

PSYCHOLOGY INTERNSHIP HANDBOOK

Note: This is an abbreviated version of the UT Health San Antonio Psychology Internship Handbook. The unabridged version of the handbook is provided to incoming interns during orientation. The goal of including an abbreviated version of our Handbook online is to provide interested applicants with an overview of how we run the program to help them determine whether we are good fit for their professional and personal goals. We recognize that applying to internship requires a significant commitment on the part of the applicants. Consequently, we have chosen to eliminate parts of the handbook for this online version that are less relevant to choosing whether to apply to an internship program (e.g., how to enter notes into Epic, how to video record a session in the Advance Clinic). The schedules for the training activities (i.e. Tracks, Major Rotations, Group Therapy, Advance Clinic, and internship didactics) included in this abbreviated Handbook have been modeled off of the 2020-2021 training year. It is important to note, that tracks, rotations, number of incoming interns, and schedules are subject to change. We recommend applicants refer to our website for the most update information about training activities. Please feel free to contact the Program leadership with questions.

**DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES
SCHOOL OF MEDICINE
UNIVERSITY OF TEXAS HEALTH SAN ANTONIO**

SCIENTIST-PRACTITIONER MODEL APA-ACCREDITED PROGRAM

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Track Coordinators

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Forensic: Billy James, PhD

Integrated Primary Care Behavioral Health: Stacy Ogbeide, PsyD, ABPP

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PROGRAM OVERVIEW

Our internship in clinical psychology is designed to provide an intensive American Psychological Association-accredited (Commission on Accreditation, 750 First Street N.E., Washington, D.C., 20002- 4242, Telephone 202-336-5979) clinical internship training experience.* The Department of Psychiatry and Behavioral Sciences is the coordinating agency for the development and operation of the training program in clinical psychology. The faculty as a whole participates in the internship program. The Psychology Internship Training Committee serves as the major forum for ongoing discussion of the training program and formulates recommendations for program development.

GENERALIST PROGRAM. Clinical psychology training at the University of Texas Health San Antonio provides generalist training involving a full array of patients (children, adolescents, adults) seen in diverse treatment settings (inpatient, outpatient, and community organizations) receiving a full spectrum of psychological evaluations (interview and test based) and interventions (individual, family, and group). Our program is characterized by a scientist-practitioner training philosophy as outlined by the Boulder Conference and the following aims: breadth of training, intensive supervision, practice and science of applied psychology, and ethical and sensitive practice to individual and cultural differences. Over the course of the year, our interns receive at least 4 hours of weekly clinical supervision (but usually more) and at least two of these hours consist of individual supervision. Throughout the year, our interns are exposed to multiple theoretical orientations, including behavioral, cognitive-behavioral, systems, interpersonal, and psychodynamic.

During the yearlong internship, interns participate in major rotation(s) as well as several year-long clinical activities, including on-going individual therapy cases through our Advance Psychotherapy Clinic and either co-leading group therapy or Parent Child Interaction Therapy (PCIT). Additionally, interns attend weekly seminars and didactics designed to enhance their understanding of the scientist-practitioner model, evidence-based practice, integrative assessment, supervision, and ethics/diversity. Finally, interns have the opportunity to design and implement a program improvement project during the training year. Each year, the Department of Psychiatry and Behavioral Sciences hosts a Research and Quality Improvement Day (RQID). Each intern is **required** to submit at least one poster presentation and/or an abstract to be selected as one of the Research Day Ground Round student speakers. The intern(s) selected as the psychology speaker will be awarded the “Research Intern of the Year.” Research Day is contingent on departmental funds being available. Further information about Research Day will be provided over the course of the year.

TRACKS. Our program strives to provide training that has depth as well as breadth. We have attempted to accomplish this balance by establishing a track system, which was first implemented during the 2014-2015 training year. The track system provides applicants with stronger assurance of the training experiences they will receive when they arrive. The UT Health San Antonio Internship offers four tracks (**Child, Adolescent, and Family; Cognitive-Behavioral; Forensic; and Integrated Primary Care Behavioral Health**).

*Questions related to the program's accredited status should be directed to the Commission on Accreditation: Office of Program Consultation & Accreditation American Psychological Association 750 1st Street, NE, Washington, DC 20002. Phone: (202)336-5979 / E-mail: **apaaccred@apa.org**. www.apa.org/ed/accreditation

OVERVIEW OF PSYCHOLOGY INTERNSHIP: 2020-2021 TRAINING YEAR

TRAINING PHILOSOPHY

The University of Texas Health San Antonio Psychology Internship Training Program is an APA-accredited psychology internship program (accredited through 2023) that supports a scientist-practitioner model.

PROGRAM AIMS

1. **BREADTH OF TRAINING.** As applied psychology expands to encompass many new areas, clinical psychologists need to be trained in a broad variety of skills rather than any single specialty. A good program should be comprehensive in scope.

As a generalist program, we are able to provide our interns with a wide range of training activities including intake work, assessment, group, individual, and family psychotherapy. Interns provide care for diverse patient populations including adults, adolescents, and children with a wide range of presenting problems. A significant percentage of the patients served come from underserved urban areas. Approximately 50 to 60 percent of the training experiences involve services to minorities (primarily Hispanic), though there are also opportunities for work with Veteran and military populations at some sites. In addition to clinical care, we have provided interns with opportunities for involvement in applied clinical research and/or process improvement activities.

2. **INTENSIVE SUPERVISION.** A second major point is the importance of close and careful monitoring of each intern's experience with useful feedback to the intern. The content and timing of evaluations is set to maximize a student's growth. This implies a close individual involvement in each student's progress by faculty and supervisors.

Interns' work is intensively supervised on an individual basis, with each intern scheduled for a minimum of four hours per week of supervision. Most supervision is provided by the psychology faculty. Interns may also have the opportunity to work with and receive feedback from psychiatry faculty and social work staff.

3. **PRACTICE AND SCIENCE OF APPLIED PSYCHOLOGY.** Quality clinical internship training should impart skills focusing on the process and science of psychological work.

The Clinical Psychology Internship was established in 1970 with the faculty at that time making a philosophical commitment to the "scientist-practitioner model," emphasizing the practitioner side of the Boulder model. The internship year is seen as a time to emphasize first-hand experiences with clinical involvement under intense individual supervision by faculty who demonstrate clear and visible scientific and professional interests.

Psychology Interns receive year-long education designed to help strengthen their understanding and skill in assessment and psychotherapeutic process. Our students also learn the fundamentals of

outcome evaluations and use of available scientific principles and data to guide their selection of clinical interventions and help them learn to evaluate and evolve their clinical practice.

4. PRACTICE ETHICALLY AND WITH SENSITIVITY TO INDIVIDUAL AND CULTURAL DIFFERENCES. All psychologists should be able to practice ethically and with sensitivity to cultural and individual differences that impact their clinical and professional activities.

The Internship program has made systematic and long-term efforts to attract interns and staff from culturally diverse backgrounds, including diversity across age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socio-economic background. These efforts have resulted in the admission of culturally diverse interns and supervisors. The internship sites have a training environment that is sensitive and shows respect for individual and cultural diversity.

The psychology training program values diversity and evaluates interns on multicultural competencies. The internship has a series of diversity didactics during the year, and interns have numerous opportunities for supervised experiences in clinical services delivered to an ethnically and culturally diverse client population within San Antonio and the surrounding communities (over 60% of the population in this area is Hispanic). The internship provides routine discussion of diversity issues within the context of clinical supervision and formal didactic seminars.

SUPERVISION REQUIREMENTS/EVALUATION

1. Each intern is required to receive 4 hours of supervision per week. At least two of these hours will consist of individual supervision by a licensed psychologist. Interns are required to complete a weekly supervision log. The training directors monitor supervision hours weekly. It is the responsibility of the intern to talk to their site supervisors if they are not receiving the required weekly supervision hours. If the intern is not able to rectify the shortage of supervision hours with their site supervisor directly, the training directors will meet with intern and site supervisor to ensure that appropriate supervision is being provided.
2. Each clinical assignment (e.g., primary rotation site, Advance Clinic, groups) will have a designated faculty supervisor.
3. It will be the responsibility of the supervisor of each activity to provide ongoing evaluation and supervision of the intern assigned to him/her. Prior to each evaluation the supervisor is to provide a formal evaluation of the intern's work to him/her. The format of this evaluation rests with the supervisor but will include an open discussion of the ratings with the intern and include corrective feedback where applicable.
4. The intern will then provide his/her mentor the evaluation and feedback that he/she has received from each of his/her supervisor.
5. Evaluations by interns and faculty should stress proposed corrective action.

6. These evaluations should be written, discussed, with a copy given to the intern. Both intern and supervisor will make comments about the evaluation feedback session and sign the evaluation form. A copy will also be placed on file with the training directors.
7. Informal evaluations of the interns will be presented to the training committee during monthly meetings. Formal evaluations of the intern will be presented to the training committee quarterly.
8. Evaluative feedback of the intern's progress will be shared with his/her doctoral program after his/her six-month evaluation and at the end of the internship year.
9. Interns will be asked to evaluate Tuesday morning seminars throughout the year. Interns will also evaluate each supervisor, mentor, and rotation at the conclusion of the training experience. These evaluations will be turned into Sandy Collazo, the program administrator, who will place the evaluations in a sealed envelope. Program evaluations will not be examined until after the internship year has ended.

MENTORS

1. Each intern is assigned a mentor to provide continuity, clarification, and coordination of the trainees' experience.
2. The mentor chosen, when possible, has additional supervisory responsibilities for the intern. Except under extraordinary situations, faculty with less than one year's experience in the program will not serve as mentors.
3. The mentor will schedule time to meet with the intern. In the beginning of the year, meetings may happen weekly, but as the year progresses, meetings with the mentor may be less frequent.
4. Quarterly, the mentor will lead a faculty discussion of his/her mentee and obtain a consensus of the faculty's views during the internship training committee meeting. The Internship Director or Associate Director will write the home graduate school regarding evaluation after the mid-year and end-of-year evaluation.
5. The Internship Director or Associate Director, with input from the mentor, will write a final evaluation at the end of the internship year reflecting a consensus of the faculty's views. This final evaluation is discussed with the intern and will be sent to the intern's graduate school.
6. Should an intern and/or mentor (or supervisor) feel that their working relationship is unproductive, they should discuss this with the training directors. The directors will attempt to facilitate the relationship between mentee and the mentor (or supervisor). If this is unsuccessful, a change in intern/mentor (or supervisor) assignment can be made.

