ABBREVIATED CLINICAL PSYCHOLOGY INTERNSHIP HANDBOOK

WEB VERSION FOR 2026-2027

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

SCIENTIST-PRACTITIONER MODEL APA-ACCREDITED PROGRAM

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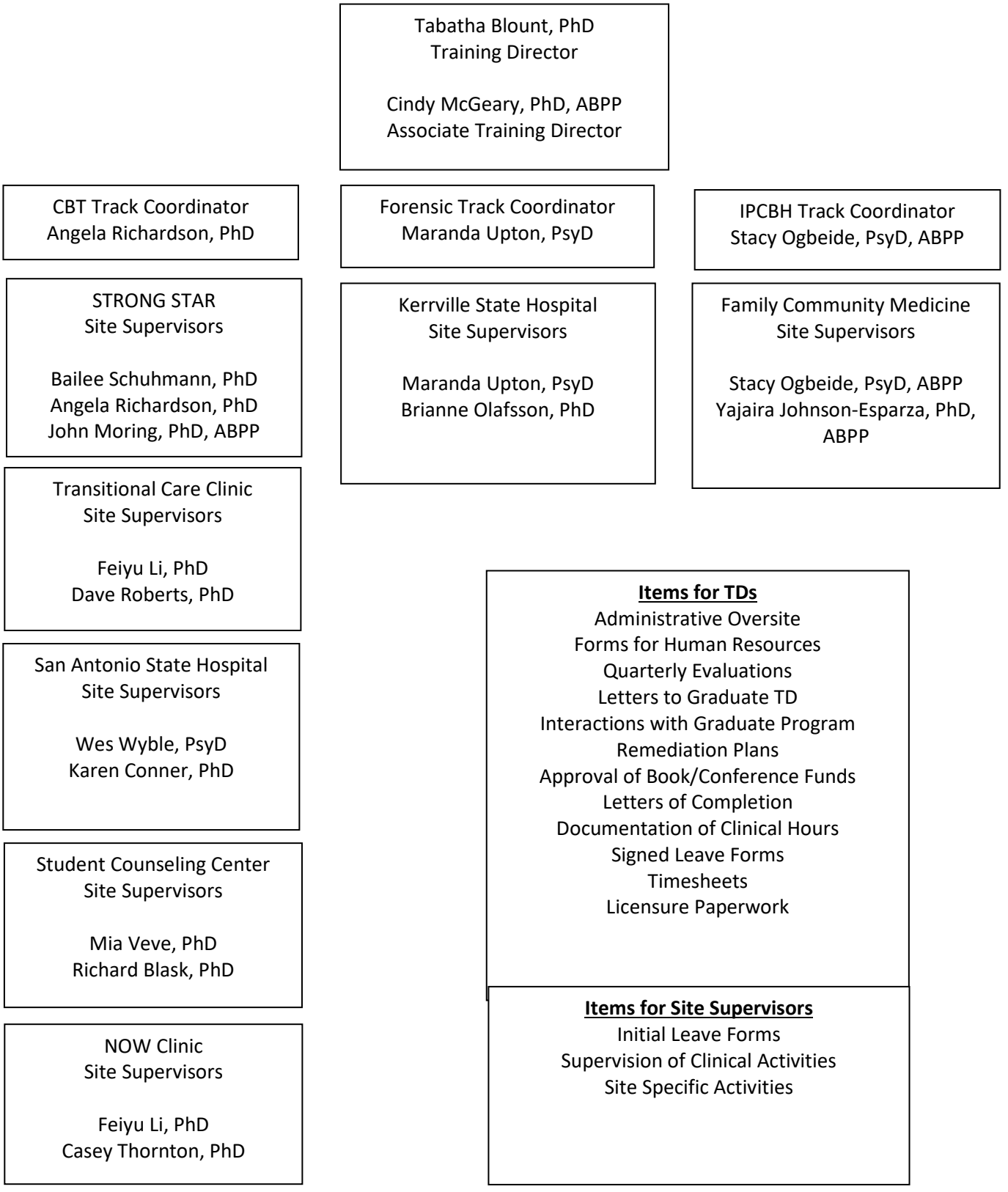
University of Texas San Antonio Clinical Psychology Internship Organizational Chart



PROGRAM OVERVIEW

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

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

During the yearlong internship, interns participate in major rotation(s) as well as several year-long clinical activities, including on-going individual therapy cases through our Advance Psychotherapy Clinic and either co-leading group therapy, participating in chronic pain research, or providing Parent Child Interaction Therapy (PCIT). Additionally, interns attend weekly seminars and didactics designed to enhance their understanding of the scientist-practitioner model, evidence-based practice, integrative assessment, supervision, and ethics/diversity. Finally, interns can design and implement a program improvement project during the training year as it is applicable for their site and based upon supervisor approval.

TRACKS. Our program strives to provide training that has depth as well as breadth, which we accomplish by utilizing a track system. The track system also provides applicants with stronger assurance of the training experience they will receive when they arrive. The UT San Antonio Internship offers three tracks (**Cognitive-Behavioral; Forensic; and Integrated Primary Care Behavioral Health)**.

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

OVERVIEW OF PSYCHOLOGY INTERNSHIP: 2026-2027 TRAINING YEAR

TRAINING PHILOSOPHY AND ACCREDITATION STATUS

The University of Texas San Antonio Psychology Internship Training Program is an APA-accredited psychology internship program that supports a scientist-practitioner model. The internship is accredited through 2035. Additional information can be found on the APA CoA website: www.accreditation.apa.org.

PROGRAM AIMS

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

As a generalist program, our internship program offers a wide range of training activities. The exact composition of these training activities varies by track and is determined by rotation assignment. In general, interns engage in intake work, assessments, and individual and group psychotherapy. Depending on track assignment, interns may also receive training in behavioral health consultation. Interns provide care for diverse patient populations with a wide range of presenting problems. A significant percentage of the patients served come from underserved urban areas. Approximately 50 to 60 percent of the training experiences involve services to minorities (primarily Hispanic), though there are also opportunities for work with Veteran and military populations at some sites. In addition to clinical care, we have provided interns with opportunities for involvement in applied clinical research and/or process improvement activities. Across all tracks, our mission is to ensure that our interns graduate with confidence and competence to work as an independent practitioner.

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

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

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

The Clinical Psychology Internship was established in 1970 with the faculty at that time making a philosophical commitment to the "scientist-practitioner model," emphasizing the practitioner side of the Boulder model. The internship year is seen as a time to emphasize first-hand experiences

with clinical involvement under intense individual supervision by faculty who demonstrate clear and visible scientific and professional interests.

Psychology interns receive year-long education designed to help strengthen their understanding and skill in assessment and psychotherapeutic processes. Our students also learn the fundamentals of outcome evaluations and use of available scientific principles and data to guide their selection of clinical interventions and help them learn to evaluate and evolve their clinical practice.

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

The internship program values interns and staff from culturally diverse backgrounds, including diversity across age, disability, ethnicity, gender expression, gender identity, language, national origin, race, religion, culture, sexual orientation, and socio-economic background. The internship sites have a training environment that is sensitive and shows respect for individual and cultural diversity.

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

TRAINING SITES BY TRACKS

1. COGNITIVE-BEHAVIORAL TRACK

New Opportunities for Wellness (NOW) Clinic

The UT San Antonio Long School of Medicine, Department of Psychiatry and Behavioral Sciences' New Opportunities for Wellness (NOW) clinic is an outpatient academic program that offers wrap-around care to community members including psychological, psychiatric, and case management-related resources. This program differs from the Transitional Care Clinic (TCC) in that patients tend to represent the spectrum of presenting concerns that you would find within a traditional outpatient setting (as compared to recent discharge from an inpatient or hospital setting within the TCC). The NOW clinic branches the NOW and NOW-Youth clinics, and the intern will have the opportunity to provide psychological services to both children and adults should they wish to (with service provision to adults as a required component of the rotation). As part of the NOW clinic rotation, the intern will also participate as a member of the DBT team. This opportunity includes regularly attending the weekly DBT consultation team meeting and facilitating DBT skills group(s), which may include DBT and/or DBT-A groups. Should the intern be interested, there may be opportunities to engage in scholarly work to be discussed based upon interest. Similarly to

the TCC, there is significant heterogeneity in client presentation and diversity, which includes providing services to those without insurance. The intern associated with the NOW clinic will work as part of an interdisciplinary team, provide individual therapy, facilitate group therapy as a primary or co-facilitator, and/or provide tiered supervision to counseling students. The primary treatment frameworks include cognitive-behavioral therapy, CPT, and dialectical behavior therapy.

Location: 5788 Eckhert Road, San Antonio, Texas 78240
Webpage: https://nowclinicsa.org/
Point of Contact: Dr. Casey Thornton

San Antonio State Hospital

San Antonio State Hospital (SASH) is 302-bed, public residential psychiatric hospital that has been in operation since 1892 and serves an area of 56 counties in South and South Central Texas. Patients at SASH may receive services at SASH voluntarily, by civil commitment, or on a forensic commitment as either incompetent to stand trial, or not guilty by reason of insanity. The training program includes the participation and gradually increased responsibility of the intern under careful, direct clinical supervision, and experience with both acute and forensic patients. The trainee will join doctoral psychologists in individual clinical interviews and group therapy (such as DBT) sessions and later conduct interviews and sessions without direct observation. The trainee will also administer evaluations (general psychological and forensic) with direct observation by the supervisor and will later conduct testing without direct observation. The trainee will provide feedback to the treatment teams and will complete group and individual therapy notes and testing reports.

Location: 6711 S New Braunfels Ave #100, San Antonio, TX 78223
Point of Contact: Dr. Wes Wyble

STRONG STAR Rotation at the University of Texas San Antonio

Interns receive comprehensive training in evidence-based treatments for PTSD while providing clinical services to Veterans, Active-Duty service members, and civilians. Interns serve dual roles as research therapists delivering treatment and independent evaluators conducting assessments for ongoing clinical trials. Interns also serve as clinicians in STRONG STAR's National Center for Warrior Resiliency, in which "warrior" is used to refer to anyone—military personnel, veterans, first responders, and civilians—who are battling against the impact of traumatic stress. Training includes instruction and supervised experience in evidence-based psychotherapies including Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and Written Exposure Therapy (WET) delivered in standard or compressed formats. Interns also receive training in evidence-based assessment, including administration and scoring of the CAPS-5, and may have opportunities for additional experience treating trauma-related disorders and common co-morbidities. Although much of the clinical work is conducted within the context of ongoing research studies, participation in scholarly publication and prior knowledge of statistical analyses are not required.

