

PSYCHOLOGY INTERNSHIP POLICY MANUAL

2022-2023

**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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EQUAL EMPLOYMENT OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER

The mission of the Academic, Faculty and Student Ombudsperson & ADA Compliance Office is to insure that every member of the UT Health San Antonio community, individuals seeking employment or an education, and individuals who wish to participate in a benefit from programs and activities offered by UT Health San Antonio are afforded equal opportunity and freedom from all forms of discrimination that may violate their civil rights and other protections afforded them by the State of Texas, UT Health San Antonio. The University of Texas Health Science Center San Antonio is an equal employment opportunity/affirmative action employer including protected veterans and persons with disabilities. The Health Science Center Americans with Disabilities Coordinator should be contacted with any questions.

<https://ww2.uthscsa.edu/eo/>

INTERN RECRUITMENT AND SELECTION

Recruitment materials outlining the program are available through our website at <https://lsom.uthscsa.edu/psychiatry/education/internship/> and through the APPIC Directory at <https://membership.appic.org/directory/display/505>. Interested applicants are encouraged to submit their AAPI through the APPIC portal. Please refer to our website for application and interview deadlines. Every application that is submitted by the application due date is reviewed by either the Training Director or the Associate Training Director. In addition to the prior doctoral program requirements outlined below, preferences are given to individuals with clinical training experiences, research activities, and/or professional goals that match one or more of our tracks (i.e., Child, Adolescent, and Family; Cognitive Behavioral; Forensic; and Integrated Primary Care Behavioral Health). For example, applicants with clinical child experience will be viewed more favorably for the Child, Adolescent, and Family Track than applicants without child experiences. Applicants are invited to apply to one or more tracks and are encouraged to rank one or more tracks if interested.

Some applicants will be invited to interview with the University of Texas Health San Antonio between January and February. Interviewees will receive an orientation to the program, have an opportunity to meet with current interns to ask questions, and interview with faculty and the internship directors. Historically, these interviews were conducted in person. However, within the past two years, the program has elected to move to a completely virtual interview process. This decision was made in consideration of recent global events (i.e., COVID-19 pandemic), APPIC and APA guidance, costs for the applicants, and cost for the program.

Orientation to the Program

Upon selection for the interview process, applicants are sent a link to the program's orientation video, *UT Health Psychology Internship Program*, and are asked to view it prior to attending the Open House and individual interviews with faculty, interns, and the training directors. This video provides an orientation to our program as well as more details about our tracks and sites. Some of our tracks have also developed videos to describe their services and training opportunities. Track specific videos will be shared with the applicants according to their identified interests.

Open Houses

The program holds two virtual “open houses” per track during the month of December. Selected applicants are invited to participate in a virtual open house to learn more about the training opportunities and ask their questions in a less formal setting. Since the open house provide track-specific information, applicants may participate in more than one open house as their interest and availability dictates. Participation in the open house is not mandatory; however, it is strongly encouraged. Invites for the open houses will be sent once interview dates are scheduled.

Individual Interviews

Applicants are required to participate in individual interviews with the training director and track-specific faculty in order to be considered for selection. These interviews are held virtually. During the interview process, applicants are also scheduled time to meet individually with current interns to have their questions answered. For individuals who are bilingual in Spanish and applying for the Integrated Primary Care Behavioral Health Track, faculty interviews may be conducted in Spanish. However, it is important to note that the ability to speak Spanish is not a requirement for any tracks within our internship.

During each interview, interns are scored on a 11-point Likert rating scale (0-10, where 0 = Poorly Qualified and 10 = Extremely Well Qualified) for how well their qualifications and training goals match with the training program. Weighted scores are averaged across interviewers and are used to inform the rank list. Track Coordinators provide input on the rank list before the list is officially entered into the APPIC Match.

If the training program is required to enter Match II or the Post Vacancy Match to fill internship slots, guidelines established by the APA CoA and APPIC will be followed. In general, every application will be reviewed by the Training Director or Associate Training Director. Eligible applicants will be invited to participate in a one-hour virtual interview with the training directors and a one-hour virtual interview with track-specific faculty. They will also be provided with contact information for our current interns.

Dates

Application Deadline: 03 December 2022

Interview Notification: 10 December 2022

Orientation dates and interview dates are published on our website.

TRAINING EXPERIENCES DURING A PANDEMIC OR LARGE-SCALE DISASTER

Our program continually strives to respond to local, regional, national, and global events in a thoughtful and flexible manner with the aim of protecting the training integrity of our program. During the COVID-19 pandemic, UT Health San Antonio Clinical Psychology Interns are considered “**essential personnel**”. Interns during the pandemic had no difficulties maintaining their training or accruing training hours during the pandemic. All previous interns graduated on-time with a modified training schedule to ensure the safety of our interns, faculty, staff, and patients. Should there be a resurgence of COVID-19, or should another pandemic/large-scale disaster occur, the program will adhere to guidance from the CDC, the State of Texas, UT Health San Antonio, our accrediting body, and/or APPIC.

COVID-19 POLICIES AND PROCEDURES

During the height of the COVID-19 pandemic, our training sites made informed adjustments to the delivery of psychological services to maximize the safety of their trainees, staff, and patients. While these adjustments varied by site, all sites adopted precautions to minimize the transmission of COVID-19 in the workplace. With the increased availability of COVID-19 vaccinations, our training sites have resumed in-person services. Each of the sites, along with the Training Committee, will continue to monitor the pandemic throughout the training year and will make training-related decisions that are responsive to CDC, state, and university guidelines concerning the pandemic.

Currently, the University of Texas Health Science Center at San Antonio does not require COVID-19 vaccination for employment. However, our training sites require COVID-19 vaccination of our trainees due to being Centers for Medicare and Medicaid Services (CMS) certified facilities and exemptions to this policy are rare. Masks are encouraged but not required for vaccinated individuals in non-clinical spaces. However, masks are still required in UT Health clinics. Temperature checks are not required to enter the UT Health main campus; however, some clinics may still require temperature checks of patients and providers upon entry. Group meetings are now permitted in learning and social spaces; however, groups are encouraged to maintain 3 ft spacing between individuals. Waiting rooms, patient rooms, and provider offices have been configured to maintain social distancing and are being sanitized frequently. Interns who have not been vaccinated will be offered vaccinations through UT Health San Antonio. Interns are encouraged to discuss any concerns with their supervisors and/or Training Directors.

PRIOR DOCTORAL EXPERIENCE

Our internship accepts students from APA-, PCSAS-, or CPA-accredited doctoral programs (PhD or PsyD) in clinical, counseling, and school psychology. Applications from non-accredited programs will not be accepted. Applicants must have three years of graduate training, have passed their comprehensive exams, and have an approved dissertation proposal.

FINANCIAL AND OTHER BENEFIT SUPPORT

This 12-month, full-time internship pays an annual salary of \$27,500. The internship year begins on July 1 and ends June 30. 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 for interns to receive reimbursement.

REQUIREMENTS FOR SUCCESSFUL INTERNSHIP PERFORMANCE

The goal of the internship training program is to prepare interns 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, Assessment, Psychological Intervention, Consultation, Professionalism, Individual and Cultural Diversity, Ethical and Legal Standards, Supervision, and Communication and Interpersonal Skills. 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.

These areas of competence are evaluated formally using the Competency Assessment Form (Current Version: July 2021). Please refer to this form for a detailed description of each area of competence and a list of evaluation items. Each item is rated using an inverse 4-point scale (see below). Raters may also endorse “N/A” if the item is not applicable for the training experience or not assessed during the evaluation period.

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. Demonstrates Readiness Entry Level Practice as defined as: (a) the ability to independently function in a broad range of clinical and professional activities; (b) the ability to generalize skills and knowledge to new situations; and (c) the ability to self-assess when to seek additional training, supervision, or consultation
N/A	Not applicable for this training experience or Not assessed during this evaluation period.

Minimal levels of achievement for completion include the following: 1) Interns will be rated at a level of competence of “3” or lower during the first three quarterly evaluations and 2) Interns will be rated at a level of competence of “1” for at least 80% of all objectives accumulatively at the 12-month evaluation across all training experiences and site. A rating of “4” on a quarterly evaluation during the first three quarterly evaluations will result in a remediation plan. Supervisors are instructed to list specific areas of competence which must be addressed as part of a remediation plan should a rating of “4” be given. A rating of “4” on the final evaluation may result in not passing the internship year.

INTERN PERFORMANCE EVALUATION

Each clinical assignment (e.g., primary rotation site, Advance Clinic, year-long group) will have a designated faculty supervisor. It is the responsibility of the supervisor of each activity to provide ongoing supervision and evaluative feedback to the intern assigned to him/her. In order to help

improve the accuracy of the evaluative feedback, supervisors for the major site rotations and the year-long training activities provide direct observation or conduct a video/audio review of the intern's clinical work each evaluation quarter. Interns are expected to meet with their supervisors early in the evaluation period to develop a plan to ensure that direct observation/audio/video review occurs quarterly.

In addition to ongoing, informal feedback, the supervisor completes a formal, written evaluation of the intern's clinical work each quarter. The supervisor is expected to meet with the intern to review their evaluation. The format of this meeting rests with the supervisor but should include an open discussion of the ratings with the intern and corrective feedback where applicable. Evaluations by interns and faculty should stress proposed corrective action. 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. The intern will also provide his/her mentor the evaluation and feedback that he/she has received from each of his/her supervisor.

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. 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

INTERN FEEDBACK

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 by the faculty until after the internship year has ended.

REMEDIATION, RETENTION AND TERMINATION DECISIONS

CLINICAL PSYCHOLOGY INTERNSHIP REMEDITATION AND TERMINATION

Clinical supervisors routinely observe their interns' clinical skills and professional behaviors through direct observations, review of clinical documentation, and during supervision and/or professional meetings. These observations are used to provide interns with regular verbal feedback about their progress as well as formal written feedback every three months. As such, an intern's problematic behavior and/or failure to make progress will most likely be identified by a clinical supervisor and/or the training directors. While the clinical progress and professional behaviors of each intern is discussed during monthly training meetings, concerns about an intern can be communicated between monthly Training Committee Meetings through email and/or telephone calls between the clinical supervisor(s) and the training directors. When needed, the training directors will schedule meetings with relevant supervisor(s) and mentor to discuss the training needs of an individual intern.

Concerns regarding an intern's progress or behavior (i.e., failure to meet minimal levels of

competence on the quarterly evaluations, professional issues, or ethical violations) will be discussed by the Training Committee during monthly training committee meetings. 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 Training Directors and/or supervisor/mentor will meet with the intern to explain the concern and to develop a plan for informal remediation. This plan will provide corrective action as well as a timeline for remediation. The Training Directors may reach out to the home graduate school to gather more information regarding the intern's progress and behaviors while in previous training environments.

 (b) If the concern cannot be resolved by this means, then the Training Directors of the Psychology Internship Training Program with the supervisor and/or 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 they will be placed on formal 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 their 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. This Committee will be formed and 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 will appoint members to this Committee. 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.

PROGRESSIVE DISCIPLINARY ACTION (HOP 4.9.3)

I. Policy

A. It is the policy of UT Health San Antonio to encourage fair, efficient, and equitable solutions for matters arising out of the employment relationship and to meet the requirements of state and federal law.

B. This policy is applicable to the conduct and/or job performance of an employee that results in a decision to impose a disciplinary penalty.

C. Disciplinary action is to be considered as primarily corrective; thus, dismissal will generally be resorted to only after corrective or rehabilitative methods have failed, unless the offense in itself is sufficiently serious to warrant dismissal in accordance with the policies and procedures described in this policy and Section 4.9.4, "Procedures for Dismissal of Employees", in the Handbook of Operating Procedures (HOP).

II. Applicability

A. This policy applies to all staff employees of UT Health San Antonio with the exception of the following:

1. Employees who are commissioned University Police Officers who are subject to other

approved discipline procedures.

2. Employees who are appointed to positions without fixed terms and under applicable rule or regulation serve at the pleasure of a specific administrative officer.
3. Employees who are appointed for a period less than 180 days.
4. Employees who are appointed at a per diem or hourly rate and work on an as needed basis.

III. Documentation

A. Supervisors should keep a written record of the performance and conduct of each employee who they supervise directly. Such documentation is necessary to prepare an accurate performance evaluation and to serve as a justification for undertaking disciplinary action. Documentation is defined as maintaining a written record of the job performance and conduct of an employee. Documentation should include the date of an occurrence, the employee's name, a narrative description of the action that is being recorded, and any other relevant material. Personal and unrelated comments should not be included in such documentation. UT Health San Antonio employees have the right to examine such documentation when it is being used as a basis for disciplinary action.

IV. Required Standards of Conduct

- A. Employees are expected to understand the performance expectations for their particular job.
- B. Employees are expected to comply with all rules, procedures, and standards of conduct established by the Board of Regents of The University of Texas System, UT Health San Antonio, and the employee's department or unit.
- C. Employees who do not meet performance expectation or comply with rules, procedures, and standards of conduct may be subject to disciplinary action up to and including termination.

V. Conduct Subject to Disciplinary Action

A. Employees are expected to maintain standards of conduct suitable and acceptable to the work environment. Disciplinary action, including dismissal, may be imposed for unacceptable conduct. Examples of unacceptable conduct include, but are not limited to:

1. Failing to meet work performance expectations.
2. Falsifying time sheets, personnel records including job application, or other institutional records including falsification of military records.
3. Neglecting duties or wasting time during working hours.
4. Gambling or participating in lotteries or any other games of chance on the premises at any time.
5. Soliciting, collecting money, or circulating petitions on the premises other than within the rules and regulations of UT Health San Antonio.
6. Bringing intoxicants or drugs onto the premises of UT Health San Antonio, using

intoxicants or drugs, having intoxicants or drugs in one's possession, or being under the influence of intoxicants or drugs on the premises at any time.

7. Abusing or wasting tools, equipment, fixtures, property, supplies, or goods of UT Health San Antonio.

8. Creating or contributing to unhealthy or unsanitary conditions.

9. Violating safety rules or accepted safety practices.

10. Failing to cooperate with the supervisor or a co-worker, impairment of function of work unit, or disruptive conduct.

11. Exhibiting disorderly conduct, harassing employees (including sexual harassment), or using of abusive language on the premises.

12. Fighting, encouraging a fight, or threatening, attempting, or causing injury to another person on the premises.

13. Failing to meet a reasonable and objective measure of efficiency and productivity.

14. Participating in any act of theft, dishonesty, or unauthorized use of UT Health San Antonio property including records and confidential information.

15. Creating a condition hazardous to another person on the premises.

16. Destroying or defacing UT Health San Antonio property or records or the property of a student or employee.

17. Refusing to follow instructions or to perform designated work that may be required of an employee or refusing to comply with established rules and regulations.

18. Repeated tardiness or absence, absence without proper notification to the supervisor, or without satisfactory reason or unavailability for work.

19. Violating policies, procedures or rules of UT Health San Antonio or The University of Texas System.

VI. Progressive Disciplinary Action - Investigation

A. The employee's supervisor or other designated individual shall impartially investigate all incidents that involve the potential for disciplinary action.

B. If the circumstances warrant further investigation, after obtaining the concurrence of Human Resources, an employee may be immediately placed on administrative leave with pay pending completion of an investigation.

C. If the investigation results in evidence that establishes with reasonable certainty that the employee engaged in conduct that warrants disciplinary action, the supervisor shall follow the progressive disciplinary process described below.

VII. Coaching

A. Coaching occurs when a supervisor meets with an employee and discusses the employee's need to improve their job performance conduct, and/or expectations.

B. Coaching is not subject to a grievance based upon the fact that it is considered a coaching session. However, all sessions should be thoroughly documented by the supervisor and maintained in the employee's departmental personnel file.