ONGOING PSYCHOTHERAPY

1. Each intern will carry 1-2 individual long-term psychotherapy cases for the training year within the Advance Clinic. This is on top of the caseload at the interns' primary site.
2. Supervisors for the Advance Clinic are assigned by the training directors. (See schedule.)
3. Each intern will be assigned a long-term group experience or will be trained in Parent-Child Interaction Therapy. (See schedule.)
4. The supervisors for the long-term adult groups varies based upon the group the intern is leading. (See schedule.)

SEMINARS

Interns are expected to attend and participate in all required general (Tuesday morning) and track seminars (see list of seminars in handbook). The general Tuesday morning seminars start promptly at 8:15 am. Since the internship relies on volunteer presenters, please be on time, attentive, and polite. Active participation is expected. Attendance of these seminars will be taken. Participation in these seminars will be part of the intern evaluation process.

Interns may attend elective seminars from the Department of Psychiatry and Behavioral Sciences offerings with permission from the internship directors and track supervisors (Child, Adolescent, and Family: Dr. Ehrisman; Cognitive-Behavioral: Dr. Moring; Forensic: Dr. James; Integrated Primary Care Behavioral Health: Dr. Ogbeide).

Once a month, all interns will participate in a cross-track Peer Supervision Seminar. This will occur on the first Tuesday of each month from 12:00-1:00 pm. Each intern is required to present at least one case during the year.

FINANCIAL AND OTHER BENEFIT SUPPORT

This 12-month, full-time internship pays an annual salary of \$25,000. Paychecks will be issued by the University of Texas Health San Antonio at the beginning of each month starting in August. UT Health San Antonio also provides employees access to individual medical insurance at no cost. Medical insurance coverage of dependents, legally married partners, or domestic partners with declaration of informal marriage documentation may be purchased by the intern. Interns, who are student affiliates of the American Psychological Association, also receive paid malpractice insurance during their year of employment. Additional benefits provided by the program includes \$500 support for professional development (e.g., attending psychology conference) and \$100 for professional books and/or treatment manuals. Program-provided benefits (i.e., professional development and library funds) are dependent on the availability of departmental funding and is not guaranteed. Professional development activities and professional books must be pre-approved by the training directors in order for interns to receive reimbursement.

LEAVE POLICY

Each intern will have 12 days of vacation leave, 3 days of personal leave, up to 12 days sick leave, and up to 5 days of administrative leave. **Vacation is to be split between all rotations.** All vacations must be approved by the clinical site, mentor, and the training directors ***no later than 30 days in advance***. Leave requests need to be submitted *directly* to Ms. Sandra Collazo (do not place in Dr. McGeary's box). Completed (i.e., signed by all respective supervisors) leave forms must be received **30 days** prior to leave. If not received in time, leave will NOT be approved (unless there are extenuating circumstances, e.g. death of a loved one).

Sick leave can only be used for medical appointments, medical procedures, or illness of the intern or his/her dependent. Per the institutional Handbook of Operating Procedures (HOP), any intern who takes **3 or more consecutive days of sick leave** will be asked to provide medical documentation with his/her leave form. Similarly, if a pattern of absences emerges (i.e., always sick on Tuesday or Friday) with sick leave, then interns will be asked to provide medical documentation. Please do not schedule medical appointments during the Tuesday morning seminars. Interns need to email their respective site supervisors in addition to Sandy Collazo and Drs. McGeary and Blount as early as possible when an intern will not be attending work due to illness. When an intern is sick on a Tuesday, the intern is responsible for contacting the Advance Clinic to reschedule patients. Sick leave forms must be submitted (signed by either Dr. McGeary or Dr. Blount and the site supervisor) directly to Sandra Collazo. Interns who fail to submit sick leave will be counseled on their professionalism. For continued problems with leave, a remediation plan may be initiated.

Successful completion of an APA-accredited internship requires a minimum of 2000 hours per year. Consequently, interns are expected to participate actively in their training activities. Exceeding the leave parameters established may result in extending your internship year past June 30th to ensure that the requirements for internship are met. Interns will not receive financial compensation or benefits past June 30th.

HOLIDAY, WEATHER AND COMPENSATORY POLICY

Holidays- All UT Health San Antonio Holidays are to be observed. If the intern works at a clinical site on a UT Health San Antonio Holiday, then Administrative Time will be credited per hour to the intern ***only with prior written approval from the Internship Directors***. If a clinical site observes a holiday during a non-UT Health San Antonio Holiday, then the intern must either come to the UT Health San Antonio Campus to work or take a day of vacation leave.

Inclement Weather: If a work day is cancelled at UT Health San Antonio due to inclement weather, then time spent at a clinical site **may be credited to the intern per hour as Administrative Leave (with permission from the Internship Director)**, UT Health San Antonio Interns are not eligible for Compensatory time, and Compensatory or Administrative time will never be given for training-related activities (i.e., working 10 hours instead of 8). Typical work weeks are expected to range from 45-55 hours.

MAINTENANCE OF RECORDS

The program maintains a permanent record of interns' training experiences during their internship year. The contents of these records include but is not limited to the the following items: the intern's AAPI, the internship contract/welcome letter, quarterly evaluations, communication with the intern's doctoral program, remediation plans (as needed), and certificate of completion. The content of these records are considered confidential and are securely maintained. Access to these records is limited to internship leadership. However, individual records may be reviewed by the training committee, university leadership, or representatives of the internship's accrediting body (i.e., APA COA).

Interns are strongly encouraged to maintain a record of their own, including keeping a copy of their Certificate of Completion for future use (e.g., licensure, credentialing). However, interns may request copies of the documents maintained in their permanent record through written request to the training directors. Requested documentation will be provided within two weeks of a written request.

SCHEDULES AND SUPERVISORS: SITE ROTATIONS BY TRACK

Child, Adolescent, and Family Track

	Major Rotation 1 July 2020-Dec 2020	Supervisor(s)	Major Rotation 2 Jan 2021-June 2021	Supervisor(s)
Intern #1	Clarity Child Guidance Center	Essery	Clarity Child Guidance Center	Essery
Intern #2	Clarity Child Guidance Center	Essery	Clarity Child Guidance Center	Essery

Cognitive-Behavioral

	Major Rotation 1 July 2020-Dec 2020	Supervisor(s)	Major Rotation 2 Jan 2021-June 2021	Supervisor(s)
Intern #3	Student Counseling Center	Veve	Transitional Care Clinic	Roberts/Li
Intern #4	Transitional Care Clinic	Roberts/Li	STRONG STAR	Blount/Peterson
Intern #5	Transitional Care Clinic	Roberts/Li	San Antonio State Hospital	Jackson
Intern #6	San Antonio State Hospital	Jackson	Transitional Care Clinic	Roberts
Intern #7	STRONG STAR	Blount/Peterson	Student Counseling Center	Veve

Forensic Track

	Major Rotation 1 July 2020-Dec 2020	Supervisor(s)	Major Rotation 2 Jan 2021-June 2021	Supervisor(s)
Intern #8	Kerrville State Hospital	James/Jumes	Kerrville State Hospital	James/Jumes
Intern #9	Kerrville State Hospital	James/Jumes	Kerrville State Hospital	James/Jumes

Integrated Primary Care Behavioral Health Track

	Major Rotation 1 July 2020-Dec 2020	Supervisor(s)	Major Rotation 2 Jan 2021-June 2021	Supervisor(s)
Intern #10	Family Medicine	Ogbeide	Family Medicine	Ogbeide
Intern #11	Center for Health Care Services	Aguliar	Center for Health Care Services	Aguliar

GROUP THERAPY EXPERIENCE

Intern	Group Name July 2020-Dec 2020	Location & Time	Supervision	Group Name Jan 2021-June 2021	Location and Time	Supervision
Intern #1	Adolescent Process Group	Clarity M: 4:30-6:00 pm	Dr. Josh Essery M: 6-6:30 pm	Youth Trauma Group	Clarity T: 5:00-6:30 pm	Dr. Megan Lawson T: 6:30-7:00 pm
Intern #2	Youth Trauma Group	Clarity T: 5:00-6:30 pm	Dr. Megan Lawson T: 6:30-7:00 pm	Adolescent Process Group	Clarity M: 4:30-6 pm	Dr. Josh Essery M: 6-6:30 pm

Intern	Group Name	Location and Time	Supervision Time
Intern #3	Dialectal Behavioral Therapy	University Plaza Tuesday 5:00-6:30 pm	Dr. Lisa Kilpela* Tuesdays 10-10:50 am
Intern #4	Dialectal Behavioral Therapy	University Plaza Tuesday 5:00-6:30 pm	Dr. Lisa Kilpela* Tuesdays 10-10:50 am
Intern #5	Dialectal Behavioral Therapy	University Plaza Thursday 5:00-6:30 pm	Dr. Lisa Kilpela* Tuesdays 10-10:50 am
Intern #6	Dialectal Behavioral Therapy	University Plaza Thursday 5:00-6:30 pm	Dr. Lisa Kilpela Tuesdays 10-10:50 am
Intern #7	PCIT	Medical School, 7 th Floor TBD	Dr. Tabatha Blount Tuesdays 10-10:50 am
Intern #8	PCIT	Medical School, 7 th Floor TBD	Dr. Tabatha Blount Tuesdays 10-10:50 am
Intern #9	PCIT	Medical School, 7 th Floor TBD	Dr. Tabatha Blount Tuesdays 10-10:50 am
Intern #10	RAMP and CHAMP	2 nd and 4 th Wednesdays 6:00-7:00 pm MARC	Dr. Don McGeary Tuesday 2-2:50 pm
Intern #11	RAMP and CHAMP	2 nd and 4 th Wednesdays 6:00-7:00 pm MARC	Dr. Don McGeary Tuesday 2-2:50 pm

SCHEDULES AND SUPERVISORS: YEAR-LONG EXPERIENCES

ADVANCE CLINIC SUPERVISORS AND MENTORS

Intern	Advance Clinic Supervisor	EPIC Signer	Mentor
Intern #1	Blankmeyer	Blankmeyer	Blankmeyer
Intern #2	Nabity	Nabity	Nabity
Intern #3	Raj	Raj	Raj
Intern #4	Veve	Blount	Veve
Intern #5	Ehrisman	Blount	Ehrisman
Intern #6	Kilpela	Kilpela	Kilpela
Intern #7	Li	Blount	Ogbeide
Intern #8	Zuelzer	D. McGeary	D. McGeary
Intern #9	Stedman	Stedman	Stedman
Intern #10	Straud	Blount	Straud
Intern #1	Lopez	Lopez	Lopez

2020-2021 UT Health San Antonio Psychology Internship

TUESDAY MORNING SEMINARS

(Tuesday, 8:15 am to 9:50 am)