Location: 5788 Eckhert Road, San Antonio, Texas 78240 Webpage: www.strongstar.org
Point of Contact: Dr. Bailee Schuhmann

Student Counseling Center at the University of Texas San Antonio

The Student Counseling Center (SCC) provides psychological and psychiatric consultation to students in the graduate and professional schools within the university, which enrolls more than 4,000 students each year. Clients present with academic, vocational, psychological, and personal concerns. In this setting, interns can work with students that are highly functioning but are in very stressful environments. The students range from eighteen to fifty years of age. Interventions and diagnostic activities in the SCC include intake evaluations, counseling, study skills consultation, relaxation training, outreach presentations, couples and marital consultation, group counseling, and consultation with faculty and staff.

Location: UT Health San Antonio Campus; Dental School Building, Rm 3.100R.1
7703 Floyd Curl Drive, San Antonio, Texas 78229
Webpage: https://students.uthscsa.edu/counseling/
Point of Contact: Dr. Mia Veve

The Transitional Care Clinic

The UT San Antonio Transitional Care Clinic (TCC) provides outpatient psychological, psychiatric, and social work services to adults with the full spectrum of behavioral health problems, including higher risk patients recently discharged from inpatient treatment. Clients also represent wide cultural and socioeconomic diversity, including un- and underinsured clients, as well as commercially insured clients. Interns work within a multidisciplinary treatment team, providing primarily individual and group therapy, as well as intake assessments and peer supervision to counseling students. Psychological services are provided within an integrative theoretical model with emphasis in motivational interviewing, cognitive behavioral therapy and dialectical behavior therapy. Interns have the choice to participate in the clinic's DBT program, psychotherapy research program and/or to be trained and supervised in the delivery of Cognitive Processing Therapy (CPT) for PTSD.

Location: 5788 Eckhert Road, San Antonio, Texas 78240
Webpage: https://tccsatx.org/home/
Point of Contact: Dr. Dave Roberts

2. FORENSIC TRACK

Kerrville State Hospital

Interns on the Forensic Track will complete their rotation at Kerrville State Hospital, a 290-bed forensic state hospital. Staff and interns work with patients who are incompetent to stand trial (ICST) or who have been adjudicated not guilty by reason of insanity (NGRI) for felony level offenses that are also contending with severe and persistent mental health issues. Interns participate in clinical and forensic evaluations, a sequence of bimonthly forensic seminars, bimonthly case law reviews, provide individual and group therapy, and collaborate with multidisciplinary staff to help patients either attain competency or be safely returned to the community. Interns will be asked to work with patients in both maximum security and in the less restrictive facility. Interns on the Forensic Track will also be expected to participate in several training opportunities throughout the

year including a mock trial experience at Baylor University Law School and a Crisis Negotiation seminar at Texas State University in conjunction with law enforcement officers.

Location: 721 Thompson Drive; Kerrville, TX 78028
Point of Contact: Dr. Maranda Upton

3. INTEGRATED PRIMARY CARE BEHAVIORAL HEALTH TRACK

UT San Antonio, Department of Family and Community Medicine
Interns will be trained within the Primary Care Behavioral Health (PCBH) consultation model within the Department of Family and Community Medicine – Family Medicine Residency continuity clinic. More specifically, interns will have the opportunity to screen, assess, identify, and treat physical health, behavioral health and health behavior change concerns within the context of primary care across the lifespan. Interns will also learn how to consult with primary care providers as well as other primary care team members such as nurses, pharmacists, care managers and community health workers. Lastly, interns will participate in the education and training of family medicine residents as well as psychology externs in primary care. Interns can receive supervision in Spanish.

Location: Robert B. Green Campus, Family Health Center - Clinical Pavilion (4th Floor)
903 W. Martin St., San Antonio, TX 78207
Webpage: https://lsom.uthscsa.edu/family-medicine/
Point of Contact: Dr. Stacy Ogbeide

ADVANCE CLINIC

Interns provide psychotherapy services to patients in the Department of Psychiatry and Behavioral Sciences' Advance Clinic. Interns are assigned a supervisor with the goal of promoting breadth of training and exposure to multiple theoretical perspectives. Each intern will carry two individual long-term psychotherapy cases for the training year within the Advance Clinic. This is in addition to the caseload at the interns' primary site. Supervisors for the Advance Clinic are assigned by the training directors (see schedule). Guidelines that each intern is expected to follow when providing care in the Advance Clinic are outlined below.

1. Psychology interns will notify their patients of their trainee status at the beginning of treatment and provide patients with the name of their supervisor.

2. Interns will review the limits of confidentiality with their patients at the beginning of treatment and throughout treatment as necessary. Individual supervisors may have a specific informed consent document they wish their intern to use when seeing patients in the Advance Clinic. If the supervisor does not have a preference, interns are free to use the informed consent document within the handbook.

3. Interns will properly document their clinical interactions in EPIC within 24 hours of clinical contact. Interns need to communicate with supervisors and cosigners if there is a reason (i.e., technical difficulties) they cannot get their notes in within the 24-hour window. Documentation involving moderate to high levels of risk needs to be entered as soon as possible but no later than 24 hours.

4. Interns are responsible for their patient appointments. If time off is requested with less than 60 days' notice (PTO/Admin/Medical) and patients are scheduled, the intern is responsible for reaching out to those patients by phone and/or through MyChart messages, providing rescheduled dates/times. It is essential that these attempts are documented as a "telephone encounter." If the intern is unable to reach a patient, they must leave clear instructions for the call center to reschedule the patient. For patients with MyChart, please send a message with the rescheduling number for the call center: 210-450-6450. If an intern needs to cancel a patient appointment due to same-day illness, it is their responsibility to contact the clinic staff. Interns will cc' Drs. Blount, McGeary, and their Advance Clinic supervisor on cancellation emails.

5. In-office and telehealth appointments are offered through the Advance Clinic. According to clinic policy, patients have the right to choose the format (in-office, telehealth) of their appointments. Format choices should also be discussed and approved by intern's Advance Clinic Supervisor. When meeting your patients for the first time, sessions should be in-office.

Telehealth Procedures in the Advance Clinic

Telehealth sessions may only be conducted using Epic's Video Session feature. To use this feature, patients need to be enrolled in MyChart. The front desk staff can assist with MyChart enrollment for patients not already enrolled.

1. When the patient's appointment is scheduled, interns will inform the front desk staff whether the session is in-office or a video session by marking the type of session on the appointment slip.

2. At the time of the appointment, the patient's arrival status can be seen in the "Schedule at a Glance." To start the video session, open the patient's visit encounter and select the "Rooming" tab on the upper part of the screen. Scroll down to the launch video visit icon and select "Launch video session."

3. At the beginning of treatment, confirm that the patient is willing to receive therapy through a video visit. Verbal consent needs to be documented in their progress note at every visit (i.e., "**SPOKE WITH PATIENT AND OBTAINED VERBAL CONSENT TO GIVE PSYCHOTHERAPY OVER MYCHART VIDEO SESSION.**"). The location of the patient and the provider at the time of visit should be documented as well. The rest of the progress note will be documented using standard procedures.

4. It is helpful to discuss with the patient what will happen if the session is disrupted by technical difficulties (i.e., "I will call you over the phone if we get disconnected or the computer

freezes.").

5. Follow up with the front desk about their next appointment time.

6. Telehealth services can only be provided to patients within the State of Texas. If the patient is traveling outside of Texas at the time of their visit, they will need to wait until they have returned to Texas to participate in treatment.

YEAR-LONG ELECTIVES

Interns are assigned to one of the three year-long electives below.

Dialectic Behavioral Therapy (DBT). Interns co-lead a DBT skills group. DBT teaches group members how to be more mindful, interpersonally effective, how to regulate their emotions, and tolerate distress better. Groups occur once a week. Supervisors: Drs. Lisa Kilpela, Fei Li, and Casey Thorton.

Parent-Child Interaction Therapy (PCIT). Interns learn how to provide PCIT with a co-therapist. PCIT is an evidence-based psychotherapy for preschool-aged children experiencing significant externalizing behaviors (e.g., meets diagnostic criteria for ADHD, ODD, conduct disorder). Caregivers learn how to utilize play therapy skills and parent management skills through live coaching during weekly therapy sessions. There is the potential for PCIT certification. Supervisor: Dr. Tabatha Blount.

Pain Management Research Experience. Interns choosing the Pain Management Research experience will spend one hour per week in face-to-face supervision with Drs. Paul Nabity and Meredith Stensland and one to two hours per week on research and writing. Interns will have access to multiple existing datasets and will learn about biostatistical design and analysis concepts with direct relevance to applied clinical care for chronic pain. Examples of research questions include identification of factors that predict good or poor response to behavioral pain treatment, examination of longitudinal data to determine the influence of psychosocial and demographic variables on pain outcomes, ordering of interdisciplinary pain services to maximize treatment effect, and general description of pain-related polytrauma phenotypes (i.e., characteristics of individuals with chronic pain and comorbid trauma/psychiatric conditions). Datasets are all derived from NIH, VA and DoD-funded clinical trials and the outcomes of the interns' work on this rotation have a high likelihood of journal publication and presentation at national conferences (though published manuscripts are not a requirement of this rotation). Importantly, biostatistical skills are NOT required for this experience. The research team already has biostatistical support and interns will be expected to learn about chronic pain management and polytrauma and contribute clinical knowledge to analyses. However, those wishing to learn more about biostatistical design and analysis (including R programming) will have an opportunity to do so. Supervisors: Dr. Paul Nabity and Meredith Stensland.

SUPERVISION REQUIREMENTS AND EVALUATIONS

1. According to APA CoA's implementing regulations, supervision is "characterized as an interactive educational experience between the trainee and the supervisor. This relationship: a) is evaluative and hierarchical, b) extends over time, and c) has the simultaneous purpose of enhancing the professional functioning of the trainee; monitoring the quality of Health Service Psychology services; and serving as a gatekeeper for progress or completion."

2. 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, which is monitored by the training directors. 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 unable to rectify the shortage of supervision hours with their site supervisor directly, the training directors will meet with the intern and site supervisor to ensure that appropriate supervision is provided.

