

**PSYCHOLOGY INTERNSHIP POLICY MANUAL**

**2023-2024**

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

**SCIENTIST-PRACTITIONER MODEL APA-ACCREDITED PROGRAM**

**Training Director: Cindy McGeary, PhD, ABPP  
Associate Director: Tabatha Blount, PhD**

**Track Coordinators**

**Child, Adolescent, and Family: Wayne Ehrisman, PhD, ABPP  
Cognitive-Behavioral: John Moring, PhD  
Forensic: Maranda Upton, PhD  
Integrated Primary Care Behavioral Health: Stacy Ogbeide, PsyD, ABPP**

**Academic Program Coordinator: Sandra Collazo**

American Psychological Association (APA)  
Commission on Accreditation (CoA) 750 First St., NE  
Washington DC, 20002-4242  
Telephone: (800) 374-2721; (202) 336-5979

Email: [apaaccred@apa.org](mailto:apaaccred@apa.org)

[www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

## TABLE of CONTENT

| <b>Content</b>   | <b>Page</b> |
|--|-------------|
| Equal Employment Opportunity/Affirmative Action Employer       | 3           |
| Intern Recruitment and Selection                               | 3           |
| Training Experiences During a Pandemic or Large Scale Disaster | 4           |
| Prior Doctoral Experience                                      | 5           |
| Financial and Other Benefit Support                            | 5           |
| Requirements for Successful Internship Performance             | 5           |
| Intern Performance Evaluation                                  | 6           |
| Intern Feedback  | 7           |
| Remediation, Retention and Termination Decisions               | 7           |
| Grievance Procedures   | 14          |
| Supervision Requirements/Evaluation                            | 17          |
| Telesupervision  | 17          |
| Maintenance of Records   | 20          |
| Non-Discrimination Policies                                    | 21          |
| Professional Work Relationships                                | 40          |
| Leave Policy   | 42          |
| Holiday, Weather, and Compensatory Policy                      | 43          |
| Extra-System (Moonlighting) Work Policy                        | 43          |
| Workers' Compensation Statement                                | 44          |
| UT Health San Antonio's Handbook of Operating Procedures       | 44          |
| Request for Accommodations Under the ADA                       | 44          |
| Sexual Misconduct Policy                                       | 47          |
| Professional, Ethical and Legal Requirements                   | 78          |

## **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/eoo/>

## **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 three 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: 02 December 2023

Interview Notification: 08 December 2023

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. For example, during the COVID-19 pandemic, UT Health San Antonio Clinical Psychology Interns were 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.

## 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.

| <b>COMPETENCY RATING DESCRIPTIONS</b> |  |
|---------------------------------------|--|
| 4                                     | <b>Needs Remedial Work.</b> Intern requires remedial training. Serious concerns about professional, ethical, or clinical behavior have been noted.   |
| 3                                     | <b>Passing.</b> 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                                     | <b>Successful.</b> Common rating throughout internship. Routine supervision of each activity is  |

|     |  |
|-----|--|
|     | needed. Generally, exercises good clinical and professional judgment and seeks supervision when needed.  |
| 1   | <b>Excellent.</b> 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 | <b>Not applicable for this training experience or Not assessed during this evaluation period.</b>  |

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.

## **REMEDICATION, 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 the 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 | Five (5) working days from    | Ten (10) working days from        |

|   |  |  |
|---|--|--|
| Leadership (example: Manager)                                   | date of disciplinary action to initiate a written appeal | 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 against 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 but is the Psychiatry Department's Vice Dean for Education. Therefore, he is unbiased 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 . 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](mailto: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>   |
|---|--|---|
| <b>STEP ONE</b>                                   |  |   |
| Immediate Supervisor (informal, unwritten basis)  | Five (5) working days to verbally initiate a grievance                             | Five (5) working days to verbally respond   |
| <b>STEP TWO</b>                                   |  |   |
| 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                                       |
| <b>STEP THREE</b>                                 |  |   |
| 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**

Of the 4 required weekly hours of supervision no more than 50% (1 hour of group supervision and 1 hour of individual supervision) will be via telehealth. The other two hours or required supervision will be in-person. When supervision hours exceed the required 4 hours of supervision, that supervision can be either in-person supervision or telesupervision.

**Rationale:** As a result of 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 rare circumstance where the supervisor is located at a UT Health San Antonio satellite location and travel by the intern is infeasible. 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 use of telehealth services offered at UT Health San Antonio.

**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. It allows our trainees to learn to use telehealth formats that they are likely to encounter treating patients after the internship training year. 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.

**Self-Assessment of Trainee Outcomes and Satisfaction of Telesupervision:** Interns will provide feedback to their supervisors, mentors, and the Training Directors regarding the use and satisfaction of telesupervision. Supervisors will assess the intern's use of telehealth services (to include telesupervision) to gauge the interns comfort level with the use of the technology. Interns will be instructed on how to use telehealth platforms at the start of the training year and can reach out to their supervisors, the Training Directors, and/or UT Health IT with any concerns or questions about accessing and using the technology. At the end of the year, interns will be able to rate their satisfaction with the use of telesupervision on their supervisor evaluations.

**How Utilized:** When employed, video supervision is utilized for one hour of individual supervision within the Advance Clinic (minor rotation). Telesupervision does 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. Telesupervision will be employed in situations where the supervisor is not physically able to be present for in-person supervision that could be due to a variety of reasons such as illness, disability, geographic limitations.

