**(UTHDPIP)**

University of Texas Health Science Center, Houston

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





Last Updated 6-24-2025

**PROGRAM OVERVIEW**

**Mission Statement**. 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 aim 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.

**Program Structure**. UTHealth Doctoral Psychology Internship Program is a Generalist training program that trains interns to work in multiple settings with experience across the lifespan. The five tracks available are **Addictions/Community** (match number 229412), **Trauma** (match number 229413), **Adult Inpatient** (match number 229411), **Child and Adolescent** (match number 229415), and **Developmental/Assessment** (match number 229414). **Application deadline is November 1, 2025.**

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 UTHealth Science Center at Houston, which is also known as UTHealth Houston. UTHealth Houston is part of the University of Texas System and is on the Texas Medical Center campus. The UTHealth Houston is a large health sciences university, comprising not only McGovern Medical School, but also the School of Dentistry, the Graduate School of Biomedical Sciences, the School of Biomedical Informatics, The Cizik School of Nursing, the School of Public Health, The School of Behavioral Health Sciences and the John S. Dunn Behavioral Sciences Campus.

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.

**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 individual and cultural differences and inclusion in clinical training as they pertain to patient care. Applicants should also know that our faculty themselves reflect a wide variety of cultural, racial and individual differences.

The UTHDPIP strives to be a learning community where civility, professionalism and awareness of cultural and individual differences are practiced daily. This internship provides many opportunities for personal and professional development, including opportunities to contribute to the surrounding community, which comprises a wide range of cultural, racial and socioeconomic groups. 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 all trainees into well-prepared and outstanding psychologists.

**INTERN SELECTION PROCESS**

Applications are submitted through the AAPI Online process administered by APPIC with a deadline of November 1st (or the first working day thereafter) each year.All applications will be screened and evaluated by the Psychology Training Faculty using a standard application rating form. Applicants are notified whether they will receive an interview by email by November 15th or the first working day thereafter. All interviews are conducted by video conference (i.e., Zoom or Teams) in December. Faculty interviewers provide scores for the interviews they conducted, and these scores are used in ranking. The Training Director submits the final ranking decisions to the National Matching Service. UTHDPIP abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant nor provide ranking information to any applicant.

Internship applicants should apply to one of the five tracks within our program. Applications will be reviewed by the faculty of the track to which the applicant has applied. Applicants should only apply to a track in which they currently have applicable experience (not only an interest).

Once interns are matched, a letter of agreement is sent to the matched interns within 48 hours (about 2 days). This letter includes information about start and end dates, internship salary and funding source, contact information for the Training Director and the program administrators. The internship will follow all APPIC and APA guidelines and requirements. Interns must also pass a criminal background check to be hired. More information can be found in the UTHealth [Handbook of Operating Procedures](https://www.uth.edu/hoop/policy.htm?id=1448168). Interns must provide information regarding vaccination history and pass a drug screening. Failure to pass either the background check or drug screen may result in termination of the Match agreement.

**PLEASE NOTE**: Applicants who are not US citizens or permanent residents (green card) and who are not currently attending a US university should be aware that it will not be possible for them to obtain a visa that permits them to be in internship. The US government does not have a visa category that fits psychology internship, and a matched intern with the above situation will be unable to enter the country and complete internship. This visa problem applies to any US internship program, not just ours. For this reason, until US government rules change, we will consider only applicants currently holding a visa to study in the US.

**Requirements for Selection**

The following are required of all intern applicants:

* Must have completed three years of study in a clinical, counseling or school psychology doctoral program in the United States by the time the internship is scheduled to begin.
* Must be enrolled in an APA-accredited doctoral program. 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.
* 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.
* **Must have their** **dissertation proposal approved by their program before applying**.

The following characteristics are preferred, but are not absolutely required, of intern applicants. We regard our program as a challenging and fast paced one and our criteria are designed to recruit applicants who are likely to be successful here:

* **Have accrued a minimum of 600 total combined assessment and intervention hours, with a preference for 200 hours of assessment experience and 500 hours of intervention experience**. Applicants with fewer hours should justify their qualifications in these areas and state how many additional hours they expect to accrue before internship.
* Completion of at least 10 integrated psychological testing reports.
* Exceptional achievements in scholarship, such as publications, presentations, and grants, may be weighted in favor of an applicant with fewer clinical hours.
* Applicants should be well prepared in all basic skills such as case conceptualization, test administration, scoring and interpretation, research methods and use of evidence-based treatments.
* Dissertation project that involves original data collection or analysis of existing data rather than a literature review.
* Interns should know that while we offer specialty training tracks, we require that they spend one block outside their matched track, to work with new populations and learn new skills during the year. This requirement is to ensure that interns gain breadth and depth in their internship year.

**INTERN EMPLOYMENT**

Interns are hired, compensated, and must adhere to UTHealth Houston policies and procedures. As a condition of employment, interns must take and pass training on UTHealth compliance policies including information technology policies, HIPAA, and research ethics and human subjects protection. Interns must also pass a criminal background check to be hired. Applicants may review the UTHealth policy regarding [criminal background checks](https://www.uth.edu/hoop/policy.htm?id=1448168) to learn more about the process and what factors are considered when reviewing criminal records. Interns are responsible for knowing relevant UTHealth policies and procedures as outlined in the [UTHealth Houston Handbook of Operating Procedures](https://www.uth.edu/hoop/)[.](file:///C%3A%5CUsers%5Ceashtari%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CCDFNHXVX%5C) Each intern will have a UTHealth Houston administrative orientation as well as an orientation from the internship program.

**Start and End Dates**

The **internship begins July 1 and follows a 12-month calendar, ending June 30**.

**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.

**Salary and Benefits**

Intern salaries are set at $36,500 per year plus benefits (44%). Benefits include health insurance, which interns can extend to cover a spouse or other family members. Interns are eligible for 12 days of vacation time and 12 days of sick leave for the year. Three days are also given for bereavement leave if needed, and time is given for civic service (jury duty). Each intern has a budget of $400 to obtain reimbursement for attending a professional conference, books, etc.

**Leave**

Each intern receives up to 3 days of “professional time” for purposes such as attending conferences, interviewing for postdoctoral positions, and defending their dissertation. Professional time is regarded as a part of the training program. Thus, it does not count against vacation and sick time. Interns should submit requests for time off to their rotation supervisor and the Training Director or an Associate Training Director at least two weeks before any anticipated leave date(s) using the required forms and procedures. Interns are responsible for communicating anticipated absences to all supervisors for whom work will be missed. Sick leave must be communicated to the intern’s rotation supervisor as soon as the intern is physically able to do so.

To prioritize training and patient care during internship, interns are asked not to take leave time during the first two weeks and the last two weeks of any rotation. Interns are prohibited from taking more than five consecutive workdays off including Wednesdays (research/didactic days) (e.g., vacation, sick, professional) during a 4-month rotation and no more than 8 total days of leave during a 4-month rotation. Exceptions for unusual situations will be considered individually by internship leadership. All professional leave (such as defending dissertation, presenting at a conference) will require documentation to support such leave at the time of request. Extenuating circumstances (e.g. documented medical illness or injury, bereavement, civic service, etc.) may qualify for accommodations and flexibility to the aforementioned parameters. Such extenuating circumstances will be considered on a case-by-case basis, and ample advanced notice is preferred when circumstances permit. Supervisors are available for any questions related to leave policies. Use of vacation and sick time is arranged with your supervisor and the Internship leadership.

**Holidays**

UTHealth-BSC defines holidays as two types: “core holidays” and “soft holidays.” Core holidays are considered “full closure,” meaning the Psychology Service is not in operation and if you are in an inpatient rotation, you can expect to have the day off. Soft holidays at the hospital are also referred to as “skeleton crew” holidays, meaning the Psychology Service continues to operate. According to the university, inpatient services “must have on hand enough personnel to carry on…public business.” Because of this, interns rotating at the BSC who are scheduled to work on a soft holiday will be expected to be on campus, unless your supervisor approves a leave request. Soft holidays can particularly be an issue during the week between December 25 and January 1. The expectation is that interns in an inpatient rotation will work some part of that week. If you plan to take vacation leave on a soft holiday and are on any inpatient rotation, please review the policy, talk to your supervisor and request time off accordingly. Please note that working on holidays may offer interns the opportunity to make up time missed or to earn compensatory time off to take leave on another date.

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. Employees are eligible if they have worked for the State of Texas for at least 12 months and have worked at least 1,250 hours for the State of Texas during the 12-month period immediately preceding the leave. For this reason, interns will rarely qualify for FMLA leave. The relevant policies and procedures can be found in the [Handbook of Operating Procedures](https://www.uth.edu/hoop/) (HOOP). Nonetheless, interns who have unavoidable situations that require them to be temporarily excused from service may work with supervisors, program leadership, and departmental leadership to develop a workable plan for them to complete internship. Extended absences do not reduce the overall number of hours required for completing the internship (1750). In rare cases, an intern may need to extend the training length to fulfill all required training hours. If this occurs, the salary and stipend end after the first 12 months of training.

**Intern Resources**

Interns have access to numerous resources during the internship. Intern office space may vary across rotation sites, but all interns are given office space for non-clinical work (usually shared) with access to a desktop computer and a phone, and access to a printer and office supplies. For clinical work, they may need to reserve space in the outpatient clinic. For inpatient rotations, clinical work takes place on the unit or in designated therapy rooms. Interns have access to a rich variety of training-related materials for use at their various rotations, including assessment instruments and treatment manuals. They can also use books, journals, and other resources provided by training faculty and use the primary Texas Medical Center library to locate additional resources, as needed. In outpatient rotations, clinic administration supports interns with scheduling clients, managing medical records, processing client insurance and payments, and communicating with patients. Additional supplies and administrative support are available as needed. Ms. Morgan Willis is the Internship Program Coordinator. **She serves as the primary contact for administrative help for the Psychology Internship, timekeeping, requests for purchase orders and travel support**.

**UTHealth Employee Assistance & Wellness Programs**

The UTHealth Houston Employee Assistance Programs office offers various programs to support work-life balance as it relates to mental health, physical health, occupational wellbeing, childcare, and so much more. Visit their [website](https://inside.uth.edu/eap/frap/) for more information and check out their [Fellow & Resident Well-being toolkit](https://inside.uth.edu/dotAsset/71b9465e-8c45-4a2d-9035-b1725a2f84b7.pdf) (this includes interns as well).

**TRAINING CURRICULUM**

**Training Model and Program Philosophy**

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 two rotations within their primary interest area and one rotation outside of their area. This training will allow for depth as well as breadth in knowledge and skills.

**Specialty Tracks**

The program offers five tracks for training that reflect the areas of concentration present in our clinical programs. Applicants to our internship program may apply to any one of these tracks:

**Adult Inpatient** which includes the Inpatient General Adult rotation (3 positions) at the Dunn Behavioral Sciences Campus.

**Addictions/Community** which is based at the Center for Neurobehavioral Research on Addictions (3 positions)

**Child and Adolescent** which includes the Child and Adolescent Outpatient Psychotherapy rotation (3) and Inpatient Child and Adolescent rotation (3).

**Developmental/Assessment** which includes the Dan L. Duncan Clinic (1), the Developmental Neuropsychology Clinic (1), and Lifespan Autism Clinic (2) rotations.

