October 5, 2022

UTHealth Doctoral Psychology Internship Program (UTHDPIP)

University of Texas Health Science Center, Houston

Louis A. Faillace, MD Department of Psychiatry & Behavioral Sciences



Program Overview

The University of Texas Mc Govern Medical School’s Louis A. Faillace, MD Department of Psychiatry & 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. 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. In the 2023-24 internship year, UTHDPIP will offer 15 intern positions, distributed over 8 rotations: Inpatient (4 positions); Trauma (2); Addictions (1); Child Clinical (2); Developmental Neuropsychology (1); Lifespan/Adult Autism (1); Community (3); Dan L. Duncan Clinic (child assessment) (1). Details of these rotations are given beginning on page 9.

All interns are 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 Louis A. Faillace, MD Department of Psychiatry & Behavioral Sciences at the UT Behavioral and Biomedical Sciences building 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, community psychology and other psychiatric disorders. It also offers clinical research programs. The Harris County Psychiatric Center and the Dunn Behavioral Sciences Center, the department’s primary teaching hospitals, offer both child and adult inpatient rotations for the interns, who provide both assessments and interventions to patients with severe mental illness.

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 .

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 McGovern 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, the Harris County Psychiatric Center and the John S. Dunn Behavioral Sciences Center.

Intern Selection process

Applications are submitted through the AAPI Online process administered by APPIC. **All interviews will be conducted by telephone or video conference (i.e., Zoom, WebEx or Teams)**. 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. The Training Committee weighs issues of diversity, inclusion and equity when evaluating candidates. Applicants are encouraged to demonstrate in their application materials their commitment to diversity and inclusion as well as their experience dealing with them in practice.

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 and inclusion 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. Applicants should also know that our faculty themselves are diverse.

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. In some limited circumstances such as a program that is in the process of accreditation and has been granted a site visit, we may consider applicants whose program can demonstrate equivalence by the student having successfully completed supervised practicum experiences and graduate coursework in individual intelligence assessment, psychological 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 Director of Clinical Training of their graduate program, as listed in Part II of the APPIC application form. **They must have their** **dissertation proposal approved by their program before applying**.

Applicants are **preferred to have 200 hours of assessment experience and 500 hours of intervention experience**. During the pandemic we have been somewhat more flexible about the number of hours, but applicants with fewer hours should justify their qualifications in these areas and state how many additional hours they expect to accrue before internship. We also may weigh exceptional achievements in scholarship (e.g., publications, presentations, grants) in favor of an applicant with fewer clinical hours. However, applicants should be well prepared in all basic skills such as case conceptualization, test administration, scoring and interpretation, and use of evidence-based treatments. We regard our program as a challenging and fast paced one; our criteria are designed to recruit applicants who are unlikely to struggle here.

**Intern applicants should also be aware that this is a generalist program.** This means you will be required to do a variety of things and cannot plan to focus on only one population or type of service as you might at an internship program that has tracks.

Start and End Dates

For the 2022 - 23 and 2023 - 24 years, **the internship will begin July 1 and will follow a 12-month calendar, ending June 30**.

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 $400 to assist with attending a professional conference, buy books etc. 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 Education Program administrator. Ms. Salma Chavira will serve as the primary contact point for administrative help for the Psychology Internship. Requests for book orders and travel support should be directed to Ms. Chavira in the Residency office.

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. The generalist training program is designed to permit interns to do rotations aligning with their areas of interest while also doing at least one rotation that will add breadth to their knowledge and skills. There are no tracks, and it is expected that where possible, interns will do some child/adolescent, some adult, some outpatient and some inpatient work during the year. Interns are also expected to carry at least 3 long term clients for intervention over the year.

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.

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| **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 |

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| --- | --- |
|  | Demonstrates knowledge of theories and methods of programevaluation |
|  | 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 attitudessuch 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 itsimpact 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 administrators in the Education Office and the Department, manages daily operations and decisions pertaining to the internship, including executive decisions regarding the direction of the program, recruitment and personnel matters. The training Director in consultation with other faculty also provides leadership to the program and its faculty. 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. The following faculty are currently part of the program:

\*= Clinical Supervisor

Program Leadership

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

Deborah A. Pearson\*, Ph.D., **Associate Training Director**, Licensed Psychologist, Professor in the Louis A. Faillace, MD Louis A. Faillace, MD 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.

