

**Pacific Psychology and Comprehensive Health Clinic  
Doctoral Psychology Internship Program  
2021-2022**

**Program Overview**

- The Pacific Psychology and Comprehensive Health (PCH) Clinics, which is part of Pacific University's School of Graduate Psychology, offers a 2000 hour, one-year, full-time, doctoral internship to prepare entry-level health service psychologists for professional practice. We do not accept part-time interns. Our internship starts July 21, 2021 and ends on August 5, 2022. Interns get approximately 6 weeks off over the year which includes release time for their dissertation, graduation, and interviews for their next position.
- For the 21/22 training year there will be two tracks:
  - Adult Track (#1526-12) will have four slots and
  - Youth and Family Track (#1526-13) will have one slot.
- Adult Track interns provide therapy and psychological assessment to adults and older adolescents. We require a minimum of 400 intervention and 100 assessment hours with at least 50% of hours accrued were with adult clients.
- Youth and Family Track interns will be placed on a child therapy and assessment teams. However based on client demands, these interns may have a few adult clients on their caseloads. We require a minimum of 400 intervention and 100 assessment hours with at least 50% of hours accrued were with youth and family clients.
- Interns will receive training in ten competency domains: intervention, assessment, interprofessional collaboration, consultation, supervision, community outreach, diversity, practitioner-scholar methodology, professionalism, and ethical practice.
- Interns work approximately 50 hours per week, including one evening per week until 8pm and one Saturday per month. Below is an estimate of how interns spend their time.
  - Providing therapy: 20%
  - Conducting assessments: 20%
  - Engaging in interprofessional collaborations: 15%
  - Providing supervision and consultation: 15%
  - Conducting outreach: 10%
  - Receiving supervision and participating in training seminars: 20%
- Of the 25 interns admitted to the PCH internship program over the past five years:
  - 56% were culturally diverse
  - 20% were immigrants
  - 24% identified as sexual minorities
  - 32% were bilingual
  - 20% identified as male, 80% identified as female; 0% identified as transgender
  - 10% were covered by the Americans with Disabilities Act
  - 44% were seeking PhDs; 56% pursued PsyDs

## **Typical Intern's Week:**

### Supervision & Training

- 2 hours of individual supervision, at a minimum
- 2-4 hours of assessment group supervision with practicum students
- 2 hours of training seminars
- 1-2 hours of didactics
- 1-2 hour of interprofessional team meeting
- **8-10 hours total**

### Clinical Duties

- 10-14 hours providing therapy and writing notes
  - 6-8 hours conducting assessments and writing reports
  - 2-4 hours providing and overseeing community outreach
  - 10-12 hours of clinical supervision, consultation, and mentoring of practicum students
  - **28-38 hours total**
- Our ideal interns have developed intermediate competency with therapy and assessment and are eager to expand their skills. Additionally, ideal interns:
    - are self-directed while being an active team member
    - know their strengths while being humble
    - are efficient and productive with attention to detail
    - are mature, curious and a desire to deepen their competencies
    - work hard and have effective self-care strategies at work and outside work
    - are self-aware and work well in a fast-paced environment with many facets
    - strive to do their best as psychologists while maintaining a sense of humor
    - Are interested in a variety of roles psychologist can play, beyond clinical services
  - Our internship is not be a good fit for interns who:
    - want to focus only on therapy and assessment
    - are disinterested in outreach, integrated care, or interprofessional collaboration
    - struggle with working autonomously
    - lack leadership skills or disinterested in mentoring practicum I students
    - are easily overwhelmed when required to multi-task
    - are stressed by interruption-rich environments
    - work best in 9-5 environment with lots of similarities from one day to the next
  - The internship is APA-accredited\* and a member of APPIC. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.
  - Our site visit occurred in October 2019. The Commission on Accreditation (CoA) has met and as of July 2020, we are awaiting their decision. We are confident that our internship meets the expectations of accreditation during the next accreditation cycle and beyond.
  - The current stipend for interns is \$30,000 over 13 months. Interns can take up to 6 weeks off for

vacation to complete their dissertations, and return to their home program for events. Interns are also supported in looking for their next professional position. Time off to interview with post-doctoral training or other professional opportunities is allowed during the internship.

- Interns are eligible for medical, dental, and vision benefits and may purchase benefits for dependents. Interns have approximately 30 days paid time off for holidays and other scheduled university closures. Interns are given paid release time for dissertations, post-documentation or employment searches, and graduation. For further information about these and additional benefits for which interns are eligible, please visit <http://www.pacificu.edu/hr/benefits> and click on the link to the current benefits brochure. Interns are eligible at the Tier 1 level.

\*Questions about our accreditation status may be directed to:

American Psychological Association

Office of Program Consultation and Accreditation

750 First Street, NE • Washington, DC • 20002-4242

Phone: 202-336-5979 • TDD/TTY: 202-336-6123

Fax: 202-336-5978 • Email: [apaaccred@apa.org](mailto:apaaccred@apa.org)

<http://www.apa.org/ed/accreditation>

## ELIGIBILITY REQUIREMENTS

Doctoral candidates enrolled in an APA-accredited clinical or counseling psychology program are eligible to apply. Applicants must have successfully completed their clinical competency or other major qualifying exam and successfully proposed the dissertation project before the application submission deadline. All required coursework should be completed before the internship start date in July. **A minimum of 400 therapy and 100 intervention hours are required hours at the time of application. At least 50% of the hours accrued must be with clients that are consistent with the track applied to.** We only recognize direct hours supervised by licensed psychologists. We accept hours accrued during Master's and Doctoral education if supervised by licensed psychologists. We do not accept hours that were supervised by unlicensed psychologists or other professionals, even if the supervisor is supervised by a licensed psychologist.

Successful candidates will have a substantial amount of supervised intervention and assessment experience and demonstrate fit with our internship program in training needs, future career goals, and interests. Although most applicants report significantly more experience, those with fewer than 400 intervention hours and 100 hours of assessment experience are unlikely to be sufficiently prepared for our particular training program. Adult track applicants must have worked with adult clients for at least 50% of the hours accrued by the applicant. Likewise, at least 50% of hours accrued were with youth and family clients for applicants to the youth and family track.

**We DO NOT REVIEW APPLICATIONS that fall below our expectation of at least 400 therapy hours and 100 assessment hours at the time of application and 50% of hours consistent with the track applied to.**

We value diverse perspectives and appreciate differences in backgrounds and experiences as they directly benefit the clinic organization, our staff, our interns and student clinicians and, ultimately, the clients and communities we serve. The PCH clinics are committed to making psychological services nondiscriminatory, affordable, and accessible to all eligible clients. Interns and supervisors are strongly committed to and interested in working with clients from diverse backgrounds including but not limited to ethnic, racial, SES, and sexual orientation diversity. We welcome interns from a variety of backgrounds and strongly encourage interns from diverse backgrounds and/or with an interest in diversity issues to apply to our internship.

### ***NOTICE OF NONDISCRIMINATION POLICY***

It is the policy of Pacific University not to discriminate on the basis of sex, disability, race, color, national origin, sexual orientation, or age, in admission and access to, or treatment in employment, educational programs or activities as required by Title IX of the Education Amendments of 1972, section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, the Age Discrimination Act, the Americans with Disabilities Act of 1990, and their implementing regulations. Questions or complaints may be directed to the Vice-President for Academic Affairs, 2043 College Way, Forest Grove, Oregon 97116, (503) 357-6151.

## SELECTION PROCEDURES

We will select five interns for the 2021-2022 training year. Four of the interns will primarily work with adult clients, and two interns will work primarily with children, adolescents, and families. Applicants who are able to conduct therapy in English and Spanish are strongly encouraged to apply.

Applications must be submitted via the online AAPI by midnight Pacific Time on November 2, 2020. Applications will first be reviewed for eligibility by the program Administrative Assistant and Training Director. Applications that meet eligibility requirements will be reviewed by a faculty member of the internship committee, with particular attention to goodness of fit, demonstrated through the cover letter and essays. Following this file review, a cut will be made, and 25-30 candidates will typically be invited to attend an informational Open House and Interview Day, which will be conducted virtually due COVID-19 pandemic. All applicants will be notified of their interview status on or before December 11, 2020. The Open House and Interview Days are January 8 & 15, 2021. **Applicants to the Youth and Family rotation will only be interviewed on 1/8.**

During the open house, candidates will interview with the Internship Training Director, one of the internship faculty members, and a current intern. An informational presentation about the internship program and Q & A session. Since goodness of fit is a high priority, we want applicants to get to know us and our program while we get to know them by spending a day together (virtually). Once the interview process is complete, the current interns and Internship Committee (comprised of the Training Directors, faculty members, and the Administrative Assistant) gather to form the rank order list for submission to the national match. Applicants will not be notified of their status between interview and match day; thus, any candidate invited to interview should proceed as if they are ranked.

### TO APPLY

All application materials must be submitted through the online APPIC application portal ([www.appic.org](http://www.appic.org)) on or before **November 2, 2020, at 11:59pm PST.**

A complete application consists of:

- Application form (online AAPI)
- CV
- Graduate transcript(s)
- Three letters of reference

Internship Match Numbers for the Pacific Psychology and Comprehensive Health Clinics

- Adult Track: #**152612**
- Youth and Family Track: #**152613**

Please address any questions related to the internship program or the application process to:

TBD

Internship Training Director

Ellie Buhr

Clinic and Internship Coordinator

503-352-2419

[ellie.buhr@pacificu.edu](mailto:ellie.buhr@pacificu.edu)

## **Internship Training Program**

The Pacific Psychology and Comprehensive Health (PCH) Clinics offers a 2000 hour one-year, American Psychological Association (APA) Accredited doctoral internship to prepare qualified graduate students for entry level professional practice in health service psychology. Questions about our accreditation status may be directed to the APA Commission on Accreditation, 202-336-5979, 750 First Street NE, Washington, DC, 20002-4242. A practitioner-scholar model in which understanding and applying the empirical literature in the clinical setting is emphasized during the internship program.

## **About Us**

The PCH Clinics are a behavioral health home and an integrated care clinic providing mental health and primary care services to diverse communities, marginalized groups, and underserved individuals across the lifespan. The PCH Clinics are part of the School of Graduate Psychology (SGP) at Pacific University and use qualified mental health professionals (QMHPs) and qualified mental health interns (QMHI) as well as other healthcare professions trainees to provide integrated care and work interprofessionally.

Under various names, the PCH Clinics have provided services to adults, couples, youth, and families since 1980 as a not-for-profit organization. The PCH Clinics are supported by our host institution, Pacific University, which has existed for more than 100 years. The longevity of our host institution ensures the PCH Clinics' infrastructure and ability to serve clients are stable and that services will be available for many decades to come. In 2014, the clinics were unified under the name Pacific Psychology and Comprehensive Health Clinics. This new name captures the developmental trajectory of the Clinics becoming Behavioral Health Homes. We have expanded our services to include health and wellness services, with the goal of becoming a fully integrated care clinic.

Treatment is designed collaboratively with clients, involves their support systems when appropriate, and integrates other professionals (such as PCPs or other medical providers). Our services are client-centered, strength-based, culturally responsive, trauma-informed, holistic, and recovery-oriented. The PCH Clinics service array includes psychotherapy, case management, medication evaluations and management along with neuropsychological and psychological assessment. Our primary care services include complementary and natural medicine.

Nearly 1,000 psychological assessment and mental health clients are served each year and over 9,000 client sessions are conducted annually at the two Clinic locations. Clients range from preschool-aged children to older adults. The PCH Clinics have a Certificate of Approval until 2022 to provide mental health services to youth and adults by the Oregon Health Authority. We have contracts with Multnomah County Mental Health, Washington County Disability, Aging, and Veterans Services, Vocational Rehabilitation, Returning Veterans Project, and public schools, community colleges, and four-year universities.

| Service Type                | 12/13 | 13/14 | 14/15 | 15/16 | 16/17 | 17/18  | 18/19  | 19/20* |
|-----------------------------|-------|-------|-------|-------|-------|--------|--------|--------|
| Mental Health Sessions      | 9059  | 8194  | 7286  | 8870  | 9527  | 11,569 | 10,591 | 7937   |
| Psychological Evaluations   | 121   | 117   | 129   | 143   | 153   | 144    | 107    | 60     |
| Primary Care Visits         |       |       | 371   | 620   | 640   | 908    | 883    | 602    |
| SLP Visits                  |       |       | 109   | 249   | 508   | 614    | 451    | 360    |
| Physical Therapy Visits     |       |       | 83    | 59    |       |        |        |        |
| Occupational Therapy Visits |       |       | 43    | 39    | 49    |        |        |        |

***\*Impacted by COVID-19 pandemic***

The PCH Clinics have been serving youth and adult clients for more than 35 years through two primary missions: 1) providing integrated mental health services for underserved, medically disadvantaged, and economically challenged individuals with a variety of health and mental health needs and 2) training mental health care providers to deliver effective integrated, client-centered, trauma-informed, culturally competent care to these individuals.