**Which Trainees:** Telesupervision is allowed for all trainees. Interns will have discussions with their supervisor to determine their knowledge of and comfort level with telesupervision. The use of telesupervision will be a shared decision between trainee and supervisor. 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 within the UT Health System. This is particularly true for training sites that have incorporated more telehealth options for treating patients due to COVID-19 but have found that some patients prefer telehealth appointments.

**Establishing Relationships:** Additionally, all supervisors are encouraged to contact their supervisees through e-mail prior to the internship year beginning to develop a relationship. Often this includes meeting in-person prior to the start of the internship year for an informal meeting (such as lunch) to begin building the relationship. Additionally, 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. The supervisors also meet in-person with the intern throughout the year when they travel to the UT Health San Antonio main campus. Supervisors are encouraged to meet with their interns in-person as frequently as possible.

**How the Supervision Relationship is Facilitated, Maintained, and Monitored:** Each supervisor will ensure that the relationship is facilitated preferably prior to the beginning of the internship year. The Training Directors send an email to each intern/supervisor pair introducing the two. The Supervisors then begin building the relationship through email. Supervisors will reach out to their trainees once supervision assignments are made (generally in the Spring before the training year begins in July). Supervisors often meet in-person with their trainees prior to the training year begins to introduce themselves and start building the relationship. The relationship is maintained throughout the training year by encouraging open communication across both supervisor and

intern. The supervisor and intern will have opportunities for in-person communication to further build the relationship (trainee social activities; in-person meetings) during the training year. The relationship needs to be monitored for ruptures as it can at times be difficult to read all social cues during telesupervision (for example, missed non-verbal cues). Supervisors will conduct frequent check-ins with their trainees to ensure a strong working relationship and discuss any miscommunications should they occur. Additionally, the Training Directors are always available to discuss any ruptures in the relationship and help to repair any unintended ruptures.

**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 their 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 is contacted. This is the policy for all Advance Clinic patients regardless of who is supervising the case. Dr. McGear 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 with 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.

**Supervisors Competence for Telesupervision:** Our current supervisors have experience with video teleconferencing platforms and telehealth. It is not uncommon for faculty and staff to attend meetings virtually and telehealth services are an option within the UT Health System. Therefore, supervisors will be in a good position to train trainees on the use of the video teleconferencing systems and telehealth. If a supervisor is unfamiliar with the technology, they can reach out to the Training Directors and/or UT Health IT for training. Regarding overall supervisor competence, the internship program adheres to the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct, which provides guidance for relations among interns, internship staff, and internship supervisors. Supervisors will follow all APA's Ethical Principles and Codes of Conduct when providing telesupervision or in-person supervision.

**When Changing between Telesupervision and In-Person Supervision:** When telesupervision is utilized, it is likely that there will be a combination of the two formats utilized with the same supervisor. For example, an intern who normally receives in-person supervision may switch to telesupervision for a few weeks if the supervisor is ill or attending a conference/training. Additionally, some interns may be assigned a supervisor at a satellite UT Health clinic and, therefore, generally participate in telesupervision; however, that intern may attend in-person supervision when either that supervisor or intern is available to travel to the others location.

**How are Individual Differences and Accessibility Issues Considered and Addressed:** The training program recognizes the need to consider accessibility issues when telesupervision is

utilized. It is encouraged that all supervisors discuss accessibility issues with their trainee at the outset of supervision and throughout the supervisory relationship. The Training Directors also engage trainees in discussions about the accessibility of telesupervision platforms at the onset of the training year to help problem-solve any issues that might arise. Interns are generally on the job site when telesupervision occurs; therefore, the trainee will be able to utilize their office computer to engage in telesupervision. If for some reason the intern does not have access to a computer, the intern can borrow a laptop computer from the training program to attend telesupervision. In very rare circumstances, the intern would be able to call on a landline or use their cell phone to attend supervision.

## **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, 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., 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 Cultural Competence in Training Policy and the UT Health San Antonio's Nondiscrimination Policy and Complaint Procedures (HOP 4.2.1), which are outlined below.

### **Cultural Competency in Training Policy UT Health Clinical Psychology Internship Training Program Last Updated 2023**

The University of Texas Health Science Center at San Antonio (aka UT Health San Antonio) was recognized in 2022 as the 16<sup>th</sup> most diverse medical school in the country by U.S News and World Report. Moreover, UT Health San Antonio has been designated by the Department of Education as a Hispanic Serving Institution (HSI). The University has made great strides to cultivate and sustain diverse training experiences. As a major training program within the Department of Psychiatry and Behavioral Sciences, the APA-Accredited Clinical Psychology Internship engages in actions that indicate respect for, and understanding of, cultural and individual differences. The internship training model acknowledges the value of diversity and evaluates interns on individual and cultural diversity competencies.

In order to optimize cultural diversity competency, every individual in the program, at every level, is held 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.

As part of UT Health San Antonio, the internship program identifies diversity as a core value, which embodies inclusiveness, mutual respect, and multiple perspectives and serves as a catalyst for change resulting in health equity. We encourage our faculty and staff to provide a thoughtful, coherent, integrated program in order to offer our interns relevant knowledge and experience that can be generalized to a wide array of clinical settings. We take positive steps to ensure exposure to cultural and individual diversity as it relates to the practice of psychology, throughout the entire internship year.