DATE	8:15-9:50AM	Presenter
7-Jul	Risk Assessment	Fina
14	Suicide Management	Moring
21	Supervision Seminar	Blankmeyer
28	Supervision Seminar	Blankmeyer
4-Aug	Intro to Psychodynamic TXT & Assessment	Ehrisman/Grimes
11	Intro to Psychodynamic TXT & Assessment	Ehrisman/Grimes
18	Intro to Psychodynamic TXT & Assessment	Ehrisman/Grimes
25	Intro to Psychodynamic TXT & Assessment	Ehrisman/Grimes
1-Sep	Intro to Psychodynamic TXT & Assessment	Ehrisman/Grimes
8	Intro to Psychodynamic TXT & Assessment	Ehrisman/Grimes
15	Intro to Psychodynamic TXT & Assessment	Ehrisman/Grimes
22	Intro to Psychodynamic TXT & Assessment	Ehrisman/Grimes
29	Models of Cultural Identity	Koch
6-Oct	Diversity*	Blankmeyer
13	Diversity*	Blankmeyer
20	Diversity*	Blankmeyer
27	Diversity*	Blankmeyer
3-Nov	Diversity*	Blankmeyer
10	Diversity*	Blankmeyer
17	Diversity*	Blankmeyer
24	Diversity*	Blankmeyer
1-Dec	Treating Geriatric Pts	Schillerstorm
8	Psychopharmacology or Adults	Schillerstorm
15	Psychopharmacology for Children	Bailey
22	Social Time	
29	Holiday	
5-Jan	Adult CBT: Behavioral Therapy	D. McGeary
12	Adult CBT: Cognitive Therapy	D. McGeary
19	Using ACT to Treat Depression: Theory	Kanzler
26	Using ACT to Treat Depression: Practice	Kanzler
2-Feb	PCIT	Blount
9	Research Quality Improvement Day	

DATE	8:15-9:50AM	Presenter
16	PCIT	Blount
23	Behavioral Health Consultation Model	Ogbeide
2-Mar	Consultation and Liaison	Kilpela
9	Bipolar	Martinez
16	Serious Mental Illness	Roberts
23	Managing SUD	Lehinger
30	Body Image	Kilpela
6-Apr	Eating Disorders	Blankmeyer
13	Police Psychology	James
20	Forensic Assessments-Criminal Law	James
27	Courtroom Issues	James
4-May	Neuropsychology	Cooper
11	Neuropsychology	Cooper
18	Neuropsychology	Cooper
25	TBD	
1-Jun	TBD	
8	ABPP	Panel
15	Graduation (Tentative Date)	
22	Transitioning into Postdoctoral Fellow/Licensure	
29	Social Time	

*Seminar Series Includes: Working with Hispanic, African American, Asian, LGBT, male, female, military, disabled, and geriatric populations.

** Seminar location and schedule is subject to change.

TUESDAY LUNCH MEETINGS (710L)

FORMAT:

1. Complete Morning Seminar Evaluations
2. Accomplishments over the past week?
3. Problem Solving Professional, Ethical, and Programmatic Issues
4. Planned Activities:
 - a. Peer Supervision Seminars with Drs. Wayne Ehrisman, John Moring, and Stacy Ogbeide
 - b. Research Presentations
 - c. Supervision Vignettes
 - d. Social Time ☺ (Social Time during Psychology Internship Committee meetings will be held in room 739F)

TUESDAY LUNCH MEETINGS SCHEDULE

DATE	PLANNED ACTIVITIES
7-Jul	Orientation to Lunch Meetings/ How to Make The Most of Internship
14	Practicing in Texas
21	Getting the Most Out of Mentorship (Ogbeide)
28	Resident Training Committee (RTC) Meeting/Social Time for Interns
4-Aug	Peer Supervision Seminar with Track Coordinators (Intern #1)
11	Dissertation Presentation #1: _____
18	Supervision Vignette
25	Resident Training Committee (RTC) Meeting/Social Time for Interns
1-Sep	Peer Supervision Seminar with Track Coordinators (Intern #2)
8	Dissertation Presentation #2: _____
15	Check-In/Social Time
22	RTC Meeting: Discuss 1st 3-Month Evaluations /Social Time for Interns
29	Dissertation Presentation #3: _____
6-Oct	Peer Supervision Seminar with Track Coordinators (Intern #3)
13	Applying to Postdoctoral Fellowships
20	Dissertation Presentation #4: _____
27	Resident Training Committee (RTC) Meeting/Social Time for Interns
3-Nov	Peer Supervision Seminar with Drs. Track Coordinators (Intern #4)
10	Supervision Vignette
17	Dissertation Presentation #5: _____
24	Resident Training Committee (RTC) Meeting/Social Time for Interns
1-Dec	Peer Supervision Seminar with Track Coordinators (Intern #5)
8	Dissertation Presentation #6: _____
15	TBD
22	Check-In/Social Time
29	HOLIDAY
5-Jan	Peer Supervision Seminar with Track Coordinators (Intern #6)
12	Dissertation Presentation #7: _____
19	Supervision Vignette
26	RTC Meeting: Discuss 2nd 3-Month Evaluations /Social Time for Interns
2-Feb	Peer Supervision Seminar with Track Coordinators (Intern #7)
9	Dissertation Presentation #8: _____
16	Check-In/Social Time
23	Resident Training Committee (RTC) Meeting/Social Time for Interns
2-Mar	Peer Supervision Seminar with Track Coordinators (Intern #8)

9	Dissertation Presentation #9: _____
16	Research & Grantsmanship Seminar with Dr. Don McGeary
23	RTC Meeting: Discuss 3rd 3-Month Evaluations/Social Time for Interns
30	TBD
6-Apr	Peer Supervision Seminar with Track Coordinators (Intern #9)
13	Dissertation Presentation #10: _____
20	Supervision Vignette
27	Resident Training Committee (RTC) Meeting/Social Time for Interns
4-May	Peer Supervision Seminar with Track Coordinators (Intern #10)
11	Dissertation Presentation #11: _____
18	TBD
25	Resident Training Committee (RTC) Meeting/Social Time for Interns
1-Jun	Peer Supervision Seminar with Track Coordinators (Intern #11)
8	Preparing for Licensure
15	Graduation (Tentative Date)
22	RTC Meeting: Discuss 4th 3-Month Evaluation/Social Time for Interns
29	Out-processing and Saying Goodbye

* Location and Schedule are subject to change.

**UT Health San Antonio Psychology Internship
CHILD, ADOLESCENT, AND FAMILY SEMINAR SCHEDULE
4 pm Tuesdays**

DATE	TOPIC
7-Jul	Meet & Greet
14	Hx & Fundamentals PA psychotherapy
21	Hx & Fund—Freud & post Freud
28	PA Fund & Tech
4-Aug	PA Fund & Tech
11	Drive & Ego Psychology--Pine
18	Defense Mech & Resistance
25	Anxiety & Defense & Symptom formation
1-Sep	ORT—Rinsley
8	ORT Dev model—Rinsley, Mahler
15	ORT Defense & Technique—Kernberg/Masterson
22	Self Psychology—Wolf & Kohut
29	Self Psychology Dev model--Stern
6-Oct	Self Psychology Def & Technique--Kohut
13	Relational Psych—Bromberg, Mitchell
20	Relational--Dev
27	Relational Def & Tech
3-Nov	Psychopathology—Neurotic conflict
10	Anxiety Disorders--Cameron
17	Hysteria vs BPD—Zetzel
24	Depression Dynamics--Introjective vs Analytic--Blatt
1-Dec	Depression Dynamics—Self Psychology—Kohut/Wolf
8	Oedipal Dynamics--Classical vs ORT--Ogden
15	Oedipal Dynamics—Self Psychology--Kohut
22	Oedipal Dynamics—contemporary Feminist-Benjamin
29	HOLIDAY
5-Jan	Psychopathology--Borderline Psychopathology
12	BPD Intervention Strategies
19	Conflict vs Deficit Technique--Killingmo
26	Internalization vs Insight-Meissner

2-Feb	Narcissistic Disorders--Kohut
9	NCD Interventions strategies--Kohut
16	Research and Quality Improvement Day
23	Projective Identification--Ogden
2-Mar	Psychosis & Schizophrenia—Case material
9	Psychosis Intervention Tech—Metaphor
16	Case Illustration--Ekstein
23	Medication and Psychotherapy—Kalter
30	Collaboration with Physician Providers
6-Apr	Sleep Disorders and Dream process—Ingmundson
13	Case Conference
20	Case Conference
27	Case Conference
4-May	To be Determined
11	TBD
18	TBD
25	TBD
1-Jun	TBD
8	TBD
15	
22	
29	

* Seminar location and schedule are subject to change.

2020-2021 UT Health San Antonio Psychology Internship
COGNITIVE-BEHAVIORAL and PRIMARY CARE
SEMINAR SCHEDULE
TUESDAYS (3:00 to 4:00 pm)*

DATE	TOPIC	PRESENTER
7-Jul	Orientation	Moring/Reed
14	Biopsychosocial Model	McGeary, D.
21	ACEs: Trauma Informed Primary Care	Ogbeide
28	Primary Care Behavioral Health Consultation 101	Ogbeide
4-Aug	Addressing PTSD in Primary Care	Ogbeide
11	Chronic Pain	McGeary, D.
18	Posttraumatic Headache	McGeary, D.
25	Reverse/Bi-Directional Integration	Aguilar
1-Sep	Postdoc Application Discussion	Moring
8	EBP vs EST	Casady
15	Motivational Interviewing	Roberts
22	Postdoc Application Discussion	Moring
29	Addressing ACEs and Health Disparities	Johnson-Esparza
6-Oct	Serious Mental Illness	Velligan
13	Serious Mental Illness	Velligan
20	Dissertation/Research	-
27	Chronic Pain in Primary Care	Kanzler
3-Nov	Prolonged Exposure for PTSD	Straud
10	Post-Doc Presentation	Reed
17	Postdoc Application Discussion	Moring
24	Diabetes Distress	Lopez
1-Dec	Harm Reduction	Casady
8	Solution Focused Therapy	Nabity
15	Ethical Issues in Primary Care	Kearney
22	Dissertation/Research	-
29	HOLIDAY	-
5-Jan	Career Development Awards	Kanzler/Moring
12	Post-Doc Presentation	Zwetzig
19	Dissertation/Research	-
26	Psychopharmacology 101 for Primary Care	Ogbeide
2-Feb	Military Research	Dondanville
9	Research and Quality Improvement Day	-
16	LGBT Issues	Moring
23	Medication Management for ADHD Primary Care	Olvera
2-Mar	Transplant and Cancer	Raj
9	Cognitive Processing Therapy	Moring

DATE	TOPIC	PRESENTER
16	Dissertation/Research	-
23	Program Evaluation	Nabity
30	Chronic Disease Management Primary Care	Morgan
6-Apr	Tourette's	Blount
13	Couples Therapy for Pain	McGeary, C.
20	Psychologists in Administration	Roberts
27	Research in Primary Care	Burge
4-May	Functional Analytic Psychotherapy	McCluskey
11	Eating Disorders	Kilpela
18	Eating Disorders	Kilpela
25	CBT Interns: Dissertation/Research Primary Care Interns: Starting and Managing a PCBH Service Part I	Nichols
1-Jun	Behavioral Activation	McCluskey
8	FEEDBACK	
15	OUTPROCESS	-
22	OUTPROCESS	-
29	CBT Interns: Dissertation/Research Primary Care Interns: Starting and Managing a PCBH Service Part II	Ogbeide

* Seminar location and schedule are subject to change.

