PROGRAM OVERVIEW

- The Pacific Psychology and Comprehensive Health Clinic (PCH) is part of Pacific University’s School of Professional Psychology offers a 2000 hour, one-year, full time, doctoral internship to prepare qualified graduate students for entry level professional practice in clinical psychology. We do not accept part time interns. Our internship starts August 1, 2016 and ends on August 11, 2017. Our interns get approximately 6 weeks off over the year as well as release time for dissertation, graduation and seeking their next position.

- Interns will receive training in ten competency domains: intervention, assessment, interprofessional collaboration, consultation, supervision, outreach and marketing, diversity, practitioner-scholar methodology, professionalism, and ethical practice.

- Interns work approximately 50 hour per week, including one evening per week until 8pm and one Saturday per month. Interns spend one day per week working at a local community mental health agency. Our interns have a variety of roles. Here 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 and marketing: 10%
  - Receiving supervision and participating in training seminars: 20%

- Our ideal interns have developed intermediate competency with therapy and assessment and are eager to expand their skills. Additionally ideal interns should be:
  - Self-directed while being an active team member
  - Knows their strengths while still being humble
  - Efficient and productive with attention to detail
  - Mature, curious and a desire to deepen their competencies
  - Hard working and have effective self-care strategies at work and outside work
  - Self-aware and works well in a fast-paced environment with many facets
  - Striving to do their best as a psychologist while maintaining a sense of humor
  - Interested in a variety of roles psychologist can play, beyond clinical services
- We would **not** be a good fit for interns who:
  - Want to focus only on therapy and assessment
  - Disinterested in outreach, integrated care &/or interprofessional collaboration
  - Struggle with working autonomously
  - Lack leadership skills or disinterested in mentoring practicum I students
  - Often overwhelmed when required to multi-task
  - Stressed out in 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.

- The current stipend for interns is $26,000 over 13 months. Like faculty, interns do not accrue vacation or sick leave time but may arrange to take limited paid time off as long as they make up the necessary work and complete all training requirements. Interns are given time to complete their dissertations and return to their home program for events such as dissertation defenses and graduation. Interns are also supported in looking for their next professional position. Time off to interview with post-doctoral training or other professional opportunities is also allowed during internship.

- Interns are also eligible for medical, dental, and vision benefits and may purchase benefits for dependents. Interns have approximately 30 days paid time off on holidays and other scheduled university closures. Interns are given paid release time for dissertations, post-doc search and graduation. For further information about these and additional benefits for which interns are eligible, please visit [http://www.pacificu.edu/hr/benefits](http://www.pacificu.edu/hr/benefits) and click on the link to the current benefits brochure PDF. 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: apaaccrred@apa.org
ELIGIBILITY REQUIREMENTS

Doctoral candidates enrolled in an APA-accredited clinical or counseling psychology program are eligible to apply. The applicant must have successfully completed his or her 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 August.

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. While most applicants report significantly more experience, those with less than 400 individual adult therapy hours and 100 hours of assessment experience are unlikely to be sufficiently prepared for our particular training program.

To be considered for this internship applicants must have at least 400 therapy hours and 100 assessment hours supervised by licensed psychologists. Additionally candidates must have passed their clinical competency exams and successfully defended their dissertation proposals.

We place value on diverse perspectives and feel differences in our backgrounds and experiences 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 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 expect to select 4 interns for the 2016-2017 training year. Applications submitted via the online AAPI by 9am on 11/11/15, will first be reviewed for eligibility by the program Administrative Assistant and Training Director. Applications meeting eligibility requirements will then 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. All applicants will be notified of their interview status on or before Dec 14, 2015. The Open House and Interview Days will be January 8 & 15, 2016. On interview days, candidates will interview with the Internship Training Director, one of the internship faculty members, and a current intern. An informational presentation of the internship program and Q & A session, along with opportunities to tour the Hillsboro and Portland clinics, rounds out the day. In person interviews are required. We do not interview electronically. Since goodness of fit is high priority, we want applicants to get to know us and our program while we get to know them by spending a day together. Once the interview process is complete, the current interns and Internship Committee (comprised of the Training Director, other 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 he or she is ranked.

TO APPLY

All application materials must be submitted through the online APPIC application portal (www.appic.org) on or before November 11, 2015 at 9am PST.