C. Documentation of coaching sessions can be used as a basis for disciplinary action if performance and/or conduct continues to be an issue.

VIII. Written Warning

A. A written warning is appropriate in instances in which an employee has failed to respond to coaching or has committed an offense or violation which is, in itself, sufficiently serious to warrant more than coaching but less than suspension without pay or dismissal.

B. Written warnings should be presented in a written document to the employee, outlining the infraction and related policy/procedure. The written warning should also include a statement that indicates any future disciplinary action may include termination/dismissal from employment.

C. A copy should be retained in the employee's personnel file held by the department.

IX. Suspension without Pay

A. A suspension without pay is appropriate in rare instances which an employee has failed to respond to a written warning(s) or has committed an offense or violation which is, in itself, sufficiently serious to warrant more than a written warning but less than dismissal.

B. All offenses and/or violations resulting in suspension should be thoroughly documented and investigated and discussed with the Vice President & Chief Human Resources Officer or their delegate.

C. Suspensions should be presented in a written document to the suspended employee. The document should outline the specific incident, conduct, or unsatisfactory work performance, the specific period of suspension, not to exceed one month, and the related rule, regulation, or policy.

D. If it is determined, upon grievance, that a suspension was not for good cause, the employee shall be reinstated to the same position and shall be entitled to payment of back wages.

E. An employee suspended without pay continues to accrue sick and vacation leave, to be covered under group insurance, and to be entitled to other employee benefit programs.

X. Dismissal

A. A dismissal is appropriate in instances in which an employee has committed a single grave offense or through progressive discipline. B. No supervisor should dismiss an employee prior to conforming to the required procedural steps described in Section 4.9.4, "Procedures for Dismissal of Employees", of the HOP.

PROCEDURES FOR DISMISSAL OF EMPLOYEES (HOP 4.9.4)

I. Policy: It is the policy of UT Health San Antonio to encourage fair, efficient, and equitable solutions for matters arising out of the employment relationship and to meet the requirements of state and federal law.

II. Applicability

A. This policy is applicable to the conduct or job performance of employees that results in dismissal.

B. This policy does not apply to:

1. Commissioned University Police Officers who are subject to other approved discipline or dismissal procedures.
2. Employees on suspension with pay pending investigation of allegations.
3. Employees with fixed term appointments for a stated period of one year or less that expires at the end of such period without the necessity of notice of nonrenewal as provided in the Regents' Rules and Regulations or the rules and regulations of UT Health San Antonio.
4. Employees who are appointed to positions without fixed terms and, under applicable rule or regulation, serve at the pleasure of a specific administrative officer.
5. Employees who occupy positions that are dependent upon funding from a specific source and such funding is not received.
6. Employees dismissed as a result of reorganization.
7. Employees dismissed because of financial exigency.
8. Employees dismissed during the 180-day probationary period.
9. Employees appointed for a stated period that is less than 180 days.
10. Employees appointed at a per diem or hourly rate and work on an as needed basis.

III. Dismissal

A. All dismissals must be reviewed by the Vice President & Chief Human Resources Officer or his/her delegate, and the department head prior to employee notification.

IV. Intent to Term

A. The supervisor shall inform the employee of the basis for any planned disciplinary action resulting in dismissal and allow the employee the opportunity to respond before a final decision is made. The notification serves as an opportunity for the employee to present additional information to their supervisor for consideration.

B. Before reaching a final decision to dismiss the employee:

1. The supervisor shall inform the employee in writing, of the factual basis for the planned dismissal.
2. The employee may request access to information the supervisor used to make their decision.
3. The employee shall have an opportunity to respond in writing to the supervisor about the planned dismissal within two business days. The employee has the opportunity to provide additional information stating why the facts for which the planned dismissal action is unwarranted.

C. If upon review of the employee's response, the decision to dismiss still stands, the supervisor, after confirming with Human Resources, may proceed with dismissal.

V. Appeals:

A. Dismissal may be appealed by the affected employee pursuant to the process set out below. The time limits set forth in the appeal procedure must be complied with by both the employee and the appropriate supervisory and administrative leaders unless extended for good cause by the Vice President & Chief Human Resources Officer. Failure by the employee to process the appeal in a timely manner to the next level constitutes a withdrawal of the appeal. Failure of the supervisor or administrative leader to make a timely response to an appeal shall constitute authorization for the employee to appeal to the next step. The employee's appeal shall contain:

1. A clear and concise statement of why the dismissal disciplinary action is inappropriate;
2. The reason(s) the employee believes the dismissal action decision should be changed;
3. The name(s) of any witnesses that may have information relevant to the employee's dismissal action;
4. The specific remedy sought by the employee;
5. Any add. relevant information to be considered in support of the employee's written appeal; and, the name & contact information of the employee's representative, if any.

B.

Procedural Step	Appeal Timeframe for Employee	Response Timeframe for Leadership
Step One: Next Level Up of Leadership (example: Manager)	Five (5) working days from date of disciplinary action to initiate a written appeal	Ten (10) working days from date of receipt of appeal to respond in writing
Step Two: Next Level up of Leadership (example: Director/Chair)	Five (5) working days from date of Step One response	Fifteen (15) working days from date of receipt of Step Two appeal
Step Three* Next Level up of Leadership (example: VP/Dean)	Five (5) working days from date of Step Two response	Thirty (30) working days from date of receipt of Step Three appeal

*The highest level of review for appeal is the respective Executive Committee Member.

C. Copies of all documents pertaining to the dismissal actions shall be filed in the employee's departmental personnel file.

GRIEVANCE PROCEDURES

The information below outlines the Internship's Grievance Procedures. This procedure works in conjunction with the University's Grievance Policy and Procedures (HOP Policy 4.9.5).

CLINICAL PSYCHOLOGY INTERNSHIP GRIEVANCE PROCEDURES

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.

GRIEVANCE POLICY AND PROCEDURES (UTHSCSA HOP 4.9.5)

- I. Policy:** It is the policy of the Health Science Center to encourage fair, efficient, and equitable solutions for problems arising out of the employment relationship and to meet the requirements of state and federal law.
- II. Applicability:** The complaint of all employees including faculty, probationary employees, temporary employees, and those hourly or per diem employees who work on an as needed basis will be considered pursuant to the procedure provided below.
- III. Scope:** Complaints concerning wages, hours of work, working conditions, performance evaluations, merit raises, job assignments, reprimands, the interpretation or application of a rule, regulation, or policy, or allegations that the termination of a probationary or temporary employee or an hourly or per diem employee who works on an as needed basis was for an unlawfully discriminatory reason shall not be processed through discipline and dismissal policy and procedures. Such complaints will be considered on an informal basis in order to allow prompt correction or explanation of the subject of the complaint. All discrimination issues are covered under Section 4.2.1, "Nondiscrimination Policy and Complaint Procedure", of the Handbook of Operating Procedures (HOP).
- IV. Retaliation Prohibited:** No employee will be penalized, disciplined, or prejudiced for exercising the right to make a complaint or for aiding another employee in the presentation of that complaint.
- V. Procedures for Brining a Grievance**
 1. The employee shall informally present the complaint to their supervisor for discussion, consideration, and resolution within five (5) working days from the date of the action which is the subject of the complaint. If the supervisor is the subject of the complaint, the employee may address the complaint to the appropriate department Chair or Director.
 2. If the complaint is not satisfactorily resolved by the supervisor within five (5) working days, the employee may present the complaint in writing within five (5) working days to the department Chair or Director for consideration and action. A written decision will be mailed to the employee within ten (10) working days of receipt of the complaint.

3. Complaints not satisfactorily resolved by the department Chair or Director may be appealed in writing to the appropriate Vice President or Dean for the employee's department with a copy to the President, within five (5) working days of the date of the appealed decision. The appeal shall state why the appealed decision is not correct. Within a reasonable time, not to exceed thirty (30) days following receipt of the appeal, the Vice President or Dean, with the concurrence of the President, shall prepare and mail a written decision to the employee. This decision is final.
4. The written grievance and all decisions or responses regarding such complaint shall be a part of the personnel file of the employee. Therefore, the Vice President for Human Resources shall be copied on all grievance actions by the employee and the department on a timely basis.

VI. Grievance Format Defined: An employee grievance shall consist of two elements. Grievances shall contain a clear and concise statement that explains the specific complaint. Grievances shall also contain the employee's recommendation for attaining a sufficient remedy of the complaint.

VII. Summary of Grievances Steps

<u>PROCEDURAL STEPS</u>	<u>GRIEVANCE TIMEFRAMES</u>	<u>RESPONSE TIME FRAMES</u>
STEP ONE		
Immediate Supervisor (informal, unwritten basis)	Five (5) working days to verbally initiate a grievance	Five (5) working days to verbally respond
STEP TWO		
Department Chair/Director (formal, written basis)	Five (5) working days to appeal the response in writing	Ten (10) working days to respond to the appeal in writing
STEP THREE		
Dean/Vice President (formal, written basis)	Five (5) working days to appeal the response in writing with copy to the President	Thirty days to make a final response to appeal in writing with the concurrence of the President

SUPERVISION REQUIREMENTS/EVALUATION

Each intern is required to receive a minimum of 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.

PRECEPTOR/MENTOR. Additionally, each intern is assigned a mentor to provide continuity, clarification, and coordination of the trainees' experience. 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. The mentor will schedule time to meet with the intern. In the beginning of the year, meetings may happen weekly but can decrease in frequency as the year progresses. 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. 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. 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.

TELESUPERVISION

Rationale: Due to the COVID-19 Pandemic, telesupervision was expanded in order to protect the safety of both our interns and faculty while also meeting our training goals and curriculum. Post-pandemic, video supervision will continue to be utilized in the circumstance where the supervisor is located at a UT Health San Antonio satellite location. With a large internship, allowing supervisors from UT Health San Antonio satellite locations to supervise our interns helps ensure that the internship can provide more than the requisite 4 hours of supervision per week to our interns. Additionally, the use of telesupervision allows our interns to interact with diverse supervisors across the UT System and increases the likelihood that our interns can receive supervision in Spanish. Finally, telesupervision allows interns and supervisors to navigate relational and technological issues that can arise with the use of telehealth platforms. This is particularly relevant due to the increase in telehealth services offered at UT Health San Antonio as a result of COVID.

Consistent with Training Model: This policy remains in line with our current program aims and training outcomes by providing intensive supervision to our interns even if that cannot occur in person (particularly due to COVID). Telesupervision also meets the aims of our program by allowing our interns to interact with diverse faculty across the UT System that they would not be able to interact with if telesupervision was not an option.

How Utilized: When employed, video supervision is utilized for one hour of individual supervision within the Advance Clinic (minor rotation). Telesupervision will not account for more than one hour of the minimum required two weekly hours of individual supervision and two hours of the minimum required four hours of total weekly hours of supervision. Our interns generally receive at least five hours of weekly supervision (3 individual/2 group) so telesupervision is being used in accordance with the SoA's guidelines and limits on telesupervision.

Which Trainees: Telesupervision is allowed for all trainees. Normally, this type of supervision only occurs occasionally within the Advance Clinic. However, due to COVID-19, this type of supervision has been utilized more frequently, and it is anticipated that this will continue to be the case over the course of the pandemic and post-pandemic. This is particularly true for training sites that have incorporated more telehealth options for treating patients due to COVID-19 or have space issues that makes it difficult to follow CDC guidelines regarding social distancing.

Establishing Relationships: To promote the establishment of a positive relationship at the onset of the supervisory experience, long-distance supervisors are invited to the Psychology Internship Orientation to meet with their supervisees in-person (while social distancing). The supervisors also meet in-person with the intern throughout the year when they travel to the UT Health San Antonio main campus. Additionally, all supervisors are encouraged to contact their supervisees through e-mail prior to the internship year beginning to develop a relationship.

Professional Responsibility: Because long-distance supervisors are UT Health San Antonio faculty, they have access to the electronic medical record (EPIC) that is used in the Advance Clinic. Long-distance supervisors sign off on all patient contacts ensuring professional responsibility for the clinical cases.

Non-Scheduled Consultation/Crisis Coverage: An intern is encouraged to call or email his/her supervisor in times of needed non-scheduled (non-emergency) consultation. The supervisor will reach out to the intern to schedule a time to discuss the case over and above regularly scheduled supervision. In cases of emergency, the Advance Clinic's Director (David Hunter) is contacted. This is the policy for all Advance Clinic patients regardless of who is supervising the case. Dr. McGeary and Dr. Blount are also on site while the interns are seeing Advance Clinic patients, so they are also able to consult and provide crisis coverage in emergency situations.

Privacy/Confidentiality: Interns are provided a private office to contact their supervisor within the Advance Clinic. Interns and faculty are also able to do this within the privacy of their own homes. Interns and faculty also utilize a HIPAA compliant Zoom line for supervision calls.

Technology & Quality Requirements: The UT Health San Antonio Clinical Psychology Internship Program is utilizing a HIPAA compliant Zoom line for telesupervision. Zoom is very intuitive; however, if faculty or interns need training on how to use Zoom, the Training Directors will meet with the intern or faculty individually to train on the use of the platform.

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 following items: the intern's AAPI, the internship contract/welcome letter, quarterly evaluations, formal communication with the intern's doctoral program, remediation plans (as needed), and certificate of completion. The content of these records is 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.

NON-DISCRIMINATION POLICIES

The program follows strict non-discrimination policies and operating conditions and avoids any actions that would restrict program access or completion on grounds that are irrelevant to success in graduate training or the profession. More specifically, the program adheres to our Diversity Policy and the UT Health San Antonio's Nondiscrimination Policy and Complaint Procedures (HOP 4.2.1), which are outlined below.

CLINICAL PSYCHOLOGY INTERNSHIP DIVERSITY POLICY

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, gender expression, gender identity, age, disability, educational setting, geographic location, veteran status, 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 consider 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 expression, 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.

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

To help meet these important goals, the internship works closely with Dr. Brittany Hall-Clark, a licensed clinical psychologist with expertise in cultural diversity. Additionally, Dr. Tabatha Blount serves on the School of Medicine's Diversity Advocacy Council.

NONDISCRIMINATION POLICY & COMPLAINT PROCEDURE (UTHSCSA HOP 4.2.1)

I. Purpose

To establish UT Health San Antonio's nondiscrimination policy and complaint procedures.

II. Scope

This policy applies to all UT Health San Antonio administrators, faculty, staff, students/residents, fellows, post-docs, visitors and applicants for employment or admission. This policy is the principal prohibition of all forms of Discrimination on campus, except as follows:

A. The controlling policy and procedures relating to sexual Harassment and sexual misconduct can be found in the Handbook of Operating Policies (HOP), Section 4.2.2, and Title IX Sexual Harassment/Sexual Misconduct Policy.

B. Complaints concerning wages, hours of work, working conditions, performance evaluations, merit raises, job assignments, reprimands, and the interpretation or application of a rule, regulation or policy are governed by the HOP, Section 4.9.5, Grievance Policy and Procedures

III. Policy

It is the policy of the UT Health San Antonio (University) to provide an educational and working environment that provides equal opportunity to all members of the University community. In accordance with federal and state law, the University prohibits unlawful Discrimination on the basis of race, color, religion, sex, national origin, age, disability, citizenship, genetic information, and veteran status, sexual orientation, and gender identity

A. Resolution Options

A person who believes that he, she, or they have been subjected to Discrimination or Harassment in violation of this policy and seeks to take action may use either the informal resolution process or the formal complaint process, or both. The informal resolution and formal complaint resolution process described in this policy are not mutually exclusive and neither is required as a pre-condition for choosing the other; however, they cannot both be used at the same time.

B. Informal Resolution Process

This process may be used as a prelude to filing a formal complaint or as an alternative. It is not necessary that this option be used. Anyone who believes that he, she, or they have been subject to Discrimination may immediately file a formal complaint as described below under “Complaint Procedures”. Informal resolution may be an appropriate choice when the conduct involved is not of a serious or repetitive nature, and disciplinary action is not required to remedy the situation. No formal investigation is involved in the informal resolution process.

