroscience of Pain, Opiate Use Disorders and Substance Use Disorders
- Biopsychosocial Trauma Informed Care – Biological Bases and Neurobehavioral Impacts of Trauma and Early Adversity
- Aging Well – Life Span Health Perspective on Cognitive and Emotional Wellness

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.

They will gain an understanding of clinical applications psychopharmacological interventions for mental health, substance use, opiate use disorders, trauma, social determinants of health and early adversity through reviewing experimental research findings, applying primary research to individual cases and theoretical perspectives on psychopharmacology.

Interns develop skills to consult with multiple members of treatment team regarding biopsychosocial factors affecting pharmacotherapy and biopsychosocial 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 are taught skills in communicating with providers about key issues including: communicating patient's needs and concerns about treatment, current side effects patients are experiencing and diagnostic information that could impact provider decision about psychopharmacological treatment.

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.

Seminar Objectives

1. Clinical Pharm Training Track Interns Will:
    a. Learn the fundamentals of psychopharmacology, including basics of psychopharmacology (e.g. classes of medications and FDA approved clinical uses, dosages, side effects, indications and contraindications, and common effects of dose reduction), neurochemical mechanisms of action, and clinical tools to mitigate impact of non-lethal side effects.
    b. Interns will develop clinical skills in addressing psychopharmacology in clinical consultation, curbside consults and in brief individual work.
    c. Interns will develop clinical tools for integrating pharmacotherapy and behavioral health interventions including: medication adherence, culturally responsive interventions, motivational interviewing and develop effective psychoeducational skills.
    d. Interns will: learn boundaries of scope of practice, tools to develop effective multidisciplinary treatment teams, how to monitor symptom change and develop skills in working with prescribing clinicians.
    e. Interns will: Gain an understanding of clinical applications of medications through, review of current research, learning to evaluate primary research critically, understanding theoretical perspectives in psychopharmacological treatment, and addressing complex treatment issues through review of clinical cases and vignettes.
2. Pain and Substance Abuse Track – Behavioral Neuroscience of Pain, Opiate Use Disorders and Substance Use Disorders Interns Will
    a. Develop Assessment Skills for team based care of opiate use disorders (OUD), substance use disorders (SUD), and chronic pain (CP)
    b. Apply current biopsychosocial models of opiate use disorders (OUD), substance use disorders (SUD), and chronic pain (CP) pain in clinical treatment planning and interventions.
    c. Develop clinical tools to communicate with patients about medically assisted treatment, pharmacotherapy of addiction and integrated team based care needs.
    d. Develop interprofessional capacity to address CP, SUD, and OUD in primary care and multidisciplinary settings.
3. Biopsychosocial Trauma Informed Care – Biological Bases and Neurobehavioral Impacts of Trauma and Early Adversity Interns Will

a. Develop assessment skills to recognize impact of trauma and early adversity on mental health and development for families, children, adolescents, adults and families.
b. Recognize the impact of cultural and identify factors on clinical development exposure to stress and traumatic events and clinical relationship.
c. Develop tools and skills to assess for biopsychosocial impact of early adversity, trauma on clinical presentation and care teams.
d. Develop capacity to support enhanced primary care for ACEs and trauma through team based care development of plan and interventions

4. Aging Well – Life Span Health Perspective on Cognitive and Emotional Wellness Interns Will
    a. Assess cognitive and emotional wellness in elders and family systems
    b. Develop treatment support plan for elder cognitive and emotional wellness
    c. Understand the changes in pharmacotherapy of elders and medication management in older adults.

Seminar Readings

Clinical Pharm Training Track (PHA&B)

- Preston, J., O'Neal, J. H., & Talaga, M. C. (2017). *Handbook of clinical psychopharmacology for therapists 8th ed*. New Harbinger Publications.
- Ng, C. H., Lin, K. M., Singh, B. S., & Chiu, E. Y. (Eds.). (2008). *Ethno-psychopharmacology: advances in current practice*. Cambridge University Press.
- Preston, J., & Johnson, J. (2016). *Psychopharmacology Made Ridiculously Simple 8th ed.* MedMaster Inc.

Pain and Substance Abuse Track – Behavioral Neuroscience of Pain, Opiate Use Disorders and Substance Use Disorders Interns Will (NOSP)

- Substance Abuse and Mental Health Services Administration. (2018). Medications for opioid use disorder: Treatment Improvement Protocol (TIP) series 63.
- Darnall, B. D. (2019). *Psychological treatment for patients with chronic pain*. American Psychological Association.
- Darnall, B. (2016). *Opioid-Free Pain Relief Kit: 10 Simple Steps to Ease Your Pain*. Bull Publishing.

Biopsychosocial Trauma Informed Care – Biological Bases and Neurobehavioral Impacts of Trauma and Early Adversity Interns Will (ATIC)

- Harris, N. B. (2018). *The deepest well: Healing the long-term effects of childhood adversity*. Houghton Mifflin Harcourt.
- Sapolsky, R. M. (2004). *Why zebras don't get ulcers: The acclaimed guide to stress, stress-related diseases, and coping*. Holt paperbacks.
- Der Kolk, V., & Bessel, A. (2015). B. The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma.

Aging Well – Life Span Health Perspective on Cognitive and Emotional Wellness Interns Will (GER-PSY)

- Hinrichsen, G. A. (2020). *Assessment and treatment of older adults: A guide for mental health professionals*. American Psychological Association.

- Bush, S. S., & Yochim, B. P. (Eds.). (2022). *A Handbook of Geriatric Neuropsychology: Practice Essentials*. Taylor & Francis.

Internship Research Didactic Presentations

Interns will be required to critically evaluate and disseminate their research by presenting a topic related to behavioral medical applications of clinical pharmacology that includes theoretical overview and incorporates primary research. Presentations include interactive discussions, power point presentations, vignettes and role plays. The presentations are one hour in length. The didactic should be 1.45 hours (with breaks) presentation on the topic and includes the following:

The topic will need to be approved by the Dr Changaris (signup sheet will be provided in October). Interns will be evaluated by their peers (written feedback form) and will be evaluated by the Seminar Instructor and Teaching Assistant on the following:

1. Purpose of research presentation is clearly stated at the onset of presentation. Presentation is organized and remains on-topic.
2. Reviews the literature by articulating relevant research methodology, current research findings, criticisms, and implications for practice.
3. Epidemiological factors, functional impacts of the condition/issue
4. Available evidence-based psychological and health treatments and guidelines utilizing a B grade or above evidence Link on GRADE Approach https://www.uptodate.com/home/grading-guide
5. At the conclusion of the presentation, intern summarizes key research findings, offers a critical appraisal of existing research (e.g., what is well-established vs. what is not yet known) and discusses implications for clinical practice.
6. Visual aids (powerpoint presentations and handouts grounded in evidence-based [empirical]) source material.
7. The number of slides should range from 20 to 30. Slides should include (epidemiology of topic, biopsychosocial formulation of the pharmacology topic, a minimum of three slides exploring cultural factors related to health topic, an integrated review of pharmaco and non-pharmaco therapies with discussion of current state of evidence, as well as points of discussions/vignettes for clinical exploration).
8. Presentation handouts include a reference list in APA-style, consisting of a minimum of 5 refereed journal articles, evidence-based clinical guidelines, and/or other empirical sources from the scholarly literature.

Brief 10-Minute Medication Rounds Presentation:
Each trainee will be required to provide a 10-minute Treatment Presentation with one page front and back clinical hand out. Signup sheet will be provided at onset of seminar year. The purpose of this activity is to help trainees gain knowledge, familiarity, competence in evidence-based behavioral techniques/ interventions through the practice and teaching.

The 10-minute should give brief overview of a medication, it's mechanism of action, side-effects, role in treatment and patient education. Students will make a one-page handout that has three parts: a. overview of the medication, b. key side, and c. a description of role in treatment for health or mental health condition.

This is a brief mini-training that offers a short clinically applicable intervention to colleagues. The presentation should be kept to 8 min with 2 min of questions at the end. The three domains' instructors will look for in highly effective mini-behavioral intervention training are: a. brevity and clarity of presentation, b. clarity and clinically applicable handout, and c. adaptation science/health finding to clinical intervention.