To achieve the above stated goal, this policy provides the following information, resources, and references:

- Information regarding how UT Health San Antonio and our clinical psychology internship program operationalizes respect and understanding for cultural and individual differences.
- Values and commitments related to diversity and cultural awareness
- Guidance for positive and productive interpersonal engagement regarding individual and cultural identity
- Strategies for structuring conversations when challenges arise in the work community, supervisory relationship, and/or with patients.
- Working definitions and links to additional resources and references at the end of this document

### **Respect and Understanding of Cultural and Individual Differences**

Respect for and understanding of cultural and individual differences is cultivated in the following ways within our training program:

- The Clinical Psychology Internship Training Program follows UT Health San Antonio's policies on diversity, including policies on Non-Discrimination, Sexual Misconduct, and Americans with Disabilities Act. These policies are available within the internship's handbook and by accessing <https://uthealthsa.sharepoint.com/RAC/Pages/HOP.aspx>.
- The program currently offers a diversity seminar series, including nine didactics over the course of the year. The program kicks off its diversity seminar series with a diversity workshop each year that all faculty and interns are invited to attend. Attendance to this workshop is voluntary. CE's are provided for the workshop.
- The program has numerous opportunities for supervised experiences providing clinical services to an ethnically and culturally diverse patient population within San Antonio and the surrounding communities.
- The program provides routine discussion of diversity issues within the context of clinical supervision, formal didactic seminars, and meetings with the training directors. The faculty strive to model respectful conversations about cultural and individual differences in all interactions with one another and the interns.
- Through grant funding awarded by APPIC, the training committee developed a policy and training on addressing patient discriminatory behaviors to help both faculty and interns navigate the delivery of patient care when a patient exhibits racist behaviors toward a trainee, while supporting the needs of the intern.
- Interns are able to provide feedback to the training program regarding individual and

cultural differences as part of their end of year site and supervisor evaluations. Additionally, interns can also provide feedback during planned check-ins with the Training Directors. However, trainees are also encouraged to discuss any concerns with the training directors at any point during their training.

### **UT Health San Antonio Values and Commitments Regarding Diversity**

Our program’s view of diversity is in line with the University’s mission to “make lives better through excellence in education, research, health care, and community engagement” by “educating a diverse student body to become excellent health care providers and scientists.” We strive for a community characterized by shared commitments to:

- Being aware of and reflecting upon
  - Individual and cultural differences in all professional and personal encounters and activities
  - Self, as shaped by individual and cultural differences and context, as well as assumptions, values, and biases (both explicit and implicit)
  - The interaction of self and others, as shaped by individual and group cultural diversity and context
  - The role implicit biases and microaggressions have in all workplace interactions.
  - Our own capacity for microaggressions and ways to minimize their occurrence.
  - The impact of power and privilege on workplace interactions, patient care, research endeavors, and supervision and training
- Enhancing our multicultural knowledge and understanding related to:
  - Patient needs and challenges uniquely related to age, gender, gender identity, race, ethnicity, culture, national origin, immigration status, religion, political affiliation, sexual orientation, dis/ability status, language, and socioeconomic status, etc., as well as the intersections among these characteristics.
  - Different cultures and worldviews and how others are shaped by individual and cultural diversity and context.
  - The historical significance and context of prejudice, discrimination, and oppression, along with their current manifestations and impact
- Being active and intentional about
  - Incorporating individual and cultural diversity when engaging in each of the competencies associated with health service psychology, psychiatry, and other behavioral health specialties.
  - Attending to the intersectionality of identities and the unique challenges faced by those who have multiple marginalized identities in all professional activities. Engaging in efforts to overcome biases.

### **Guidance for Positive and Productive Interpersonal Engagement Regarding Individual and Cultural Differences**

Our clinical psychology internship has undertaken the following efforts to prepare interns to navigate cultural and individual differences in research and practice, including those that may produce value conflicts or other tensions arising from the intersection of different areas of diversity:

The training program, including faculty, staff, and trainees, work to foster a supportive environment that embraces cultural and individual differences. All faculty and interns are encouraged to have open and respectful conversations about cultural and individual differences in all training activities. The program actively encourages faculty and interns to engage in life-long learning when it comes to cultural and individual differences and engage in learning activities that serve to broaden understanding about culture and individual differences.

The following strategies aim to facilitate greater trust and more positive and productive engagement regarding cultural diversity within our work community and in supervisory relationships. To contribute to a respectful environment in which meaningful dialogue that facilitates safety can take place, we recommend that everyone follow the general guidance detailed below.

### **General Guidance**

- Strive to be respectful in actions and words in all interactions.
  - Listen actively and with genuine interest.
  - Take your time to respond thoughtfully, convey you have heard what the other person shared, and ask clarifying questions.
  - Share your thoughts using clear language and with humility.
  - Recognize cultural differences in the expression of respect that deserve explicit attention at the outset of the conversation and throughout the discourse.
- Engage in ongoing self-reflection.
- Understand yourself as a cultural being in context.
- Be attuned to your own identities and identity development.
  - Seek, in a continuous fashion, to enhance your relational stance and capacity for cultural sensitivity and humility.
  - Understand how history of trauma related to discrimination and oppression can impact one's own perspective and the perspectives of others.
  - Approach the discomfort associated with conversations on diversity-related topics in a manner that achieves heightened awareness and growth.
- Be open to learning and sharing.
  - Seek out didactics, workshops, and training activities that allows for discussing cultural differences
  - Engage with others about cultural differences with honesty, sensitivity, respect, and civility.
    - Discuss and debate ideas rather than attack, ridicule, or demonize the personhood of opposing parties.
  - Listen to the perspectives of others who differ from you including minority voices.
  - Consider new perspectives, including those that may challenge pre-existing assumptions.
  - Ask questions thoughtfully and respectfully to learn about and understand others' cultural experiences. Speak from your own cultural experience in a manner that reflects an awareness of oneself as a cultural being.
  - Provide cultural feedback in a direct, specific, and respectful way in which you appeal to values and principles.
  - Receive cultural feedback by listening actively, asking for clarification or more information, having an open mind, and not arguing even if you have a different