A complete application consists of:
• Application form (online AAPI)
• CV
• Graduate transcript(s)
• Three letters of reference

Pacific Psychology Clinics’ Internship Match Number is 152611

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

Cathy Moonshine, PhD, MSCP, MAC, CADC III
Internship Training Director
503-352-2618
drmoonshine@pacificu.edu

Alyssa McLean
Administrative Assistant
503-352-2419
alyssamclean@pacificu.edu
ABOUT US

Since the 1980s, psychology training clinic of the School of Professional Psychology (SPP) served as the primary practicum site for doctoral students to provide outpatient psychological services to residents of the Portland metropolitan area. Since 2003, the psychology training clinics has also included an APA accredited internship program. The clinics have been known by many names over the years including Psychological Service Center, The Iris Clinic, and The Pacific Psychology Clinics. In 2014, clinics were unified under the new name Pacific Psychology and Comprehensive Health (PCH) clinics. This new name captures the developmental trajectory of the clinics. We are in the process of expanding health and wellness services with the goal of being fully integrated care clinics. The PCH clinics train future psychologists and other healthcare professionals to work interprofessionally and provide integrated care. Through a partnership with National College of Natural Medicine (NCNM), there are clinical rotations of Naturopathic Doctors and trainees. From the College of Health Professions, we have faculty and students from the schools of Physician Assistants, Pharmacy, Occupational, Physical, and Speech Language therapy. The PCH clinics are a not-for-profit organization supported by Pacific University’s School of Professional Psychology. The doctoral (PsyD) program at Pacific University’s SPP is accredited by the American Psychological Association (APA Commission on Accreditation, 202-336-5979, 750 First Street NE, Washington, DC, 20002-4242). While the PCH clinics is part of SPP, the internship program is open to all qualified applicants and no slots are reserved specifically for SPP doctoral students.

Nearly 1000 assessment and therapy clients are seen each year and over 9000 client sessions are conducted annually at the two locations of the PCH Clinic. Clients range in age from preschool-aged children to adults and typically are presenting without insurance. Given the changes in healthcare since the Affordable Care Act (ACA) took effect, the PCH clinics are currently in talks with Multnomah and Washington Counties to expand services to the Medicaid population. This also aligns with APA shifting our field to Health Service Psychology. Clinical services are provided by practicum students and interns under the supervision of licensed psychologists. Services include:

1. Psychotherapy for individuals, couples, groups, and families from a variety of theoretical foundations, including cognitive-behavioral, behavioral, psychodynamic, Gestalt, and integrative.
2. Intellectual, personality, neuropsychological, and psychoeducational assessment.
3. Psychoeducational workshops, seminars, and community outreach.
4. Psychopharmacological evaluation and medication management are provided by supervised students from the National College of Natural Medicine. These students are able to provide full primary care services from both allopathic and naturopathic perspectives.
5. Other health and wellness services provided by physician assistants, pharmacists, occupational therapists, physical therapists and speech-language therapists.

Typical adult client issues include depression, anxiety, relationship conflicts, anger management problems, trauma, stress management, interpersonal difficulties, adjustment
to illness, work or academic difficulties, financial hardships, and parent-child problems. We provide services specifically designed for veterans in partnership Returning Veteran’s Project and Veteran Services at Washington and Multnomah Counties. Presenting problems of child and adolescent clients include academic or family difficulties, anxiety and depressive disorders, sleep problems, enuresis, oppositional defiant behaviors, ADHD, and issues related to trauma.

While the PCH clinics is part of SPP, the internship program is open to all qualified applicants and no slots are reserved for SPP doctoral students. The internship program has its own training policies, application procedure, and advanced level of experiences and curriculum distinct from the SPP doctoral program. The nature of cases, external rotations, diversity seminar, supervision/consultation seminar, selected didactic trainings, and individual supervision experiences are designed specifically for and attended only by interns and the internship faculty. The interns do interact with practicum students through consultation, supervision and training opportunities such the Evidence Based Case Conceptualization Seminar and clinic-wide trainings. Interns cover the clinic during the evenings and weekends. During this time they are available to assist practicum students and clients as confusing, stressful or crisis situations present themselves. Directors are available via phone during all hours the clinic is open to consult and direct interns on the appropriate course of action.