**2020-2021 UT Health San Antonio Psychology Internship
FORENSIC SEMINAR SCHEDULE***

All training is on the 1st, 3rd, and 5th Thursdays of each month at 2:30 PM. Presentations are 90 minutes in length. The goal of the presentations is to form a solid foundation for forensic work and, where possible, provide a workshop experience with practical skills that could be applied in the trainee's daily work.

DATE	TOPIC	PRESENTER
2-Jul	Orientation to forensic mental health services – What is a forensic psychologist?	Dr. James/Jumes
16	Neuropsychological Assessment*	Dr. James
30	Interns out NO DIDACTIC	
6-Aug	Overview of the Legal System in Case Law	Drs. Upton/James
20	Survey of Neuropsychological assessment techniques	Dr. Hollingsworth
3-Sep	Psychopharmacology for psychologists	Dr. Laratta
17	Communicating with the Court (Forensic Report Writing)	Dr. Jumes
1-Oct	Risk Assessment	Dr. Hollingsworth
15	Trial Competency in Malingering Evaluations	Dr. Upton
29	Cultural Competency in Psychology	Terry Rodriguez, LPC Dr. Maranda Upton
5-Nov	Personality Disorders	Dr. Conner
19	MOCK TRIAL DATE – Baylor Law School	No Didactic
3-Dec	Assessment of Response Style	Dr. James
17	TSU - Hostage negotiating training	Dr. James
31		
7-Jan	Primary and Secondary Psychosis – Assessment and Treatment	Dr. Upton
21	Juvenile Fitness/Certification*	Dr. Martinez
4-Feb	Courtroom Testimony	Hollingsworth
18	Basic business of practice	Staff
4-Mar	Personality assessment system	Dr. James
18	Mental state at the time of offense-sanity evaluation	Staff
1-Apr	Relational Psychotherapy and schizophrenia	Dr. Conner
15	Forensic ethical guidelines and responding to subpoenas / Parenting fitness evaluation	Dr. James
29	Filicide	Staff
6-May	Capital Sentencing	Dr. James
20	MOCK TRIAL DATES – Baylor Law School	Staff
3-Jun	Police psychology	Hollingsworth
17		

UT Health Holiday Schedule 2020-2021

Holiday	Day	Date
Labor Day	Monday	September 7, 2020
Thanksgiving Day	Thursday	November 26, 2020
Day After Thanksgiving	Friday	November 27, 2020
Christmas Eve	Thursday	December 24, 2020
Christmas Day	Friday	December 25, 2020
Holiday Break*	Monday	December 28, 2020
Holiday Break*	Tuesday	December 29, 2020
New Year's Day	Friday	January 1, 2021
Martin Luther King, Jr.	Monday	January 18, 2021
Holiday Break*	Friday	April 23, 2021
Memorial Day	Monday	May 31, 2021

* Denotes a Mission Critical holiday - It is at the discretion of the clinical operations leadership at each school to determine whether their operations will be open or closed on the Mission Critical holidays.

ADVANCE CLINIC
Department of Psychiatry and Behavioral Sciences
UT Health San Antonio

UT Health San Antonio psychology interns provide psychotherapy services to patients in the Department of Psychiatry and Behavioral Sciences' Advance Clinic. Interns will be assigned to a supervisor who will promote breadth of training and exposure to multiple theoretical perspectives. Guidelines that each intern is expected to follow when providing care in the Advance Clinic are provided below.

1. Psychology interns will notify their patients of their trainee status at the beginning of treatment and provide patients with the name of their supervisor.
2. Interns will review the limits of confidentiality with their patients at the beginning of treatment and throughout treatment as necessary. Your supervisor may have an informed consent document they wish you to use when seeing patients in the Advance Clinic. If your supervisor does not have a preference, feel free to use the informed consent document within the handbook.
3. Interns will properly document their clinical interactions in EPIC within 24 hours of the clinical contact.
4. If there are concerns with scheduling such as you need to cancel a patient due to sickness or block your schedule due to approved leave, please email the clinic staff. Please also cc' Dr. Blount and Dr. McGeary on any cancellation/schedule blocking emails.

LEAVE APPLICATION FOR PSYCHOLOGY INTERNS

NAME: _____ DATE of REQUEST: _____

LEAVE DATES DESIRED: _____ (Total # Working hours): _____

PURPOSE OF LEAVE (CHECK ONE):

VACATION _____

SICK* _____

PERSONAL _____

ADMINISTRATIVE** _____

**ADMINISTRATIVE: (attend a professional meeting/job interview/dissertation defense)

Name of Meeting/Event _____

Place of Meeting/Event _____

Actual Dates of Meeting/Event _____

OTHER (Specify), Funeral, etc. _____

Requestor's signature _____
Date

Signature of Advance Clinic Staff _____
(If absence is on a Tues.) Date

Approval of Site Chief that you will be on _____
at the time of requested leave: Date

Approval of Mentor _____
Date

Approval of Director of Training': _____
Cindy McGeary, Ph.D. Date
Director of Training

Please return to: **Sandy Collazo**

***If you call in sick, the form must be filled out upon your return and equires your signature only.**

Competency Assessment Introduction

The goal of the internship training program is to prepare the individual for the next step in the licensure process and to function as an entry level professional by providing a breadth of knowledge and training experiences through a generalist training program. To evaluate whether an intern is ready to function as an entry level professional, the following Internship Competencies will be assessed:

Research: The intern demonstrates a knowledge base of relevant literature and has the skills to access new information from pertinent archives. This information is then integrated and becomes the basis for practice.

Assessment: The intern demonstrates skills in evaluating/assessing individual behavior by observation, interview, administration of psychological instruments, and review of collateral information that leads to appropriate consultation in verbal and/or written format to the person being evaluated and, when applicable, to other health care providers.

Psychological Intervention: The intern is able to establish and maintain rapport with most clients and is able to rebuild rapport if damaged. Intern demonstrates the ability to provide a case conceptualization based on theoretical orientation that leads to effective treatment planning. Intern is able to identify and provide the most suitable psychological intervention based on theoretical orientation and extant literature. Intern demonstrates the ability to (co)facilitate group therapy.

Consultation: The intern demonstrates the ability to consult and collaborate with other professionals.

Professionalism: The intern demonstrates appropriate interactions with professionals, clients, and colleagues and displays a professional appearance. Intern effectively manages all aspects of clinical care.

Individual and Cultural Diversity: The intern demonstrates sensitivity to the individual and cultural diversity (that includes, but is not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status) of clients as well as an awareness of their own cultural and ethnic background during therapy.

Ethical and Legal Standards: The intern demonstrates good knowledge of ethical principles and state law. Intern is able to assess, manage, and document all high risk client situations (to include suicidality, homicidality, and other safety issues).

Supervision: The intern actively participates in supervision and over time requires less intensive supervision to effectively function in the clinical setting.

Communication and Interpersonal Skills: Intern utilizes appropriate interpersonal skills to communicate effectively with colleagues, supervisors, and clients.

Competencies may be evaluated in one or more of the following ways: formal demonstration of skill or knowledge; direct observation of daily work; video/audio tape review; case conferences; assessment reports; case studies; process notes; case notes in professional/medical record; during supervision; and, through feedback from others.

This form was modeled after the University of Chicago Medicine Department of Psychiatry and Behavioral Neuroscience Psychology Trainee Competency Evaluation (Vas, Dave, & Kass, 2015) with the authors' permission.

**Competency Assessment Form
Updated January 2020**

Mentor: _____

Name: _____

Supervisor: _____

Rotation/Training Activity: _____ Date: _____

Period of Training: Jul-Sep Oct-Dec Jan-Mar Apr-Jun

COMPETENCY RATING DESCRIPTIONS	
4	Needs Remedial Work. Intern requires remedial training. Serious concerns about professional, ethical, or clinical behavior have been noted.
3	Passing. Common rating for beginning of internship. Minimal level of performance needed to pass rotation. Common rating for beginning of new rotation. Needs frequent in-depth supervision on most cases.
2	Successful. Common rating throughout internship. Routine supervision of each activity is needed. Generally exercises good clinical and professional judgment and seeks supervision when needed.
1	Excellent. A frequent rating at the completion of internship and/or rotation. Exceeds standards expected of intern. Can perform tasks independently most of the time. Supervision focuses on the most difficult cases. Intern is ready for entry level practice.
N/A	Not applicable for this training experience or Not assessed during this evaluation period.

During this training period, the intern demonstrated their development in the following ways.

Check all methods of evaluation utilized for this assessment.

- _____ Formal demonstration of skill or knowledge (e.g. presentation)
 _____ Direct observation
 _____ Video/audio tape review
 _____ Case conference or other meeting
 _____ Case studies; process notes; case notes in medical record
 _____ Assessment reports
 _____ Supervision for intervention cases
 _____ Feedback from others

RESEARCH

Intern demonstrates a knowledge base of relevant literature and has the skills to access new information from pertinent archives, which then provide the basis for practice.

Intern is able to integrate and apply the best available extant literature and clinical expertise when discussing cases, developing treatment plans, and writing assessment reports.	4	3	2	1	N/A
Intern is able to discuss relevant research during supervision while conceptualizing clients.	4	3	2	1	N/A
Intern is able to state limits of their knowledge and takes steps to address any limits of knowledge (such as conducting literature searches, consultation with experts, extra training).	4	3	2	1	N/A
Intern demonstrates ability to critically evaluate and disseminate research or other scholar activities (e.g., case conference, presentation, publications) at the local, regional, or national level.	4	3	2	1	N/A

Intern considers cultural and diversity factors when consuming or producing research and when considering the empirical basis for treatment and assessments.	4	3	2	1	N/A
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Research Comments: _____

ASSESSMENT

Intern demonstrates skills in evaluating/assessing individual behavior by observation, interview, administration of psychological instruments, and review of collateral information that leads to appropriate consultation in verbal and/or written format to the person being evaluated and other health care providers.