3. Each clinical assignment (e.g., primary rotation site, Advance Clinic, year-long elective) 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.

4. In addition to ongoing, informal feedback, the supervisor completes a formal, written evaluation of the intern's clinical work quarterly. The supervisor is expected to meet with the intern to review their evaluation. The format of this meeting rests with the supervisor but includes an open discussion of the ratings and corrective feedback where applicable.

5. To help improve the accuracy of evaluative feedback, supervisors for the major site rotations and the year-long training activities directly observe or conduct a video/audio review of the intern's clinical work each evaluation period. 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 at least quarterly.

6. When growth areas are identified, evaluations should propose corrective action.

7. Quarterly evaluations should be written by the supervisor and discussed directly with the intern. Both intern and supervisor can make comments about the evaluation feedback session and sign the evaluation form. A copy of the evaluation will be provided to the intern, and another copy of the evaluation will also be placed on file with the training directors.

8. The intern will provide their mentor and the training directors with the evaluation and feedback that they have received from each of their supervisors.

9. 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.

10. Evaluative feedback of the intern's progress will be shared with their doctoral program after

their six-month evaluation and at the end of the internship year.

11. 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 coordinator, 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.

MENTORS

1. Each intern is assigned a mentor to provide continuity, clarification, and coordination of the trainees' experience.

2. The mentor may also have supervisory responsibilities for the intern within the Advance Clinic. Except in extraordinary situations, faculty with less than one year's experience in the program will not serve as mentors.

3. The mentor will schedule a time to meet with the intern. The frequency of these meetings will be determined collaboratively by mentors and their interns according to the intern's need. In the beginning of the year, meetings may happen weekly but can decrease in frequency as the year progresses.

4. Quarterly, the mentor will participate in a faculty discussion of their mentee during the internship training committee meeting. The Internship Director or Associate Director will write to the home graduate school regarding evaluation after the mid-year and end-of-year evaluation.

5. The Internship Director or Associate Director, with input from the mentor, will write a final evaluation at the end of the internship year reflecting a consensus of the faculty's views. This final evaluation is discussed with the intern and will be sent to the intern's graduate school.

6. Should an intern and/or mentor (or supervisor) feel that their working relationship is unproductive, they should discuss this with the training directors. The directors will attempt to facilitate the relationship between the mentee and the mentor (or supervisor). If this is unsuccessful, a change in intern/mentor (or supervisor) assignment can be made.

TELESUPERVISION

Of the four required weekly hours of supervision no more than 50% (one hour of group supervision and one hour of individual supervision) will be via telehealth. The other two hours of required supervision will be in person. When supervision hours exceed the required four 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 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 San Antonio satellite location and travel by the intern is infeasible. With a large internship, allowing supervisors from UT 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 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 intern's 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 San Antonio IT with any concerns or questions about accessing and using 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 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, etc.

Which Trainees: Telesupervision is allowed for all trainees. Interns will have discussions with their supervisors 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, during the COVID-19 pandemic, this type of supervision was utilized more frequently. It is anticipated that this will continue to be the case within the UT 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 program's 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 San Antonio Department of Psychiatry building. 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 San Antonio faculty, 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 need for a 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 case 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. McGeary and Dr. Blount are also on site while the interns are seeing Advance Clinic patients, so they are also able to consult and provide crisis coverage in emergency situations.

Privacy/Confidentiality: Interns are provided 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 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 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 San Antonio 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 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 beginning 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.

SEMINARS

Interns are expected to attend and participate in all required general (Tuesday morning) and track seminars (see list of seminars in Section 2). The Tuesday morning seminar starts promptly at 8:15 am. Since the internship relies on volunteer presenters, please be on time, attentive, and polite. Active participation is expected. Attendance of these seminars will be tracked. Participation in these seminars will be part of the intern's evaluation process.

Interns may attend elective seminars offered through the Department with permission from the internship directors and track supervisors (Cognitive-Behavioral: Dr. Richardson; Forensic: Dr. Upton; Integrated Primary Care Behavioral Health: Dr. Ogbeide).

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

Use of Distance/Online/Electronically Mediated Education Methodologies in Didactics or Training Seminars

Most intern didactics and seminars are designed to be in-person. On occasion, when a presenter is not geographically located in San Antonio, we will utilize a secure HIPAA compliant Zoom line for the didactic/seminar. These didactics are synchronous in nature. Distance learning activities are approved by the Department of Psychiatry and Behavioral Sciences Intern Training Committee and are authorized in all jurisdictions. Didactic/seminar leaders are adjunct faculty in the Department of Psychiatry and Behavioral Sciences at UT San Antonio. The program requires that our interns have their video camera and audio on during all online training activities. This allows the program to ensure and confirm that the interns are present and participating in the didactic. Intern privacy is protected using a HIPAA compliant Zoom line that utilizes a unique link and password to gain access to the didactic and to further ensure that only those authorized to attend the didactic can do so. The link and password are sent directly to the interns' work email address to further protect privacy. There are no intern fees specific to these distance education activities.

DISSERTATION PRESENTATION, RESEARCH QUALITY IMPROVEMENT DAY, AND RESEARCH AWARD

Interns are required to present their dissertation to the internship class during the Tuesday 12 pm meeting with the Training Directors. Additionally, each year, the Department of Psychiatry and Behavioral Sciences hosts a Research and Quality Improvement Day (RQID). Each intern is **required** to submit at least one poster presentation. Alternatively, they can submit an abstract for an oral presentation, which will be considered in the selection of the Research Day Grand Round student speakers. The selected speaker(s) will be awarded the program's *Research Intern of the Year* award. If you are not selected to provide an oral presentation on Research Day, you are required to present a poster. RQID is contingent on departmental funds being available. Further information about RQID will be provided over the course of the year.

FINANCIAL AND OTHER BENEFIT SUPPORT

This 12-month, full-time internship pays an annual salary of $32,500. Paychecks will be issued by the University of Texas San Antonio starting in August. UT 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. **Therefore, interns are required to be student affiliates of APA.** Additional benefits provided by the program include $500 support for professional development (e.g. attending a psychology conference), $100 for professional books and/or treatment manuals, and access to EPPP study materials. Program-provided benefits (i.e., professional development and library funds) are dependent on the availability of departmental funding and are not guaranteed. Professional development activities and professional books must be pre-approved by the training directors for interns to receive reimbursement.

MAINTENANCE OF RECORDS

The program maintains a permanent record of interns' training experiences during their internship year. The content of these records includes 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 a written request to the training directors. Requested documentation will be provided within two weeks of a written request.

SECTION 2: ASSIGNMENTS AND SCHEDULES

1. Schedules and Supervisors: Site Rotations by Track
2. Schedule for Year-Long Elective Experiences
3. Advance Clinic Supervisors and Mentors
4. Ad Hoc Mentors
5. Tuesday Morning Seminar Schedule
6. Tuesday Lunch Meeting Schedule
7. Cognitive-Behavioral Therapy Track Seminar Schedule
8. Forensic Seminar Schedule
9. Integrated Primary Care Behavioral Health Track Seminar Schedule
10. UT San Antonio Holiday Schedule

SCHEDULES AND SUPERVISORS: SITE ROTATIONS BY TRACK

COGNITIVE-BEHAVIORAL TRACK

	Major Rotation 1 July 2026-Dec 2026	**Supervisors**	**Major Rotation 2** Jan 2027-June 2027	**Supervisors**
Intern #1	NOW Clinic	Thorton/Li	San Antonio State Hospital	Wyble/Conner
Intern #2	San Antonio State Hospital	Wyble/Conner	Transition Care Clinic	Roberts/Li
Intern #3	Transition Care Clinic	Roberts/Li	Student Counseling Center	Veve/Blask
Intern #4	STRONG STAR	Schuhmann/Peterson	NOW Clinic	Thorton/Li
Intern #5	Student Counseling Center	Veve/Blask	Transition Care Clinic	Roberts/Li
Intern #6	Transition Care Clinic	Roberts/Li	STRONG STAR	Schuhmann/Peterson

FORENSIC TRACK

	Major Rotation July 2026-June 2027	**Supervisors**
Intern #7	Kerrville State Hospital	Upton/Olafsson
Intern #8	Kerrville State Hospital	Upton/Olafsson

INTEGRATED PRIMARY CARE BEHAVIORAL HEALTH TRACK

	Major Rotation July 2026- June 2027	**Supervisors**
Intern #9	Family, Community Medicine	Ogbeide/Johnson-Esparza
Intern #10	Family, Community Medicine	Ogbeide/Johnson-Esparza

YEAR-LONG ELECTIVE EXPERIENCES: July 2026 – June 2027

Intern	Group Name	Location and Time	Faculty Supervisors	Supervision Time
Intern #5	DBT	HIPAA-Compliant Zoom Tuesdays 5:00-6:30 pm	Dr. Casey Thorton Dr. Lisa Smith-Kilpela	Dr. Lisa Smith-Kilpela Tuesdays 11-11:50 am
Intern #1	DBT	BHW Center Thursdays 5:00-6:30 pm	Dr. Fei Li Dr. Lisa Smith-Kilpela	Dr. Lisa Smith-Kilpela Tuesdays 11-11:50 am
Intern #6	DBT	BHW Center Thursdays 5:00-6:30 pm	Dr. Casey Thorton Dr. Lisa Smith-Kilpela	Dr. Lisa Smith-Kilpela Tuesdays 11-11:50 am
Intern #4 Intern #9	PCIT	BHW Center Tuesdays 5:00-6:30 pm	Dr. Tabatha Blount	Tuesdays 10-10:50 am
Intern #8 Intern #10 Intern #7	Pain Research	Wednesdays 5:00-6:30 pm	Dr. Paul Nabity Dr. Meredith Stensland	Tuesday 11:00-11:50 am

YEAR-LONG ELECTIVE EXPERIENCES: July 2026 – December 2026

Intern	Group Name	Location and Time	Faculty Supervisors	Supervision Time
Intern #3	DBT-Adolescent	BHW Center Tuesday 4:00-6:00 pm	Dr. Fei Li Dr. Lisa Smith-Kilpela	Dr. Lisa Smith-Kilpela Tuesdays 11-11:50 am
Intern #2	DBT-Adolescent	BHW Center Wednesday 4:15-6:15pm	Dr. Fei Li Dr. Lisa Smith-Kilpela	Dr. Lisa Smith-Kilpela Tuesdays 11-11:50 am

