

October 11, 2019

UTHealth Doctoral Psychology Internship Program (UTHDPIP)

University of Texas Health Science Center, Houston
Department of Psychiatry and Behavioral Sciences



Program Overview

The University of Texas Mc Govern Medical School's Department of Psychiatry and Behavioral Sciences offers a 1 year full time internship to doctoral students in psychology. The purpose of the internship is to provide broad, evidence-based clinical training with children, adolescents, and adults. The internship follows a **scientist-practitioner training model**, and is designed to prepare interns for careers in a variety of clinical and academic settings.

The UTHDPIP is a member of APPIC and is accredited by APA Commission on Accreditation, with an effective date of July 20, 2016. Any questions about our accreditation status may be addressed to:

Office of Program Consultation and Accreditation

American Psychological Association

750 1st St. NE, Washington, DC 20002

Phone: (202) 336-5979

Email: apaaccred@apa.org

All other questions about the internship may be directed to Katherine A. Loveland, Ph.D., Training Director, at

katherine.a.loveland@uth.tmc.edu , or (713)-486-2587.

UTHDPIP offers both inpatient and outpatient rotations, including both child and adult experiences and clinical research opportunities. All interns are required to have both inpatient and outpatient, child and adult experiences during the internship. All are also required to have some involvement with research during the internship year, and each is assigned a research mentor. All interns attend a regular program of psychology didactics as well as departmental grand rounds and other educational offerings as available. The **UT Department of Psychiatry and Behavioral Sciences** serves as an outpatient rotation site. The department includes outpatient clinics offering assessments and specialized care for child, adolescent and adult patients with mood and anxiety disorders, alcohol and substance use problems, developmental and neurological disorders including autism, and other psychiatric disorders. It also offers clinical research programs. **The Harris County Psychiatric Center**, the department's primary teaching hospital, offers both child and adult inpatient rotations for the interns, who provide both assessments and interventions to patients with severe mental illness.

The UTHDPIP currently offers six intern positions. Four are supported by the UT Department of Psychiatry and Behavioral Sciences and two by the UT Harris County Psychiatric Center.

The **University of Texas McGovern Medical School at Houston** was established by the Texas Legislature on June 13, 1969. The mission of University of Texas Medical School at Houston is to provide the highest quality of education and training and to provide exemplary clinical services in relationship to educational and discovery activities. It is a unit of the UT Health Science Center, Houston (UTHSC-H), also known as UTHealth. The UTHSC-H is part of the University of Texas System and is located in the Texas Medical Center campus. The UTHSC-H is a large health sciences university, comprising not only the UT Medical School, but also the School of Dentistry, the Graduate School of Biomedical Sciences, the School of Health Informatics, The School of Nursing, the School of Public Health, and the Harris County Psychiatric Center.

Intern Selection process

Application for Internship

Applications are submitted through the AAPI Online process administered by APPIC. Interviews will be conducted in person for Match 1, and by telephone or video conference (i.e., WebEx or Skype) for Match 2 (unless the candidate is local and able to attend an in-person interview). All applications will be screened and evaluated by the Psychology Training Committee. The Training Director will submit the final ranking decisions to the National Matching Service. Every effort is made to insure diversity in selected trainees.

UTHealth Doctoral Psychology Internship Program is a **Generalist** training program in which interns complete three different rotations during the course of the year. The program is match number 229411. Interns will have experiences with outpatient and inpatient, adult and child clients and will gain research experience, in accordance with our overall program philosophy.

Once interns are matched to the site, a letter of agreement is sent to the matched interns within 48 hours. This letter includes information about start and end dates, internship salary, contact information for the Training Director and the program administrators, and other relevant information about the internship. The internship will follow all APPIC and APA guidelines and requirements.

Diversity and Non-Discrimination Policy for Intern Selection

Selections will be non-discriminatory on the basis of age, gender, gender identity, race, ethnicity, culture, national origin, sexual orientation/identity, disability, or socioeconomic status. UTHDPIP emphasizes diversity in training and in the recruitment of both interns and staff. We strongly encourage persons who are culturally or individually diverse to apply, including persons of diverse racial or ethnic background, those with disabilities and persons who identify as gay or lesbian, transgender or other sexual orientation, gender identity or presentation.

Requirements for Selection

An applicant must have completed three years of study in an accredited, degree-granting clinical, counseling or school psychology doctoral program in the United States by the time the internship is scheduled to begin. The applicant's program must be APA-accredited or demonstrate equivalence by the student having successfully completed supervised practicum experiences and graduate coursework in individual intelligence assessment, personality assessment, personality theory, psychotherapy or counseling theory, and research/statistical analysis. To be considered, applicants must be verified as ready to apply for internship by the Training Director of his or her graduate program, as listed in Part II of the APPIC application form. Applicants are preferred to have 200 hours of assessment experience and 500 hours of intervention experience.

Start and End Dates

For the 2019-20 year, the internship will begin July 1 and will follow a 12 month calendar.

Salary, Benefits, and Administrative Support

Intern salaries will be set at \$30,000 per year plus benefits. Benefits include health insurance. Each intern has a budget of \$150 to order books. Each intern has a budget of \$500 to assist with attending a professional conference. Each intern also receives up to 5 days of "professional time" for purposes such as attending conferences, interviewing for postdoctoral positions, and defending their dissertation. Professional time is not recorded as vacation time but is regarded as a part of the training program. Thus it does not count against vacation and sick time. It must be requested in advance and approved by the rotation supervisor and the Training Director or Associate Training Director.

Supplies and administrative support are available as needed. Ms. Catherine March is the residency program administrator and will serve as the primary contact point for administrative help. Requests for book orders and travel support should be directed to Ms. March.

Training Model and Program Philosophy

The UTHDPIP provides professional training following a **scientist-practitioner model**. Those successfully completing the internship will know and exemplify high standards of legal, ethical, and professional conduct. They will be able to provide a wide variety of clinical services, including assessment and psychotherapy, with individuals of many ages and from diverse ethnic, cultural, religious, and social backgrounds. They will be competent in evidence-based clinical practices and in carrying out research, and will be familiar with current literature in their field.

Goals, Objectives and Competencies

The internship will provide competency-based training in a variety of areas essential to the development of psychologists in training. The following are the goals, objectives and competencies specific to our program, and which will be evaluated at the mid-point and end of each rotation.

Goal 1 Evidence-based practice in assessment

Objectives

Intern will be skilled in selecting, administering, scoring and interpreting psychological assessments

Intern will be competent in theories and methods of psychosocial risk screening, assessment, diagnosis, and case conceptualization

Competencies

Accurately integrates assessment results and clinical interview information into psychological assessment report

Demonstrates skill in scoring and interpretation of tests

Writes clear and concise assessment reports

Thoroughly and accurately assesses individual and environmental risk and protective factors as well as relevant psychiatric outcomes

Goal 2 Evidence-based practice in intervention

Objectives

Intern will attain competence in theories and methods of evidence based psychotherapeutic interventions

Competencies

Provides a case conceptualization based on an integrated theoretical framework

Demonstrates competence in using empirically-supported principles in clinical care and to adapt it, if necessary, to the specific needs of the patient and setting

Independently conceptualizes cases and formulates intervention targets and treatment plans.

Demonstrates ability to form therapeutic rapport with clients while creating and maintaining appropriate boundaries

Goal 3 Research

Objectives

Intern will demonstrate the ability to carry out, interpret and apply research related to the practice of psychology.

Competencies

Critically evaluates and interprets research literature

Demonstrates knowledge of theories and methods of program evaluation

Demonstrates knowledge of methods to design and carry out research, including research to evaluate interventions

Effectively and clearly presents and discusses research findings

Applies research/empirical literature to clinical work; applies clinical knowledge to research questions/hypotheses

Goal 4 Communication and interpersonal skills

Objectives

Intern will demonstrate skills in communication and interpersonal interaction appropriate to a professional level of training.