NOTE: See example of one-page double sided handout on IBS and information on developing effective health communications to guide your handout development.

Monday Seminar Series Schedule:
Culturally Grounded Trauma Informed Integrated Affective Neuroscience
Instructors: Main Instructor - Michael Changaris, PsyD; Teaching Assistant Pilar Corcoran-Lozano, PsyD
Days/Times: Mondays 2-4pm
Location: Alternates between William Jenkins and John Muir
1st and 3rd Mondays: William Jenkins
2nd, 4th and 5th Mondays: John Muir

This seminar takes a patient centered approach to introducing interns to the fundamentals of clinical affective neuroscience from a trauma informed, culturally grounded perspective.

*Seminar topics subject to change based availability of training team members, health issues, access to interdisciplinary training leaders and program needs. However, attempts will be made to communicate quickly about changes to training topics.

KEY Training Topics in Seminar Sequences
- PHA/B – Neuropharmacology Basic and Advanced
- NOSP – Neuropharmacology OUD/SUD/Pain
- ATIC – ACEs and Trauma Informed Systems
- INT – Intensive training topic
- GER-PSY –Geriatric Psychology Cognitive and Emotional Wellness
- SUP Supervision

September 2022		
Sept 26th	PHA	Basics of Psychopharm – Patient Centered Culturally Responsive Care *Chapter: 2 & 3* *Handbook of clinical psychopharmacology for therapists 8th ed*. New Harbinger Publications.
October 2022		
Oct 3rd	ATIC	Addressing ADHD in underserved populations: Non-neurotypical minds, assessment, intervention and team based care. • Barkley, R. A. (2020). The high economic costs associated with ADHD. *The ADHD Report*, *28*(3), 10-12.

		• Boland, H., DiSalvo, M., Fried, R., Woodworth, K. Y., Wilens, T., Faraone, S. V., & Biederman, J. (2020). A literature review and meta-analysis on the effects of ADHD medications on functional outcomes. *Journal of psychiatric research*, *123*, 21-30. • Chung, W., Jiang, S. F., Paksarian, D., Nikolaidis, A., Castellanos, Merikangas, K. R., & Milham, M. P. (2019). Trends in the prevalence and incidence of attention-deficit/hyperactivity disorder among adults and children of different racial and ethnic groups. *JAMA network open*, *2*(11), e1914344-e1914344. • Faraone, S. V., Asherson, P., Banaschewski, T., Biederman, J., Buitelaar, J. K., Ramos-Quiroga, J. A., ... & Franke, B. (2015). Attention-deficit/hyperactivity disorder. *Nature reviews Disease primers*, *1*(1), 1-23. • Fullen, T., Jones, S. L., Emerson, L. M., & Adamou, M. (2020). Psychological treatments in adult ADHD: a systematic review. *Journal of Psychopathology and Behavioral Assessment*, *42*(3), 500-518. • Sibley, M. H. (2021). Empirically-informed guidelines for first-time adult ADHD diagnosis. *Journal of Clinical and Experimental Neuropsychology*, *43*(4), 340-351
Oct 10th	PHA	Medications that Change the Mind - Part I SDOH Informed Approach to Antidepressants, Mood stabilizers, Anti-Obsessional, and Psychostimulants Morrill, M. I. (2009). Issues in the diagnosis and treatment of adult ADHD by primary care physicians. *Primary Psychiatry*, *16*(5), 57-63. Jann, M. W. (2014). Diagnosis and treatment of bipolar disorders in adults: a review of the evidence on pharmacologic treatments. *American health & drug benefits*, *7*(9), 489. Ogawa, Y., Tajika, A., Takeshima, N., Hayasaka, Y., & Furukawa, T. A. (2014). Mood stabilizers and antipsychotics for acute mania: a systematic review and meta-analysis of combination/augmentation therapy versus monotherapy. *Cns Drugs*, *28*(11), 989-1003. Clinical Guidelines Depression (NICE): Link: https://www.nice.org.uk/guidance/cg90 Clinical Guidelines OCD (NICE): Linke: https://www.ocduk.org/nice
Oct 17th	PHA	Medications that Change the Mind - Part II SDOH Informed Approach to Antipsychotics, Hypnotics, and OTC Medications *Chapter: 4* *Handbook of clinical psychopharmacology for therapists 8th ed*. New Harbinger Publications.

Oct 24th	PHA	Medications that Change the Mind - Part III SDOH Informed Approach to Geriatric, Adolescent, and Pediatric Care
Oct 31st	INT	OFF Empower Pain Relief (November 2nd and 3rd)
November 2022		
Nov 7th		Culturally Responsive Trauma Informed Medically Assisted Treatment
Nov 14th	SUP	Culturally Responsive Health Psychology Training - Supervision Part 2
Nov 21st	HOL	Off Thanksgiving
Nov 28th	ATIC	ACEs Culturally Responsive Interventions Primary Care (Part I)
December 2022		
Dec 5th	GER-PSY	Geriatric Wellness and Cognitive Assessment and Intervention Sequence
Dec 12th	NOSP	SDOH Informed Biological Bases of Trauma, Pain and Use Disorders
Dec 19th	HOL	Off Winter Holiday
Dec 26th	HOL	Off Winter Holiday
January 2023		
Jan 2nd	HOL	Off Winder Holiday
Jan 8th	SUP	Culturally Responsive Health Psychology Training - Supervision Part 3
Jan 16th	HOL	Martin Luther King Junior Day – Off and Service
Jan 23rd	ATIC	ACEs Culturally Responsive Interventions in Primary Care (Part II) ACEs, PTSD Single Incident, Developmental and Complex Trauma Integrated Health Complexity *Chapter: 12 - Post-Traumatic Stress Disorder* *Handbook of clinical psychopharmacology for therapists 8th ed*. New Harbinger Publications.
Jan 30th	PHA	Integrated Neuropharm: Pharmacotherapy and Motivational Approaches to Team Based Care the Health Psychology Role
February 2023		
Feb 6th	PHA	Intern Didactic A
Feb 13th	PHA/ GER-PSY	Integrated Neuropharm: Culturally Responsive Elder Care and Pharmacotherapy in Geriatric High Risk SDOH Groups PART 1
Feb 20th	HOL	OFF - Presidents Day
Feb 27th	PHA/ GER-PSY	Integrated Neuropharm: Culturally Responsive Elder Care and Pharmacotherapy in Geriatric High Risk SDOH Groups PART 2
March 2023		
Mar 6th		Intern Didactic B

Mar 13th	ATIC	Trauma Informed Systems – Culturally Responsicve Trauma 101: TIC Principals in Clinical Teams, TIC Principals in Self-Care, TIC in Clinical work.
Mar 20th	ATIC	Trauma Informed Systems – Health and Trauma: Overview of stress physiology and trauma.
Mar 27th	ATIC	Trauma Informed Systems – Intergenerational Trauma and Intergenerational Health.
April 2023		
April 3rd	PHA	Intern Didactic C
April 10th	NOSP	Biopsychosocial Culturally Responsive Integrated Team Care for Prevention of OUD and SUD for High Risk SDOH
April 17th	NOSP	Biopsychosocial Culturally Responsive Integrated Care Motivational Approach to MAT and SUD Pharm in High Risk SDOH
April 24th	NOSP	Biopsychosocial Culturally Responsive: Geriatric Integrated Care Motivational Approach to MAT and SUD Pharm in High Risk SDOH
May 2023		
May 1st	PHA	Intern Didactic C
May 8th	INT	OFF Telehealth Certificate Training Part 2 (May 11th and 12th)
May 15th	PHA	Integrated Neuropharm: Culturally Responsive Sleep, Diet, Health and Sexual Health Care
May 22nd	PHA	Integrated Neuropharm: Migraine and Headache Management
May 29th	HOL	OFF Memorial Day
June 2023		
June 5th	ATIC	Trauma Informed Systems – Culturally Responsive Trauma Care and Social Determinants of Health
June 12th	ATIC	Trauma Informed Systems – SDOH Informed Culturally Responsive Treatment Part I Adult and Family Care
June 19th	ATIC	Trauma Informed Systems – SDOH Informed Culturally Responsive Treatment Part II Geriatric and Elder Population
June 26th	ATIC	Trauma Informed Systems – SDOH Informed Culturally Responsive Treatment Part III Pediatric and Adolescent Population

July 2023		
July 3rd		No Class Independence Day
July 10th	NOSP	Prevention: Biopsychosocial Health Psychology Mindfulness, Cognitive, and Skills Based Interventions for High-Risk OUD
July 17th	NOSP	Intervention: Biopsychosocial Health Psychology Mindfulness, Cognitive, and Skills Based Interventions for Pain, OUD and SUD
July 24th	PHA	Intern Didactic D
July 31st	PHA	Integrated Neuropharmacology of Traumatic Brain Injury in Patients with High SDOH
August 2023		
Aug 7th	PHA	Integrated Neuropharmacology: Neurodivergent Minds - Adult and Pediatric Medication Management for Neurodevelopment Differences Autism and ADHD
Aug 14th	PHA	Integrated Neuropharmacology: Mood and Personality Disorders
Aug 21st		Final Class – Integrated Case and Class Party

Affective Neuroscience Research Presentation Checklist

Seminar instructor will fill out this form following course presentation in IHPTP Pharmacology and Affective Neuroscience training seminar.

