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Section 1 – Internship Information

Program Description

**Doctoral internship Program - exclusively affiliated, APA-Accredited** (September - August one-year, full-time 2000 hours)

The Integrated Health Psychology Training Program (IHPTP) is an APA-Accredited exclusively affiliated internship program of the Wright Institute in collaboration with Contra Costa Health Services (CCHS) Ambulatory Care-Family Practice Division. Interns are assigned to one of the following CCHS health centers located in San Pablo, Martinez, or Pittsburg California. [https://www.wi.edu/training-ihptp#internship](https://www.wi.edu/training-ihptp#internship)

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, an APA accredited internship is exclusively affiliated with the Wright Institute in collaboration with Contra Costa Health Services (CCHS) the health department of Contra Costa County California. CCHS federally qualified health centers are located in San Pablo, Martinez, Pittsburg California.

IHPTP serves patients of the family practice division of CCHS health centers. Interns provide exam room consultations, brief functional assessments screening, evidence-based individual and group interventions, neuropsychological assessments (rotation only), chronic pain consultations (rotation only), specialty access services (HIV Positive Clinic and the Gender Health Clinic) (rotation only) and interdisciplinary collaboration for an underserved, culturally diverse adult patient population with a wide range of medical and psychosocial issues. Psychology interns and supervisory staff work alongside medical providers to deliver fully integrated, patient-centered care.

**Training Aim and Profession-Wide Competencies**

The singular aim of the Internship Program is to prepare program graduates through the acquisition of entry-level to practice competencies in health service psychology (HSP) as set forth by the Commission on Accreditation - Profession-Wide Competencies (Section II A, July 2017) in 1). These include 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 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.

**Clinical Training Overview**

IHPTP psychology interns and supervisory staff work in the family practice division of Contra Costa Health Services health centers 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 evidence-based individual intervention** (up to six sessions)
- **Evidence-based Group Intervention** (i.e. stress reduction, depression, grief, trauma, behavioral weight loss)

Interns also participate in a yearlong rotation to gain exposure to specialty clinical services in one of the following:

- **Neuropsychological Assessment Clinic**. (Placement in this rotation will be determined based on intern’s level of interest and program capacity)
- **Chronic Pain Clinic** (Placement in this rotation will be determined based on intern’s level of interest and program capacity)
- **Specialty Access Clinic (HIV and Gender Health)** (Placement in this rotation will be based on intern’s level of interest and program capacity)

**Program Training Seminars**

**Integrated Health Psychology Training Seminar** (Thursdays)
This seminar will use lecture, discussion and case consultation to teach interns how to assess and implement specific evidence-based brief interventions to treat a wide-range of behavioral health problems within an interdisciplinary primary care setting. Students learn the ability to review and integrate and apply research findings into their clinical work through case presentations and teaching a didactic beginning mid-year.

**Diversity & Multicultural Training/Dialogue Series** (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. Interns participate in a one-month diversity training rotation developing and teaching the didactic with the diversity team.

**Psychopharmacology Seminar** (Mondays) Interns will be taught the fundamentals of psychopharmacology, including classes of medications dosages, side effects, indications / contraindications, boundaries of scope of practice, how to monitor symptom change and develop skills in working with prescribing clinicians. 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. Interns will be required to develop and provide a didactic presentation beginning in January.

**Supervision Seminar Series** Three seminars are provided throughout the year to cover key domains of supervision including legal and ethics overview, key supervision competencies, guidelines, relationships, professionalism, diversity, evaluation and feedback. Experiential activities will be included. Interns are given opportunities to role play, practice supervision while being observed by a clinical supervisor and through peer consultation and feedback in the weekly seminar group supervision.

**Yearlong Clinical Rotation Opportunities**
Interns participate in a yearlong rotation to gain exposure in one of the following specialty clinical services:

- **Chronic Pain Clinic** This training rotation allows interns to develop skills in assessment, treatment and interdisciplinary treatment of chronic pain. Interns in this rotation will be assigned to a weekly
chronic pain clinic paired with a medical provider who is a specialist in chronic pain management and develop integrated treatment plans to address patient care needs. Interns in the pain rotation will be given weekly group supervision and trainings (Mondays) on pain interventions and assessment and frequent onsite direct supervision.

- **Neuropsychological Assessment** This rotation allows interns to develop skills in clinical neuropsychology assessment through clinical interviews, test administration, scoring and interpretation and communication of findings through report writing and patient feedback. All supervision is live in this rotation and is designed to increase skills and competencies gradually throughout the rotation.