YEAR-LONG ELECTIVE EXPERIENCES: January 2027 – June 2027

Intern	Group Name	Location and Time	Faculty Supervisors	Supervision Time
Intern #2	DBT-Adolescent	BHW Center Tuesday 4:00-6:00 pm	Dr. Fei Li Dr. Lisa Smith-Kilpela	Dr. Lisa Smith-Kilpela Tuesdays 11-11:50 am
Intern #3	DBT-Adolescent	BHW Center Wednesday 4:15-6:15pm	Dr. Fei Li Dr. Lisa Smith-Kilpela	Dr. Lisa Smith-Kilpela Tuesdays 11-11:50 am

Note: BHW Center = Behavioral Health and Wellness Center

ADVANCE CLINIC SUPERVISORS AND MENTORS

Intern	Track	Advance Clinic Supervisor	Mentor
Intern #5	CBT	Bailee Schuhmann	Bailee Schuhmann
Intern #7	F	Paul Nabity	Paul Nabity
Intern #3	CBT	Angela Richardson	Angela Richardson
Intern #8	F	Austin Lemke	Austin Lemke
Intern #2	CBT	Kelsi Gerwell	Kelsi Gerwell
Intern #4	CBT	Mia Veve	Mia Veve
Intern #9	PC	Jeslina Raj	Jeslina Raj
Intern #1	CBT	Casey Thorton	Casey Thorton
Intern #6	CBT	Richard Blask	Richard Blask
Intern #10	PC	Eliot Lopez	Eliot Lopez

AD HOC MENTORS

The following faculty/adjunct faculty members have agreed to serve as ad hoc mentors to our interns. Interns are welcome to contact them for mentorship as needed. Their areas of expertise and contact information are outlined below.

Faculty Member	Areas of Expertise
Dr. Stefanie LoSavio	• Evidence-based, cognitive behavioral therapies for PTSD (especially Cognitive Processing Therapy [CPT] and Written Exposure Therapy [WET]) • Training of mental health providers • Using hierarchical linear modeling (HLM) to model repeated assessments over time (e.g., patient scores at each therapy session) Additional Information: I focus on evidence-based PTSD treatments for adults (and older adolescents). I'm interested in 1) intervention research (understanding what works best for whom, how to make treatment more effective and efficient, adaptive treatments) and 2) training research (how to increase the reach of evidence-based treatments, using technology [generative AI/natural language processing] to improve training).
Dr. Krystal Robinson	• Pediatric Psychology, Child and Adolescent Health • Integrated Pediatric Subspecialty Psychology • Health Equity and Health Access • Patient Advocacy • Research: Neurocognitive late effects after cancer treatment in children Additional Information: I completed my pre-doctoral internship and postdoctoral fellowship at La Rabida Children's Hospital in Chicago, IL. I have worked across a wide range of health conditions in children, ranging from endocrinology to physical medicine and rehab, TBI, cystic fibrosis, Infant development, medical trauma, incontinence, and burn subspecialities.
Dr. Casey Straud	• Posttraumatic Stress Disorder • Trauma-focused Psychotherapy • Military Health • Biostatistics Additional Information: I completed my doctoral degree at Nova Southeastern University and my predoctoral internship at the Pittsburgh VA. Following my degree, I completed a 2-year postdoctoral fellowship at the UTHSCSA and STRONG STAR where I gained experience in large scale RCT and military health.

2026-2027 UT San Antonio Psychology Internship
TUESDAY MORNING SEMINARS
(Tuesday, 8:15 am to 9:50 am)

DATE	SEMINAR TOPIC	PRESENTERS
7/7/2026	Practicing in Texas	Blount and McGeary
7/14/2026	Ethics	Schuhmann (Richardson)
7/21/2026	Risk Assessment (Virtual)	Tyler
7/28/2026	Suicide Management	Moring
8/4/2026	Giving High Quality Feedback as a Supervisor	Andrews
8/11/2026	Psychotropic medication 101 for the non-prescriber	Montanez
8/18/2026	Motivational Interviewing	Ogbeide
8/25/2026	Solution Focused Treatments	Sopchak
9/1/2026	Adult CBT: Behavioral Therapy	D. McGeary
9/8/2026	Adult CBT: Cognitive Therapy	D. McGeary
9/15/2026	Acceptance and Commitment Therapy (Virtual)	Kanzler
9/22/2026	Acceptance and Commitment Therapy (Virtual)	Kanzler
9/29/2026	Cognitive Behavioral Approach to Couple's Therapy	Blount
10/6/2026	Cognitive Behavioral Approach to Couple's Therapy	Blount
10/13/2026	Treating Serious Mental Illness	Roberts
10/20/2026	Treating OCD	Thornton
10/27/2026	Treating Trauma-Related Disorders	Richardson
11/3/2026	**TBD**	
11/10/2026	Brief CBT for Suicidality (Virtual)	Rozek
11/17/2026	CBT for Medical Conditions	Ogbeide
11/24/2026	Parent-Child Interaction Therapy	Blount
12/1/2026	Parent-Child Interaction Therapy	Blount
12/8/2026	Treating Substance Use Disorders	Lemke
12/15/2026	Holiday Party	
12/22/2026	Social Time/Check-In	McGeary
12/29/2026	Social Time/Check-In	Blount
1/5/2027	Working with Pts from Different Backgrounds	Richardson/Schuhmann
1/12/2027	Providing Services to African American Pts	Robinson
1/19/2027	Providing Services to Male Pts	Roberts
1/26/2027	Providing Services to Asian/Asian American Pts	Shibazaki
2/2/2027	Working with Patients' Religion/Spirituality in Clinical Practice	Lemke

2/9/2027	Providing Services to Military Pts	C. McGeary
2/16/2027	Providing Services to Hispanic/Latina Pts	Veve
2/23/2027	Providing Services to LGBTQA+	Moring
3/2/2027	Providing Services to Geriatric Pts	Schillerstrom
3/9/2027	Diagnosis of Personality Disorders	Andrews
3/16/2027	Psychological Evaluations for Transplant Patients (Virtual)	Raj
3/23/2027	Psychological Testing with Youth	Andrews
3/30/2027	Neuropsychology	Cooper
4/6/2027	Neuropsychology	Cooper
4/13/2027	Neuropsychology	Cooper
4/20/2027	Consultation and Liaison (Virtual)	Johnson-Esparza
4/27/2027	Behavioral Health Consultation Model	Ogbeide
5/4/2027	Forensic Psychology Series	Upton & Olafsson
5/11/2027	Forensic Psychology Series	Upton & Olafsson
5/18/2027	Forensic Psychology Series	Upton & Olafsson
5/25/2027	Treating Eating Disorders	Kilpela
6/1/2027	**TBD**	
6/8/2027	Preparing for Licensure (Virtual)	Perez
6/15/2027	Graduation Ceremony Day (Tentative)	
6/22/2027		
6/29/2027	**Out-processing**	

* Seminar schedule is subject to change

TUESDAY LUNCH MEETINGS (2026-2027)

FORMAT:

1. Complete morning seminar evaluations.
2. Celebrate accomplishments over the past week.
3. Problem-solve any professional, ethical, and programmatic issues.
4. Discussion of current events that are affecting our professional or personal lives*
5. Planned Activities:
    a. Peer supervision seminars with interns, track coordinators, and training directors
    b. Dissertation presentations
    c. Supervision vignettes
    d. Social time/wellness activities
    (Social Time during Psychology Internship Committee meetings)

DATE	PLANNED ACTIVITIES**
7/1-2/2026	Orientation
7/7/2026	Programmatic Questions and Answers
7/14/2026	Programmatic Questions and Answers
7/21/2026	Getting the Most Out of Mentorship (Stacy Ogbeide)
7/28/2026	Supervision Vignette
8/4/2026	Dissertation Presentation #1: _____
8/11/2026	Introduction to Peer Supervision Seminar
8/18/2026	Dissertation Presentation #2: _____
8/25/2026	**Resident Training Committee (RTC) Meeting/Social Time/Wellness Activities for Interns**
9/1/2026	Peer Supervision Seminar (Intern #4)
9/8/2026	Dissertation Presentation #3: _____
9/15/2026	Postdoc Discussion
9/22/2026	**Resident Training Committee (RTC) Meeting/Social Time/Wellness Activities for Interns**
9/29/2026	Check-In/Social Time
10/6/2026	Peer Supervision Seminar (Intern #6)
10/13/2026	Dissertation Presentation #4: _____
10/20/2026	Supervision Vignette
10/27/2026	**Resident Training Committee (RTC) Meeting/Social Time/Wellness Activities for Interns**
11/3/2026	Peer Supervision Seminar (Intern #2)
11/10/2026	Dissertation Presentation #5: _____
11/17/2026	Insights into Working in a Hospital/Medical School with Drs. Robinson/Raj
11/24/2026	**Resident Training Committee (RTC) Meeting/Social Time/Wellness Activities for Interns**
12/1/2026	Peer Supervision Seminar (Intern #5)
12/8/2026	Insights Into Working for a VA with Dr. Zwetzig

12/15/2026	Dissertation Presentation #6: _____
12/22/2026	Check-In/Social Time
12/29/2026	Check-In/Social Time
1/5/2027	Peer Supervision Seminar (Intern #10)
1/12/2027	Insights Into Working for a State Hospital with Drs. Conner/Wyble
1/19/2027	Insights into Working in Private Practice with Dr. Gerwell
1/26/2027	**Resident Training Committee (RTC) Meeting/Social Time/Wellness Activities for Interns**
2/2/2027	Peer Supervision Seminar (Intern #3)
2/9/2027	Dissertation Presentation #7: _____
2/16/2027	Supervision Vignette
2/23/2027	**Resident Training Committee (RTC) Meeting/Social Time/Wellness Activities for Interns**
3/2/2027	Peer Supervision Seminar (Intern #8)
3/9/2027	Dissertation Presentation #8: _____
3/16/2027	**TBD**
3/23/2027	**Resident Training Committee (RTC) Meeting/Social Time/Wellness Activities for Interns**
3/30/2027	Check-In/Social Time
4/6/2027	Peer Supervision Seminar (Intern #1)
4/13/2027	Dissertation Presentation #9: _____
4/20/2027	Insights into working at a Four-Year University with Dr. Scott
4/27/2027	**Resident Training Committee (RTC) Meeting/Social Time/Wellness Activities for Interns**
5/4/2027	Peer Supervision Seminar (Intern #9)
5/11/2027	Supervision Vignette
5/18/2027	Dissertation Presentation #10: _____
5/25/2027	**Resident Training Committee (RTC) Meeting/Social Time/Wellness Activities for Interns**
6/1/2027	Peer Supervision Seminar (Intern #7)
6/8/2027	**TBD**
6/15/2027	Graduation (Tentative Date)
6/22/2027	**Resident Training Committee (RTC) Meeting/Social Time/Wellness Activities for Interns**
6/29/2027	**Out-processing**

* Interns are encouraged to openly discuss how current events are impacting their professional and personal lives. These conversations are welcomed and will be approached with respect by the training directors. Interns are also welcome to meet individually with the training directors to discuss current events and if their training is being impacted by outside factors.