1. Presentation was organized, clear and follows format in syllabus

5	4	3	2	1
Independent	Good	Moderate	Minimal	Below Standards

2. Presentation formulated using biopsychosocial model and integrates research and literature review.

5	4	3	2	1
Independent	Good	Moderate	Minimal	Below Standards

3. Demonstrates the ability to integrate medical, psychological, and social factors in understanding a key issue in pharmacotherapy or affective neuroscience.

5	4	3	2	1
Independent	Good	Moderate	Minimal	Below Standards

4. Recognizes and is sensitive to cultural diversity and individual factors impacting topic of presentation.

5	4	3	2	1

Independent	Good	Moderate	Minimal	Below Standards

5. Includes methods of key assessment factors for patients or health systems related to presentation topic.

5	4	3	2	1
Independent	Good	Moderate	Minimal	Below Standards

6. Reviews evidence-based interventions or adapts evidence based practices to address topic of presentation.

5	4	3	2	1
Independent	Good	Moderate	Minimal	Below Standards

7. Demonstrates the ability to communicate effectively in presentation format and adapt to individual needs of the group throughout presentation (e.g., responding to questions from class, adapting materials to group needs, facilitating learning discussions).

5	4	3	2	1
Independent	Good	Moderate	Minimal	Below Standards

Comments:

Thursday Seminar Syllabus

The Wright Institute Integrated Health Psychology Training Program Thursday Seminar Series 2022 to 23

Day and Time: Thursdays 1 - 5pm
Location (Please make note that the seminar will rotate weekly)
1st and 3rd Thursdays - LifeLong: William Jenkins:
4th and 5th Thursdays - John Muir

Lead Seminar Instructor: Michael Changaris, PsyD. Chief Training Officer
Seminar Instructor: David Velleman, PsyD
Teaching Assistant: Pilar Corcoran-Lozano, PsyD

Structure of Seminar
Seminar Includes 2.75 hour Didactic/Discussion and 1.5 hour group supervision

Seminar Description & Objectives
This seminar takes a developmental approach to increasing intern competency in providing psychological services within an integrated community health setting while learning specific competencies in 1) research 2) ethical and legal standards 3) individual and cultural diversity 4) professional values and attitudes 5) communication and interpersonal skills 6) assessment 7) intervention 8) supervision 9) consultation and interprofessional /interdisciplinary skills.

- Students develop an understanding of the relationship between psychological factors, cultural factors, social factors, behavioral factors, physical health and mental health.
- Students build skills throughout the year in the application of assessment, brief evidence- based treatment, consultation on mental health and health factors.
- Students develop skills to work in interdisciplinary teams such as: professional conduct in interdisciplinary settings, effective communication across disciplines, providing recommendations for treatment and ethical interprofessional practice.
- Students develop an understanding of the ethical and legal standards as they apply to psychological treatment
- Students learn to critically evaluate and disseminate research and other scholarly activities (.e.g. case conference/group supervision/case presentations).

Integrated Health Seminar Core Topics and Domains

- LifeSpan Health Psychology (LHSP): This training sequence addresses core skills in integrated behavioral health care, assessment, interprofessional development and health psychology interventions.
- Social Determinants of Health, Adverse Childhood Experiences (ACEs) and Trauma Informed Care (SAT): This topic domain explores social determinants of health, trauma informed systems and adverse childhood experiences in health psychology settings.
- Substance Use Disorders, Opioid Use Disorders and Pain (SOP): This pain and trauma informed sequence develops skills for assessment, brief intervention and clinical skills to

address substance use disorders (SUD), opiate use disorders (OUD) and impact of chronic pain on OUD in primary care settings.

- Geriatric Health Psychology – Cognitive and Emotional Wellness (GER-PSY): This training sequence will develop skills for assessment, intervention and tools to address cognitive wellness, social determinants of health in a trauma informed care model.
- Required Reading Please purchase the following books: there will be a book at each training site)

Books and Required Readings

1. Hunter, C.L., Goodie, J.L., Oordt, M.S., & Dobmeyer, A.C. (2016). *Integrated behavioral health in primary care: Step-by-step guidance for assessment and intervention*. Washington, D.C.: American Psychological Association.
2. Rollnick, S., Miller, W.R., & Butler, C.C. (2008). *Motivational interviewing in health care: Helping patients change behavior*. New York: The Guilford Press

Recommended Reading:

1. Kato, P.M., & Mann, T. (Eds.). (1996). *Handbook of diversity issues in health psychology*. New York: Plenum Press.
2. Sapolsky, R. M. (1994). *Why zebras don't get ulcers: The acclaimed guide to stress, stress- related diseases, and coping* (Third ed.). New York: Holt Paperbacks

Weekly Recommended Readings

Seminar instructors will offer required reading per clinical topic that supports the training objectives, clinical skills or training track topic. These may be assigned prior to or during the seminar. Your ongoing development requires engagement and self-initiated learning. Please uses these reading materials as a core resource for your development as a health psychologist.

Active Participation:

Discussions in class will allow students to practice, explore, and generate ideas, as well as to track progress on their comprehension of the material. This will be an active learning context where students are engaged in processing information and sharing that information with others.

Therefore, it is imperative that students come to seminar prepared to discuss and work with the topics assigned – this includes reading the assigned chapters/ articles/videos before class.

Missed Seminar Policy:

Within the time-off allotment, interns may miss no more than two seminars in each training seminar series throughout the year (See Training Manual Section 1 . Students will be responsible for reading and obtaining the seminar materials/slides for each seminar that is missed. Interns are expected to inform their seminar teaching assistant in advance of their planned absences and to obtain the seminar materials.

Missed Seminar Learning Assignment:

If there are circumstances in which more than 2 seminars in either seminar are missed, interns will be required to make up their learning through a learning assignment on the missed seminar

topic. See instructions at bottom of this syllabus. Students are required to contact seminar teaching assistant within 2 business days of the missed seminar and will need approval and confirmation of the assignment and submission date prior to initiating the assignment.

Evaluation of Seminar Instruction:
At the conclusion of each didactic seminar, interns will be provided a brief evaluation form to rate the seminar instructor, either supervisory staff or doctoral interns, who presented the seminar topic on that day. Evaluation forms will be collected by the teaching assistant at the end of each seminar. The evaluation form is anonymous, and feedback is de-identified and reported in aggregate to the instructor for purposes of confidentiality and facilitating the safe and honest provision of feedback to instructors as well as peers.

Seminar Evaluation:
The Thursday seminar is evaluated by students twice per year (mid-year and end of year).

Group Supervision:
Group supervision/case conference is facilitated by one of the program's supervisory faculty/instructor of the day and teaching assistant, including interns who are teaching the didactic for the day. The purpose of group supervision is to allow clinical application and case discussions related to the topic presented in seminar.

Students are expected to present their cases in group supervision with an overarching structure that includes

- patient demographic information (e.g. patient age, gender, ethnicity)
- referral reason & presenting problem
- biopsychosocial factors (e.g. housing, cultural background); psychological factors (e.g. cognitions and mental health diagnosis); as well as physical health (e.g. diabetes and chronic pain); course of treatment (plan/progress/outcomes).