- **Specialty Access Clinic Rotation** This training rotation allows interns to develop skills in assessment, brief intervention, and interdisciplinary collaboration and consultation. These clinics serve populations who have historically had significant barriers to accessing medical and mental health care.
  - **Gender Health Clinic** (1st Friday monthly). CCHS is designated as a leader in healthcare equality by the Human Rights Campaign Foundation (HRC), the largest national organization advocating for lesbian, gay, bisexual and transgender rights. Interns work as part of an interdisciplinary team to deliver comprehensive integrated healthcare.
  - **Positive Health Clinic** (weekly) CCHS provides primary care to people living with HIV/AIDS. Interns work alongside positive specialists in family practice to deliver comprehensive integrated healthcare to patients with HIV positive status.

**Supervision**
Interns are supervised by IHPTP faculty in the application of skills and knowledge acquired in the orientation, weekly seminars and clinical onsite experiences. All supervisors are licensed psychologists. The 4.5 hours of supervision includes 2.5 hours of weekly individual supervision, 1.5 hour per week of group supervision/case conferencing, and .5 hour per week of supervision for group intervention. Additionally, each intern receives 4 hours of live supervision of their clinical work each month. Interns also receive ongoing live supervision in the group intervention program, the clinical rotations as well as intermittently throughout the year in the general clinical work in order to ensure that interns are meeting their expected level of competency through each evaluation period.

Supervisors meet with the psychology interns and oversee their clinical work including: treatment planning, assessment, appropriate clinical interventions, case follow-up, exam-room consultations. Supervisors also help psychology interns to navigate provider relationships, clinic specific issues, SOAP notes, electronic medical record chart note sign-off as well as any professional and clinical issues that arise.

IHPTP supervisors/staff meet weekly and on a monthly basis to track trainee/intern progress. Feedback from seminar instructors, group supervisors, individual supervisors, and clinic staff are incorporated into trainee/intern evaluations.

**Weekly Group Supervision**

*Group Supervision/Case Conference* (Thursdays). The weekly case conference group supervision allows interns to present cases both formally and informally for supervisory feedback and permits for interns to provide and receive peer feedback and consultation. Interns are expected to be active participants and be prepared to discuss case material. Interns will also provide formal case presentations throughout the year. **Site group supervision is** facilitated by the site liaison supervisor at the intern’s respective health center site for a minimum of a half hour per week. This is an opportunity for interns to get support and guidance on issues related to their experience in the internship, issues related specifically to their assigned site, to manage their clinical work effectively and case consultation.
Weekly Required Clinical Training Hours