** Schedules are subject to change.

2026-2027 UT San Antonio Psychology Internship
Cognitive-Behavioral Therapy Track Seminar Schedule
Tuesdays (3:00 to 3:50)
Behavioral Health & Wellness Center
Conference Room 1012
***Denotes Seminar via Zoom**

DATE **Tuesdays** 3:00-3:50 CST	**TOPIC**	**PRESENTER**
JULY		
1-Jul	Orientation –Brief Meet & Greet	
7/7/2026	CBT Track Internship Seminar Week 1 Check-In	Richardson/Moring
7/14/2026	Biopsychosocial Model	McGeary, D./Nabity
7/21/2026	Chronic Pain	McGeary, D./Nabity
7/28/2026	EBT vs. EST & Tailoring ESTs*	Casady
AUGUST		
8/4/2026	Postdoc Application Discussion	Richardson/Moring
8/11/2026	Motivational Interviewing	Roberts
8/18/2026	Motivational Interviewing	Roberts
8/25/2026	Serious Mental Illness	Li
SEPTEMBER		
9/1/2026	Serious Mental Illness	Li
9/8/2026	DBT	Kilpela
9/15/2026	Written Exposure Therapy	Jwaied
9/22/2026	Postdoc Application Discussion	Moring/Richardson
9/29/2026	Dissertation/Research	-
OCTOBER		
10/6/2026	Cognitive Processing Therapy	Moring
10/13/2026	Dissociative Disorders	Lemajeur
10/20/2026	Prolonged Exposure	Schuhmann
10/27/2026	Dissertation/Research	-
NOVEMBER		
11/3/2026	CBT Case Formulation	Thornton
11/10/2026	Postdoc Application Discussion	Moring/Richardson
11/17/2026	CBT & Psychosocial Outcomes in Pediatric Cancer*	Robinson
11/24/2026	Dissertation/Research	-
DECEMBER		
12/1/2026	Lethal Means Safety*	Casady
12/8/2026	Solution Focused Therapy	Nabity
12/15/2026	Tinnitus	Moring
12/22/2026	**No Seminar**	-
12/29/2026	**No Seminar**	-
JANUARY		

1/5/2027	Socratic Questioning	LoSavio
1/12/2027	Behavioral Sleep Medicine*	Pruiksma
1/19/2027	Transdiagnostic Treatment of Emotional Disorders	Richardson
1/26/2027	Dissertation/Research	-
FEBRUARY		
2/2/2027	Issues in Cultural Diversity*	Hall-Clark
2/9/2027	Eating Disorders*	Gerwell
2/16/2027	Dissemination and Implementation Research*	Rozek
2/23/2027	Dissertation/Research	-
MARCH		
3/2/2027	Program Evaluation	Nabity
3/9/2027	CBT for Bereavement	Stensland
3/16/2027	CBT for SUD	Lemke
3/23/2027	Brief CBT for Suicide*	Fina
3/30/2027	Dissertation/Research	-
APRIL		
4/6/2027	Qualitative Research Methods	McGeary, C.
4/13/2027	Tourette's	Blount
4/20/2027	Transplant*	Raj
4/27/2027	Dissertation/Research	-
MAY		
5/4/2027	Research and Quality Improvement Day	-
5/11/2027	EPPP	Schuhmann/Richardson
5/18/2027	Licensure	Schuhmann/Richardson
5/25/2027	Dissertation/Research	-
JUNE		
6/1/2027	Organizational Consultation*	Jacoby
6/8/2027	OUTPROCESS	-
6/15/2027	Graduation	-
6/22/2027	OUTPROCESS	-
6/29/2027		

*** Seminar location and schedule are subject to change.**

Seminars held in Behavioral Health and Wellness Building 1st Floor Conference Room #1012

2026-2027 UT San Antonio Psychology Internship

FORENSIC SEMINAR SCHEDULE*

Kerrville State Hospital

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

Date	Topic	Presenter
8/6/2026	Orientation to Forensic Mental Health Services – What is a forensic psychologist?	Dr. Upton
8/20/2026	Mental State at the Time of Offense - Sanity Evaluation	Dr. Upton
9/3/2026	Risk Assessment	Dr. Olafsson
9/17/2026	Trial Competency Evaluation	Dr. Upton
10/1/2026	Forensic Report Writing & Communicating with the Court	Dr. Upton
10/15/2026	Overview of the Legal System & Case Law	Dr. Olafsson
10/29/2026	Baylor Law Big Trial – No Didactic	
11/5/2026	Primary and Secondary Psychosis – Assessment/Treatment	Drs. Gehl/Upton
11/19/2026	Malingering Evaluation	Dr. Olafsson
12/3/2026	Forensic Case Conceptualization	Dr. Krawiec
12/17/2026	No Didactic	
1/7/2027	Hostage Negotiation Training @ Texas State University	Drs. Upton/Olafsson
1/21/2027	Ethical and Evidenced Based Approaches to Evaluation	Dr. Olafsson
2/4/2027	Ethical and Evidenced Based Approaches to Treatment	Drs. Gehl/Upton
2/18/2027	The Basics of Neuropsychological Assessment	Dr. Olafsson
3/4/2027	Other Criminal Competencies	Dr. Upton
3/18/2027	Psychopharmacology	Tracy Laratta
4/1/2027	Trauma Informed Care	Amanda Calderon
4/15/2027	Personality Disorders	Drs. Gehl/Upton
4/29/2027	Co-Occurring Psychiatric & Substance Use Disorders	Scott Reagan, LCDC
5/6/2027	Civil Commitments	Genny Moreno
5/20/2027	Capital Sentencing	Dr. Olafsson
6/3/2027	Sex Offender Treatment & Evaluation	Dr. Olafsson

*** Seminar location and schedule are subject to change.**

2026-2027 UT San Antonio Psychology Internship
INTERGRATED BEHAVIORAL HEALTH PRIMARY CARE TRACK
SEMINAR SCHEDULE
Petrich Conference Room 2053
TUESDAYS (3:00 to 3:50 pm)*

DATE	TOPIC	PRESENTER
July 7	Welcome to the Primary Care Track	Ogbeide/Johnson-Esparza
14	PC Track Dyadic Supervision Discussion	Ogbeide
21	History of Primary Care	Ogbeide
28	Primary Care Behavioral Health Consultation 101	Ogbeide
Aug. 4	PC Book Club (Chapters 1 and 2)	Ogbeide
11	PC Journal Club	Johnson-Esparza
18	PC Track Dyadic Supervision Discussion	Ogbeide
25	Addressing Substance Use in PC	Johnson-Esparza
Sep. 1	PC Book Club (Chapter 3)	Johnson-Esparza
8	PC Journal Club	Johnson-Esparza
15	PC Track Dyadic Supervision Discussion	Ogbeide
22	Addressing Racism in PC	Johnson-Esparza
29	Primary Care Post-Doc Process	Ogbeide
Oct. 6	PC Book Club (Chapter 4)	Ogbeide
13	PC Journal Club	Johnson-Esparza
20	PC Track Dyadic Supervision Discussion	Ogbeide
27	Chronic Pain in Primary Care	Kanzler
Nov. 3	PC Book Club (Chapters 5 and 6)	Johnson-Esparza
10	PC Journal Club	Ogbeide
17	PC Track Dyadic Supervision Discussion	Ogbeide
24	Working with Pediatric Populations in PC	Murphy
Dec. 1	PC Book Club (Chapters 7 and 8)	Ogbeide
8	PC Journal Club	Johnson-Esparza
15	Ethical Issues in Primary Care	Gibson-Lopez
23	**HOLIDAY**	-
30	**HOLIDAY**	-
Jan. 5	PC Book Club (Chapters 9 and 10)	Ogbeide
12	PC Journal Club	Johnson-Esparza
19	PC Track Dyadic Supervision Discussion	Ogbeide
26	Psychopharmacology 101 for Primary Care	Ogbeide
Feb. 2	PC Book Club (Chapters 11 and 12)	Johnson-Esparza
9	PC Journal Club	Ogbeide
16	PC Track Dyadic Supervision Discussion	Ogbeide
23	Psychopharmacology 102 for Primary Care	Ogbeide
March 2	PC Book Club (Chapters 13 and 14)	Ogbeide
9	PC Journal Club	Johnson-Esparza
16	PC Track Dyadic Supervision Discussion	Ogbeide
23	Focused Acceptance and Commitment Therapy in PC	Gibson-Lopez
30	Addressing PTSD in Primary Care	Ogbeide

April 6	PC Book Club (Chapters 15 and 16)	Ogbeide
13	PC Journal Club	Johnson-Esparza
20	PC Track Dyadic Supervision Discussion	Ogbeide
27	Research/QI in Primary Care	Burge
May 4	PC Book (Chapters 17 and 18)	Ogbeide
11	PC Journal Club	Johnson-Esparza
18	PC Track Dyadic Supervision Discussion	Ogbeide
25	Getting Involved in Primary Care/Healthcare Policy	Kara Hill, MHA
June 1	Professional Development in PC for the ECP	Houston
8	Starting and Managing a PCBH Service	Ogbeide
15	No PC Track Didactics (Graduation)	NA
22	PC Journal Club	Johnson-Esparza
29	OUTPROCESS	-

*Materials for each activity will be uploaded in Canvas (Learning Management Platform)