Elaheh Ashtari\*, Psy.D. Licensed Psychologist, Associate Professor, and **Vice Chair for Diversity and Inclusion**, Louis A. Faillace, MD Department of Psychiatry & 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.

Andrea Taylor\*, PhD, **Faculty Coordinator for the Intern Clinic**. Licensed Psychologist, Assistant Professor, Louis A. Faillace, MD Department of Psychiatry & Behavioral Sciences. Education: A.B. Harvard University, M.A. and Ph.D. Boston University.

Ana Ugueto\*, PhD. **Faculty Coordinator for Didactics**. Licensed psychologist, Assistant Professor, Louis A. Faillace, MD Department of Psychiatry & 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.

Program Faculty at UTHealth

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

Mike A. Assel, Ph.D.\* Director of Psychological Services at the Duncan Children’s Neurodevelopmental Clinic. Licensed Psychologist, Professor, Department of Pediatrics, Children’s Learning Institute. Education: BA Louisiana State University, MA Nicholls State University, and Ph.D. University of Houston.

Jennifer Bahrman, Ph.D.: Licensed psychologist, Assistant Professor, Louis A. Faillace, MD Department of Psychiatry & Behavioral Sciences. Education: B.A. Psychology, Limestone University; M.A. Counseling and Guidance, New Mexico State University; M.C.J. Criminal Justice, New Mexico State University; Ph.D. Counseling Psychology, University of Houston; Postdoctoral Fellowship, UTHealth Harris County Psychiatric Center.

Stephanie Emhoff\*, PhD. Licensed Psychologist, Assistant professor, Louis A. Faillace, MD Department of Psychiatry & Behavioral Sciences. Education: PhD in clinical psychology, the University of Albany-SUNY. Postdoctoral fellowship, UTHealth Trauma and Resilience Center.

Linda Ewing-Cobbs\*, PhD, Licensed Psychologist, Professor and Harriet and Joe Foster Chair in Cognitive Neuroscience, Department of Pediatrics and Children’s Learning Institute. Education: B.A. Tulane University, M.A. and Ph.D. University of Houston.

Angela M. Heads\*, Ph.D.: Licensed Psychologist, Assistant Professor, Louis A. Faillace, MD Department of Psychiatry & 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.

Melba Hernandez-Tejada, PhD Associate professor Louis A. Faillace, MD Department of Psychiatry & Behavioral Sciences Education:. PhD Universitat Autònoma de Barcelona, Spain; postdoctoral Medical University of South Carolina.

Jennifer Hughes\*, Ph.D. Licensed psychologist, Assistant Professor, Louis A. Faillace, MD Department of Psychiatry & 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.

Seema Jacob\*, PhD, Licensed psychologist, Assistant Professor, Louis A. Faillace, MD Department of Psychiatry & Behavioral Sciences

Deborah Little, PhD. Professor, Louis A. Faillace, MD Department of Psychiatry & Behavioral Sciences, PhD Brandeis University.

Thomas D. Meyer\*, Ph.D.: Licensed Psychologist, Director of the Psychological Intervention and Research Program for Mood Spectrum Disorders (PIRP-M), Visiting Associate Professor. Louis A. Faillace, MD Department of Psychiatry & 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.

Mary Prasad, Ph.D.\* Licensed Clinical Neuropsychologist, Associate Professor, Children’s Learning Institute, Department of Pediatrics. Education: B.A. Trinity University, M.A. and Ph.D. University of Houston.

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

Kimberly Samuels, Ph.D.: Licensed Psychologist, Assistant Professor, Louis A. Faillace, MD Department of Psychiatry & 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

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

Alia Warner\*, PhD. Licensed psychologist, Assistant Professor, Louis A. Faillace, MD Department of Psychiatry & 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.

**Other supervisors.** Because the Department is rapidly growing, more psychology faculty supervisors are expected to be added to the program by the start of the 2023-24 academic year. In addition, trainees may receive some supervision from psychiatrists and others who are licensed practitioners working in our rotation clinics.

**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 35 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 at the beginning of the internship year. While we will do our best to accommodate intern preferences, applicants should be aware that they will likely have at least one rotation that is new to them.

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).

Outpatient:

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

Supervisor: Katherine A Loveland PhD

The C.L.A.S.S. Clinic is a lifespan autism spectrum rotation with one intern position based at the Behavioral and Biomedical Sciences Building. C.L.A.S.S. 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.