The PCH Clinics strive to provide the highest quality of client care. All mental health clinicians who are not themselves licensed psychologists, are supervised by such licensed practitioners. The PCH Clinic Directors and Clinical Supervisors, all of whom are licensed psychologist, each has many years of experience in care provision to clients with mental health diagnoses. The QMHPs and QMHIs are in the early stages of their careers, which means they are trained on the most up-to-date evidence-based practices (EBPs) and oriented toward working with outcome data in line with the triple aims of the Affordable Care Act (ACA). All care providers and supervisors in the PCH Clinics focus on selecting and applying treatment methods that have an evidence base for effectiveness, have been developed to be cost effective, and have been shown to result in client satisfaction. Our 18/19 staffing consists of Clinic Directors (2 FTEs), Licensed Psychologists Supervisors (6 FTEs), QMHPs (10 FTEs) and QMHIs (18 FTEs). This creates a capacity of serving nearly 6000 unique, unduplicated, therapy clients that include youth, families and adults. Additionally, we have health and wellness providers (5 FTEs).

Our treatment philosophy is holistic, strength-based, client-centered, trauma informed, culturally responsive and individualized. We utilize evidenced-based psychology and medical practices. The PCH Clinics are a Behavioral Health Home (BHH), similar to a Patient-Centered Medical Home. A BHH is created when an existing mental health organization integrates primary care and other medical services to treat patients holistically and comprehensively. The PCH Clinics currently function at Level 4 of SAMHSA’s framework of integrated healthcare, with the goal of reaching Level 6 within five years. Level 4 can be described as close collaboration onsite with some system integration, whereas Level 6 is full collaboration in a transformed/merged integrated practice.

The PCH Clinics offer primary care and medication management in-house through a partnership with the NUNM. In Oregon, Naturopathic Doctors (NDs) are recognized as physicians and have a comparable scope of practice as Medical Doctors. NDs provide primary care, including prescribing psychiatric medications along with natural medicine. Other healthcare services at the PCH Clinics

include SLP services. Based on the triple aims of the ACA, integrated care is considered the most responsive, efficient, and effective form of medical and mental health services. We engage in interprofessional collaboration and care integration at the PCH Clinic. Interprofessional collaboration takes many forms, such as communicating with a PCPs or medical providers; engaging in weekly Interprofessional Team Meetings (ITM), considering medical, functional, physical, and other health-related issues when treating mental health concerns; patient advocacy; and referrals to specialty services.

The PCH Clinics treat a variety of mental health problems in adults, couples, youth/children, and families.

Typical adult presenting concerns include depression, bipolar, anxiety, trauma, adjustment, hoarding, obsessive-compulsive, problematic eating, gender dysphoria, poor impulse control, and substance use disorders. We offer treatment for mild to moderate personality disorders, such as borderline, narcissistic, histrionic, avoidant, dependent, and obsessive-compulsive.

Typical youth and family presenting problems are separation anxiety, major depressive disorder, disruptive mood dysregulation disorder, reactive attachment disorder, adjustment disorders, eating disorders, oppositional defiant disorder, conduct disorder, intermittent explosive disorder, and ADHD. Through dedication to providing culturally relevant and systemic treatments, clinicians address problems related to environmental stressors such as poverty, family distress, acculturation, and educational disadvantage and challenge.

PCH staff are aware of the risk of mental health problems co-occurring with substance abuse disorders and incorporate a substance abuse screening into all adult and youth intakes.

The PCH clinics utilize evidenced-based and best-practice interventions geared toward the primary presenting problems of adults, youth, and their family. Each clinical supervisor is assigned a team of clinicians and has approximately 25% of his/her FTE dedicated to clinical supervision. Supervisors spend the remainder of their time engaging in research, dissemination, and teaching clinical psychology doctoral courses. All practicum clinicians have received training at the SGP and are well-versed in EBPs, interventions, and case conceptualizations. Each team provides EBPs in the clinical supervisor's areas of expertise. All EBPs are considered and adapted as needed in the context of the cultural realities and experiences of the patient's presentation, environment, and larger systems. Evidence-based interventions include, but may not be limited to:

| <i>Adult EBP's</i>                             | <i>Youth and Family EBP's</i>             |
|--|---|
| Stages of Change and Motivational Interviewing | Family Psychoeducation                    |
| Cognitive Behavioral Therapy                   | Trauma Focused Cognitive Behavior Therapy |
| Dialectical Behavior Therapy                   | Dialectical Behavior Therapy              |
| Acceptance and Commitment Therapy              | Parent Child Interaction Training         |
| Seeking Safety and Other Trauma Treatments     | Collaborative Problem-Solving             |
| Exposure Based Anxiety Treatment               | Functional Family Therapy                 |
| Other Mindfulness Interventions                |   |
| Solution-Focused Brief Therapy                 |   |
| Strengths-Based Case Management                |   |

In addition to our outpatient mental health therapy for adults, youth and families we provide a variety of specialty services. Since the PCH Clinics are part of the School of Graduate Psychology, we have access to more than 25 licensed psychologists with a variety of expertise. This variety of expertise creates the opportunity for the PCH Clinics to offer a number of specialty services to our clients. Our specialty services include

- Psychological assessment of youths who have experienced complex trauma
- Psychological assessment and therapy with transgender youths and adults
- Therapy services in Spanish
- In-vivo exposure-based anxiety treatments for youth and adults
- ADHD treatment for adults
- Office-based and in-home treatment of adults with hoarding disorder.

The PCH Clinics' policy for clinicians' caseloads is approximately 10-15 clients per full-time clinician. Interns receive at least 2 hours of individual supervision and 2 hours of group supervision per week. In addition to clinical supervision, interns receive didactic training in Diversity, Interprofessional Collaboration, and Outreach Seminars. Clinicians spend 1.5-2 hours in training seminars and 1-2 hour Interprofessional Team Meetings each week.

**Cultural Competency and Responsivity:** The PCH Clinics embrace the diversity embodied within each individual and across groups as well as in the communities we serve. We recognize that prejudice and discrimination based on dimensions such as sex, gender identity and expression, ethnicity, race, sexual/affective orientation, age, physical and mental abilities, size, religious beliefs and practices, and socioeconomic status, have historically affected healthcare practices and services.

The PCH Clinics are committed to ensuring that all clinical services are affordable, accessible, and non-discriminatory. We strive to provide culturally responsive, trauma-informed, evidence-based services. We are strongly committed to working with clients from diverse backgrounds and aim to provide a sense of inclusion to all community members. Our PCH Hillsboro clinic coordinator, several clinicians, and some supervisors are bilingual in Spanish, and we provide bilingual/bicultural services.

**Minority Cultures Representation:** Our commitment to cultural competency requires ongoing resources and expertise. Many of our clinicians, clinical supervisors, and administrative and clinical staff are members of diverse communities. Our linguistic services continue to expand as the PCH Clinics grow. We are proud to offer Spanish-speaking services at both locations of the PCH Clinics. Clinical supervision is provided by bilingual and bicultural licensed psychologists and senior clinicians. Clinical services in other languages (e.g., Russian, Mandarin, German) are available intermittently as represented by our clinicians and staff language fluencies; thus, we keep a current list of other language services

available upon request. More than 10% of our clients identify as ethnically diverse. Attendance at a monthly cultural consultation group is required for all practicum clinicians. Interns are strongly encouraged to attend as well.

In addition to traditional office-based therapy services, we provide significant outreach services to culturally diverse communities. One of our goals in providing outreach is to reach underserved and nontraditional mental health clients. We actively work to reduce the stigma associated with mental health problems and treatment along with reducing barriers to receiving help.

The PCH Clinics strive to embody the National Standards for Culturally & Linguistically Appropriate Services (CLAS; <https://www.thinkculturalhealth.hhs.gov/index.asp>). Clinician and client orientation materials clearly communicate our commitment to diversity and refer clients to our PCH CLAS policy. We embed cultural competency training into all aspects of our organization.

When we do not have clinicians who can provide services in the client's preferred language, we use the medical interpreter services of Linguava and Passport to Languages. Such services allow skilled interpreters become unobtrusive in sessions and language to flow between clinician and client. Having a bridge between two people who do not speak the same language in a way that allows psychological care to take place is essential for non-English speaking clients.

The PCH Clinics engage in continuous accountability to provide respectful, quality services that attend to diverse cultural health beliefs and practices while improving health equity and access to care for underserved populations. The most commonly represented non-majority populations we serve include the Latino/a community and the LGBTQ++ community. We take careful histories that attend to historical trauma, challenging diversity experiences, and cultural identity needs of our clientele. Clinicians complete required diversity trainings and classes before and during their rotation at PCH Clinics. Additional examples of culturally-specific services include treatment with Latinos, with older adults, veterans, and transgender individuals.

Culturally appropriate care is an important part of competent therapy and an ongoing learning process for all. To encourage clinicians' growth and to improve the quality of cultural services provided, we offer a monthly cultural consultation meeting. All clinicians working with the Latina/o clients as well as any other diverse population are required to attend the consultation meetings. Also, all clinicians are encouraged to consult on an as-needed and ongoing basis with senior clinicians and supervisors who are familiar with a particular culture regarding culturally-specific issues that arise in the therapeutic relationship.

Several times a year we offer culturally-specific training focused on how to serve the Latina/o community best. Topics include culturally-informed clinical interviews, assessment, diagnosis, case conceptualization, and treatment modalities with Latina/os and individuals from racial and ethnically diverse populations. Additionally, all clinicians complete a comprehensive semester-long diversity class during their time at PCH.

**Clinic Locations:** Our Portland location is at 1411 SW Morrison Street, and our Hillsboro clinic is at 222 SE 8<sup>th</sup> Ave. Both locations are easily accessible via TriMet. We are open until 8pm Monday-Thursday, 9-5pm on Fridays and 9-4pm on Saturdays.

Interns work Monday-Friday and one Saturday a month. Interns are required to work one evening till 8pm Monday-Thursday. Clinic Directors are typically present during normal business hours Monday-Friday and are available via phone at all times the clinic is open and will provide back up for after-hours access.

The Director, Associate Director, and interns' primary supervisors are all available by cell phone for consultation when off premises. Together, the PCH Clinics are the primary training facilities for Pacific University's School of Graduate Psychology in which first-year practicum students are supervised. There are a total of 20 therapy teams and 6 assessment teams, divided between the two clinics. Each team is comprised of approximately 4 doctoral students under the supervision of a licensed psychologist supervisor. The range of current faculty supervisor experience is 2 to nearly 40 years.

Interns are assigned an office at their assigned location, either Portland or Hillsboro. The offices are equipped with sufficient furniture and space for the intern to conduct individual or couples therapy and to do administrative work. Intern offices are also supplied with computers, phones, and video recording devices. Further, interns have access to office space within the clinic for groups, assessment, along with a charting/workroom area, lounge/kitchen, printer/fax/copier, bathroom, and reception area. Across the street from the Hillsboro, interns are able to access classroom space and other meeting areas and conference rooms. The PCH clinics have a library of clinical and testing materials, and interns have access to Pacific University's library facilities, with reciprocal privileges at a number of local university libraries, including Portland State University and Oregon Health Sciences University. The College of Health Professions campus library is located adjacent to the Hillsboro Clinic on the second floor of Creighton Hall.

### **One-Year Full-Time Requirement and Vacation/Absence Policy**

The internship is a full-time (2000 hours, 50+ hours per week), 12-month (54 weeks) program of training. We do not accept part-time interns. All interns begin in the middle of July and complete their internship by last Friday in July or first Friday in August the following year. The intern must complete a vacation request form and receive supervisor and director approval. Interns have approximately 25 days of vacation on university holidays and closures and are urged to take vacation during these times that the clinic is scheduled to be closed.

Interns receive the same benefits of all full time employees. See <http://www.pacificu.edu/hr/>. Interns will meet with the Manger of Business Administration of the Clinic or an HR representative to complete all enrollment forms to benefits.

If an intern is unable to complete the internship due to illness or some other extenuating circumstance, the intern may petition the internship committee for an extension of the training experience beyond the scheduled graduation date. The internship committee will make decisions regarding extension of the training year on a case-by-case basis.

### **Intern's Weekly Schedule**

Interns work an average of 50 hours per week. Interns also work one Saturday per month.