Book Club Book for 2026-2027 Training Year:
Marty Makary (2021). *The Price We Pay: What Broke American Health Care--and How to Fix It*: By Dr. Marty Makary, a Johns Hopkins surgeon, exposes how high costs, surprise billing, and predatory hospital practices undermine trust in medicine. It highlights innovators reducing costs and offers a guide to navigating the broken system: https://www.bloomsbury.com/us/price-we-pay-9781635575910/#

UT San Antonio Holiday Schedule 2026-2027

Holiday	Day	Date
Labor Day	Monday	September 7, 2026
Thanksgiving Day	Thursday	November 26, 2026
Day After Thanksgiving	Friday	November 27, 2026
Christmas Eve Observance	Thursday	December 24, 2026
Christmas Day	Friday	December 25, 2026
Day after Christmas	Monday	December 28, 2026
New Year's Eve	Thursday	December 31, 2026
New Year's Day	Friday	January 1, 2027
Martin Luther King, Jr. Day	Monday	January 18, 2027
Presidents' Day	Monday	February 15, 2027
Memorial Day	Monday	May 31, 2027

SECTION 3: INTERNSHIP POLICIES AND PROCEDURES

1. Leave Policy
2. Holiday, Weather, and Compensatory Policy
3. Extra-System (Moonlighting) Work Policy
4. Workers' Compensation
5. Use of AI in Clinical Work Policy
6. Professional Work Relationships
7. Management of Training Deficiencies, Failures, and Program Terminations for the Psychology Internship
8. Psychology Internship Program's Grievance Policy
9. Appic Guidelines for Parental Leave During Internship

LEAVE POLICY

The University of Texas San Antonio provides a generous leave package to its employees. It is important for interns to remain within the allotted time allowed off to ensure that you meet required internship training hours. 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 60 days in advance.*** If the leave request is for Tuesday, then the intern is responsible for having the Advance Clinic staff sign the form. If the leave request is for the same day that the intern facilitates their DBT group, then they are responsible for having their yearlong supervisor also sign the form. Completed leave requests need to be submitted *directly* to Ms. Sandra Collazo (do not place them in Drs. Blount or McGeary's box). Completed leave forms (i.e., signed by all respective supervisors) must be received ***60 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). **Interns are required to add their time off to the Psychology Internship Outlook Calendar.**

Administrative Day. Interns can use one 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.

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. Blount and McGeary 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. Blount or Dr. McGeary and the site supervisor) directly to Sandra Collazo. Interns who fail to submit a form for their 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. Interns are expected to participate actively in their training activities. Abuse of the leave policy can result in remediation. Exceeding the leave parameters established may result in extending your internship year past June 30th to ensure that the requirements for internship are met. Interns will not receive financial compensation or benefits past June 30, 2027.

HOLIDAY, WEATHER, AND COMPENSATORY TIME POLICIES

Holidays: All UT San Antonio Holidays are to be observed. If the intern works at a clinical site on a UT 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 San Antonio Holiday, then the intern must either come to the UT San Antonio Campus to work, work from home, or take 8 hours of paid time off.

Inclement Weather: If a workday is cancelled at UT 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 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 San Antonio involves comprehensive and demanding training. This training is carried out within an 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. As a rule, extra-system work will be permitted only after the successful completion of the first quarter (three months). In the case of extreme financial hardship, exceptions to this rule may be conditionally granted by the training directors on an individual basis. However, if the intern's progress in the program appears to be detrimentally impacted by the extra-system work,

then this permission may be revoked.

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 Environmental Health & Safety within 24 hours. Since interns are UT Employees, they should follow UT policies and procedures regarding work-related injuries and not the policies of non-UT agencies.

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

USE OF ARTIFICIAL INTELLIGENCE IN CLINICAL WORK

Interns are required to get approval from their clinical supervisor prior to using AI platforms to generate clinical documentation. If supervisor's approval has been secured, interns may only use AI platforms that have been approved by UTSA when providing clinical services within a UT Health San Antonio clinic. Even when a platform claims to be HIPAA-compliant, using it without a UTSA contract exposes the clinical trainee and their supervisor to personal liability in the event of a breach. When PHI is involved, interns must use only platforms covered by a UT Health Business Associate Agreement (BAA) such as Epic, Abridge, or Qualified Health. A full list is available on the BetterCare AI in UT San Antonio's Healthcare page. As a general principle, interns should only share PHI only when truly necessary—that applies to AI as well. If a task does not require identifying information such as names, dates, or locations, do not include it.

Interns who are working at San Antonio State Hospital or Kerrville State Hospital are expected to follow their respective institutional policies for AI use when providing clinical services at these training sites. Questions about the use of AI at SASH or KSH should be directed to the site supervisor.

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" (2018), which describes expectations regarding professional work relationships.

Interns are provided with written policies and procedures regarding program requirements. Interns will receive UT 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 are 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 are provided with 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. The 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 are provided with 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 procedures and are 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 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.

MANAGEMENT OF TRAINING DEFICIENCIES, FAILURES, AND PROGRAM TERMINATIONS FOR THE PSYCHOLOGY INTERNSHIP

From time to time, concerns arise regarding an intern's progress or behavior. Receiving a "1" on the quarterly Competency Evaluation Form will necessitate remedial action; however, a remedial plan can be implemented due to lack of progress or behaviors of concern without having received a "1" on the Competency Evaluation. 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 formal 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 Directors 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 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. If the concern is judged by the Training Committee to be as highly significant as to merit an immediate termination hearing, all remediation and probation steps 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 because 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 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 to pass 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. If the appeal panel recommends continuation of the intern's training program, the Training Directors and the intern's mentor will negotiate an acceptable training plan for the balance of the training year. If the decision is for failure to pass the internship 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.

IMPORTANT: The internship program will follow the Clinical Psychology Internship Remediation and Termination policy when addressing 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) within their training. However, as UT San Antonio employees, interns are subject to the University's operating policy and procedures (e.g. HOP 4.9.4). The Training Directors will follow these policies and procedures and work closely with Human Resources to address problematic employee behaviors as described in HOP 4.9.3 below.

PSYCHOLOGY INTERNSHIP PROGRAM'S GRIEVANCE POLICY

Grievance Format: An intern's 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, 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 informs 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 San Antonio Psychiatry Residency Training Director (Dr. Jason Schillerstrom) and inform him of the grievance. The Psychiatry Training Director, who also serving as the Psychiatry Department's Vice Dean for Education, 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 and Behavioral Sciences Department Chair (Dr. Rene Olvera). This written appeal will state why the appealed decision is not correct. The Psychiatry and Behavioral Sciences 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 the Office of Academic, Faculty and Student Affairs.

Please see https://wp.uthscsa.edu/afsa/about/ for more information regarding assistance the Ombudsperson can provide.

PARENTAL LEAVE POLICY

This internship actively works with interns to balance the demands of work and home regarding parental leave and follows the guidance set forth by APPIC (see below)

APPIC GUIDELINES FOR PARENTAL LEAVE DURING INTERNSHIP AND POSTDOCTORAL TRAINING

Allison N. Ponce, Ph.D., Allison C. Aosved, Ph.D., & Jennifer Cornish, Ph.D., ABPP (10/1/15)

This document is a revision of *APPIC Guidance for Pregnancy and Family Care Issues During Internship and Postdoctoral Residency Training* by Kaslow, Garfield, Illfelder-Kaye and Mitnick (2004).

These guidelines do not constitute APPIC policy but are meant to offer guidance to training programs, prospective and current interns and postdoctoral trainees, and institutions when considering options to manage parental leave during the training experience. Trainees and programs may wish to consult with legal counsel and human resources to determine the best course of action for each individual situation. This is intended for informational purposes only.

Questions regarding these matters can be directed to APPIC's Informal Problem Consultation (IPC) program via the APPIC website at www.appic.org. Parties may also contact APPIC Central Office at (832) 284-4080.

Given the timing of psychology graduate training, it is not unusual for interns and postdoctoral trainees to become pregnant or adopt children during their internships or fellowships/residencies.

It is important for training programs and trainees to come to mutually agreeable solutions that accomplish, at a minimum, the following goals:

- Allow appropriate parental leave for parents and their new children
- Provide sufficient time for bonding with new children and postpartum recuperation (in the event of birth) for mothers, which may include physical healing, establishing breastfeeding (should a mother choose to do so) and managing with postpartum depression or anxiety
- Ensure that trainees meet the program's aims, training goals, competencies and outcomes
- Comply with state, federal, and institutional standards regarding parental leave

APPIC encourages its member programs to be as creative and flexible as possible in accommodating the family needs of their trainees. This includes at the time of birth or adoption and in the times both before and after when medical appointments or other complications for parents and/or children may occur. In turn, trainees are encouraged to be open-minded, realistic and collaborative when requesting leave.

The Issues:
Birth, adoption, and parenting of children are common phenomena among psychology interns and

postdoctoral trainees. Prospective and current trainees and psychology training programs must consider what is appropriate and reasonable for parents, what is practical and feasible for the site, and how to ensure that the trainee receives the full benefit of the training experience.

APPIC does not have an established requirement for parental leave in recognition of diversity of member programs' perspectives and constraints. However, APPIC encourages programs to articulate an approach for managing parental leave. Such approaches should be developed in collaboration with the program's human resources department to ensure compliance with relevant regulations and standards. In addition, it is recommended that programs include information about leave in the program's policies and procedures manual and public materials.

The landscape related to parental leave is ever shifting in the face of scientific literature, social awareness of issues related to parental leave, and legal and policy changes. Considerations for the involved parties include how much parental leave will be accommodated, whether or not it will be paid, and the extent to which benefits will be maintained during the leave and during any time that may be added to the training experience. These questions are applicable to both mothers and fathers, whether they are biological or adoptive parents, single or partnered in same sex or opposite sex relationships.

From the training perspective, it is essential that all parties attend to the need for the trainee to participate in a planned, programmed sequence of training experiences as outlined in the APPIC Membership Criteria. In addition, those programs that are accredited, or plan to be accredited, by the American Psychological Association (APA) Commission on Accreditation (CoA) must consider the Standards of Accreditation (APA, 2015). When planning for parental leave, the integrity of the training experience must be taken into consideration alongside the need for new parents to be afforded the opportunity for bonding and in many cases physical recuperation and the establishment of breastfeeding. There are also significant program and institutional considerations including financial, clinical, and cohort dynamics.

National and State/Provincial Regulations:
While both the United States and Canada have national, and some state and provincial, policies that govern family leave for employees, the extent to which these are applicable to interns and postdoctoral trainees varies depending on many individual and organizational factors.