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 *Application of Virtual Reality Technology to Social Anxiety* (Dr. Katherine Loveland, Dr. Chang Yun); *Parenting Stress in Mothers of Children with Autism* (Dr. Noriko Porter and Dr. Katherine Loveland); and other potential projects using our extensive database of client data.

1. Developmental Neuropsychology Rotation

Supervisor: Deborah A. Pearson, PhD

The Developmental Neuropsychology Rotation provides the intern with training and experience in assessment of behavioral and emotional concerns in infants, children and adolescents 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 adolescents 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/NICHD 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.

1. Dan L. Duncan Children’s Neurodevelopmental Clinic rotation

Supervisors: Michael Assel, Ph.D., Mary Prasad, Ph.D., Linda Ewing-Cobbs, PhD

This outpatient rotation is housed within the Children’s Learning Institute at UTHealth’s Dan L. Duncan Children’s Neurodevelopmental Clinic. The Duncan Clinic, part of UT Physicians, provides comprehensive assessments of children, adolescents, and young adults who may have developmental or behavioral issues such as ADHD, Autism Spectrum Disorders, learning disabilities as well as children and adolescents who have neurological, genetic, and medical disorders. Our comprehensive evaluations address many aspects of functioning including intellectual ability, attention, learning, visual-motor integration, language, motor coordination, and executive functioning. We also assess emotional, social and behavioral functioning. Our clinicians integrate test findings with the child’s history and information provided by the parents and teachers to provide accurate diagnoses and to formulate recommendations for interventions at home and at school. The intern will be expected to complete one neuropsychological evaluation per week but may also choose to spend some time working with our developmental pediatrician and participate in multidisciplinary evaluations of young children suspected of having Autism Spectrum Disorders. This rotation is designed to help broaden the intern’s experiences in the outpatient setting.

1. UTHealth Child and Family Psychotherapy Rotation

 Supervisors: Seema Jacob, PsyD, IMH-E(III); and Leslie Taylor, PhD

The UTHealth Child and Family Psychotherapy rotation is embedded within the UT Physicians Psychiatry Outpatient Clinic – BBSB. It serves children birth through 17 years and the patients served are diverse in race/ethnicity, education, and sociocultural background. We get to see a wide range of presenting problems including parenting concerns, developmental disabilities and delays, behavioral and socioemotional difficulties, mood disorder, anxiety disorders, and children with trauma histories.

Based on the nature of each referral and the specific needs of each child/family, each clinical case will be supervised directly by the assigned psychologist, which may or not be the same as the intern’s primary supervisor. Interns will also attend weekly group supervision meetings with the supervising psychologists on this rotation and thus have the opportunity to learn and benefit from the diversity of their experiences.

Duties of interns on this track will include:

(1) Conducting brief psychological intakes (screening) for the referrals to Child Psychology services at the clinic to triage needs and engage in service planning.

(2) Providing formal therapy service to child/adolescent patients including (but not limited to) individual therapy, parent coaching, dyadic work, family supportive work, and manualized treatment modalities (carry a caseload of at least 10 patients).

(3) Complete required documentation in EPIC in a timely manner; maintain compliance for best practice in documentation.

(4) Attending weekly group supervision meetings (as scheduled).

(5) Implement evidence-based practices for clinical concerns commonly presented by youth and families.

1. Addictions Rotation

Supervisors: Angels Heads, PhD, Joy Schmitz, PhD

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.

1. Community Rotation

Supervisors: Angela Heads, PhD, Joy Schmitz, PhD; supervisors at Spring Branch Community Health Center

The Community Rotation provides two intern positions at a time. Interns will work with underserved populations in the Houston community, providing psychotherapy services for substance use and opioid use disorders, trauma, and with emphasis on social determinants of health (SDoH). Interns will work in integrated care environments, together with physicians, social workers, nurses and other disciplines. Initial training will be given at the Center for Neurobehavioral Research on Addictions (CNRA) to insure interns have basic competence in delivering evidence based treatments to individuals with SUD/OUD and/or trauma. They see some patients at the Addictions rotation clinic, some by telehealth, and some out in the community. They will work with clients with substance abuse/opioid abuse disorders and/or trauma at other community locations as well as at our outpatient building, the Behavioral and Biomedical Sciences Building. Interns will receive training in SUD/OUD treatment as well as trauma informed care.