<table>
<thead>
<tr>
<th>44</th>
<th>Interns on Neuropsychological Assessment Rotation - Total Hours for Weekly Internship</th>
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</thead>
<tbody>
<tr>
<td>8</td>
<td>Exam Room Consultations – 2 shifts</td>
</tr>
<tr>
<td>8</td>
<td>Individual Intervention (16 patients on caseload)</td>
</tr>
<tr>
<td>2</td>
<td>Group Intervention with live supervision</td>
</tr>
<tr>
<td>8</td>
<td>Rotation - Neuropsychological Assessment, Reports with live supervision</td>
</tr>
<tr>
<td>26</td>
<td>Total Direct Clinical Service Training Hours includes live supervised activities</td>
</tr>
<tr>
<td>1.5</td>
<td>Individual Supervision Primary</td>
</tr>
<tr>
<td>.5</td>
<td>Individual Supervision Delegated Group Intervention includes live supervision</td>
</tr>
<tr>
<td>1</td>
<td>Individual Supervision Delegated (NP Rotation)</td>
</tr>
<tr>
<td>1</td>
<td>Group supervision - Delegated</td>
</tr>
<tr>
<td>.5</td>
<td>Group Site Supervision – Delegated</td>
</tr>
<tr>
<td>4*</td>
<td>Live supervision (*performed monthly for 4 hours – not included for intern weekly hours total)</td>
</tr>
<tr>
<td>4.5</td>
<td>Total Supervision Hours Weekly Minimum</td>
</tr>
<tr>
<td>2</td>
<td>Monday Seminar Series (Psychopharmacology, Supervision)</td>
</tr>
<tr>
<td>3</td>
<td>Thursday Seminar Series (Integrated Health Psychology, Diversity)</td>
</tr>
<tr>
<td>1</td>
<td>Seminar Neuropsychological Assessment Rotation / group supervision</td>
</tr>
<tr>
<td>6</td>
<td>Total Hours for Seminars Training</td>
</tr>
<tr>
<td>3.5</td>
<td>Administrative Time – NP admin, group prep, patient calls, patient lists</td>
</tr>
<tr>
<td>4</td>
<td>Research Activities, case presentation/didactic write-up, reading seminar</td>
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<tr>
<th>44</th>
<th>Interns on Chronic Pain Rotation - Total Hours for Weekly Internship</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Exam Room Consultations – 2 shifts</td>
</tr>
<tr>
<td>8</td>
<td>Individual Intervention (16 pts on caseload)</td>
</tr>
<tr>
<td>2</td>
<td>Group Intervention with live supervision</td>
</tr>
<tr>
<td>8</td>
<td>Chronic Pain Rotation with live supervision (consults &amp; individual caseload)</td>
</tr>
<tr>
<td>26</td>
<td>Total Direct Clinical Service Training Hours includes live supervised activities</td>
</tr>
<tr>
<td>1.5</td>
<td>Individual Supervision Primary</td>
</tr>
<tr>
<td>.5</td>
<td>Individual Supervision Delegated Group Intervention includes live supervision</td>
</tr>
<tr>
<td>1</td>
<td>Individual Supervision Delegated - Pain Rotation includes live supervision</td>
</tr>
<tr>
<td>1</td>
<td>Group supervision - Delegated</td>
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<tr>
<td>.5</td>
<td>Group Site Supervision – Delegated</td>
</tr>
<tr>
<td>4*</td>
<td>Live supervision (*performed monthly for 4 hours – not included for intern weekly hours total)</td>
</tr>
<tr>
<td>4.5</td>
<td>Total Supervision Hours Weekly Minimum</td>
</tr>
<tr>
<td>2</td>
<td>Monday Seminar Series (Psychopharmacology, Supervision)</td>
</tr>
<tr>
<td>3</td>
<td>Thursday Seminar Series (Integrated Health Psychology, Diversity)</td>
</tr>
<tr>
<td>1</td>
<td>Chronic Pain Training (Mondays)</td>
</tr>
<tr>
<td>6</td>
<td>Total Hours for Seminars Training</td>
</tr>
<tr>
<td>3.5</td>
<td>Administrative Time – group prep, patient calls, patient lists, etc.</td>
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<tr>
<td>4</td>
<td>Research Activities, case presentation/didactic write-up, reading seminar</td>
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<tr>
<th>44</th>
<th>Interns on Specialty Access Rotation - Total Hours for Weekly Internship</th>
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<tbody>
<tr>
<td>8</td>
<td>Exam Room Consultations – 2 shifts</td>
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<tr>
<td>8</td>
<td>Individual Intervention (16 patients on caseload)</td>
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</tr>
<tr>
<td>2</td>
<td>Group Intervention with live supervision</td>
</tr>
<tr>
<td>8</td>
<td>Specialty Access Rotation with live supervision (consult shift and Ind. caseload)</td>
</tr>
</tbody>
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**Total Direct Clinical Service Training Hours includes live supervised activities**

<table>
<thead>
<tr>
<th>26</th>
<th>Individual Supervision Primary</th>
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</thead>
<tbody>
<tr>
<td>.5</td>
<td>Individual Supervision Delegated Group Intervention includes live supervision</td>
</tr>
<tr>
<td>1</td>
<td>Individual Supervision Delegated (Rotation) includes live supervision</td>
</tr>
<tr>
<td>1</td>
<td>Group supervision - Delegated</td>
</tr>
<tr>
<td>.5</td>
<td>Group Site Supervision – Delegated</td>
</tr>
<tr>
<td>4*</td>
<td>Live supervision (*performed monthly for 4 hours – not included for intern weekly hours total)</td>
</tr>
</tbody>
</table>

**Total Supervision Hours Weekly Minimum**

<table>
<thead>
<tr>
<th>4.5</th>
<th>Monday Seminar Series (Psychopharmacology, Supervision)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Thursday Seminar Series (Integrated Health Psychology, Diversity)</td>
</tr>
<tr>
<td>1</td>
<td>Special Access Rotation Training</td>
</tr>
</tbody>
</table>

**Total Hours for Seminars Training**

<table>
<thead>
<tr>
<th>3.5</th>
<th>Administrative Time – group prep, patient calls, patient lists, etc.</th>
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</thead>
<tbody>
<tr>
<td>4</td>
<td>Research Activities, case presentation/didactic write-up, reading seminar</td>
</tr>
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</table>
**Staff & Supervisors Contact Information (Alphabetical Order Last Name)**

Interns should add contacts to their mobile phones of the following supervisors for accessible contact: Primary and Delegated Supervisors; site liaison, Chief Training Officer and Program Director. If there is a clinical emergency or high risk situation (harm to self or other and primary supervisor in not available at the time of outreach, interns should leave a message and then call others on the supervision team with the same procedure of leaving a message until someone is reached. It is perfectly acceptable to reach out to the Training Officer and/or the Program Director in times of patient risk or concerns.