#### Interns' Weekly schedule:

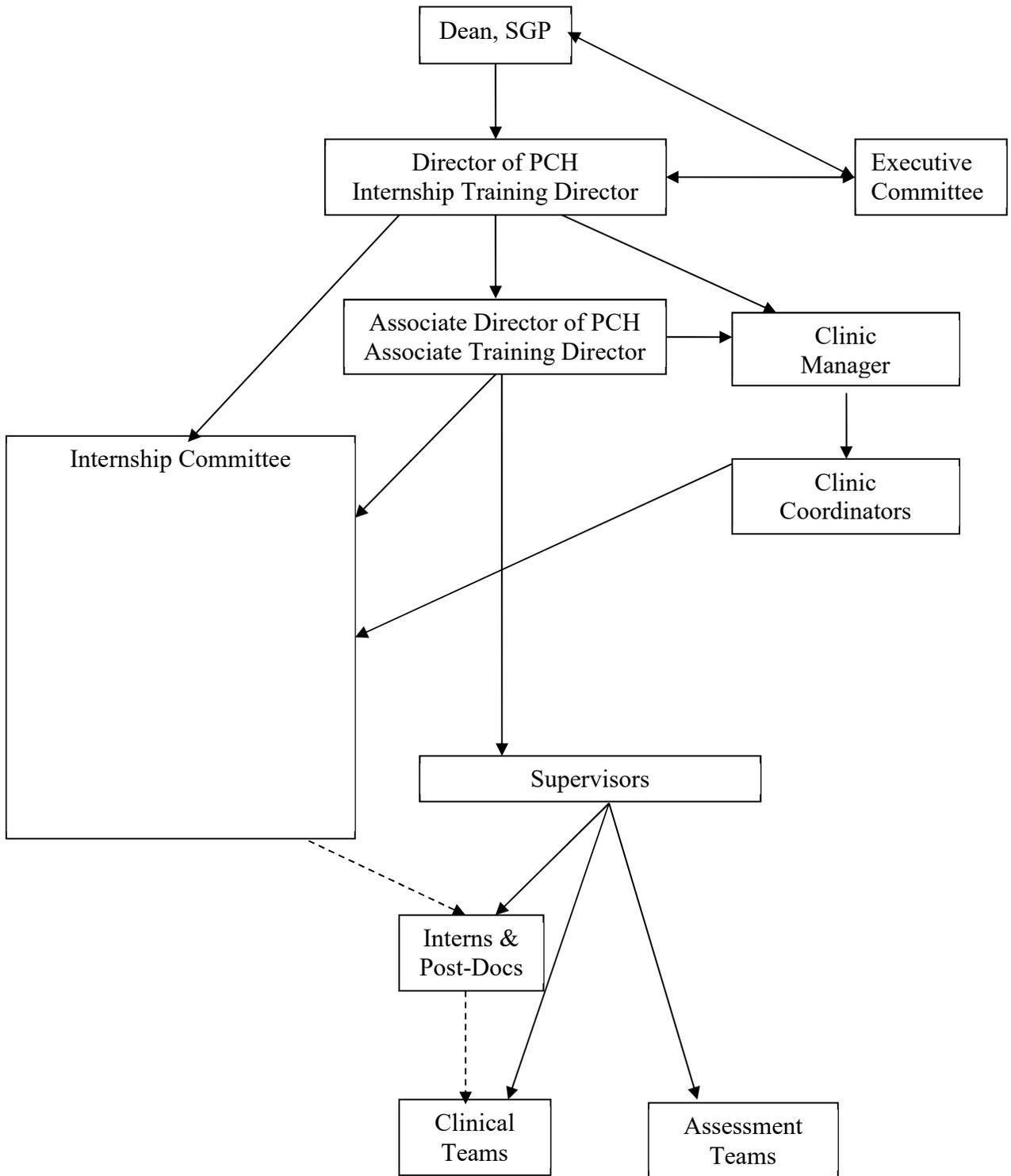
- Mondays: 8-6pm, 9-7pm, or 10-8pm. One intern must be present till 8pm

- Tuesdays: 9-7.
- Wednesdays: 8-6pm, 9-7pm, or 10-8pm. One intern must be present till 8pm
- Thursdays: 8-6pm, 9-7pm, or 10-8pm. One intern must be present till 8pm
- Friday: 8-5pm
- Saturdays: 830-4pm. Each intern will work one Saturdays per month.

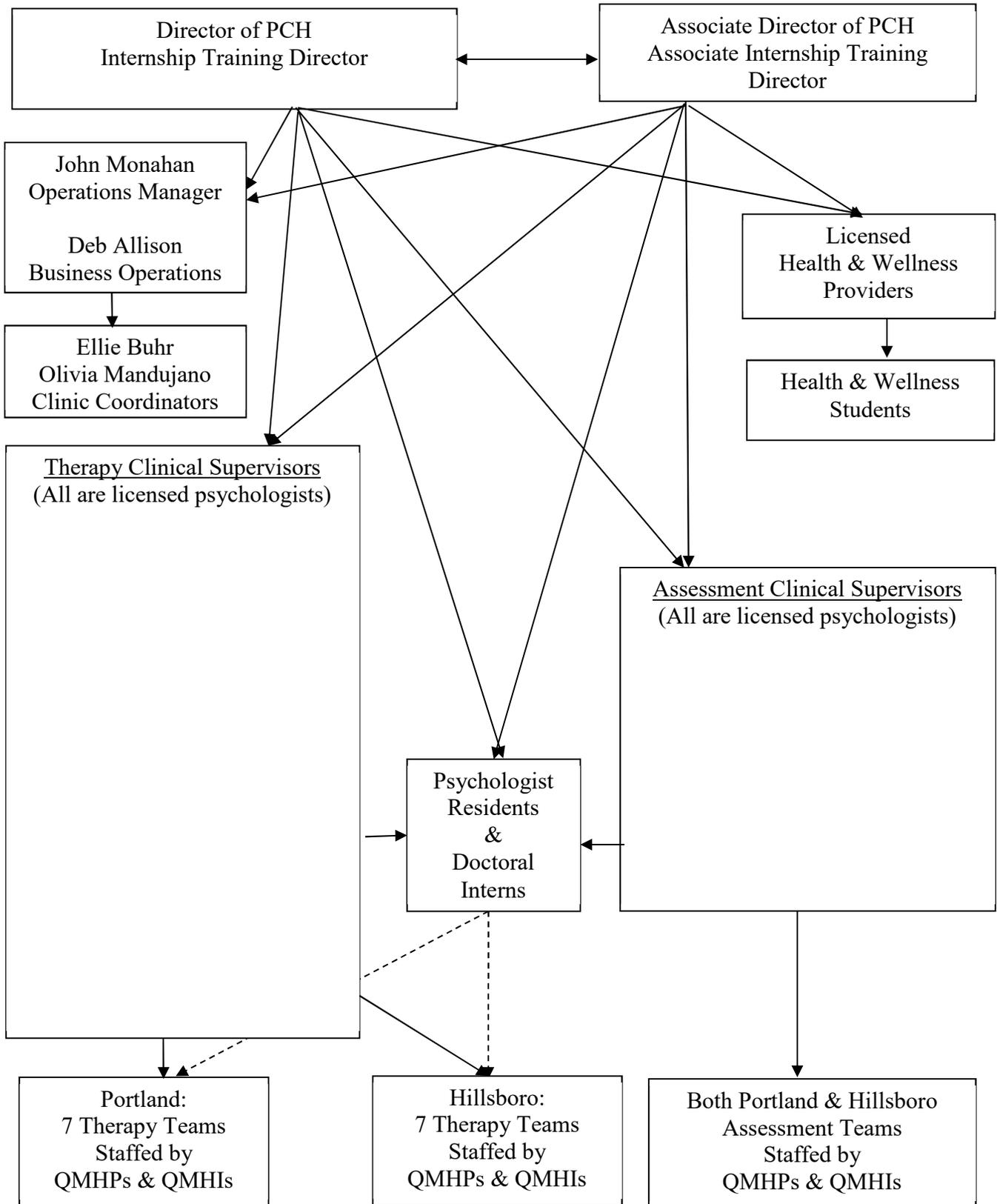
**2021/2022 Sample Intern Schedule by Week**

| Rotation                         | Activities   | Direct Contact   | Supervision/ Training  | Admin     |
|----------------------------------|--|--|--|-----------|
| Therapy                          | <ul style="list-style-type: none"> <li>• Individual adult clients</li> <li>Optional: Couples, group, and family</li> </ul>   | 10-16 hrs  | 1 hrs individual supervision with individual and secondary supervisor. | 4 hrs     |
| Assessment                       | <ul style="list-style-type: none"> <li>• Psychoeducational, personality, and cognitive evaluations</li> <li>• Intake/phone screen assessment as needed</li> <li>• Disability assessments with veterans and those with severe mental illness</li> </ul>   | 4 hrs testing  | At least 2 hrs of group supervision                                    | 4 hrs     |
| Supervision                      | <ul style="list-style-type: none"> <li>• Act as peer supervisor for therapy team</li> <li>• Opportunity to co-facilitate and facilitate group supervision</li> <li>• Opportunities to supervise individual cases of practicum students, as it is appropriate for interns to supervise</li> <li>• Provide clinical trainings throughout the year</li> </ul> | 2-4 hrs with therapy team                              | Incorporated into secondary supervision.                               |           |
| Diversity                        | <ul style="list-style-type: none"> <li>• Clinical work with diverse clients at PCH</li> <li>• Cultural immersion in the community</li> </ul>   | 4 hrs in the comm.                                     | 2 hrs diversity seminar 2x/month                                       |           |
| Consultation                     | <ul style="list-style-type: none"> <li>• Consult on initial screens and intakes</li> <li>• Informal peer consultation/ crisis consultation with students as needed</li> </ul>  | 3-5 hrs  | Incorporated into secondary supervision.                               | 1 hr      |
| Community Outreach               | <ul style="list-style-type: none"> <li>• Lead teams of practicum students in outreach and advocacy activities in the community</li> <li>• Projects will arise and will be maintained on an ongoing basis</li> <li>• Hours will vary each month, with heavier loads in the fall and spring</li> </ul>   | Approximately 80-120 hours over the course of the year | 1.5 hrs outreach seminar monthly                                       | 1-2 hours |
| Inter-professional Collaboration | <ul style="list-style-type: none"> <li>• Collaborate with other health professionals at PCH (PA, NUNM residents, Pharmacy, etc.)</li> <li>• Attend weekly IP team meeting</li> <li>• Presenting a case at ICC</li> </ul>   | Ongoing IP consults as opportunities arise             | 1 hr team meeting weekly<br>1.5 hrs seminar monthly                    | 1-2       |

# PCH CLINICS' INTERNSHIP ORGANIZAITONAL CHART



# PACIFIC PSYCHOLOGY & COMPREHENSIVE HEALTH CLINICS ORGANIZATIONAL CHART



## MISSIONS AND TRAINING MODEL

### **Mission Statements**

**PCH clinics' Mission** – Providing children, teenagers, and adults with quality mental health treatment and integrated care services that are culturally responsive, trauma-informed, and evidence-based. Training future clinical psychologists and healthcare professionals to work interprofessionally to improve patient outcomes and satisfaction.

**PCH Internship's Mission** - Preparing interns for entry-level professional practice in clinical and counseling psychology who are competent to provide assessment, therapy, and outreach in a culturally-responsive manner. As Health Service Psychologists, our graduating interns have the foundational skills to work interprofessionally in a variety of healthcare settings.

**Diversity Mission** - The PCH clinics embrace the diversity embodied within each individual and acknowledge group differences. We strive to provide culturally-responsive and evidenced based services in a safe and affirming space. Our therapeutic, assessment, outreach, and educational programs are delivered in a caring and compassionate manner that values the unique characteristics and experiences of the individual. Our clinicians, supervisors and staff are committed to the promotion and affirmation of diversity in its broadest sense. We recognize that prejudice and discrimination based on sex, gender identity and expression, ethnicity, race, sexual/affectional orientation, age, physical and mental abilities, size, religious beliefs, and socioeconomic class, have historically impacted mental health practices, both in terms of defining mental health issues as well as in the provision of care that is informed by cultural awareness and identity-affirmation. Prejudice and discrimination run counter to psychology's professional ethics, the PCH clinics' commitment to social justice, and are viewed as detrimental to the practice of psychotherapy, assessment, outreach, integrated care, and interprofessional collaborations.

## Internship Philosophy and Training Model

The PCH Clinics' internship training approach aligns with the practitioner-scholar model of psychology training. Within the practitioner-scholar model, this program has adopted a local clinical scientist approach (Stricker & Trierweiler, 1995). This approach focuses on the development of professional and ethical practitioners who think critically and apply established or validated psychological theories, scientific principles, and interventions to assist a range of clinical populations. Practitioners use scientific knowledge and tools to assess and intervene with clients and systematically evaluate clients' responses to treatment (e.g., measurable changes in targeted problems). Practitioners also draw upon knowledge from practical experience and are encouraged to consider ways to modify empirically-validated treatments for specific client needs and contexts as well as to deliver culturally-competent and trauma-informed interventions. Within this model, practitioners may contribute to scientific knowledge through their publication of clinical findings and other research (e.g., single-case designs); however, most of their activities occur in the domain of clinical practice. For example, some of the internship supervisors are actively involved in conducting applied research (e.g., effective interventions with depressed clients and factors in client retention), but most of their time is focused on clinical training and supervision that is informed by extant literature. Interns work with a variety of supervisors and intern seminar leaders. Each intern has a primary and secondary therapy supervisor along with an assessment supervisor. They interact with the seminar leaders of Diversity, Interprofessional Collaboration, Community Outreach, and Professional Development & Self Care seminars. Interns interact with licensed psychologists on a daily basis. These psychologists serve as role models and mentors to help interns progress in their training towards becoming health service psychologists.