Students are expected to be prepared to present their cases on a weekly basis. Students will be evaluated on their participation and case presentations/discussions in group supervision (e.g. providing peer feedback and receiving feedback/constructive criticism among peers/supervisors in a constructive, sensitive, and respectful manner).

Seminar Yearly Assignments:
There are five main assignments over the course of the training year in this seminar. These are listed here.

1) Brief '10 Min Rounds" – This brief science of health psychology presentation will help your co-students understand a core health psychology topic and develop a two page patient education hand out (See Example IBS)
2) Health Psychology Case Presentation – Paper and clinical cases presentation on health psychology patients (See requirements below)
3) Health Psychology Research Didactic – A core skill in health psychology is translating clinical research into practice and disseminating research with colleagues. You will create a 2.75 hr training/presentation on a health psychology topic that helps your colleagues develop skills and understanding in high impact health psychology domain.

4) Peer Group Supervision Leadership Practice – After didactic presentation interns will facilitate peer group supervision on the topic of their presentation. As part of the supervision training after your health psychology presentation you will facilitate the clinical peer supervision for your cohort with support from licensed supervision team member
5) Interdisciplinary Medical Residency Research Didactic Training – Each internship site student pair will develop and present together a 60 min training didactic for resident program at their site (see below requirements)

Detailed Review of Course Assignments

Brief 10-Minute Rounds Health Psychology Treatment Presentation:
Each trainee will be required to provide a 10-minute Treatment Presentation with one page front and back clinical hand out (See IBS Example). Signup sheet will be provided at onset of seminar year. The purpose of this activity is to help trainees gain knowledge, familiarity, competence in evidence-based behavioral techniques/ interventions through the practice and teaching.

The 10-minute should give brief overview of a health condition and a description of a short behavioral skill that could be used to address an aspect of the health condition. Students will make a one-page handout that has three parts: a. overview of the health condition, b. key health psychology clinical points (bullet points), and c. a description of health psychology intervention to address health condition.

This is a brief mini-training that offers a short clinically applicable intervention to colleagues. The presentation should be kept to 8 min with 2 min of questions at the end. The three domains instructors will look for in highly effective mini-behavioral intervention training are: a. brevity and clarity of presentation, b. clarity and clinically applicable handout, and c. adaptation science/health finding to clinical intervention.

NOTE: See example of one page double sided handout on IBS and information on developing effective health communications to guide your handout development.

Health Psychology Case Presentations Requirement Details:
- Each trainee will be required to provide an informal case presentations. Signup sheet will be provided at onset of seminar year.
- The purpose of the informal case presentations is to help trainees gain knowledge, practice and competency in critically evaluating and disseminating clinical information professionally in a consultation/supervision/medical setting.
- The presentations should be brief, concise and provide important and relevant information related to the patient's treatment progress and outcomes to supervisors, medical providers, and colleagues while also eliciting feedback and consultation.
- It is important to be prepared for your presentation. Use the following outline for case presentations.

Identifying Information (without using name)

- Provide demographic information for patient, including age, gender, ethnicity, sexual orientation, relationship status, disability status, socioeconomic status (source of income, employment status, etc.), and any other important psychosocial factors such as immigration status.

Reason for Referral

- The reason the patient is being referred for health psychology services and by whom (PCP).

Presenting Complaints – According to Patient

- This includes a discussion of symptoms that are present and how long they have been present for (onset, duration, intensity, contributing factors, what has patient tried to cope with it in the
- past). Include biopsychosocial stressors or challenges the patient experiences relevant to presenting problem including medical issues; psychiatric/trauma history; current social support
- i.e. significant relationships, family; work/financial status, living situation; and cultural identity/immigration status.

Biopsychosocial Formulation

- From a biopsychosocial model, formulate your understanding of what this patient is presenting with and the relationships between the biological, psychological, and social factors of this patient's life described above.
- You should include any data or information about the particular medical-related issue and how it impacts patient's difficulties (eg. chronic pain- depression) Describe any risks involved with this patient and his/her care, including psychotic symptoms, suicidal/homicidal ideation, and any forms of abuse.

Treatment Plan

- Include number of sessions of treatment, the patient's goal(s) for treatment, the focus of treatment, specifics about skills taught, therapy applied, etc.
- Include a description of your consultation response to the referring provider (and other collaboration) and how it has or how it might assist in the medical treatment plan. Discuss any referrals to ancillary services, specialty mental health/health care groups etc.

Course of Treatment and Treatment Outcomes

- Include key aspects of clinical relationship, patient follow through on treatment recommendations and the implementation of any part of treatment plan that has been completed.
- Also include referrals made to other providers, collaboration with medical team around treatment goals (e.g. pharmacotherapy or medication adherence).
- Also report any outcomes or objective findings for improvement e.g. PHQ-9 score, A1c changes, adherence to medication, or health behavior changes etc.

Factors Important to consider and integrate into the presentation/treatment plan:

- Psychiatric Treatment & Psychotropic Medications
- Trauma History (Include Childhood Adversity)
- Substance Use History (Include Smoking and Use)
- Mental Status Exam https://www.ncbi.nlm.nih.gov/books/NBK320/
- Risk Assessment
- Diagnostic Summary

Intern Case Presentation Evaluation Check List/Rubric

- ✓ Presentation is organized, clear and follows format as described in this document
- ✓ Presentation includes integrated biopsychosocial case formulation and treatment plan
- ✓ Demonstrates the ability to integrate the patient's medical, psychological, and psychosocial history with assessment, observations, and collateral information to understand the patient's diagnoses and functional impairment.
- ✓ Recognizes and is sensitive to cultural diversity and individual factors
- ✓ Selects and implements appropriate and applicable evidence-based interventions to address presenting problem.
- ✓ Demonstrates in case presentation the ability to establish and maintains effective therapeutic alliance

Health Psychology Research Didactic

- Interns will be required to critically evaluate and disseminate their research by presenting a topic related to a behavioral health/psychological issue or condition or addressing a public health need.
- The didactic should be 2 hours presentation on the topic (see below). Interns will also facilitate peer supervision in the group supervision hour following their didactic presentation.
- Group supervision should focus on the clinical/case application of the topic presented.
- The topic will need to be approved by the primary supervisor (signup sheet will be provided in October).
- Interns will be evaluated by their peers (written feedback form) and will be evaluated by the Seminar Instructor and Teaching Assistant on the following:
    1. Purpose of research presentation is clearly stated at the onset of presentation. Presentation is organized and remains on-topic.
    2. Reviews the literature by articulating relevant research methodology, current research findings, criticisms, and implications for practice.
    3. Epidemiological factors, functional impacts of the condition/issue
    4. Available evidence-based psychological and health treatments and guidelines utilizing a B grade or above evidence Link on GRADE Approach https://www.uptodate.com/home/grading-guide
    5. At the conclusion of the presentation, intern summarizes key research findings, offers a critical appraisal of existing research (e.g., what is well-established vs. what is not yet known) and discusses implications for clinical practice.
    6. Visual aids (powerpoint presentations and handouts grounded in evidence-based [empirical]) source material.

7. Presentation handouts include a reference list in APA-style, consisting of a minimum of 5 refereed journal articles, evidence-based clinical guidelines, and/or other empirical sources from the scholarly literature.
8. The number of slides should range from 18 to 30. Slides should include: epidemiology of topic, biopsychosocial overview of factors impacting the topic presented, a minimum of three slides exploring cultural factors related to health topic, an integrated review of interventions/psychological treatment with discussion of current state of evidence, as well as points of discussions/vignettes for clinical exploration).