Competencies

Clearly and professionally communicates about client care in a timely manner

Demonstrates ability to communicate and collaborate with others in a respectful and professional manner

Conducts self professionally in all contexts of work (e.g. communication, attire)

Goal 5 Professional values and attitudes

Objectives

Intern will demonstrate integration of professional values and attitudes into psychological practice, consistent with the highest standards of psychological practice

Competencies

Demonstrates awareness of and puts into practice values and attitudes such as respect for all persons; protection of the welfare of clients; offering care only where one has the competence to provide; protecting the confidentiality of clients

Demonstrates clear commitment to providing the best possible care

Goal 6 Individual and cultural diversity

Objectives

Intern will demonstrate competence in practice that is informed by awareness of individual and group diversity.

Competencies

Demonstrates knowledge of self in the context of diversity and its impact on clinical processes (e.g. impact of background, biases, limits of competence)

Demonstrates cultural competency skills in working with a variety of cultural differences and diverse identities (e.g. awareness of self, knowledge of other; culturally sensitive interventions)

Demonstrates an awareness of the effects of contextual factors (age, gender, ethnicity, culture religion, physical disability, sexual orientation etc.) on health status

Integrates cultural contexts of clients when making clinical impressions and case conceptualizations

Goal 7 Ethical and legal standards

Objectives

Intern will demonstrate competence in ethical and legal standards that apply to the practice of psychology

Competencies

Demonstrates knowledge and application of ethical/professional codes, standards, and guidelines, and of relevant laws, statutes, and regulations applicable to psychology practice in Texas

Is thoroughly familiar with the APA Ethical Principles , recognizes ethical dilemmas when they arise, seeks out consultation when necessary, and resolves them appropriately

Aware of own limits of competence and knows when to refer and consult with supervisor, and other professionals as appropriate

Able to identify situations that are reportable and follows internship policies when reporting abuse

Consistently and accurately applies internship policies and procedures

Goal 8 Consultation/inter-professional/interdisciplinary practice

Objectives

Intern will demonstrate competence in professional communications and consultation

Competencies

Builds and manages consultative relationships with persons, offices, and agencies as appropriate, demonstrating the ability to work collaboratively with professionals from other disciplines

Clearly and professionally communicates consultation feedback

Demonstrates ability in using an electronic medical record

Goal 9 Reflective practice

Objectives

Intern will develop the ability of practicing with reflection

Competencies

Is aware of personal competencies and skills and their limits as well as areas in need of further development

Sets personal goals

Demonstrates ability to learn from mistakes and to integrate learning into practice

Goal 10 Supervision

Objectives

Intern will demonstrate ability to accept and benefit from supervision in the clinical environment.

Intern will develop skills for the supervision of less advanced learners.

Competencies

Is adequately prepared for supervision (e.g., presents case notes, identifies high risk cases, identifies topics for discussion)

Demonstrates ability to give and receive peer supervision

Is open to feedback from supervisors and peers and applies feedback to improve practice

Faculty and Leadership

The Training Director, with the assistance of the program administrators, manages daily operations and routine decisions pertaining to the internship, including didactic seminars, scheduling, and personnel matters. The Associate Training Director provides support and coverage and also handles any issues that should arise related to supervisees of the Training Director. Clinical supervisors, as the Psychology Training Committee, collaborate to oversee programmatic issues, including policies, goals of training, ongoing self-study, review of interns' progress, interviews of potential interns, and intern ranking.

Katherine A. Loveland, Ph.D., Training Director, Licensed Psychologist, Landmark Charities Professor of Autism Research and Treatment in the Department of Psychiatry & Behavioral Sciences and the Department of Pediatrics. *Education*: BA, University of Virginia; PhD, Cornell University; Postdoctoral University of Houston Clinical Neuropsychology.

Deborah A. Pearson, Ph.D., Associate Training Director, Licensed Psychologist Professor in the Department of Psychiatry & Behavioral Sciences. Director, Developmental Neuropsychology Clinic. Associate Director for Clinical Training, LoneStar LEND (Leadership Education in Neurodevelopmental and Related Disorders) Program. *Education*: B.A. Wesleyan University, M.A. Rice University, and Ph.D. Rice University.

B. Ron Acierno, PhD Licensed Psychologist (South Carolina); Executive Director of Trauma and Resilience Center, Department of Psychiatry and Behavioral Sciences; Senior Research Scientist, RHJ VAMC Charleston, SC. Education: B.A. University of Virginia, Ph.D. Nova Southeastern University.

Elaheh Ashtari, Psy.D. Licensed Psychologist, Assistant Professor, Department of Psychiatry and Behavioral Sciences. *Education*: B.S., University of Houston, Houston, TX; M.A. Adler University, Chicago, IL, Counseling Psychology; Psy.D. Adler University, Chicago, IL, Clinical Psychology, Concentration in Child and Adolescent Psychology.

Kristin Calverley, Ph.D., Licensed Psychologist, Clinical Assistant Professor, Department of Psychiatry and Behavioral Sciences. *Education*: B.A., University of Victoria, Victoria, BC, Canada; Ph.D. University of Saskatchewan, Saskatoon, SK, Canada Clinical Psychology.

B. Christopher Frueh, PhD., Licensed Psychologist (South Carolina); Executive Director of Trauma and Resilience Center, Department of Psychiatry and Behavioral Sciences; Professor of Psychology, University of Hawaii. *Education*: B.A. Kenyon College, Ph.D. University of South Florida.

Melissa Goldberg, Psy.D. Licensed Psychologist, Clinical Assistant Professor, Department of Psychiatry and Behavioral Sciences. *Education*: B.A., Emory University, Atlanta, GA; M.A. and Psy.D. University of Denver, Denver, CO, Clinical Psychology; Postdoctoral Fellowship, Baylor College of Medicine at the Menninger Clinic, Houston, TX.

Angela M. Heads, Ph.D.: Licensed Psychologist, Assistant Professor, Department of Psychiatry and Behavioral Sciences, Education: B.S. Psychology University of Houston, Ph.D. Texas A&M University, Postdoctoral Research Fellowship, University of Texas Health Science Center at Houston, Center for Neurobehavioral Research on Addictions.

Jennifer Hughes, Ph.D. Licensed psychologist (Louisiana), Assistant Professor, Department of Psychiatry and Behavioral Sciences, BA University of Colorado, Boulder; MA Counseling Psychology, University of California at Santa Barbara; PhD Counseling, Clinical, and School Psychology, University of California at Santa Barbara.

Danielle D. Madera, Ph.D., Licensed Psychologist (Texas and Florida); Assistant Professor, Trauma and Resilience Center, Department of Psychiatry and Behavioral Sciences. *Education*: B.S., M.Ed., Ph.D. University of Florida.

Thomas D. Meyer, Ph.D.: Licensed Psychologist, Director of the Psychological Intervention and Research Program for Mood Spectrum Disorders (PIRP-M), Visiting Associate Professor. Department of Psychiatry and Behavioral Sciences, Education: M.Sc. in Psychology ('Diplom'), University of Mainz, Mainz, Germany; Ph.D., University of Mainz, Mainz, Germany; Postgraduate diploma as a Clinical Psychologist and Psychotherapist, University of Mainz, Mainz, Germany; Habilitation, University of Tübingen, Germany.

Joy M. Schmitz, Ph.D.: Licensed Psychologist, Louis A. Faillace, M.D. Professor, Department of Psychiatry and Behavioral Sciences and Director, the Treatment Research Clinic of the Medication Development Center. *Education*: Ph.D. Auburn University.