The supervisory philosophy of the internship program gives interns progressively greater autonomy, beginning with a more directive approach during the first third of the year. Therapy supervisors use guided questioning and consultation during interns' individual supervision to facilitate interns' development as a supervisor during the middle third of the training year. In the last third of the year, supervisors use a more non-directive stance in supporting the interns' development toward becoming clinical supervisors. This overall approach to supervision draws from the integrated developmental model of supervision developed by Stoltenberg and his colleagues (Stoltenberg & Delworth, 1987), which recognizes that supervisees require different types of supervision depending on their developmental level in a particular domain (Falender and Shafranske, 2004; McNeil and Stoltenberg, 2015). For example, an intern might be advanced in clinical intervention, but be at an earlier stage of development as an evaluator of cognitively impaired clients—the content and approach to intern training is therefore modified to fit each domain. These stages may be accelerated as the intern shows progressively greater ability to perform as an entry-level psychologist.

Assessment, intervention, interprofessional collaboration, community outreach, and supervision are domains in which interns are provided with opportunities to develop more in-depth areas of skill and competency. Although all interns primarily receive training in holistically-coordinated psychotherapy with adult or youth clients, they may choose to develop additional areas of competency by working with couples, children, groups, or mindfulness interventions. Interns receive training in assessment with individuals across the lifespan, depending on team placement. Interns participate in interprofessional collaboration activities within the College of Health Professions.

Currently these opportunities include:

- Weekly IP team meeting in both clinics on Tuesdays and Thursdays
- Monthly IP Case Conferences at CHP

- Interprofessional Course at CHP
- Monthly Interprofessional Diabetes Clinic
- Presenting at the Interprofessional Case Conference
- Community trainings

We are developing new interprofessional collaborations whenever possible.

Interns have the opportunity to provide group supervision on their therapy team and supervise individual cases of practicum I students as appropriate. Interns also provide consultation to practicum I students, are involved in risk assessment and crisis intervention, and provide support during evenings and Saturdays when directors are away from the clinic. A practitioner-scholar model of understanding and applying the empirical literature in the clinical setting is emphasized during the internship training program. In addition, the internship faculty and interns affirm the principles of ethical and humane practice by honoring diversity and striving to increase interns' self-awareness and sensitivity to cultural and individual differences.

Training seminars include diversity, interprofessional collaboration, community outreach, along with professional development and self-care. Training seminars occur on Fridays in the Portland clinic where interns from both clinic come together. This also serves as an opportunity for interns to build relationships, collaborate, and consult.

### **Legal and Ethical Expectations**

Interns are expected to demonstrate knowledge of and behavior consistent with the most current Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association (<http://www.apa.org/ethics/code/>) and Oregon state laws and statues related to the practice of psychology. ([http://www.oregon.gov/obpe/Pages/laws\\_rules.aspx](http://www.oregon.gov/obpe/Pages/laws_rules.aspx)).

## GOALS AND OBJECTIVES

The internship goals and objectives are as follows:

1. Assessment: to produce entry level psychologists with assessment competencies including reliable and comprehensive diagnostic interviewing skills, knowledge of valid and appropriate test instruments, and an ability to communicate professionally useful information gathered from the assessment process including diagnosis and recommendations.
2. Intervention: to produce entry level psychologists who have the requisite knowledge and skills to provide psychotherapeutic services to diverse clients presenting with a range of significant psychological problems. All interns will use this knowledge and skill with individual adult clients and may additionally choose to work with adolescents, couples, or groups. Skills include diagnosis, case conceptualization, collaborative treatment planning, awareness of interpersonal process issues, attention to legal and ethical factors, and the ability to form a strong therapeutic alliance.
3. Practitioner-Scholar: to produce graduates who understand how empirical findings impact clinical activity. Skills include acquiring, applying, and disseminating knowledge and understanding of clinically relevant research and literature as it applies to the interns' area of practice.
4. Interprofessional Collaboration: to prepare interns to be health service psychologists capable of effectively collaborating with other healthcare professionals. All interns will participate in interprofessional collaboration throughout their training year. Interns will facilitate the weekly Interprofessional Team Meeting in each clinic, collaborate on shared cases, and participate in other IPC opportunities through the College of Health Professions.
5. Consultation: to prepare graduates with the necessary knowledge and skills for an entry level professional role of consultant. Interns will acquire knowledge and skills to provide consultation to practicum I students. Consultation may include formal trainings as well as case by case discussions. Case discussions may include risk assessment, crisis intervention, cultural competency, diagnostic questions, conducting intake assessments, treatment planning, managing counter-transference, and ethical termination processes.
6. Supervision: to prepare interns for entry level professional practice as a supervisor. Interns will participate in therapy team supervision in which they will model the team supervisor and provide some supervision under the direction of the team supervisor. Interns will also provide individual supervision to members of the Director and Associate Director's therapy team. Interns will attend monthly Supervision of Supervision seminar, led by Associate Director.
7. Community Outreach: To support entry-level health service psychologists develop three primary community engagement skills by engaging in community outreach and imparting community outreach skills to a team of practicum students; engaging in advocacy and imparting advocacy skills to a team of practicum students; and demonstrating leadership and teaching skills by supervising practicum students conducting community outreach activities and projects.
8. Diversity: to prepare interns for practice within a diverse cultural community by acquiring knowledge of the histories, cultures, norms, and values of diverse groups and adjusting their clinical practice to provide respectful and effective services to diverse groups.
9. Ethical and Humane Practice: to produce graduates who demonstrate ethical and humane practice by teaching ethical principles and encouraging an attention to ethical issues in their presentations and practice.
10. Self-Awareness/ Professionalism: to prepare interns for the integration of active self-awareness into their psychology practice as professionals. Skills include acquiring more knowledge of their personal and interpersonal functioning with clients, supervisors, and peers and modifying their professional functioning to become better able to function effectively, genuinely, and responsibly.

In addition to working toward the above goals and objectives, interns also will demonstrate the following competencies prior to the completion of the internship year.

#### Competencies in Assessment:

*Intake Evaluation for Psychotherapy:* Interns will demonstrate the ability to 1) conduct effective initial diagnostic interviews; 2) establish a baseline of functioning using multiple methods of measurement; 3) select and incorporate outcome measures into treatment planning; and 4) utilize outcome measures in evaluation of treatment effectiveness.

*Comprehensive Psychological Evaluations:* Interns will demonstrate the ability to 1) accurately identify the referral question; 2) correctly administer, score, and interpret selected tests; 3) integrate test findings into a coherent conceptualization of the client; and 4) produce a written report of findings in a timely manner.

#### Competencies in Intervention:

Interns will demonstrate the ability to 1) establish a therapeutic alliance; 2) be aware of how their own behavior impacts their client; 3) empathize and respond to client affect; 4) confront difficult client issues sensitively; 5) respond effectively in a crisis situation; 6) collaboratively formulate behaviorally specific treatment plans grounded in theory and empirical findings; 7) articulate case conceptualizations grounded in theory; 8) implement treatment plan in session through the use of theoretically and empirically informed interventions; 9) monitor client progress and use assessment findings to guide treatment; and 10) maintain client records that are accurate and completed in a timely manner.

#### Competencies in Practitioner-Scholar Model:

Interns will demonstrate the ability to 1) utilize the extant literature in evidence-based practices to develop case conceptualizations and treatment plans; 2) collect and interpret outcome data; 3) revise treatment plans (if necessary) according to outcome measurement; and 4) cite the relevant literature when discussing cases in supervision.

#### Competencies in Interprofessional Collaboration:

Interns will demonstrate the ability to 1) assess psychological issues in the context of client's health concerns; 2) collaborate care with other health professionals; 3) work with other health professionals in case-conceptualization, treatment planning, and implementation; 4) participate in interprofessional case presentations and discussions; 5) consult with other professionals at the PCH clinics (PA, NUNM, OT, Pharmacy, etc.) in a meaningful ways.

#### Competencies in Consultation:

Interns will demonstrate the ability to 1) demonstrate openness to student consultation in the domains of client care, clinic operations, and professional development; 2) clarify the domain areas for consultation and triage most important concerns first; 3) follow up appropriately with consultee, clinic supervisors, administrative staff and clinic directors; 4) utilize consultation as learning opportunities for practicum students by fostering their critical thinking, advancing their professional development, and increasing

their clinical competencies; 5) work collaboratively with consultee; 6) evaluate if the consultation was effective; 7) adapt consultative services by integrating feedback from consultee, clinic supervisors, and direct supervisor.

#### Competencies in Supervision:

Interns will demonstrate the ability to 1) knowledgeably articulate at least one model of supervision; 2) competently provide group supervision and feedback to individual student clinicians on clinical cases, therapeutic interventions, ethical standards, cultural competency and professional development; 3) show developmental progress in comfort with role as clinical supervisor as the year progresses; and 4) incorporate supervisor feedback in their activities as a peer supervisor for the therapy team.

#### Competencies in Community Outreach:

Interns will demonstrate the ability to 1) lead discussions of social justice in community outreach team meetings to facilitate outreach teams making meaningful connections with underserved and marginalized individuals and communities as evidenced by the team delivering at least two outreach activities designed to serve these individuals and groups each academic term (fall, spring, and summer) and intern leading a discussion on social justice with each outreach team; 2) effectively develop and oversee practicum students' development of needs assessment with community partners as evidenced by collaboration with at least 1 community partner per academic term; 3) assist practicum students with development and delivery of culturally responsive outreach activities that include interprofessional collaboration when appropriate; 4) demonstrate leadership skills in supervising team outreach activities as evidenced hosting at least 10-12 meetings per term, delegating outreach responsibilities effectively, ensuring professionalism in written and verbal presentations, modeling a professionalism, and providing back up to practicum students during outreach activities; 5) accurately assess student performance and provide each student relevant feedback based on expectations outlined in practicum outreach syllabus each academic term (evaluation is shared with student's supervisor, who incorporates it into overall practicum evaluation).

#### Competencies in Practice in Diverse Cultural Communities:

Interns will demonstrate the ability to 1) discuss their own worldview and biases; 2) reflect attention to each client's cultural values and context in assessment, conceptualization, treatment planning, and intervention; 3) Demonstrates awareness and knowledge of established diversity constructs from relevant empirical literatures; 4) Generates cultural and linguistic hypotheses affecting client presentation based on knowledge of the client and relevant literature; 5) incorporate ethical guidelines regarding diversity into clinical work; and 5) sensitively discuss issues of diversity in supervision and other professional interactions.

#### Competencies in Ethical and Humane Practice:

Interns will demonstrate the ability to 1) resolve ethical dilemmas using guidelines stipulated in the APA Code of Ethics; 2) use and understand informed consent; 3) avoid dual relationships; 4) maintain confidentiality and secure appropriate releases; 5) make appropriate referrals; and 6) articulate the limits of their competency.

#### Competencies in Self-Awareness/ Professionalism:

Interns will demonstrate the ability to 1) respond constructively to feedback regarding their openness to training and supervision, professional appearance, demeanor, and behaviors; 2) demonstrate insight regarding both their strengths and weaknesses in supervision and other appropriate venues; 3) demonstrate facility with stress management while managing multiple responsibilities; 4) solicit feedback regarding how their behaviors impact others in the professional settings where they work; and 5) maintain professional boundaries while interacting with each other, more junior clinicians, supervising psychologists, internship administrative staff and clients.

## TRAINING OPPORTUNITIES

In both supervision and formal didactic experiences, interns are exposed to the application of psychological concepts, current scientific principles, knowledge, and theories related to the professional delivery of psychological services to clients. Professional identity development of interns is closely tied to increasing intern self-awareness of professional conduct standards and ethics.

Past interns have rated the amount and quality of supervision of the internship as satisfactory and of high quality. Faculty supervisors are highly committed to providing interns with support, guidance, and helpful feedback to promote their professional development. Interns receive a minimum of 2 hours of individual supervision weekly and approximately 6 hours of group supervision/ training weekly. The following supervision is offered:

Interns receive at least 2 hours of Individual Supervision weekly, several types of group supervision, and training through clinical seminars. Supervision is provided for areas of competency such as assessment, treatment planning, psychotherapy, interprofessional collaboration, diversity competency and consultation. Individual supervision typically includes review of video recorded sessions and case presentations.