Interdisciplinary Medical Residency Research Didactic Training
– Each internship site student pair will develop and present together a 60 min training didactic for resident program at their site (see below requirements)

- Interns will be required to critically evaluate and disseminate their research by presenting a topic related to a behavioral health/psychological issue or condition or addressing a public health need.
- The didactic should be 1 hour presentation on the topic (see below) presented to medical resident or medical provider teams.
- The topic will need to be approved by the primary supervisor (signup sheet will be provided in October).
- Interns will receive evaluations from training participants.
- Interns will receive a supportive evaluation discussion from seminar leadership. The supportive evaluation reviews the impact of these topics:
    a. Purpose of research presentation is clearly stated at the onset of presentation. Presentation is organized and remains on-topic.
    b. Reviews the literature by articulating relevant research methodology, current research findings, criticisms, and implications for practice.
    c. Epidemiological factors, functional impacts of the condition/issue
    d. Available evidence-based psychological and health treatments and guidelines utilizing a B grade or above evidence Link on GRADE Approach https://www.uptodate.com/home/grading-guide
    e. At the conclusion of the presentation, intern summarizes key research findings, offers a critical appraisal of existing research (e.g., what is well-established vs. what is not yet known) and discusses implications for clinical practice.
    f. Visual aids (powerpoint presentations and handouts grounded in evidence-based [empirical]) source material.
    g. Presentation handouts include a reference list in APA-style, consisting of a minimum of 5 refereed journal articles, evidence-based clinical guidelines, and/or other empirical sources from the scholarly literature.
    h. The number of slides should range from 18 to 30. Slides should include: epidemiology of topic, biopsychosocial overview of factors impacting the topic presented, a minimum of three slides exploring cultural factors related to health topic, an integrated review of interventions/psychological treatment with discussion of current state of evidence, as well as points of discussions/vignettes for clinical exploration).

Seminar Make-up Assignment Instructions:

If a student misses more that 2 seminar (in each seminar series, students will be required to submit one of the following assignments related to the topic missed *two weeks from the date of the missed seminar*:

1. Written Case Presentation that applies to the topic missed. Student must demonstrate an integration of the topic missed and the case presentation throughout each case presentation domain (presenting problem, assessment of the problem, treatment plan etc) Case presentation must include the following: patient demographic information (e.g. patient age, gender, ethnicity); referral reason presenting & problem; biopsychosocial factors e.g. housing, cultural background, psychological factors (e.g. cognitions and mental health diagnosis); physical health (e.g. diabetes, chronic pain); assessment; Mental Status Exam and any screening measures; diagnostic impressions, treatment goals; treatment plan; treatment progress and treatment outcomes.

2. Literature Review/ or Research Paper on topic missed (3-5 pages). The review should include an overview of the missed topic, primary articles/literature review (meta-analysis, review articles) and treatment options and guidelines.

3. An applied contribution to the topic. (e.g. a document with a compilation of treatment resources, patient handouts and/or treatment guidelines) related to the topic missed. All guidelines, handouts should include references. This assignment translates core domains of existing literature and class materials into a simple easy- to-use handouts for patients or clinicians. Patient handouts should be aimed at increasing patient's health literacy as well as access to easy-to-implement tools or recommendations for self-care/actions offer and links to other resources. The tool aimed at helping the clinician should include clear clinician focused education points and instructions on how to use interventions as well as links to other clinical tools and/or community resources.

Schedule of Seminar Topics and Dates:
*Seminar topics subject to change based availability of training team members, health issues, access to interdisciplinary training leaders and program needs. However, attempts will be made to communicate quickly about changes to training topics.

KEY Training Topics in Seminar Sequences

- LSHP – Life Span Health Psychology
- INT – Intensive training topic
- DD – Diversity Training Seminar
- GER-PSY –Geriatric Psychology Cognitive and Emotional Wellness

September 2022		
Sept. 29th	LSHP	ACT Anxiety and Depression in Youth, Adults and Elders

October 2022		
Oct. 6th	INT	No Class Due to Telehealth Intensive
Oct. 14th	DD	Diversity Training Seminar Friday (No Thurs Class)
Oct. 20th	SOP	CBT Focused Team based Treatment of Substance Use Disorder and Opiate Use Disorder
Oct. 27th	LSHP	Structuring the 30 minute session Depression and Anxiety
November 2022		
Nov. 3rd	INT	No Class Due to Intensive on Empowered Pain Relief w/ Stanford
Nov. 11th	DD	Diversity Training Seminar Friday (No Thurs Class)
Nov. 17th	GER-PSY	Culturally Grounded Assessment of cognitive function in Older Adults
Nov. 24th	HOLIDAY	No Class Thanksgiving
December 2022		
Dec. 1st	SAT	Biopsychosocial Application of DBT for Health Complexity, SDOH, and Trauma
Dec. 8th	DD	Diversity Training Seminar Friday (No Thurs Class)
Dec. 15th	SOP	Managing Chronic Pain in Patients at Risk of Opiate Use Disorders in Diverse Patient Populations
Dec. 22rd	HOLIDAY	No Class Winter Holiday
Dec. 29th	HOLIDAY	No Class Winter Holiday
January 2023		
Jan. 5th	INT	No Class Motivational Interviewing Intensive
Jan. 13th	DD	Diversity Training Seminar Friday (No Thurs Class)
Jan. 19th	GER-PSY	Assessment of brain and health wellness behaviors in older adults
Jan. 26th	LSHP	Intern Didactic A (Intern Research Presentation and Group Supervision)
February 2023		
Feb. 2nd	SAT	Team Based Care - Trauma Informed Care of Cardiovascular / Breathing Disorders
Feb. 10th	DD	Diversity Training Seminar Friday (No Thurs Class)
Feb. 16th	SOP	Motivational Approaches to Smoking Cessation - Behavioral Health Perspective
Feb. 23rd	LSHP	Family and individual SDOH focused culturally responsive interventions for lifespan health in older adults
March 2023		
March 2nd	GER-PSY	Culturally Responsive Assessment for ACEs and Trauma in Elders
March 10th	DD	Diversity Training Seminar Friday (No Thurs Class)
March 16th	SOP	Reducing Risk of OUD: CBT and ACT for Chronic Pain Management in Health Care Teams
March 23rd	GER-PSY	Culturally Informed Biopsychosocial Wellness Interventions for Older Adults and Families Part 1
March 30th	LSHP	Family and cognitive based approaches to culturally responsive pediatric anxiety and depression in primary care
April 2023		

April 6th	SAT	Culturally responsive trauma informed approach HIV and AIDs with high SDOH risk Primary Care Psychology
April 14th	DD	Diversity Training Seminar Friday (No Thurs Class)
April 20th	SOP	A biopsychosocial SDOH informed team based appraoch to managing opiate use disorders in primary care
April 27th	LSHP	Intern Didactic B (Intern Research Presentation and Group Supervision)
May 2023		
May 4th	SAT	Trauma Informed Approach to Treatment Termination in Brief Treatment and Health Care Setting
May 12th	DD	Diversity Training Seminar Friday (No Thurs Class)
May 18th	INT	OFF Telehealth Certificate Training Part II (May 18th ang 19th)
May 25th	LSHP	Intern Didactic C (Intern Research Presentation and Group Supervision)
June 2023		
June 1st	GER-PSY	Culturally Informed Biopsychosocial Wellness Interventions for Older Adults and Families Part 2
June 9th	DD	Diversity Training Seminar Friday (No Thurs Class)
June 15th	LSHP	Culturally Responsive SDOH Informed Health & Nutrition 'Food that Heal Mind and Body'
June 22nd	LSHP	Intern Didactic D (Intern Research Presentation and Group Supervision)
June 29th	LHSP	Health Psychologist and Treatment Team Motivational and Cognitive Approach SDOH Informed Nutrition – Person Centered Diet Change
		July 2023
July 6th	SAT	Trauma Informed Approach to ACEs and Sexual Health
July 14th	DD	Diversity Training Seminar Friday (No Thurs Class)
July 20th	GER-PSY	Culturally Informed Biopsychosocial Wellness Interventions for Older Adults and Families Part 3
July 27th	LHSP	Culturally Responsive Integrated Approaches to Cancer in Primary Care Psychology
		August 2023
Aug. 3rd	SAT	Reducing and Preventing ACEs Through Community Wellness: Developing Partnerships and Community Health Leaders
Aug. 10th	DD	Diversity Training Seminar Friday (No Thurs Class)
Aug. 17th	NO CLASS	Graduation
Aug. 24th	OFF	No Class

Supervision Course Syllabus (in Monday Seminar Series)

Instructors: Michael Changaris, PsyD;
Days/Times: Mondays 2-4pm
Contact information: drchangaris@gmail.com, (voice) 707.319.2001

Overview of Seminar and Rotation

Supervision is a vital skill for psychologists and particularly health psychologists. To this end, IHPTP offers a 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.