- perspective.
- Own intentions and impact
    - Be aware of the impact of your words and actions.
    - Listen to how others perceive the impact of your words and actions.
    - Acknowledge and learn from your mistakes.
    - Notice when you are getting defensive.
      - Be aware that intention and impact matter and are not always consistent with one another.
    - Be willing to change.
  - Approach educational, clinical, and scholarly endeavors with a multicultural orientation
    - Talk actively about diversity.
    - Use people's pronouns and be mindful of ingroup-outgroup terminology.
  - Make connections to advance cultural awareness in your life and in the community.
    - Foster relationships with others whose multicultural identities diverge from one's own
    - Form or join social justice advocacy groups, committees, or organizations that advocate on behalf of marginalized communities.
    - Take an active role in confronting bias and prejudice.
  - Understand change as a process.
    - Be aware of the ongoing nature of change.
    - Engage in critical thinking and analyzing complex and difficult topics.
    - Approach discomfort
      - Understand that safety and discomfort can coexist in conversations and conflicts related to cultural awareness.
      - Know that discomfort often is necessary to disrupt bias.
      - Reflect on whether you are complicit in contributing to a status quo that oppresses individuals with marginalized identities if you do not feel discomfort.
    - Learn from others.
    - Take risks.
    - Reflect on what you have learned.
    - Make a commitment to ongoing growth and change.

## **Guidance for Supervisors**

The following is specific guidance for supervisors to model and invite diversity conversations in supervision (Mori et al., 2009; Nilsson & Duan, 2007; Sue, 2013; Sue et al., 2009).

- Take the lead in creating a supervisory relationship that supports open conversation about cultural awareness including in the supervisory relationship and any issues regarding harmful views that patients express.
- Be respectful in initiating direct conversations about diversity in all forms as relevant to the supervisory process and the work being supervised.
- Engage in cultural discussions in supervision and understand individual differences as they relate to trainees' cultures of origin and interpersonal styles, particularly with international supervisees.
- Validate and respect experiences of discrimination or prejudice reported by supervisees, especially when working with supervisees from marginalized groups.
- Use self-disclosure as appropriate when discussing cultural issues and be aware of the ways self-disclosure can influence interactions.



- Acknowledge own biases and discomfort during challenging discussions.
- Invite feedback and seek out input about own diversity competencies.

### **Strategies for Structuring Conversations Regarding Individual and Cultural Diversity Related Challenges**

Despite our intentions and efforts to be culturally humble, aware, responsive, and sensitive, sometimes our actions are experienced by others as culturally insensitive, culturally disengaged, or disrespectful. At such times, we recommend active engagement in, rather than avoidance of, potentially difficult but good-faith conversations. Such engagement can provide valuable personal and professional learning opportunities for all parties.

The following are best practices for engaging in productive conversations when cultural sensitivity challenges occur in the workplace. Even if you do not feel you can interact in a manner that is consistent with these best practices, we encourage you to participate in these conversations and strive to follow as many of the suggestions as possible. We recognize that both power and privilege dynamics (e.g., supervisory relationship, differential membership in marginalized versus unmarginalized groups) influence and may complicate these processes. If there clearly is a person with more power and/or privilege, they must be especially intentional about promoting respectful and civil interaction. Below we offer guidance for facilitating effective initial conversations, engaging in a period of reflection, and re-engaging in subsequent discourse (Arao & Clemens, 2013; Mao et al., 2013; Wallin-Ruschman & Patka, 2016).

#### **Initial Conversations**

If you witness an interaction with a colleague(s) in a one-on-one or group setting that you experienced or observed to be culturally insensitive or biased, you may choose whether to engage in a follow-up conversation and the extent to which you wish to do so. It is important to recognize that differences in privilege can affect participation in potentially challenging interactions related to culture.

If you choose to engage in a conversation, we recommend attempting to:

- Meet privately with the individual(s) or with one ally present.
- Provide feedback in as nonconfrontational and nonjudgmental manner as possible.
- Do not personally attack the other party.
- Focus the conversation on the following ways:
  - Present your perspective of the situation.
  - Share your experiences of the interaction including what it meant and how it felt to you.
  - Understand the sources of disagreement.
  - Challenge their ideas or beliefs.
  - Offer an alternative perspective or additional considerations with the goal of broadening the other person's lens.
  - Make a commitment to working cooperatively toward respectful solutions.

If you are the recipient of such feedback, suggested strategies include:

- Expressing gratitude for the feedback and a willingness to learn and change.
- Being open and non-defensive in your receipt of the input.

- Asking questions to seek clarification and greater understanding.
- Expressing your reactions to hearing the feedback, without placing undue burden on the person who delivered it.
- Reiterating appreciation for the input and an openness to reflect and continue the conversation.
- Voluntarily participating in Project READY: Reimagining Equity and Access for Diverse Youth module on implicit bias and microaggressions <https://ready.web.unc.edu/section-1-foundations/module-4-implicit-bias-microaggressions/>

If you recognize that you acted or interacted in a manner that was culturally insensitive or biased, we recommend attempting to:

- Open a conversation with the affected person/people.
- Acknowledge your awareness, even if limited, that your actions or interactions were culturally insensitive or biased.
- Elicit the affected person's perspective and reactions.
- Take appropriate responsibility, share what you have learned and/or intend to learn, and then apologize accordingly.