Lamson Bui, PsyD (408) 712-9437 Clinical Supervisor, General & Pediatric Specialty, Martinez Campus

Michael Changaris, PsyD (707) 319-2001 Chief Training Officer, Clinical Supervisor

Nina Eisenberg, PhD (202) 286-5123 Chief Training Officer, Martinez Campus Site Coordinator

Lauren Gent, PsyD (716) 868-2284 Clinical Supervisor, Pittsburg Health Center, Weight Loss Groups

Nitu Hans, PhD (510) 299-3184 Neuropsychology Assessment Supervisor

Brian Kuenneheimer, PsyD (859) 652-1881 Supervisor West County Health Center, Specialty Access Rotation Supervisor

Julie Morris, PsyD (925) 431-2833 Postdoctoral Resident, Practicum Supervisor, Site Liaison Pittsburg Health Center

Jillian Naylor, PsyD (925) 431-2832 Postdoctoral Resident, Neuropsychological Assessment Supervisor

Gilbert Newman, PhD (510) 484-5669 Clinical Supervisor, West County Health Center

Franca Niameh, PsyD (510) 734-9942 Clinical Supervisor, Diversity Mentoring Committee Chair, North Richmond Center

Nana O’Donnell (510) 914-4200 Neuropsychological Assessment Coordinator and Supervisor

Sharon Perlman-Berry PsyD, ABN (415) 225-6211 Neuropsychological Assessment Supervisor

Katherine Plamebeck, PsyD (510) 367-2292 Clinical Supervisor, North Richmond Center, West County Health Center

Victor Ramos, PsyD (626) 222-4859 Postdoctoral Resident, Practicum Supervisor Site Liaison West County Health Center

Ethan Roberts, PsyD (510) 915-4385 Pittsburg Health Center, Teaching Assistant

David Velleman, PsyD (607) 280-3087 Clinical Supervisor-Preceptor, Wright Institute Liaison, Program Evaluation Coordinator

Temre Uzuncan PsyD (925) 899-9038 Program Director, Chief Psychologist, Clinical Supervisor
Clinical Services and Training Details
IHPTP psychology interns and staff work alongside medical teams in the family practice division of Contra Costa Health Services, providing integrated behavioral health services for an underserved, diverse adult patient population to deliver fully integrated, patient-centered care.

All clinical services are supervised by IHPTP faculty with opportunities for live supervision throughout the training year. The clinical training program is structured so that it is sequential, cumulative and increases in complexity over time.

Exam-room consultations
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 cclink 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 if on the Neuropsychological Assessment Rotation, 20 if on other rotations). Interns are expected to be proactive in communicating with the clinical referral workqueue 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 cclink 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.

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.

The program’s group intervention training follows a graded developmental approach to group intervention training. In the beginning of the training year, interns observe 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.

**Yearlong Rotation Assignments**

Psychology interns also participate in a yearlong rotation to gain exposure to specialty clinical services in one of the following: Neuropsychological Assessment Clinic, Chronic Pain Clinic, Specialty Access Clinic (HIV and Gender Health)

**Neuropsychological Assessment Clinic.** (Placement in this rotation will be determined based on level of interest and rotation capacity) The Neuropsychology Assessment Department is situated in family practice and provides services for a wide range of patients, including, but not limited to, dementia, TBI, movement disorders, etc. The rotation focuses on the development of test administration, integration of test scores to formulate diagnostic impressions, and the communication of findings via written report and feedback to patients and providers. We utilize the 'in-vivo/live' supervision model to ensure competency of all trainees. This model allows the interns to initially observe their supervisors conduct comprehensive interviews, administer tests, and provide feedback. With greater development in competencies, interns are encouraged to increase their independent practice as the internship advances.

Psychology Interns also attend a weekly Neuropsychological Case Conference and Seminar in which fundamental neuropsychological assessment skills are taught and applied to cases seen in a primary care setting. A variety of topics that pertain to Neuropsychology in a primary care setting are covered, e.g. Understanding Cognitive Domains; Cultural Competency, Functional Neuroanatomy; and reviewing profiles of common cognitive and psychological disorders. This seminar is designed to provide an overview of clinical neuropsychology, with an emphasis on practicing within a medical setting. Focus will be on the detection of cognitive and psychological complaints; appropriate administration and application of instruments to assess and address cognitive and psychological difficulties; components of
an evaluation; integration of findings with attunement to linguistic and cultural differences, and how best to communicate findings to patients and providers. The seminar will utilize both a didactic format, as well as case presentations, to teach interns the fundamentals of neuropsychology and how to perform neuropsychological services in the primary care setting.