Training in methods of supervision is sequential, cumulative, and graded in complexity. In the month-long orientation, interns are provided an introduction to the program's provision of supervision. 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 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.

Seminar Objectives

1. Interns will: Learn the fundamentals of clinical supervision and supervision in health psychology settings (including competencies, benchmarks, and supervision theories).
2. Interns will develop commitment and skills for culturally responsive supervision. This includes a commitment to lifelong development, cultural humility, which includes 1. Openness to learning about other's experiences even when it challenges our own., 2. Willingness to self-educate or taking responsibility to learn about cultures and social location., 3. Core Tools of Self-Education: Qualitative Research, Firsthand Experiential Reports, and Clinical Consultation.
3. Interns will develop supervisory skills in individual, group, and direct supervision.
4. Supervision rotation students will develop an understanding of ethics in supervision, key supervision competencies theoretical and clinical skills, adapt previous supervision experience and self-assessment about areas of needed development, supervision in biopsychosocial model, an overview of supervising the treating professional, opportunity to run small group supervision under direct supervision of post-doctoral students and licensed psychologist.
5. Those in the supervision rotation will develop skills in recognizing and shifting in the multiple roles filled by supervisors have e.g., teacher, coach, cheerleader, consultant, collaborator, mentor, counselor (while not stepping into the role of a therapist) and disciplinarian.

6. Supervision rotation interns will recognize and understand clinical competencies for health psychologists, develop skills develop clear communication related to clinical competencies, to assess and respond to developmental arch of supervisee and how to develop benchmarks of success in a given domain and develop skills in effective communication with supervisees related to development.
7. Interns will explore clinical vignettes, define their values in supervision, develop a reflection on their cultural identities, and how to develop growth fostering relationships.

Seminar Target Skill Domains

- *Awareness of legal and ethical demands for supervision at both a statewide and national level.*

- *Development of a theoretical framework of supervision that incorporates:*
    - Supervisee developmental level
    - Cultural factors affecting supervision
    - Cultural factors affecting supervisee patient interactions
    - Patient-specific evidenced-based treatment and treatment protocols
    - Navigating conflict, managing difficult interactions, and addressing non-professional behaviors in supervisees.
    - Recognizing limitations as a supervisor in training, cultural competency, and personal, as well as practical boundary-setting around areas of competency and supervisee treatments.

- *Building and developing effective supervisory relationships*
    - Rapport building skills
    - Group supervision, individual supervision, and developing training cohorts.
    - Identifying strengths and growth areas for supervisees
    - Identifying supervisee goals
    - Developing an individualized supervision plan that incorporates pragmatic competencies and individual supervisee goals into supervision.

- *Training the treating professional*
    - Teaching boundary setting, Training students on professional communication, note-taking, and documentation
    - The development of rapport building and relationship building skills
    - Training on treatment planning, evidenced-based practices, biopsychosocial treatment paradigms, assessment, screening, and diagnosis.
    - Training on interdisciplinary competencies and culturally responsive professionals.
    - Supervising the work: Individual, Groups, Consults, Interdisciplinary Consults, Assessment, and Screening

Supervision Rotation Group Supervision Experiential

Interns lead didactic on health psychology topic, supervision rotation intern will provide 90-minute group supervision for colleagues with the support and direct supervision of licensed clinical staff. Supervisor rotation interns will be expected to demonstrate facilitation skills, provide culturally responsive interventions, application of supervisory values to clinical discussion, use of supervisory theory, and ability to adapt responses to clinical needs of individual group supervision members.

Observational Learning Targets for Clinical Supervision Experiential

- Provide supportive contained holding environment for practice supervision
- Use clinical supervision values to guide group process on cases or professional development questions
- Provide culturally responsive and culturally humble interactions facilitating a safe and open environment for learning even in difficult content
- Demonstrate the use of clinical supervision theory in their interactions

Seminar Schedule 2022-2023

Seminar Dates and Training Modules	
9/20/22	Clinical Supervision: Integrated Health Psychology Training I: Developing ourselves in the role of training psychologists. Readings 1. Hook, J. N., Watkins Jr, C. E., Davis, D. E., Owen, J., Van Tongeren, D. R., & Marciana, J. R. (2016). 2. Cultural humility in psychotherapy supervision. *American Journal of Psychotherapy*, *70*(2), 149-166. 3. Smith, K. L. (2009). A brief summary of supervision models. 4. Milne, D., & Reiser, R. P. (2012). A rationale for evidence-based clinical supervision. *Journal of Contemporary Psychotherapy*, *42*(3), 139-149. 5. Carter, J. W., Enyedy, K. C., Goodyear, R. K., Arcinue, F., & Puri, N. N. (2009). Concept mapping of the events supervisees find helpful in group supervision. *Training and Education in Professional Psychology*, *3*(1), 1.
11/14/22	Clinical Supervision Training (Part II): Developing Clinical Supervision Competence in Integrated Health Care Settings 1. Fouad, N. A., Grus, C. L., Hatcher, R. L., Kaslow, N. J., Hutchings, P. S., Madson, M. B., ... & Crossman, R. E. (2009). Competency benchmarks: A model for understanding and measuring competence in professional psychology across training levels. *Training and Education in Professional Psychology*, *3*(4S), S5. 2. American Psychological Association. (2015). Guidelines for clinical supervision in health service psychology. *The American Psychologist*, *70*(1), 33.

	3. Karel, M., Kearney, L., Kessler, R. S., Larkin, K., & McCutcheon, S. Competencies for Psychology Practice in Primary Care1. 4. Csikszentmihalyi, M., Montijo, M. N., & Mouton, A. R. (2018). Flow theory: Optimizing elite performance in the creative realm. 5. McKimm, J., & Forrest, K. (2010). Using transactional analysis to improve clinical and educational supervision: the Drama and Winner's triangles. *Postgraduate medical journal*, *86*(1015), 261-265. 6. Lertora, I. M., Croffie, A., Dorn-Medeiros, C., & Christensen, J. (2019). Using Relational Cultural Theory as a Pedagogical Approach for Counselor Education. Journal of Creativity in Mental Health, 1-12.
1/8/23	Clinical Supervision Training: PART III – Developing Clinical Supervision Competence in Integrated Health Care Settings 1. Hadwin, A. F., Järvelä, S., & Miller, M. (2011). Self-regulated, co-regulated, and socially shared regulation of learning. *Handbook of self-regulation of learning and performance*, *30*, 65-84. 2. Raver, C. C. (2004). Placing emotional self-regulation in sociocultural and socioeconomic contexts. *Child development*, *75*(2), 346-353. 3. Rodolfa, E., Bent, R., Eisman, E., Nelson, P., Rehm, L., & Ritchie, P. (2005). A cube model for competency development: Implications for psychology educators and regulators. *Professional Psychology: Research and Practice*, *36*(4), 347. 4. Madan-Swain, A., Hankins, S. L., Gilliam, M. B., Ross, K., Reynolds, N., Milby, J., & Schwebel, D. C. (2011). Applying the cube model to pediatric psychology: Development of research competency skills at the doctoral level. *Journal of Pediatric Psychology*, *37*(2), 136-148. 5. Kerns, R. D., Berry, S., Frantsve, L. M. E., & Linton, J. C. (2009). Life-long competency development in clinical health psychology. *Training and Education in Professional Psychology*, *3*(4), 212. 6. Forehand, M. (2010). Bloom's taxonomy. *Emerging perspectives on learning, teaching, and technology*, *41*(4), 47-56.

Diversity Seminar and Dialogue Series Syllabus

Diversity Committee Chair: Franca Niameh, PsyD, Training Faculty
Teaching Assistant Pilar Corcoran-Lozano
Day/Time: Monthly (2nd Friday) 2-4pm LifeLong Medical Care William Jenkins Health Center Training Room 2nd floor

Diversity Seminar/Dialogue Series Mission:
To develop positive attitudes about **cultural and diversity issues which include, but not limited to race, ethnicity, culture, national origin, language, age, gender, gender identity, sexual orientation, religion, disability, and social-economic status; and to** promote diversity, equity, and inclusion within IHPTP, our partnering health centers and the individuals we serve.