Given that policies and regulations change, APPIC strongly recommends that training programs and affected trainees familiarize themselves with their country's and state's/ province's regulations and laws, as well as the training program's aims, training, competencies, and outcomes such that the integrity of the program is maintained.

Considerations:
Issues may arise relating to the structure, content, and process of the training experience for those individuals who miss some of their internship or postdoctoral fellowship for family reasons. These include, but are not limited to: orientation to the site, consideration of responsibilities upon their return, the clinical needs of the population served, participation in didactics, and cohort issues. The training staff/faculty should work with the trainee to determine the best course of action for addressing each of the challenges. The handling of such matters often depends upon when in the

training year the leave is to be taken, the nature of the training program, and the availability of resources.

Prospective and current trainees often ask when they are obliged to inform sites that they may need time off or other forms of flexibility. This is a complex question, with no clear answer. Ideally, sites would be informed as early as is reasonably possible. Prospective trainees who are pregnant or are planning a pregnancy or adoption during the training year *are not* required to inform sites of this prior to Match Day for interns, or the acceptance of an offer for postdoctoral training. Again, however, it is recommended that trainees discuss their needs and wishes with their sites right away to maximize the opportunity to plan for the leave. An exploration of how sites have managed this in the past might inform an intern applicant as to whether a particular site would be a good match for her or him.

Internship applicants should remember the binding nature of the APPIC Match when submitting their rank order lists. Trainees and sites often ask about the possibility of deferment of the internship year. Pregnancy and adoption, in and of themselves, are not grounds for deferment.

Sites must remember that it is not acceptable to ask prospective employees about their health, pregnancy status, or family status during the interview process. However, once the prospective trainee raises these issues, they may be open for discussion. It may be helpful for sites to review information related to the Pregnancy Discrimination Act of 1978 (U.S. Equal Opportunity Commission, 1978) for further discussion of pregnancy, childbirth,
and related conditions relevant to the workplace.

It is important for trainees who request parental leave to understand that sites will usually try to be as accommodating as possible, and there are real considerations that may restrict the amount of leave that can be granted. For example, the training program must ensure that trainees have achieved the program's aims, training requirements, competencies and outcomes and have received a sufficient number of hours of training.

<u>Range of Options:</u>
While APPIC does not endorse a standard amount of parental leave, it is strongly recommended that both parties be as flexible and creative as possible when establishing an agreement. This applies to arrangements for birthing, non-birthing, and adopting parents.

In some cases, it will be determined that the trainee should delay the start of the internship. In other cases, the trainee may take a leave in the middle of the training year and return, or the trainee may end the training year early, or extend the training year as necessary. Each of these scenarios requires a plan (preferably in writing) for the trainee to complete the required number of hours of training and to achieve the program's requirements.

Some programs offer paid leave during the training year, then the trainee returns and continues, paid or unpaid, during an extension of the training year. Some programs encourage trainees to use their sick and vacation time as paid leave, and then offer additional paid or unpaid leave. Some sites allow trainees to acquire additional hours before and/or after the leave so that they will be able to start and finish within the original parameters of the training year. Some arrangements may

include a number of full weeks of leave combined with some weeks of part-time leave. It might be possible for the trainee to conduct some training activities at home, such as preparing presentations or working on de-identified reports. There are many ways of accommodating parental leave and these should be thoughtfully and collaboratively discussed to match the needs of both the trainee and the program.

The amount of time granted for leave varies from site to site. Most often, birth mothers and adoptive parents are able to take between 6 and 12 weeks of parental leave. However, it can be very difficult to complete a full training experience when a longer leave (such as 12 or more weeks) is taken and most sites are not able to accommodate that. Though some sites are able to offer relatively generous leaves, it is important for trainees to understand that resources and clinical considerations vary enormously from site to site.

Questions often emerge regarding the compensation of trainees who have a leave during the internship or postdoctoral fellowship year. Typically, it is most reasonable for sites, given budget cycles, to pay the trainee for the year she or he was contracted to work, with a written agreement about the additional amount of training at the end. It is useful to work toward the trainee having benefits (e.g., healthcare) while employed and while engaging in additional hours. It is also essential that sites that normally provide liability coverage continue to provide such coverage during the extension period as well.

While trainees should think through what amount of time they would like for a parental leave, they are strongly urged to enter into discussions with the Training Director with an open mind about what is possible for the site to accommodate. It is important to ask for what one needs while at the same time being collaborative and flexible as there may be structural, human resources, and other types of constraints that the programs must manage.
For the sake of both the program and the trainee, APPIC recommends that the parties create a written agreement of the parental leave plan. It can also be helpful to involve the Director of Clinical Training from the trainee's doctoral program in discussions about leave arrangements.

One further consideration is finding ways to support women who choose to breastfeed. While not all mothers want or are able to breastfeed, it is important for training sites to work with breastfeeding women who may need to express breast milk while onsite. APPIC strongly encourages sites to accommodate breastfeeding women to support their choice to supply breast milk to their children. This can be done by providing a private, clean location with adequate time to express milk. Sites and trainees will need to discuss the amount of time needed for this and how it may impact the daily schedule and the total number of hours worked.

Questions from trainees and programs about parental leave may be addressed through the APPIC Informal Consultation Process accessed at www.appic.org.

References

American Psychological Association, Commission on Accreditation (2015). *Standards of Accreditation for Health Service Psychology*. Retrieved from http://www.apa.org/ed/accreditation/about/policies/standards-of-accreditation.pdf

Kaslow, N., Garfield, N., Illfelder-Kaye, J., & Mitnik, Mona (2004, July). APPIC guidance for pregnancy and family care issues during internship and postdoctoral residency training. *APPIC Newsletter*, XXIX (1), pp. 1, 11.

U.S. Equal Opportunity Commission (1978). The Pregnancy Discrimination Act of 1978. Retrieved from http://www.eeoc.gov/laws/statutes/pregnancy.cfm

You can also read:

Ponce, A., N., Aosved, A. C., Erickson Cornish, J. A. (2016). Parental leave during internship and postdoctoral psychology Training: APPIC guidelines revisited. *Training and Education in Professional Psychology, 10,* 71-77.

SECTION 4: PROGRAM FORMS

1. Supervision Log
2. Leave Application for Psychology Interns
3. Competency Assessment: Introduction
4. Competency Assessment Form
5. Psychology Site Evaluation
6. Psychology Intern's Evaluation of Supervisor
7. Mentor Evaluation
8. Seminar Evaluation

NAME: _____ If you did not receive 4 hours of supervision, please notate the reason: _____

WEEK OF: Tuesday: _____ to Monday: _____

Weekly Individual In-Person Supervision Hours: _____ Weekly Individual Telesupervision Hours: _____

Weekly In-Person Group Supervision Hours: _____ Weekly Group Telesupervision Hours: _____

Total Supervision Hours: _____

Date	Clinical Site	Supervisor	Supervision Format (Ind vs. Group)	Length of Supervision

LEAVE APPLICATION FOR PSYCHOLOGY INTERNS

NAME:_____DATE of REQUEST_____

LEAVE DATES DESIRED: _____ (Total # Working days off): _____

PURPOSE OF LEAVE: **# HOURS OFF**

PAID TIME OFF _____

EXTENDED ILLNESS BANK* _____

ADMINISTRATIVE** _____

Name of Meeting _____

Place of Meeting _____

Actual Dates of Meeting _____

OTHER*** Reason:_____ _____

Requestor's signature: _____
Date

Signature of Advance Clinic Staff (if a Tuesday): _____
Date

Approval of Site Supervisor (if M, W, Th, F): _____
Date

Approval of DBT Group Supervisor (if during DBT): _____
Date

Approval of Director of Training: _____
Date

Tabatha Blount, PhD - Training Director
Cindy McGeary, PhD - Associate Training Director

Please return to: **Sandy Collazo**

*If you call in sick, the form must be filled out upon your return and requires your signature only.
**Administrative can only be used for career-related activities.
***Other can only be used for funerals, University closures, etc**.**

Please remember to enter leave on Psychology Internship Calendar

Competency Assessment
Introduction

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

Research: The intern demonstrates knowledge, skills, and competence sufficient to produce new knowledge to critically evaluate and use existing knowledge to solve problems, and to disseminate research. This area of competence requires substantial knowledge of scientific methods, procedures, and practices.

Assessment: Intern demonstrates competence in conducting evidence-based assessments consistent with the scope of Health Service Psychology. The intern demonstrates skills in evaluating/assessing individual behavior by observation, interview, administration of psychological instruments, and review of collateral information that leads to appropriate consultation in verbal and/or written format to the person being evaluated and, when applicable, to other health care providers.

Psychological Intervention: Intern demonstrates competence in evidence-based interventions consistent with the scope of Health Service Psychology. Intervention is defined broadly to include but not limited to psychotherapy. Interventions may be derived from a variety of theoretical orientations or approaches. The level of intervention includes those directed at an individual, a family, a group, a community, a population, or other systems. The intern demonstrates the ability to provide a case conceptualization based on theoretical orientation that leads to effective treatment planning. Interns can identify and provide most suitable psychological intervention based on theoretical orientation and extant literature. Intern demonstrates the ability to (co)facilitate group therapy.

Consultation: Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in Health Service Psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional settings. The intern demonstrates the ability to consult and collaborate with other professionals.

Professionalism: The intern demonstrates appropriate interactions with professionals, clients, and colleagues and displays a professional appearance. Intern effectively manages all aspects of clinical care. Interns respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

Individual and Cultural Diversity: The intern demonstrates knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal backgrounds and characteristics. The CoA defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender identity, gender expression, language, national origin, race, religion, culture, sexual orientation, and

socioeconomic status.

Ethical and Legal Standards: The intern demonstrates a good knowledge of ethical principles and state law. The intern can assess, manage, and document all high-risk client situations (to include suicidality, homicidally, and other safety issues). Interns are expected to respond ethically and professionally in increasingly complex situations with a greater degree of independence.

Supervision: The CoA views supervision as grounded in science and integral to the activities of Health Service Psychology. Supervision involves the mentoring and monitoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills. Supervisors act as role models and maintain responsibility for the activities they oversee. The intern actively participates in supervision and over time requires less intensive supervision to effectively function in the clinical setting.