**Trauma** which includes the Trauma & Resilience Center rotation (2).

Interns matched with a particular track will be assigned two of three four-month blocks in that track and one block from another track. The first two blocks will be in the matched track, and the third block will be from another track. Intern preferences will be considered as much as possible when assigning the block from another track. However, since not all tracks have the same number of positions, it is possible that some preferences cannot be accommodated.

**Characteristics of Ideal Candidates for Each Track**

Interns matched to the **Trauma** track should have some previous experience with evidenced based trauma treatments such as Prolonged Exposure and Cognitive processing therapy.

Interns matched to the **Adult Inpatient** track should have either experience in inpatient settings and with brief therapies and/or some experience with severe mental illness.

Interns matched to the **Addictions/Community** track should have some experience with evidence-based treatments for substance use disorders such as Motivational Interviewing and Cognitive Behavioral therapy.

Interns matched to the **Child and Adolescent** track should have experience with evidence-based treatment of youth under 18 years of age in outpatient and if possible inpatient settings.

Interns matched to the **Developmental/Assessment** track should have significant experience with psychological and neurodevelopmental assessment of children and if possible, adults, including at least 10 integrated reports. For the Lifespan clinic, past experience in psychotherapy with individuals with developmental differences is also valuable. *Applicants should note that this track is not intended to provide an adult neuropsychology training experience*.

**Clinical Training Competencies**

The internship provides competency-based training in a variety of areas essential to the development of psychologists in training. The following are APA’s profession-wide competencies in which our program trains interns. Each competency area is measured using the learning elements listed here.

Competency 1: Evidence-Based Practice in Assessment

Competency 2: Evidence-Based Practice in Intervention

Competency 3: Research

Competency 4: Communication and Interpersonal Skills

Competency 5: Professional Values, Attitudes and Behaviors

Competency 6: Individual and Cultural Diversity

Competency 7: Ethical and Legal Standards

Competency 8: Consultation and Interprofessional/Interdisciplinary Skills

Competency 9: Supervision

The intern periodic evaluation form is given in the appendix to this handbook.

**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 Directors provide support and coverage and also handles any issues that should arise related to supervisees of the Training Director. Clinical supervisors, as the Psychology Training Faculty, 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, Louis A. Faillace, MD Department of Psychiatry & Behavioral Sciences and the Department of Pediatrics. Director, Lifespan Autism Center. *Education*: BA, University of Virginia; PhD, Cornell University; Postdoctoral Fellowship, University of Houston, Clinical Neuropsychology.

Deborah A. Pearson\*, Ph.D., **Associate Training Director**, Licensed Psychologist, Professor, Louis A. Faillace, MD Department of Psychiatry & Behavioral Sciences. Associate Dean Faculty Affairs, UTHealth School of behavioral Health 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, Ph.D. Rice University, Postdoctoral Fellow, UTHealth Department of Psychiatry & Behavioral Sciences.

Andrea Taylor\*, PhD, **Associate Training Director**. 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. Postdoctoral Fellowship at UT M. D. Anderson Cancer Center.

Elaheh Ashtari\*, Psy.D. Licensed Psychologist, Associate Professor, and **Chief, Psychology Service at the Behavioral Sciences Campus**, 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.

**Program Faculty**

Ron Acierno\*, PhD Licensed Psychologist (South Carolina / Texas); 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.

Zachary Appenzeller, PsyD. Licensed Psychologist. Assistant Professor. Louis A. Faillace, MD Department of Psychiatry & Behavioral Sciences Program Director, Eating Disorders IOP/PHP. Education: B.A. Psychology, Binghamton University. MA & PsyD in Clinical Psychology, The Chicago School of Professional Psychology, Washington, D.C. Predoctoral. Predoctoral Internship, Ascension Alexian Brothers Behavioral Health Hospital. Postdoctoral Fellowship, Baylor College of Medicine OCD and Related Disorders Program.

Funlola G. Are, PhD, Licensed psychologist, Assistant Professor, Louis A. Faillace, MD Department of Psychiatry & Behavioral Sciences, Program Director Nurturing Resilience Initiative, TCHATT Training Director. *Education:* B.S Northwestern University; M.S Clinical Psychology, University of Georgia; Ph.D. Clinical Psychology, University of Georgia; Postdoctoral Fellowship at Medical University of South Carolina.

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.

Jessica Badawi\*, PhD, Program Director, Recovery Oriented Treatment Program. Licensed Psychologist, Assistant Professor, Louis A. Faillace, MD Department of Psychiatry & Behavioral Sciences. Education: B.S., University of Houston; M.A., University of Houston - Clear Lake; PhD, Clinical Psychology, University of Kansas; Internship: The University of Texas Health Science Center (UTHealth); Postdoctoral Fellowship: UTHealth Harris County Psychiatric Center.

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. Program Director, Inpatient Child and Adolescent Psychology Services. 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.

Kimberly Ellison, PhD.\* Licensed Psychologist. Assistant professor, Department of Pediatrics Children’s Learning Institute.

Amy Izuno-Garcia\*, PhD, NCSP, Licensed Psychologist, Assistant Professor, Louis A. Faillace, MD Department of Psychiatry and Behavioral Sciences. Education: BS Brain and Behavioral Sciences, Purdue University; MEd Counseling Psychology, University of Houston; PhD School Psychology, University of Houston. Internship: Marcus Autism Center/Children’s Healthcare of Atlanta (Clinical Assessment and Diagnostics track); Postdoctoral fellowship: UTHealth – Lifespan Autism (CLASS) Clinic.

Samantha Guzman, PsyD. Licensed Psychologist. Assistant Professor, Louis A. Faillace, MD Department of Psychiatry and Behavioral Sciences. Education: B.S. Psychology, University of Illinois Champaign-Urbana, Champaign, IL. PsyD in Clinical Forensic Psychology, Chicago School of Professional Psychology, Chicago, IL.

Angela M. Heads\*, Ph.D.: Licensed Psychologist, Associate 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 Addiction.

Melba A. Hernandez-Tejada, Ph.D., DHA, Associate Professor, Louis A. Faillace, MD Department of Psychiatry & Behavioral Sciences, Project Director: Older Adult Clinic in the Trauma and Resilience Center. Education: Licensed in Clinical Psychology, Universidad Central de Venezuela; MS Psychology, Universidad Simón Bolívar, Caracas, Venezuela; PhD Clinical and Health Psychology, Universitat Autònoma de Barcelona, Spain; Doctor in Health Administration, Medical University of South Carolina, Charleston, SC; Postdoctoral Scholar, Center for Health Disparities Research, 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.

K. Rainey Hughes\*, PhD, Licensed Psychologist, Assistant Professor, Louis A. Faillace, MD Department of Psychiatry & Behavioral Sciences. Education: B.A. Experimental Psychology, University of South Carolina; M.Ed. Counseling Psychology, University of Houston; Ph.D. School Psychology, University of Houston; Internship at UTHealth-Houston; Postdoctoral Fellowship at UTHealth-Houston CLASS Clinic

Seema Jacob\*, PsyD, IMH-E, Licensed Psychologist, Assistant Professor, Louis A. Faillace, MD Department of Psychiatry & Behavioral Sciences. *Education:* BA in Psychology, University of Mumbai, Mumbai, India; MA in Clinical Psychology, SNDT University, Mumbai, India; PsyD in Clinical Psychology, Wright State University, Dayton, Ohio; Postdoctoral Fellowship in Clinical Child and Adolescent Psychology (Focus: Early Childhood Mental Health), USC-UCEDD Children’s Hospital Los Angeles, Los Angeles, CA

Deborah Little, PhD. Professor, Louis A. Faillace, MD Department of Psychiatry & Behavioral Sciences, *Education:* BA Scripps College; MA Psychology, Brandeis University; PhD Cognitive Neuroscience, Brandeis University; Postdoctoral Fellowship, University of Illinois Medical Center.

Thomas D. Meyer\*, Ph.D.: Licensed Psychologist, Director of the Psychological Intervention and Research Program for Mood Spectrum Disorders (PIRP-M), Co-Director, The UTHealth Brain Collection for Research in Psychiatric Disorders, 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.

Brittany Morris, PhD.\* Licensed psychologist, Assistant professor, PhD Florida State University (Tallahassee, FL) Clinical psychology; Internship Louis A. Faillace, MD Department of Psychiatry & Behavioral Sciences; postdoctoral fellowship Lifespan Autism Center, Louis A. Faillace, MD Department of Psychiatry & Behavioral Sciences.

Tessa Orellana\*, Ph.D. Licensed Psychologist. Assistant Professor. Louis A. Faillace, MD Department of Psychiatry & Behavioral Sciences. Education: B.S., University of Houston, Houston, TX; M.A. and Ph.D. in Clinical Psychology, Sam Houston State University, Huntsville, Texas. Internship University of Kansas Medical Center, Kansas City, Kansas; Postdoctoral Fellowship Baylor College of Medicine/Ben Taub General Hospital.

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 of the Center for Neurobehavioral Research on Addiction (CNRA).Ph.D. Auburn University. Internship, Clinical Psychology, University of Mississippi Medical Center V.A. Medical Consortium.

Eric Sumlin, PhD.\* Licensed Psychologist, Assistant professor, Louis A. Faillace, M.D. Professor, Louis A. Faillace, MD Department of Psychiatry & Behavioral Sciences, Doctor of Philosophy (Ph.D.) in Clinical Psychology, Child Track, The University of Houston; Predoctoral Internship, Child and Adolescent Track, Baylor College of Medicine/Ben Taub Hospital; Postdoctoral Fellowship, Anti-Human Trafficking Track, Baylor College of Medicine/Ben Taub Hospital.

Leslie Taylor\*, PhD, Licensed Psychologist, Director of Clinical Operations, Child Services Division, the Trauma and Resilience Center, Assistant Professor, 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.

Jeff R. Temple, Ph.D. Licensed Psychologist. Professor. Associate Dean for Clinical Research, School of Behavioral Health Sciences at UT Health Houston. Betty and Rose Pfefferbaum Chair in Child Mass Trauma and Resilience. Education: Ph.D., University of North Texas.

Kenia Velasquez\*, PsyD. Licensed Psychologist. Assistant Professor. Louis A. Faillace, MD Department of Psychiatry & Behavioral Sciences. Education: B.S., University of Houston, Houston, TX; M.A. and Psy.D. in Clinical/School Psychology, University of Houston Clear Lake. Internship UTHealth-Houston; Postdoctoral Fellowship Baylor College of Medicine/Ben Taub General Hospital.

Alia Warner\*, PhD, ABPP. Licensed psychologist. Managing Director, the UTHealth Psychosis Specialty Clinic. Associate Professor, Louis A. Faillace, MD Department of Psychiatry & Behavioral Sciences, *Education*: Ph.D., Counseling Psychology, Florida State University; Internship Michael E. DeBakey VA Medical Center; Fellowship Clinical Psychology, Michael E. DeBakey VA Medical Center.

Cindy Woolverton\*, Ph.D. Licensed Psychologist. Assistant Professor. Louis A. Faillace, MD Department of Psychiatry & Behavioral Sciences. Education: B.S. University of Arizona, Tucson, AZ; MA in Psychology and PhD in Clinical Psychology, University of Arizona, Tucson, AZ. Predoctoral Internship and Postdoctoral Fellowship, Veterans’ Affairs Boston Healthcare System.