### **Period of Reflection**

We recommend that after such an encounter the parties take up to one week to each process the experience separately and with the support and consultation of trusted colleagues.

- If you are the person who experienced a culturally insensitive or biased action or interaction and brought this to the attention of the other party, after the initial conversation, we recommend that you.
  - Connect with someone you trust to discuss the conversation and its impact on you and receive support.
  - Consider if a follow-up conversation would be helpful based on whether the initial conversation was reparative and/or a view that a subsequent conversation could be potentially reparative.
    - Recognize that you have the power to accept or reject a future conversation.
  - Determine your next steps if you do not intend to consent to a future conversation, or if such a conversation is not offered.
- If you are the recipient of feedback that you acted or interacted in culturally insensitive or biased ways or recognized yourself that you did so and opened the initial conversation, after the initial conversation, we recommend that you.
  - Reflect upon your own contribution to the situation.
  - Develop and implement an action plan for learning and change.
  - Consider if a formal follow-up conversation would be helpful if you have new reflections about your actions or interactions or an action plan that you are willing to share.
    - Recognize that the other party has the power to accept or reject your request for a future conversation.
  - Institute periodic and informal check-ins with the other person if they agree to do so.

## Follow-Up Conversation

Following this week of self-reflection and consultation, if both parties agree to a follow-up conversation, we recommend the following:

- Set a time to re-engage with one another.
- Share experiences related to the prior conversation and subsequent self-reflection and learnings.
- Process the situation as openly and nondefensively as possible.
- Discuss possible strategies for modifying the interaction in the future to make it more mutually positive and culturally sensitive.

In this conversation, if you were the recipient of the cultural feedback, we also recommend that you:

- Acknowledge your emotional reactions to the feedback.
- Convey that you have engaged in a process of self-reflection in order to better understand yourself and the impact of your behavior.
- Take responsibility for your behavior.
  - Share what you have learned. In cases in which either party does not feel safe directly interacting with the other person, the following may be considered:

Invite a support person/ally to join the conversation at any step of the process – either party may do so.

- Notify the other person in advance that a support person/ally has been invited and afford them the same opportunity if they are agreeable to the inclusion of the support person/ally.
- Include a range of other people in the conversation (trusted supervisor, preceptor/mentor, or training directors)
- Consider informal or more formal mediation.

## Guidance for When Patients Express Offensive, Discriminatory or Oppressive Views

There are occasions when patients express offensive beliefs or espouse discriminatory or oppressive views, beliefs, or opinions. People should strive to create work, learning, and supervisory environments that are conducive to conversations regarding such matters.

Such environments enable and encourage people to:

- Seek support (from supervisors, colleagues, peers, training directors)
- Share what occurred.
- Process the experience.
  - Address how the belief or bias affected them, the relationship with the patient, and the patient's outcome.
- Determine the appropriate course of action (MacLeod, 2014)
  - Reflect on own motivations, reactions, internalized biases, cultural identities, and stage of identity development as they relate to addressing offensive, discriminatory, or oppressive views.
  - Assess the patient's identities and identity development stage, cultural values maintaining their beliefs, and function of the stereotypes or biases.

- Consider the patient's goals, how prejudice or discrimination relate to those goals, and motivation for change in this area.
- Conduct the conversation with the patient if that is the determined course of action.
  - Be straightforward.
  - Foster an open dialogue about diversity and identity issues.
  - Identify and capitalize on the patient's cultural strengths and use these to help them understand and reduce their biases.
  - Determine when to revisit the issue or problematic encounter.
- Determine if a working relationship with the patient can continue.
  - Discuss the effects of the course of action selected. Our program has developed a policy for our trainees when addressing racist and discriminatory patient interactions. Supervisors and trainees should follow the internship policy.

### **Addressing Racist and Discriminatory Patient Interactions**

**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 as soon as possible 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.
  - The intern, if they choose, and a team member (preferably the supervisor) will engage the patient about the behavior.
  - The team will discuss the harmful and unacceptable nature of their patient behavior.
  - The team will allow for the intern to discuss and/or process their reactions; however, only if the intern chooses to do so.
  - Supervisors will accommodate for wrap-around support and longer-term follow-up with the intern who experienced or observed racist/discriminatory interactions, as necessary.
  - When applicable, the team will clearly state that the involved intern is a vital part of the patient's treatment team.
  - 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?"
  - 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.
  - 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, 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.*

## **Working Definitions for Terminology**

**Cultural humility:** a lifelong process of self-reflection and self-critique that involves examining own beliefs and cultural identities and learning about other people's cultures.

**Discrimination:** unjust or prejudicial treatment of people based on one or more of their multicultural identities

**Diversity:** representation of varied identities (e.g., age, gender, gender identity, race, ethnicity, culture, national origin, immigration status, religion, sexual orientation, dis/ability status, language, and socioeconomic status, etc.) and the intersections among these various social identities, as well as differences (e.g., thinking, communication styles)

**Equity:** fair treatment and access to information and resources for all and equality of opportunity

**Implicit bias:** inclination or prejudice that operates outside conscious awareness.

**Inclusion:** culture of belonging in which the contributions and participations of all parties are welcomed, encouraged, and supported and in which there is appreciation that each person's voice adds value

**Intersectionality:** interconnected nature of multicultural or social identities as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or advantage

**Microaffirmation** (also referred to as micro-moves, micro-gestures, and micro-advantages): nonverbal (e.g., nods, facial expressions) and verbal (e.g., choices of words, tones of voice) actions that convey active listening, inclusion, and caring; recognize and validate emotional experiences; affirm emotional reactions; and substitute messages about deficit and exclusion with messages of excellence, openness and opportunity.