Interns will work with individuals experiencing homelessness, those in community treatment programs, and those who come to receive services at UTHealth. Our program has contracted a relationship with Spring Branch Community Health Center (SBCHC), a federally qualified community health center that provides communities with integrated healthcare. SBCHC is “a private, non-profit community health center providing quality, affordable healthcare services to the underserved and uninsured communities of Spring Branch and West Houston. SBCHC was developed to reduce area health disparities by creating a neighborhood-based health center and by providing comprehensive primary health care services that are culturally competent, linguistically appropriate and client-driven in a location easily accessible to public transportation. SBCHC was formed in 2003 and began providing comprehensive health care services to indigent and low-income patients in the Spring Branch community in May 2004.” SBCHC includes a Medication Assisted Treatment (MAT) clinic at one of its locations, where there is a need for mental health services. Interns will, as part of their rotation, provide psychotherapy clients at SBCHC in person and by telehealth. They will work together with providers from other disciplines.

Interns in the Community Rotation will receive supervision from mental health providers at SBCHC as well as from outpatient faculty at BBSB, including Dr. Angela Heads, Dr. Joy Schmitz, and others.

1. Trauma and Resilience Center (TRC) Rotations – Child/Adolescent and Adult

Supervisors: Ron Acierno, PhD, Andrea Taylor, PhD

The Trauma and Resilience Center provides positions for two interns at a time. The TRC rotation provides concentrated clinical and research training in the assessment of the consequences of trauma exposure and evidence-based 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. Andrea Taylor and other TRC staff.

The TRC is committed to conducting evidence-based screening, assessment, and treatment with 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, community residing elder abuse 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 Louis A. Faillace, MD Department of Psychiatry & 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 a many effective trauma focused treatments (prolonged exposure therapy, cognitive processing therapy, trauma focused cognitive behavioral therapy, behavioral activation). 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, trauma-focused treatments such as Prolonged Exposure and/or Cognitive Processing Therapy, and Interpersonal Psychotherapy, and other modalities such as delivery of these treatments via telemedicine. Interns will have the opportunity to complete thorough clinical-research assessments pre- and post-treatment, carry their own caseload of approximately 10-16 patients, participate in weekly treatment team meetings, and facilitate group and family therapy.

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Inpatient:

Inpatient Supervisors: Elaheh Ashtari, Psy.D., Alia Warner, Ph.D., Stephanie Emhoff, PhD, and Ana Ugueto, Ph.D.

The University of Texas – Harris County Psychiatric Center (UT – HCPC) is a 250-bed acute, inpatient psychiatric facility, affiliated with the Louis A. Faillace, MD Department of Psychiatry & Behavioral Sciences at the UT Health Science Center at Houston. Opening in fall 2022 is the John S. Dunn Behavioral Sciences Center, which will be a continuum of care inpatient facility. Both hospitals serve both adult and child patients. 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.

The UTHealth John S. Dunn Behavioral Sciences Center is a new, joint project of the Texas State Health and Human Services Commission (HHSC) and The University of Texas Health Science Center at Houston. The Center is a public hospital that will provide longer term inpatient psychiatric care for adults from Harris County and surrounding counties. The multidisciplinary, team-based environment at this new facility will promote best practices in treatment of severe mental illness as well as substance use disorders. As a public facility, this new hospital will, like its sister institution HCPC, serve primarily lower income and otherwise underserved communities.

Below are descriptions of the specific inpatient rotations:

1. Inpatient General Adult Rotation.

There are two inpatient rotation intern positions in the 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 Recovery Oriented Treatment Program (EOTP). The ROTP is designed to provide intensive treatment and support for patients who have a Schizophrenia spectrum disorder. 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, ROTP 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 ROTP, 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).
1. Inpatient Child and Adolescent Rotation

The Inpatient Child and Adolescent Rotation has two intern positions. 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 youths 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 of group therapy services in the child/adolescent unit at fixed weekly days/times.

Duties of interns on the Child Inpatient rotation 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).
1. HCPC Juvenile Justice Rotation.

HCPC Juvenile Justice Rotation has one intern position. The Harris County Juvenile Probation (HCJPD) Sub-Acute Unit is designed to provide intensive treatment and stabilization to primarily pre- and, on occasion, post-adjudicated adolescents showing signs of persistent psychiatric symptoms. The sub-acute unit has a 21-bed capacity and admits adolescents between the ages of 12-17 years.