**Chronic Pain Clinic** (Placement in this rotation will be determined based on level of interest and rotation capacity) This training rotation was established to develop skills in assessment, treatment and interdisciplinary treatment of chronic pain. Interns in this rotation will be assigned to a weekly chronic pain clinic paired with a medical provider who is a specialist in chronic pain management and develop integrated treatment plans to address patient care needs. Interns in the pain rotation will be given weekly group supervision and trainings (Mondays 4-5pm) on pain interventions and assessment and frequent onsite direct supervision in the chronic pain clinics.

**Specialty Access Clinic (HIV and Gender Health Clinic)** (Placement in this rotation will be based on interest and rotation capacity) This training rotation was established to allow interns opportunities to develop skills in assessment, brief intervention, and interdisciplinary collaboration. These clinics serve populations who have historically had significant barriers to accessing medical and mental health care.

- **Gender Health Clinic** (monthly). CCHS is designated as a leader in healthcare equality by the Human Rights Campaign Foundation (HRC), the largest national organization advocating for lesbian, gay, bisexual and transgender rights. Interns work alongside a family practice physician and will receive live supervision during the orientation period.
- **Positive Health Clinic** (weekly) CCHS provides primary care to people living with HIV/AIDS. Interns work alongside positive specialists in family practice to deliver comprehensive integrated healthcare to patients with HIV positive status. Interns will receive live supervision intermittently throughout the year.

**Intern Performance Evaluation Process**

**Intern Performance Evaluation**

It is the program’s intention and goal for interns to successfully complete the internship program while providing 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 (Section II A, July 2017) 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 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 on a monthly basis 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. A copy of the completed and signed intern performance evaluation form is submitted to the Wright Institute at conclusion of each evaluation period. 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.
Intern Evaluation Form

<table>
<thead>
<tr>
<th>Name of intern:</th>
<th>Mid-year A</th>
<th>Mid-year B</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of primary supervisor:</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
</tr>
</tbody>
</table>

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 D (Commission on Accreditation, October 2015; draft revised for public comment, November 2016; revised July 2017) 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; and (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.

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td><strong>Expert Level:</strong> 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.</td>
</tr>
<tr>
<td>4</td>
<td><strong>Entry to Autonomous Practice Level:</strong> 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.</td>
</tr>
<tr>
<td>3</td>
<td><strong>Intermediate Level:</strong> A common rating at mid-year B evaluation and sometimes mid-year A. Routine supervision of each activity.</td>
</tr>
<tr>
<td>2</td>
<td><strong>Entry Level:</strong> A common rating for mid-year A evaluation. Routine, but intensive, supervision is needed.</td>
</tr>
<tr>
<td>1</td>
<td><strong>Needs Remediation:</strong> Performance below expectations, remediation plan is indicated.</td>
</tr>
<tr>
<td>NA</td>
<td><strong>Not applicable</strong> for this training experience/Not assessed during training experience.</td>
</tr>
</tbody>
</table>

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.

COMPETENCY I. RESEARCH

LIVE SUPERVISION: Yes / No

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

Comments:

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

Comments:

COMPETENCY II. ETHICAL AND LEGAL STANDARDS

LIVE SUPERVISION: Yes / No

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

Comments:

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

Comments:

COMPETENCY III. INDIVIDUAL AND CULTURAL DIVERSITY

LIVE SUPERVISION: Yes / No

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

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

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). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers, the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own, and
ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

Comments:

COMPETENCY IV. PROFESSIONAL VALUES AND ATTITUDES

LIVE SUPERVISION: Yes / No

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

Comments:

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

Comments:

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

Comments:

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

Comments:

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

Comments:

COMPETENCY V. COMMUNICATION AND INTERPERSONAL SKILLS

LIVE SUPERVISION: Yes / No

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

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

Comments:

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

Comments:

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

Comments:

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

Comments:

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

Comments:

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

Comments:

COMPETENCY VI. ASSESSMENT

LIVE SUPERVISION: Yes / No

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.

Comments:

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

Comments:

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

Comments:

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

Comments:  

COMPETENCY VII. INTERVENTION

LIVE SUPERVISION: Yes / No

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

Comments:

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

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

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

Comments:

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

Comments:

COMPETENCY VIII. SUPERVISION

LIVE SUPERVISION: Yes / No

8a: __________ Didactic Instructor - 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: __________ Role-played Supervision - In evaluation period B and final evaluation period, interns will be observed and evaluated during role-played supervision with others and role-play of supervision of supervision..

Comments:

COMPETENCY IX. CONSULTATION AND PROFESSIONAL/INTERDISCIPLINARY SKILLS

LIVE SUPERVISION: Yes / No

9a: __________ Demonstrates knowledge and respect for roles and perspectives of others (i.e., maintains effective working relationships with other professionals in the integrated care setting).