1. Reporting

a. Faculty, residents, students, fellows and non-employee post-docs wishing to use the informal resolution process should contact the appropriate Associate Dean for Student Affairs or the Associate Dean for Graduate Medical Education(GME) or the Office of the Vice President for Academic, Faculty and Student Affairs (AFSA).

b. All other individuals wishing to utilize the informal resolution process should contact the Office of Human Resources.

2. Informal Assistance

The individual is provided assistance in attempting to resolve possible Discrimination if the individual does not wish to file a formal complaint. Such assistance includes strategies for the individual to effectively inform the offending party that his, her or their behavior is offensive and should cease. Action should be taken by an appropriate University official to stop the offensive conduct, modify the situation in which the offensive conduct occurred, or begin mediation between the parties. However, the University may take more formal action to ensure an environment free of Discrimination.

3. Timeframe

Informal resolutions will be completed within a reasonable amount of time from receipt of a request for informal resolution.

4. Confidentiality and Documentation

The University will endeavor to maintain confidentiality to the extent permitted by law. The University will attempt to find the right balance between the individual's desire for

privacy and confidentiality with the responsibility of the University to provide an environment free of Discrimination prohibited by law.

a. For faculty, residents, students, fellows, and non-employee post-docs the appropriate Associate Dean for Student Affairs or the Associate Dean for GME or the Office of the Vice President for AFSA who will retain the official documentation.

b. For all other informal resolutions, the Office of Human Resources will retain the official documentation.

C. Complaint Procedures

1. Complaints allege unlawful sexual Harassment and sexual misconduct required under Title IX of the Education Amendments of 1972 are directed to follow the processes described in the HOP, Section 4.2.2 Title IX Sexual Harassment/Sexual Misconduct Policy.

2. Complaint procedures pursuant to this policy apply to complaints and grievances alleging unlawful Discrimination on the basis of race, color, religion, sex, national origin, age, disability, citizenship, genetic information, and veteran status, sexual orientation, or gender identity. As used herein, “complaint” is synonymous with “grievance.”

3. Reporting

a. The University encourages any person who believes that he, she, or they have been subjected to Discrimination to:

- i. immediately report the incident to his, her, or their appropriate supervisor,
- ii. to the appropriate supervisor of the accused faculty member or employee,
- iii. to the Office of Human Resources, or iv. when faculty, residents, students, fellows, and non-employee post-docs are the accused individuals,
 - (1) to the appropriate Associate Dean for Student Affairs, or
 - (2) the Associate Dean for GME, or
 - (3) the Office of the Vice President for AFSA.

b. The complainant will be advised of the procedures for filing a formal complaint of Discrimination. When a supervisor or Associate Dean of Students or Associate Dean for GME receives a complaint, they will immediately notify the Office of the Vice President for AFSA, and/or the Office of Human Resources, as appropriate.

c. Complaints should be filed as soon as possible after the conduct giving rise to the complaint, but no later than thirty (30) working days after the event occurred. In the case of a currently enrolled student, if the last day for filing a complaint falls prior to the end of the academic semester in which the alleged violation occurred, then the complaint may be filed within thirty (30) working days after the end of that semester.

d. In order to initiate the investigation process, the complainant should submit a signed, written statement setting out the details of the conduct that is the subject of

the complaint, including the complainant's name, signature, and contact information; the name of the person directly responsible for the alleged violation; a detailed description of the conduct or event that is the basis of the alleged violation; the date(s) and location(s) of the occurrence(s); the names of any witnesses to the occurrence(s); the resolution sought; and, any documents or information that is relevant to the complaint. While an investigation may begin on the basis of an oral complaint, the complainant is strongly encouraged to file a written complaint.

4. Complaint Investigation

The Associate Dean for Student Affairs or Associate Dean for GME and/or the Office of the Vice President for AFSA, as appropriate, is responsible for investigating formal complaints for faculty, residents, students, fellows, and nonemployee post-docs.

The Office of Human Resources is responsible for all other non-faculty/nonstudent complaints.

- a. If the complaint is not in writing, the investigator should prepare a statement of what they understand the complaint to be and seek to obtain verification of the complaint from the complainant.
- b. Within ten (10) working days of receipt of a complaint, the appropriate entity will authorize an investigation of the complaint:
 - i. The Associate Dean for Student Affairs or the Associate Dean for GME or the Office of the Vice President for AFSA for faculty, residents, students, fellows, and non-employee post-doc complaints, and/or
 - ii. the Office of Human Resources for all other non-faculty/non-student complaints.
- c. As part of the investigation process, the accused individual shall be provided with a copy of the allegations and be given the opportunity to respond verbally and/or in writing within a reasonable time frame.
- d. The complainant and the accused individual may present any document or information that is believed to be relevant to the complaint.
- e. Any persons thought to have information relevant to the complaint shall be interviewed and such interviews shall be appropriately documented.
- f. The investigation of a complaint will be concluded as soon as possible after receipt of the written complaint. In investigations exceeding sixty (60) days, a justification for the delay shall be presented to and reviewed by the Office for the Vice President for AFSA for faculty, students, residents and non-employee post-docs, or the Vice President and Chief Human Resources Officer for all non-faculty/non-student employees. The complainant, accused individual, and supervisor will be provided an update on the progress of the investigation after the review.
- g. Upon completion of the investigation, a written report will be issued. The report

shall include: a recommendation of whether a violation of the policy occurred, an analysis of the facts discovered during the investigation, any relevant evidence and recommended disciplinary action if a violation of the policy occurred.

- h. A copy of the report will be sent to the appropriate administrative official.
 - i. Written notification of the findings of the investigation and outcome will be sent to the complainant and the respondent by the appropriate administrative official.
 - ii. The complainant and the respondent have seven (7) working days from the date of the notification letter to submit comments regarding the investigation to the administrative official.
 - iii. However, if a complaint is filed against a student, then the complainant and respondent may not receive or comment on the notification letter in accordance with the Family Education Rights and Privacy Act's restrictions on disclosure of educational records.
- i. Within thirty (30) working days of receiving any comments submitted by the complainant or respondent, the appropriate administrative official will take one of the following actions:
 - i. request further investigation into the complaint.
 - ii. dismiss the complaint if the results of the completed investigation are inconclusive or there is insufficient reasonable, credible evidence to support the allegation(s); or,
 - iii. find that this policy was violated. A decision that this policy was violated shall be made upon the record provided by the investigator and any comments submitted by the complainant or respondent; and, shall be based on the totality of circumstances surrounding the conduct of complained of, including but not limited to; the context of that conduct, its severity, frequency, whether it was physically threatening, humiliating, or was simply offensive in nature. Facts will be considered on the basis of what is reasonable to persons of ordinary sensitivity and not on the particular sensitivity or reaction of an individual.
- j. If the appropriate administrative official determines that this policy was violated, they will take disciplinary action that is appropriate for the severity of the conduct. Disciplinary actions can include, but are not limited to verbal reprimands, written reprimands, and the imposition of conditions, reassignment, suspension, and dismissal.
- k. The complainant and the respondent shall be informed in writing of the administrative official's decision. However, if a complaint is filed against a student, then the determination letter sent to the complainant will be written in compliance with the Family Education Rights and Privacy Act.
- e. Implementation of disciplinary action against faculty and employees will be

handled in accordance with the University's policy and procedures for discipline and dismissal of faculty and employees. The Associate Dean for Student Affairs or the Associate Dean for GME will impose disciplinary action, if any, against a student, resident, or fellow in accordance with the University's appropriate disciplinary procedures.

D. Provisions Applicable to All Complaints

1. Assistance

During the complaint process, a complainant or respondent may be assisted by a person of his, her, or their choice; however, the assistant may not examine witnesses or otherwise actively participate in a meeting or interview.

2. Retaliation

An administrator, faculty member, student, resident, fellow, post-doc, or employee who retaliates in any way against an individual who has brought a complaint pursuant to this Policy or an individual who has participated in an investigation of such a complaint is subject to disciplinary action, including dismissal.

3. False Complaints

Any person who knowingly and intentionally files a false complaint under this Policy or any person who knowingly and intentionally makes false statements within the course of the investigation is subject to disciplinary action up to and including dismissal from the University.

4. Confidentiality and Documentation

To the extent permitted by law, complaints and information received during an investigation will remain confidential. Relevant information will be provided only to those persons who need to know in order to achieve a timely resolution of the complaint.

a. For faculty, residents, students, and non-employee post-docs the appropriate Associate Dean for Student Affairs or the Associate Dean for GME or the Office of the Vice President for AFSA will document complaints and their resolution. The Associate Deans will forward documentation of resolutions to the Vice President for AFSA at the conclusion of the process for which they are responsible to conduct. The Office of the Vice President for AFSA will retain the official documentation.

b. For all other non-faculty/non-student informal resolutions, the Office of Human Resources will retain the documentation.

E. Dissemination of Policy

This Policy will be made available to all faculty, employees, students, residents, fellows, and post-docs. Periodic notices sent to faculty, employees, students, residents, fellows, and post-docs about the University's nondiscrimination policy will include information about the complaint procedure and will refer individuals to designated offices for additional information.

IV. Definitions

When used in this document with initial capital letter(s), the following words have the meaning set forth below unless a different meaning is required by context.

Discrimination – including Harassment, is defined as conduct directed at a specific individual or a group of identifiable individuals that subjects the individual or group to treatment that adversely affects their employment or education on account of race, color, religion, sex, national origin, age, disability, citizenship, genetic information, veteran status, sexual orientation, or gender identity.

Harassment – as a form of Discrimination, is defined as verbal or physical conduct that is directed at an individual or group because of race, color, religion, sex, national origin, age, disability, citizenship, genetic information, veteran status, sexual orientation, or gender identity when such conduct is sufficiently severe, pervasive, or persistent so as to have the purpose or effect of interfering with an individual's or group's academic or work performance; or, of creating a hostile academic or work environment. Constitutionally protected expression cannot be considered Harassment under the policy.

V. Related References

There are no related documents associated with this Policy.

VI. Review and Approval History

A. The approving authority of this Policy is the University Executive Committee.

B. The review frequency cycle is set for three years following the last review date, a time period that is not mandated by regulatory, accreditation, or other authority

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” (2017), 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 and is outlined in more detail within the handbook section on Grievance Policy: 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. 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. 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. 5) Complaints not satisfactorily resolved by the Psychiatry Training Director may be appealed in writing to the Psychiatry Department Chair (Dr. Steven Pliszka). The Psychiatry Department Chair will prepare a decision for the Intern. This decision is final.

LEAVE POLICY

The University of Texas Health San Antonio recently revised their leave policy (<https://uthealthsa.sharepoint.com/HR/Pages/Leave-Guide1.aspx>). Interns should track the use of their leave to ensure that they stay within allotted days off. However, leave is also tracked at the internship and department level. The training directors and program coordinator are willing to schedule time with intern individually to discuss their leave balance.

Paid Time Off. Each intern will receive 128 hours (i.e., 16 days) of paid time off to be used for personal leave, vacation, postdoctoral interviews, non-internship specific conferences, graduation, and/or dissertation defense. **PTO is to be split equally between the first and second half of the year. No more than 5 days of leave will be approved at the end of June.**

All PTO 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).

Floating Holidays. Since interns are hired in July 2022, they are eligible for up to 3 floating holidays after September 1, 2022.

Administrative Day. Interns can also receive up to 1 additional day of administrative leave to support a career-oriented activity (i.e., postdoctoral interview, dissertation defense, a professional conference). Administrative leave requires prior approval from the training directors.

The total of 4 days of leave interns receive between floating holidays and administrative leave should be split equally between the first and second half of the year.

Extended Illness Bank. Interns earn 8 hours per month of leave for illness or injury. This leave **can only be used for medical appointments, medical procedures, or illness of the intern or their dependent.** Additionally, hours from the extended illness bank can only be used once the intern has used 8 hours of PTO for the year. 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 their leave form. Similarly, if a pattern of absences emerges (e.g., always sick on Tuesday or Friday) with sick leave, then interns will be asked to provide medical documentation. The extended illness bank cannot be used for animal care.

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 he/she 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. 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. Abuse of the leave policy can result in remediation. 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, work from home, or take a day of vacation leave.

Inclement Weather: If a workday 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.

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.

WORKERS' COMPENSATION

Psychology interns are required to promptly report all occupational injuries and exposures without delay. The University of Texas System has an agreement with Injury Management Organization, Inc. to provide a Workers' Compensation Insurance Network for the medical management of continuing care of occupational injuries. Interns should notify their site supervisor and training directors of the injury and seek appropriate medical care. The supervisor or training director in conjunction with the intern will complete the "First Report of Injury Form," which the department will transmit to the Environmental Health & Safety within 24 hours. Since interns are UT Health Employees, they should follow UT Health's policies and procedures regarding work-related injuries and not the policies of non-UT Health agencies.

Additional Information about Workers' Compensation can be found at the following website:
<https://wp.uthscsa.edu/safety/workers-compensation/>

UT HEALTH SAN ANTONIO HANDBOOK OF OPERATING PROCEDURES

As employees of the University of Texas Health San Antonio, interns are expected to follow the University's Policies and Procedures as outlined by the Handbook of Operating Procedures in addition to the Internship's Policies and Procedures. Key HOP policies are included below; however, an electronic copy of the entire HOP is located at:

uthealthsa.sharepoint.com/RAC/Pages/HOP.aspx.

Information about the Institutional Compliance Program is available at
<https://uthscsa.edu/compliance/>, and the Compliance Office can be reached at 210-567-2014.

REQUEST FOR ACCOMMODATIONS UNDER THE ADA ADA AMENDMENTS ACTS OF 2008 (HOP 4.2.3)

I. Purpose: This policy articulates UT Health San Antonio's responsibilities and implementation processes in compliance with the Americans with Disabilities Act (ADA) and the ADA Amendments Act of 2008 (ADAAA).

II. Scope: Title I of the ADA requires an employer to provide Reasonable Accommodations to Qualified Individuals with a Disability who are employees or applicants for employment or applicants for admissions as students, residents to one of the UT Health San Antonio schools.

III. Policy: It is the policy of UT Health San Antonio to comply with the provisions of the Americans with Disabilities Act (ADA) and the ADA Amendments Act of 2008 (ADAAA). The ADA prohibits discrimination against people with disabilities in employment, transportation, public accommodation, communications, educational environments, and governmental activities.

Reasonable Accommodations will be decided by the department in concurrence with the Office of Human Resources for employment-related requests and the Executive Director, Faculty, Student Ombudsperson and ADA Compliance Office for all other requests. It may be determined that additional medical information is needed. If so, the individual will be provided with necessary forms/questionnaires for the health care provider to complete.

A. Requesting accommodation

1. Any faculty or staff member requesting an employment accommodation under the ADA is to submit a Request for Accommodation Under the Americans with Disabilities Act (ADA), form ADA-99, to the Office of Human Resources with a copy of the current job description or description of duties and responsibilities, as appropriate.

2. Students, fellows, and residents requesting an accommodation under ADA are to submit Request for Accommodation Under the Americans with Disabilities Act (ADA), form ADA-100, to the Executive Director, Academic, Faculty, Student Ombudsperson and ADA Compliance Office with a copy of the current job description (if appropriate).

B. Interactive Process

A Reasonable Accommodation under the ADA and ADAAA is an ongoing process. At any point in time, the individual receiving the Reasonable Accommodation may request a reevaluation of their request from the Office of Human Resources or the Executive Director, Academic, Faculty, Student Ombudsperson and ADA Compliance Office. At that point, the interactive process will be implemented in order to deal with any new requests and/or revisions to the initial requests.