Interns work Monday-Friday and one Saturday a month. Interns are required to work two evenings till 8pm Monday-Thursday. We hope to acquire a Medicaid contract in 15/16 that will require us to provide after-hours access to clients. This will entail interns take a week of phone calls every 4-6 weeks. If this happens will increase our stipend. 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 if it is implemented.

FACILITIES

The Portland clinic is located on the third floor of the Morrison Plaza building in downtown Portland. The Hillsboro office is located on the second floor of Creighton Hall, a LEED Gold Certified building, which is part of Pacific University’s College of Health Professions Campus in downtown Hillsboro, across the street from Tuality Community Hospital. All faculty offices and academic classrooms are located across the street, in the new campus building known as “HPC 2,” allowing interns ready access to consultation even when supervisors are not physically inside the clinic.

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 Professional Psychology in which first year practicum students are supervised, along with a small number of more advanced students. There are a total of 15 therapy teams and 6 assessment teams, divided between the two clinics. The Portland location serves more clients and is open
on Saturdays. Therefore, the number of teams and students trained are nearly double the number of teams and students in the Hillsboro clinic. Each team is comprised of approximately 4 doctoral students under the supervision of a licensed faculty member. The range of current faculty supervisor experience is four 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 has 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.

MISSIONS STATEMENT

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 with a variety of healthcare settings.

Diversity Mission - The PCH clinics embrace the diversity embodied within each individual and acknowledges 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 is a practitioner-scholar model. Within this practitioner-scholar model, this program has adopted a local, clinical, scientist approach (Stricker & Trierweiler, 1995). This approach focuses on development of professional and ethical practitioners who think critically and apply established and/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’ response 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. Within this model, practitioners may contribute to scientific knowledge through their publication of clinical findings and other research (e.g., single case designs) but most of their activities are 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 the literature.

The supervisory philosophy gives interns progressively greater autonomy, beginning with a more directive approach during the first third of the year, using guided questioning to facilitate the supervisees’ problem-solving and discovery (e.g., Overholser, 1991) during the middle third, and to a non-directive stance by the final third. This overall approach to supervision draws from the integrated developmental model of supervision described by Stoltenberg and his colleagues (Stoltenberg & Delworth, 1987; Stoltenberg, 1997) which recognizes that supervisees require different types of supervision depending on their developmental level in a particular domain. For example, an intern might be advanced in clinical intervention but be at a more beginning stage of development as an evaluator of cognitively impaired clients—the content and approach to interns’ 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 psychologists.

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 individual psychotherapy with adult clients, they may choose to develop additional areas of competency by working with couples, children, or groups. 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:

- Weekly IP team meeting in both clinics on Tuesdays
- Monthly IP Case Conferences at CHP
- Interprofessional Course at CHP
Monthly Interprofessional Diabetes Clinic
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 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, outreach and networking, along with professional development and self-care. Training seminars occur on Fridays in the Portland clinic.

INTERNERSHIP PROGRAM 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 the clinically relevant research and literature as it applies to the intern’s area of practice.

4. **Interprofessional Collaboration:** to prepare interns to be health service psychologists capable of effectively collaborate 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 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.

7. **Outreach and Networking:** to prepare interns to promote their practice and build community partnerships by leading a team of practicum students in networking and outreach projects. These will include, but not limited to collaborations with community partners and other health professionals, increasing PCH clinics’ visibility in the community, offering educational presentations, recruitment for specialized treatments offered in the clinic (i.e. groups, medical services, research, etc.), and attending community fairs. Note, some outreach efforts will require collaboration with the Latino Bilingual Track director (Ruth Zuniga, Ph.D. and Shahana Kosloffsky, PhD.).

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.

**TRAINING OPPORTUNITIES**

**Internal Direct Service Rotations**

**Adult Psychotherapy**

All interns will carry a caseload of approximately 12-14 clients and will work with a wide array of diagnoses both at the PCH clinics and Lifeworks, NW rotation. While interns will primarily conduct individual adult psychotherapy, opportunities exist for supervision in couples and/or group therapy. 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, integrative, and psychodynamic. 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 the weekly IP team meeting at each clinic. Additionally, interns will participate in interprofessional collaboration within the College of Health Professionals at Pacific University, at their external rotation at LifeWorks NW, and in the community as opportunities to present themselves. Other IPC opportunities are assisting with the Interprofessional Course. This is a yearlong course that all first year students at the College of Health Professions take in order to develop collaboration from the beginning of their careers. 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 Irina Gelman, PsyD, who will be available on site or by phone. Additional supervision/consultation will be provided by Cathy Moonshine, PhD, MSCP, MAC, CADC III and Irina Gelman, PsyD.