Intern demonstrates and applies current knowledge of diagnostic classification, functional and dysfunctional behaviors to include consideration of client strengths.	4	3	2	1	N/A
Intern is able to apply knowledge of psychopathology and client strengths to the assessment process with sensitivity to its context (including familial, cultural, and social factors).	4	3	2	1	N/A
Intern is able to determine accurate diagnoses based upon relevant assessment data (e.g., clinical interview, formal evaluation, and collateral information).	4	3	2	1	N/A
Intern selects and administers relevant psychological assessments which include objective and/or projective measures to aid in diagnosis and treatment planning from the best available empirical literature.	4	3	2	1	N/A
Intern interprets psychological assessments to aid in diagnosis, conceptualization and treatment planning while guarding against bias in decision-making and distinguishing between subjective and objective data.	4	3	2	1	N/A
Intern obtains necessary collateral information using multiple sources (e.g., record review, consultation with other health care providers, interviews with family or teachers).	4	3	2	1	N/A
Intern is able to consolidate information obtained through interviews and psychological testing into a concise report.	4	3	2	1	N/A
Intern accurately and effectively provides feedback (both orally and written) to client/patient and health care providers (when applicable) regarding the findings and implications of the assessment.	4	3	2	1	N/A

Assessment Comments/List Tests Administered: _____

PSYCHOLOGICAL INTERVENTION

Intern demonstrates the ability to provide a case conceptualization based on theoretical orientation that leads to effective treatment planning.

Intern is able to develop a meaningful case conceptualization based on theoretical orientation and the relevant empirical literature.	4	3	2	1	N/A
Intern is able to use case conceptualization to collaborate with clients to develop	4	3	2	1	N/A

treatment goals.					
Intern is able monitor treatment goals and works with the client to revise treatment goals as necessary bases upon on-going evaluation.	4	3	2	1	N/A
Intern is able to modify and adapt interventions approaches when a clear evidence-base is lacking.	4	3	2	1	N/A

Intern is able to identify and provide most suitable psychological intervention based on theoretical orientation and extant literature.

Intern establishes and maintains effective relationship with clients.	4	3	2	1	N/A
Intern identifies and implements most suitable psychological interventions for client based upon current literature, assessment findings, diversity characteristics, contextual variables, and specific to service delivery goals.	4	3	2	1	N/A
Intern is able to modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking	4	3	2	1	N/A
Intern is able to evaluate intervention effectiveness, adapt intervention goals and methods consistent with ongoing evaluation.	4	3	2	1	N/A
Intern is able to identify and discuss their own reactions to clients that may impact therapy.	4	3	2	1	N/A
Intern is able to conduct risk assessments with clients and accurately determine the appropriate level of care needed for patient safety.	4	3	2	1	N/A
Intern is able to follow clinic policy to ensure patient safety needs are met (e.g., appropriate referrals and hospitalization).	4	3	2	1	N/A
Intern properly plans, discusses and manages treatment termination for all clients.	4	3	2	1	N/A

Intern demonstrates the ability to (co)facilitate group therapy.

Intern has knowledge of group therapy theory.	4	3	2	1	N/A
Intern facilitates group interventions that are appropriate for individual members of the group.	4	3	2	1	N/A
Intern is able to manage difficult group members during group therapy.	4	3	2	1	N/A
Intern maintains a good working relationship with group co-therapist while balancing contributions to session.	4	3	2	1	N/A

Intervention Coments: _____

CONSULTATION

Intern demonstrates the ability to consult and collaborate with other professionals.

Intern is knowledgeable of consultation models and practices.	4	3	2	1	N/A
Intern consults with other professionals regarding clients in an ethical manner.	4	3	2	1	N/A
Intern is able to effectively communicate with professionals when serving on a multidisciplinary treatment team.	4	3	2	1	N/A
Intern is able to create and effectively present outreach to the community.	4	3	2	1	N/A
Intern is able to consider relevant cultural factors during the consultation process.	4	3	2	1	N/A

Consultation Comments: _____

PROFESSIONALISM

Intern demonstrates appropriate interactions with professionals, clients, and colleagues and displays a professional appearance.

Intern behaves in a way that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.	4	3	2	1	N/A
Engage in self-reflection regarding one's personal and professional functioning by engaging in activities to maintain and improve performance and professional effectiveness.	4	3	2	1	N/A
Intern interacts appropriately with professionals, such as physicians, nurses, and social workers.	4	3	2	1	N/A
Intern interacts appropriately with support staff, supervisors, treatment team, and other interns.	4	3	2	1	N/A
Intern behaves professionally in meetings and participates in seminar discussions.	4	3	2	1	N/A
Intern maintains a professional appearance by dressing appropriately.	4	3	2	1	N/A
Intern responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.	4	3	2	1	N/A
Intern interact with staff, supervisors, treatment teams, professionals, and peers in a culturally sensitive manner.	4	3	2	1	N/A

Intern effectively manages all aspects of clinical care.

Intern demonstrates effective time management skills in regards to clinical care, meetings, supervision, and seminars.	4	3	2	1	N/A
Intern is on time for appointments, meetings, supervision, and seminars.	4	3	2	1	N/A
Intern completes tasks with little prompting or reminders.	4	3	2	1	N/A
Intern maintains records of clinical care and completes all documentation in a timely manner.	4	3	2	1	N/A

Professionalism Comments: _____

INDIVIDUAL AND CULTURAL DIVERSITY

Intern demonstrates sensitivity to the individual and cultural diversity (including, but is not limited to, age, race, disability, ethnicity, gender, gender identity, language, national origin, religion, culture, sexual orientation, and SES) of clients as well as an awareness of their own cultural and ethnic background during therapy.

Intern demonstrates knowledge of current extant literature regarding individual and cultural diversity as it relates to addressing diversity in all professional activities (including research, training, supervision/consultation, and service).	4	3	2	1	N/A
Intern is able to respect and work effectively with diverse colleagues and clients whose group membership, demographic characteristics, or worldviews conflict with their own.	4	3	2	1	N/A
Intern shows awareness of how their own individual and cultural identity can impact the therapeutic relationship and discusses with clients when appropriate.	4	3	2	1	N/A

Intern utilizes supervision to discuss issues of individual and cultural diversity.	4	3	2	1	N/A
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Diversity Comments: _____

ETHICAL AND LEGAL STANDARDS

Intern demonstrates good knowledge of current APA Ethical Principles and state law.

Intern actively participates in ethical & legal discussions during supervision, didactics, and seminars.	4	3	2	1	N/A
Intern is able to identify ethical concerns, apply ethical decision-making processes to resolve dilemmas, and seeks out supervision to discuss appropriate actions to resolve any issues.	4	3	2	1	N/A
Intern is knowledgeable regarding relevant regulations, rules, and policies governing psychology at the local, state, regional, and federal level and observes the current version of the APA Ethical Principles of Psychologists and Code of Conduct.	4	3	2	1	N/A
Intern follows organizational clinic policy in regard to documentation, informed consent, release of information, and issues of confidentiality.	4	3	2	1	N/A
Intern conducts him/herself in an ethical manner in all professional activities.	4	3	2	1	N/A

Intern is able to assess, manage, and document all high risk client situations (to include suicidality, homicidality, and other safety issues).

Intern conducts a risk assessment with all new clients and as necessary with follow-up clients.	4	3	2	1	N/A
Intern develops a safety plan for all patients reporting suicidality or homicidality.	4	3	2	1	N/A
Intern is able to assess level of care needed to maintain a client's safety and takes necessary actions to ensure client safety based on clinic policy.	4	3	2	1	N/A
Intern ensures that his/her supervisor is informed and involved in all emergency procedures to ensure client safety.	4	3	2	1	N/A
Intern documents all safety plans, safety precautions, and hospitalizations thoroughly in progress notes.	4	3	2	1	N/A
Intern appropriately takes into account relevant individual and cultural factors when assessing and managing high risk client situations.	4	3	2	1	N/A

Ethical Comments: _____

SUPERVISION

Intern actively participates in supervision and over time requires less intensive supervision to effectively function in the clinical setting.

Intern meets regularly with supervisor to discuss cases.	4	3	2	1	N/A
Intern arrives organized and prepared for supervision with agenda items to discuss.	4	3	2	1	N/A
Intern follows through on supplemental readings/educational activities that supervisor suggests.	4	3	2	1	N/A
Intern discusses high risk issues or difficult cases with supervisor immediately.	4	3	2	1	N/A
Intern is open and non-defensive regarding feedback from his/her supervisor.	4	3	2	1	N/A

Demonstrates good knowledge and use of supervision theory, models, techniques, and skills.

Intern actively participates in supervision seminars.	4	3	2	1	N/A
Is knowledgeable about theories, models, and effective practices in supervision.	4	3	2	1	N/A
Intern is able to apply knowledge of supervision theory, models, techniques and skills when supervising psychology trainees or other health professionals, provided supervision vignettes, or while role-playing.	4	3	2	1	N/A
Intern is able to consider relevant cultural factors when supervising psychology trainees or other health professionals, provided supervision vignettes, or while role-playing.	4	3	2	1	N/A

Supervision Comments: _____

COMMUNICATION AND INTERPERSONAL SKILLS

Intern utilizes appropriate interpersonal skills to communicate effectively with colleagues, supervisors, and clients.

Intern is able to develop and maintain effective relationships with a wide range of diverse individuals, including colleagues, communities, organizations, supervisors, supervisees, and clients.	4	3	2	1	N/A
Intern is able to effectively and clearly communicate with colleagues, supervisors, and clients orally, non-verbally, and in written form that is informative and well-integrated based upon a thorough grasp of professional language and concepts.	4	3	2	1	N/A
Intern is able to professionally and effectively demonstrate interpersonal skills and the ability to manage difficult communication with colleagues, supervisors, clients, and staff.	4	3	2	1	N/A

Communication Comments: _____

OVERALL IMPRESSIONS

Areas of Strength: _____

Areas to Improve: _____

Goal for Internship Evaluations done prior to 12 months: All objectives will be rated at a level of competence of a “3” or lower. No objectives will be rated as a “4”.

Goal for Internship Evaluations done at 12 months: At least 80% of all objectives will be rated at a level of competence of “1”. No objectives will be rated as a “4”.

If any 4's are given, please list specific areas of competence which must be addressed as part of a remediation plan:

1. _____
2. _____
3. _____

Please sign to signify that feedback has been provided to the intern regarding the evaluation.