Group Supervision is provided to interns as part of their assessment training. Assessment group supervision is at least two of hours each week.

The year-long primary therapy supervisor is the primary supervisor and is responsible for overseeing the interns' PCH clinics client case load. The clinical supervisor meets individually 1 hour weekly with the intern to review videotaped therapy sessions, client charts, reports, treatment plans, and client progress measures. Interns also participate in group supervision with their clinical supervisor and a team of practicum students for 2-4 hours each week. Through this experience, interns are exposed to theories of supervision and are encouraged to act as peer supervisors to the practicum students under the guidance of their primary supervisor. This supervisor also addresses professional development issues.

The year-long secondary therapy supervisor is responsible for overseeing the intern's Portland or Hillsboro caseload as well as supervising the intern's role as consultant, supervisor, and clinical mentor with Practicum I students. The secondary clinical supervisor meets individually 1 hour weekly with the intern to review videotaped therapy sessions, client charts, reports, treatment plans, and client progress measures as well as all consultation/supervisory activities.

The year-long assessment supervisor is responsible for supervising interns in the administration, scoring, interpretation, write-up, and presentation of findings to clients who are undergoing multi-test batteries. The supervisor provides supervision in a 2 hour team supervision seminar.

As part of the internship activities, interns also will participate in Diversity Seminar to supplement the clinical training. Diversity seminar meets twice per month for approximately 2 hours. The goals of this training are to raise the level of cultural self-awareness, provide knowledge of diverse peoples, and enhance the multicultural competency skills of the interns. In addition to the year-long diversity seminar, interns will be placed in community service sites for 6 months, which offer an immersion experience where the interns can learn to relate well to people with differing cultural identities or deepen their personal development through interactions with people who share a component of their identity. Dr. Susan Li leads this seminar.

The Professional Development & Self Care Seminar will meet 8-10 times a year for 90 minutes by going to lunch together. This seminar will include discussion and exploration of the process of becoming an intern, then post-doctoral trainee and finally a licensed psychologist. This seminar explores a variety of roles psychologist can work in including but not limited to clinician, supervisor and administrator. This seminar will also include the importance of clinician self-care as an ethical obligation to build resiliency in our work lives. To this end, the Director and Associate Director take the interns to lunch at a variety of Portland's finest restaurants.

The Interprofessional Collaboration Seminar will meet monthly. The Interprofessional collaboration seminar will focus on increasing competence and comfort in working collaboratively with other health professionals in an ever more integrated healthcare system. It will help the interns conceptualize themselves as Health Service Psychologists and discuss how this frame influences their career endeavors. Interns will discuss IPC at the PCH clinics including the weekly team meeting, collaborating care with shared clients and mentoring practicum students to work from an integrated care framework. This seminar is led by the Director.

The Supervision of Supervision Seminar will meet monthly. The seminar will focus on discussion of supervision models and discussion of interns' supervisory experiences. The aim is on increasing competence and comfort as a supervisor within a generalist health service psychology practice. This seminar is led by the Associate Director.

The Community Outreach Seminar will include discussion of skills required to lead practicum I students in social justice, advocacy, and community outreach activities. Interns will pay attention to understanding community needs and developing trainings, presentations, and psychoeducational materials in response to these needs. The seminar will also help navigate interns' development of skills necessary for engaging in outreach in an interdisciplinary setting and with community healthcare providers. This seminar is led by the Associate Director.

## Evidence Based Case Conceptualization Seminar

The purpose of this seminar is to develop skills conceptualizing clinical cases from a variety of therapeutic orientations. SGP's commitment to utilizing evidence based practices is included in this process. To this end, data collected at assessment along with on-going data about improvement will also be included in the presentation. A brief clinical case presentation, lasting no more than 30 minutes, will include the following information:

- Client Demographics & Presenting Problem
- Assessments Used, Results & Interpretations
- Main Features of Orientation
- Causes & Maintenance Factors
- Client Strengths
- Diversity Considerations
- Health & Wellness Considerations
- Risk, Ethical & Legal Issues
  - Practitioner-Scholar support from the Literature OR
  - Scientist-Practitioner support from the literature
- Interventions
- Anticipated Outcomes & Monitoring Progress

It is expected that data will be included that illustrates the client's progress. Data can come from self-report measures such as OQ, BDI, SUDs, etc. Subjective reports from client (i.e., statements about doing better or worse) are relevant, but not sufficient.

The case presentation is designed to stimulate discussion about how different therapeutic orientations would work with these types of clients or presenting problems. It is not about the specific client presented, but more about how case conceptualization helps us design treatment for clients like this or similar presenting problems. It is essential to keep in mind that this seminar talks in generalities. Discussion of specific issues related to the client presented occurs during individual and group supervision, which this is not.

Each month a clinical supervisor will take the lead on discussing how his/her chosen orientation would work with these types of clients or presenting problems. As time allows other supervisors will offer input from their respective conceptual frameworks and discuss how their orientation would work with similar clients or presenting problems. As the year progresses, interns take turns presenting a case and serving as the discussant later in the year. Practicum students are encouraged to contribute to the discussions.

**THIS IS NOT SUPERVISION AND QUESTIONS ABOUT THE SPECIFIC CLIENT ARE INAPPROPRIATE.** Instead of asking questions, a supervisor or student could say "I would want to know more about this because.... Based on what that information is, it would impact the treatment in these ways...." Another way to explore a desire for more information, it would be appropriate to add to the conversation by saying "if the client were .... I would do this". Another example: "My strategy would be this if ... but would be that if it were something different." It would also be appropriate to say, "In my experience, clients in these situations are struggling with... If that were the case I would do this.... However if it were more like .... Then I would choose these interventions."

## Evidence Based Case Conceptualization Seminar Feedback

| Intern:   | Date:   |        |       |
|---|---------|--------|-------|
|   | Present | Absent | Notes |
| <b>Assessment &amp; Diagnosis</b>   |         |        |       |
| Outlines client demographics & presenting problems  |         |        |       |
| Utilizes appropriate assessment procedures <ul style="list-style-type: none"> <li>• Instruments used</li> <li>• Results and relevant interpretations</li> </ul> |         |        |       |
| Identifies Axes I-III relevant to this case   |         |        |       |
| <b>Theoretical Orientation</b>  |         |        |       |
| Names and briefly outlines main features of orientation   |         |        |       |
| Describes potential causes of problem from orientation  |         |        |       |
| Describes potential maintenance factors from orientation  |         |        |       |
| Considers client's strengths  |         |        |       |
| <b>Health and Wellness Considerations</b>   |         |        |       |
| Presents evidence of integration of physical and holistic considerations in assessment  |         |        |       |
| Presents evidence of integration of physical and holistic considerations in treatment planning  |         |        |       |
| Provides evidence of referrals and collaboration with other care providers  |         |        |       |
| <b>Risk, Legal &amp; Ethical Issues</b>   |         |        |       |
| Identifies pertinent risk issues  |         |        |       |
| Identifies pertinent ethical issues   |         |        |       |
| Identifies pertinent legal issues   |         |        |       |
| <b>Practitioner-Scholar or Scientist-Practitioner</b>   |         |        |       |
| Presents literature supporting treatment decisions  |         |        |       |
| Establishes relevant treatment plan goals   |         |        |       |
| Implements interventions to achieve goals   |         |        |       |
| Effectively monitors progress through outcome data. Course of treatment continues or changes based on this data.  |         |        |       |

## VERTICAL TRAINING MODEL

The PCH Clinics utilizes a vertical training framework to ensure that all clinicians receive the training and didactics that are appropriate for their level of training and experience. This model offers advanced clinicians opportunities to deepen their skills.

1. Doctoral intern training:

Doctoral interns receive separate training from practicum I and post-doctoral residents. All interns spend every Friday together at the Portland location.

a. On-Boarding Training:

- Incoming doctoral interns spend two weeks shadowing outgoing doctoral interns and post-doctoral residents.
- Doctoral interns are trained as Super Users with the electronic health record (EPIC).

b. The Professional Development & Self Care Seminar meets 8-10 times a year for 90 minutes and involves eating lunch together. This seminar will include discussion and exploration of the process of becoming an doctoral intern, then post-doctoral trainee and finally a licensed psychologist. This seminar explores a variety of roles psychologist can work in including but not limited to clinician, supervisor, and administrator. This seminar will also include the importance of clinician self-care as an ethical obligation to build resiliency in our work lives. To this end, the Director and Associate Director take the doctoral interns to lunch at a variety of Portland's finest restaurants.

c. The Inter-professional Collaboration Seminar meets monthly. The Inter-professional collaboration seminar will focus on increasing competence and comfort in working collaboratively with other health professionals in an ever more integrated healthcare system. It will help the doctoral interns conceptualize themselves as Health Service Psychologists and discuss how this frame influences their career endeavors. Doctoral interns will discuss IPC at the PCH clinics including the weekly team meeting, collaborating care with shared clients and mentoring practicum students to work from an integrated care framework. This seminar is led by the Associate Director.

d. The Community Outreach Seminar meets monthly. It is a discuss format that facilitate skills required to lead practicum I students in social justice, advocacy, and community outreach activities. Doctoral interns will pay attention to understanding community needs and develop trainings, presentations, and psycho-educational materials in response to these needs. The seminar will also help navigate doctoral interns' development of skills necessary for engaging in outreach in an interdisciplinary setting and with community healthcare providers. This seminar is led by the Associate Director.

e. The Supervision of Supervision Seminar will meet monthly. The seminar will focus on discussion of supervision models and discussion of interns' supervisory experiences. The aim is on increasing competence and comfort as a supervisor within a generalist health service psychology practice. This seminar is led by the Associate Director.

- f. Friday Special Topics Seminar: This seminar is designed around the intern cohort's interested and experience. At the beginning and mid-point of the doctoral intern training year, they are asked what special topics they would like to receive more training in. Then we contact local experts to provide some of these trainings. This seminar happens approximately eight times per training year and some topics have included:
- Evidence-based supervision
  - Ethical practice of psychology
  - Emotion-focused therapy
  - Gestalt psychotherapy
- g. Peer Consultation happens weekly from 9-10am in the Portland clinic when all interns are on-site together. This meeting provides opportunities for doctoral interns to talk about therapy and assessment cases along with their supervision and consultation activities. The doctoral interns meet in a group to discuss their work with their fellow doctoral interns, provide support to one another, and share knowledge and skills as a means of fostering professional development and competency.
- h. Community and Conference trainings as opportunities present themselves; doctoral interns are sent to community training and conferences. A few examples include:
- Couples Therapy
  - Diversity trainings
  - Parent Child Interaction Therapy conference
  - Trauma-informed treatment
- i. Professional development funds are allotted to each doctoral intern in the amount of \$250 for the year. Doctoral interns can use these funds to attend trainings, conferences and purchase books that are of particular interest to them.
1. Clinical Mentorship:  
 Doctoral Interns and Psychologists Residents provide clinical mentorship to practicum I clinicians. This mentorship happens between clinical sessions and during the unstructured time at the clinics. Clinical mentorship can take many forms including but not limited to:
- Professional development
  - Self-Care
  - Managing countertransference
  - Interpersonal conflict
  - Effective use of supervision
  -
2. Clinical Consultation  
 Doctoral Interns and Psychologist Residents provide clinical consultation to practicum I students when clinical supervisors are off-site. Consultations include:
- Appropriateness of initial request for treatment
  - Review of phone screen information and disposition planning
  - Processing intake information and testing data
  - Differential diagnosis

- Treatment planning
- Risk assessment, management, and documentation
- Abuse reporting
- Cultural consultation
- Seeking resources for evidence-based interventions
- Use of Inter-professional consultation and collaboration

### 3. Clinical Supervision

- Practicum I group supervision **IS NOT** supervision for the Doctoral Interns and Post-Doctoral Residents.
- Doctoral Interns receive training and supervision to be clinical supervisors to practicum I students.
- Doctoral Interns participate in practicum I group supervision as junior supervisors under the oversight of the licensed psychologists. Interns’ supervisory experience is based on a developmental model:
  - First term: observe, provide topic presentations, and discuss their clients as a learning opportunity for the practicum I clinicians
  - Second term: co-lead group supervision with a licensed psychologist
  - Third term: lead group supervision with the licensed supervisor available for back up
- Doctoral Interns have opportunities to supervise individual cases of practicum students throughout the year.
- Doctoral Interns facilitate group supervision of practicum I clinicians when faculty supervisors are on academic breaks. Clinic Directors oversee these supervision sessions.
- Doctoral Interns receive at least 2 hours of individual supervision and 2 hours of group supervision with licensed psychologists. Practicum I and Psychologist Residents Interns are not present during these supervision sessions.