Jason Yu, PhD, Licensed Psychologist, Assistant Professor, Louis A. Faillace, MD Department of Psychiatry & Behavioral Sciences. Education: Counseling Psychology, Texas A&M University

Amanda Zӧld\*, PhD, Program Director of Co-Occurring Disorders IOP-PHP. Licensed Psychologist, Assistant Professor, Louis A. Faillace, MD Department of Psychiatry & Behavioral Sciences. *Education*: Ph.D., Clinical-Community Psychology, University of Alaska; Internship University of Arizona College of Medicine, Tucson, Serious Mental Illness Track; Fellowship Clinical Psychology, Hartford Hospital/Institute of Living Schizophrenia Rehabilitation Program and Inpatient Care.

Marina Zhukova\*, PhD. Licensed Psychologist. Assistant Professor. Louis A. Faillace, MD Department of Psychiatry & Behavioral Sciences. *Education*: Ph.D. University of Houston, Houston, TX. Internship, UTHealth Houston. Postdoctoral Fellowship Boston Children’s Hospital/Harvard Medical School.

**Other supervisors**. Because the Department is rapidly growing, more psychology faculty supervisors may be added to the program by the start of the 2025-26 academic year. In addition to the 2 hours/week of supervision by one or more licensed psychologists, trainees may receive some supervision from psychiatrists, social workers, licensed counselors, and others who are licensed practitioners working in our rotation clinics. Each intern will also have a **research mentor** with whom they should meet regularly. Additionally, each intern will be paired with **a year-long faculty mentor** for professional development, support, mentorship, and general guidance and should receive weekly supervision.

**Other teaching faculty**. This internship in the Texas Medical Center provides opportunities to involve psychologists from many other settings. Within UTHealth, psychologists are in multiple departments including 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 highly active Houston mental health community take part in our didactics series. In addition, our medical university location gives us 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 many years, we are well equipped to identify and attract the best qualified individuals to teach our interns. Our didactic schedule reflects the richness of the resources available to us both at our own institution and outside of it.

**FACILITIES**

The Behavioral and Biomedical Sciences Building (BBSB), 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 Department of Psychiatry outpatient programs. Interns will use assessment rooms, therapy rooms, conference rooms, playrooms, a group therapy room, and rooms equipped with video cameras. Interns have a shared office at BBSB equipped with computers and printers. Some rotations also have specific space for interns. The outpatient 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 and subscriptions to web-based instruments and scoring. UTHealth uses an electronic medical record system (Epic) 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 Dan L. Duncan Clinic is a part of UT Physicians, the medical practice of UTHealth. It is located in the Department of Pediatrics in the Children’s Learning Institute. It is a multidisciplinary clinic focusing on developmental and behavioral pediatrics and neuropsychology for children and adolescents. They have new facilities at 7000 Fannin St #1910 in the Texas Medical Center.

UTHealth Houston – Behavioral Sciences Campus (BSC) comprises the following sites: Harris County Psychiatric Center (HCPC) is a 250-bed acute, inpatient psychiatric facility, affiliated with the Department of Psychiatry and Behavioral Sciences in the McGovern Medical School of the UT Health Science Center at Houston; Dunn Center Building (DCB) is a 264-bed inpatient psychiatric facility. DCB was opened in December 2021 and provides support space for staff and student education and research, and a therapy mall to support healthy recovery.

As the primary psychiatric training hospital of UTHealth Houston, UTHealth-BSC is a training home for psychiatry residents as well as students in medicine, social work, nursing, and pharmacy – in addition to psychology. As a multi-disciplinary setting, UTHealth-BSC is an environment rich for collaborative learning and growth. The mean length of stay for most patients at UTHealth – BSC is approximately 7-10 days, underscoring the acute nature of treatment. Patients served are diverse regarding race/ethnicity, age, education, and sociocultural background, furthermore, patients often present with severe psychopathology. Commonly represented psychological conditions include 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 UTHealth – BSC functions as a campus-wide consultation service for attending psychiatrists, nurse practitioners and/or psychiatric residents on the units. Referral orders may be for Psychological Assessment, Brief Individual Intervention (adults), or Individual Therapy (children/adolescents). The psychology service provides group therapy services to various units at fixed weekly days/times. The Psychology Service is also involved with clinical research at UTHealth – BSC.

**TRACKS AND ROTATIONS**

**Rotation Schedule:** The internship year consists of three 4-month rotations, each of which is full-time. Interns receive 2 consecutive blocks in their matched track (Blocks 1 and 2) followed by a third block in another track.

**All interns have didactics, Psychiatry Grand Rounds, group supervision and research time on Wednesdays**. These activities are NOT OPTIONAL; they are required as a part of the internship program and attendance will be taken. Didactics, group supervision and Grand Rounds are scheduled weekly, and electronic calendar invitations are sent out. Interns are expected to attend all of these unless they have requested and received approved leave. Interns should know that the Texas State Board of Examiners of Psychologists requires that applicants for licensure have enough educational hours during internship to be eligible for licensure.

Wednesday mornings (8 – 12) are set aside for interns to do research. Research effort should be discussed and agreed upon with the research supervisor. Ordinarily the Wednesday morning time should not be used for other activities, without explicit permission from the rotation supervisor, the research supervisor and the Training Director/Assoc. Training Director. In case there is no substantial research activity being done, that time goes back to the rotation. If the intern is doing research but there is a rotation-related commitment that must be done Wednesday morning, the rotation supervisor will give back that time to the intern at another time during the week to be agreed upon. For example, interns who must attend the Trauma and Resilience Center scheduled clinic meeting at 10 am on Wednesdays should arrange with their supervisor to have an equivalent amount of research time scheduled at another time during the week.

We expect that interns will typically work about 40 hours per week. Interns who have a required clinical commitment that goes past 5 pm (e.g., a group therapy) may ask for compensatory time from their supervisor, if they wish. **Interns are required to track their hours in terms of the distribution of activities weekly and report the breakdown of their time to their supervisor and the Internship office using the Typhon electronic system**. Interns will receive training in the use of this system. Some interns whose position is supported by a grant will be required to track information about their patients seen.

**Supervision**. Supervision is a part of the rotations and will be at an average of 4 hours/week, which includes at least one hour with their clinical rotation supervisor(s), one hour with their year-long mentor, group supervision (at least 1 hour), and research supervision (1 hour). In practice, interns often get even more supervision than this, because of informal supervision and additional group supervisions held in particular rotations. Additional clinical supervision may be provided by psychiatrists, social workers, licensed counselors, and other professionals who are appropriately credentialed for their role in the program. Primary rotation supervisors maintain overall responsibility for all supervision, including oversight and integration of supervision provided by other professionals in the clinic or hospital unit. Contact information for supervisors is provided to interns at the beginning of the year. Interns also work with their Year-long Mentor/Supervisor and Research Supervisor to determine weekly meeting times and locations, which may also include tele-supervision meetings. Peer supervision and inter-disciplinary consultation (e.g., with psychiatry residents) are also encouraged. Interns should expect to have a scheduled meeting with the TD or the ATD in the fall and in the spring to review progress and address any issues the intern may be experiencing with any part of the program.

**Telesupervision.** With the exception of the inpatient rotations, tele-supervision is regularly utilized by supervisors in the program as a method of providing regularly scheduled supervision to interns. Since the COVID-19 pandemic, many of our services to patients have transitioned to taking place via telehealth, allowing interns and faculty to work remotely part of the time. Additionally, with interns being spread out in various rotation locations, tele-supervision has provided a convenient form of interaction and connection for them with each other and training faculty. Therefore, interns’ individual and group supervision takes place either in person or via a secure, HIPAA-compliant virtual platform with synchronous audio/video.

Weekly group supervision for all interns takes place via videoconferencing technology. Rotation supervision, except for inpatient rotations which all take place in person, may be scheduled as tele-supervision as agreed upon by the Rotation Supervisor and intern at the beginning of the rotation. All tele-supervision occurs over a secure network using site-administered, HIPAA-compliant teleconferencing technology to ensure the intern and client privacy and confidentiality.

**Telehealth in Training.** Trainees may provide services through telehealth during their training. The amount of telehealth services provided will vary with the rotation. Telehealth services will be provided via a HIPAA-compliant video platform integrated with the Electronic Health Record we use, Epic. Supervisors have the option to join along with the trainee as needed for training and observation. Trainees will be instructed about safe and ethical use of telehealth services.

**TRACKS**

**Developmental/Assessment Track**

**Lifespan Autism Rotation**

*Supervisors: Katherine A Loveland PhD, Amy Garcia, PhD, K. Rainey Hughes, PhD, Brittany Morris, PhD, Antonio Pagán, PhD (Postdoctoral Fellow/Instructor)*

The Lifespan Autism rotation has two intern positions based at the Behavioral and Biomedical Sciences Building. Lifespan Autism is an outpatient clinic that provides psychological services to individuals with autism spectrum disorders and their families, particularly those without intellectual disability. The clinic focuses on the full lifespan, including diagnostic evaluation of individuals well into adulthood. Many clients are adolescents and adults, most of whom have not previously been diagnosed. The clinic also emphasizes treatment of mental health conditions in people with autism. Interns will learn about common mental health conditions in autism, how they arise, how they can be distinguished from autism itself, and how they can be treated.

Interns will gain experience in assessment, diagnosis and report-writing and conceptualization of complex cases with multiple co-occurring mental health conditions. Interns can also do individual therapy with selected clients and may facilitate a group. Interns will work closely with supervisors on every case. Interns may see clients with the supervision of more than one supervisor. Additionally, some clinical work may be done as part of research projects.

Interns in the Lifespan Autism rotation will gain experience with a wide range of individual and family-related problems with a great variety of clients. Many of our clients have intersecting characteristics, being not only neurodiverse but having other identities such as transgender or being from marginalized and underserved groups. They present with co-occurring mental health conditions such as mood disorders, anxiety disorders, trauma, 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.

For an intern entering this rotation, prior experience with autism spectrum is optimal, and strong experience with assessment is also recommended. All interns will receive training before they are expected to perform tests or deliver other services with which they are unfamiliar.

Interns should expect to do 1 to 2 assessments per week, 2 – 3 intakes per week, and co–facilitate 1 or 2 therapy groups. They should complete at least 8 integrated reports during the 8-month rotation. They should expect to gain experience in individual therapy as well. **Interns will learn to do intake interviews on adult patients with possible ASD, will gain experience writing intake summaries and reports, do individual and group therapies with patients from the clinic, use the medical record effectively to support patient care, and interact with different disciplines as well as clinic staff.** Interns will receive supervision from the licensed psychologist faculty in the clinic but may also receive tiered supervision and training from postdoctoral fellows as appropriate. Interns should expect one or more practicum students in the clinic too, and they will provide an opportunity to gain experience in supervision of less advanced learners.

Research projects related to autism spectrum disorders are also available for interns to gain research experience and clinical experience through research. 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 Antonio Pagan, Dr Amy K Garcia, Dr. K. Rainey Hughes, Dr. Chang Yun); *Parenting Stress in Mothers of Children with Autism* (Dr. Noriko Porter, Dr Antonio Pagan and Dr. Katherine Loveland); *Launching! to Adulthood/Iniciando la Adultez!* (Dr Antonio Pagan, Dr Katherine Loveland, Dr. Rainey Hughes) and other potential projects using our extensive database of client data.