Faculty Signature _____

Date _____

Areas to Improve: _____

Intern Signature _____

Date _____

PSYCHOLOGY SITE EVALUATION

SITE: _____

DATE: _____

Please comment on the following aspects (positive and less-than-positive) of your specific site:

1. Patient load.

2. Role the intern is given on the service; also, expectations and/or pressures placed on the intern.

3. Amount and quality of supervision.

4. Degree to which the staff allows the intern to fulfill his/her off-site ongoing obligations (e.g., seeing long-term psychotherapy patient, seminars).

5. Overall quality of the learning experience afforded the intern on the site.

6. When applicable, interaction with other members of the team (e.g., physicians, psychiatrists, social workers, nurses, childcare workers).

7. Opportunity to: (indicate "N/A" where not applicable to site)
 - a. see patients from a variety of diagnostic categories and populations (specify)

 - b. learn about individual psychotherapy with children, adolescents, and adults (specify)

 - c. learn about group and family therapy approaches (specify)

PSYCHOLOGY SITE EVALUATION- Page 2

- d. learn triage and crisis intervention skills
- e) learn aspects of milieu therapy
- f) learn aspects of assessment (e.g., observational, diagnostic, treatment outcomes, report writing, personality, projectives...)
- g) learn about psychopharmacology
- h) learn about delivery of services, selection of therapeutic modalities, and discharge planning
- i) learn about ethnic and diversity issues
- j) learn about ethics

RECOMMENDATIONS; (PLEASE BE SPECIFIC- Use back of sheet) How would you make this site a better training experience?

PSYCHOLOGY INTERN'S EVALUATION OF SUPERVISOR
Updated March 2019

Supervisor _____ Date: _____

Activities Supervised _____

- N/A - Not applicable
 1-Behavior never displayed/observed
 2-Behavior rarely displayed
 3-Behavior often displayed
 4-Behavior Typically Displayed
 5-Behavior displayed without exception

GENERAL

Interest/commitment	1	2	3	4	5	N/A
Knowledge of areas being supervised	1	2	3	4	5	N/A

Comments: _____

STRUCTURE

<i>Time</i>						
Promptness	1	2	3	4	5	N/A
Meeting times regularly scheduled	1	2	3	4	5	N/A
Availability for consultation	1	2	3	4	5	N/A
Provides for back-up supervision during absences	1	2	3	4	5	N/A
<i>Information</i>						
Describes how supervision will be conducted and follows that model	1	2	3	4	5	N/A
Adjusts teaching model to skill level (e.g., less teaching/more deference to intern over the course of the year and in keeping w/skill increase)	1	2	3	4	5	N/A
Provides own work samples to illustrate specific issues	1	2	3	4	5	N/A

Comments: _____

PROCESS

<i>Personal Characteristics</i>						
Demonstrates respect for intern, clients, and colleagues	1	2	3	4	5	N/A
Open to feedback from intern	1	2	3	4	5	N/A
Creates/maintains emotionally safe environment for intern	1	2	3	4	5	N/A

<i>Interpersonal Characteristics</i>						
Gives regular, clear feedback verbally in supervision meetings	1	2	3	4	5	N/A
Observes both positive and negative intern behaviors	1	2	3	4	5	N/A
Addresses personal issues that impact role as therapist (i.e., counter-transference) in respectful, emotionally supportive manner	1	2	3	4	5	N/A
Limits focus of intern personal characteristics to those impacting clinical work (i.e., asks/pursues information on need-to-know basis)	1	2	3	4	5	N/A
Maintains appropriate professional boundaries	1	2	3	4	5	N/A
Demonstrates empathy and use of relevant self-disclosure w/in supervisory relationship (practices what is preached)	1	2	3	4	5	N/A
<i>Written Material</i>						
Reports reviewed/returned w/commentary w/in one week of receipt	1	2	3	4	5	N/A
Progress notes co-signed and returned w/in 2 days of receipt	1	2	3	4	5	N/A
Written feedback consistent w/verbal discussions/feedback	1	2	3	4	5	N/A

Comments: _____

CONTENT

<i>Conceptualization</i>						
Assists in development of conceptualization of relevant issues in case	1	2	3	4	5	N/A
Provides input consistent w/developmental needs of intern (i.e., less specific over time)	1	2	3	4	5	N/A
Uses/encourages use of specific cases as examples of larger issues	1	2	3	4	5	N/A
Refers intern to other resources (colleague/research) where appropriate	1	2	3	4	5	N/A
<i>Ethical Concern</i>						
Highlights potential client risk areas and assists in determining appropriate action needed	1	2	3	4	5	N/A
Notifies and processes w/intern any diversity issues w/particular clients, including referral to additional resources if needed	1	2	3	4	5	N/A
Delineates resources to contact as needed for managing client safety, obtaining other professional referral sources (e.g., area hospitals), and social service agencies	1	2	3	4	5	N/A
Uses case examples to make intern aware of impact of their particular beliefs, personality or other personal characteristics	1	2	3	4	5	N/A
<i>Professional Responsibility</i>						
Explicitly addresses any potential or enacted boundary violations	1	2	3	4	5	N/A

Comments: _____

Overall rating key:

- 0-Poor supervision relationship
- 1-Fair, stressful, lots to change
- 2-Adequate
- 3-Good
- 4-Strong, informative, and supportive
- 5-Consistently excellent overall

Overall Rating	0	1	2	3	4	5
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Other comments: _____

Signature: _____ Review Date: _____

Mentor Evaluation

Mentor: _____

Date: _____

For each item, circle the mark that best describes the Mentor:

O Outstanding
S Satisfactory
N Needs
 Attention **U**
 Unsatisfactory
N/A Not
 Applicable

1. Knowledge	O	S	N	U	N/A
2. Coordination of training role	O	S	N	U	N/A
3. Supportive role	O	S	N	U	N/A
4. Conflict resolution role	O	S	N	U	N/A
5. Professional role model	O	S	N	U	N/A
6. Mentoring role	O	S	N	U	N/A

Comments:

Seminar Evaluation

Seminar:

Course Director: Dates:

Number of sessions:

Number of sessions attended:

General Evaluation

Relevance to training of psychologists

1. Irrelevant
2. Incidental, but somewhat useful
3. Relevant, more useful than not
4. Essential

Activity

Time allotted to seminar

1. Way too much time required for training benefit derived
2. Somewhat too much time required for training benefit derived
3. Optimal time allotted, cannot be improved on
4. Somewhat more time would have been helpful
5. Way too little time allotted -essential topics needed more explication

Potency

Complexity of instruction relative to difficulty of topic

1. Simplistic, barely introductory level
2. Just more than introductory level
3. Optimal depth of instruction
4. Understandable, but required considerable effort to integrate
5. Too complex to be understood

Comments:

TRAINING SITES

CHILD, ADOLESCENT, AND FAMILY TRACK

Clarity Child Guidance Center

The Clarity Child Guidance Center is a not-for-profit treatment center that provides outpatient services, acute care, on-campus 24-hour treatment, and on-campus day treatment for children and adolescents with mental health concerns. Training experiences include:

- Providing child and family therapy in an outpatient setting
- Co-facilitating weekly, process-oriented group therapy for adolescents
- Conducting outpatient cognitive, academic, and personality assessments.
- Completing evaluations, including intake evaluations, test administration, execution of integrated reports, and feedback sessions
- Conducting inpatient cognitive, academic, and personality assessments with children to assist with diagnosis and treatment recommendations
- Participating in weekly case conferences with staff psychologists.

COGNITIVE-BEHAVIORAL TRACK

The Transitional Care Clinic

Interns will completed a six-month rotation at the Transitional Care Clinic, located at the University Plaza. These UT clinics provide psychological, psychiatric, and social work services to individuals with the full spectrum of behavioral health problems, including a high proportion of higher risk patients recently discharged from inpatient treatment. Clients also represent wide cultural and socioeconomic diversity, including un- and underinsured clients, as well as commercially insured clients. Interns work within a multidisciplinary treatment team and have the opportunity to perform individual and group therapy, intake assessment and triage, and to participate in program development and oversight. Psychological services are provided within an integrative theoretical model, with emphases in: motivational interviewing, brief solution-focused therapy, cognitive behavioral therapy, dialectical behavior therapy and relationship-based therapy. Interns have the choice to participate in the clinic's DBT program, substance misuse program, and/or to be trained and supervised in the delivery of Cognitive Processing Therapy for PTSD.

San Antonio State Hospital

San Antonio State Hospital (SASH) is a 302 bed, public residential psychiatric hospital that has been in operation since 1892, and serves an area of 56 counties in South and South Central Texas with a population of over 3,000,000. This includes the urban areas of San Antonio, Corpus Christi, Laredo, and Brownsville as well as a large rural area. The length of stay at the facility ranges from a few days on the Acute Units to more than one year on the Extended Care Unit.

The hospital has a large campus with seven clinical treatment units. There are nine doctoral level psychologists practicing as members of multidisciplinary treatment teams. The hospital has a staff of approximately 900 employees. SASH is financed through the Texas Department of State Health Services and accredited by the Joint Commission on Accreditation of Healthcare Organizations and by CMS/Medicare. Many of the current Psychology Department staff at SASH continue to be on the teaching faculty at UT Health San Antonio and have been actively involved in doctoral internship training for many years.

The facility offers comprehensive psychological and neuropsychological assessment, programs for patients with co-occurring psychiatric and substance use disorders, and treatment including a full range of rehabilitation therapies, education, individual and group psychotherapy and family intervention, in addition to medication, for both adolescents and adults.

This six-month rotation includes the participation and gradually increased responsibility of the intern under careful, direct clinical supervision. The trainee will join doctoral psychologists in individual clinical interviews and group therapy sessions and later conduct interviews and sessions without direct observation. The trainee will also administer assessment batteries with direct observation by the supervisor and will later conduct testing without direct observation. The trainee will provide feedback to the treatment teams and will complete group and individual therapy notes and testing reports. They will also gain experience with an electronic clinical record which is now being used throughout the Texas Department of State Health Services system.

Clinical proficiencies to be mastered are the following:

- Reviewing case background information
- Clinical interviewing techniques and strategies
- Psychological and if desired, neuropsychological test administration, analysis, and interpretation
- Development of comprehensive and integrated reports of assessment and clinical interview results
- Individual and group psychotherapy skills
- Case presentation, including case conceptualization, review of assessment results, theoretical understanding of the case, and formulation of treatment recommendations

STRONG STAR Rotation at the University of Texas Health San Antonio

The South Texas Research Organizational Network Guiding Studies on Trauma and Resilience, or STRONG STAR, is a multidisciplinary and multi-institutional research consortium funded by the DoD, VA, and NIH grants to develop and evaluate the most effective early interventions for the detection, prevention, and treatment of combat-related PTSD and commonly co-occurring conditions in active-duty military personnel and recently discharged veterans. Centered at the UT Health San Antonio, the STRONG STAR Consortium brings together 22 different institutions and over 150 military, civilian and VA collaborators including many of the world's leading experts in PTSD.