**Microaggressions:** everyday exchanges that reflect indirect, subtle, or unintentional discrimination or subordination based on any one or more social identities.

**Microinterventions:** words or actions directed to targets of microaggressions that validate their experiences, communicate their value as a person, affirm their racial or group identity, convey support and encouragement, and provide reassurance they are not alone.

**Microprogressions:** intentional small, regular, and common acts or experiences that serve to challenge and/or dismantle bias, stereotypes, discrimination, and oppression.

**Multicultural competence:** acquired knowledge, skills, and attitudes for engaging productively with others with culturally diverse backgrounds.

**Multicultural orientation:** way of being with others guided by one's philosophy, values, and appreciation of culture in the lives of others.

**Oppression:** a system of discrimination that is backed by social and political power prolonged cruel or unjust treatment or control

**Privilege:** unearned, undeserved advantages based on status and others' positive projections onto that status

**Trauma history:** Painful personal or vicarious experiences of discrimination or oppression due to diversity status that influence how you experience yourself and others in the world.

**Systemic and structural racism:** Systemic and structural racism are forms of racism that are pervasively and deeply embedded in systems, laws, written or unwritten policies, and entrenched practices and beliefs that produce, condone, and perpetuate widespread unfair treatment and oppression of people of color, with adverse health consequences.

### **Voluntary External Programs and Resources:**

#### **Framework for Self-Reflection Regarding One's Own Multicultural Identities Exploration Regarding Own Identities: ADDRESSING-GSA Model (Hays 2001, 2008).**

Members of our work community with an interest in further exploring their own cultural identities may:

- Reflect upon their identities in accord with the ADDRESSING-GSA model (Hays 2001, 2008)
  - Age and Generational Influences
  - Disability Status (developmental disability)
  - Disability Status (acquired physical/cognitive/psychological disabilities)
  - Religion and Spiritual Orientation
  - Ethnic and Racial Identity
  - Social Class
  - Sexual Orientation
  - Indigenous Background/Heritage
  - National Origin
  - Gender
  - Gender Expression
  - Size
  - Assigned sex at birth/biological sex
- Possible Additions
  - Political Perspective/Party Affiliation
  - Military/Veteran Status
- Complete ADDRESSING-GSA Self-Assessment activity based on the model to identify ways in which one is a member of the dominant group and holds privilege  
<https://cdn-media.waldenu.edu/2dett4d/Walden/COUN/6312A/CH/mm/AddressingGSASelfAssessment/module1.html>
- Use the ADDRESSING-GSA model to
  - Consider your own multicultural identities and intersectionality among

these identities.

- Explore existing cultural influences.
- Reflect upon personal experiences and history of trauma as related to oppression and discrimination.
- Examine the links between your own identities and power, privilege, and biases.
- Contemplate how social constructions of power impact ourselves and others.

### **Exploration Regarding Implicit Biases**

Everyone has biases (e.g., unconscious, implicit, conscious) due to individual experiences and socialization. These biases influence behavior and decision-making, often outside of conscious awareness, and can manifest in ways that are discriminatory.

There are multiple ways to examine one's own biases. Members of our work community with an interest in doing so may:

- Participate in one or more trainings related to implicit bias
  - Refer to the UCLA Equity, Diversity, and Inclusion Implicit Bias Video Series <https://equity.ucla.edu/know/implicit-bias/>
- Take the Implicit Association Test (IAT), a computer-based exercise that prompts for reflection and facilitates awareness of implicit biases - the IAT measures the strength of automatic associations between concepts (e.g., gender, race) and evaluations (e.g., good or bad) or stereotypes. The Harvard Project Implicit supports on-going research on implicit bias. Take one of the 14 publicly accessible Implicit Association Tests. <https://implicit.harvard.edu/implicit/>
- Review one's IAT results and engage in deliberate reflection on the potential impact of these implicit biases on interactions with other people.
- Develop an individualized action plan to mitigate these unconscious or implicit biases (e.g., diversifying experiences to provide counterstereotypical interactions)
- Take these, or other action steps:
  - Introduce yourself with your pronouns, verbally and in writing
  - Familiarize yourself the APA's Inclusive Language Guidelines <https://www.hrc.org/resources/glossary-of-terms>
  - Conduct holistic reviews of applicants for positions. Review The Future of Psychology: Redefining Professionalism Through an Inclusive Lens When Reviewing Trainee Applicants and Conducting Interviews.
  - Follow guidance about avoiding bias when writing letters of recommendation
    - Avoiding Gender Bias in Reference Writing [https://csw.arizona.edu/sites/default/files/avoiding\\_gender\\_bias\\_in\\_letter\\_of\\_reference\\_writing.pdf](https://csw.arizona.edu/sites/default/files/avoiding_gender_bias_in_letter_of_reference_writing.pdf)
    - Guide to Avoid Racial Bias in Reference Letter Writing <https://eswnonline.org/guide-to-avoid-racial-bias-in-reference-letter-writing/>



**PRIDE UTHSA**

<https://lsom.uthscsa.edu/diversity/pride>

**San Antonio Pride Center**

<https://pridecentersa.org>

**City of San Antonio Office of Equity**

<https://www.sanantonio.gov/equity>

**References:**

American Psychological Association. (2003). Guidelines on multicultural education, training, research, practice, and organizational change for psychologists. *American Psychologist*, 58, 377-402.