Kimberly Samuels, Ph.D.: Licensed Psychologist, Assistant Professor, Department of Psychiatry and Behavioral Sciences. *Education*: B.A., Baylor University, Waco, Texas; M.A., Pepperdine University, Culver City, CA, Psychology; Ph.D., Oklahoma State University, Stillwater, OK, Counseling Psychology

Sandra Soenning, PhD.: Licensed Psychologist, Assistant Professor, Department of Psychiatry and Behavioral Sciences. Education: B.S., Psychology, Lamar University, Beaumont, TX; Ph.D., Clinical Psychology, Texas Tech University, Lubbock, TX; Postdoctoral Fellowship, the Menninger Clinic, Houston, TX.

Andrea Taylor, PhD: Licensed Psychologist, Assistant Professor, Department of Psychiatry and Behavioral Sciences. Education: A.B. Harvard University, M.A. and Ph.D. Boston University.

Leslie Taylor, PhD, Licensed Psychologist, Director of Clinical Operations, Child Services Division, the Trauma and Resilience Center, Department of Psychiatry and Behavioral Sciences. *Education*: B.S., University of Georgia, Athens, GA; PhD in Applied Developmental Psychology, University of New Orleans, New Orleans, LA

Ana Ugueto, PhD.: Licensed psychologist, Assistant Professor, Department of Psychiatry and Behavioral Sciences, HCPC child and adolescent psychology. Research Associate, Johns Hopkins University, Bloomberg School of Public Health. Education: B.A. The University of Texas at Austin, M.A. and Ph.D. The Ohio State University.

Alia Warner, PhD. Licensed psychologist, Assistant Professor, Department of Psychiatry and Behavioral Sciences, Director Early Onset Treatment Program. *Education:* Ph.D., Counseling Psychology, Florida State University; Internship Michael E. DeBakey VA Medical Center; Fellowship Clinical Psychology, Michael E. DeBakey VA Medical Center.

Marion Zahn, PhD.: Licensed Psychologist, Clinical Assistant Professor, Department of Psychiatry and Behavioral Sciences. *Education:* B.S. Psychology, Texas A&M University, College Station, TX; M.S. Educational Psychology, Texas A&M University, College Station, TX; Ph.D. Counseling Psychology, Texas A&M University, College Station, TX.

Other teaching faculty. The location of this internship in the Texas Medical Center provides opportunities to involve psychologists from many other settings. Within UTHealth, psychologists are located in such departments as Neurology, Pediatrics, Physical Medicine and Rehabilitation, Family and Community Medicine, and Neurosurgery. We involve faculty in these and other areas in our didactic program, by inviting them to lecture. Faculty from other nearby institutions such as Baylor College of Medicine and professionals from the large and very active Houston mental health community take part in our didactics series. In addition, our location in a medical university provides us the opportunity to have outstanding exposure to faculty and trainees from other disciplines, such as psychiatry and social work. Because the leadership of this internship has been professionally active in this area for more than 30 years, we are well equipped to identify and attract the best qualified individuals to teach our interns. Our didactic schedule from the past several years of the internship reflects the richness of the resources available to us both at our own institution and outside of it.

Rotations

Schedule of rotations. For all interns the internship year consists of three 4-month rotations, each of which is full-time. Interns will have the opportunity to express their preferences for rotations, and their preferences will be considered in the assignment process. However, the training faculty will assign interns to their rotations and will inform them of the assignments before each block begins. Two interns with high qualifications and preference for trauma training will be able to do both trauma rotations back to back.

All interns have didactics, group supervision and some research time on Wednesdays. We expect that interns will typically work about 40 hours per week. Supervision is a part of the rotations and will be at least 4 hours/week, including two hours with licensed psychologist supervisor(s), group supervision (at least 1 hour), and research supervision (at least 1 hour).

The following rotations are currently available:

Outpatient:

I. **UTHealth C.L.A.S.S. (Changing Lives through Autism Spectrum Services) Clinic Rotation**

The **C.L.A.S.S. Clinic** is an outpatient clinic that provides psychological services to individuals with autism spectrum disorders and their families, particularly those who are intellectually able. One thing that makes C.L.A.S.S. different from most autism clinics is our focus on the full lifespan, including diagnosis and treatment of individuals well into adulthood. Thus, most of the clients are adolescents and adults, many of whom have not previously been diagnosed.

Interns rotating at CLASS will gain experience with a wide range of individual and family-related problems and a highly diverse group of clients. Many of our clients are diverse in multiple ways, e.g., transgender, ethnically and racially diverse, etc. They also have a multitude of co-occurring disorders such as mood disorders, anxiety disorders, addictions, personality disorders, etc. This rotation offers experience in sorting out difficult diagnostic issues as well as identifying and applying appropriate interventions for this complex population.

Interns will gain experience not only in assessment, diagnosis and report-writing but also in conceptualization of very complex cases with multiple co-morbid conditions. Interns may also do individual therapy with

selected clients and may have the opportunity to facilitate a group. Interns will work closely with the supervisor (Dr. Katherine Loveland) on every case.

Interns will do 1 to 2 assessments per week, along with 2 new client interviews or feedback sessions. They receive at least 2 hours supervision, plus time for scoring, interpretation, and report writing, chart completion, and individual therapy cases or groups as available.

For an intern entering this rotation, prior experience with autism spectrum is not required, but is recommended. Strong experience with assessment is also recommended. All interns will receive training before they are expected to perform tests or other services with which they are unfamiliar. Interns will be taught to do the Autism Diagnostic Observation Schedule – 2 during this rotation, with the expectation that by the end they will be able to do it independently for clinical cases.

Research projects related to autism spectrum disorders are also available for interns to gain research experience. The clinic maintains a database of assessment and diagnostic data, which can be used for research studies. In addition, a generous endowment from Landmark Charities allows us to support research projects on autism. Current projects include: *Parenting Stress in Mothers of Children with Autism* (Dr. Noriko Porter and Dr. Katherine Loveland); *Application of Virtual Reality Technology to Social Anxiety* (Dr. Katherine Loveland, Dr. Chang Yun, Dr. Madhavi Reddy, and Dr. Jin Yoon).

II. Developmental Neuropsychology Rotation

The Developmental Neuropsychology Rotation provides the intern with training and experience in assessment of behavioral and emotional concerns in infants, children, adolescents, and young adults with developmental, neuropsychological, and genetic concerns. This rotation is centered in the Developmental Neuropsychology Clinic at the UTHealth Behavioral and Biomedical Sciences Building (BBSB), under the supervision of Dr. Deborah A. Pearson. Interns will learn specialized instruments used to assess infants, psychiatric concerns in children and adolescents with developmental disabilities, and neuropsychological function in children and adults with neurological and genetic disorders (e.g., Tuberous Sclerosis Complex). Interns will also have an opportunity to use standard psychoeducational assessment measures as part of more general psychological and neuropsychological evaluations (e.g., of children with ADHD, learning disorders, autism spectrum disorder).

DNC research activities include a number of clinical trials sponsored by the pharmaceutical industry, and NIH-funded projects including an NINDS/NICHHD projects associated with the Autism Center of Excellence program and the Rare Disease Consortium. In all of these activities, interns will have the opportunity to perform clinical assessments with individuals with a variety of developmental, neurological, and genetic conditions. Although most of this research is done at BBSB, interns may also work on research protocols at Memorial Hermann Hospital (MHH), a large general hospital in the Texas Medical Center. Interns participating in this research arm of the DNC are supervised by Dr Pearson on each case.