The treatment team works closely with HCJPD to help with medication management, treatment planning, intensive therapy, transition planning, and case management. Patients receive a multitude of therapeutic interventions based on clinical need such as individual therapy, group therapy, family therapy, recreational therapy, and substance abuse intervention. Commonly represented psychological disturbances include Trauma-and-Stressor-Related Disorders psychotic-spectrum symptoms and disorders, Mood Disorders (e.g., Major Depressive Disorder, Bipolar I Disorder), Substance Use Disorders, Cognitive Disorders, Conduct Disorders, and Attention-Deficit/Hyperactivity Disorder. Frequently utilized interventions include Cognitive-Behavioral Therapy, Dialectical Behavior Therapy, Trauma-Focused CBT, and Trauma and Grief Component Therapy. This program is based on a behavioral management system and there is no set length of stay; however, adolescents typically stay for a duration of 1-3 months.

 Duties of interns on the Juvenile Justice Rotation will include:

(1) Providing individual therapy utilizing evidence-based interventions

(2) Providing virtual family therapy as clinically indicated

(3) Facilitating or co-facilitating group therapy sessions

(4) Attending weekly Psychology Case Conference meetings and Unit Rounds

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 (UTHCPC) 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. It is staffed by UT Faculty, trainees and other employees such as nurses and social workers. 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. The John S. Dunn Behavioral Sciences Center is a new hospital that will provide continuum of care services to clients who need a longer stay. As part of the inpatient rotation, interns may see clients at the John S. Dunn Behavioral Sciences Center as well as at UTHCPC.

The Dan L. Duncan Clinic is a part of UTPhysicians, the medical practice of UTHealth. It is part of the Department of Pediatrics in the Children’s Learning Institute. It is a multidisciplinary clinic focusing on developmental and behavioral pediatrics and neuropsychology. They have recently moved to their new facilities at 7000 Fannin St #1900 in the Texas Medical Center.

Intern Activities

|  |  |
| --- | --- |
| SERVICE ACTIVITIES | Hours/Week |
| Assessment, Administration & Scoring of tests | 5 |
| Individual, Family or Group Interventions including interviewing | 15 |
| TRAINING ACTIVITIES |  |
| Individual and Group Supervision | 4 |
| Seminars/didactic training | 3 |
| RESEARCH ACTIVITIES |  |
| Data collection, analysis and writing | 3 |
| OTHER ACTIVITIES |  |
| EHR documentation, reports, patient calls | 10 |
| TOTAL HOURS/WEEK | 40 |

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 extends past 5 pm on some days. An example of a typical distribution of weekly training activities is shown above. 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.

All interns will have up to 4 hours per week of Intern Clinic to follow patients across rotations and throughout the full year. While some intern clinic time might be used to acquire assessment experiences, each intern must do some longer-term psychotherapy, and the emphasis of Intern Clinic is on intervention rather than assessment. Permission to use any portion of Intern Clinic time for assessment experiences must be approved by the Faculty Coordinator, and may be time limited.

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. If an intern is having trouble with the workload and spending too much time to complete work, they should discuss this problem with the supervisors of the rotation, and if needed, with the Training Director. We value self-care and the well-being of our interns.

Supervision

Interns will receive at least 4 hours direct supervision per week, including two hours of clinical supervision with a licensed psychologist, and one hour each of group supervision and research supervision. Each intern will have a year-long research mentor/supervisor as well as clinical supervisors in each rotation. Peer supervision and inter-disciplinary consultation are also encouraged.

Intern Employment

Interns are hired on the same terms as psychiatry residents. This means they are hired and compensated and must serve according to the same policies and procedures as residents. Vacation and sick time are arranged with your supervisor and the Education Office. Each intern will have a 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 are responsible for knowing relevant UT policies and procedures as outlined in the UTHSCH Handbook of Operating Procedures: [https://www.uth.edu/hoop/.](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 didactics given on Wednesday afternoons, 130-330 pm. Our didactics are aimed at an advanced level, providing material related to our Goals and Objectives. All interns are also required to attend he departmental 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 Consortium 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, and 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 polices 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 an expected 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 the mid-point and end of each rotation 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. It is directly based upon the Goals, Objectives and Competencies listed on pp 4 – 7 above. 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 2 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 2 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.