**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.

**Outreach and Networking**
Develop and lead networking teams to market the clinics and provide psychoeducational and outreach programs to the community. Interns are encouraged to seek out and get involved in outreach projects. They will develop skills to promote the clinics in the community and interprofessionally. These activities are supported through a monthly Outreach and Networking seminar.

**External Direct Service Rotations**

**Lifeworks, NW**
This is a partnership with a local community mental health agency. Interns will spend two days per week for a period of six months. Interns will have the opportunity to work with clients with severe and persistent mental illness. Interns may find themselves conducting behavioral health assessment/intake, individual and group skills building, and case management.

**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.

** Supervision, Seminars, and Didactics**

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 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 for the interns’ own consultation and supervision efforts, cultural competency, optional research activities, additional case consultation, and for special activities such as assessment and group therapy. Clinical seminars focus on topics of interest and relevance to the practicing clinician. Presenters at periodic clinical workshops and seminars include licensed psychologists, primarily core faculty, as well as other community professionals.

The year-long primary clinical supervisor is the primary supervisor and is responsible for overseeing the intern’s 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 clinical 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 a month for approximately 90 minutes. 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 who are different from themselves. Dr. Susan Li leads this seminar.

The Professional Development & Self Care Seminar will meet monthly for 90 minutes. 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, as it will alternate with the Outreach and Networking seminar. 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 Associate Director.

The Outreach and Networking Seminar will include discussion of skills required to promote a community mental health clinic and/or private practice, with particular attention to increasing PCH clinics’ presence in the community and growing the clinics, as well as navigating Interns development of skills necessary for networking in an interdisciplinary setting. Additionally, they will explore issues related to leading an outreach and marketing team, recruiting clients, and providing presentations to community agencies and members. This seminar is led by the Associate Director.

The Evidence Based Case Conceptualization Seminar happens monthly. It is facilitated by the Director and Associate Director. Interns present cases in the first seminars and then serve as discussants at the end of the year. The purpose of this seminar is to develop skills conceptualizing clinical cases from a variety of therapeutic orientations. SPP’s commitment to utilize 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
- Risk, Ethical & Legal Issues
- Practitioner-Scholar support from the Literature OR Scientist-Practitioner support from the literature
The case presentation is designed to stimulate discussion about how different therapeutic orientations would work 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.

INTERNERSHIP TRAINING STANDARDS

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.

INFORMATION ABOUT PAST INTERNS

Of the 22 interns admitted to the PCH internship program over the past 7 years, 36% are culturally diverse, 10% have been immigrants, 15% identified as sexual minorities and 23% were bilingual. 27% of past interns have identified as male, 73% have identified as female, and 0% have identified as transgender. 13% is subject to the Americans with Disabilities Act. 45% are PhDs, and 55% are PsyDs.

MEET OUR TRAINING FACULTY

Our current internship faculty represents a wide array of backgrounds, interests, and expertise. Of the eleven who supervise the interns, 27% identify as male and 73% identify as female and 0% have identified as transgender. 36% are culturally diverse, 25% are sexual minorities, 25% are bilingual and 9% is subject to the Americans with Disabilities Act. 82% are PhDs, and 18% are PsyDs.

2015-2016 INTERNSHIP DIRECTORS AND SUPERVISORS.

**Catherine Moonshine, Ph.D., Internship Director** (Oregon License # 1476) Dr. Moonshine received her Ph.D. in Clinical Psychology from the Pacific Graduate School of Psychology, Palo Alto, in 1999. Her orientation is DBT and CBT. Dr. Moonshine leads the internship program and directs day-to-day operations at the Portland clinic. Dr. Moonshine provides secondary supervision to the interns placed in the Portland location. Dr. Moonshine is a secondary supervisor, overseeing intern’s therapy cases in Portland.

Dr. Moonshine’s team treats a variety of mental health disorders with particular emphasis in addictions. If a client presents with a mild to moderate addiction issue, then they will likely be treated on this team. Treatment provided is a combination of DBT,
CBT and client-centered. In addition to individual clients, team members have the option to co-facilitate a DBT group that runs throughout the year. Supervision occurs weekly as a group and biweekly in individual sessions. Supervision is delivered from a developmental perspective to assist clinicians in optimizing their professional growth during their time at the PCH clinics. Team Moonshine is located in Portland.