III. Addictions Rotation

The Addictions Rotation provides the intern with experience in the assessment and treatment of substance use disorders at the Treatment Research Clinic at the UTHealth outpatient building the Behavioral and Biomedical Sciences Building (BBSB), under the direction and supervision of Dr. Joy Schmitz and Dr. Angela Heads. The Treatment Research Clinic is the primary site for clinical research at the Center for Neurobehavioral Research on Addictions (CNRA), a nationally recognized center dedicated to the development of science-based treatment for substance use disorders. Studies examining behavioral and pharmacological interventions for treatment of cocaine, marijuana, and other drug addictions take place at

the Treatment Research Clinic. The intern will learn therapy manuals based on cognitive-behavioral, motivational enhancement, and contingency management approaches. Time will be spent learning and administering structured diagnostic (MINI, SCID) and drug history interviews. There may also be an opportunity to deliver individual therapy for patients with cocaine dependence and comorbid PTSD symptoms. CNRA also supports our non-research intensive outpatient addiction clinic, where patients present with a wide range of single and polydrug use disorders, including prescription pain medication and synthetic marijuana abuse. In this clinic setting the intern can exercise more flexibility in planning assessment, therapy (individual or group), and duration of treatment.

The Addictions Rotation provides opportunities for research involvement. The intern will be encouraged to attend weekly research team meetings, assist in reviewing relevant literature, and engage in data analysis and manuscript writing, proportionate to their interest and time. During this research rotation, interns may receive mentorship from other CNRA faculty researchers, including Dr. Scott Lane, director of the Neuroscience Laboratory and expert in the study of cognitive function (e.g., attention, memory, executive processes) in relation to addiction, and Dr. Charles Green, director of the Advanced Clinical Design and Statistical Analysis Core and expert in biostatistics and methodology.

IV. Trauma and Resilience Center (TRC) Rotation – Child/Adolescent and Adult

The Trauma and Resilience Center provides one adult focused rotation and one child/adolescent focused rotation. The TRC rotations provide concentrated clinical and research training in the assessment of the consequences of trauma exposure and treatment of PTSD and related disorders in adults and youth. There is an emphasis on providing care for Veterans and their family members. The rotations are centered at the UTHealth Psychiatry Outpatient Clinic located in the Behavioral and Biomedical Sciences (BBSB) Building under the supervision of Dr. Ron Acierno, Dr. Leslie Taylor, Dr. Jennifer Hughes, Dr. Sandra Soenning, Dr. Melissa Goldberg, and other TRC faculty and staff. Interns will also spend time at the Harris County Psychiatric Center (HCPC) working with inpatients with trauma. Two interns with high qualifications and preference for trauma training will be able to do both trauma rotations back to back. Two other interns will be able to do one rotation each in the TRC.

The TRC is committed to conducting evidence based screening, assessment, and treatment in trauma exposed populations. Priority patient populations include survivors of human trafficking, Hurricane Harvey, veterans and their families, first responders, child abuse survivors, sexual assault survivors, and patients with severe chronic medical conditions and/or related physical traumas. Interns will be responsible for seeing patients at the TRC, a specialty clinic within the Department of Psychiatry and Behavioral Sciences, and will be integrated into ongoing outcomes research and service quality initiatives. Interns will receive a specialized training experience working with survivors of domestic minor human trafficking (DMST). Interns will be trained in developmentally sensitive methods for identifying trauma exposure, post-traumatic stress symptoms, and co-morbidities commonly reported by trauma exposed populations (depression, substance use, sleep, and interpersonal functioning difficulties). There will also be training in effective trauma focused treatments (prolonged exposure therapy, cognitive processing therapy, trauma focused cognitive behavioral therapy). Interns will be part of a multidisciplinary team consisting of psychologists, psychiatrists, social workers, nurses, and administrative staff that provides comprehensive assessment, medication management, case management, and trauma-focused individual, group, and couple/family therapy. Interns will also be involved in community outreach efforts and clinical research activities. Interns will have the opportunity to learn specialized instruments used to assess posttraumatic stress disorder (e.g. Clinician Administered PTSD Scale (CAPS)), trauma-focused treatments such as Prolonged Exposure and/or Cognitive Processing Therapy, and other modalities such as Interpersonal Psychotherapy. Interns will have the opportunity to complete

thorough clinical-research assessments pre- and post-treatment, carry their own caseload of approximately 8-10 patients, participate in weekly treatment team meetings, and facilitate group and family therapy.

Inpatient:

The University of Texas – Harris County Psychiatric Center (UT – HCPC) is a 250-bed acute, inpatient psychiatric facility, affiliated with the Department of Psychiatry and Behavioral Sciences at the UT Health Science Center at Houston. Aside from two child/adolescent units, all clinical units at UT-HCPC serve adult inpatients. As the primary psychiatric training hospital of the UT Health Science Center at Houston, UT-HCPC is a training home for psychiatry residents as well as students in medicine, social work, nursing, and pharmacy – in addition to psychology. Opportunities for research involvement are available, as well. As a multi-disciplinary setting, UT-HCPC is an environment rich for collaborative learning and growth. Internship Program Supervisors are Elaheh Ashtari, Psy.D. , Alia Warner, Ph.D., Danielle Madera, PhD, Kendra Anderson, PhD and Ana Ugueto, Ph.D.

- V. **HCPC General Adult Rotation.** The mean length of stay for most adult patients at UT – HCPC is approximately 7 days. Patients served are diverse in race/ethnicity, age, education, and sociocultural background. Patients often present with severe psychopathology such as Schizophrenia and other psychotic-spectrum symptoms and disorders, Mood Disorders (e.g., Major Depressive Disorder, Bipolar I Disorder), Substance Use Disorders, Personality Disorders (e.g., Borderline Personality Disorder), and various Cognitive Disorders. The Psychology Service at UT – HCPC subscribes to a model of evidence-based practice, as all approaches to assessment and treatment are informed by relevant research. The Psychology Service functions as a hospital-wide consultation service. We receive electronic “referral orders” from treatment teams across various clinical units. Referral orders relevant to adult patients can be for Psychological Assessment or Brief Individual Intervention. We also provide group therapy services to various units at fixed weekly days/times.

In addition to the General Adult units, the Adult rotation at HCPC includes the HCPC Early Onset Treatment Program (EOTP). The EOTP is designed to provide intensive treatment and support for patients who are in the early course of psychiatric illness. The goal of this program is to intervene by interrupting the pattern of chronic crisis and over-utilization of emergency services. Through the provision of psychopharmacology, intensive psychological treatment, direct social service oversight, creative programming, and multimodal discharge planning, EOTP participants receive holistic individualized treatment. In addition, the project engages family and community resources in order to prepare participants for discharge and successful reintegration into the community. Within the EOTP interns have the opportunity to participate as members of a multidisciplinary treatment team, provide long-term individual therapy, family therapy, facilitate psychoeducational and psychotherapeutic groups, and conduct and write full psychological assessment batteries.

Duties of interns on the Adult Rotation will include:

- (1) Conducting psychological assessments of patients, as per relevant referrals
- (2) Providing Brief Individual Therapy across various clinical units.
- (3) Facilitating or co-facilitating group therapy sessions with adult patients across various adult units.
- (4) Attending weekly Psychology Case Conference meetings (as scheduled) and Unit Rounds (as schedule permits).

VI. **HCPC Child and Adolescent Rotation**

The HCPC Acute Child/Adolescent Unit serves children ages 3-17. The approximate length of stay is 6-8 days. The patients served are diverse in race/ethnicity, education, and sociocultural background. In the Acute Child/Adolescent unit, commonly represented disorders include psychotic-spectrum disorders

(schizophrenia), mood disorders (Major Depressive Disorder, Bipolar I Disorder), and developmental disorders (Autism, Learning Disorders, ADHD, Intellectual Disability), personality disorders (Borderline Personality Disorder), and substance abuse. In addition, a number of youth have trauma histories that include sexual assault, sexual abuse, physical abuse, and witnessing domestic and community violence.