#### ***Typical Therapy Assignments Guidelines:***

See levels of care in PCH Policies and Procedures

| <b>Practicum I</b>                                  | <b>Doctoral Interns</b>  | <b>Psychologist Residents</b>  |
|---|--|--|
| Z Codes, growth clients, Level A and some B clients | Moderate Level C & some complex Level B clients                      | Complex Level C clients along with Level B SPMI clients (Complex/severe addiction, and psychotic disorders are referred out) |
| Little to no risk                                   | Mild to moderate risk of self-harm such as attempt in last 12 months | Moderate risk such as attempts in last 6 months  |
| Mild Trauma   | Moderate Trauma  | Complex Trauma   |
| Simple couples therapy                              | Moderately dysfunctional couples and families                        | Severely dysfunctional couples and family  |
| No dual diagnosis                                   | Mild dual diagnosis  | Moderate dual diagnosis  |
| Mild comorbid medical issues                        | Moderate comorbid medical issues                                     | Severe comorbid issues   |

## INTERNSHIP CLINICAL ROTATIONS

### **Psychotherapy**

All interns will carry a caseload of approximately 10-15 clients and will work with a wide array of diagnoses at both the PCH clinics. While interns will primarily conduct individual psychotherapy, opportunities exist for supervision in couples, families, and group. The intern's primary supervisor oversees therapy work at the clinic and integrates the intern into an accompanying team of practicum students, first as a participant and later as a junior supervisor. Current supervisor theoretical orientations include cognitive-behavioral, ACT, integrative, and attachment-based, and humanistic. All supervisors incorporate evidence-based practice and the local clinical scientist model into their teaching. Each intern is provided with 2 hours of individual supervision per week to review their therapy caseload.

### **Assessment**

Interns will participate in a year-long assessment rotation in which they will conduct comprehensive psychological evaluations with children, adolescents, and adults. Most referrals involve questions related to learning disorders or attention-deficit/hyperactivity disorder. Clients receive a standardized, extensive battery of tests covering a wide range of functional domains. Interns may expect to spend approximately 6-8 hours each week administering and scoring tests and writing reports. Supervision is conducted in a seminar format weekly for 2 hours, with additional individual supervision as needed.

### **Interprofessional Collaboration (IPC)**

Interns facilitate one of the weekly IP team meetings at each clinic. Additionally, interns will participate in interprofessional collaboration within CHP, and in the community as opportunities present themselves. Other IPC opportunities are assisting with the Interprofessional Course. This is a yearlong course that all first-year students at CHP take in order to develop collaboration from the beginning of their careers. Interns co-teach this course with a faculty member from a different profession within CHP. Interns will also take the lead on presenting an integrated care case at one of the monthly Interprofessional Case Conference. Interns' work at IPC will be overseen by TBD, who will be available on site or by phone. Additional supervision/consultation will be provided by TBD.

### **Consultation**

Interns will serve as informal consultants to junior students in both clinic locations throughout the year. Practicum students will review risk factors and other concerns with interns after conducting phone screens or intakes to determine if the client is a good fit with the parameters of the PCH clinics and to discuss appropriate referrals if needed. If a crisis situation arises, practicum students may also call upon interns for consultation and guidance regarding risk assessment and ethical and legal issues. In the second half of the year, interns are given the opportunity to act in a formal consultation role to therapy teams as requested. Oversight for the interns' consultation and clinical mentorship experience occurs in secondary supervision.

### **Supervision of Students**

Interns participate on a therapy team of practicum students assigned to the intern's primary supervisor, in which they gradually take on the role of junior supervisor throughout the year. Interns will typically have the opportunity to lead the supervision team for portions of the final term of the training year. Additionally, as appropriate, interns will have opportunities to supervise individual cases of practicum students, and will provide clinical trainings at the beginning and throughout the year. Interns will

provide short-term consultations as needed. These activities are supported through supervision with their secondary supervisor and the Consultation/Supervision meetings. Interns also provide group supervision for students when faculty are on break. Oversight for the interns' supervisions experience occurs in secondary supervision.

### **Community Outreach and Engagement**

Lead outreach teams as they provide psychoeducational and outreach programs to the community. Interns engage in community outreach and advocacy activities while imparting community outreach skills to a team of practicum students. Interns demonstrate leadership, teaching, and delegating skills by supervising students as they engage in social justice, advocacy, and outreach activities. These activities are supported through a monthly Community Outreach seminar.

### **Diversity Community Placements**

Interns at the PCH clinics experience diversity in their clients in terms of racial, sexual orientation, religion, socioeconomic status, and gender. Although approximately 18% of clients identify themselves as ethnic or sexual minorities, with an especially representative group of Spanish-speaking Latino clients at the Hillsboro location, the majority of English-speaking clients at the clinics are European-American. In coordination through the Diversity Seminar, interns will be placed at more ethnically diverse community sites during the second half of the training year for 4 hours each week to increase their experiences and awareness with these populations. Sites may vary each year and are dependent upon the needs of the individual intern. The community placement is intended to be primarily a cultural immersion experience. Should the need arise, supervision of any direct service is conducted through the Diversity Seminar in coordination with the site contact.

Possible sites are:

Bridge to Independence is a day program located south of Hillsboro for adults with Traumatic Brain Injury (TBI). The program focuses on providing structure and social interaction to adults with varying degrees of functional impairment. Volunteers here interact with clients and assist staff through participation in structured activities.

Centro Cultural is a community center serving the Latino population in Hillsboro, Oregon. Services include providing meals and daycare, teaching English as a second language, offering classes in occupational skills such as computer classes, and coordinating community events.

### **MIKE Program**

MIKE Program is a youth-focused health science education program that develops knowledge and social-emotional skills in underserved youth, cultivates personal and community engagement for health promotion, expands the number of diverse and culturally-competent health professionals, and prepares youth to be health advocates for themselves and future

Project Quest is an agency located in Portland, Oregon that serves a variety of clients who are HIV or AIDS affected. The agency utilizes a wellness model that includes outreach services for homebound clients, community activities, wellness counseling, support groups, psychotherapy and psychological assessments (neurological and personality).

The Native American Rehabilitation Association of the Northwest, Inc. (NARA) is composed of four treatment facilities, offering outpatient and residential medical and psychiatric services to American

Indian adults, children, and families. Many clients are poor and need resource management services. All NARA facilities provide culturally specific crisis intervention, individual and groups psychotherapy provided by multidisciplinary teams of medical doctors, psychiatrists, social workers and psychologists.

## INTERNSHIP TRAINING STANDARDS AND EVALUATIONS

Supervisors will evaluate interns as part of supervision. Formal evaluation of the intern's progress is done twice per year, through a collaborative model in which the intern, all of the intern's supervisors, and the internship committee provide input and feedback.

### **Internship Training Standards**

The PCH clinics has the responsibility to provide adequate support and supervision to interns during their training. The PCH clinics have an equal responsibility to be accountable to the public in maintaining professional standards. Thus, the internship is a critical stage in the professional development of interns and any serious problems or impairment must be remedied before recommending that interns be advanced to autonomous practice in the field. Regular, timely evaluations of interns' progress, as well as evaluation of the internship training program, are essential in insuring that both interns and staff carry out their respective responsibilities to facilitate growth and change in trainees. In those rare cases when a severe problem or impairment is uncovered, it must be identified and the Director and Associate Director must assist the intern in addressing these concerns. An internship is inherently stressful, even while it is an exciting opportunity for growth. Many different stressors accompany the transition from graduate school to the internship, whether developmental, personal, situational, or institutional. Feelings of vulnerability arise from diverse sources such as relocation, loss of prior support systems, changes in professional identity, the experience of intense supervision, and the heightened clinical responsibility of a full caseload. For the vast majority of interns, given support, adequate training, and supervision, the experience is one wherein they are able to achieve all the goals of their program.

All interns are expected to meet the following standards:

- Interns know, understand, and integrate into their professional practice, the APA Ethical Principles, Code of Conduct, and all relevant state and APA guidelines.
- Interns learn and apply all laws and statutes regulating clinical practice; e.g., reporting dangerousness and abuse, confidentiality, and commitment procedures.
- Interns abide by the policies and procedures of the PCH clinics (and all external placements) in all areas including client care, record keeping, and personnel matters.
- Interns abide by all requirements of the Internship Program, such as participating in mutual evaluation, drawing up learning agreements, giving input on topics for training, program development, etc.
- Interns develop acceptable skills in both psychotherapy and assessment to deliver quality services to clients, and appropriately document such service.
- Interns are sensitive to community relations and act in a manner that advances community cooperation with PCH clinics programs.
- Interns recognize and respond appropriately with personal issues that impact professional functioning and manage stress so it does not interfere with duties.
- Interns participate as staff members in clinical programs and committees and provide program and emergency coverage.
- Interns seek to develop their knowledge, skill, and professional growth, taking advantage of supervision and various training seminars and events.

## INTERN RIGHTS & GRIEVANCE POLICY

### Intern Rights

Each intern has a right to conditions favorable to learning. Interns have the right to pursue training free from discrimination based on gender, race, ethnicity, religion, marital status, age, sexual orientation, or physical handicap. Interns at the PCH clinics enjoy freedom of speech, expression, and association, freedom from harassment, the right to appeal disciplinary judgments or penalties for alleged misconduct. It is the sincere intent of the PCH clinics to ensure that all interns receive fair and equitable treatment and to provide an easily accessible procedure to resolve grievances in a manner that allows constructive relationships to be maintained within the center. Pacific University's Human Resources policies such as non-discrimination and anti-harassment can be found at <http://www.pacificu.edu/about-us/offices/human-resources>.

### Grievance Policy

The purpose of the Internship grievance procedures is to resolve grievances in a manner that allows constructive relationships to be maintained within the program. It is the desire of the PCH clinics community that grievances be resolved on an informal basis whenever possible and, if not resolvable, that the formal grievance procedure is followed. The internship grievance procedures are designed to protect confidentiality for all parties as fully as possible.

The formal grievance procedure is conducted within the PCH clinics. An intern can initiate grievance procedures in the event of any situation in which an intern encounters any difficulties or problems with supervisors or staff (e.g., poor supervision, unavailability of supervisor, evaluations perceived as unfair, workload issues, personality clashes, other staff conflicts) during his/her training experiences.

### Grievance Procedure

1. The intern should discuss the issue with the faculty, supervisor, or staff involved;
2. If the issue cannot be resolved informally, the intern can discuss the concern with the Director, Associate Director or intern supervisor. If the Director, Associate Director, or intern supervisor cannot resolve the issue, the intern is not satisfied with the response to his/her grievance, the intern can file a formal complaint. The complaint must be in writing and with all supporting documents. The complaint is given to the Director or the Dean of SGP if the complaint is about the Director.
3. The Director or the Dean of SGP will meet with all involved parties and gather data to make the best effort to resolve the complaint or explain to the intern why it is not resolvable.

Grievance procedures may not be used to dispute actions in the following areas:

- Any policy or procedure developed and approved by the Internship Committee.
- A procedural or final decision in a grievance by the Director of SGP Dean who investigated the grievance.
- Unsatisfactory performance or evaluation (e.g., in clinical activities as an intern), except under claims of malfeasance or discrimination.

## EVALUATION PROCEDURES

Interns receive formal written evaluations from all supervisors and seminar leaders at least twice year. It may occur more frequently if there is an area or areas of concerns. In addition to the written evaluation, interns are given feedback on a weekly basis in supervision sessions and during seminars. Interns regularly hear positive feedback about their strengths, constructive feedback about changes that need to happen along with their areas for growth. Interns should have a sense of strengths and weakness throughout their training year. The written evaluations should confirm what has already been discussed in supervision and seminars.

The purposes of the PCH clinics intern evaluation policies are 1) to maintain high educational standards for professional psychologists so as to prepare interns to become well qualified to provide professional services; and 2) to inform interns of their performance on an ongoing basis in order to facilitate educational and professional development. Evaluation policies are in conformance with the American Psychological Association ethical principles, which describe expectations for standards of competence and emphasize awareness of professional responsibilities to the community and society. The evaluation procedures are designed to provide timely and regular feedback so that interns can be aware of how their performance has been appraised and can have opportunities to improve their performance if needed. Evaluation policies and procedures support the rights of interns to know when they are functioning well, when their performance requires remediation, when their performance fails to meet the professional standards, and what the consequences are of not meeting professional standards of performance.

### Policy

Interns can complete the internship only if they are in good standing. Good standing in the Internship Program is defined as appropriate interpersonal functioning, sound clinical skills, and appropriate professional/ethical conduct and attitudes. The Internship Faculty Committee evaluates interns at least twice each year in each of these areas.

Interns are expected to demonstrate behavior consistent with the most current Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association (<http://www.apa.org/ethics/code/>) and state ([http://www.oregon.gov/obpe/Pages/laws\\_rules.aspx](http://www.oregon.gov/obpe/Pages/laws_rules.aspx)) and federal law governing the conduct of psychologists.