Comments:

9b: __________ Apply knowledge of interdisciplinary roles and perspectives to direct consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Comments:

Signature of Primary Supervisor

Signature of Doctoral Intern

Date reviewed
**Requirements for Successful Completion of the Internship**
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 are required to complete 2000 supervised hours within the given training year and meet the minimum level of achievement (MLA) expected for each competency item on the intern performance evaluation form for each evaluation period (Mid-Year A = 2, Mid-Year B = 3 and Final= 4) in order to successfully complete the internship program.

**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.

**Remediation Process**
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 Program 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.

**IHPTP’s remedial 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 of its members.

Remediation is a procedure that takes place when a intern is demonstrating an inability to perform to competency standards.
IHPTP supervisors are expected to communicate early and often with the trainee if any suspected difficulties that 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.

If problem(s) continue after being addressed in supervision or if the supervisor has identified that the problem(s) has an impact on the program or its services, the Program Director, Training Officer and supervisor will institute, when appropriate a written 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.

The Program Director, Training Officer and supervisor(s) will meet to discuss the concerns and possible courses of action to be taken to address the issues.

Written Remedial Plans are sometimes necessary that formally acknowledge:

   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.

Any remediation plan that is warranted is done in writing and designed to return the trainee to a more fully functioning state with the full expectation that the intern will complete the internship. Any intern whose progress raises concern will be discussed with the graduate program. Because the internship is fully affiliated, the graduate program is in a position, when appropriate, to potentially provide additional support to a trainee (through the Wright Institute’s writing center or mentoring program).

The following remediation actions may take place in the remediation period

   a) additional supervision and closely monitored supervision
   b) discussion of the problem with supervisors or gathering of feedback from health center staff working with the intern
   c) reducing or suspending aspects of the trainee's clinical or other workload activities
   d) a recommendation of for the intern to seek personal therapy
   e) assigned readings or other educational activities
   f) additional time or activities to make up time missed

If the Program Director, Training Officer and supervisors determine that there has not been sufficient improvement in the intern’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. A copy of the notice will be sent to the Wright Institute.

**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 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 https://www.apa.org/ethics/code/ethics-code-2017.pdf and relevant state and local laws, organizational policies (the Wright Institute, 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.

Ethical and Legal Responsibilities
All interns and supervisors are expected to be knowledgeable of and act in accordance with each of the following:
- the current version of the California Board of Psychology laws and regulations (including reporting requirements) https://www.psychology.ca.gov/laws_regs/2019lawsregs.pdf

Interns and Supervisors are expected to recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas and conduct self in an ethical manner in all professional activities.

Program Feedback
IHPTP is committed to maintaining an atmosphere that promotes a safe and supportive learning environment and takes intern feedback seriously in order to grow and improve each year. Interns have an opportunity to provide formal feedback about their experience with their supervisors, seminars, clinical training experiences and rotations and overall program twice per year (January and August). Interns are welcome and encouraged to provide ongoing feedback throughout the year. We take feedback seriously and use the feedback as an opportunity for the program to review what is working and what is not working and make any changes or adjustments throughout the year.

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 of its members.

Due process is a procedure that takes place when a trainee’s is demonstrating an inability to perform to competency standards or there is interference or problematic behavior in professional functioning as described above.

IHPTP supervisors are expected to communicate early and often with the trainee if any suspected difficulties that 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.

If problem(s) continue after being addressed in supervision or if the supervisor has identified that the problem(s) has an impact on the program or its services, the Program Director, Training Officer and supervisor will institute, when appropriate a written 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.

The program director and supervisor(s) will meet to discuss the concerns and possible courses of action to be taken to address the issues.

Written Remedial Plans are sometimes necessary that formally acknowledge:

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.

Remediation/Probation

Any remediation plan that is warranted is done in writing and designed to return the trainee to a more fully functioning state with the full expectation that the intern will complete the internship. Any intern whose progress raises concern will be discussed with the graduate program. Because the internship is fully affiliated, the graduate program is in a position, when appropriate, to potentially provide additional support to a trainee (through the Wright Institute’s writing center or mentoring program).

The following remediation actions may take place in the remediation period

a) additional supervision and closely monitored supervision
b) discussion of the problem with supervisors or gathering of feedback from health center staff working with the intern
c) reducing or suspending aspects of the trainee's clinical or other workload activities
d) a recommendation of for the intern to seek personal therapy
e) assigned readings or other educational activities
f) additional time or activities to make up time missed

If the Program Director, Training Officer and supervisors determine that there has not been sufficient improvement in the intern’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. A copy of the notice will be sent to the Wright Institute.