**Developmental Neuropsychology Clinic (DNC) 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. These concerns include Autism Spectrum Disorder (ASD), ADHD, Specific Learning Disorders, Intellectual Disability, Global Developmental Disorder, anxiety, and mood disorders. This rotation is centered in the Developmental Neuropsychology Clinic at the UTHealth Behavioral and Biomedical Sciences Building (BBSB), supervised by 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, ASD).).

DNC research activities include clinical trials sponsored by the pharmaceutical industry, as well as NIH-funded projects.. These research projects study the brain-gut relationship in ASD, how ASD is manifested in the context of Tuberous Sclerosis Disorder (TSC), and developmental trajectories in infants and toddlers with craniosynostosis. In all of these activities, interns will have the opportunity to participate in clinical assessments with infants, children, and adolescents who have a variety of developmental, neurological, and genetic conditions.

 Interns participating in this research arm of the DNC are supervised by Dr Pearson on each case.

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

*Supervisors: Michael Assel, Ph.D. & Mary Prasad, Ph.D.*

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.

**Child and Adolescent Track**

**Child Outpatient Clinic Psychotherapy Rotation**

 *Supervisors: Seema Jacob, PsyD, IMH-E(III), Leslie Taylor, PhD, & Jennifer Hughes, PhD*

The UTHealth Child Outpatient Clinic 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.

Each intern will have two supervisors, one for their early childhood cases and one for their school-aged and older cases. Interns will also attend weekly group supervision meetings with the supervising psychologists on this rotation and thus can 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 - 12 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.

**Inpatient Child and Adolescent Rotation**

**The UTHealth Houston John S. Dunn Behavioral Sciences Campus (UTHealth-BSC)**

**UTHealth Harris County Psychiatric Center (UTHealth-HCPC)**

**UTHealth Dunn Behavioral Sciences Center (DCB)**

*(Supervisors: Stephanie Emhoff, PhD & Marina Zhukova, Ph.D.)*

The Acute Child/Adolescent Units (HCPC 1E and Dunn 4A) serve children ages 4-17 years. Each unit houses 21 to 24 patients. The approximate length of stay is 6-8 days. Common reasons for hospitalization include depression, suicidality, aggressive behavior, substance use, psychosis, risky and dangerous behaviors, etc. In addition, a number of youth have trauma histories that include sexual assault, sexual abuse, physical abuse, and witnessing domestic and community violence. Patients may also have comorbid medical and developmental problems. The patients served are diverse in race/ethnicity, sexual/gender identity, education, and sociocultural background.

Duties of interns on the Acute Child/Adolescent Units Inpatient rotation will include:

(1) Providing Individual Therapy to child/adolescent patients (2-4 sessions daily).

(2) Facilitating or co-facilitating group therapy sessions with child and adolescent patients (4 – 8 groups weekly).

(3) Attending daily morning meeting, Psychology Case Conference meetings (as scheduled), Child Track Monthly Didactics (as scheduled), and Child & Adolescent Psychiatry Case Conference (as scheduled).

(4) Conducting brief psychological assessments of patients, primarily screens for ASD, IDD, and LD (time permitting).

**Addictions/Community Track**

*Supervisors: Angels Heads, PhD & Joy Schmitz, PhD*

The Addictions component of the track provides the intern with experience in the assessment and treatment of substance use disorders (SUDs) 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 SUDs. 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 acceptance-mindfulness approaches. Time will be spent learning and administering structured diagnostic (MINI, SCID) and drug history interviews. Interns have the opportunity to serve as study therapists, providing individual therapy for patients with SUDs. CNRA also supports the UTHealth Physicians 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, and duration of treatment.

The Community component of the track offers interns the chance to work with underserved populations in the Houston area, providing psychotherapy services for SUD and co-occurring mental and medical health conditions, with a focus 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 CNRA to ensure interns have basic competence in the assessment and delivery of evidence-based treatments to individuals with SUD/OUD and/or trauma. Current community sites include Open Gate Homeless Ministries, Grace Place, and Tony's Place. The CNRA has also partnered with the UTHealth Houston Institute for Stroke and Cerebrovascular Diseases and the Family Medicine Clinic at the UTHealth Department of Family and Community Medicine to give interns time each week to address problematic substance use and related psychiatric conditions in adults and youth.

**Trauma Track**

**Trauma and Resilience Center (TRC) Rotation**

*Supervisors: Ron Acierno, PhD, Andrea Taylor, PhD, & Sarah Jackson, PhD; Clinical Director Sarly Butte, LPC*

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. While the TRC primarily works with adult patients, there is the opportunity to work with children of Veterans who have experienced trauma. THE TRC rotation serves a variety of trauma populations. The rotations are completely Telehealth-based. Although virtual, the TRC is centered at the UTHealth Psychiatry Outpatient Clinic in the Behavioral and Biomedical Sciences (BBSB) Building under the supervision of Dr. Ron Acierno, Dr. Andrea Taylor, Dr. Sarah Jackson, and other TRC staff.

The TRC is committed to conducting evidence-based screening, assessment, and treatment with trauma exposed populations. Priority patient populations include veterans and their families, first responders, child abuse survivors, sexual assault survivors, community residing elder abuse survivors, survivors of interpersonal violence or domestic violence, and patients with severe chronic medical conditions and/or related physical traumas. Traumatic grief/bereavement and other trauma-related conditions are also areas of focus. Interns will be responsible for seeing patients at the TRC via Televideo formats and will be integrated into ongoing outcomes research and service quality initiatives. 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 multiple 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, social workers, counselors, and administrative staff who provide comprehensive assessment, medication management, case management, and trauma-focused individual therapy. Interns will also consult with psychiatrists and other medical personnel to facilitate coordination of care to best benefit patients. 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 chance to complete thorough clinical-research assessments at the start of treatment, throughout therapy, and at end of therapy. Interns are expected to carry their own caseload of approximately 20 patient hours weekly (scheduling beyond that number to account for cancellations and patient no-shows). Interns will also participate in weekly treatment team meetings. When possible, interns may have the opportunity to co-facilitate group therapy for trauma-impacted individuals.

**Adult Inpatient Track**

**The UTHealth Houston John S. Dunn Behavioral Sciences Campus (UTHealth-BSC)**

 **UTHealth Harris County Psychiatric Center (UTHealth-HCPC)**

 **UTHealth Dunn Behavioral Sciences Center (DCB)**

*Supervisors: Elaheh Ashtari, Psy.D.; Stephanie Emhoff, PhD; Jessica Badawi, PhD, Tessa Orellana, PhD, and Cindy Woolverton, PhD; Kenia Velasquez, PsyD; Samantha Guzman, PsyD*

*Inpatient General Adult Rotation*

The Adult inpatient units offer acute care to adults aged 18+; each unit houses 19 to 24 patients. Common reasons for hospitalization include depression, suicidality, self-harm, non-suicidal self-injury (NSSI), aggressive behavior, co-occurring disorders, psychosis, etc. The patients served are diverse in race/ethnicity, sexual/gender identity, education, and sociocultural background.

Training duties of interns on the acute adult inpatient track will include brief individual intervention/therapy sessions; facilitating/co-facilitating group therapy at scheduled intervals; psychological assessments; attending case-conference meetings as scheduled and presenting at least one case conference during the rotation. The expected caseload for interns is five clinical hours/ sessions per day, comprising any combination of individual and group therapy sessions. If assigned an assessment, that assignment will be the intern’s primary responsibility to submit the report before the patient’s discharge; assessment turnaround time is about 72 hours.

As part of the General Adult rotation at HCPC, training may include the *HCPC Recovery Oriented Treatment Program (ROTP).* The ROTP is designed to provide intensive treatment and support for patients who experience Schizophrenia spectrum disorders. 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.

**INTERN ACTIVITIES AND SCHEDULES**

Interns will typically work from 8:00 am to 5:00 pm, five days per week, as assigned by their rotation supervisors. In some cases, there may be work (e.g., research, groups, outpatient cases, etc.) that extends before 8 am or past 5 pm on some days. Training activities will vary among interns according to their track and their rotation placement. For example, some rotations have more assessment activities than therapy activities or vice versa.

The following is an example of a possible distribution of weekly 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 | 4 |
| OTHER ACTIVITIES |  |
| EHR documentation, reports, patient calls | 9 |
| TOTAL HOURS/WEEK | 40 |

**Clinical Hours Tracking**

Interns will track their hours weekly using a program form through the Typhon electronic platform and will review this with supervisors. Per APA guidelines, 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 completing work, they should discuss this problem with the supervisors of the rotation, and if needed, with the TD/ATD. We value self-care and the well-being of our interns, as well as a strong work ethic that is necessary to excel during internship training. In some rotations, additional tracking may be required because of funding agency requirements.

**Schedule for Wednesdays**

The table below shows the times expected for the Wednesday activities described above. Most activities listed in the schedule below are virtual, so feel free to have your lunch during these activities and you will be offered reasonable breaks in between activities. Remember that the time between 4:00 pm and 5:00 pm is self-directed and can be used for intern clinic, professional development, and/or time with supervisors/mentors.

***Wednesday’s Schedule***

|  |  |
| --- | --- |
| Research Time | 8:00am – 12:00pm |
| Grand Rounds & Lunch | 12:00pm-1:00pm |
| Didactic Series | 1:00pm-3:00pm |
| Intern Group Supervision | 3:00pm-4:00pm |
| Professional Development, Supervision, Self-Directed time | 4:00pm – 5:00pm |

**SUPERVISION**

Each intern will receive at least 2 hours of individual supervision per week, along with group supervision weekly for all interns and additional supervision from their research mentor and year-long mentor. The internship’s policy is that supervision may be in-person or by video call, but interns should receive some supervision that is based on direct observation of their work.

**DIDACTICS**

The program has a specific didactic series designed for psychology interns. Our didactics are aimed at an advanced level, providing material related to our program aims and competencies. The didactics meet APA requirements related to the internship competencies. **All interns are also required to attend the departmental weekly** **Grand Rounds** series (Wednesday 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 addresses professional issues of relevance to psychologists. The internship also has periodic presentations during group supervision in which interns present and discuss recent research articles relating to cultural and other diversity in clinical practice. **Weekly Didactics, Grand Rounds, and all scheduled CHATS lectures are required activities for all interns.** Any intern who anticipates being absent must email Drs. A. Taylor and Loveland as well as Ms. Willis ahead of time and obtain permission to miss the activity. Attendance at these educational activities will be recorded. The department also has frequent research presentations and case conferences 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. The interns may also attend conferences put on by the department, such as those on Addictions, Trauma, Mood Disorders, and advances in mental health. Some rotations also require case conference presentations.

**RESEARCH**

Research time on Wednesday mornings is provided for interns who are working on a project, paper, etc. Interns may also use research time to actively work on their dissertation research or writing.  However, if the dissertation is in a holding pattern (e.g., the intern is waiting for something to happen and can't move forward until it happens) or the dissertation is already defended, and the intern is not working on another research activity, this time goes back to the primary rotation. **Unused research and didactic time is not considered free time.** The research time is also not intended for clinical supervision. If a clinical rotation-related activity must occur on a Wednesday, the time will be given back to the intern for research hours. Interns are also required to conduct at least one research presentation to the department per year on a topic of their choice, such as their dissertation research or a research project from the internship year. The presentation will take place in the later part of the year and will be open to the department. Interns should work with their research mentors to decide on the topic and prepare their presentation.