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.
		- Does not appropriately manage personal behaviors, strong emotional reactions, and/or psychological concerns that interfere with professional functioning.
		- Demonstrates behavior that violates ethical standards of clinical practice or research for psychologists
		- Violates UTHealth policies

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.

Complaints against 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 or faculty member. 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 interns for the following reasons:

1. Alleged violation of APA Ethical Principles and Code of Conduct, state or federal laws, University of Texas Health Science Center Houston policies and regulations.
2. Alleged violation of internship policies.
3. 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:
	1. Dismiss complaint.
	2. Letter of reprimand.
	3. 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.
	4. 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:

1. The student makes a written appeal within one month of receipt of the Training Director’s decision.
2. 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.
3. The Psychology Training Committee decides 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 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 Louis A. Faillace, MD Department of Psychiatry & Behavioral Sciences (Ms. Mary Lopez). 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 and the Associate Training Director yearly review the training offered to interns. This includes reviewing interns’ evaluations of training rotations, didactics and supervisors, as well as longer term success of our past interns. The Training Committee meets regularly 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 have sick leave and vacation time in accordance with the policies of the Psychiatry Residency program. Interns are asked to give at least 30 days’ notice before scheduling vacation leave, discussing and obtaining permission from their primary supervisor and then notifying the Training Director and Ms. Salma Chavira in the departmental Education office. 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 or FMLA where applicable

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 rotation 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.

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:

# Sexual Harassment

1. *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 workplace 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.*
2. *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.*

# 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, professionalism and awareness of diversity and inclusion are practiced on a daily basis. This internship provides many diverse opportunities for personal and professional development, including opportunities to contribute to the surrounding community. 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.

Interns are valued colleagues and are invited to bring their questions, comments and concerns to faculty, staff, and supervisors. We especially want to emphasize that one of our major goals is to support the development of racial and ethnic minority trainees as well as individually diverse trainees into well prepared and outstanding psychologists. We invite all interns to discuss issues of diversity openly and transparently.

APPENDIX A

Doctoral Intern Evaluation Form UTHealth Doctoral Psychology Internship Program

|  |  |  |
| --- | --- | --- |
| InternName: |  | Supervisor: |
| Time ofEvaluation : | Mid-rotation Bl. 1 Mid-rotation Bl.2 Mid-rotation Bl.3End Bl. 1 End Bl. 2 End Bl. 3 | Date: |

Assessment Method(s) for Competencies:

|  |  |
| --- | --- |
| Direct Observation | Review of Written Work |
| Videotape | Review of Raw Test Data |
| Audiotape | Discussion of Clinical Interaction |
| Case Presentation(s) | 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

1. 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: Internhas 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 are focused on continued advancement, integration, and consistency. |
| 1 | PERFORMS BELOW EXPECTED DEVELOPMENTAL LEVEL OF AN INTERN IN THIS ROTATION: Performanceon 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. |

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

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| Goal 1 Evidence-based practice in assessment | Score |
| Objectives | 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 caseconceptualization |  |
| Competencies | 1a | Accurately integrates assessment results and clinical interview information intopsychological assessment report |  |
|  |  | Demonstrates skill in scoring andinterpretation of tests |  |
|  |  | Writes clear and concise assessmentreports |  |
|  | 1b | Thoroughly and accurately assesses individual and environmental risk and protective factors as well as relevantpsychiatric outcomes |  |
| Average score |  |  |  |
| Comments: |
| Goal 2 Evidence-based practice in intervention |
| Objectives | 2a | Intern will attain competence in theoriesand methods of evidence based psychotherapeutic interventions |  |
| Competencies | 2a | Provides a case conceptualization based onan 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 andtreatment plans. |  |
|  |  | Demonstrates ability to form therapeuticrapport with clients while creating and maintaining appropriate boundaries |  |
| Average Score |  |  |  |
| Comments: |
| Goal 3 Research |