The Psychology Service at UT – HCPC subscribes to a model of evidence-based practice, as all approaches to assessment and treatment are informed by relevant research. The Psychology Service functions as a hospital-wide consultation service. We receive electronic “referral orders” from treatment teams across various clinical units. Referral orders relevant to child patients can be for Psychological Assessment or Individual Therapy. We also provide a number group therapy services in the child/adolescent unit at fixed weekly days/times.

Duties of interns on the Child Track will include:

- (1) Conducting psychological assessments of patients, as per relevant referrals
- (2) Providing Individual Therapy to child/adolescent patients
- (3) Facilitating or co-facilitating group therapy sessions with adolescent patients
- (4) Attending weekly Psychology Case Conference meetings (as scheduled) and Unit Rounds (as schedules permit).

Facilities

The Behavioral and Biomedical Sciences Building, where the UTHealth Psychiatry outpatient clinics are located, is a 153,000-square-foot facility that opened in March, 2010. The \$74 million, six-story building has three floors for the use of the Department of Psychiatry outpatient programs. Interns will have the use of assessment rooms, therapy rooms, conference rooms, playrooms, a group therapy room and research rooms equipped with video cameras. There is also a video observation system for teaching and supervision in order to facilitate supervisor oversight. Interns have offices equipped with computers and printers. The clinic area has separate child and adult waiting rooms and administrative support areas. The clinics also have extensive psychological testing resources, with secure storage for tests and paper records. UTHealth uses an electronic medical record system on which interns are trained. Clinic administration, which is situated in the same area as the clinic, provides support for scheduling, medical records, client insurance and payments, and other needs.

The Harris County Psychiatric Center is a public teaching hospital, delivering a comprehensive program of psychiatric and psychosocial services to more than 6,100 inpatient admissions and 14,000 outpatient visits annually. UTHCPC is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). At HCPC, inpatient care is provided to children, adolescents and adults with a wide range of mental disorders. Interns have office space with computers and printers, access to testing materials, rooms for group therapy and testing.

Intern Activities

Intern Weekly Schedule

Interns will typically work from 8:00 am to 5:00 pm, five days per week, as assigned by their clinical supervisors. In some cases there may be work (e.g., groups) that extend past 5 pm on some days. An example of a typical distribution of weekly training activities is shown below. Training activities will vary among interns according to their focus areas and their rotation placement. For example, some rotations have more assessment activities than therapy activities or vice versa. However all interns are required to have 4 hours direct supervision per week, including two hours of clinical supervision, and one hour each of group supervision and research supervision.

SERVICE ACTIVITIES

Assessment, Administration & Scoring
Individual, Family or Group Interventions

Hours/Week

10
10

TRAINING ACTIVITIES

Individual and Group Supervision	4
Seminars/didactic training	3

RESEARCH ACTIVITIES

Data collection, analysis and writing	3
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OTHER ACTIVITIES

Report Writing	10
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TOTAL HOURS/WEEK	40
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Interns are asked to be flexible in their scheduling where possible. This is particularly important with regard to psychological testing, which will sometimes require a rapid response for timely feedback, and for group therapies which are sometimes scheduled after 5 pm. Interns will track their hours weekly using a program form and will review this with supervisors. No intern is required to work more than 40 hours per week.

Intern Employment

Interns are regular UT employees. This means they are hired and compensated and must serve according to the same policies and procedures as other employees. Each intern will have UT Health Science Center Houston administrative orientation as well as an orientation from the internship program. As a condition of the work they will be doing, interns must take and pass training on UT compliance policies including information technology policies, HIPAA, and research ethics/humans subjects protection. Interns must complete a time card as do other employees every pay period. As new employees, interns are in their probationary period with UTHSCH for the first six months of employment. Interns are responsible for knowing relevant UT policies and procedures as outlined in the UTHSCH Handbook of Operating Procedures: <https://www.uth.edu/hoop/>.

Interns must also pass a criminal background check in order to be hired:

<https://www.uth.edu/hoop/policy.htm?id=1448168>

Didactic Series

The program has a specific didactic series designed for the psychology interns, with weekly 2.0 hour presentations given on Wednesday afternoons, 130-330 pm. All interns are also required to attend the Department of Psychiatry and Behavioral Sciences' weekly (1.0 hr) Grand Rounds series (Wednesdays noon – 1 pm, August through May) which brings recognized experts to lecture on topics relevant to mental health research, practice and ethics. Interns will periodically attend presentations put on by the Council of Houston Area Training Sites (CHATS) which address professional issues of relevance to psychologists. The department also has frequent research presentations and case conferences as well which interns are encouraged to attend when their schedule permits. Interns may also attend some outside presentations/trainings as their rotation schedule permits, such as more in-depth trainings in psychotherapeutic techniques, ethics and practice presentations from the Houston Psychological Association, research conferences. Interns are also required to make one evidence based presentation per year on a topic of their choice, which may be on their dissertation research or may be a research project they worked on during the internship year.

Orientation to Internship

Orientation occurs during the first week of internship. Interns begin providing professional services immediately but receive training not only in specific clinical services (e.g., learning new testing procedures), but also have training on compliance with university policies on HIPAA, research ethics, computer usage, and the use of the electronic medical record system at the inpatient and outpatient sites. Efforts will also be made to promote collegiality and regular consultation among interns and faculty.

Internship Completion Criteria

To successfully complete the doctoral internship, interns are expected to fulfill the following minimum requirements and demonstrate competence in each of the areas described in this manual. Interns will have a minimum of 2000 hours of program participation. Interns must also satisfactorily meet the goals, objectives and competencies of the training program. Each intern will receive a certificate upon satisfactory completion of the internship.

Evaluations and Due Process

UTHDPIP has the responsibility to provide ongoing feedback to doctoral interns and to continually assess interns' progress. The goal of feedback is to facilitate ongoing clinical growth and professional development. Interns receive informal feedback continuously through individual and group supervision. At quarterly intervals interns receive formal, written feedback evaluating their performance in each of the competencies identified by the program as related to the goals and objectives of the program. The evaluations are completed by each supervisor and are discussed with the intern. Where appropriate, input from secondary supervisors will be included. The intern has the opportunity to provide comments on the evaluation.

The competency-based intern evaluation form is included in Appendix A at the end of this handbook. Interns should review this form prior to meeting with supervisors, and should develop competency-based goals for the internship year. To remain in good standing, interns are required to attain a score of 3 or greater on each competency area rated by their supervisor.

1. The intern's supervisors complete the written evaluation form and meet individually with the intern to discuss it.
2. The evaluation form is signed and sent to the Training Director, with copies to the supervisor and intern.
3. The Training Director summarizes the intern's work at the primary and secondary rotations and shares the summary with the intern's Training Director at the home program at the end of Block 1 and at the end of the internship.
4. The intern will be given the opportunity to make a written response if desired.
5. If significant deficiencies are identified (scores below 3 on any competency area), the Training Director and supervisors will work with the intern to develop a remediation plan with clear steps, expectations, deadlines and outcomes.
6. All evaluations and student responses become part of the intern's file, are reviewed by the Psychology Training Committee, and can be provided to the Training Director at the intern's doctoral training program.

Ordinarily, we expect that incoming interns have not reached full professional competency in all the areas identified as part of our training program. It is expected that growth will occur over the course of internship, as our program is cumulative and graded in complexity over the course of the internship year. Hence, the normal acquisition of new skills at a rate commensurate with internship level professional performance is not considered to reflect a deficiency or to be unsatisfactory. However, interns who are not meeting expectations for their level in training in any competency area will receive feedback from direct supervisors as a first step. The purpose of feedback will be to identify and address any deficiencies as early as possible. If the deficiencies are related to aspects of a specific rotation and are remediable at that level, the supervisor will work with the intern to develop a plan to correct them. The supervisor and intern will meet in regular supervision to discuss progress.