**PROFESSIONAL STANDARDS**

**Professionalism**

Positive relationships among faculty, staff, students, and administrators will be encouraged and emphasized throughout the internship program. The UTHDPIP values a strong work ethic because it is necessary to acquire the optimal clinical and research training possible during the internship program. While interns are held to high standards, UTHDPIP recognizes the right of interns to be treated with courtesy and respect. 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 that reflects the highest standards of the scholarly community and of the profession. The internship program will educate interns about these principles and procedures should problems arise with them. Professional, business casual attire is expected of interns, including during virtual meetings and patient care. Faculty are expected to serve as role models for professional behavior. Interns are expected to serve as role models for more junior trainees such as practicum students who may be training alongside interns in some rotations. It is expected that interns demonstrate professional and regular communication with supervisors and peers. Interns are also expected to utilize all the training opportunities made available to them as their time permits, including limiting the use of their time for personal matters and/or matters not associated with their internship rotation during their rotation work hours.

**Ethical Standards**

Interns will be educated about and are expected to adhere to accepted [Ethical Principles of Psychologists and Code of Conduct](https://www.apa.org/ethics/code) as defined by the American Psychological Association. Ethics applied to research and ethical concerns in clinical practice will be emphasized in didactics and supervision. Faculty are expected to serve as role models for ethical behavior in psychology. It is especially important to note that one of our principles – as well as that of our Department and UTHealth – is that at no time will there be any retaliation against interns for bringing up problems that they experience or identify.

**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.

**Awareness of Cultural and Individual in Clinical Practice and Research**

The program values cultural and other differences among trainees and faculty and emphasizes competence with clients with different characteristics and backgrounds as a training goal. Faculty strive to model awareness and competencies related to diversity in their work as clinicians, researchers, and educators. Faculty value cultural humility and take steps to learn about various identities to ensure the training environment meets needs related to belonging. Didactics on topics related this topic are part of our educational series. Presenters on other didactic topics are encouraged to address cultural and individual differences in their presentation, and supervisors to help interns identify and address such issues as they arise in clinical practice. Finally interns present and discuss recent publications on issues related to cultural and individual differences periodically in group supervision time.

**COMPLETING INTERNSHIP**

**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 estimated 1750 hours of program participation with at least 25% of time spent with patients. Interns must also satisfactorily demonstrate competence in each of the Profession Wide Competencies. Each intern will receive a certificate upon satisfactory completion of the internship. Intern evaluations will be shared with the home program Director of Clinical Training. Doctoral programs are contacted within one month after the internship year's end and informed that the intern has completed the program.

**Record Maintenance**

Intern evaluations, certificates of completion, and each intern’s individual training plan are maintained indefinitely by the Training Director in a secure digital file. Records related to Due Process procedures are maintained in the same file, as described in the Due Process Procedures below. Records related to grievances or complaints are kept in a separate secure digital file and retained for at least 10 years.

**Communication with Doctoral Programs**

Intern evaluations and any other relevant feedback to the interns’ home doctoral program is provided at the end of each 4-month block. Doctoral programs are also contacted within one month after the internship year's end and informed that the intern has completed the program. If an intern enters the formal review step of the Due Process procedures (see DUE PROCESS, below) due to an inadequate evaluation rating, the Training Director may consult with the intern’s home doctoral program. When an intern is placed on a remediation plan and/or successful completion of the program comes into question at any point during the internship year, or the intern’s home doctoral program will be contacted. This contact is intended to ensure that the home doctoral program, which also has a vested interest in the interns’ progress, is kept engaged in order to support an intern who may be having difficulties during the internship year. The home doctoral program is notified of any further action that may be taken as a result of the Due Process procedures, up to and including termination from the program.

At the end of internship, interns’ home programs (the DCT) will receive a letter of completion documenting that they have successfully completed the internship program. In the unlikely event that the intern has not successfully completed the internship, the DCT will be informed. In such cases it is expected that prior steps would have been taken to remediate performance, and the home program DCT would have already been informed about the process (See DUE PROCESS, below).

**INTERN EVALUATIONS**

UTHDPIP is responsible for providing ongoing feedback (e.g., constructive and positive) to doctoral interns and for assessing their 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 block, interns receive formal, written feedback evaluating their performance in each of the competencies identified by the program as related to its goals. The evaluations are completed by each supervisor and are discussed with the intern. Where appropriate, input from secondary supervisors will be included. The intern can provide comments on the evaluation. A copy of the end-of-block evaluation is shared with the intern’s academic program DCT. At the end of the internship year, in an effort to recognize interns who have exceeded expectations, interns will be nominated to receive awards and recognition in a variety of service areas, such as Excellence in Inpatient Clinical Practice, Excellence in Outpatient Clinical Practice, and Excellence in Research, among others.

The competency-based intern evaluation form is included in Appendix A at the end of this handbook. **It is directly based upon APA’s Profession Wide Competencies and includes comment spaces where supervisors include specific written feedback regarding the interns’ performance and progress.** Interns should review this form prior to meeting with supervisors and should develop competency-based goals for the internship year. In the 5 point scale for each competency the minimum level of achievement is 3, which represents a level of performance appropriate for an intern. The points on the 5 point scale are specified in detail and allow room for growth.

1. The intern’s supervisors complete the written evaluation form mid-block and end of block and meet individually with the intern to discuss it. A separate research evaluation form is completed by the research supervisor, but if research is being conducted with the clinical supervisor, that supervisor can complete the evaluation on the general evaluation form.
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 and shares the evaluation with the intern’s DCT at the home program at the end of each rotation and at the end of the internship.
4. The intern will be given the opportunity to make a written response if desired.
5. The intern will also complete an evaluation of the clinical supervisor at the end of each block. That evaluation will go to the Training Director or the Associate Training Director. If there are issues in the rotation needing to be addressed, the program leadership will investigate and will insure that there is no retaliation against the intern.
6. If significant deficiencies in intern performance are identified (scores below 3 on any element), a remediation process will be initiated. Depending on the nature of the deficiency, the first step may be an informal process between intern and supervisor(s) to work on specific skills. However, if the deficiency is significant or if it remains after a period of efforts to remediate, the next step will include development of a formal remediation plan with clear steps, expectations, deadlines, and outcomes. See DUE PROCESS procedures below.
7. All evaluations and student responses become part of the intern’s file, are reviewed by the Psychology Training Faculty, and will be provided to the Director of Clinical Training at the intern’s doctoral training program.
8. Interns should be aware that the purpose of evaluation is to help with learning. Supervisors want the intern to succeed, and every effort will be made to help the intern succeed if a deficiency is identified. Any difficulties or areas needing growth should first be addressed in supervision and should not be a “surprise” at the time of mid-block or end of block evaluation.

**SUPERVISOR EVALUATIONS**

Interns will evaluate their direct supervisors at the end of the block or their supervisory relationship, whichever comes first. The intern will have the opportunity to provide comments on the evaluation and will also provide feedback on their supervisor across several domains, including availability, professionalism, and commitment to ethical practice. **It is imperative that interns not wait until the end of a block to provide feedback to their supervisors; rather, providing feedback across the supervisory relationship will be optimal to ensure the intern’s training and supervision needs are met**. Some examples might be, if the intern perceives that they need more feedback in a particular area, or if the supervisor is not sufficiently available to them, or if the intern does not understand why the supervisor made a particular decision, or if the intern feels offended or confused by an interaction between them. Bringing up these issues directly with the supervisor as soon as possible is the most professionally appropriate way to address them, so that the problem does not go on for the rest of the rotation. As stated above, no retaliation will be permitted against any intern. The Training Director or Associate Training Director will address issues that are raised. See below for more information on Due Process.

**DUE PROCESS**

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.

Due Process procedures are implemented in situations where a supervisor or other faculty or staff member raises a concern about a doctoral intern's functioning. Due Process procedures occur in a step-wise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program. The program director(s) may contact an intern’s home doctoral program at any point in the Due Process procedures to best support the intern.

**Rights and Responsibilities**

These procedures protect the rights of the intern and doctoral internship training program and carry responsibilities for both. While the need for due process procedures has been rare in our program, it is important that both interns and faculty be familiar with them to implement them consistently and fairly.

Interns: The intern has the right to be afforded every reasonable opportunity to remediate problems. These procedures are not intended to be punitive; rather, they are meant as a structured opportunity for the intern to receive support and assistance to remediate concerns. The intern has the right to be treated in a respectful, professional, and ethical way. The intern has the right to participate in the Due Process procedures by having their viewpoint heard at each step in the process. The intern has the right to appeal decisions with which they disagree, within the limits of this policy. The responsibilities of the intern include engaging with the training program and the institution in a manner that is respectful, professional, and ethical, making every reasonable attempt to remediate behavioral and competency concerns, and striving to meet the aims and objectives of the program.

UTHDPIP: UTHDPIP has the right to implement these Due Process procedures when they are called for as described below. Additionally, depending on the nature and complexity of the reported issues, the TD reserves the right to consult with UTHealth Houston Human Resources. The program and its faculty/staff have the right to be treated respectfully, professionally, and ethically. The program has a right to make decisions related to remediation for an intern, including probation, suspension, and termination, within the limits of this policy. The responsibilities of the program include engaging with the intern in a manner that is respectful, professional, and ethical, making every reasonable attempt to support interns in remediating behavioral and competency concerns, and supporting interns to the extent possible in successfully completing the training program.

Definition of a Problem

For purposes of due process, a problem needing formal remediation is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to demonstrate professional standards in one's repertoire of professional behavior; 2) an inability to demonstrate or acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions that interfere with professional functioning.

It is a professional judgment as to when an issue becomes a problem that requires remediation. Issues typically become identified as problems that require formal remediation when they include one or more of the following characteristics:

1) the intern does not acknowledge, understand, or address the problem when it is identified;

2) the problem is not merely a reflection of a skill deficit which can be rectified by the scheduled sequence of clinical or didactic training;

3) the quality of services delivered by the intern is significantly negatively affected;

4) the problem is not restricted to one area of professional functioning;

5) a disproportionate amount of support by training personnel is required;

6) the trainee's behavior does not change as a function of feedback, and/or time;

7) the problematic behavior has potential for ethical or legal ramifications if not addressed;

8) the intern's behavior negatively impacts the public view of the agency;

9) the problematic behavior negatively impacts other trainees;

10) the problematic behavior potentially causes harm to a patient; and/or,

11) the problematic behavior violates appropriate interpersonal communication with faculty, peers and staff.

Informal Review: Interns who do not meet expectations for their level in training in any competency area will receive feedback from direct supervisors as a first step. 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. Supervision may include increased didactic training, role plays, modeling/observation, and/or structured readings. Supervisors should clearly indicate that the intern has entered the Informal Review phase of the Due Process Procedures. The supervisor or faculty/staff member who raises the concern should monitor the outcome. There may also be consultation with the program leadership, in which the intern is present and involved.