The STRONG STAR rotation involves clinical training in the use of evidence-based assessment

and treatment approaches for psychological and medical disorders. Conditions include PTSD, comorbid depression, chronic pain, insomnia, etc. Interns may also have the opportunity to receive training in behavioral treatments for tic disorders.

Clinical training and experience may include the use of Prolonged Exposure for PTSD, Massed or Intensive Outpatient Prolonged Exposure, Cognitive Process Therapy for PTSD, Cognitive Behavioral Conjoint Therapy for PTSD, Cognitive Behavioral Treatment of Chronic Pain, and Cognitive Behavioral Treatment for Tics (CBITs). Psychology interns also are trained to serve as independent evaluators for psychological assessments related to PTSD clinical trials.

Student Counseling Center at the University of Texas Health San Antonio

The Student Counseling Center provides psychological and psychiatric consultation to students and their spouses in the graduate and professional schools of UT Health San Antonio. Clients present with academic, vocational, and personal concerns. Clinical responsibilities include:

- Conducting intake evaluations for outpatient populations primarily within the university community
- Providing short-term and long-term individual psychotherapy
- Counseling for time management, stress management, and coping skills
- Participating in an interdisciplinary team and consulting with psychiatry staff
- Providing crisis management (standby)
- Providing outreach services to the university.

FORENSIC TRACK

Kerrville State Hospital

Interns on the forensic track will complete a 12 month rotation at Kerrville State Hospital, one of the ten mental health facilities in the Texas Department of State Services system. Kerrville State Hospital has census of 220 felony forensic patients. Staff and interns work with patients who are incompetent to stand trial or who have been adjudicated not guilty by reason of insanity (NGRI) contending with severe and persistent mental health issues. Patients are generally transferred to the Kerrville State Hospital from a secure treatment facility after a determination that they are not manifestly dangerous and require a long length of stay.

Throughout the year, interns participate in clinical and forensic evaluations, a sequence of bimonthly forensic seminars, provide forensic and clinical evaluations in-person and through a video teleconference system, and collaborate with a multidisciplinary staff to provide patients with mental health treatments designed to help patients either attain competency or be safely returned to the community.

- Each intern will have their time divided between clinical treatment and assessment work.
 - First six month will function as a member of two treatment teams (2 days on one team, 1 day on another) under the supervision of the unit psychologist and receive

training on assessment work (see further below in assessment section)

- Case coordination
 - Case reviews every three months
 - Writing individualized recovery plans and possible behavioral programs
 - Updating brief profile sheets
 - Consultation
 - Group work (further explanation below)
 - For the second six months, the intern will continue on one of the previous treatment team (2 days a week), but also will work with one of the teams from a specialty unit (1 day a week on the neurocognitive or multicultural unit). Less emphasis will be on hands on training for assessment work as the intern will be expected to work independently with weekly or as needed supervision.
- Group work
 - Co-lead a forensic group with unit psychologist (thirty minute sessions)
 - Lead two psychoeducational group (thirty minute sessions)-e.g. NGRI and Recovery
- Individual Therapy
 - Long-term cases
 - Short term supportive cases
 - Individual instruction on competency
- Assessment
 - Receive didactic and in vivo training and supervision on assessment work conducted at the hospital and community forensic work
 - Complete competency evaluations with forensic professional staff and later independently
 - Work with Dr. Jumes on intake risk assessments
 - Work with professional staff on risk assessments for release
 - Psychological evaluation (Cog., Neuropsych., or personality) when referred or
 - DMR's when referred
- Supervision
 - Individual supervision
 - Participate in Multidisciplinary Treatment Team meetings and case conferences
- Misc.
 - Read forensic literature assigned and attend every other Thursday forensic seminars and forensic services committee
 - Witness professional staff testifying in court
 - Attend assessment refreshers
 - Other opportunities to participate in clinical activities as needed and available

Interns on the forensic track will also be expected to participate in several training opportunities throughout the year including a mock trial experience at Baylor University Law School and a Crisis Negotiation seminar at Texas State University in conjunction with law enforcement officers. There may be opportunities to consult with the local police department as well during the rotation year. Students will participate with a staff member to complete a research project related to our local research agenda and quality assurance issues.

Integrated Primary Care Behavioral Health Track

UT Health San Antonio, Department of Family and Community Medicine

An intern will complete a 12-month rotation with the Department of Family and Community Medicine and will be trained in implementing the Primary Care Behavioral Health (PCBH) consultation model within the Department of Family and Community Medicine. More specifically, interns will have the opportunity to screen, assess, identify, and treat behavioral health concerns within the context of the healthcare team. Interns will also learn how to consult with primary care providers, supporting them around chronic disease management and health behavior change. Interns will also participate in the education and training of family medicine residents.

Center for Health Care Services

An intern will complete a 12-month rotation at CHCS and will be trained in implementing the Primary Care Behavioral Health (PCBH) model in an Integrated Primary Care clinic within a psychiatric outpatient center. The intern will have the opportunity to work with a community mental health population addressing health related behavior change in an interdisciplinary team-based approach to care. He/she will be working closely with primary care and psychiatric teams, learning about high-comorbidity and complex cases that require a large range of skill from working with transitional age youth to geriatric patients. Clinical care involves understanding the bidirectional effects of psychiatric and medical comorbidities. One hundred percent of the persons in Integrated Primary Care already have a diagnosis of one of the following: Major Depressive Disorder, a Schizophrenia Spectrum Disorder such as Schizoaffective Disorder or Schizophrenia, and/or Bipolar Disorders. PCBH consultation in this bidirectional setting aims to provide comprehensive care for patients whose medical and physical needs often go unmet.

Vacation Statement for Psychology Interns

As stated in the University of Texas Health San Antonio Handbook of Operating Procedures, an employee may not take vacation leave until they have been continuously employed with the State of Texas for six months, although vacation hours will be accrued during that period. Continuous employment means that the employee is paid a regular state salary for the six month period.

I understand that if I take vacation within the first six months of my employment and I leave my employment before the completion of the six months, reimbursement for the vacation time taken will be required prior to the termination.

Professional Work Relationships

PRINCIPLE: Interns will be treated with courtesy and respect. Interactions among trainees, supervisors, and staff will be collegial and conducted in a manner reflecting the highest standards of the profession of psychology.

MECHANISMS: Interns will be provided a copy of “Ethical Principles of Psychologists and Code of Conduct” (2016, with the 2016 Amendment) which describes expectations regarding professional work relationships.

Interns will be provided with written policies and procedures regarding program requirements. Interns will receive UT Health San Antonio, Handbook of Operating Procedures Chapter 4, Policies 4.9.3 (Performance, Discipline, and Dismissal), 4.9.4 (Policies and Procedures for Discipline and Dismissal of Employees), and 4.9.5 (Grievance Policy and Procedures).

Interns will be provided written policies and procedures regarding equal employment opportunity (Chapter 4, Section 4.2.1), sexual harassment within the professional workplace (Chapter 4, Section 4.2.2), and Request for Accommodations under the ADA (Chapter 4, Section 4.2.3).

Interns will be provided guidance and support to encourage successful completion of the training program. Interns will evaluate faculty, regarding their perception of the quality of faculty guidance and support. Faculty will receive reports of evaluations.

Interns will be given performance feedback, quarterly, in writing regarding the extent to which they are meeting performance expectations with specific recommendations for remediating deficiencies and enhancing professional growth.

Interns will be provided conflict resolution procedures through which grievances can be heard. Grievances regarding sexual harassment or other equity matters are handled through the Office of Equal Employment Opportunity/Affirmative Action. Grievances regarding training issues are handled informally and formally through the following procedure: 1) Intern is encouraged to discuss issues with the faculty member and work towards a personal solution or can inform his/her mentor, who initiates informal discussion with individual faculty to work toward solution. 2) If issues continue, intern and mentor inform Psychology Internship Training Director of lack of success in working out informal solution to grievance. Psychology Training Director initiates informal discussion with faculty and works toward solution. 3) If issues continue, Psychology Training Director informs Psychiatry Residency Training Director, who serves as the informal Internship Ombudsman, of lack of success in working out informal solution to grievance. 4) Psychiatry Residency Training Director continues informal process with individual faculty and works toward solution. 5) If issues continue, Psychiatry Residency Training Director informs Psychiatry Department Chairman of grievance and inability of the informal process of redress. 6) Department Chair follows Institutional policies regarding formal handling of employee grievance as described in the Handbook of Operating Procedure.

Extra-System (Moonlighting) Work Policy

The psychology internship program at The University of Texas Health San Antonio involves comprehensive and demanding training. This training is carried out within a 45-55 hour per week format in which interns explore a variety of rigorous training/service experiences. Because we believe that training should be the primary focus of the year, it has been the policy of the program to discourage extra-system work (moonlighting).

Extra-system work may be permitted only under the following circumstances:

1. Psychology internship activities must all be satisfactorily completed. Extra-system work must not take priority or interfere in any manner with the program's training/service experiences. An intern who has knowledge deficiencies in evaluation or treatment will be urged to take courses, read under supervision, et al; such activities would take precedence over moonlighting.
2. Extra-system work must be conducted within the rules of the State Board of Examiners of Psychologists and within the framework of the ethics of the profession of psychology.
3. The Director of the Psychology Internship, in consultation with the Training Committee and the mentor, must give written permission for any extra-system work.
4. Extra-system work will be permitted only after the successful completion of the first quarter (three months).
5. These policies do not apply to work outside of the field of psychology.

DIVERSITY POLICY

Clinical Psychology Internship

Department of Psychiatry and Behavioral Sciences, School of Medicine UT Health San Antonio

The enrichment of our educational program through diversity embodies more than attracting and retaining faculty, staff and interns of differing ethnicity and race. Diversity includes culture, country of origin, sexual orientation, age, disability, educational setting, geographic location and language.

Goal: In order to optimize the richness of diversity, every individual in the program at every level is accountable. Our goal is to provide the framework for developing an institutional culture that embraces diversity, encourages respect of all individuals and fosters an appreciation of individual differences.