In some cases, serious concerns about foundational competencies or problematic behavior may arise. The following section describes the program's procedures for identifying, assessing, and if necessary, remediating unsatisfactory intern progress and/or problematic behavior. Unsatisfactory progress or problematic behavior occurs when an intern

- Fails to acquire professional skills necessary to reach a satisfactory level of progress and competency; or
- Does not appropriately manage personal behaviors, strong emotional reactions, and/or psychological concerns that interfere with professional functioning.

If serious deficiencies related to foundational competencies or behavior are identified, the intern will be informed that the matter will be referred to the Training Director for further action. The intern will receive a letter from the Training Director that will describe the specific reasons for the referral. After receiving the letter, the intern will meet with the Training Director and primary supervisors discuss the foundational concerns in more detail. This first meeting will be a discussion that allows the intern to gain additional information and share his or her perceptions and insights.

Following this meeting, the intern may be asked to consider the referral information and the feedback from the meeting and to work with the supervisor to develop a corrective plan to remediate or otherwise respond to the concerns within one week and forward it to the Training Director. The plan should consist of specific objectives to be met, and must include a realistic time frame in which the plan will be accomplished. If the intern is unable or unwilling to make such a plan, or requires help, the members of the Training Committee will assist by drafting a plan and working with the intern to arrive at a final version. After a review of the corrective plan, Training Director and supervisors will have a second meeting with the intern to review the plan, offer suggestions or feedback and ensure that the plan addresses the foundational competencies or behaviors generating the referral. The intern's supervisors and the Training Director will have final say over the content of the plan.

Following the acceptance of a formal corrective plan by the Training Director and the intern's supervisors, the intern will typically be placed under committee oversight. Committee oversight will involve periodic meetings with the Training Director and primary supervisors and is intended to support the intern as the he or she engages in the process of remediation. As the student successfully completes the corrective plan, the Training Director and supervisors will work collaboratively with the student to determine when oversight is no longer necessary.

In rare cases concerns about foundational competencies and/or behavior may sometimes be serious enough to warrant the intern's leaving the program. Serious problems of this kind might include severe ethical violations, the intern's inability or unwillingness to implement an appropriate corrective plan, a significant lack of progress in remediating foundational competencies, evidence that the intern is impaired to a degree that he or she cannot reasonably and ethically provide services, or other serious problems that impair the intern's ability to continue in advanced psychology training or to provide psychological services.

Decisions regarding dismissal are made by the Training Committee and will be communicated in writing to the intern and his or her home program. Before a decision to dismiss an intern is reached, the Training Director will seek consultation and review from other psychologists in the program who have not directly supervised the intern. Their input, together with that of the intern's supervisors, will be presented to the Training Committee by the Training Director with a recommendation either to dismiss or to retain the intern. In the event that the Training Director has been a direct supervisor of the intern in question, the Associate Training Director (or if necessary, another training faculty member) will fill this role. The Training Committee as a whole will then consider the recommendation. Because a decision to dismiss from the program will only be made after thorough review by the Training Committee as a whole, there is no further level of appeal within the program. Interns should be familiar with UTHHealth Handbook of Operating Procedures Policy number 152 – Probationary Period – Classified Employees (www.uthouston.edu/hoop/policy.htm?id=1448152). This policy states that "Employees may be recommended for dismissal at any time during the probationary period." The probationary period referred to in this policy is the first six months of employment at UTHHealth for all new employees.

Complaints against Fellow Interns

Consistent with the APA Ethical Standards and Code of Conduct, it is recommended that informal resolution be the first step in resolving a conflict or concern with another intern. When concerns arise, the complainant should first contact the intern in question and frankly discuss the concerns. If resolution is not reached, one may engage in the following formal complaint resolution process.

Complaints may be made against fellow interns for the following reasons:

- a. Alleged violation to APA Ethical Principles and Code of Conduct, state or federal laws, University of Texas Health Science Center Houston policies and regulations.
- b. Alleged violation of internship policies.
- c. Concerns about an intern's suitability for the practice of clinical psychology, such as concerns about an intern's physical, intellectual, or emotional abilities to perform the essential functions of a clinical psychologist.

Because of the nature of a formal complaint and the subsequent investigation, complete confidentiality of the complainant may not be possible. It is desirable for the complainant to submit the complaint(s) in writing and be interviewed. Written documentation of the complaint and outcome are kept in the intern's permanent file. All applicable personnel policies of the UT Health Science Center, Houston with regard to compliance will be followed. In accordance with law, there are certain situations (e.g. harassment or discrimination) in which complaints may be communicated to other officials either verbally or in writing. Typically, complaints against interns will be handled in the following manner:

1. Complaints against an intern should be written and sent to the Training Director.
2. The Training Director notifies the intern that a complaint(s) against him/her has been made within five working days of receipt of the complaint.
3. The Training Director gathers necessary information from faculty, concerned interns, supervisors, other staff members or clients and brings them before the Training Committee for discussion.
4. The Training Director provides the intern with written documentation of the specific complaint(s) and concerns of the Committee within 20 working days of receipt of the complaint.
5. The Training Director interviews the intern to obtain additional information and his/her response to the allegations within 10 working days of written notification to the intern of the specific complaint(s). The intern may bring another intern or a faculty member or supervisor to the interview to serve as a support person. The student may offer names of persons who may provide additional information on behalf of the student. This is not a legal process, and attorneys should not be involved at this level.
6. With the input of the Psychology Training Committee, the Training Director renders a decision regarding a course of action within 10 working days of the student interview. Possible decisions include but are not limited to:
 - a. Dismiss complaint.
 - b. Letter of reprimand.
 - c. Remedial actions. The intern must submit documentation of satisfaction of remedial recommendations by a specified date. Remedial actions may include, but are not limited to, mandatory psychotherapy, additional courses, and additional supervision.
 - d. Dismissal from the UTHDPIP.

Decisions by the Training Director regarding complaints against interns may be appealed. In the event of an appeal the following process must be followed:

- a. The student makes a written appeal within one month of receipt of the Training Director's decision.
- b. The Training Committee investigates the decision to the extent necessary, which may include interviews of the intern and those involved in the complaint. They may also consult with persons outside the UTHDPIP who have knowledge relevant to the complaint/decision.
- c. The Psychology Training Committee makes a decision to support, modify, or overturn the Training Director's decision within 30 working days of receipt of the appeal. Written notification is provided to the student. This decision is final.

Intern Complaints against Faculty or Supervisors

Complaints against faculty members or supervisors may be made by interns. Depending on the nature of the complaint, the issue should first be discussed with the professor or supervisor to see if some resolution can be worked out. If the issue is such that the intern does not feel safe to discuss it with the faculty member or supervisor, or if such discussion does not bring the desired resolution, then the intern may write a complaint and send it to the Training Director. In the event that the Training Director is the subject of the complaint, written complaints may be made to the Associate Training Director, or to the administration of the UT Health Department of Psychiatry & Behavioral Sciences. UTHDPIP will in all cases aim to protect the rights and the safety of interns, faculty and clients. In the event that a faculty member is found to have acted inappropriately, corrective action will be taken. All applicable personnel policies of the UT Health Science Center, Houston with regard to compliance will be followed. In accordance with law, there are certain situations (e.g. harassment or discrimination) in which complaints may be communicated to other officials either verbally or in writing.