Formal Review: In some cases, serious concerns about foundational competencies or problematic behavior may arise. If an intern’s problem behavior persists following an attempt to resolve the issue informally, the following process is initiated:

A. **Notice**: The intern will be notified in writing that the issue has been raised to a formal level of review, and that a Hearing will be held.

B. **Hearing**: The supervisor or faculty/staff member will hold a Hearing with the Training Director (TD) and intern within 10 business days of issuing a Notice of Formal Review to discuss the problem and determine what action needs to be taken to address the issue. If the TD is the supervisor raising the issue, another faculty member who works directly with the intern will be included at the Hearing along with an Associate TD. The intern will have the opportunity to present their perspective at the Hearing and/or to provide a written statement related to their response to the problem.

C. **Outcome and Next Steps**: The result of the Hearing will be any of the following options, to be determined by the Training Director and other faculty/staff member who was present at the Hearing. This outcome will be communicated to the intern in writing within 5 working days of the Hearing:

1) Issue an "Acknowledgement Notice" which formally acknowledges one of the following:

a) that the faculty is aware of and concerned with the problem and that) that the problem has been brought to the attention of the intern; that the faculty will work with the intern to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating; or

b) that the problem is not significant enough to warrant further remedial action at this time.

2) Place the intern on a "Remediation Plan" which defines a relationship such that the faculty, through the supervisors and TD, actively and systematically monitor, for a specific length of time, the degree to which the intern addresses, changes and/or otherwise improves the problematic behavior or skill deficit. The implementation of a Remediation Plan will represent a probationary status for the intern. The probation period length will depend on the problem and will be determined by the intern’s supervisor and the TD. A written Remediation Plan will be shared with the intern and the intern’s home doctoral program and will include:

a) the actual behaviors or skills associated with the problem;

b) the specific actions to be taken for rectifying the problem;

c) the time frame during which the problem is expected to be ameliorated; and,

d) the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this remediation period as specified in ‘c’ above, the TD will provide a written statement indicating whether or not the problem has been remediated. This statement will become part of the intern’s permanent file and will be shared with the intern’s home doctoral program. If the problem has not been remediated, the Training Director may choose to move to Step D below or may choose to extend the Remediation Plan. The extended Remediation Plan will include all the information mentioned above and the extended time frame will be clearly specified.

3) Place the intern on suspension, which would include removing the intern from all clinical service provision for a specified period of time, during which the program may support the intern in obtaining additional didactic training, close mentorship, or engage some other method of remediation. The suspension period length will depend on the problem and will be determined by the intern’s supervisor and the TD/ATD. A written Suspension Plan will be shared with the intern and the intern’s home doctoral program and will include:

a) the actual behaviors or skills associated with the problem;

b) the specific actions to be taken for rectifying the problem;

c) the time frame during which the problem is expected to be ameliorated; and,

d) the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this suspension period as specified in ‘c’ above, the TD will provide to the intern and the intern’s home doctoral program a written statement indicating whether the problem has been remediated to a level that indicates that the suspension of clinical activities can be lifted. The statement may include a recommendation to place the intern on a probationary status with a Remediation Plan. In this case, the process in #2 above would be followed. This statement will become part of the intern’s permanent file.

D. If the problem is not rectified through the above processes, or if the problem represents gross misconduct or ethical violations that have the potential to cause harm, the intern’s placement within the internship program may be terminated. The decision to terminate an intern’s position would be made by the Training Faculty and a representative of Human Resources and would represent a discontinuation of participation by the intern within every aspect of the training program. The Training Faculty would make this determination during a meeting convened within 15 business days of the previous step completed in this process, or during the regularly scheduled monthly Training Faculty meeting, whichever occurs first. The TD may decide to suspend an intern’s clinical activities during this period prior to a final decision being made, if warranted. The internship program will notify APPIC, APA and the intern’s home doctoral program of the decision.

All time limits mentioned above may be extended by mutual consent within a reasonable limit.

**Appeal Process**

If the intern wishes to challenge a decision made at any step in the Due Process procedures, the intern may request an Appeals Hearing before the Training Faculty. This request must be made in writing to the TD within 5 business days of notification regarding the decision with which the intern is dissatisfied. If requested, the Appeals Hearing will be conducted by a review panel convened by the TD and consisting of the TD (or another supervisor, if appropriate) and at least two other members of the training faculty who have worked directly with the intern. The intern may also request a specific member of the training faculty to serve on the review panel. The Appeals Hearing will be held within 10 business days of the intern’s request. The review panel will review all written materials and interview the parties involved or any other individuals with relevant information. The review panel may uphold the decisions made previously or may modify them. Decisions made by the review panel will be shared with the intern and the intern’s home doctoral program.

If the intern is dissatisfied with the decision of the review panel, they may appeal the decision, in writing, to the Director of Management Operations in the department, or if necessary to Human Resources. Each appeal level must be submitted in writing within 5 business days of the decision being appealed. The Director of Management Operations in the department and/or Human Resources has final discretion regarding outcome. Decisions made during these appeal processes will be shared with the intern and the intern’s home doctoral program.

**GRIEVANCE PROCEDURES**

**Intern Complaints against Faculty or Supervisors**

Complaints against faculty members or supervisors may be made by interns.

Informal Review: Depending on the complaint's nature, the issue should first be discussed with the supervisor to see if some resolution can be worked out. Consultation with the year-long mentor may help in deciding how to approach such a discussion. The Training Director or Associate Training Director may also be consulted to help achieve resolution.

Formal Review: If the issue is such that the intern does not feel safe to discuss it with the faculty member or another 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 within 10 business days of the initial discussion with the supervisor in question or the instant issue. In the event that the Training Director is the subject of the complaint, written complaints may be made to the Associate Training Directors, or to the administration of the Louis A. Faillace, MD Department of Psychiatry & Behavioral Sciences (The Director of Management Operations [DMO]). The Training Director or ATD will consult with the DMO and the Human Resources department, and within 10 business days will respond to the written complaint with a description of the next steps. Should there be reason to believe the intern is not safe in a training environment with the faculty member or supervisor, the intern will be redirected to another rotation for the remainder of the block.

UTHDPIP will always aim to protect the rights and safety of interns, faculty and clients. In the event that a faculty member is found to have acted inappropriately, corrective action will be taken according to UTHealth policy. All applicable personnel policies of UT Health 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. In some cases, the matter will be escalated to the Human Resources department for resolution. Decisions about the complaint will be communicated to the intern after investigation is complete and the relevant officials of the University have brought it to a resolution. In case personnel action is taken against a faculty member or supervisor, this will be kept confidential.

**Intern Complaints against the Program as a Whole**

Complaints may also be made against the program as a whole. It is advisable for the intern to discuss the complaint with the TD or ATD if possible. The intern may submit in writing a complaint to the Director of Management Operations of the department. The intern may also seek consultation and/or submit a complaint to APPIC.

**Self-Study and Quality Improvement of the Program**

The Training Director and the Associate Training Directors 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. Interns will also receive periodic evaluation forms that apply to the program as a whole rather than individual rotations. The Training Faculty meets regularly to discuss the progress of the program and the interns, deal with problems or questions that arise, and plan further steps. The administrators involved in supporting the program also are consulted about improvements to processes and policies to enhance the program in reaching its goals. Interns are also asked for feedback on all aspects of the program including administration. Intern feedback is welcomed and has been very helpful in improving the program over the course of the years it has been in operation.

**Sexual Harassment Policy**

The UTHDPIP endorses, and interns, faculty, other supervisors and UTHealth staff members must comply with the [HOOP Prohibition of Sexual Harassment & Sexual Misconduct](https://www.uth.edu/hoop/policy.htm?id=1447966), as well as Section 3.02 and 3.03 of [the Ethical Standards of Psychologist and Code of Conduct](https://www.apa.org/ethics/code).

**Appendix A**

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| --- |
| **UTHealth Doctoral Psychology Internship Trainee Evaluation - Given by supervisors at mid-point and end of each 4-month block. Research-only supervisors give the research portion 3x per year at end of each block.**The Evaluation has a 5-pt Likert Scale with category names and specific description of each point. The scale is intended to reflect the cumulative development of skills across the period of training. Later categories are assumed to include all skills from earlier ones. Definitions of the Likert scale are below:  1. Beginning = Minimal ability; requires substantial guidance.
2. Basic = Basic knowledge and skills; requires help from supervisor.
3. Proficient = Performs proficiently with moderate independence; some guidance needed.
4. Advanced = Performs well with little guidance.
5. Exemplary = Performs independently at a high level; exceeds expectations for interns.