C. Confidentiality

All medical-related information shall be kept confidential and maintained in the applicable office (Office of Human Resources or the Executive Director, Academic Faculty, Student Ombudsperson, and ADA Compliance Office) and will be maintained separately from other personnel or student, resident records. However, supervisors and managers and certain

faculty in a school and/or program of study may be advised of information necessary to make the determinations they are required to make in connection with a request for an accommodation. First aid and safety personnel may be informed, when appropriate, if the Disability might require emergency treatment or if any specific procedures are needed in the case of fire or other evacuations. Government officials investigating compliance with the ADA and the ADAAA may also be provided relevant information as requested.

D. Records Retention

Form ADA-99, ADA-100, and attached documentation submitted to the Office of Human Resources and the Executive Director, Academic Faculty, Student Ombudsperson, and ADA Compliance Office will be maintained in a confidential manner in accordance with applicable federal and state mandated retention schedules.

E. Pregnancy and Religious Accommodations

Pregnancy itself is not considered a Disability under the ADA. However, employees, students and residents who suffer from pregnancy related disabilities, such as preeclampsia or diabetes, are entitled to Reasonable Accommodations from the employer and/or school and/or program of study and educational environment.

Examples of pregnancy accommodations in the workplace include a reduced work schedule, restrictions on lifting, and providing ergonomic office furniture, time, and place for lactation activities.

Title VII of the Civil Rights Act of 1964 prohibits employment discrimination based on religion. This includes refusing to accommodate an employee's sincerely held religious beliefs or practices unless the accommodation would impose an Undue Hardship. A religious practice may be sincerely held even if newly adopted, not observed consistently, or different from common tenets of an individual's religion.

Examples of religious accommodations in the workplace and/or educational environment include exceptions to the dress code, schedule changes, and additional breaks during the workday and/or school day.

III. Definitions

When used in this document with initial capital letter(s), the following words have the meaning set forth below unless a different meaning is required by context.

Disability – a mental or physical impairment that substantially limits at least one or more major life activities of an individual, a record of such an impairment, or being regarded as having such an impairment as described in the ADAAA listing of major life activities. The term does not include:

1. a current condition of addiction to the use of alcohol, a drug, an illegal substance, or a federally controlled substance; or
2. a currently communicable disease or infection as defined in Section 81.003, Health and Safety Code, or required to be reported under Section 81.041, Health

and Safety Code, that constitutes a direct threat to the health or safety of other persons or that makes the affected unable to perform the duties of the person's employment.

Qualified Individual With A Disability – a person with a Disability who satisfies the requisite skill, experience, education and other job-related requirements of the employment position or educational program of study; such individual holds or desires, and who, with or without Reasonable Accommodation, can perform the essential functions of such position.

Reasonable Accommodation – generally speaking, a change in the work environment or work procedure that enables an individual with a Disability to enjoy equal employment opportunities. Examples of possible Reasonable Accommodations include making existing facilities accessible, job restructuring, modified schedules, and acquiring or modifying equipment.

Undue Hardship – an action that is excessively costly, extensive, substantial, or disruptive or that would fundamentally alter the nature or operation of the business. In determining Undue Hardship, factors to be considered include the nature and cost of the accommodation in relation to the size, the financial resources, the nature and structure of the employer's operation, as well as the impact of the accommodation on the specific facility providing the accommodation.

V. Related References

Forms

Staff/Faculty Employment Accommodation Request Form:

ADA-99, Request for Accommodation Under the Americans with Disabilities Act (ADA)

http://www.uthscsa.edu/hr/documents/ADA%20Request%20Form_Staff.pdf

Student, Fellow, Resident Accommodation Request Form: ADA-100, Request for Accommodation Under the Americans with Disabilities Act (ADA)

<https://uthscsa.edu/eo/form100studentresident.pdf>

Federal Law

Americans with Disabilities Act of 1990 (ADA) ADA

Amendments Act of 2008 (ADAAA)

Title VII of the Civil Rights Act of 1964

SEXUAL MISCONDUCT POLICY (HOP 4.2.2)

I. Purpose The purpose of this Policy is to ensure that the campus environment is free from sexual harassment and sexual misconduct and other conduct of a sexual nature that is both inappropriate and unprofessional for the academic and workplace environment. Sexual harassment and misconduct are prohibited and will not be tolerated.

II. Scope This Policy applies to all UT Health San Antonio (The University) administrators, faculty, staff, students, trainees and third parties within the University's control, including visitors and applicants for admission or employment. It applies to conduct that occurs on University owned

or controlled premises, in an education program or activity including University sponsored or supported events, buildings owned or controlled by student organizations officially recognized by the University, or off campus when the conduct potentially affects a person's education or employment with the University or potentially poses a risk of harm to members of the University community. It applies regardless of the gender, gender identity or sexual orientation of the Parties and applies (a) whether the complaint was made verbally, electronically, or in writing, or (b) whether the complaint was made by or against a third party.

Prohibited Conduct under this Policy: Sexual Misconduct (which includes Sex Discrimination, Sexual Harassment, Sexual Assault, Domestic Violence, Dating Violence, Stalking, and Other Inappropriate Sexual Conduct); Sexual Exploitation; Retaliation; Failure to Report (for a Responsible Employee); and False Information and False Complaints. Violations of Prohibited Conduct under this Policy will be adjudicated in accordance with this Policy. The definitions of Prohibited Conduct are in the Definitions Section of this Policy.

III. Policy

A. General Policy Statements

1. The University is committed to maintaining a learning and working environment that is free from discrimination based on sex in accordance with Title IX of the Higher Education Amendments of 1972 (Title IX), which prohibits discrimination on the basis of sex in education programs or activities; Title VII of the Civil Rights Act of 1964 (Title VII), which prohibits sex discrimination in employment; and the Campus Sexual Violence Elimination Act (SaVE Act), Violence Against Women Act (VAWA), and Clery Act. Sexual Misconduct, Retaliation, and other conduct prohibited under this Policy will not be tolerated and will be subject to disciplinary action.
2. The University will promptly discipline any individual or organization within its control who violate this Policy. The University encourages any student, faculty, staff, or visitor to promptly report incidents and/or violations that could constitute violations of the Policy to the Title IX Coordinator as outline in Section B. Reporting Incidents of this Policy.
3. Free Speech. Freedom of speech and principles of academic freedom are central to the mission of institutions of higher education. Constitutionally protected expression cannot be considered Sexual Misconduct under this Policy.

B. Reporting Incidents

1. Empowering Community

This Policy distinguishes between reporting sexual misconduct incidents and filing Formal Complaints. Reporting Sexual Misconduct incidents informs the University of the incident, which allows the institution to provide Supportive Measures (as outlined in Section D.2 Supportive Measures of this Policy) to the Complainant and does not necessarily result in the initiation of the Grievance Process (as outlined in Section E Grievance Process of this Policy).

All Complainants who report incidents of Sexual Misconduct will be offered individualized Supportive Measures. If Complainants wish to initiate the Grievance Process, they should file a Formal Complaint. As described in Section E Grievance Process of this Policy, the Grievance Process may involve an investigation into the incident and a hearing to determine the responsibility of the Respondent

2. Filing a Complaint and Reporting Violations

a. Reporting Prohibited Conduct to the Title IX Coordinator.

Any person may report Sexual Misconduct, Retaliation, or other conduct prohibited under this Policy to the Title IX Coordinator, whether or not the 4.2.2 Sexual Misconduct Policy Template version: 2021-01 Page 3 of 36 person reporting is the person alleged to be the victim of the incident. The report can be a verbal or written report to the Title IX Coordinator,

Title IX Coordinator: Dr. John Kaulfus

Address: 7703 Floyd Curl Drive, ALTC B106 San Antonio, Texas 78229-3900

Email: TitleIX@uthscsa.edu Phone: 210-450-8131

b. Responsible Employees

Sexual Misconduct incidents may also be reported to Responsible Employees. A Responsible Employee is a University employee who has the duty to report incidents of Sexual Misconduct to the Title IX Coordinator. Students, residents, and other trainees are not considered Responsible Employees for the purposes of this policy. (See Section IV, Definitions.

c. Filing a Formal Complaint

The Complainant may file a Formal Complaint with the Title IX Coordinator, as outlined in Section E.2 Formal Complaints Against Students and Employees

i. Anonymity

Reporters may make an anonymous report by telephone or in writing to the Title IX Office. Additionally, you may report incidents anonymously through the University's Hotline. The Hotline is managed by a third-party to ensure anonymity. Reporters may report on the toll-free number 877-507-7317.

Reporters may also report an incident online at: <http://UTHSCSA.edu/ReportNow>. When reporting anonymously, the Reporter will be guided to create a confidential Personal Identification Number (PIN).

Reporters are encouraged to log-in periodically to answer any posted questions and/or provide additional information. Doing so will enhance the University's ability to stop the harassment, collect evidence, or take effective action against individuals or organizations accused of violating this Policy.

ii. Confidentiality

The Reporter can discuss an incident in strict confidence by using the confidential resources outlined in Section 5 Confidential Support and Resources.

iii. Timeliness of Reporting

Responsible Employees (also see Section C. Parties Rights Regarding Confidentiality of this Policy) are required to report known incidents and

information of Sexual Misconduct promptly to the Title IX Coordinator. For others in the University community, such as students, residents and other trainees, you are strongly encouraged to report Sexual Misconduct, Retaliation, and other conduct prohibited under this Policy as soon as you become aware of such conduct.

Delays in reporting can greatly limit the University's ability to stop the harassment, collect evidence, and/or take effective action against individuals or organizations accused of violating the Policy.

3. Reporting to Law Enforcement

Reports of Sexual Misconduct may also be made to UT Health San Antonio Police Department (UTPD) at 210-567-2800 (non-emergency) or 210-567-8911 (emergency) or 911 (emergency) or to other local law enforcement authorities.¹ The Title IX Office can help individuals contact these law enforcement agencies.

If a report of Sexual Misconduct is reported initially to UTPD, the Reporter shall be advised of their right to file a Formal Complaint with the Title IX Coordinator.

Employees and students with protective or restraining orders relevant to a complaint are encouraged to provide a copy to UTPD.

UTPD shall also notify the Title IX Coordinator of the report and provide the Title IX Coordinator access to any related UTPD enforcement records related to the report, so long as doing so does not compromise any criminal investigation.

4. Reporting to Outside Entities

You may also contact the following external agencies:

For students

Office for Civil Rights

U.S. Department of Education

1999 Bryan Street, Suite 1620 Dallas, TX 75201-6810

Phone: 214-661-9600

Fax: 214-661-9587

Office for Civil Rights U.S. Department of Health and Human Services

1301 Young Street, Suite 1169 Dallas, TX 75202

Phone: 800-537-7697

Fax: 214-767-0432

¹ Because of the multiple site locations where UT Health San Antonio programs are conducted, reporting to law enforcement may include the San Antonio Police Department (210-207-7273); Bexar County Sheriff's Department (210-335-6000); Harlingen Police Department (956-365-8900); Cameron County Sheriff's Department (956-233-6157); Edinburg Police Department (956-316-7151); Hidalgo County Sheriff's Department (956-383-8114); Laredo Police Department (956-523-7414); and Webb County Sheriff's Department (956-523-4500).

For employees

U.S. Equal Employment Opportunity Commission

Dallas District Office

207 S. Houston Street, 3rd Floor Dallas, TX 75202
 Phone: 800-669-4000
 Fax: 214-253-2720

Texas Workforce Commission
 Civil Rights Division
 101 E. 15th Street
 Room 144-T
 Austin, TX 78778-0001 512-463-2642

5. Confidential Support and Resources

Students may discuss an incident with Confidential Employees or an off-campus resource (e.g. rape crisis center, doctor, psychologist, clergyperson, etc.) without concern that the person's identity will be reported to the Title IX Office. Employees may also seek assistance from the Employee Assistance Program, their own personal health care provider, the clergyperson of their choice, or an off-campus rape crisis resource without concern that the person's identity will be reported to the Title IX Office. Confidential resources are designated as such on this document: Title IX Campus and Community Resources Confidential Employees who receive information regarding incidents of Sexual Misconduct committed by or against a student or an employee of the University, are required to report the type of incident to the Title IX Coordinator. Confidential Employees may not include any information that would violate a student's expectation of privacy.

6. Immunity

In an effort to encourage reporting of Sexual Misconduct, the University may grant immunity from student and/or employee disciplinary action to a person who acts in good faith in reporting an incident, filing a Formal Complaint, or participating in a Grievance Process (e.g. investigation, hearing, appeal). This immunity does not extend to the person's own violations of this Policy. The University has great respect for the privacy of the parties identified in a report or Formal Complaint.

C. Parties' Rights Regarding Confidentiality, Requests to Not Investigate, and Requests to Dismiss Formal Complaints.

The University has great respect for the privacy of the parties identified in a report or Formal Complaint. Under state law, however, Responsible Employees who receive information of alleged Sexual Misconduct must share that information with the Title IX Coordinator. As such, the University may need to act to maintain campus safety and must determine whether to investigate further, regardless of the Complainant's request for confidentiality or request to not investigate a report received by the Title IX Coordinator.

In making determinations regarding requests for confidentiality, Complainants' requests to not investigate, Complainants' requests to dismiss Formal Complaints, and/or requests to not disclose identifying information to Respondents, the Title IX Coordinator must deliberately weigh the rights, interests, and safety of the Complainant, the Respondent, and the campus community. Factors the University must consider when determining whether to investigate an alleged incident of Sexual Misconduct include, but are not limited to:

- a. The seriousness of the alleged incident;

- b. Whether the University has received other reports of alleged Sexual Misconduct by the alleged Respondent;
- c. Whether the alleged incident poses a risk or harm to others; and
- d. Any other factors the University determines relevant.

Under state law, if the Complainant requests in writing that the University not investigate a report, the University must inform the Complainant of its decision whether or not to investigate.

If the University dismisses a Formal Complaint (as outlined in Section E.2.c Mandatory and Discretionary Formal Complaint Dismissals of this Policy), the University must provide the Complainant and Respondent a written notice of the dismissal and the reason(s) for the dismissal.

In the course of the Grievance Process, the University may share information only as necessary with people who need to know in compliance with the law, which may include but is not limited to the investigators, witnesses, Complainant, Respondent, parties' advisors, hearing officer, and the appellate officer, if applicable. The University will take all reasonable steps to ensure there is no retaliation against the parties or any other participants in the investigation or in any other part of the Grievance Process.

D. Resources and Assistance

1. Immediate Assistance

a. Healthcare

If you experience sexual violence, you are encouraged to seek immediate medical care. Also, preserving DNA evidence can be key to identifying the perpetrator in a sexual violence case. Victims can undergo a medical exam to preserve physical evidence with or without police involvement. If possible, this should be done immediately. If an immediate medical exam is not possible, individuals who have experienced a sexual assault may have a Sexual Assault Forensic Exam (SAFE) performed by a Sexual Assault Nurse Examiner (SANE) within 5 days (120 hours) of the incident. With the examinee's consent, the physical evidence collected during this medical exam can be used in a criminal investigation; however, a person may undergo a SAFE even without contacting, or intending to contact, the police. To undergo a SAFE, go directly to the emergency department of the Methodist Specialty and Transplant Hospital, Emergency Room Sexual Assault Nurse Examiner (SANE), or the nearest hospital that provides SAFE services. Additional information about the SAFE, can be found here:

Methodist Specialty and Transplant Hospital Emergency Room Sexual Assault Nurse Examiner (SANE) on duty at all times
8026 Floyd Curl Drive, San Antonio, Texas

<https://sahealth.com/locations/methodist-specialty-and-transplanthospital/>

Attorney General of Texas – Crime Victims

https://www.texasattorneygeneral.gov/files/cvs/sexual_assault_examination.pdf

The cost of the forensic portion of the exam is covered by the law enforcement agency that is investigating the assault or, in cases where a report will not be made to the police, the Texas Department of Public Safety. This does not include fees

related to medical treatment that are not a part of the SAFE.

b. Police Assistance

If you experience or witness Sexual Misconduct, the University encourages you to make a report to the police. The police may, in turn, share your report with the Title IX Office, with the exception of when you use a pseudonym form under the Code of Criminal Procedure for incidents of sexual assault, stalking, family violence, and human trafficking. In those instances, where a pseudonym form is used, the police will only report the type of incident to the Title IX Coordinator but not any information identifying you.