Self-Study and Quality Improvement of the Program

The Training Director periodically reviews the training offered to interns. This includes reviewing interns' evaluations of training rotations. The Training Committee meets biweekly to discuss progress of the program and the interns, deal with problems or questions that arise, and plan further steps.

Vacation and Sick Leave

Interns begin to accrue vacation time from the first day of employment, at the rate of 8 hours per month. However, according to UTHealth policy, new employees may not take vacation time until they have successfully completed six months of service. After the first six months of employment, interns may take earned vacation time, with approval from the Training Director and the intern's supervisors. Interns are asked to give at least 30 days' notice before scheduling vacation leave, if at all possible. In the event an intern has an urgent need for leave before the first six months are completed, the intern should discuss this with their supervisor and with the Training Director.

Interns should not plan vacation time or trips to conferences without first getting the approval of their supervisor and the Training Director. Interns may also be asked to make up missed time if they are not taking vacation or sick time. Longer or frequent absences due to illness may require a doctor's note.

As UT Health Science Center employees interns also receive specific holidays as determined by the State of Texas. In the 2015-16 academic year these days are: Labor Day (Sept. 7), Thanksgiving (Nov. 26,27), December Holidays (Dec. 24,25, 28, 29, 30, 31), New Year's Day (Jan. 1), Martin Luther King, Jr. Day (Jan. 18), Presidents' Day (Feb. 15), Memorial Day (May 30), Independence Day Holiday (July 4). Interns who take leave before they are able to take vacation time must take leave without pay. These policies are set by the UT Health Science Center (see Handbook of Operating Procedures, Policy Number 28, <http://www.uthouston.edu/hoop/policy.htm?id=1447904> .)

Interns accrue one sick day per month over the course of the training year. If additional days are required for illness, they are considered part of the interns' vacation leave.

Interns may also take five (5) days per internship year for professional activities such as presenting at conferences or defending their dissertations. These absences are counted as regular work because they are training-related experiences, but must be approved and be scheduled in advance with the program supervisors and the Training Director. Interns should not agree to attend conferences or make other commitments requiring time off without first obtaining approval.

Extended Absence

An intern may be excused from service for maternity leave, severe illness (physical or emotional), or other legitimate reasons. UTHealth has policies for FMLA leave that can be found in the Handbook of Operating Procedures. Extended absences do not reduce the overall number of hours required for completing the internship. In rare cases, an intern may need to extend the length of training in order to fulfill all required training hours. If this occurs, the salary and stipend end after the first 12 months of training.

Professionalism

Positive relationships among faculty, staff, students, and administrators will be encouraged and emphasized throughout the internship program. The UTHDPIP recognizes the right of interns to be treated with courtesy and respect. In order to maintain the quality and effectiveness of interns' learning experiences, all interactions among interns, faculty and staff should be collegial and conducted in a manner than reflects the highest standards of the scholarly community and of the profession. The internship program will educate interns about these principles and about procedures should problems arise with regard to them. Faculty are expected to serve as role models for professional behavior.

Ethical Standards

Interns will be educated about and are expected to adhere to accepted ethical standards for the practice of psychology as defined by the American Psychological Association. Ethics as applied to research as well as ethical concerns in clinical practice will be emphasized both in didactics and in supervision. Faculty are expected to serve as role models for ethical behavior in the practice of psychology. All interns will receive a copy of the APA's *Ethical Standards of Psychologists and*

Code of Conduct at orientation.

Academic Integrity

According to the APA Ethics guidelines, “Psychologists do not present portions of another’s work or data as their own, even if the other work or data source is cited occasionally.” This guideline applies to all work submitted in this program (electronic, written or oral). Submission of oral presentations or written work that includes plagiarized material (text or data) is a serious infraction. Interns who plagiarize will be subject to disciplinary action, which may include being dismissed from the program.

Diversity

The program promotes diversity among trainees and faculty and also emphasizes competence with diverse clients as a goal of training. Faculty strive to model awareness and competencies related to diversity in their work as clinicians, researchers and educators. Didactics on topics related to individual and cultural diversity are a regular part of the program. Presenters on other didactic topics are encouraged to address diversity in their presentation, and supervisors to help interns identify and address diversity related issues that arise in clinical practice. In group supervision, interns make monthly presentations and have discussion on diversity topics of their choosing. Interns choose and distribute readings and lead the discussion.

Sexual Harassment Policy

The UTHDPIP endorses, and interns, faculty, other supervisors and UTHealth staff members must comply with Section 1.11 and 1.12 of the *Ethical Standards of Psychologists and Code of Conduct*, which state:

1.11 Sexual Harassment

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

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

1.12 Other Harassment

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

Community Aspirations

The UTHDPIP strives to be a learning community where civility and professionalism are practiced on a daily basis. Every effort is made to provide an optimal training environment for doctoral interns. Interns are invited to be part of this learning community with the hope that it will contribute to their growth and ultimately to the health of the profession. Internship is a time of transition, providing opportunity for trainees to further develop skills learned during earlier years of graduate training while also preparing for entry into professional psychology as a career. This internship provides many opportunities for personal and professional development. Interns are valued colleagues and are invited to bring their questions, comments and concerns to faculty, staff, and supervisors.

APPENDIX A

Doctoral Intern Evaluation Form

UTHealth Doctoral Psychology Internship Program

Intern Name:				Supervisor:
Time of Evaluation :	<input type="checkbox"/> Mid-rotation Bl. 1	<input type="checkbox"/> Mid-rotation Bl.2	<input type="checkbox"/> Mid-rotation Bl.3	Date:
	<input type="checkbox"/> End Bl. 1	<input type="checkbox"/> End Bl. 2	<input type="checkbox"/> End Bl. 3	

Assessment Method(s) for Competencies:

<input type="checkbox"/> Direct Observation	<input type="checkbox"/> Review of Written Work
<input type="checkbox"/> Videotape	<input type="checkbox"/> Review of Raw Test Data
<input type="checkbox"/> Audiotape	<input type="checkbox"/> Discussion of Clinical Interaction
<input type="checkbox"/> Case Presentation(s)	<input type="checkbox"/> Comments from Other Staff

The attached form lists internship Goals and Objectives as well as competencies related to each. **Please rate the intern’s developmental level in each Competency area.** Do not rate Goals or Objectives. Average the competency scores for that Objective and add to the line for Average score.

For the purposes of this evaluation, the intern will be rated on each Competency using the following scale (mid points scores are acceptable, e.g. 2.5). If that competency is not applicable to your rotation, you may mark it N/A. **In accordance with our developmental model, interns are considered to be “right on target” with scores of 2.** If an intern makes appropriate developmental progress throughout the internship, a score of 3 may be given. **An intern must be rated a “2” or greater in each competency area to be considered in good standing.** Competency areas that are rated below 2 will indicate the need for remediation.

Note that progress is measured *within the current rotation*. This means that in evaluating overall progress, scores derived from an intern’s rotations will be “stacked” and averaged. Supervisors should provide narrative comments to indicate both areas of excellence and areas where further development is needed.

3	PERFORMANCE CONSISTENTLY ABOVE THE EXPECTED LEVEL AT THE START OF THIS ROTATION: Intern has made clear developmental progress and has developed excellence in mastery of skills related to this rotation.
2	PERFORMANCE AT EXPECTED DEVELOPMENTAL LEVEL OF AN INTERN IN THIS ROTATION: Performance on this competency is at the expected developmental level for the amount of experience, knowledge, and academic training of that intern. Intern is “on target” for where he/she is expected to be in a rotation, and meets the expected proficiency for that skill/ behavior. Ongoing supervision and monitoring is focused on continued advancement, integration, and consistency.
1	PERFORMS BELOW EXPECTED DEVELOPMENTAL LEVEL OF AN INTERN IN THIS ROTATION: Performance on this competency is below the expected developmental level for the amount of experience, knowledge, and academic training of that intern. Remediation is needed to work toward the expected developmental level. Intern needs significant supervision, training, and/or guidance to gain more proficiency in this skill/ behavior.