Seminar/Dialogue Series Description:
Bringing culture to the forefront, this seminar provides students at all levels with training in cultural and diversity issues which includes, but not limited to race, ethnicity, culture, national origin, language, age, gender, gender identity, sexual orientation, religion, disability, and social-economic status. Students will develop the ability to integrate awareness and knowledge in various diversity topics and will have 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 backgrounds, underserved and marginalized communities, with an integration of multicultural and health psychology practices. Students are expected to be active participants in discussions and develop an enhanced understanding of how their own personal/cultural history, attitudes, and biases may affect how they conceptualize and interact with people different from themselves**.** Students at all training levels are required to develop and provide a formal case presentation about a current patient, using a multi-sociocultural framework that is integrated throughout the case conceptualization and treatment plan.

Seminar Aim & Objectives:
Provide students with a solid foundation in wide-ranging and complex multicultural issues.
To instill knowledge, diversity skills, and attitudes necessary for culturally competent practice as a clinical psychologist.
Create and promote a welcoming environment that is safe and supportive to all trainees, staff, and patients; particularly those from underrepresented groups.
Foster dialogue about current societal racial challenges, public health diversity, inclusion, and awareness about *isms*, inequality, and privilege purposefully
Promote diversity-based self-care and advocacy and promotion of social justice through cultural competency.
Provide mentorship and training to trainees, interns, and postdoctoral students from diverse background and those interested in fostering diversity awareness.
Provide recommendations and consultation to supervisory team about diversity in IHPTP and expand opportunities for recruitment and retention of diversity in students and staff.

Seminar Learning Outcomes *based on the Profession-Wide Competencies, according to standard C-8 I. (Commission on Accreditation, April 2021) Individual and Cultural Diversity (III):*

Student will acquire knowledge about and guiding principles for diversity, inclusion, and cultural competencies:

An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
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.
The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.
The ability to apply a framework for working effectively with areas of individual and cultural diversity.

Grading/Course Expectation:
This seminar dialogue series is not graded; however, trainees are required to actively participate in discussion and dialogue by reflecting your thoughts, feelings, and experiences in relation to the class topic and course reading prior to that month's meeting.
Write at least one, but no more than two pages, which may also include clinical encounters or outside activities that are connected to the class content. You might discuss your process of becoming aware of privilege, power, oppression, and social experience as a developing psychologist, friend, parent, and partner. Include thoughts on how you see yourself changing as you journey through this course. These reflections will be collected, but may remain anonymous if desired. Please email your reflections to Dr. Niameh the day before the presentation at (**Reinvision@psySpr.org).**

Teaching Methodology:
Each class is 3.5 hours and will consist of a formal didactic/lecture followed by a student/instructors group process, dialogue, and activity.

Student Diversity Committee Member Responsibilities
Interns will be invited to join the instructor and collaborate on that month's presentation. Each intern will be assigned monthly presentation at the beginning of the year.

A planning meeting will occur the **week prior** to the Diversity Presentation. Please bring 2 articles to the planning meeting to spark discussion and share your particular areas of interest around the topic. Students are expected to contribute 20-30 minutes of material using 3-5 PowerPoint slides and referencing at least 2 articles.

The day of the Diversity Presentation the intern and the instructor will meet at 1:30pm to prep for the presentation starting at 2pm and will stay until 5pm to discuss feedback.

Seminar Topics:
Introduction/Orientation: Who am I? Self-exploration
Multiculturalism in Integrated Health: Public Policy and Law
Micro and Macroaggression: How to have difficult conversations
Diversity Based Self-care and Advocacy
Intersectionality
Immigration and Refugees
Gender and Oppression Pt 1
Gender and Oppression Pt 2
Aging & Ageism
Sex and Sexuality
Closing Ritual: Experiential Reflection on the Past Year

Attendance/Make-up Policy:
Interns and trainees are expected to attend all classes and to arrive punctually. Late arrival (i.e., more than 15 minutes) may be counted as an absence. Interns and trainees are expected to attend all classes for the entire class period and to notify diversity team as soon as possible regarding any absence or partial absence. Planned absences must be discussed at the beginning of the training period. It is the intern or trainee's responsibility for obtaining all notes, assignments, handouts, and making up reflection papers.

One absence should not substantially interfere with the student's diversity training. However, two absences means the student has missed a substantial portion of the class material and therefore will be asked to write 3-5 pages reflection paper on the materials missed. In case of medical emergencies, students are required to provide the program director with documentation from the treating physician or facility to inform the diversity team's decision. Three or more absences automatically result in the intern or trainee not meeting the diversity and inclusion training requirement.

Confidentiality:
Discussions are an integral part of this class. Interns and trainees should only self-disclose materials they feel comfortable sharing within the context of the class. In this profession, information we are given (whether from patients or colleagues) is respected. You are expected to maintain the integrity of diversity and inclusion communication by keeping these dialogues confidential.

Communication Devices:
Please turn off or on vibrate mode for all cell phones, pagers, iPads, or other electronic devices for the duration of the class. Interns and trainees are expected to comport themselves professionally throughout the course, and this includes being present during these classes and not distracted by cell phones, which significantly disruptions the learning environment. This means that interns and trainees should refrain from texting, working on other assignments, or checking

emails during class. An intern or trainee who is observed engaging in these activities will be reminded of this policy; occurrences thereafter will result in an absence for that day.

Seminar Reading
Hunter, C.L., Goodie, J.L., Oordt, M.S., & Dobmeyer, A.C. (2010). Integrated Behavioral Health in Primary Care: Step-by-step guidance for assessment and intervention. Washington, DC.: American Psychology Association Pages. 15, 225-238-

Seminar Schedule (2nd Fridays of each month):

Date	Topic	Readings
Month 1: 9/09/2022 Dr. Niameh	Diversity Orientation, Introduction and Self-reflection	Orientation, Intro to IHPTP Diversity Mission, Aim & Objectives
Month 2: 10/14/2022* Drs. F, Niameh & P. Corcoran	Multiculturalism in Integrated Health /Public Policy & Law	American Psychological Association. (2017). Multicultural guidelines: An ecological approach to context, identity, and intersectionality. Multicultural Competence in Counseling Psychotherapy: https://www.youtube.com/watch?v=4sCvBlb6JP0 TED Talk-Jackson Katz and Toxic Masculinity Understanding the importance of Multicultural Counseling: https://www.youtube.com/watch?v=xZUgD-NbRvo
Month 3: 11/11/2022 Dr. Niameh & Amin Salek	Micro and Macroaggressions: How to have difficult conversations	Nemec, P. B., Swarbrick, M., & Legere, L. (2015). Prejudice and discrimination from mental health service providers. *Psychiatric rehabilitation journal*, *38*(2), 203. Otuyelu, F., Graham, W., & Kennedy, S. A. (2016). The death of Black males: The unmasking of cultural competence and oppressive practices in a micro-aggressive environment. *Journal of Human Behavior in the Social Environment*, *26*(3-4), 430-436. Orelus, P. W. (2013). The Institutional Cost of Being a Professor of Color: Unveiling Micro-Aggression, Racial [In] visibility, and Racial Profiling through the Lens of Critical Race Theory. *Current Issues in Education*, *16*(2).