A police department's geographic jurisdiction depends on where the incident occurred. Thus, if the incident occurred on the University campus, you may file a report with UTPD located at 7703 Floyd Curl Drive, San Antonio, TX 78229, even if time passed since the incident occurred.

UTPD can also assist with applying for any protective orders. Reporting an incident to law enforcement does not mean the case will automatically go to criminal trial or go through a Grievance Process. If the University Police are called, a police officer will be sent to the scene to take a detailed statement. A police officer or victim services coordinator may also provide you with a ride to the hospital. You may also file a report with the University Police even if the assailant was not a University student or employee. If the incident occurred in the City of San Antonio, but off campus, you may also file a report with the San Antonio Police Department, even if time has passed since the incident occurred. If a report is made to the police, a police officer will usually be dispatched to the location to take a written report. A sexual assault victim will also have an opportunity to have a crime victim liaison, counselor, advocate, or police officer with specialized training be present with the victim during police investigative interviews.

UT Health San Antonio Police Department

<https://www.uthscsa.edu/police/clery/victim-assistance-resources>

Non- Emergency: 210-567-2800 – option 3

Emergency: Call 911 or 210-567-8911

c. Counseling and Other Services

If you experience Sexual Misconduct, you are strongly encouraged to seek counseling or medical and psychological care even if you do not plan to request a SAFE or report the incident to the police. You may be prescribed medications to prevent sexually transmitted infections and/or pregnancy even if the police are not contacted or if a SAFE is not performed. Similarly, other individuals impacted or affected by an incident are encouraged to seek counseling or psychological care.

You may receive medical care at the UT Health San Antonio Wellness 360, at a local emergency room, or by a private physician. You may also be provided with psychological support by the Student Counseling Center (students), Employee Assistance Program (faculty and staff), or a care provider of your choosing.

Wellness 360 (Students, Employees and Faculty)

Website: <https://wellness360.uthealthsa.org/>
 Phone: 210-567-2788

Students desiring counseling should contact:
 UT Health Student Counseling Center
 Website: <https://students.uthscsa.edu/counseling/> Office
 Phone and 24-Hour Crisis Line: 210-567-2648

Faculty and staff should contact:
 UT Employee Assistance Program (EAP)
 Website: <https://www.uth.edu/uteap/>
 Phone: 1-800-346-3549 or 713-500-3327

2. Supportive Measures

The University will offer reasonably available individualized services, without any fee or charge, to the parties involved in a reported incident of Sexual Misconduct with or without the filing of a Formal Complaint, when applicable. Supportive Measures may include but are not limited to, counseling, extensions of deadlines or other course-related adjustments, modifications of work or class schedules, withdrawal from or retake a class without penalty, campus escort services, mutual restrictions on contact between the parties, change in work locations, leaves of absences, increased security and monitoring of certain areas of campus, or other similar measures tailored to the individualized needs of the parties.

Supporting Measures are non-disciplinary and non-punitive measures that do not unreasonably burden the other party. Any disciplinary or punitive measures may only be implemented following the conclusion of the Grievance Process unless an emergency removal (as outlined in Section F. Emergency Removal and Employee Administrative Leave) is appropriate.

The University will maintain the confidentiality of Supportive Measures provided to the parties, to the extent that maintaining such confidentiality does not impair the ability of the University to provide the Supportive Measures.

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E. The Grievance Process

1. Key Officials in the Grievance Process

a. Title IX Coordinator.

The Title IX Coordinator is the senior University administrator who oversees the University's compliance with Title IX. The Title IX Coordinator is responsible for administrative responses to reports and Formal Complaints of Sexual Misconduct, Retaliation, and other conduct prohibited under this Policy. The Title IX Coordinator is available to discuss the Grievance Process, coordinate Supportive Measures, explain University policies and procedures, and provide education on relevant issues. The Title IX Coordinator may designate one or more Deputy Title IX Coordinators to facilitate these responsibilities. At UT Health San Antonio, the Title IX Director functions as the Title IX Coordinator.

Any member of the University community may contact the Title IX

Coordinator with questions.

b. Investigator(s) The University will ensure that Formal Complaints are properly investigated under this Policy by investigators assigned to the Formal Complaint. The investigators are neutral and impartial factfinders and gather evidence during the investigation. The investigators are responsible for completing an investigation report at the conclusion of the investigation. The Title IX Deputy Coordinators may supervise and advise the Title IX investigators when conducting investigations and update the Title IX Coordinator as necessary to ensure compliance with Title IX.

c. Hearing Officer The hearing officer is responsible for conducting the hearing in an orderly manner, controlling the conduct of all participants and attendees of the hearing, and rendering a written determination regarding responsibility of the Respondent's alleged conduct charges in an impartial, neutral, and objective manner.

2. Formal Complaints Against Students and Employees²

a. Applicability of the Grievance Process. The Grievance Process in this Policy applies to the follow situations:

i. Students/Learners, Residents, and other Trainees. The Grievance Process in Sections E.2 through E.11 of this Policy applies in the instances where the Respondent is a student/learner (including student employees)³ at the University at the time of the alleged conduct and where the conduct alleged includes Sexual Harassment.

An alternative Grievance Process (in Section E.12 Alternative Grievance Process for Students, Faculty and Staff of this Policy) applies in instances where the Respondent is a student at the time of the alleged conduct and where the conduct alleged does not include Sexual Harassment.

ii. Employees. Faculty and Staff. For employees, the Grievance Process in this Policy only applies where all the following conditions are met;

1. The Respondent is an employee at the University at the time of the alleged conduct;
2. The conduct alleged is Sexual Harassment under this Policy;
3. The alleged conduct occurred against a person in the United States; and
4. Where the Complainant was participating or attempting to participate in an education program or activity at the University. This element is met if the conduct occurred in any

of the following: on any University property; during any University activity; in a building owned or controlled by a student organization that is officially recognized by the University; or in instances where the University exercised substantial control over the Respondent and the context in which the alleged conduct occurred.

An alternative Grievance Process (in Section E.12 Alternative Grievance Process for Students, Faculty, and

2 For Formal Complaints against third parties, such as contracted workers, volunteers, or visitors, the University will apply the analysis in Section E.2(a)(ii) Employees, Faculty and Staff with regard to employees and may apply other institutional policies to those Respondents if the Grievance Process (outlined in this Policy) does not apply.

3 Respondents who are both students and employees are treated as students under this Policy.

Staff of this Policy) applies in instances where the Respondent is a faculty or staff member at the time of the alleged conduct and where the conduct alleged does not include Sexual Harassment, as defined in this policy.

b. To begin the Grievance Process, the Complainant must sign a Formal Complaint (requesting an investigation) and submit it to the Title IX Coordinator. The Complainant must submit a written statement setting out the known details of the alleged conduct that is the subject of the Formal Complaint, including the following:

- Complainant's name and contact information;
- Respondent's name;
- Detailed description of the alleged conduct or event that is the basis of the alleged violation under this Policy;
- Date(s) and locations(s) of the alleged occurrence(s);
- Names of any witnesses to the alleged occurrence(s); and
- The resolution sought.

The Complainant may also submit any documents or information that is relevant to the Formal Complaint.

Title IX Coordinator may also sign a Formal Complaint against a Respondent (requesting an investigation) and in doing so will initiate the Grievance Process.

c. Mandatory and Discretionary Formal Complaint Dismissals

- i. Under Title IX regulations, universities are required to distinguish between prohibited conduct that is "under Title IX" and prohibited

conduct that is a violation of University Policy. Under Title IX, the University must dismiss a Formal Complaint or the part of the allegations in a Formal Complaint, if applicable, where Sexual Harassment is alleged and where,

1. The conduct alleged does not meet the definition of Sexual Harassment;
2. The alleged conduct did not occur in the University's education program or activity; or
3. The alleged conduct did not occur against a person in the United States.

A dismissal under this provision only applies to allegations of Sexual Harassment under Title IX. In such an instance, the University may still investigate a Formal Complaint for allegations of Sexual Harassment under this Policy. The University may also investigate allegations of other prohibited conduct under this Policy through the process described in Section III, E.12, but it will not technically be "under Title IX."

ii. The University may dismiss a Formal Complaint at its discretion, under this Policy's Grievance Process for any of the following circumstances:

1. If the Complainant requests in writing to dismiss a Formal Complaint (e.g. withdraws the Formal Complaint or any allegations therein), as outlined in Section C of this Policy;
2. If the Respondent is an employee and is no longer employed by the University at the time the Formal Complaint is filed;
3. Any specific circumstances that prevent the University from gathering evidence sufficient to reach a determination as to the Formal Complaint or any allegations therein; or
4. The conduct alleged does not meet the definition of any prohibited conduct under this Policy.

iii. If the University dismisses a Formal Complaint, the University must provide both parties a written notice of the dismissal and the reason(s) for dismissal.

d. Concurrent Criminal or Civil Proceedings. The University will not, as a matter of course, wait for the outcome of a concurrent criminal or civil justice proceeding to take action on the Formal Complaint in a University

Grievance Process. The University has an independent duty to respond to Formal Complaints of Sexual Misconduct. At the University's discretion the University may delay the investigation or Grievance Process for a brief period due to concurrent criminal or civil proceedings on a case-by-case basis.

3. Written Notice of the Formal Complaint, and Notification of University Officers Offering Assistance.

After receiving a Formal Complaint, the Title IX Office will provide a written notice to the parties of the Formal Complaint and available University resources and assistance. The written notice of the Formal Complaint will include the following:

- A notice of the Grievance Process, as outlined in this Policy;
- A notice of the allegations that potentially constitute prohibited conduct under this Policy, including sufficient details about the alleged conduct, including the identity of the parties, if known, and the date(s), time(s), and location(s) of alleged conduct known by the University at the time of the Formal Complaint;
- A statement of the potential policy violations being investigated, • A statement that the Respondent is presumed not responsible for the alleged conduct and that the determination regarding responsibility will be made at the conclusion of the Grievance Process;
- Both parties may have an advisor of their choice, who may be, but is not required to be, an attorney, and may inspect and review all evidence;
- A statement that the parties may review evidence gathered as part of any investigation;
- Provision of this Policy that knowingly making false statements or knowingly submitting false information during the Grievance Process is prohibited and subject to disciplinary action; and
- Any other relevant information for the written notice.

4. Informal Resolution Option of Certain Formal Complaints

After the parties have been provided a copy of the written notice of a Formal Complaint, both parties may, in writing, voluntarily agree to use this informal Resolution option, if applicable, at any point prior to reaching a determination regarding responsibility, but the parties are not required to do so. The Informal Resolution entails the parties forgoing the Grievance Process (including the investigation and hearing, depending on when the parties agree to engage in an Informal Resolution). The Informal Resolution may include a mediation process, for example:

The Title IX Coordinator will oversee the informal resolution process. At any point

prior to agreeing to an Informal Resolution, each party has a right to withdraw from the Informal Resolution process and resume the Grievance Process with respect to the Formal Complaint.

a. Informal Resolution

Availability Informal Resolution process is rarely permitted in cases where Sexual Harassment is alleged in the Formal Complaint, but special cases may be considered by the Title IX Coordinator in consultation with the Office of Legal Affairs. At any point prior to agreeing to an Informal Resolution, the parties have a right to withdraw from the Informal Resolution process and resume the Grievance Process with respect to the Formal Complaint. Informal Resolution is also not available where the Respondent has previously participated in the Informal Resolution process and where that process resulted in a mutual agreement.

b. Informal Resolution

Timeframe Informal Resolutions of a Formal Complaint will be concluded within 45 days of notice to the University that both parties wish to proceed with the Informal Resolution process. Such notice that the parties wish to proceed with an Informal Resolution process will “pause” the counting of the timeframe to conclude the Grievance Process in Section E.11 Grievance Process Timeframe of the Policy, should the Informal Resolution process fail and the parties continue with the Grievance Process.

c. Informal Resolution Documentation

Any final resolution pursuant to the Informal Resolution process will be documented and kept for seven years as required by law (see Section E.10 Grievance Process Documentation of this Policy). However, no recording of the Informal Resolution process will be made and all statements made during the Informal Resolution process and may not be used for or against either party (and the Hearing Officer and Appellate Officer may not consider any such statement made during Informal Resolution) should the parties resume the Grievance Process. Failure to comply with an Informal Resolution agreement may result in disciplinary action.

5. Investigation of the Formal Complaint – Gathering Evidence

After the University provides written notice of a Formal Complaint to the parties, the Respondent will be allowed a reasonable time to respond in writing and through an interview with the investigator.

a. Notice of Invited or Expected Participation

The University Investigators will provide written notice before all scheduled interviews to a party whose participation is invited or expected to include the date, time, location, participants, and purpose of all meetings for all investigative interviews, or other proceedings in the Grievance Process.

b. Evidence

The parties in the investigation may present any information and evidence

that may be relevant to the Formal Complaint and may have an advisor of their choice attend any related interview, meeting, or proceeding in the Grievance Process. Advisors are not permitted to actively participate in meetings or proceedings in the Grievance Process, unless conducted in the manner explicitly outlined in Section E.7.(j) Questioning of the Participants in the Hearing of this Policy. The parties may present the names of any fact or expert witnesses who may provide relevant information, and how the witnesses may be relevant to the Formal Complaint. The parties may submit to the investigator any questions they would like asked of any known potential witnesses or parties.

c. Witness Interviews

The investigators will interview relevant and available witnesses. Neither the Complainant nor the Respondent will normally attend these interviews; however, if either one permitted to attend, the other shall have the same right.

d. Investigation Timeframe

The investigation of a Formal Complaint will be concluded within 90 days of the filing of a Formal Complaint. The parties should be provided updates on the progress of the investigation, as needed. If the investigation should last longer than 90 days, the investigators will present a justification for the overage to the Title IX Coordinator and Title IX Coordinator will share the justification with both parties.

e. Access to Evidence

Prior to the completion of the investigation report, the investigators will provide access to all evidence obtained (whether relevant or not) as part of the investigation to both parties (and the party's advisor, if any, upon a party's signed information release for their advisor of choice). Both parties will have 10 days to inspect, review, and respond to the evidence. All responses to the evidence must be submitted by the party in writing to the investigator. Advisors are not permitted to submit written responses to the evidence on their own or on behalf of the party they are advising. The investigators will consider all timely responses submitted by the parties.

f. Completed Investigation Report The completed investigation report will outline each of the allegations that potentially constitutes prohibited conduct under this Policy, provide the timeline (e.g. procedural steps) of the investigation, and fairly summarize relevant evidence, participant statements, and responses to questions. The investigator will provide a completed investigation report concurrently to both parties and each party's advisor, if any, upon a party's signed information release for their advisor of choice at least 10 days prior to the date of the scheduled hearing to review and provide a written response at the hearing. A copy of the completed investigation report will be issued to the Title IX Coordinator who will then share with the assigned hearing officer.

6. Standard of Evidence and Presumption of Not Responsible

All Grievance Processes will use the preponderance of the evidence standard, as defined in this Policy. By law, it is presumed that the Respondent is not responsible for the alleged conduct unless that determination regarding responsibility is made at the conclusion of the Grievance Process.