American Psychological Association. (2014). Guidelines for clinical supervision in health service psychology. *American Psychologist*, 70, 33-46. DOI: 10.1037/a0038112

American Psychological Association. 2017. Multicultural guidelines: An ecological approach (<https://www.apa.org/practice/guidelines>).

American Psychological Association Education Directorate. (2013) Preparing professional psychologists to serve a diverse public: A core requirement in doctoral education and training.

Arao, B., & Clemens, K. (2013). From safe spaces to brave spaces. In L. M. Landreman (Ed.), *The art of effective facilitation: Reflections from social justice educators* (pp. 135-150), Sterling, VA: Stylus Publishing.

Hays, P. A. (2016). *Addressing cultural complexities in practice: Assessment, diagnosis, and therapy* (3rd ed.).

Macleod, B. P. (2014, January 27). Addressing clients' prejudices in counseling. *Counseling Today*.

Mae, B., Cortez, D., & Preiss, R. W. (2013). Safe spaces, difficult dialogues, and critical thinking. *International Journal for the Scholarship of Teaching and Learning*, 7, 1-8.

Mori, Y., Inman, A. G., & Caskie, G. I. L. (2009). Supervising international students: Relationship between acculturation, supervisor multicultural competence, cultural discussions, and supervision satisfaction. *Training and Education in Professional Psychology*, 3, 10-18.

Nilsson, J. E., & Duan, C. (2007). Experiences of prejudice, role difficulties, and counseling self-efficacy among U.S. racial and ethnic minority supervisees working with white supervisors. *Journal of Multicultural Counseling and Development*, 35, 219-229.

Sue, D. W. (2013). Race talk: The psychology of racial dialogues. *American Psychologist*, 68, 663–672.

Sue, D.W., Alsaidi, S., Awad, M.N., Glaeser, E., Calle, C.Z., & Mendez, N. (2019) Disarming racial microaggressions: Microintervention strategies for targets, white allies, and bystanders. *American Psychologist*, 74(1), 128-142.

Sue, D. W., Lin, A. I., Torino, G. C., Capodilupo, C. M., & Rivera, D. P. (2009). Racial microaggressions and difficult dialogues on race in the classroom. *Cultural Diversity and Ethnic Minority Psychology*, 15, 183–190.

Wallin-Ruschman, J., & Patka, M. (2016). Learning from critical collective spaces: Reflections on the community-diversity dialectic in safe spaces. *Journal of Social and Political Psychology*, 4, 318–331.

Wise, E. H., Bieschke, K. J., Forrest, L., Cohen-Filipic, J., Hatahway, W. L., & Douce, L. A. (2015). Psychology's proactive approach to conscience clause court cases and legislation. *Training and Education in Professional Psychology*, 9, 259-268.

The reader also may find valuable the American Psychological Association's Professional Practice Guidelines for multicultural practice with particular populations, including (1) transgender and gender nonconforming people; (2) girls and women; (3) older adults; (4) sexual minority persons (5) persons with disabilities; (6) identity and intersectionality; (7) people with low-income and economic marginalization. View the APA Professional Practice Guidelines (<https://www.apa.org/practice/guidelines>).

### **Resources on Addressing Issues Related to Diversity and Racism in Research, Teaching/Mentoring, and Clinical Practice**

[https://societyforscienceofclinicalpsychology.wildapricot.org/resources\\_on\\_racism#RR\\_2](https://societyforscienceofclinicalpsychology.wildapricot.org/resources_on_racism#RR_2)

**\*This policy was adapted from the Diversity, Equity, and Inclusion Engagement Guidance document utilized by the Internship in Health Service Psychology at Emory University with permission from the authors.**

## **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 reports 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. 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 interns 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 them in Dr. McGeary's box). Completed leave forms (i.e., signed by all respective supervisors) 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 2023, they are eligible for up to 3 floating holidays after September 1, 2023.

**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 4 days of leave that 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 they 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 30<sup>th</sup> to ensure that the requirements for internship are met. Interns will not receive financial compensation or benefits past June 30, 2024.

### **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 8 hours of paid time off (i.e., PTO).

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 Directors)**, 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 tend to range, with most work weeks being 45 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 approximately 45 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 the 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](http://uthealthsa.sharepoint.com/RAC/Pages/HOP.aspx).

Information about the Institutional Compliance Program is available at <https://wp.uthscsa.edu/compliance/>, and the Compliance Hotline can be reached at 1-877-507-7317.

## **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](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, Sexual Exploitation, and Other Inappropriate Sexual Conduct); 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 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.<sup>1</sup> 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

---

<sup>1</sup> 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, clergy person, 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 clergy person 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/crime-victims>

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 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.

#### 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 Employees<sup>2</sup>

###### 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)<sup>3</sup> 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 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.

---

<sup>2</sup> 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.

<sup>3</sup> Respondents who are both students and employees are treated as students under 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 follow 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 filled;
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

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

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.

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. University Representative Role.**

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.

**g. Closing Statements**

Each party may make opening and closing statements.

**h. 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.

i. 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.

j. 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.

k. 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.

l. 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 within 21 days from when the hearing concludes, in addition to the Dean (for student Respondents) or appropriate administrator (for employee Respondents), and the Title IX Coordinator.

#### m. 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. 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 Choice<sup>4</sup>

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 hearing<sup>5</sup>

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.

---

<sup>4</sup> Subsection E.7(i) Advisor of Choice does not apply when a hearing is conducted under Section E.12(c) Alternative Grievance Process for Students of this Policy.