Interns are expected to attain a score of 3 or greater in each area assessed. Scores less than 3 in a Subdomain or Domain will be addressed by remediation in accordance with the internship Handbook policies and procedures. A rating of 6 – N/A (not applicable) can be given if the domain does not apply to the current rotation, or if only Research Mentorship is being evaluated. |
| **UTHealth Doctoral Psychology Internship Trainee Evaluation** |
| **Rotation:** Choose an item. | **Intern Name:**  |
| **Date:**Click or tap to enter a date. | **Block:**Choose an item. | [ ] **Mid** [ ]  **End** | **Supervisor Name:** |
|  | **Domain** | **Subdomain** | **Rating of Competency** |  |
| **Section I: Research Methods** |  |   | **1 - Beginning**  | **2 - Basic**  | **3 - Proficient**  | **4 - Advanced**  | **5 - Exemplary**  | **6- N/A** |
|  | *[Rate if intern has not completed dissertation work and is not able to participate in new research at this time]* |  | No apparent progress on dissertation | Progress on dissertation is slow | Progress in dissertation is progressing as expected | Progress on dissertation is rapid and should be finished before end of block. | Dissertation is now finished and can start new research | Rate N/A if dissertation was complete already |
|  |  |  |[ ] [ ] [ ] [ ] [ ] [ ]
|   | *Project Design and Implementation* |   |   |   |   |   |   |  |
|   |   | Creates research design | Demonstrates beginner competence in research design; Creates a research design with help from research mentor. This level of competence is expected for students in the first year of research training and is below the level expected for an intern.  | Chooses a research design for a study with help from mentor; understands research designs as described in published literature, does not yet show independence. Below the level expected of an intern. | Creates a research design with supervision; identifies what can be learned from different research designs. This level of competence is expected for interns. | Consistent proficiency in creating research designs with little or no help; Considers strengths and limitations of different research designs for a study without oversight from mentor; familiar with advanced research designs such as in clinical trials.  | Advanced proficiency in choosing the best research design for an original study independently; critically evaluates research designs in published literature; able to defend choices. This level of competence is expected for students who are already functioning at the level of postdoctoral training.  |  |
|  |  |  |[ ] [ ] [ ] [ ] [ ] [ ]
|   |   | Develops and implements procedures | Shows minimal competence; needs significant guidance to understand research procedures. This level is expected for students who are just beginning research training and is below the level expected for an intern. This does not apply to interns learning new research procedures who are making satisfactory progress. | Basic competence at developing and implementing research procedures; conducts research procedures with help from research mentor. This level of competence is below the level expected for an intern. This does not apply to interns learning new research procedures who are making satisfactory progress. | Proficient in developing research procedures with supervision from mentor; familiar with procedures to collect and record data; selects assessments, tasks, surveys and other data collection methods as expected; conducts data collection; This level of competence is expected for interns. This score can be given to interns learning new research procedures who are making satisfactory progress. | Consistent proficiency in developing research procedures with little help from mentor; designs and implements procedures, collects and record data independently. This level of competence is advanced for interns. | Develops and conducts research procedures independently. Independently devises new procedures for addressing new research questions. This level of competence is expected for students who are already functioning at the level of postdoctoral training. |  |
|  |  |  |[ ] [ ] [ ] [ ] [ ] [ ]
|  |   | Analyzes and interprets data | Shows minimal competence needs significant guidance to understand statistical methods. This level of competence is below the level expected for an intern.. | Basic competence at analysis and interpretation of data; summarizes data using descriptive statistics. Requires help from research mentor to carry out statistical analyses and interpret them. This level of competence is below the level expected for an intern. | Proficient in common data analysis methods for both quantitative and qualitative research; visualizes data; tests hypotheses using inferential statistics; proficient with programs for data analysis; has taken advanced statistics; This level of competence is expected for interns. | Consistent proficiency in selecting statistical methods for a new study; Advanced proficiency in analysis and interpretation of data. Uses a variety of analytic tools for quantitative and qualitative data reduction and analysis. This level of competence is advanced for interns. | Independent in analysis and interpretation of data. Independently researches additional methods of analysis and learns when and how to conduct them. This level of competence is expected for students who are already functioning at the level of postdoctoral training. |  |
|  |  |  |[ ] [ ] [ ] [ ] [ ] [ ]
|   | *Critical Analysis of Literature*  |   |   |   |   |   |   |  |
|   |  | Reviews literature and develops hypotheses | Shows minimal competence. Ability to review and evaluate literature on evidence-based practices is limited. This level of competence is below the level expected for an intern. | Demonstrates basic competence in reviewing and evaluating literature on evidence-based practices but still requires regular guidance from research mentor. Demonstrates emerging proficiency at constructing a review of literature; searches for literature using key words. Performance is at the level expected of a student who has received some training in research skills. Below the level expected of an intern. | Proficient in reviewing and evaluating literature on evidence-based practices. Defines a clear question when searching using reputable sources such as PubMed, PsycInfo; Demonstrates foundational knowledge of the PICO framework: Patient/Population Intervention; Comparison; Outcome. Reviews and evaluates literature sufficiently to derive a testable hypothesis. This level of competence is expected for interns. | Consistent proficiency in reviewing and evaluating literature on evidence-based practices; applies skills effectively with minimal direction. Assesses the validity, reliability, and applicability of studies, including study design, sample size and characteristics, potential biases, statistical methods and significance, as well as the contribution of the research. This level of competence is advanced for interns. | Advanced proficiency in reviewing and evaluating literature on evidence-based practices, consistently exceeding expectations for the pre-internship level graduate student. In addition to Advanced level criteria, uses clear inclusion/ exclusion criteria to determine which studies to include in a focused review; conducts analyses of included studies; formulates conclusions supported by evidence. This level of competence is expected for trainees who are already functioning at the level of postdoctoral training. |  |
|  |  |  |[ ] [ ] [ ] [ ] [ ] [ ]
|   | *Scientific Communication* |   |   |   |   |   |   |  |
|   |   | Oral scientific communication | Shows minimal competence in oral scientific communications; This level of competence is below the level expected for an intern. | Basic competence in oral scientific communication. Discusses literature in groups and with mentors; is familiar with the components that must be conveyed when presenting scientific findings; developing confidence in oral communication skills. This level of competence is below the level expected for an intern. | Proficiency in oral scientific communication with oversight from mentor; Summarizes and presents findings of a study orally; greater confidence in oral presentation skills and engagement with listeners; aware of and applies accepted practices for scientific communications; integrates media with presentation in an organized and effective way. This level of competence is expected for interns. | Consistent proficiency in oral scientific communication. Develops and presents research orally with confidence; Creates, submits and presents a poster or oral presentation with media at a conference with little help from mentor. This level of competence is advanced for interns. | Advanced proficiency in oral scientific communication. Submits and presents research effectively at a conference. Discusses research comfortably and fluently to different audiences. This level of competence is expected for trainees who are already functioning at the level of postdoctoral training. |  |
|  |  |  |[ ] [ ] [ ] [ ] [ ] [ ]
|   |   | Written Communication | Shows minimal competence in written scientific communications; This level of competence is below the level expected for an intern. | Basic competence in written scientific communication. Summarizes literature for written assignments; developing skill and confidence in writing; Aware of APA style and other accepted practice for written scientific communications. Performance is below the level expected of an intern. | Proficient in written scientific communication. Summarizes and presents findings of a study or a literature review in writing; writing is becoming clear, well organized and grammatical. Writing still requires some mentor help. Follows APA style and other accepted practice; This level of competence is expected for interns. | Consistent proficiency in written scientific communication. Prepares posters and abstracts for submission to conferences. Drafts a paper for journal submission or a chapter with supervision of mentor; writing is clear, well organized and grammatical. Expresses scientific concepts and findings using standard style and accepted practices. This level of competence is advanced for interns.  | Advanced proficiency in written scientific communication. Writes dissertation proposal and dissertation; writing is clear, well organized, grammatical and persuasive; expresses scientific concepts and findings using standard style and accepted practices. This level of competence is expected for trainees who are already functioning at the level of postdoctoral training.  |  |
|  |  |  |[ ] [ ] [ ] [ ] [ ] [ ]
|   | *Ethical issues in research* |   | Shows minimal competence; at a beginning level in understanding ethics of research; This level of competence is below the level expected for an intern. | Introduced to and somewhat familiar with APA ethical principles as applied to research; beginning to apply in practice. This level of competence is below the level expected for an intern. | Proficient in ethical principles as applied to research. Familiar with APA ethical principles; avoids obvious ethical missteps; identifies events that could be ethically questionable or would need supervisor input; seeks supervision when needed. This level of competence is expected for interns. | Consistent proficiency in ethics as applied to research. Clearly identifies ethical issues without supervisor input; applies APA ethical principles consistently; seeks supervision as needed. Knows steps to take when violations have occurred. This level of competence is advanced for interns. | Advanced proficiency in making ethical judgments in research; consistently exceeding expectations for interns. Operates independently with respect to ethical principles and their application but is aware of the need to seek supervision and seeks it when needed. Able to provide help to less advanced learners in this area. This level of competence is expected for trainees who are already functioning at the level of postdoctoral training.  |  |
|  |  |  |[ ] [ ] [ ] [ ] [ ] [ ]
| **Section II: Clinical Skills** | *Psychological Assessment: Administration and Scoring* |   |   |   |   |   |   |  |
|   |   | Administration of Tests | Minimal competence: Performance in choosing and administration of tests is limited. This level of competence is below the level expected for an intern. | Demonstrates basic competence in administration of tests but still requires significant guidance and oversight from supervisor; is not proficient in selecting tests. Makes errors and requires correction; consults instructions often; familiar with few tests. This level of competence is below the level expected for an intern. | Proficient in administration and choosing of tests with some oversight from supervisor. Demonstrates foundational knowledge of more tests; is skilled at administering tests with few errors; more skilled at interacting effectively with client when testing; takes notes during testing. This level of competence is expected for interns. | Consistent proficiency in administration of a variety of tests, applying skills effectively with minimal direction. Selects test to administer with oversight; administers tests with little oversight needed, rarely makes errors; Has a greater repertoire of tests and learns new ones easily; explains testing to clients and interacts well with client; knows instructions and rules for the tests administered. This level of competence is advanced for interns.  | Advanced proficiency in in administration of a wide range of tests consistently exceeding expectations for the internship level. Administers tests to clients with autonomy, including choosing tests, explaining them to clients, interacting with clients in ways that promote client comfort and representative of test results; knows how to administer a variety of tests easily. Interns are performing at the level expected at the end of internship or at the postdoctoral level. |  |
|  |  |  |[ ] [ ] [ ] [ ] [ ] [ ]
|   |   | Scoring Tests | Minimal competence in scoring tests. Requires much oversight to score correctly and consistently. Learning to use manuals and scoring software. This level of competence is below the level expected for an intern. | Demonstrates basic competence in scoring tests but still requires oversight from supervisor. Uses manuals and software for scoring but needs help. Makes errors. This level of competence is below the level expected for an intern. | Proficient in scoring tests without much oversight. Demonstrates knowledge of more tests; makes few errors in scoring; adept in use of manuals and scoring software.  This level of competence is expected for interns. | Consistent proficiency in scoring tests, applying skills effectively without oversight from supervisor. Scores many tests and does so accurately using manuals or software. This level of competence is advanced for interns.     | Exhibits advanced proficiency in scoring a wide range of tests, consistently exceeds expectations for the internship level. Interns are performing at the level expected at the end of internship or at the postdoctoral level. |  |
|  |  |  |[ ] [ ] [ ] [ ] [ ] [ ]
|   | *Psychological Assessment: Interpretation and Report Writing* |   |   |   |   |   |   |  |
|   |   | Interpretation of test results | Shows minimal competence. Performance in interpretation of test results is limited. Does not show understanding of how to interpret the results of various tests and place them in relation to one another. Requires direct oversight from supervisor. This level of performance is below expectations for interns in this area. | Beginning competence in interpretation of test results; understands basic principles of testing; uses test manuals and printouts from test software. Still requires regular guidance and oversight from supervisor to interpret test results. Performs at a level below that expected for interns. | Proficient in interpretation of a number of tests. Uses test manuals to identify key areas for interpretation of test results; proficient in integrate single test results with results of other tests to form clinical conclusions; Understands diagnostic procedures; Interprets tests and writes reports with oversight from supervisor. This performance is at the level expected for an intern. | Consistent proficiency in interpretation of tests. Familiar with a greater number of tests, interprets them without needing to refer to the manual much of the time; integrates test results with other test results in a battery in order to obtain a more accurate picture of the client. Develops diagnostic conclusions. This level is advanced for the level expected of interns.  | Exhibits advanced proficiency and independence in interpretation of test results, consistently exceeding expectations for interns. Interprets tests readily with little supervisor input; Integrates interpretation of tests with information about the client's culture, history, and other characteristics. Performs at the level of a trainee at the end of internship or in postdoctoral training.  |  |
|  |  |  |[ ] [ ] [ ] [ ] [ ] [ ]
|  |   | Communicates test results in narrative and tabular form | Shows minimal competence. Performance in communication of test results and client history is limited. Requires direct guidance and oversight from supervisor to create written report. Difficulty with grammar, formatting, organization, clarity, and accuracy. This level of performance is below expectations for interns in this area. | Developing competence in written communication of test results and client history. Constructs tables according to templates; drafts narrative sections of the testing report using templates and test printouts as a guide, with supervisor oversight. Still requires regular oversight from supervisor due to difficulties with clarity, grammar and spelling, organization, and understanding. Written communication is below expectations for interns.  | Demonstrates proficiency in written communication of test results and client history. Drafts client history section of the report. Constructs tables and drafts narrative sections of the testing report, with supervisor oversight. Relatively few problems with clarity, grammar, spelling, formatting, organization and accuracy. Beginning to develop original recommendations. Aware of cultural issues affecting communication. Still requires oversight in producing report. This performance is at the level expected for an intern. | Consistent proficiency in written communication of test results and client history. Writing is clear and correct. Constructs tables and interpretive narratives for tests with little supervisor oversight. Develops original recommendations. Addresses cultural issues related to communication of test results. This level is advanced for the level expected of interns. | Exhibits advanced proficiency in written communication of test results and client history, consistently exceeding expectations for the internship level. Writes test reports smoothly; communicates findings clearly; demonstrates awareness of and sensitivity to cultural and other characteristics of clients when writing about results; Performs at the level of a trainee at the end of internship or in postdoctoral training.  |  |
|  |  |  |[ ] [ ] [ ] [ ] [ ] [ ]
|   | *Psychological Assessment: Ethical Practice of Assessment* |   |   |   |   |   |   |  |
|   |  | Identifies and implements ethical principles as they pertain to psychological assessment | Shows minimal competence at a beginning level in understanding ethics as applied to assessment; This level of performance is below expectations for interns in this area. | Introduced to APA ethical principles as applied to assessment; beginning to apply in practice. Seeks supervision when aware of a possible ethical issue. May miss ethical issues and require guidance. This level of performance is below expectations for interns in this area. | Proficient in ethical principles as applied to assessment. Familiar with APA ethical principles; avoids obvious ethical missteps; identifies events that could be ethically questionable or would need supervisor input; seeks supervision when needed. This performance is at the level expected for an intern. | Consistent proficiency in ethics as applied to assessment. Clearly identifies ethical issues without supervisor input; applies APA ethical principles consistently, with supervisor oversight; seeks supervision as needed. Knows steps to take when violations have occurred. This level is advanced for the level expected of interns. | Advanced proficiency in making ethical judgments in assessment, consistently exceeding expectations for the internship level; Operates independently with respect to ethical principles and their application but is aware of the need to seek supervision and seeks it when needed. Able to provide help to less advanced learners in this area. Performs at the level of a trainee at the end of internship or in postdoctoral training. |  |
|  |  |  |[ ] [ ] [ ] [ ] [ ] [ ]
|   | *Psychological Intervention: Knowledge of evidence-based methods and principles for intervention* |   |  |   |   |   |   |  |
|   |   | Demonstrates knowledge of methods of psychotherapy | Shows minimal competence in interventions; lacks basic knowledge about evidence based intervention techniques and is not ready to apply in practice. This level of performance is below expectations for interns. | Basic competence in psychotherapy; performs co-therapy with supervisor; employs tools such as thought records and other handouts; becoming familiar with manualized treatments. This level of performance is below expectations for interns. | Proficient in interventions. Demonstrates proficiency with at least one evidence based psychotherapy modality (CBT, ACT, IFS, DBT, MI, etc.) at a sufficient level to provide treatment without supervisor present by using a manualized protocol; writes progress notes that show grasp of important aspects of therapy and client status. This performance is at the level expected for an intern. | Consistent proficiency in intervention. Has become fluent in at least one psychotherapy modality and is able to draw upon knowledge of one or more other modalities as appropriate; adjusts therapy approach to meet needs of client rather than only following manual; progress notes show good clinical insight. Seeks new skills and applies them with clients. This level is advanced for the level expected of interns. | Advanced proficiency in providing interventions to clients, consistently exceeding expectations for internship. Independent in implementing one or more modality of evidence based psychotherapy and using other modalities as appropriate; fluent in application of psychotherapy techniques and adjusting therapy in collaboration with client; writes notes that need little input from supervisor. Works effectively with more challenging clients. Performs at the level of a trainee at the end of internship or in postdoctoral training. |  |
|  |  |  |[ ] [ ] [ ] [ ] [ ] [ ]
|   |   | Demonstrates knowledge of treatment planning | Shows minimal competence in treatment planning; lacks knowledge of techniques for treatment planning and requires guidance from supervisor. This level of performance is below expectations for interns. | Basic competence in treatment planning; assesses needs of client; formulates case conceptualization and hypotheses about treatment needs with help from supervisor. This level of performance is below expectations for interns. | Proficient in treatment planning. Develops a case conceptualization and hypotheses about client treatment needs; Collaborates with client on treatment plan; identifies links between patient characteristics and treatment needs. Requires oversight from supervisor. This performance is at the level expected for an intern. | Consistent proficiency in treatment planning. Comfortable developing a treatment plan based on case conceptualization and collaboration with client; readily identifies links between patient characteristics and treatment needs; Seeks supervision as needed to adjust treatment plan. This level is advanced for the level expected of interns. | Advanced proficiency in treatment planning, consistently exceeding expectations for internship. Independent in developing case conceptualization, treatment plan, and linking patient characteristics with treatment needs. Selects interventions from techniques already learned and seeks additional knowledge and skills to meet client needs; Continues to seek supervision as needed. Performs at the level of a trainee at the end of internship or in postdoctoral training. |  |
|  |  |  |[ ] [ ] [ ] [ ] [ ] [ ]
| **Section 3: Professional Skills** | *Communication and interpersonal skills* |  | Beginning level of professional communication and interpersonal skills. Aware that there are differences between professional and personal ways of communicating but not yet able to apply in practice. This level of performance is below expectations for interns. | Usually maintains positive communication and relationships with peers, faculty, clients, providers in other disciplines, staff, communities, organizations and others; written and oral communication are developing toward optimal clarity, effectiveness, informativeness; learning use of profession specific terms and concepts. This level of performance is below expectations for interns. | Maintains positive and effective communications and relationships with all professional constituencies (as above); handles difficult communications with supervision; written and oral communication are clear, grammatical, informative, appropriately formatted, with effective use of profession specific terms and concepts; integrates information in communications such as testing reports, letters and oral communications with supervision. This performance is at the level expected for an intern. | Handles difficult communications in appropriate and professional ways; makes oral presentations fluently; demonstrates awareness of client needs and point of view when communicating to clients; Avoids language that may seem pejorative or denigrating to clients or others; Writes with awareness of the recipient’s level of knowledge; information presented in communications is well-integrated and reflects awareness of boundaries. This level is advanced for the level expected of interns. | Independently communicates with clients, families, peers, and others, handling difficult or sensitive communications with skill; communications are fluent, clear, and appropriate at all times; relationships with peers, supervisors, clients and others are positive and effective, leading to optimal learning environment and clinical outcomes. Performs at the level of a trainee at the end of internship or in postdoctoral training. |  |
|  |  |  |[ ] [ ] [ ] [ ] [ ] [ ]
|  | *Supervision* |  | Beginning level of supervision skills. Meets regularly with supervisors. May not be well prepared and may not always seek supervision when needed. Not yet knowledgeable about models of supervision. This level of performance is below expectations for interns. | Meets with supervisor regularly, changes performance in response to supervision. Learning when to seek supervision outside of regular times and becoming aware of supervision models. This level of performance is below expectations for interns. | Well prepared for supervision, shows awareness of when to seek supervision and does so; helps more junior learners by sharing knowledge; aware of supervision models and practices as well as literature on supervision. This performance is at the level expected for an intern. | Seeks supervision readily and can accurately identify clinical and ethical situations that require supervisor input; raises thoughtful and insightful questions, applies supervision models and practices in supervising more junior learners and is becoming familiar with literature on supervision. This level is advanced for the level expected of interns. | Makes best use of supervision time by being well prepared and raises well-targeted, informed questions; adept at identifying areas in which to seek supervision; able to supervise junior learners in assessment and/or intervention with tiered supervision from faculty. Well-versed in supervision models and practices and is familiar with literature on supervision. Performs at the level of a trainee at the end of internship or in postdoctoral training. |  |
|  |  |  |[ ] [ ] [ ] [ ] [ ] [ ]
|  | *Consultation and interprofessional/ interdisciplinary skills* |  | New to interprofessional practice and consultation; learning differences between disciplinary clinical practices and roles. Not able to apply in practice. This level of performance is below expectations for interns. | Basic competence in interprofessional communications. Uses the electronic health record and other interdisciplinary communications; aware of reasons why psychologists are asked to consult and how they may do so in person and in writing. This level of performance is below expectations for interns. | Communicates appropriately with professionals in other disciplines in person and in writing, showing awareness of the role of psychologists in consultation and maintaining appropriate boundaries; aware of consultation models and practices. This performance is at the level expected for an intern. | Provides consultation to trainees in other disciplines as needed; works with supervisor to provide consultation in person and in writing to physicians and other providers regarding patients; Appropriately maintains boundaries; applies models and practices of consultation. This level is advanced for the level expected of interns. | Has sufficient knowledge of the work of other disciplines to understand matters such as medication management and to integrate this knowledge with psychological factors, developmental history, results of assessments and other information when providing consultation or communicating interprofessionally. Performs at the level of a trainee at the end of internship or in postdoctoral training. |  |
|  |  |  |[ ] [ ] [ ] [ ] [ ] [ ]