7. Live Hearing – Determination of Responsibility

Absent a Formal Complaint dismissal or the parties' decision to reach an Informal Resolution agreement (if applicable), the University will provide a live hearing for all Formal Complaints subject to the Grievance Process as outlined in this Policy. The University representative will present information regarding the case at the hearing and will have the ability to present information and witnesses, question witnesses, and provide opening and closing statements at the hearing.

a. Written Notice of the Hearing

The University will provide at least 10 days written notice of the hearing to the Parties (and the parties' advisors, if any, upon a party's signed information release for their advisor of choice), including the date, time, location, names of all participants of the hearing (including the hearing officer, and all parties and participants in the investigation report), purpose of the hearing, a statement of the alleged conduct charges, and a summary statement of the evidence gathered. The hearing notice may also provide a deadline by which the University representative and the parties have an opportunity to disclose (1) the names of any witnesses they intend to call to testify at the hearing, if any, and (2) a copy of any documents they intend to use as exhibits at the hearing, not already included in the investigation report, if any.

b. Challenges to the Hearing Officer

Either party may challenge the fairness, impartiality, or objectivity of a hearing officer. The challenge must be submitted in writing to the hearing officer through the office coordinating the hearing within 4 days after notice of the identity of the hearing officer and must state the reasons for the challenge. The hearing officer will be the sole judge of whether he or she can serve with fairness, impartiality, and objectivity. In the event the hearing officer recuses themselves; an alternative hearing officer will be assigned in accordance with institution's procedures.

c. Hearing Officer Duties at the Hearing The hearing officer will rule on all procedural matters and on objections regarding exhibits and testimony of participants at the hearing, may question participants who testify at the hearing, and is entitled to have the advice and assistance of legal counsel from the Office of General Counsel of the U.T. System,

d. Access to Evidence

Each party will have access to all of the evidence from the investigation, including a copy of the completed investigation report, as outlined in Section E.5(f) Access to Evidence in this Policy.

e. Separate Rooms and Virtual Participation

At the request of either party, the University will hold the hearing in a manner where the parties are located in separate rooms with technology enabling the hearing officer and the parties to simultaneously see and hear the participants answering questions. Participants may appear at the hearing virtually and are not required to be physically present at the same physical location of the hearing.

f. Closing Statements

Each party may make opening and closing statements.

g. Privileged Information Excluded

No person will be required to disclose information protected under a legally recognized privilege. The hearing officer must not allow into evidence or rely upon any questions or evidence that may require or seek disclosure of such information, unless the person holding the privilege has waived the privilege. This includes information protected by the attorney-client privilege.

h. Advisor of Choice

Each party may have an advisor of their choice at the hearing. If a party does not have an advisor, the University will provide one. Advisors are not permitted to actively participate in the hearing, except for asking questions of the other party and any other witnesses. In addition, witnesses may have an advisor of their choice at the hearing.

i. Questioning of the participants in the hearing The hearing officer may, at the hearing officer's discretion, ask questions during the hearing of any party or witness and may be the first person to ask questions of any party or witness. Each party's advisor will have an opportunity to ask relevant questions and follow-up questions of the other party and of any witnesses that participate in the hearing, including questions that challenge credibility. Each advisor has the ability to ask questions directly, orally, and in real time at the hearing. The parties will not be permitted to personally ask questions of the other party or any witnesses that participate in the hearing. The University representative and the advisors may ask questions under the following procedure;

i. The questioner will ask questions of the applicable participant.

ii. Before the participant answers a question, the hearing officer will rule as to whether the advisor's question is relevant to the alleged conduct charges.

iii. If the hearing officer rules that the question is not relevant, then the hearing officer must explain any decision to exclude a question as not relevant. If the hearing officer allows the question as relevant, the participant will answer it.

j. Prior Sexual History

A Complainant's sexual predisposition or prior sexual behavior are not relevant except where questions and evidence about a Complainant's prior sexual behavior are offered to prove that someone other than the Respondent committed the alleged conduct charged by the Complainant or if the questions or evidence concern specific incidents of the Complainant's prior sexual behavior with the Respondent and are offered to prove the Complainant's consent of the alleged conduct.

k. Hearing Officer Determination The Hearing Officer will issue a written determination, which must include the following:

- i. The allegations that potentially constitutes prohibited conduct under this Policy;
- ii. A description of all of the procedural steps of the Grievance Process under this Policy (from receipt of a Formal Complaint to the determination regarding responsibility of the Respondent, including any notifications of the parties, interviews with parties and witness site visits, methods used to gather other evidence and hearings held);
- iii. The findings of fact supporting the hearing officer's determination;
- iv. The conclusion(s) and a rationale as to whether the Respondent is responsible for each allegation;
- v. The disciplinary sanctions, if applicable;
- vi. Whether additional remedies designed to restore or preserve equal access to the education program or activity will be provided to the Complainant; and
- vii. The institution's procedures and permissible bases for the parties to appeal, if applicable.

The Hearing Officer will send a copy of the written determination concurrently to the parties, in addition to the Dean (for student Respondents) or appropriate administrator (for employee Respondents), and the Title IX Coordinator.

l. Recording and Transcription of Hearing The hearing will be recorded in audio or audiovisual format and may be transcribed at the discretion of the University. The recording or transcript, if applicable, will be available for the parties to inspect and review, upon request.

8. Sanctions and Remedies

The following sanctions and remedies may be considered by the hearing officer in accordance with this Policy:

a. Possible Sanctions and Remedies for Student Respondents:

- i. Educational training;
- ii. No shared classes or extra-curricular activities;
- iii. Disciplinary probation;
- iv. Withholding of grades, official transcript, and/or degree;
- v. Bar against readmission, bar against enrollment, drop from one or more classes, and/or withdrawal from the University;
- vi. Suspension of rights and privileges, including but not limited to participation in athletic or extracurricular activities;
- vii. Denial of degree; viii. Suspension from the University for a specific period of time.
- viii. Suspension is noted in the academic transcript with the term “Disciplinary Suspension.” The notation can be removed upon the request of the student in accordance with the University’s procedures when all conditions of the suspension are met;
- ix. Expulsion (permanent separation from the University). Expulsion creates a permanent notation on the student’s academic transcript;
- x. Revocation of degree and withdrawal of diploma; and/or xi. Other sanction(s) or remedies as deemed appropriate under the circumstances.

b. Possible Sanctions and Remedies for Employee Respondents:

- i. Employment probation;
- ii. Job demotion or reassignment;
- iii. Suspension with or without pay for a specific period of time;
- iv. Dismissal or termination; v. Ineligible for rehire; and/or
- vi. Other sanction(s) or remedies as deemed appropriate under the circumstances

9. Appeals and Additional Processes provided to Students and Employees

Either party may appeal in writing to a hearing officer’s determination regarding a Respondent’s responsibility under the Grievance Process or from the University’s dismissal of a Formal Complaint (or any allegations in the Formal Complaint) within 10 days of the notification of such a determination, on the following basis:

- a. A procedural irregularity that affected the outcome of the matter;
- b. There is new evidence that was not reasonably available at the time of the determination regarding responsibility or dismissal was made that could affect the outcome of the matter; or
- c. The Title IX Coordinator, investigator(s), or hearing officer had a conflict of interest or bias for or against the parties (generally, or specifically in this matter) that affected the outcome of the matter.
- d. The appellate officer must not be the same person as the Title IX Coordinator, investigator(s), or hearing officer in the Grievance Process. Both Parties will be notified in writing when an appeal is filed, and the appeal procedures will apply equally for both Parties.

Any non-appealing party (or the University) will have 7 days from the notification of an appeal to submit a written statement in support of the outcome. The decision-maker on the appeal will release a written decision within 21 days from the date of the appeal.

The appellate officer will release a written decision within 21 days from the date of the appeal to:

- i. Affirm the hearing officer's determination regarding the Respondent's responsibility and affirm the disciplinary sanctions and remedies, if applicable;
- ii. Affirm the hearing officer's determination regarding the Respondent's responsibility and amend the disciplinary sanctions and remedies, if applicable;
- iii. Affirm the University's dismissal of a Formal Complaint (or any allegations in the Formal Complaint);
- iv. Remand the process back to the investigation or hearing stage for the investigator or hearing officer (or applicable equivalent) to remedy any procedural irregularity or consider any new evidence;
- v. Reverse the hearing officer's determination of the Respondent's responsibility and amend the disciplinary sanctions and remedies, if applicable; or
- vi. Affirm or amend the sanctions and/or remedies outlined in the administrative disposition issued under Section E.12 Alternative Grievance Process for Students of this Policy.

10. Grievance Process Documentation.

The University (through the appropriate office) will retain all of the documentation included in the Grievance Process (outlined in Section E. The Grievance Process of this Policy) for seven years, in accordance with state and federal records laws and

University policy. All documentation of records is private and confidential to the extent possible under law. Student records of the Grievance Process are disciplinary records under FERPA. Employee records of the Grievance Process are subject to the Freedom of Information Act (FOIA) and the Texas Public Information Act (TPIA) and included in the employee's official employment record.

11. Grievance Process Timeframe.

The entire Grievance Process (outlined in Section E. The Grievance Process of this Policy, including any appeal) will be completed in no more than 150 days from the filing of the Formal Complaint. However, the circumstances may require a temporary delay in this timeframe and the University may extend this timeframe for good cause. In such an instance, the University will provide written notice to the parties of the delay or extension and the reason(s) for the action. Good cause may include considerations such as the absence of a party, a party's advisory, or a witness; concurrent law enforcement activity; or the need for language assistance or accommodation of disability. The time period in this section does not include the period the parties attempted but failed to reach an agreement in the Informal Resolution Process, if applicable and in such a case the Grievance Process timeframe will be extended by the period the parties attempted to reach an Informal Resolution (outlined in Section E.4 Informal Resolution Option of Certain Formal Complaints of this Policy).

12. Alternative Grievance Process for Students, Faculty and Staff - Applicable Exceptions for Non-Sexual Harassment Formal Complaints

For Formal Complaints where the alleged conduct does not include Sexual Harassment, the Grievance Process in Section E. The Grievance Process of this Policy applies, including the right to resolve informally, with the following exceptions:

a. Investigation Report & Determination Regarding Responsibility

Section E.5(g) Completed Investigation Report applies except that the completed investigation report will include a preliminary determination regarding the responsibility of the Respondent for each allegation, the findings of fact supporting the investigator's determination, and the rationale for the determination for each allegation. The completed investigation report and determination regarding responsibility will be referred to the Title IX Coordinator. For the alternative grievance process, the Title IX Coordinator will not be the investigator.

Once the investigation report is received, the Title IX Coordinator will conduct an independent review of the investigation report, and will:

- i. Accept the preliminary determination regarding responsibility of the Respondent, and either dismiss the case or proceed to adjudication (if applicable);
- ii. Amend the preliminary determination regarding responsibility of the Respondent, and proceed to adjudication (if applicable); or
- iii. Remand the process back to the investigation state to address an

investigation concern.

b. Adjudication for Students and Learners

Once the Title IX Coordinator makes their determination, where responsibility finding(s) proceed to the adjudication stage, the case will be referred to the student affairs dean (for students) or the appropriate supervisor or administrator (for faculty and staff), and the Respondent and Complainant may elect one of the following options:

- i. Agree to the determination of responsibility for each of the applicable allegations, the sanctions, and remedies outlined in an administrative disposition, and waive the option of a hearing;
- ii. Agree to the determination of responsibility for each of the applicable allegations, appeal (in writing) the sanctions and/or remedies outlined in the administrative disposition, and waive the option of a hearing; or
- iii. Select a live hearing where the determination regarding responsibility of the Respondent will be made by a hearing officer.

If either party chooses adjudication option in Section E.12(b)(iii) Adjudication, then a live hearing must be initiated for the adjudication of the conduct allegations, as outlined in Section E.12(c) Live Hearing.

Absent either party choosing adjudication option E.12(b)(iii) Adjudication, if either party chooses adjudication option E.12(b)(ii) Adjudication, then any party choosing this option may appeal the sanctions and/or remedies outlined in the administrative disposition, using the Appeals process in Section E.9 Appeals and Additional Processes Provided to Students and Employees of this Policy. The finding of responsibility may not be appealed by either party.

If both parties select adjudication option E.12(b)(i) Adjudication, then the administrative disposition will be final and there will not be any subsequent adjudication proceedings regarding the allegations.

c. Live Hearing (for students/learners only)

If a live hearing is selected for adjudication, the hearing procedures in Section E.7 Live Hearing – Determination of Responsibility of this Policy will apply, with the following exceptions:

i. Advisor of Choice⁴

Each party may have an advisor of their choice at the hearing. Upon request from either party, the University will provide an advisor to that party. Advisors are not permitted to actively participate in the hearing. In addition, witnesses may have an advisor of their choice at the hearing.

ii. Questioning of the participants in the hearing⁵

The hearing officer may, at the hearing officer's discretion, ask questions during the hearing of any party or witness and may be the first person to ask

questions of any party or witness. Each party may ask relevant questions of any witness at the hearing, except that cross-examination questions of the other party must be submitted in writing to the hearing officer. The hearing officer will then ask relevant cross-examination questions of the other party and allow for relevant follow-up questions (if applicable). Advisors are not permitted to ask any questions at the hearing.

iii. Prior Sexual History

A Complainant's sexual predisposition or prior sexual behavior are not relevant except where questions and evidence about a Complainant's prior sexual behavior are offered to prove that someone other than the Respondent committed the alleged conduct charged by the Complainant or if the questions or evidence concern specific incidents of the Complainant's prior sexual behavior with the Respondent and are offered to prove the Complainant's consent of the alleged conduct.

d. Adjudication for Faculty and Staff

i. Agree to the determination of responsibility for each of the applicable allegations, the sanctions, and remedies outlined in an administrative disposition, and waive the option of a hearing; or

ii. Agree to the determination of responsibility for each of the applicable allegations, appeal (in writing) the sanctions and/or remedies outlined in the administrative disposition and waive the option of a hearing.

If either party chooses adjudication option E.12(d)(ii) Adjudication, then any party choosing this option may appeal the sanctions and/or remedies outlined in the administrative disposition, using the Appeals process in Section E.9 Appeals and Additional Processes Provided to Students and Employees of this Policy. The finding of responsibility may not be appealed by either party.

If both parties select adjudication option E.12(d)(i) Adjudication, then the administrative disposition will be final and there will not be any subsequent adjudication proceedings regarding the allegations.

F. Emergency Removal and Employee Administrative Leave

1. Emergency Removal for Students/Learners:

A Respondent may be removed from the University's education program or activity on an emergency basis if, after the individualized safety and risk analysis, it is determined that such a removal is justified because the Respondent poses an immediate threat to the physical health or safety of an individual arising from the allegations of Sexual Misconduct. Under these circumstances, the Respondent will be notified in writing of the emergency removal from the University's education program or activity, and the Respondent will have an opportunity to immediately challenge the decision following the emergency removal. This determination shall be made by the University Behavioral Intervention Team/Threat Assessment Team. Appeals of this decision can be made to the student affairs dean (students) of the

school attended by that student.

2. Employee Administrative Leave.

An employee Respondent may be placed on administrative leave, in accordance with the University's policy and procedures on employee administrative leave, during the pendency of a Grievance Process, as outlined in this Policy.

G. Dissemination of Policy and Education Programs.

This Policy will be made available to all University administrators, faculty, staff, and students online at <https://students.uthscsa.edu/titleix/> and in UT Health San Antonio publications. Periodic notices will be sent to University administrators, faculty, staff, and students about the University's Sexual Misconduct Policy, including but not limited to at the beginning of each fall and spring semester. The notice will include information about Sexual Misconduct, Retaliation, and other conduct prohibited under this Policy, including the Formal Complaint procedure, the University Grievance Process, and available resources, such as support services, health, and mental health services. The notice will specify the right to file a Formal Complaint under this Policy, right to file a police report to law enforcement, the Title IX Coordinator's contact information, and will refer individuals to designated offices of officials for additional information.