Recruitment and Retention: Recruitment and retention of diverse staff and interns is conducted within "The Search Guidelines to Enhance Diversity" of the Texas Higher Education Coordinating Board. The Director of the equal Employment Opportunity and Affirmation Action Office for the University is a faculty member in the Department of Psychiatry and Behavioral Sciences and a member of the Psychology Training Committee.

Program Implementation: We encourage our faculty and staff to provide a thoughtful, coherent, integrated program in order to offer our interns relevant knowledge and experience to enable them to function in any setting in which they may find themselves. We take positive steps to ensure exposure to cultural and individual diversity as it relates to the practice of psychology within the context of the entire internship year.

Our program evaluates the contribution of cultural and individual diversity in the following areas: research, assessment, psychological intervention, consultation, professionalism, individual and cultural diversity, ethical and legal standards, supervision, and communication/interpersonal skills.

Research: Interns consider cultural and diversity factors when consuming or producing research and when considering the empirical basis for treatment and assessments.

Assessment Skills: The assessment procedures chosen should provide data that makes it possible to answer the referral questions that are appropriate for the client/patient (gender, ethnic background, etc.). Interns should be able to apply knowledge of psychopathology and client strengths to the assessment process with sensitivity to its content (including familial, social, and cultural factors). Interpretations and conclusions should take into account an individual's unique characteristics (gender, ethnic background, etc.) as well as the external situation.

Psychological Intervention: Interns should be able to identify and implement the most suitable

psychological interventions for clients based upon current literature, assessment findings, diversity characteristics, contextual variables, and specific to service delivery goals.

Consultation: Interns should be able to consider relevant cultural factors during the consultation process.

Professionalism: Interns should interact with staff, supervisors, treatment teams, professionals, and peers in a culturally sensitive manner.

Individual and Cultural Diversity: Intern demonstrates sensitivity to the individual and cultural diversity (including, but is not limited to, age, race, disability, ethnicity, gender, gender identity, language, national origin, religion, culture, sexual orientation, and SES) of clients as well as an awareness of their own cultural and ethnic background during therapy.

Ethical and Legal Standards: Interns will take into account relevant individual and cultural factors when applying ethical and legal standards to include APA Ethical Principles, state law and when assessing and managing high risk client situations.

Supervision: Interns should consider relevant cultural factors when supervising psychology trainees or other health professionals, provided supervision vignettes, or while role-playing.

Communication and Interpersonal Skills: Interns will be able to develop and maintain effective relationships with a wide range of diverse individuals including colleagues, organizations, supervisors, supervisees, and clients while respecting individual and cultural differences.

Interns have the opportunity to function in diverse settings with a variety of faculty and staff. In addition, there is a series of up to 10 seminars provided by a diverse group of knowledgeable experts in the community.

Diversity Seminars:

- Diversity Workshop-Diversity Models
- Gay/lesbian Issues in Psychotherapy
- Geropsychology
- Hispanic Issues in Psychotherapy
- African/American Issues in Psychotherapy
- Women's Issues in Psychotherapy
- Men's Issues in Psychotherapy
- Asian Issues in Psychotherapy
- Disability Issues in Psychotherapy
- Military Culture in Psychotherapy

The internship training program is designed to ensure that individual and cultural differences are taken into account in an integrated fashion and is ever evolving as a work in progress.

Management of Training Deficiencies, Failures, and Program Terminations
Psychology Internship Training Program
Department of Psychiatry and Behavioral Sciences
University of Texas Health at San Antonio

From time to time, concerns arise regarding an intern's progress or behavior. Concerns judged by the Training Committee to be significant and in need of remedial action will be managed in the following manner.

1. (a) When a concern is judged by the Training Committee to be significant enough to warrant corrective action by the intern, the intern's mentor will meet with the intern to explain the concern and to develop a plan for informal remediation.

(b) If the concern cannot be resolved by this means then the Training Director of the Psychology Internship Training Program and the mentor will meet with the intern for further counseling. The intern will receive a written explanation of the concern and a written plan for remediation. A copy of this document will be sent to the home graduate school. The Training Director will instruct the mentor to monitor the intern's corrective action and will warn the intern that he/she will be placed on probation should sufficient corrective action not occur.
2. (a) If the concern persists, the Training Committee will meet to consider formal probation. Before that meeting, the Training Director will have sent the home graduate school a copy of the written explanation of the concern and the plan for remedial action. Additionally, the Training Director will receive input from the home graduate school and will present this input to the Training Committee as part of the deliberation. The intern will be asked to attend the Training Committee meeting to present his/her arguments against probation. Probation will be decided by a simple majority vote of the Training Committee. Failure of the intern to successfully remediate the concern while on probation may result in the failure to successfully complete the Psychology Internship Program or the termination of the intern from the Psychology Internship Program.

(b) Failure of the intern to successfully complete the program will be determined by simple majority vote of the Training Committee. Prior to this meeting, the Training Director will have already provided the home graduate school with a written copy of the concern and remedial steps (done during the probation phase). As an additional step, the Training Director will inform the home graduate school of the possible action by the Training Committee and will seek further input from the home graduate school. The input will be introduced into the deliberation by the Training Director. As in the case of probation, the Intern will be asked to attend the Training Committee meeting in order to present arguments against failure to complete the program. The Training Director will inform the home graduate school regarding the final decision. The intern may appeal the decision as outlined in the Appeal Process.
3. In the event that the concern is judged by the Training Committee to be as highly

significant as to merit an immediate termination hearing, all the steps leading to probation will be omitted. In such a case, the Training Director will communicate the concern to the home graduate school in writing and will seek their input. Termination will be decided by a simple majority vote of the Training Committee. The intern will be asked to attend the Training Committee meeting to present arguments against termination. The intern may appeal the decision as outlined in the Appeal Process.

It is anticipated that a move for direct termination without probation will be an extremely rare event. It is anticipated that such action would occur only as a consequence of the intern's serious ethical or professional misconduct.

THE APPEAL PROCESS

Should the Training Committee recommend failure of the training program or termination from the program, the intern may invoke the right of appeal. As is consistent with policy of all departments of The University of Texas Health San Antonio, the appeal will be made to a departmental body, in this case the Clinical/Academic Coordinating Committee and Program Coordinating Committee of the Department of Psychiatry and Behavioral Sciences. These Committees are chaired by the Chairman of the Department of Psychiatry and Behavioral Sciences and include other members of the Department. In the event of an appeal hearing, the Chairman may appoint other members to these Committees. Committee members and additional appointees will be members of the staff who are not involved in the Training Committee and who have not been directly involved with the issues of the case. The decision to recommend failure of the training program or to recommend termination from the program will be decided by simple majority vote.

The Training Director of the Internship Training Program will be on hand to present the position of the Training Committee, and the intern, together with any counsel he or she may choose, shall present the appeal. The Training Committee will abide by the judgment of the appeal panel. In the event that the appeal panel recommends continuation of the intern's training program, the Training Director and the intern's mentor will negotiate an acceptable training plan for the balance of the training year. If the decision is for failure of the year or for immediate termination, the Training Director of the program will execute whatever details may be necessary. The Training Director of the Psychology Internship will communicate results of the appeal to the home graduate school.

UT Health San Antonio Clinical Psychology Internship Program Grievance Policy

Grievance Format: An Intern grievance should consist of two elements. 1. Grievances should contain a clear and concise statement that explains the specific complaint. 2. Grievances should also contain the Intern's recommendation for attaining a sufficient remedy of the complaint.

No intern will be penalized, disciplined, or prejudiced for exercising the right to file a grievance. Grievances regarding training issues are handled informally and formally through the following procedures:

1. The Intern is encouraged to discuss any grievances with the individuals involved (be it supervisor, mentor/preceptor, Training Directors, or fellow intern) to work toward a solution. An Intern is encouraged to reach out to their mentor/preceptor (if the grievance is not related to the mentor/preceptor) who can help to initiate an informal discussion with both parties to work toward a solution. If the grievance involves the mentor/preceptor, the Intern is encouraged to reach out to the Training Directors.
2. If this informal route does not remedy the grievance, the Intern and/or mentor/preceptor inform the Training Directors of lack of success toward working out an informal solution to the grievance. The Training Directors will initiate an informal discussion with the individuals and work toward a resolution.
3. If the informal procedures do not remedy the grievance, the Training Directors will contact the UT Health San Antonio Psychiatry Residency Training Director (Dr. Jason Schillerstrom) and inform him of the grievance. The Psychiatry Training Director is an unbiased member of the Psychiatry's Department Education Leadership Committee while having sufficient knowledge of the program's training requirements.
4. The Psychiatry Training Director will meet with the Intern to discuss the grievance as well as to discuss failed informal attempts to resolve the grievance. The Intern will present the Psychiatry Training Director with a written description of the grievance along with details regarding failed attempts to resolve the grievance. The Psychiatry Training Director will reach out to the individuals involved in the grievance to resolve the matter. The Psychology Training Directors will be present during these meetings.
5. Complaints not satisfactorily resolved by the Psychiatry Training Director may be appealed in writing to the Psychiatry Department Chair (Dr. Steven Pliszka). This written appeal will state why the appealed decision is not correct. The Psychiatry Department Chair will prepare a decision for the Intern. This decision is final.

6. The written grievance and all decisions or responses regarding a complaint shall be filed by the Training Directors for use as part of accreditation by the APA and therefore the Training Directors should be cc'ed on all correspondence regarding any grievances.

*Any grievances regarding sexual harassment or other equity/discrimination matters should be reported to your Preceptor/Mentor, Training Directors and the Office of Human Services Equal Employment Opportunity/Affirmative Action as stated in the Student Handbook.

Interns may also contact Dr. Bonnie Blankmeyer (Blankmeyer@uthscsa.edu; 210-567-2691) as part of her role as the Executive Director of the Academic, Faculty, and Student Ombudsperson and ADA Compliance Office for additional support.

Please see <https://students.uthscsa.edu/studentlife/2016/11/student-ombudsperson/> for more information regarding assistance the Ombudsperson can provide.

Receipt of Internship and Universities Policies and Procedures

Interns are also provided information on the following University Policies and Procedures during their orientation to the internship.

1. A Table of Contents for the Office of Regulatory Affairs and Compliance
2. HOP Policy 4.2.1 Nondiscrimination Policy and Complaint Procedures
3. HOP Policy 4.2.2 Sexual Misconduct
4. HOP Policy 4.2.3 Request for Accommodations Under the ADA and the ADA Amendments Act of 2008 (ADAAA)
5. Information from the Office of Regulatory Affairs and Compliance on Reporting Compliance Concerns
6. HOP Policy 4.9.3 Progressive Discipline Plan
7. HOP Policy 4.9.4 Procedures for Dismissal of Employees
8. HOP Policy 4.9.5 Grievance Policy and Procedures