**Irina Gelman, Psy.D., Associate Internship Director** (Oregon License # 2307) Dr. Gelman received her Psy.D. in Clinical Psychology from Nova Southeastern University in 2012. Her orientation is integrative CBT with humanistic interventions. Dr. Gelman oversees day-to-day operations at the Hillsboro clinic. Dr. Gelman is a secondary supervisor, overseeing intern’s therapy cases in Hillsboro.

Dr. Gelman’s team will be based in Cognitive Behavioral Therapy theory and interventions. Other therapy approaches can be integrated into the treatment plan on an individual basis. Dr. Gelman team’s will provide CBT, Client-Centered, and Interpersonal interventions. Team Gelman will work primarily with adults, in individual, couples, and group settings. Strong emphasis will be placed on differential diagnosis, as part of the assessment and intake process. Dr. Gelman has a strong interest in anxiety disorders, and exposure-based treatments. Team Gelman is located in Hillsboro.

**James B. Lane, Ph.D., Therapy Supervisor** (Oregon License # 775) Dr. Lane received his Ph.D. in Clinical Psychology from the University of Minnesota in 1974. His orientation is integrative mindfulness CBT and his clinical and research interests include psychological assessment, differential diagnosis, mindfulness and acceptance-based psychotherapy. Dr. Lane is a primary supervisor, overseeing intern’s therapy cases.

Dr. Lane’s approach to supervision might best be characterized as pragmatic. He encourage clinicians to begin with a non-theoretical description of client difficulties and aspirations, followed by conceptualization-based treatment planning using concepts and interventions from Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Analysis System of Psychotherapy (CBASP), Behavioral Activation, and mindfulness- and acceptance-based approaches. Clinicians can expect to see a wide range of adults in individual and couples therapy and to use assessment tools for both conceptualization and monitoring treatment. Team Lane is located in Portland.

**Laura Edwards-Leeper, Ph.D., Therapy Supervisor** (Oregon License # 2260) Dr. Edwards-Leeper received her Ph.D. in Clinical Psychology from Bowling Green State University in 2004. She practices from an integrated CBT perspective and supervises students who see children, adolescents, adults, and families. Dr. Edwards-Leeper has experience working with children and adolescents presenting with a range of mental health concerns (e.g., depression, anxiety, ADHD, behavioral problems), but her areas of expertise include working with gender non-conforming and transgender children, adolescents, and adults, and pediatric body image, eating disorders, and obesity concerns. Dr. Edwards-Leeper is a primary supervisor, overseeing intern’s therapy cases.
Dr. Edwards-Leeper’s team sees adults, adolescents and children. The therapeutic approach is best described as “integrated CBT,” with the age of the client and presenting issue(s) influencing the approach taken. The work with children and adolescents on this team almost always involves a parent component as well. Dr. Edwards-Leeper will treat almost any presenting issue; however, areas of specialization are eating disorders, body image, and pediatric obesity; and sexual orientation and gender identity issues (e.g., transgenderism). Finally, clinicians on this team will likely have the opportunity to complete extra clinical training at a rural public school in the area. Team Edwards-Leeper is located in Hillsboro.

Lisa Christiansen, Psy.D., Assessment Supervisor (Oregon License # 1565) Dr. Christiansen received her Psy.D. in Clinical Psychology from Pacific University in 2001. Her orientation is integrative CBT and her primary interests include trauma responses and preventative mental health for career-related exposure to chronic stress or traumatic material. Dr. Christiansen supervises cognitive assessment across the lifespan for learning disorders and ADHD. Dr. Christiansen supervises intern’s assessment cases.

Michael Christopher, Ph.D., Therapy Supervisor (Oregon License # 1818) Dr. Christopher received his Ph.D. in Clinical Psychology from the University of South Dakota in 2004. His orientation is integrative mindfulness CBT and ACT, and his clinical and research interests include the synthesis of empirically-supported and culturally-relevant psychotherapies, mindfulness-based psychotherapies, behavioral/preventative medicine, and affective and sociocultural predictors of help-seeking behavior. Dr. Christopher is a primary supervisor, overseeing intern’s therapy cases.