The PCH clinics, in accordance with generally accepted professional standards, reserves the right to define professional competence and demeanor, to establish standards of excellence, and to evaluate interns in regard to them. Interns have the responsibility to conduct themselves professionally and help create an atmosphere conducive to learning and service delivery. Interns are expected to uphold professional and personal integrity, to respect the rights of others, to be sensitive to diversity, and to refrain from disruptive, threatening, intimidating, or harassing behavior, or behavior that is harmful to themselves, others, or property. Interns must abide by the standards, policies, and regulations of the PCH clinics. Agreement to abide by the policies and procedures of the PCH internship program is implicitly confirmed when the intern agrees to accept the internship position. Failure to adhere to clinic and internship standards may constitute grounds for probation or expulsion from the Internship Program.

The PCH clinics reserves the right to expel interns if their performance has fallen below required standards. The program also reserves the right to restrict all or part of an intern's training and/or clinical activities, if circumstances warrant it, while a review is pending.

## Procedures

All interns will be evaluated at the midpoint of the training year and at the end of the year. Interns will be provided with an informal evaluation of their progress within the first three months of the training year to address any early problems in a proactive manner and give ample opportunity for improvement.

Sources of information about the intern's performance and functioning include primary, secondary and assessment supervisors as well as seminar leaders. Additional praise and concerns from other clinic supervisors, interprofessional colleagues, and administrative staff may be included.

At least twice per year the Evaluation of Intern form is completed by all of the intern's supervisors and seminar leaders. The evaluation is reviewed with the intern. If the intern's average performance rating for each competency domain is acceptable, the intern is considered meeting expectations in that domain. If any competency area of an intern's performance is found unacceptable, it will be discussed in an internship committee. The intern will be notified of the committee's concern and expectation for improvement. If the intern is not meeting expectations in 3 or more domains, then a formal meeting with the intern and the internship committee will occur. The intern's Director of Clinical Training (DCT) will be notified and asked to participate in the remediation plan. The internship committee, intern and DCT will develop a remediation plan with specific expectations and timeline.

Copies of the intern's evaluation is shared with their academic program. Once the intern has successfully completed internship, a letter confirming this accomplishment is sent to their academic program.

### **Conditions that may jeopardize good standing status:**

One or more of the following may jeopardize an intern's good standing:

1. Evidence of behavior that may hinder professional competence or interpersonal or professional relations.
2. Insufficient progress in the development of clinical skills.
3. Failure to comply with internship rules or procedures.
4. Unprofessional conduct, unethical conduct, or illegal conduct. Examples include but are not limited to the following:
  - a. Giving medical or legal advice (i.e., advice outside the scope of practice).
  - b. Failing to meet professional obligations (e.g., repeatedly showing up late for or canceling client sessions, not maintaining records in keeping with agency requirements).
  - c. Allowing personal life problems to unduly interfere with course work, professional, or clinical responsibilities.
  - d. Allowing prejudices or other unfounded beliefs to unduly affect professional judgment or professional relationships.
  - e. Abuse of intoxicants or controlled substances to such an extent that the student is incapacitated and unable to perform professional duties.
  - f. Violation of any aspect of the APA Ethical Principles and Code of Conduct.
  - g. Any conduct which constitutes a danger to the health or safety of a client or the public.
  - h. Impersonation of a licensed mental health professional or inappropriate use of the license of a mental health professional.
  - i. Behavior defined in the criminal statutes.

**PACIFIC PSYCHOLOGY AND COMPREHENSIVE HEALTH CLINICS**  
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**DOCTORAL INTERNSHIP**  
 1411 SW Morrison Ave, Suite 310, Portland, OR 97205  
 Phone: 503-352-2400 Fax: 503-352-2403

| <b>EVALUATION OF INTERN</b>   |   |
|-------------------------------|---|
| <b>Intern:</b>                | <b>Mid-Year OR End of Year</b>                  |
| <b>Primary Supervisor:</b>    | <b>Diversity Seminar:</b>                       |
| <b>Secondary Supervisor:</b>  | <b>Interprofessional Collaboration Seminar:</b> |
| <b>Assessment Supervisor:</b> | <b>Community Outreach Seminar</b>               |

| <b>Competency Ratings</b> |  | <b>Evaluator Legend</b> |  |
|---------------------------|--|-------------------------|--|
| 6                         | Early Career Health Service Psychologist Level | PS                      | Primary Supervisor                             |
| 5                         | Advanced Competency                            | SS                      | Secondary Supervisor                           |
| 4                         | Intermediate Competency                        | AS                      | Assessment Supervisor                          |
| 3                         | Meets Basic Competency                         | DS                      | Diversity Seminar Leader                       |
| 2                         | Nearing Basic Competency                       | IPC                     | Interprofessional Collaboration Seminar Leader |
| 1                         | Significant Improvement Needed                 | CO                      | Community Outreach Seminar Leader              |
| 0                         | Unacceptable                                   |                         |  |
| I/P                       | In Progress                                    |                         |  |
| N/A                       | Unable to Rate                                 |                         |  |

**1. ASSESSMENT: Preparing early career health service psychologists capable of conducting psychological evaluations, producing professional reports, and making appropriate recommendations.**

| <b>PS</b>                                   | <b>AS</b> | <b>Assessment Competencies</b>   |
|---|-----------|--|
|   |           | Ability to apply knowledge of functional and dysfunction behaviors in the context of assessment and diagnosis. Has an understanding of human behavior in the context of interpersonal relationships, community, culture, and society. Demonstrates current knowledge of diagnosis, functional and dysfunctional behaviors, strengths, and psychopathology. |
|   |           | Selects and applies assessments methods based on the empirical literature and reflect science of measurement and psychometrics. Interprets assessment results consistent with research, professional standards, and guidelines.  |
|   |           | Communicates findings and implications of assessments in accurate and effective manner in both written and oral communication.   |
| <b>Average Score by Supervisor</b>          |           |  |
| <b>Comments from Primary Supervisor:</b>    |           |  |
| <b>Comments from Assessment Supervisor:</b> |           |  |

| Overall average rating from all supervisors:   |  | HAS met expectations in this domain |
|--|--|-------------------------------------|
| Expectation at mid-year: Intern will meet basic competency in each domain, represented by an average overall rating of 3 or above.<br>Expectation at end of year: Intern will obtain intermediate to advanced competency in each domain, represented by an average overall rating of 4 or above. No item within the domain will be rated lower than 3. |  |                                     |

2. **Intervention: Preparing early career health service psychologists capable of providing psychotherapeutic services to diverse clients presenting with a wide range of psychological problems.**

| PS   | SS | Intervention Competencies   |
|--|----|---|
|  |    | Establishes therapeutic alliances with clients effectively.   |
|  |    | Develops evidence-based interventions plans consistent with case conceptualization and treatment goals. Treatment interventions are informed by the case conceptualization, current literature, assessment data, diversity characteristics and contextual variables. Appropriately modifies evidence-based approaches when a clear evidence-base is lacking and/or to account for cultural variables. |
|  |    | Effectively manages a variety of crisis situations for the best interest of the clients, and community by employing appropriate risk management strategies including consultation with licensed psychologists and legal consultants (if necessary). Able to effectively collaborate with first responders, emergency rooms, primary care physicians, as others when appropriate.                      |
|  |    | <b>Average Score by Supervisor.</b>   |
| <b>Comments from Primary Supervisor:</b>   |    |   |
| <b>Comments from Secondary Supervisor:</b>   |    |   |
| Overall average rating from all supervisors:   |    | HAS met expectations in this domain   |
| Expectation at mid-year: Intern will meet basic competency in each domain, represented by an average overall rating of 3 or above.<br>Expectation at end of year: Intern will obtain intermediate to advanced competency in each domain, represented by an average overall rating of 4 or above. No item within the domain will be rated lower than 3. |    |   |

3. **Research: Preparing early career health service psychologists capable of critically evaluating and disseminating research while engaging in other scholarly activities based on a practitioner-scholar model.**

| PS | SS | Practitioner-Scholar Research Competencies   |
|----|----|--|
|    |    | Utilizes the literature in evidence-based practices to develop case conceptualizations, treatment plans, clinical interventions, and discharge planning. |

|   |  |   |
|---|--|---|
|   |  | Collects and interprets outcome data. Utilizes data in case conceptualization, treatment planning, clinical interventions, and discharge planning. Makes appropriate modifications to meet client individual needs. |
|   |  | Participants in scholarly activities, professional organizations, and/or conferences  |
|   |  | <b>Average Score by Supervisor.</b>   |
| <b>Comments from Primary Supervisor.</b>  |  |   |
| <b>Comments from Secondary Supervisor:</b>  |  |   |
| <b>Overall average rating from all supervisors:</b>   |  | <b>HAS met expectations in this domain</b>  |
| <p>Expectation at mid-year: Intern will meet basic competency in each domain, represented by an average overall rating of 3 or above.</p> <p>Expectation at end of year: Intern will obtain intermediate to advanced competency in each domain, represented by an average overall rating of 4 or above. No item within the domain will be rated lower than 3.</p> |  |   |

**4. Interprofessional Collaboration: Preparing early career health service psychologists capable of considering clients' physical health while effectively collaborating with other health care professionals.**

|   |            |   |
|---|------------|---|
| <b>PS</b>   | <b>IPC</b> | <b>Interprofessional Collaboration Competencies</b>   |
|   |            | Able to assess psychological issues in the context of client's health concerns.   |
|   |            | Collaborate client care with other health professionals (internal and external) including developing case conceptualization, treatment planning, clinical interventions, and discharge planning. Consults with other professionals in a meaningful way; leads, mentors, and actively participates in interprofessional meetings and interactions. |
|   |            | Actively participates in required interprofessional endeavors, including, but not limited to, teaching the Interprofessional Course (IPC) and preparing and presenting an Interprofessional Case Conference (ICC).  |
|   |            | <b>Average Score by Supervisor</b>  |
| <b>Comments from Primary Supervisor:</b>  |            |   |
| <b>Comments from IPC Seminar Leader:</b>  |            |   |
| <b>Overall average rating from all supervisors:</b>   |            | <b>HAS met expectations in this domain</b>  |
| <p>Expectation at mid-year: Intern will meet basic competency in each domain, represented by an average overall rating of 3 or above.</p> <p>Expectation at end of year: Intern will obtain intermediate to advanced competency in each domain, represented by an average overall rating of 4 or above. No item within the domain will be rated lower than 3.</p> |            |   |

**5. Supervision: Preparing early career health service psychologist capable of providing clinical supervision.**

| PS  | SS | Supervision Competencies  |
|---|----|---|
|   |    | Competently provides supervision and feedback to student clinicians on clinical cases, therapeutic interventions, ethical standards, cultural competency and professional development. Keeps licensed psychologist supervisors responsible for clinical cases apprised of supervision activities. |
|   |    | Shows developmental progress in competency and confidence as a clinical supervisor as the year progresses by deepening skills and incorporating feedback.   |
|   |    | Demonstrates an understanding of the ethical responsibilities of clinical supervisors.  |
|   |    | <b>Average Score by Supervisor</b>  |
| <b>Comments from Primary Supervisor:</b>  |    |   |
| <b>Comments from Secondary Supervisor:</b>  |    |   |
| <b>Overall average rating from all supervisors:</b>   |    | <b>HAS met expectations in this domain</b>  |
| <p>Expectation at mid-year: Intern will meet basic competency in each domain, represented by an average overall rating of 3 or above.</p> <p>Expectation at end of year: Intern will obtain intermediate to advanced competency in each domain, represented by an average overall rating of 4 or above. No item within the domain will be rated lower than 3.</p> |    |   |

6. **Consultation: Preparing early career health service psychologist capable of providing consultation.**

| PS  | SS | Consultation Competencies  |
|---|----|--|
|   |    | Demonstrates an openness to student clinicians' consultation. Consultation may be in the domains of client care, clinic operations, and professional development   |
|   |    | Establishes the role of the consultee(s) and consultants (intern's) role, clarifies expectations, focuses the consultation question and the desired outcomes of the consultation. Follows up appropriately with consultee, clinic supervisors, administrative staff and clinic directors. Adapts consultative services by integrating feedback from consultee, clinic supervisors, and clinic directors. |
|   |    | Utilizes consultation as learning opportunities for student clinicians by fostering their critical thinking, advancing their professional development and increasing their clinical competencies.  |
|   |    | <b>Average Score by Supervisor</b>   |
| <b>Comments from Primary Supervisor:</b>  |    |  |
| <b>Comments from Secondary Supervisor:</b>  |    |  |
| <b>Overall average rating from all supervisors:</b>   |    | <b>HAS met expectations in this domain</b>   |
| <p>Expectation at mid-year: Intern will meet basic competency in each domain, represented by an average overall rating of 3 or above.</p> |    |  |

Expectation at end of year: Intern will obtain intermediate to advanced competency in each domain, represented by an average overall rating of 4 or above. No item within the domain will be rated lower than 3.