Month 4: 12/09/2022 Dr. Niameh	Socioeconomic Status/Social Determinates of Health	Diemer, M., & Hsieh, C. (2008). Sociopolitical Development and Vocational Expectations Among Lower Socioeconomic Status Adolescents of Color. The Career Development Quarterly, 56, p. 257-267
Month 5: 01/13/2023 Drs. F Niameh, P. Corcoran & Amin Salek	Diversity Based Self-care and Advocacy	Sulaiman-Hill, C. M. R., & Thompson, S. C. (2012). "Thinking too much": Psychological distress, sources of stress and coping strategies of resettled Afghan and Kurdish refugees. *Journal of Muslim Mental Health, 6* (2), p. 63-86.
Month 6: 02/10/2023 Dr, F, Niameh & Sahar Meher	Intersectionality (Policing, Criminal Justice System, Systemic Racism)	Collins, P.H. (1998). It's All in the family: Intersections of gender, race, and nation. Hypatis vol.13, no 3. Harley, D.A., Jolivette, K., McCormick, K., and Tice, K. (2002). Race, class, and gender: A constellation of positionalities with implication for counseling. Journal of Multicultural Counseling and Development, 30, 216-237. Turchik et al (2016). An examination of the gender inclusiveness of current theories of sexual violence in adulthood: Recognizing male victims, female perpetrators, and same-sex violence. *Trauma, Violence, & Abuse, 17* (2), 133-148.
Month 7: 03/10/2023 Dr. F. Niameh & Sahar Meher	Immigration and Refugees	Li, Liddell, & Nickerson. (2016). The relationship between post-migration stress and psychological disorders in refugees and asylum seekers. *Current Psychiatry Reports, 18* (82).
Month 8: 04/14/2023*	Gender and Oppression Pt 1	Arousell & Carlborn. (2016). Culture and religious beliefs in relation to reproductive health. *Best Practice & Research Clinical Obstetrics & Gynaecology 32*, pp. 77-87.

Guess Speaker & Raya Cuffee-Ansarra		Turchik et al (2016). An examination of the gender inclusiveness of current theories of sexual violence in adulthood: Recognizing male victims, female perpetrators, and same-sex violence. *Trauma, Violence, & Abuse, 17* (2), 133-148.
Month 9: 5/12/2023 Guess speaker & Spencer Crooks	Gender and Oppression Pt 2	Association of Lesbian, Gay, Bisexual and Transgender Issues in Counseling (ALGBTIC) (2010). American counseling association competencies for counseling with transgender clients, *Journal of LGBT Issues in Counseling, 4*(3), 135-159.
Month 10: 06/09/2023 Dr. F Niameh & Ryan Cuffee-Ansarra	Aging and Ageism	Levy, S.R. & Macdonald, J.L. (2016). Progress on understanding ageism. *Journal of Social Issues, 72* (1), p. 5-25
Month 11: 7/14/2023* Dr. F Niameh &Spencer Crooks	Sex and Sexuality	Vanwesenbeeck, I. (2017). Sex work criminalization is barking up the wrong tree. *Arch of Sex Behav, 46*, 1631-1640. Moors, A., Rubin, J., Matsick, J., Ziegler, A., & Conley, T. (2014). It's not just a gay male thing: Sexual minority women and men are equally attracted to consensual non-monogamy. *Journal für Psychologie, 22*(1).
Month 12: 08/11/2023 Dr, F Niameh,	**Graduation Ceremony:** Experiential, reflecting on the past year-Closing ritual	Ng, K. Y., Van Dyne, L., & Ang, S. (2009). From experience to experiential learning: Cultural intelligence as a learning capability for global leader development. *Academy of Management Learning & Education*, *8*(4), 511-526.

students & saff		

Recommended Readings:

Alonzo L. Plough, "Building a Culture of Health: A Critical Role for Public Health Services and Systems Research", *American Journal of Public Health* 105, no. S2 (April 1, 2015): pp. S150-S152.

American Psychological Association. (2017). Multicultural guidelines: An ecological approach to context, identity, and intersectionality.

Arousell & Carlborn. (2016). Culture and religious beliefs in relation to reproductive health. *Best Practice & Research Clinical Obstetrics & Gynaecology* *32*, pp. 77-87.

Association of Lesbian, Gay, Bisexual and Transgender Issues in Counseling (ALGBTIC) (2010). American counseling association competencies for counseling with transgender clients, *Journal of LGBT Issues in Counseling, 4*(3), 135-159.

Betancourt, J. R., Green, A. R., Carrillo, J. E., & Owusu Ananeh-Firempong, I. I. (2016). Defining cultural competence: a practical framework for addressing racial/ethnic disparities in health and health care. *Public health reports*.

Betancourt, J. R., Green, A. R., Carrillo, J. E., & Park, E. R. (2005). Cultural competence and health care disparities: key perspectives and trends. *Health affairs*, *24*(2), 499-505.

Berk, R.A. (2017). Microaggressions trilogy part 1: Why do microaggressions matter? The Journal of Faculty Development, 31(1), 63.

Bradford, J., Reisner, S. L., Honnold, J. A., & Xavier, J. (2013). Experiences of transgender-related discrimination and implications for health: results from the Virginia Transgender Health Initiative Study. *American journal of public health*, *103*(10), 1820-1829.

Burnes, T. R., Singh, A. A., Harper, A. J., Harper, B., Maxon-Kann, W., Pickering, D. L., & Hosea, J. U. L. I. A. (2010). American Counseling Association: Competencies for counseling with transgender clients. *Journal of LGBT Issues in Counseling*, *4*(3-4), 135-159.

Cohen, J. J., Gabriel, B. A., & Terrell, C. (2002). The case for diversity in the health care workforce. *Health affairs*, *21*(5), 90-102.

Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., ... & Monstrey, S. (2012). Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7. *International journal of transgenderism*, *13*(4), 165-232.

Collins, P.H. (1998). It's All in the family: Intersections of gender, race, and nation. Hypatis vol.13, no 3.

Drescher, J., Cohen-Kettenis, P., & Winter, S. (2012). Minding the body: Situating gender identity diagnoses in the ICD-11. *International Review of Psychiatry, 24*(6), 568-577.

Ginther, D. K., Schaffer, W. T., Schnell, J., Masimore, B., Liu, F., Haak, L. L., & Kington, R. (2011). Race, ethnicity, and NIH research awards. *Science, 333*(6045), 1015-1019.

Gonzales, L., Davidoff, K.C., Nadal, K.L., & Yanos, P.T. (2015). Microaggressions experienced by persons with mental illnesses: An exploratory study. *Psychiatric Rehabilitation Journal*, 38(3), 234

Harley, D.A., Jolivette, K., McCormick, K., and Tice, K. (2002). Race, class, and gender: A constellation of positionalities with implication for counseling. Journal of Multicultural Counseling and Development, 30, 216-237.

Herman, J. L., Haas, A. P., & Rodgers, P. L. (2014). Suicide attempts among transgender and gender non-conforming adults.

Kivel, P. (2017). *Uprooting Racism: How White People Can Work for Racial Justice*. New Society Publishers.

Irving, D. (2014). Waking up white, and finding myself in the story of race. Chicago, IL: Elephant Room Press.

Lazarus et al. (2011). Occupational stigma as a primary barrier to health care for street-based sex workers in Canada. *Culture, Health & Sexuality, 14* (2).

Lev, A. I. (2013). Gender dysphoria: Two steps forward, one step back. *Clinical social work journal, 41*(3), 288-296.

Levy, S.R. & Macdonald, J.L. (2016). Progress on understanding ageism. *Journal of Social Issues, 72* (1), p. 5-25

Li, Liddell, & Nickerson. (2016). The relationship between post-migration stress and psychological disorders in refugees and asylum seekers. *Current Psychiatry Reports, 18* (82).

Linder, C., & Johnson, R.C. (2015). Exploring the complexities of men as allies in feminist movements. *Journal of Critical Thought and Praxis*, 4(1), 2.

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Videos ((DVDs on reserve with diversity team: Most/all videos may also be obtained from Netflix, Amazon, and YouTube, etc.)

https://www.fbi.gov/news/stories/2016-hate-crime-statistics
The I'm Tired Project. London, UK. theimtiredproject.com

Understanding the importance of Multicultural Counseling:
https://www.youtube.com/watch?v=xZUgD-NbRvo
Multicultural Competence in Counseling Psychotherapy:
https://www.youtube.com/watch?v=4sCvBlb6JP0

TED Talk-Jackson Katz and Toxic Masculinity:
https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwiq5_LkosT6AhU2EEQIHeA3DM0QtwJ6BAgEEAI&url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv%3DKTvSfeCRxe8&usg=AOvVaw0mABw1o2ee6LniiDmMn4Is

Movie: Malcolm X (1992) Spike Lee, Arnold Perl
Movie: The Namesake (2006) by Sooni Taraporevala, directed by Mira Nair and based on the novel *The Namesake* by Jhumpa Lahiri.

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