**Dismissal from the Training Program**

Dismissal from the Training Program involves the permanent withdrawal of all IHPTP responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the problem behavior or concerns and the trainee seems unable or unwilling to alter her/his behavior, training officer, supervisor(s), Program Director and Vice President of Academic Affairs at the Wright Institute will meet 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 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 Wright Institute that he/she 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, the trainee should file a formal appeal in writing with all supporting documents with the IHPTP Program Director. The trainee must submit this appeal within 5 work days of the remediation letter or termination letter. Within five work days of receipt of a formal written appeal from a trainee, IHPTP Program Director will consult with members of IHPTP and will respond to the appeal.

**Grievance Procedures**

The mechanism by which an intern formally notifies the Internship program of difficulties or problems other than evaluation related (e.g., poor supervision, unavailability of supervisor(s), workload issues, personality clashes, other staff conflicts, problems related to the health center with medical staff) 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 Program 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 Program Director and/or supervisors.

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 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 intern is either uncomfortable or deems it is inappropriate to address with the other individual, the grievance should be submitted directly to the Program Director.
3. If necessary, the Program 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 Program 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 Program 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.

**Policy Pertaining to Communication with the Wright Institute**

As an exclusively affiliated internship program of the Wright Institute, IHPTP maintains ongoing communication with the Wright’s Vice President of Academic Affairs and the Field Placement Office. Copies of the completed and signed intern’s performance evaluation forms are submitted to the Wright Institute at the conclusion of each evaluation period (December, April and August). Any intern whose progress raises concern will be discussed with the Wright Institute’s Vice President for Academic Affairs with the purpose of providing additional support to an intern including through the Wright Institute’s writing center or mentoring program. Any remediation plans and remedial outcomes will also be provided to the VP and the Field Placement Office. When specific interventions do not, after a reasonable time period, rectify the problem behavior or concerns and the trainee seems unable or unwilling to alter her/his behavior, the Program Director, Training Officer, supervisor(s), and Vice President of Academic Affairs at the Wright Institute will meet to determine the possibility of termination from IHPTP.

**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 in Room 1 (a IHPTP designated secure office) at the West County Health Center facility. Graduate intern records are kept in a secure records office in a locked filing cabinet at the Wright Institute. The internship Program Director has access to these records during business hours.

**Administrative and Financial Support (Wright Institute)**

**Internship Stipend**

The Internship stipend is $26,200 for the training year (September to August). The stipend includes an amount of $1,200 to contribute towards interns’ health insurance premiums. All matters related to Stipends should be directed to Tricia O’Reilly Vice President of Financial and Administrative Affairs at the Wright Institute toreilly@wi.edu

**Wright Institute Portal Internship Contract**

The Internship agreement is located on the Wright Institute Portal. The agreement will be submitted by the IHPTP Program Director and will require signatures from your primary supervisor and the intern. Questions or troubleshooting the Wright Institute Portal can be directed to Ais Harvey, Field Placement Coordinator aharvey@wi.edu.

**Library Services**
The Wright Institute electronic resources are available online via the library's web pages at www.wi.edu/library. For help finding articles, books, dissertations, etc., there are links to brief tutorials on the left-hand side of the page labeled FIND ARTICLES, FIND BOOKS, etc. The following databases are available to interns and staff RESOURCES (http://www.wi.edu/library-resources): PsycINFO, PEP-Web, PsycCRITIQUES, Dissertations & Theses Database; Mental Measurements Yearbook & Tests in Print as well as subscriptions to 1100 full-text journals through the Journal Locator (links to ProQuest, EBSCO, and PsycARTICLES); (i.e., ERIC, PubMed, Pathfinder & MELVYL) do not require passwords. Questions or username and password? Call the library at (510) 841-9230 or email library@wi.edu.

Continuing Education
Interns may attend Wright Institute sponsored continuing education classes for free or sometimes reduced fees. A list of courses can be found at https://www.wi.edu/continuing-education
For questions about the Continuing Education Program contact the CE Coordinator: julie@wi.edu.

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 (i.e: 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.

Time-off Policy, Federal Holidays and Religious Observances
Interns may take up to 12 days of time-off in addition to the 12 holidays (listed below)

Federal Holidays
• Labor Day Monday 9/2/19
• Veterans Day Monday 11/11/19
• Thanksgiving Thursday 11/28/19 & Friday 11/29/19
• Christmas eve/day Tuesday 12/24/19 & Wednesday 12/25/19
• New Year eve/day Tuesday 12/31/19 & Wednesday 1/1/20
• Martin Luther King Day Monday 1/20/20
• Presidents Day Monday 2/25/20
• Memorial Day Monday 5/25/20 Independence Day Friday 7/3/20

Religious Holiday Observances: IHPTP supports everyone who is observing a religious holiday(s). Please check in with your supervisor and Program Director to let us know if you will need time off for any holiday you may observe.
The 12 days of time off includes personal time, professional development activities, postdoctoral interviews, dissertation time, etc. Interns are required to give as much notice as possible (not less than 2 weeks) of planned absences to their primary and sites supervisors and anyone else impacted by the absence (delegated supervisors, seminar instructors, etc.).