1. Ongoing Sexual Misconduct Training.

The University's commitment to raising awareness of the dangers of Sexual Misconduct includes providing ongoing education through annual training and lectures by faculty, staff, mental health professionals, and/or trained University personnel. Preventive education and training programs will be provided to University administrators, faculty, staff, and students and will include information about primary prevention, risk reduction, and bystander intervention: <https://students.uthscsa.edu/titleix/>.

2. Training of the Title IX Coordinators, Investigators, Hearing Officers and Appellate Authorities.

All Title IX Coordinators, Deputy Coordinators, investigators, and those with authority over University Grievance Processes, and appeals shall receive training each academic year about applicable prohibited conduct, Grievance Process, due process, and University policies related to Sexual Misconduct. All training materials used to train Title IX-related personnel (e.g. Title IX Coordinators deputies, investigators, hearing officers, and appellate officers (among others) will be made available on the University's website: <https://students.uthscsa.edu/titleix/>

3. Annual Reporting and Notice

The University's Title IX General Policy Statement will be made available to all students, faculty, and employees online, in required publications.

H. Additional Conduct Violations under this Policy

1. Retaliation

Any person who retaliates against (a) anyone filing a report of Sexual Misconduct or Formal Complaint, (b) the parties or any other participants (including any

witnesses or any University employee) in a Grievance Process relating to a Formal Complaint, (c) any person who refuses to participate in a Grievance Process, or (d) any person who under this Policy opposed any unlawful practice, is subject to disciplinary action up to and including dismissal or separation from the University. If any participant in a Grievance Process believes they have been subject to Retaliation (as defined in this Policy), they should immediately report the alleged retaliatory conduct to the appropriate administrator as outlined in HOP 2.5.2, Protection from Retaliation For Reporting Suspected Wrongdoing.

2. False Information and False Complaints

Any person, who in bad faith, knowingly files a false complaint under this Policy or provides materially false information is subject to disciplinary action up to and including dismissal or separation from the University. A determination that a Respondent is not responsible for allegations of Sexual Misconduct does not imply a report, Formal Complaint, or information provided was false. Similarly, a determination that a Respondent is responsible for a policy violation does not imply that a Respondent's statements disclaiming responsibility were false.

3. Interference with the Grievance Process

Any person who interferes with the Grievance Process (outlined in Section E of this Policy) is subject to disciplinary action up to and including dismissal or separation from the University. Interference with a Grievance Process may include, but is not limited to:

- a. Attempting to coerce or prevent an individual from providing testimony or relevant information;
- b. Removing, destroying, or altering documentation relevant to the Grievance Process; or
- c. Knowingly providing false or misleading information to the Title IX Coordinator, investigator or hearing officer, or encouraging others to do so.

4. Failure to Report for Responsible Employees

If a Responsible Employee knowingly fails to report all information concerning an incident the employee reasonably believes constitutes stalking, dating violence, sexual assault, or sexual harassment committed by or against a student or employee at the time of the incident, the employee is subject to disciplinary action, including termination. Students, residents, and other trainees are not considered Responsible Employees for the purposes of this Policy. For purposes of Failure to Report, the definition of sexual harassment, as defined under state laws, is broader than the definition of sexual harassment under this Policy and is defined as: Unwelcome, sex-based verbal or physical conduct that:

- a. In the employment context, unreasonably interferes with a person's work performance or creates an intimidating, hostile, or offensive work environment; or
- b. In the education context, is sufficiently severe, persistent, or pervasive that the conduct interferes with a student's ability to participate in or benefit from educational programs or activities at a postsecondary institution.

5. No Effect on Pending Personnel or Academic Actions Unrelated to the Complaint.

The filing of a Formal Complaint under this Policy will not stop or delay any action unrelated to the Formal Complaint, including: (a) any evaluation or disciplinary action relating to a Complainant who is not performing up to acceptable standards or who has violated University rules or policies; (b) any evaluation or grading of students participant in a class, or the ability of a student to add/drop a class, change academic programs, or receive financial reimbursement for a class; or (c) any job related functions of a University employee. Nothing in this section shall limit the University's ability to take interim action or execute an emergency removal.

IV. Definitions

When used in this document with initial capital letter(s), the following words have the meaning set forth below unless a different meaning is required by context.

Coercion – The use of pressure to compel another individual to initiate or continue sexual activity against an individual's will. Coercion can include a wide range of behaviors, including psychological or emotional pressure, physical or emotional threats, intimidation, manipulation, or blackmail that causes the person to engage in unwelcome sexual activity. A person's words or conduct are enough to constitute coercion if they eliminate a reasonable person's freedom of will and ability to choose whether or not to engage in sexual activity. Examples of coercion include but are not limited to threatening to "out" someone based on sexual orientation, gender identity, or gender expression; threatening to harm oneself if the other party does not engage in the sexual activity; threatening to disclose someone's highly personal images; threatening to disclose sensitive details about one's sexual preferences, habits, and/or experiences; and threatening to expose someone's prior sexual activity to another person

Complainant – The individual who is alleged to be the victim of any prohibited conduct under this Policy.

Confidential Employees – include counselors in Counseling and Psychological Services, a health care provider in Health Services or clergypersons. Additionally, employees who receive information regarding an incident of sexual misconduct under circumstance that render the employee's communications confidential or privileged under other law (such as attorneys) are also considered "Confidential Employees."

Consent – a voluntary, mutually understandable agreement that clearly indicates a willingness to engage in each instance of sexual activity. Consent to one act does not imply consent to another. Consent to engage in sexual activity with one person does not imply consent to engage in sexual activity with another. Consent can be withdrawn at any time. Any expression of an unwillingness to engage in any instance of sexual activity establishes a presumptive lack of consent.

Consent is not effective if it results from: (a) the use of physical force, (b) a threat of physical force, (c) intimidation, (d) coercion, (e) incapacitation or (f) any other factor that would eliminate an individual's ability exercise their own free will to choose whether or not to have sexual activity.

A current or previous dating or sexual relationship, but itself is not enough to constitute consent. Even in the context of a relationship, there must be a voluntary, mutually understandable agreement that clearly indicates a willingness to engage in each instance of sexual activity.

The definition of consent for the crime of sexual assault in Texas can be found in Section 22.011(b) of the Texas Penal Code.⁶

Dating Violence⁷ - violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim. The existence of such a relationship shall be determined based on the consideration of the following factors: (a) the length of the relationship; (b) the type of relationship; and (c) the frequency of interaction between the persons involved in the relationship.

Dating violence includes, but is not limited to, sexual or physical abuse or the threat of such abuse. It does not include acts covered under the definition of domestic violence.

Domestic Family Violence⁸ - includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabited with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the state of Texas, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the state of Texas.

Day – Calendar day

⁶ Texas Penal Code Section 22.011(b) states that a sexual assault is without consent if : (1) the actor compels the other person to submit or participate by the use of physician force or violence; (2) the actor compels the other person to submit or participate by threatening to use force or violence against the other person and the other person believes that the actor has the present ability to execute the threat; (3) the other person has not consented and the actor knows the other person is unconscious or physically unable to resist; (4) the actor knows that as a result of mental disease or the other person is unconscious or physically unable to resist; (4) the actor knows that as a result of mental disease or the other person is unconscious or physically unable to resist; (4) the actor knows that as a result of mental disease or defect the other person is at the time of the sexual assault incapable either of appraising the nature of the act or of resisting it; (5) the other person that has not consented and the actor knows the other person is unaware that the sexual assault is occurring; (6) the actor has intentionally impaired the other person's power to appraise or control the other person's conduct by administering any substance without the other person's knowledge; (7) the actor compels the other person to submit or participate by threatening to use force or violence against any person, and the other person believes that the actor has the ability to execute the threat. ⁷ Dating Violence is defined by the Texas Family Code, Section 71.0021 as: (a) an act ,other than a defensive measure to protect oneself, by an actor that (1) is committed against a victim; (A) with whom the actor has or has had a dating relationship; or (B) because of the victim's marriage to or dating relationship with an individual with whom the actor is or has been in a dating relationship or marriage; and (2) is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the victim in fear of imminent physical harm, bodily injury, assault, or sexual assault. (b) For purposes of this title, "dating relationship" means a relationship between individuals who have or have had a continuing relationship of a romantic or intimate nature. The existence of such a relationship shall be determined based on consideration of (1) the length of the relationship; (2) the nature of the relationship; and (3) the frequency and type of interaction between the persons involved in the relationship; (c) A casual acquaintance or ordinary fraternization in a business or social context does not constitute a "dating relationship" under Subsection (b). Texas Penal Code, Section 22.01 provides the criminal penalties associated with Data Violence.

Hostile Environment – exists when sexual misconduct is sufficiently severe or pervasive to deny or limit the individual's ability to participate in or benefit from an education program or activity or an employee's terms and conditions of employment. A hostile environment can be created by anyone (e.g., administrators, faculty members, employees, students, and University visitors) involved in an education program or activity or work environment.

In determining whether sexual misconduct has created a hostile environment, the University

considers the conduct in question from both a subjective and objective perspective. It will be necessary, but not adequate, that the conduct was unwelcome to the individual who was mistreated. To conclude that conduct created or contributed to a hostile environment, the University must also find that a reasonable person in the individual's position would have perceived the conduct as undesirable or offensive.

To ultimately determine whether a hostile environment exists for an individual or individuals, the University may consider a variety of factors related to the severity persistence, or pervasiveness of the sexual misconduct, including; (1) the type, frequency, and duration of the conduct; (2) the identity and relationships of the persons involved; (3) the number of individuals involved; (4) the location of the conduct and the context in which it occurred; and (5) the degree to which the conduct affected an individual's education or employment.

The more severe the sexual misconduct, the less need there is to show a repetitive series of incidents to find a hostile environment. Likewise, a series of incidents may be enough even if the sexual misconduct is not particularly severe.

Incapacitation – the inability, temporarily or permanently, to give consent because the individual is mentally and/or physically helpless, either voluntarily or involuntarily, or the individual is unconscious, asleep, or otherwise unaware that the sexual activity is occurring. An individual may be incapacitated if they are unaware at the time of the incident of where they are, how they got there, or why or how they became engaged in a sexual interaction.

When alcohol is involved, incapacitation is a state beyond drunkenness or intoxication. When drug use is involved, incapacitation is a state beyond being under the influence of impaired by use of the drug. Alcohol and other drugs impact each individual differently and determining whether an individual is incapacitated requires an individualized determination.

After establishing that a person is in fact incapacitated, the University asks two questions: (1) Did the person initiating sexual activity know that the other party was incapacitated? And if not, (2) Should a sober, reasonable person in the same situation have known that the other party was incapacitated? If the answer to either of these questions is "yes", consent was absent, and the conduct is likely a violation of this Policy. A Respondent will be found to have violated policy only if the Respondent knew or should have known that the person was incapacitated.

⁸ Family Violence is defined by the Texas Family Code Section 71.004 as: (1) an act by a member of a family or household against another member of the family or house hold that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonable places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself; (2) abuse, as that term is defined by Sections 261.001(1)(C), (E), and (G), by a member of a family or household toward a child of the family or household; or (3) dating violence, as that term is defined by Section 71.0021. Texas Penal Code Section 22.01 provides the criminal penalties associated with Domestic (Family) Violence.

Intimidation – unlawfully placing another person in reasonable fear of bodily harm using threatening words and/or other conduct, but without displaying a weapon or subjecting the victim to actual physical attack.

Other Inappropriate Sexual Conduct – Conduct on the basis of sex that does not meet the definition of "sexual harassment" under this Policy, but is

6. If verbal conduct (including through electronic means), unwanted statements of a sexual

nature intentionally stated to a person or group of people, that are objectively offensive to a reasonable person and also so severe or pervasive that they created a Hostile Environment, as defined in this Policy. The type of verbal conduct (if all other elements are met) may include:

- a. unwelcome sexual advance (including explicit or implicit proposition(s) of sexual contact or activity);
- b. requests for sexual favors (including overt or subtle pressure);
- c. gratuitous comments about an individual's sexual activities or speculation about an individual's sexual experience;
- d. gratuitous comments, jokes, questions, anecdotes, or remarks of a sexual nature about clothing or bodies'
- e. persistent, unwanted sexual or romantic attention;
- f. exposure to sexually suggestive visual displays such as photographs, graffiti, posters, calendars, or other materials; or
- g. deliberate, repeated humiliation or humiliation.

7. If physical conduct, either

- a. Sexual exploitation, as defined in this Policy;
- b. Unwelcome intentional touching of a sexual nature;
- c. Deliberate physical interference with or restriction of movement; or
- d. Sexual violence as defined in this Policy.

Participants – includes the University representative, Complainant, Respondent, and any witnesses under this Policy.

Parties – This term refers to the “Complainant” and the “Respondent” under this Policy.

Preponderance of the Evidence – The greater weight of the credible evidence. Preponderance of the evidence is the standard for determining allegations of prohibited conduct under this Policy. This standard is satisfied if the action is deemed more likely to have occurred than not.

Respondent – The individual who has been reported to be the perpetrator of prohibited conduct under this policy.

Responsible Employee – – a University employee who has the duty to report incidents of and information reasonably believed to be Sexual Misconduct to the Title IX Coordinator. All employees are Responsible Employees except Confidential Employees or police officers when a victim uses a pseudonym form (as outlined in Section D.1(b) of this Policy). Responsible Employees include all administrators, faculty, and staff. Students, residents, and other trainees are not considered Responsible Employees for the purposes of this policy. Responsible Employees

must report all known information concerning the incident to the Title IX Office and must include whether a Complainant has expressed a desire for the confidentiality in reporting the incident.

Retaliation – any adverse action (including, but is not limited to, intimidation, threats, coercion, harassment, or discrimination) taken against someone because the individual has made a report or filed a Formal Complaint; or who has supported or provided information in connection with a report or a Formal Complaint; participated or refused to participate in a Grievance Process under this Policy; or engaged in other legally protected activities.

Sex Discrimination – when an individual is treated less favorably on the basis of that person's sex (including gender), which may also include on the basis of sexual orientation, gender identity, or expression, pregnancy or pregnancy-related condition, or a sex stereotype. Sexual harassment, as defined in this Policy, is a form of sex discrimination.

Sexual Assault¹⁰ – An offense that meets the definition of rape, fondling, incest, or statutory rape:

1. Rape – the penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.
2. Fondling– the touching of the private body parts of another person for the purpose of sexual gratification, without the consent of the victim, including purpose of sexual gratification, without the consent of the victim including instances where the victim is incapable of giving consent because of their age or because of their temporary or permanent mental incapacity.
3. Incest – sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law.
4. Statutory Rape – sexual intercourse with a person who is under the statutory age of consent.

¹⁰ Sexual Assault is defined by Texas Penal Code, Section 22.011 as intentionally or knowingly; (a) Causing the penetration of the anus or sexual organ of another person by any means, without that person's consent; or (b) Causing the penetration of the mouth of another person by the sexual organ of the actor, without that person's consent; or (c) Causing the sexual organ of another person without that person's consent to contact or penetrate the mouth, anus, or sexual organ of another person, including the actor.

Sexual Exploitation – – conduct where an individual takes non-consensual or abusive sexual advantage of another for their own benefit or to benefit anyone other than the one being exploited. Examples of sexual exploitation include, but are not limited to, engaging in voyeurism; forwarding of pornographic or other sexually inappropriate material by email, text, or other channels to non-consenting students/groups; the intentional removal of a condom or other contraceptive barrier during sexual activity without the consent of a sexual partner; and any activity that goes beyond the boundaries of consent, such as recording of sexual activity, letting others watch consensual sex, or knowing transmitting a sexually transmitted disease (STD) to another.