**Appendix B**

**UTHDPIP Supervisor Evaluation**

Instructions: Intern will complete this evaluation regarding their supervisor. At the end of the supervisor relationship or rotation block, whichever comes first, this evaluation should be discussed with the supervisor.

Intern Name: Date:

Supervisor’s Name: Rotation Name:

Focus of Supervision: Primarily Clinical \_\_\_

 Primarily Research\_\_\_

 Both Clinical/Research \_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **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 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 |  |  |  |  |  |
| 14. Supervisor was able to assist intern in improving their competence in individual and cultural diversity. |  |  |  |  |  |

1. Describe how accurate you perceived feedback from your supervisor to be about you during your training. What barriers, if any, were present for you in receiving or applying their feedback?
2. What do you believe you have gained from working with this supervisor?
3. How could supervision or the rotation be improved?

Intern Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix C**

**UTHDPIP Year-Long Mentor Evaluation**

*Instructions*: Intern will complete this evaluation regarding their year-long mentor discuss with the mentor.

Name of Intern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Year-Long Mentor/Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please rate the following with respect to your year-long-mentor/supervisor.  | **Rarely** | **Sometimes** | **Most of the time** | **Almost always** |  |
| **1** | **2** | **3** | **4** | **N/A** |
| 1. My mentor was available to me.
 |  |  |  |  |  |
| 1. They presented as a professional role model.
 |  |  |  |  |  |
| 1. They communicated effectively and respectfully.
 |  |  |  |  |  |
| 1. They provided guidance on clinical issues.
 |  |  |  |  |  |
| 1. They provided guidance on professional issues (e.g., applying for post-doc, conflict resolution).
 |  |  |  |  |  |
| 1. They provided guidance on research.
 |  |  |  |  |  |
| 1. They modeled adherence to ethical standards.
 |  |  |  |  |  |

1. Described how you perceived feedback and guidance from your mentor/supervisor. Please include what barriers, if any, were present for you in receiving or applying their feedback.
2. What do you believe you have gained from working with this mentor/supervisor?
3. How could your mentorship/supervision be improved?

Intern Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Mentor/Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_

**Appendix D**

**UTHDPIP Year-Long Mentee Evaluation**

*Instructions*: Year-long mentor will complete evaluation regarding their year-long mentee and discuss with the mentee.

Name of Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Year-Long Mentee/Supervisee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What are your mentee’s strengths?
2. What are the specific areas where improvement is needed, and or/additional emphasis in training?
3. 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 complete this internship?
	* 1. If yes, what problems?
		2. Have these problems been discussed with the intern?
		3. Complete and attach remediation plan form.

Intern Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Mentor/Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_