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

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| Competencies | 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 toproviding the best possible care |  |
| Average Score |  |  |  |
| Comments: |
| Goal 6 Individual and cultural diversity |
| Objectives | 6a | Intern will demonstrate competence in practice that is informed by awareness of individual and group diversity. |  |
| Competencies | 6a | Demonstrates knowledge of self in the context of diversity and its impact on clinical processes (e.g. impact ofbackground, 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 healthstatus |  |
|  |  | Integrates cultural contexts of clients when making clinical impressions and caseconceptualizations |  |
| Average score |  |  |  |
| Comments: |
| Goal 7 Ethical and legal standards |
| Objectives | 7a | Intern will demonstrate competence in ethical and legal standards that apply tothe practice of psychology |  |
| Competencies | 7a | Demonstrates knowledge and application of ethical/professional codes, standards, and guidelines, and of relevant laws, statutes, and regulations applicable topsychology practice in Texas |  |

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| --- | --- | --- | --- |
|  |  | Is thoroughly familiar with the APA Ethical Principles , recognizes ethical dilemmas when they arise, seeks out consultation when necessary, and resolves themappropriately |  |
|  |  | Aware of own limits of competence and knows when to refer and consult with supervisor, and other professionals asappropriate |  |
|  |  | Able to identify situations that are reportable and follows internship policieswhen reporting abuse |  |
|  |  | Consistently and accurately appliesinternship policies and procedures |  |
| Average Score: |  |  |  |
| Comments: |
| Goal 8 Consultation/interprofessional/interdisciplinary |
| Objectives | 8a | Intern will demonstrate competence inprofessional communications and consultation |  |
| Competencies | 8a | Builds and manages consultative relationships with persons, offices, and agencies as appropriate, demonstrating the ability to work collaboratively withprofessionals from other disciplines |  |
|  |  | Clearly and professionally communicatesconsultation feedback |  |
|  |  | Demonstrates ability in using an electronicmedical record |  |
| Average Score |  |  |  |
| Comments: |
| Goal 9 Reflective practice |
| Objectives | 9a | Intern will develop the ability of practicingwith reflection |  |
| Competencies | 9a | Is aware of personal competencies andskills 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 intopractice |  |
| Average Score: |  |  |  |

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| Comments: |
| Goal 10 Supervision |
| Objectives | 10a | Intern will demonstrate ability to acceptand benefit from supervision in the clinical environment. |  |
|  | 10b | Intern will develop skills for the supervisionof less advanced learners. |  |
| Competencies | 10a | Is adequately prepared for supervision (e.g., presents case notes, identifies highrisk cases, identifies topics for discussion) |  |
|  | 10b | Demonstrates ability to give and receivepeer supervision |  |
|  | 10a,10b | Is open to feedback from supervisors andpeers and applies feedback to improve practice |  |
| Average Score: |  |  |  |
| Comments: |

Evaluation Narrative

* 1. What are the intern’s strengths?

a.

b.

c.

* 1. What are the specific areas where improvement is needed, and/or additional emphasis in training is required? a.

b.

c.

* 1. During the remainder of the rotation, how will the areas identified as needing improvement and/or additional emphasis be addressed?
	2. Are there any specific problem areas at this time that may jeopardize the intern’s ability to successfully pass this rotation?
		1. If yes, what problems?
		2. Have these problems been discussed with the intern?
		3. Complete and attach remediation plan form.

Intern Signature Date

Supervisor Signature Date

UTHDPIP Supervisor Evaluation: To be completed by Intern

Name of Rotation:

Focus of supervision: Primarily Clinical

Primarily Research

Both Clinical and Research

Name of Supervisor:Intern Name:

Date:

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| --- | --- | --- | --- | --- | --- |
|  | Rarely | Sometimes | Most ofthe time | Almostalways |  |
| Please rate each of the following with respect to yoursupervisor | 1 | 2 | 3 | 4 | N/A |
| 1. Supervisor is accessible to interns for supervision |  |  |  |  |  |
| 2. Helps intern to formulate assessment or treatmentgoals |  |  |  |  |  |
| 3. Presents a positive professional role model |  |  |  |  |  |
| 4. Maintains appropriate boundaries with clients andsupervisees |  |  |  |  |  |
| 5. Provides constructive and timely feedback onperformance |  |  |  |  |  |
| 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 withsupervisees |  |  |  |  |  |
| 11. Demonstrates knowledge of evidence-based practices in psychology |  |  |  |  |  |
| 12. Assists intern to set and accomplish research relatedgoals |  |  |  |  |  |
| 13. Supervisor supports intern completion of theprogram |  |  |  |  |  |

1. What do you believe you have gained from working with this supervisor?
2. How could supervision or the rotation be improved?

Intern Signature Date

Supervisor Signature Date