Training Seminar / Rotation Training 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, Rotation seminars=2. 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
  ▪ Program 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, Program 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 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.

Proper Attire
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.

Dress should be clothing that is easily considered to be in good taste for health care settings and public health service and which would not be considered offensive to a reasonable person.

The following general guidelines apply:
- General Attire Note: Casual attire, such as denim blue jeans, T-shirts, shorts, halter tops, “flip flops,” etc., is not considered appropriate.
- Beards and moustaches must be trimmed and well-groomed.
- Make-up and jewelry should be used in moderation.
- Hose or socks should be worn as appropriate (taking into account the weather or other factors)
- Footwear. Shoes shall be professional in appearance. Health and safety codes require that anyone working in a clinical setting wear **closed-toe shoes at all times**, therefore, no sandals or open-toed footwear 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.

**Verification of Supervised Experience**
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](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 West County Health Center for the duration of the training year.
- Upon completion of the internship, the primary supervisor 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 primary supervisor’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**
Interns must complete and submit their monthly activity log to their primary supervisor to review and 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

- Monthly Log of Supervised Activities (sample form)
Instructions: Interns are required to submit a signed copy of this weekly hours log each month to their primary supervisors at the end of each month. Supervisors are required to keep a copy of the signed form.

Clinic Placement:
Training & Rotation Site:
Primary Supervisor:
Delegated Supervisor Individual:
Group Supervisor:
Weekly Schedule

<p>| 8   | Exam Room Consultations – 2 shifts       |
| 8   | Individual Intervention (16 patients on caseload) |
| 2   | Group Intervention with live supervision |
| 8   | Clinical Rotation with live supervision and required caseload |</p>
<table>
<thead>
<tr>
<th></th>
<th>Total Direct Clinical Service Training Hours includes live supervised activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.5</td>
<td>Individual Supervision Primary</td>
</tr>
<tr>
<td>.5</td>
<td>Individual Supervision Delegated Group Intervention includes live supervision</td>
</tr>
<tr>
<td>1</td>
<td>Individual Supervision Delegated (Rotation)</td>
</tr>
<tr>
<td>1</td>
<td>Group supervision/case conference - Delegated</td>
</tr>
<tr>
<td>.5</td>
<td>Group Site Supervision – Delegated</td>
</tr>
<tr>
<td><strong>4.5</strong></td>
<td><strong>Total Supervision Hours Weekly Minimum</strong></td>
</tr>
<tr>
<td><strong>4/mo</strong>*</td>
<td>Live supervision performed monthly not weekly</td>
</tr>
<tr>
<td>2</td>
<td>Monday Seminar Series (Psychopharmacology, Supervision)</td>
</tr>
<tr>
<td>3</td>
<td>Thursday Seminar Series (Integrated Health Psychology, Diversity)</td>
</tr>
<tr>
<td>1</td>
<td>Rotation / group supervision</td>
</tr>
<tr>
<td><strong>6</strong></td>
<td><strong>Total Hours for Seminars Training</strong></td>
</tr>
<tr>
<td>4</td>
<td>Administrative Time –NP admin, group prep, patient calls, patient lists</td>
</tr>
<tr>
<td>3</td>
<td>Research Activities, case presentation/didactic write-up, reading seminar</td>
</tr>
<tr>
<td><strong>44</strong></td>
<td><strong>TOTAL Hours for Weekly Internship</strong></td>
</tr>
</tbody>
</table>

Month Of _____________________________

Supervised activities for Week of __________ # of hours __________
Supervised activities for Week of __________ # of hours __________
Supervised activities for Week of __________ # of hours __________
Supervised activities for Week of __________ # of hours __________
Supervised activities for Week of __________ # of hours __________

__________________________________________  _______________________________________
Signature of Intern  Date Signed
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:

<table>
<thead>
<tr>
<th>Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Program Description and Policies</td>
</tr>
<tr>
<td>Psychology Internship Aim and Professional-wide Competencies</td>
</tr>
<tr>
<td>Due Process Grievance Policies</td>
</tr>
<tr>
<td>Time-Off Policy</td>
</tr>
<tr>
<td>Intern Evaluation Form</td>
</tr>
</tbody>
</table>

________________________  _______________________________
Intern Signature          Date