**7. Community Outreach: Preparing early career health psychologists capable of leading community outreach efforts focused on civic engagement, advocacy, and social justice.**

| <b>C<br/>O</b> | <b>Community Outreach Competencies</b>  |  |
|----------------|---|--|
|                | Lead discussions of social justice in community outreach team meetings to facilitate outreach teams making meaningful connections with underserved and marginalized individuals and communities.  |  |
|                | Effectively develop and oversee practicum students' development of needs assessment with community partners as evidenced by collaboration with at least 1 community partner per academic semester. Assist practicum students with development and delivery of culturally responsive outreach activities that include interprofessional collaboration when appropriate   |  |
|                | Demonstrate leadership skills in supervising and evaluating team outreach activities as evidenced hosting at least 10-12 meetings per term, delegating outreach responsibilities effectively, ensuring professionalism in written and verbal presentations, modeling a professionalism, providing back-up to practicum students during outreach activities and accurately assess student clinician performance. |  |
|                | <b>Overall average rating</b>   | <b>HAS met expectations in this domain</b> |
|                | Expectation at mid-year: Intern will meet basic competency in each domain, represented by an average overall rating of 3 or above. Expectation at end of year: Intern will obtain intermediate to advanced competency in each domain, represented by an average overall rating of 4 or above. No item within the domain will be rated lower than 3.   |  |
|                | <b>Comments by Seminar Leader:</b>  |  |

**8. Diversity: Preparing early career health service psychologists capable of working within diverse cultural communities and providing clinical services to a wide range of diverse individuals and groups.**

| <b>DS</b> | <b>PS</b> | <b>SS</b> | <b>AS</b> | <b>IPC/CO</b> | <b>Diversity Competencies</b>   |
|-----------|-----------|-----------|-----------|---------------|---|
|           |           |           |           |               | Demonstrates attention to each client's cultural values and context in assessment, conceptualization, treatment planning, and intervention.   |
|           |           |           |           |               | Demonstrates awareness and knowledge of established diversity constructs from relevant empirical literature. Generates cultural and linguistic hypotheses affecting client presentation based on knowledge of the client and relevant literature. |
|           |           |           |           |               | Sensitively discusses issues of diversity in diversity seminar, supervision, interactions with students and peers, and other professional activities, including demonstrating awareness of their own worldview and biases.                        |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
|   |  |  |  |  | <b>Average Score by Supervisor</b>         |
| <b>Comments by Seminar Leader:</b>  |  |  |  |  |  |
| <b>Comments from Primary Supervisor:</b>  |  |  |  |  |  |
| <b>Comments from Secondary Supervisor:</b>  |  |  |  |  |  |
| <b>Comments from Assessment Supervisor:</b>   |  |  |  |  |  |
| <b>Comments from IPC &amp; CO Seminar Leader:</b>   |  |  |  |  |  |
| <b>Overall average rating from all supervisors:</b>   |  |  |  |  | <b>HAS met expectations in this domain</b> |
| <p>Expectation at mid-year: Intern will meet basic competency in each domain, represented by an average overall rating of 3 or above.</p> <p>Expectation at end of year: Intern will obtain intermediate to advanced competency in each domain, represented by an average overall rating of 4 or above. No item within the domain will be rated lower than 3.</p> |  |  |  |  |  |

**9. Ethical Practice: Preparing early career health service psychologists who think and behavior ethically and consistently with laws and regulations in all professional endeavors.**

| PS  | SS | AS | DS | IPC/CO | Ethics  |
|---|----|----|----|--------|---|
|   |    |    |    |        | In all professional activities, accurately applies APA ethics, relevant laws, regulations, rules, and policies governing health service psychology and the PCH Clinics.   |
|   |    |    |    |        | Appropriately explains HIPAA and confidentiality standards to clients. Ensures clients understand the limits of confidentiality and mandatory reporting expectations of clinician and clinics. Maintains confidentiality and secures appropriate releases, as needed. |
|   |    |    |    |        | Resolves ethical dilemmas with appropriate consultation, and demonstrating understanding of guidelines stipulated in the APA Code of Ethics along with relevant laws, regulations, rules, and policies governing health service psychology and the PCH Clinics.       |
|   |    |    |    |        | <b>Average Score by Supervisor</b>  |
| <b>Comments from Primary Supervisor:</b>          |    |    |    |        |   |
| <b>Comments from Secondary Supervisor:</b>        |    |    |    |        |   |
| <b>Comments from Assessment Supervisor:</b>       |    |    |    |        |   |
| <b>Comments from IPC &amp; CO Seminar Leader:</b> |    |    |    |        |   |
| <b>Comments from Diversity Seminar Leader:</b>    |    |    |    |        |   |

|   |  |  |
|---|--|--|
| <b>Overall average rating from all supervisors:</b>   |  | <b>HAS met expectations in this domain</b> |
| <p>Expectation at mid-year: Intern will meet basic competency in each domain, represented by an average overall rating of 3 or above.</p> <p>Expectation at end of year: Intern will obtain intermediate to advanced competency in each domain, represented by an average overall rating of 4 or above. No item within the domain will be rated lower than 3.</p> |  |  |

**10. Communication and Interpersonal Skills: Preparing early career health service psychologists who respond respectfully, humbly, collaboratively, and with curiosity in all professional endeavors.**

| PS  | SS | AS | DS | IPC/ON | <b>Professionalism Competencies</b>   |
|---|----|----|----|--------|---|
|   |    |    |    |        | Establish and maintain effective working relationships with colleagues, supervisors, clinical staff, community partners, student clinicians, and others, including appropriate and effective communication in all interactions. |
|   |    |    |    |        | Demonstrate capacity to manage challenging situations effectively and respond with professionally, while maintaining consistency with ethical guidelines.   |
|   |    |    |    |        | Demonstrate maturity and component that is expected of entry level psychologists and developmentally more sophisticated than student clinicians.  |
|   |    |    |    |        | <b>Average Score by Supervisor</b>  |
| <b>Comments from Primary Supervisor:</b>  |    |    |    |        |   |
| <b>Comments from Secondary Supervisor:</b>  |    |    |    |        |   |
| <b>Comments from Assessment Supervisor:</b>   |    |    |    |        |   |
| <b>Comments from IPC &amp; CO Seminar Leader:</b>   |    |    |    |        |   |
| <b>Comments from Diversity Seminar Leader:</b>  |    |    |    |        |   |
| <b>Overall average rating from all supervisors:</b>   |    |    |    |        | <b>HAS met expectations in this domain</b>  |
| <p>Expectation at mid-year: Intern will meet basic competency in each domain, represented by an average overall rating of 3 or above.</p> <p>Expectation at end of year: Intern will obtain intermediate to advanced competency in each domain, represented by an average overall rating of 4 or above. No item within the domain will be rated lower than 3.</p> |    |    |    |        |   |

**11. Professional Values and Attitudes: Preparing early career psychologists who demonstrate appropriate levels of professionalism, values, and attitudes that are consistent with health service psychology and the APA ethical guidelines in all professional endeavors.**

| PS  | SS | AS | DS | IPC/ON | Professionalism Competencies   |
|---|----|----|----|--------|--|
|   |    |    |    |        | Demonstrates insight regarding both strengths and weaknesses in supervision and other professional endeavors. Articulates the limits of their competency and effectively manages these limits to ensure the delivery of the highest quality clinical services. Responds constructively to feedback regarding openness to training and supervision, professional appearance and demeanor, and behaviors |
|   |    |    |    |        | Maintains professional boundaries while interacting with each other, student clinicians, supervising psychologists, internship administrative staff, and clients. This includes avoiding multiple relationships and conflicts of interest.   |
|   |    |    |    |        | Demonstrates effective time management and appropriate self-care so as to effectively execute all professional responsibilities  |
|   |    |    |    |        | <b>Average Score by Supervisor</b>   |
| <b>Comments from Primary Supervisor:</b>  |    |    |    |        |  |
| <b>Comments from Secondary Supervisor:</b>  |    |    |    |        |  |
| <b>Comments from Assessment Supervisor:</b>   |    |    |    |        |  |
| <b>Comments from IPC &amp; CO Seminar Leader:</b>   |    |    |    |        |  |
| <b>Comments from Diversity Seminar Leader:</b>  |    |    |    |        |  |
| <b>Overall average rating from all supervisors:</b>   |    |    |    |        | <b>HAS met expectations in this domain</b>   |
| <p>Expectation at mid-year: Intern will meet basic competency in each domain, represented by an average overall rating of 3 or above.</p> <p>Expectation at end of year: Intern will obtain intermediate to advanced competency in each domain, represented by an average overall rating of 4 or above. No item within the domain will be rated lower than 3.</p> |    |    |    |        |  |

|  |      |                              |      |
|--|------|------------------------------|------|
| <p>In general, what has the intern accomplished during this evaluation period?<br/> <b>Comments by Primary Supervisor:</b></p>                         |      |                              |      |
| <p>What are areas for improvement for the remainder of the training year or at the postdoctoral level?<br/> <b>Comments by Primary Supervisor:</b></p> |      |                              |      |
| Intern Signature   | Date | Primary Supervisor Signature | Date |
|  |      |                              |      |

|                                |      |  |      |
|--------------------------------|------|--|------|
| Secondary Supervisor Signature | Date | Internship Committee Member<br>Signature | Date |
|--------------------------------|------|--|------|

## **Providing Feedback and Areas of Concern**

Positive and constructive feedback is provided on a regular basis in supervision sessions and seminars. If a concern is identified, it is brought to the intern's attention with the intention of resolving it locally if possible. If the concern continues, there are multiple concerns and/or a concern is significant a triggered evaluation or hearing may occur.

## **Triggered Evaluation**

If some condition that may jeopardize an intern's standing in the program comes to the attention of any member of the internship committee, the Director and Associate Director will be notified. If the concern is significant all supervisors and seminar leaders will complete a triggered Evaluation of the Intern. The intern and intern's DCT will be notified in person and in writing of the concern(s) and that a triggered evaluation is being conducted. The intern is invited to submit a self-evaluation and any information relevant to the reasons for the triggered evaluation. Input may be solicited from any relevant sources. The internship committee reserves the right to prohibit an intern from engaging in specified clinical activities pending the outcome of the evaluation.

The Director, Associate Director, and Dean of SGP will review all the materials and make a determination of intern's standing in the program. This determination may include consultation with intern's DCT, SGP's Clinical Training Committee and Pacific University's Human Resource department.

## **Standings in the Program**

The definitions of each progress standing are as follows:

1. **Good Standing:** Indicates a performance that meets the conditions that qualify for excellence or that meets acceptable standards.
2. **Probation:** This indicates the presence of a problem(s) judged to be serious, or potentially serious problem(s), or condition(s) that may jeopardize the intern's standing, or a problem previously brought to the intern's attention which has not been corrected. Examples of serious or potentially serious problems include a pattern of late preparation and submission of reports and paper work, written work that is consistently of poor quality, ethical violations, poor interpersonal relationships, poor clinical skills, evidence of poor clinical judgment, evidence of impairments in professional functioning, etc.
3. **Suspension:** Under certain extenuating circumstances the intern is placed on probation and is temporarily removed from the Internship for a designated period and will be on probation upon reassignment to internship activities.
4. **Expulsion:** The intern is permanently removed from the internship and may not be readmitted. Expulsion from the program is appropriate if a serious breach of ethics or illegal act has occurred or if some impairment in judgment or functioning with respect to academic or clinical activities proves irremediable.

## **Procedure of Hearing for Probation, Suspension, or Expulsion**

1. If there is concern or report of the intern engaging in egregious behavior or dereliction of duty, the Director or Associate Director will consider calling a hearing to evaluate the situation and the intern's standing in the program.
2. If a hearing is scheduled, Director or Associate Director will communicate in writing to the intern and the intern's DCT that a hearing. The letter includes issues relevant to the hearing.
3. The hearing is scheduled as quickly as possible as and no later than 14 days from the time the decision is made to hold a hearing.
4. The intern is invited to submit information at the hearing in response to the reasons for the hearing and can complete an optional self-evaluation form.
5. The Director and/or Associate Director may ask for other sources of information and request evaluation forms from internship supervisors, seminar leaders, interprofessional supervisors and others.
6. The hearing will proceed whether or not the intern attends the hearing.
7. The internship faculty will render a final decision in consultation with the Dean of SGP and the Human Resources department. The intern and his/her DCT will be notified of the outcome of the hearing within 5 business days.
8. If there is a remediation plan, the Director or Associate Director will be provided with a clear written statement of what changes are expected and the timeline for completion of the remediation plan. If the required changes are not completed, then the intern may be considered for suspension or expulsion.
9. The decision of the hearing is final.