On Dr. Christopher’s team treatment is typically conceptualized from an Acceptance and Commitment Therapy (ACT) approach. Clinicians are encouraged—but not required—to begin a personal meditative practice prior to joining the team (e.g., mindfulness, yoga, etc.). As a generalist Dr. Christopher is willing to supervise treatment of most adult cases, but has a particular interest in mood and anxiety disorders. Supervision is a combination of group and individual formats. Team Christopher is located in Portland.

Miriam Anderson, Ph.D., Assessment Supervisor (Oregon License #2286 ) Dr. Anderson received her Ph.D. in Clinical Psychology from the University of Missouri-St. Louis in 2010 and is licensed as a Psychologist by the Oregon Board of Psychologist Examiners. Her orientation is primarily psychodynamic and her clinical and research interests include learning disability assessment, child mental health, mental health of children involved in the foster care system, and psychological evaluations of children. She has provided mental health services to children and adults for over 15 years, in a variety of settings. Dr. Anderson supervises psychological assessment of children and adolescents. Dr. Anderson supervises intern’s assessment cases.
**Peter Vik, PhD., Assessment Supervisor** (Oregon License #2461) Dr. Vik received his Ph.D. in Clinical Psychology from the University of Colorado in 1992. He completed a doctoral internship and postdoctoral fellowship at the Department of Psychiatry, University of California at San Diego, specializing in assessment and treatment of substance abuse disorders. Dr. Vik’s clinical and research interests include memory evaluation, substance abuse assessment, and HIV disease. Team Vik is located in Hillsboro. Dr. Vik supervises intern’s assessment cases.

**Shahana Koslofsky, Ph.D., Therapy Supervisor** (Oregon License # 1741) Dr. Koslofsky received her Ph.D. in Counseling Psychology from the State University of New York, Albany, in 2001. She is a bilingual English- and Spanish-speaking psychologist. Dr. Koslofsky’s orientation is integrative psychodynamic and CBT, and her clinical and research interests include Latino psychology, HIV and AIDS education, treatment of trauma, and military psychology. Dr. Koslosfsky is a primary supervisor, overseeing intern’s therapy cases.

This is an integrated team that uses several different theoretical orientations. Team Koslofsky will start from an attachment/relational model to understand how early experiences with the world contribute to client affect regulation skills, emotional functioning, and interpersonal relationships. Working within the client’s cultural context, clinicians then examine how current relational patterns maintain psychological distress and interpersonal difficulties. Clinicians then develop client-specific and culturally adapted interventions that draw upon a wide range of theoretical orientations including relational theories, multiculturalism, CBT, family systems, emotion-focused communication, and trauma theory. This team completes veteran evaluations and works with individuals and couples. Presenting issues typically include anxiety, depression, trauma, interpersonal difficulties, parenting issues, and relationship issues. Supervision will be a combination of individual and group formats. Team Koslofsky is located in Hillsboro.

**Susan Tinsley Li, Ph.D., Assessment Supervisor** (Oregon License #2105) Dr. Li received her Ph.D. in Clinical Psychology from Arizona State University in 1997. Her clinical and research interests include assessment and treatment of children, adolescents, and families; diversity and minority mental health; clinical orientation combining a behavioral/cognitive-behavioral perspective with ecosystemic and multicultural theoretical approaches. Dr. Li supervises neuropsychological and comprehensive psychological assessments of children and adolescents. Dr. Li supervises intern’s assessment cases.

**Theresa LaFavor, Ph.D., Assessment Supervisor** (Oregon License #2477) Dr. LaFavor received her Ph.D. in Child Clinical Psychology from the University of Minnesota in 2012. Her research and clinical interests include neuropsychological evaluation, risk and resilience, early childhood trauma, international adoption, genetic and metabolic disorders, head trauma, and long-term cancer survivorship. She may serve as supervisor for the child assessment rotation. Dr. LaFavor supervises intern’s assessment cases.
INTERNSHIP TRAINING STANDARDS AND EVALUATIONS

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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 member(s) 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 SPP if the complaint is about the Director.
3. The Director or the Dean of SPP 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 SPP 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) 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 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.
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 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 SPP 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, SPP’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. Termination: The intern is permanently removed from the internship and may not be readmitted. Termination from the internship program is appropriate if a serious breach of ethics or illegal act has occurred or if some impairment in judgment or functioning.
Procedure of Hearing for Probation, Suspension, or Termination

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 SPP 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.