Sexual Harassment – Conduct on the basis of sex that satisfies one or more of the following:

1. Quid pro quo: an employee of the institution conditioning the provision of an aid, benefit, or service of the University on an individual's participation in unwelcome sexual conduct,
2. Unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to the University's education program or activity, or
3. Sexual Assault, Dating Violence, Domestic Violence, or Stalking as defined in this Policy.

Subsections (1) and (3) in this definition are not evaluated for severity, pervasiveness, offensiveness, or denial of equal educational access, because such conduct is sufficiently serious to deprive a person of equal access. Therefore, an instance of Quid pro quo sexual harassment and any instance of Sexual Assault, Date Violence, Domestic Violence, and Stalking are considered sexual harassment under this Policy.

Sexual Misconduct – broadly defined to encompass Sex Discrimination, Sexual Harassment, Sexual Assault, Domestic Violence, Dating Violence, Stalking, and Other Inappropriate Sexual Conduct.

Stalking¹¹ - Engaging in a Course of Conduct directed at a specific person that would cause a reasonable person to fear for their safety or the safety of others or suffer substantial emotional distress. For the purposes of this definition –

1. Course of Conduct – means two or more acts, including, but not limited to, acts in which the stalker directly, indirectly, or through third parties, by any action, method, device or means, follows, monitors, observes, surveils, threatens, or communicates to or about a person or interferes with a person's property.
2. Reasonable Person – a reasonable person under similar circumstances and with similar identities to the victim.
3. Substantial Emotional Distress – significant mental suffering or anguish that may, but does not necessarily, require medical or other professional treatment or counseling

¹¹ Stalking as defined by Texas Penal Code, Section 42.072 is when an individual on more than one occasion and pursuant to the same scheme or course of conduct that is directed specifically at another person, knowingly engages in conduct that (a) is considered harassment, or that the actor knows or reasonably should know the other person will regard as threatening; (i) bodily injury or death for the other person; (ii) bodily injury or death for a member of the other person's family or household or for an individual with whom the other person has a dating relationship; or (iii) that an offense will be committed against the other person's property; (b) causes the other person, a member of the other person's family or household, or an individual with whom the other person has a dating relationship to be placed in fear of bodily injury or death or in fear that an offense will be committed against the other person's property, or to feel harassed, annoyed, alarmed, abused, tormented, embarrassed, or offended; and (c) would cause a reasonable person to: (i) fear bodily injury or death for himself or herself; (ii) fear bodily injury or death for a member of the person's family or household or for an individual with whom the person has a dating relationship; (iii) fear that an offense will be committed against the person's property; or (iv) feel harassed, annoyed, alarmed, abused, tormented, embarrassed, or offended.

V. Related References

(see HOP online <https://uthealthsa.sharepoint.com/RAC/Documents/HOP/Chapter04/4.2.2.pdf>)

DEALING WITH RACIST AND DISCRIMINATORY PATIENT INTERACTIONS

UT Health San Antonio APA-Accredited Pre-Doctoral Clinical Psychology Internship

This document serves to describe expectations for supervisory behavior in managing racist/discriminatory patient and client interactions when the intern is part of the treatment team.

- When a racist/discriminatory* interaction is directed at an intern by a patient, the intern is encouraged to discuss the incident with their supervisor and/or treatment team member in the moment. The supervisor is responsible for supporting the intern involved and establishing a unified and clear position that racist/discriminatory patient behavior will be addressed.
- The supervisor will facilitate a discussion to plan an appropriate strategy for addressing the patient's behavior and invite dialogue. The involved intern (and team member, if applicable) should be offered the option to lead the dialogue with the team and/or the patient if they choose.
 - o The intern, if they choose, and a team member (preferably the supervisor) will engage the patient about the behavior.
 - o The team will discuss the harmful and unacceptable nature of their patient behavior.
 - o The team will allow for the intern to discuss and/or process their reactions, if the intern chooses to do so.
 - o Supervisors will accommodate for wrap-around support and longer-term follow-up with the intern who experienced or observed racist/discriminatory interactions, as necessary.
 - o When applicable, the team will clearly state that the involved intern is a vital part of the patient's treatment team.
 - o If a patient requests another provider or refuses to see the assigned intern, the reason for the request must be understood to determine whether the request is discriminatory. An example: "I want to be sure I understand the reason for your request. Are you saying that you want a different provider because of their race/ethnicity?"
 - o When appropriate, the supervisor will convey that accommodating patient requests to change their assigned provider based on discriminatory patient preference is not acceptable. The use of clinical judgment, consultation with other providers, and discussion among the treatment team is encouraged in order to determine the optimal decision for the benefit of the intern, patients, team members, and clinic.
 - o The team will discuss how to move forward with patient care, balancing the organization's policies and procedures, the clinical needs of the patient, and the intern's well-being and preferences in the process.
- The supervisor should not reinforce the patient's racist or harmful behaviors by immediately changing their provider or other members of their care team.
- However, an intern has the right to request being removed from the care of a patient due to discriminatory behaviors, without fear of penalty or retaliation. There must be a discussion with the responsible supervisor that includes ethical clinical decision-making and

consideration of patient well-being and safety. If deemed appropriate to terminate services with a patient based on racist/discriminatory behavior, respective clinic termination policies must be followed to ensure continuity of patient care.

- Regardless of any decision made based on the clinical decision-making discussion, interns' training and evaluations will not be affected. If interns believe a decision was made, based on minimal input from the intern, or with disregard of the interns' experience, the affected intern is encouraged to follow grievance procedures outlined in the Psychology Internship Policy Manual.
- As supervisors, it is important for us to document and monitor these patient interactions, their effects on interns (and the treatment team), implementation of these guidelines, and resolutions in order to support the treatment team and improve the response to these challenging situations.
 - o If the intern, their supervisor, and patient mutually decide to continue the clinical relationship, the supervisor will closely monitor, discuss, and address the intern's well-being and felt sense of safety as the treating provider. The supervisor will continuously reassess if the decision to continue the clinical relationship is in the best interest of both parties and will make adjustments accordingly and provide feedback to the training committee.
- The involved intern and supervisor should report any instances of racist/discriminatory behaviors from patients to the Program Director and Associate Director in a written email.
- The supervisor and/or Program Directors will follow-up with the intern who may have experienced racism or discrimination and provide resources as necessary.
- The Program Director or the Associate Director with the help of the intern's supervisor will document all instances reported, including whether and how the guidelines described above were implemented, treatment team response, effects on the intern involved, the patient and the team, and outcomes and resolutions.
- The RCT will monitor and review this cumulative documentation of harmful patient interactions at least annually as part of its overall efforts to address and reduce racism and discrimination in the institution/work environment.

* Including, but not limited to racism and discrimination towards those with diverse backgrounds related to different socioeconomic status, ethnicity, language, nationality, gender identity, sexual orientation, religion, geography, disability, political affiliation, and/or age.

**We strongly urge each site to have a standardized process for managing racist and discriminatory patient interactions individualized to their own site and patient population served.

This document was modified from "Standardized Approach to Racist Patient Interactions" developed by Mary Duggan, MD, Tanya White-Davis, PsyD, Ellen Tattelman, MD, Montefiore Medical Center Department of Family and Social Medicine.



AMERICAN PSYCHOLOGICAL ASSOCIATION

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

Adopted August 21, 2002

Effective June 1, 2003

(With the 2010 Amendments
to Introduction and Applicability
and Standards 1.02 and 1.03,
Effective June 1, 2010)

With the 2016 Amendment
to Standard 3.04

Adopted August 3, 2016

Effective January 1, 2017



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AMENDMENTS TO THE 2002 "ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT" IN 2010 AND 2016

INTRODUCTION AND APPLICABILITY

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A-E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by an Ethical Standard does not mean that it is necessarily either ethical or unethical.

This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, Internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.

Membership in the APA commits members and student affiliates to comply with the standards of the APA Ethics Code and to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services.

In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an opportunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether a psychologist has violated the Ethics Code standards does not by itself determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

The American Psychological Association's Council of Representatives adopted this version of the APA Ethics Code during its meeting on August 21, 2002. The Code became effective on June 1, 2003. The Council of Representatives amended this version of the Ethics Code on February 20, 2010, effective June 1, 2010, and on August 3, 2016, effective January 1, 2017. (see p. 16 of this pamphlet). Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Office of Ethics, American Psychological Association, 750 First St. NE, Washington, DC 20002-4242. This Ethics Code and information regarding the Code can be found on the APA website, <http://www.apa.org/ethics>. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code, or amendments thereto, as follows:

- American Psychological Association. (1953). *Ethical standards of psychologists*. Washington, DC: Author.
- American Psychological Association. (1959). Ethical standards of psychologists. *American Psychologist*, 14, 279-282.
- American Psychological Association. (1963). Ethical standards of psychologists. *American Psychologist*, 18, 56-60.
- American Psychological Association. (1968). Ethical standards of psychologists. *American Psychologist*, 23, 357-361.
- American Psychological Association. (1977, March). Ethical standards of psychologists. *APA Monitor*, 22-23.
- American Psychological Association. (1979). *Ethical standards of psychologists*. Washington, DC: Author.
- American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist*, 36, 633-638.
- American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). *American Psychologist*, 45, 390-395.
- American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597-1611.
- American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060-1073.
- American Psychological Association. (2010). 2010 amendments to the 2002 "Ethical Principles of Psychologists and Code of Conduct." *American Psychologist*, 65, 493.
- American Psychological Association. (2016). Revision of ethical standard 3.04 of the "Ethical Principles of Psychologists and Code of Conduct" (2002, as amended 2010). *American Psychologist*, 71, 900.

Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First St. NE, Washington, DC 20002-4242, or phone (202) 336-5510.

The modifiers used in some of the standards of this Ethics Code (e.g., *reasonably*, *appropriate*, *potentially*) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term *reasonable* means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner in keeping with basic principles of human rights.

PREAMBLE

Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of principles and standards upon which psychologists build their professional and scientific work.

This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a

personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

GENERAL PRINCIPLES

This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

Principle A: Beneficence and Nonmaleficence

Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

Principle B: Fidelity and Responsibility

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

Principle C: Integrity

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of

psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

Principle D: Justice

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.

Principle E: Respect for People's Rights and Dignity

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

ETHICAL STANDARDS

1. Resolving Ethical Issues

1.01 Misuse of Psychologists' Work

If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable

steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.04 Informal Resolution of Ethical Violations

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts Between Ethics and Organizational Demands.)

1.05 Reporting Ethical Violations

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

1.06 Cooperating with Ethics Committees

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

1.07 Improper Complaints

Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 Unfair Discrimination Against Complainants and Respondents

Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

2. Competence

2.01 Boundaries of Competence

(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

(f) When assuming forensic roles, psychologists are

or become reasonably familiar with the judicial or administrative rules governing their roles.

2.02 Providing Services in Emergencies

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments

Psychologists' work is based upon established scientific and professional knowledge of the discipline. (See also Standards 2.01e, Boundaries of Competence, and 10.01b, Informed Consent to Therapy.)

2.05 Delegation of Work to Others

Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Emergencies; 3.05, Multiple Relationships; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

2.06 Personal Problems and Conflicts

(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy.)

3. Human Relations

3.01 Unfair Discrimination

In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.02 Sexual Harassment

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

3.03 Other Harassment

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04 Avoiding Harm

(a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04a.

3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

3.06 Conflict of Interest

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

3.07 Third-Party Requests for Services

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple relationships, and 4.02, Discussing the Limits of Confidentiality.)

3.08 Exploitative Relationships

Psychologists do not exploit persons over whom they have supervisory, evaluative or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter with Clients/Patients; 7.07, Sexual Relationships with Students and Supervisees; 10.05, Sexual Intima-

cies with Current Therapy Clients/Patients; 10.06, Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy with Former Sexual Partners; and 10.08, Sexual Intimacies with Former Therapy Clients/Patients.)

3.09 Cooperation with Other Professionals

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)

3.10 Informed Consent

(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

3.11 Psychological Services Delivered to or Through Organizations

(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services

provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 Interruption of Psychological Services

Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

4. Privacy and Confidentiality

4.01 Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others.)

4.02 Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

4.03 Recording

Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing with Informed Consent for Research; and 8.07, Deception in Research.)

4.04 Minimizing Intrusions on Privacy

(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

4.06 Consultations

When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)

4.07 Use of Confidential Information for Didactic or Other Purposes

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

5. Advertising and Other Public Statements

5.01 Avoidance of False or Deceptive Statements

(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others

(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists' Work.)

(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

5.04 Media Presentations

When psychologists provide public advice or comment via print, Internet, or other electronic transmission,

they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

5.05 Testimonials

Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 In-Person Solicitation

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

6. Record Keeping and Fees

6.01 Documentation of Professional and Scientific Work and Maintenance of Records

Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work

(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

6.03 Withholding Records for Nonpayment

Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

6.04 Fees and Financial Arrangements

(a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

(b) Psychologists' fee practices are consistent with law.

(c) Psychologists do not misrepresent their fees.

(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)

(e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

6.05 Barter with Clients/Patients

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)

6.06 Accuracy in Reports to Payors and Funding Sources

In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)

6.07 Referrals and Fees

When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation with Other Professionals.)

7. Education and Training

7.01 Design of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

7.02 Descriptions of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

7.03 Accuracy in Teaching

(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)

(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

7.04 Student Disclosure of Personal Information

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding

sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy

(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)

(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

7.06 Assessing Student and Supervisee Performance

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships with Students and Supervisees

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

8. Research and Publication

8.01 Institutional Approval

When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

8.02 Informed Consent to Research

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expect-

ed duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing with Informed Consent for Research; and 8.07, Deception in Research.)

(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)

8.03 Informed Consent for Recording Voices and Images in Research

Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

8.04 Client/Patient, Student, and Subordinate Research Participants

(a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing with Informed Consent for Research

Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

8.06 Offering Inducements for Research Participation

(a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

(b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter with Clients/Patients.)

8.07 Deception in Research

(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.

(b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

8.08 Debriefing

(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

(c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Humane Care and Use of Animals in Research

(a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.

(b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.

(c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others.)

(d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.

(e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.

(f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

(g) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results

(a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)

(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism

Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit

(a) Psychologists take responsibility and credit, in-

cluding authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

8.13 Duplicate Publication of Data

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification

(a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

(b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

8.15 Reviewers

Psychologists who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

9. Assessment

9.01 Bases for Assessments

(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on informa-

tion and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

(b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 Use of Assessments

(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent in Assessments

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) Psychologists inform persons with questionable

capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.06, Interpreting Assessment Results; and 9.07, Assessment by Unqualified Persons.)

9.04 Release of Test Data

(a) The term *test data* refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of *test data*. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, Maintaining Test Security.)

(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

9.05 Test Construction

Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

9.06 Interpreting Assessment Results

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)

9.07 Assessment by Unqualified Persons

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others.)

9.08 Obsolete Tests and Outdated Test Results

(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services

(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)

(c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results

Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

9.11 Maintaining Test Security

The term *test materials* refers to manuals, instruments, protocols, and test questions or stimuli and does not include *test data* as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.

10. Therapy

10.01 Informed Consent to Therapy

(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)

(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)

(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Therapy Involving Couples or Families

(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

10.03 Group Therapy

When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

10.04 Providing Therapy to Those Served by Others

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

10.05 Sexual Intimacies with Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy with Former Sexual Partners

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies with Former Therapy Clients/Patients

(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)

10.09 Interruption of Therapy

When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services.)

10.10 Terminating Therapy

(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

AMENDMENTS TO THE 2002 “ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT” IN 2010 AND 2016

2010 Amendments

Introduction and Applicability

If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. ~~If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights.~~

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. ~~If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority, Under no circumstances may this standard be used to justify or defend violating human rights.~~

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code; take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

2016 Amendment

3.04 Avoiding Harm

(a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04a.



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