<sup>5</sup> Subsection E.7(j) Questioning of Participant in the Hearing does not apply when a hearing is conducted under Section E.12(c) Alternative Grievance Process for Students of this Policy.

## 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. The University Behavioral Intervention Team/Threat Assessment Team shall make this determination. 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.

## 3. Failure to Report for Responsible Employees

If a Responsible Employee knowingly fails to promptly report to the Title IX Coordinator all information concerning an incident the employee reasonably believes constitutes Sexual Misconduct (including 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.

The duty to report acts reasonably believed to be stalking, dating violence, sexual assault, and sexual harassment arises from state law. The University goes further and requires Responsible Employees to report all acts reasonably believed to be any type of Sexual Misconduct, as defined in this Policy. It is important to note that 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 unreasonable 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.

**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 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.<sup>6</sup>

**Dating Violence**<sup>7</sup> - 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 Violence**<sup>8</sup> - includes felony or misdemeanor crimes committed by a current or former spouse or intimate partner of the victim under the domestic or family violence laws of the state of Texas, including the use or attempted use of physical abuse or sexual abuse, or a pattern of any other coercive behavior committed, enabled, or solicited to gain or maintain power and control over a victim, including verbal, psychological, economic, or technological abuse that may or may not constitute criminal behavior, by a person who:

- a. is a current or former spouse or intimate partner of the victim, or a person similarly situated to a spouse of the victim;
- b. who shares a child in common with the victim;
- c. is cohabitating or has cohabited, with the victim as a spouse or intimate partner;

or

- d. commits acts against an adult or youth victim who is protected from those acts under the domestic or family violence laws of the state of Texas.

**Day** – Calendar day

---

<sup>6</sup> 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.

<sup>7</sup>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).

<sup>8</sup>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.

---

**Economic Abuse** – In the context of domestic violence and dating violence definitions, means behavior that is coercive, deceptive, or unreasonably controls or restrains a person’s ability to acquire, use or maintain economic resources to which they are entitled, including using coercion, fraud, or manipulation to:

- a. Restrict a person’s access to money assets, credit, or financial information;
- b. Unfairly use a person’s personal economic resources, including money, assets, and credit, for one’s own advantage; or
- c. Exert undue influence over a person’s financial and economic behavior or decisions, including forcing default on joint or other financial obligation, exploiting powers of attorney, guardianship, or conservatorship, or failing or neglecting to act in the best interests of a person to whom one has a fiduciary duty.

**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.

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.

**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

a. 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:

- i. unwelcome sexual advance (including explicit or implicit proposition(s) of sexual contact or activity);
- ii. requests for sexual favors (including overt or subtle pressure);
- iii. gratuitous comments about an individual’s sexual activities or speculation about an individual’s sexual experience;
- iv. gratuitous comments, jokes, questions, anecdotes, or remarks of a sexual nature about clothing or bodies;
- v. persistent, unwanted sexual or romantic attention; or vi. deliberate, repeated humiliation or intimidation.

b. If physical conduct, either

- i. unwelcome intentional touching of a sexual nature;
- ii. deliberate physical interference with or restriction of movement;
- iii. exposure to sexually suggestive visual displays such as photographs, graffiti, posters, calendars, or other materials;
- iv. consensual sexual conduct that is inappropriate, and created a Hostile Environment; or
- v. sexual violence as defined in this Policy.

Whether or not the inappropriate conduct is sexual in nature will be determined by examining the totality of the circumstances, whether a reasonable person subjected to the conduct would construe the conduct as sexual in nature, and whether the individual subject to the conduct construed it as sexual in nature.

**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 promptly 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 Coordinator 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** – 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.

**Sexual Assault**<sup>9</sup> – an offense that meets the definition of rape, fondling, incest, or statutory rape.

Rape – the causing of 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.

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.

Incest – sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law.

Statutory Rape – sexual intercourse with a person who is under the statutory age of consent.

---

<sup>9</sup> 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 sexual 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; 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; and any activity that goes beyond the boundaries of consent, such as recording of sexual activity, letting others watch consensual sex, or knowingly transmitting a sexually transmitted disease (STD) to another.

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

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,

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

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.

**Stalking**<sup>10</sup> - 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 –

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.

Reasonable Person – a reasonable person under similar circumstances and with similar

identities to the victim.

Substantial Emotional Distress – significant mental suffering or anguish that may, but does not necessarily, require medical or other professional treatment or counseling

Technical Abuse – an act or pattern of behavior that occurs within sexual assault, domestic violence, dating violence, or stalking and is intended to harm, threaten, intimidate, control, stalk, harass, impersonate, exploit, extort, or monitor, except as otherwise permitted by law, another person, that occurs using any form of technology, including but not limited to: internet enabled devices, online spaces and platforms, computers, mobile devices, cameras and imaging programs, apps, location tracking devices, communication technologies, or any other emerging technologies.

---

10 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 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>)

## **Professional, Ethical, and Legal Requirements**

Faculty and trainees with the UT Health San Antonio Department of Psychiatry and Behavioral Sciences Psychology Internship Program are expected to be familiar with and comply with APA Ethical Principles of Psychologists and Code of Conduct, Texas State laws pertaining to the practice of psychology, and the University's Code of Conduct.

### **APA Ethical Principles of Psychologists and Code of Conduct**

<https://www.apa.org/ethics/code>

### **Texas State laws**

[https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=4&ti=22&pt=21&ch=465&rl=Y](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=22&pt=21&ch=465&rl=Y)