N/A | NOT APPLICABLE – skill unable to be assessed.

Goal 1 Evidence-based practice in assessment			Score
<u>Objectives</u>	1a	Intern will be skilled in selecting, administering, scoring and interpreting psychological assessments	
	1b	Intern will be competent in theories and methods of psychosocial risk screening, assessment, diagnosis, and case conceptualization	
<u>Competencies</u>	1a	Accurately integrates assessment results and clinical interview information into psychological assessment report	
		Demonstrates skill in scoring and interpretation of tests	
		Writes clear and concise assessment reports	
	1b	Thoroughly and accurately assesses individual and environmental risk and protective factors as well as relevant psychiatric outcomes	
Average score			
Comments:			
Goal 2 Evidence-based practice in intervention			
<u>Objectives</u>	2a	Intern will attain competence in theories and methods of evidence based psychotherapeutic interventions	
<u>Competencies</u>	2a	Provides a case conceptualization based on an integrated theoretical framework	
		Demonstrates competence in using empirically-supported principles in clinical care and to adapt it, if necessary, to the specific needs of the patient and setting	
		Independently conceptualizes cases and formulates intervention targets and treatment plans.	
		Demonstrates ability to form therapeutic rapport with clients while creating and maintaining appropriate boundaries	
Average Score			
Comments:			
Goal 3 Research			

<u>Objectives</u>	3a	Intern will demonstrate the ability to carry out, interpret and apply research related to the practice of psychology.	
<u>Competencies</u>	3a	Demonstrates knowledge of issues related to protection of human subjects in research	
		Critically evaluates and interprets research literature	
		Demonstrates knowledge of theories and methods of program evaluation	
		Demonstrates knowledge of methods to design and carry out research, including research to evaluate interventions	
		Effectively and clearly presents and discusses research findings	
		Applies research/empirical literature to clinical work; applies clinical knowledge to research questions/hypotheses	
Average Score			
Comments:			
Goal 4 Communication and interpersonal skills			
<u>Objectives</u>	4a	Intern will demonstrate skills in communication and interpersonal interaction appropriate to a professional level of training.	
<u>Competencies</u>	4a	Clearly and professionally communicates about client care in a timely manner Demonstrates ability to communicate and collaborate with others in a respectful and professional manner	
		Conducts self professionally in all contexts of work (e.g. communication, attire)	
Average score			
Comments:			
Goal 5 Professional values and attitudes			
<u>Objectives</u>	5a	Intern will demonstrate integration of professional values and attitudes into psychological practice, consistent with the highest standards of psychological practice	

<u>Competencies</u>	5a	Demonstrates awareness of and puts into practice values and attitudes such as respect for all persons; protection of the welfare of clients; offering care only where one has the competence to provide; protecting the confidentiality of clients	
		Demonstrates clear commitment to providing the best possible care	
Average Score			
Comments:			
Goal 6 Individual and cultural diversity			
<u>Objectives</u>	6a	Intern will demonstrate competence in practice that is informed by awareness of individual and group diversity.	
<u>Competencies</u>	6a	Demonstrates knowledge of self in the context of diversity and its impact on clinical processes (e.g. impact of background, biases, limits of competence)	
		Demonstrates cultural competency skills in working with a variety of cultural differences and diverse identities (e.g. awareness of self, knowledge of other; culturally sensitive interventions)	
		Demonstrates an awareness of the effects of contextual factors (age, gender, ethnicity, culture religion, physical disability, sexual orientation etc.) on health status	
		Integrates cultural contexts of clients when making clinical impressions and case conceptualizations	
Average score			
Comments:			
Goal 7 Ethical and legal standards			
<u>Objectives</u>	7a	Intern will demonstrate competence in ethical and legal standards that apply to the practice of psychology	
<u>Competencies</u>	7a	Demonstrates knowledge and application of ethical/professional codes, standards, and guidelines, and of relevant laws, statutes, and regulations applicable to psychology practice in Texas	

		Is thoroughly familiar with the APA Ethical Principles , recognizes ethical dilemmas when they arise, seeks out consultation when necessary, and resolves them appropriately	
		Aware of own limits of competence and knows when to refer and consult with supervisor, and other professionals as appropriate	
		Able to identify situations that are reportable and follows internship policies when reporting abuse	
		Consistently and accurately applies internship policies and procedures	
Average Score:			
Comments:			
Goal 8 Consultation/interprofessional/interdisciplinary			
<u>Objectives</u>	8a	Intern will demonstrate competence in professional communications and consultation	
<u>Competencies</u>	8a	Builds and manages consultative relationships with persons, offices, and agencies as appropriate, demonstrating the ability to work collaboratively with professionals from other disciplines	
		Clearly and professionally communicates consultation feedback	
		Demonstrates ability in using an electronic medical record	
Average Score			
Comments:			
Goal 9 Reflective practice			
<u>Objectives</u>	9a	Intern will develop the ability of practicing with reflection	
<u>Competencies</u>	9a	Is aware of personal competencies and skills and their limits as well as areas in need of further development	
		Sets personal goals	
		Demonstrates ability to learn from mistakes and to integrate learning into practice	
Average Score:			

Comments:			
Goal 10 Supervision			
<u>Objectives</u>	10a	Intern will demonstrate ability to accept and benefit from supervision in the clinical environment.	
	10b	Intern will develop skills for the supervision of less advanced learners.	
<u>Competencies</u>	10a	Is adequately prepared for supervision (e.g., presents case notes, identifies high risk cases, identifies topics for discussion)	
	10b	Demonstrates ability to give and receive peer supervision	
	10a, 10b	Is open to feedback from supervisors and peers and applies feedback to improve practice	
Average Score:			
Comments:			

Evaluation Narrative

1. What are the intern's strengths?
 - a.
 - b.
 - c.

2. What are the specific areas where improvement is needed, and/or additional emphasis in training is required?
 - a.
 - b.
 - c.

3. During the remainder of the rotation, how will the areas identified as needing improvement and/or additional emphasis be addressed?

4. Are there any specific problem areas at this time that may jeopardize the intern's ability to successfully pass this rotation?
 - a. If yes, what problems?
 - b. Have these problems been discussed with the intern?
 - c. Complete and attach remediation plan form.

Intern Signature _____ Date _____

Supervisor Signature _____ Date _____

UTHDPIP Supervisor Evaluation:

Intern Name:

To be completed by Intern

Date:

Name of Rotation:

Focus of supervision:

Primarily Clinical	
Primarily Research	
Both Clinical and Research	

Name of Supervisor:

	Rarely	Sometimes	Most of the time	Almost always	
Please rate each of the following with respect to your supervisor	1	2	3	4	N/A
1. Supervisor is accessible to interns for supervision					
2. Helps intern to formulate assessment or treatment goals					
3. Presents a positive professional role model					
4. Maintains appropriate boundaries with clients and supervisees					
5. Provides constructive and timely feedback on performance					
6. Encourages an appropriate degree of independence					
7. Promotes intern's acquisition of knowledge , skills and competencies					
8. Models adherence to ethical standards and awareness of legal considerations					
9. Demonstrates up to date knowledge of clinical populations and clinical skills					
10. Communicates effectively and respectfully with supervisees					
11. Demonstrates knowledge of evidence based practices in psychology					
12. Assists intern to set and accomplish research related goals					
13. Supervisor supports intern completion of the program					

13. What do you believe you have gained from working with this supervisor?

14. How could supervision be improved?

Intern Signature _____ Date _____

Supervisor Signature _____ Date _____