Communication and Interpersonal Skills: The CoA views communication and interpersonal skills as foundational to education, training, and practice in Health Service Psychology. These skills are essential for any service delivery/activity/ interaction and are evident across the program's expected competencies. Intern utilizes appropriate interpersonal skills to communicate effectively with colleagues, supervisors, and clients. Interns are expected to respond professionally in increasingly complex situations with a greater degree of independence across the training year.

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

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

Competency Assessment Form
Updated March 2026

Mentor: _____

Name:_____ **Supervisor:** _____

Rotation/Training Activity:_____**Date**: _____

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

COMPETENCY RATING DESCRIPTIONS	
1	**Needs Remedial Work.** Intern requires remedial training. Serious concerns about professional, ethical, or clinical behavior have been noted.
2	**Emerging Competence**. Common rating for beginning of new rotation. The intern has the basic foundational knowledge to complete each objective within the profession wide competency and is starting to acquire competency. Significant supervision of the clinical and/or professional activity is needed.
3	**Maturing Competence.** Common rating mid-year into the internship. The intern is gaining greater competence to complete each objective within the profession wide competency. Routine supervision of the clinical and/or professional activity is needed. Generally, exercises good clinical and professional judgment and seeks supervision when needed.
4	**Competent.** The intern is aware of the objective and frequently applies it in their work without the need for assistance. The intern can independently function in a broad range of clinical and professional activities and is able to generalize skills and knowledge to new situations. The intern self-assesses when to seek out additional training, supervision, or consultation. *(This is the minimal level of competence needed for successful completion of the internship and is indicative of readiness for entry level practice).*
5	**Proficient.** The intern has a well-established competence in the objective. The use of each objective is consistently incorporated into the intern's work as an emerging psychologist. The intern reflects on their experience and knows when to consult. The intern functions in this element at a level that would allow them to work independently.
N/A	**Not applicable for this training experience or Not assessed during this evaluation period.**

During this training period, the intern demonstrated their development in the following ways. Check all methods of evaluation utilized for this assessment.

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

RESEARCH

The intern demonstrates knowledge, skills, and competence sufficient to produce new knowledge to critically evaluate and use existing knowledge to solve problems, and to disseminate research. This area of competence requires substantial knowledge of scientific methods, procedures, and practices.

1. Intern integrates and applies the best available extant literature and clinical expertise when discussing cases, developing treatment plans, and writing assessment reports.	1	2	3	4	5	N/A
2. Intern discusses relevant research during supervision while conceptualizing clients.	1	2	3	4	5	N/A
3. Intern states the limits of their knowledge and takes steps to address any limits of knowledge (such as conducting literature searches, consultation with experts, extra training).	1	2	3	4	5	N/A
4. Intern demonstrates the independent ability to critically evaluate research or other scholarly activities (e.g., case conferences, presentations, and publications).	1	2	3	4	5	N/A
5. Intern disseminates research or other scholarly activities (e.g., case conference, presentation, publications) at the local, regional, or national level.	1	2	3	4	5	N/A
6. Intern considers cultural and diversity factors when consuming or producing research and when considering the empirical basis for treatment and assessments.	1	2	3	4	5	N/A

Research Comments: _____
_____
_____

ASSESSMENT

Intern demonstrates competence in conducting evidence-based assessments consistent with the scope of Health Service Psychology. The intern demonstrates skills in evaluating/assessing individual behavior by observation, interview, administration of psychological instruments, and review of collateral information that leads to appropriate consultation in verbal and/or written format to the person being evaluated and, when applicable, to other health care providers.

1. Intern demonstrates and applies current knowledge of diagnostic classification, functional and dysfunctional behaviors to include consideration of client strengths and psychopathology.	1	2	3	4	5	N/A
2. Intern demonstrates understanding of human behavior within its context (including familial, social, societal, and cultural).	1	2	3	4	5	N/A
3. Intern demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.	1	2	3	4	5	N/A
4. Intern selects and applies assessment methods that draw from the empirical literature and that reflects the science of measures and psychometrics.	1	2	3	4	5	N/A
5. Intern collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.	1	2	3	4	5	N/A
6. Intern interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualizations, classifications, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.	1	2	3	4	5	N/A
7. Intern consolidates information obtained through interviews and psychological testing into a concise report.	1	2	3	4	5	N/A

8. Intern communicates the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.	1	2	3	4	5	N/A

Assessment Comments/List Tests Administered:

_____

_____

_____

PSYCHOLOGICAL INTERVENTION

Intern demonstrates competence in evidence-based interventions consistent with the scope of Health Service Psychology. Intervention is defined broadly to include but not limited to psychotherapy. Interventions may be derived from a variety of theoretical orientations or approaches. The level of intervention includes those directed at an individual, a family, a group, a community, a population, or other systems. The intern demonstrates the ability to provide a case conceptualization based on theoretical orientation that leads to effective treatment planning.

1. Intern develops a meaningful case conceptualization based on theoretical orientation and the relevant empirical literature.	1	2	3	4	5	N/A
2. Intern uses case conceptualization to collaborate with clients to develop treatment goals.	1	2	3	4	5	N/A
3. Intern monitors treatment goals and works with the client to revise treatment goals as necessary based upon on-going evaluation.	1	2	3	4	5	N/A
4. Intern modifies and adapts intervention approaches when a clear evidence-base is lacking.	1	2	3	4	5	N/A

The intern can identify and provide the most suitable psychological intervention based on theoretical orientation and extant literature.

5. Intern establishes and maintains effective relationships with recipients of psychological services.	1	2	3	4	5	N/A
6. Intern develops evidence-based intervention plans specific to the service delivery goals.	1	2	3	4	5	N/A
7. Intern implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.	1	2	3	4	5	N/A
8. Intern demonstrates the ability to apply the relevant research literature to clinical decision making.	1	2	3	4	5	N/A
9. Intern evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation.	1	2	3	4	5	N/A
10. Intern identifies and discusses their own reactions to clients that may impact therapy.	1	2	3	4	5	N/A
11. Intern conducts risk assessments with clients and accurately determines the appropriate level of care needed for patient safety.	1	2	3	4	5	N/A
12. Intern follows clinic policy to ensure patient safety needs are met (e.g., appropriate referrals and hospitalization).	1	2	3	4	5	N/A
13. Intern properly plans, discusses, and manages treatment termination for all clients.	1	2	3	4	5	N/A

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

14. Intern has knowledge of group therapy theory.	1	2	3	4	5	N/A
15. Intern facilitates group interventions that are appropriate for individual	1	2	3	4	5	N/A

members of the group.						
16. Intern manages difficult group members during group therapy.	1	2	3	4	5	N/A
17. Intern maintains a good working relationship with group co-therapist while balancing contributions to session.	1	2	3	4	5	N/A

Intervention Comments: _____

_____

_____

CONSULTATION

Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in Health Service Psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional settings. The intern demonstrates the ability to consult and collaborate with other professionals.

1. Intern is knowledgeable of consultation models and practices found in the scientific literature.	1	2	3	4	5	N/A
2. Intern demonstrates knowledge and respect for the roles and perspective of other professions.	1	2	3	4	5	N/A
3. Intern applies the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.	1	2	3	4	5	N/A
4. Intern consults with other professionals regarding clients in an ethical manner.	1	2	3	4	5	N/A
5. In instances where interns are unable to provide consultation to other professionals, consultation and interprofessional/interdisciplinary skills are demonstrated through role-played consultation with others, peer consultation, or provision of consultation to other trainees.	1	2	3	4	5	N/A
6. Intern effectively communicates with professionals when serving on a multidisciplinary treatment team.	1	2	3	4	5	N/A
7. Intern considers relevant cultural factors during the consultation process.	1	2	3	4	5	N/A
8. Intern creates and effectively presents outreach to the community.	1	2	3	4	5	N/A

Consultation Comments:_____

_____

_____

PROFESSIONALISM

The intern demonstrates appropriate interactions with professionals, clients, and colleagues and displays a professional appearance. Intern effectively manages all aspects of clinical care. The intern responds professionally in increasingly complex situations with a greater degree of independence across levels of training.

1. Intern behaves in a way that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.	1	2	3	4	5	N/A
2. Intern engages in self-reflection regarding one's personal and professional functioning by engaging in activities to maintain and improve performance, well-being, and professional effectiveness.	1	2	3	4	5	N/A

3. Intern actively seeks and demonstrates openness and responsiveness to feedback and supervision.	1	2	3	4	5	N/A
4. Intern interacts appropriately with professionals, such as physicians, nurses, and social workers.	1	2	3	4	5	N/A
5. Intern interacts appropriately with support staff, supervisors, treatment team, and other interns.	1	2	3	4	5	N/A
6. Intern behaves professionally in meetings and participates in seminar discussions.	1	2	3	4	5	N/A
7. Intern maintains a professional appearance by dressing appropriately.	1	2	3	4	5	N/A
8. Intern responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.	1	2	3	4	5	N/A
9. Intern interacts with staff, supervisors, treatment teams, professionals, and peers in a culturally sensitive manner.	1	2	3	4	5	N/A

Intern effectively manages all aspects of clinical care.

10. Intern demonstrates effective time management skills regarding clinical care, meetings, supervision, and seminars.	1	2	3	4	5	N/A
11. Intern is on time for appointments, meetings, supervision, and seminars.	1	2	3	4	5	N/A
12. Intern completes tasks with little prompting or reminders.	1	2	3	4	5	N/A
13. Intern maintains records of clinical care and completes all documentation in a timely manner.	1	2	3	4	5	N/A

Professionalism Comments: _____
_____
_____

INDIVIDUAL AND CULTURAL DIVERSITY

The intern demonstrates knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal backgrounds and characteristics. The CoA defines cultural and individuals' differences and diversity as including, but not limited to, age, disability, ethnicity, gender identity, gender expression, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status.

1. Intern demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.	1	2	3	4	5	N/A
2. Intern demonstrates knowledge of current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.	1	2	3	4	5	N/A
3. Intern respects and works effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.	1	2	3	4	5	N/A
4. Intern integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles.	1	2	3	4	5	N/A
5. Intern utilizes supervision to discuss issues of individual and cultural diversity.	1	2	3	4	5	N/A
6. Intern can apply a framework for working effectively with areas of individual and cultural diversity.	1	2	3	4	5	N/A

Diversity Comments: _____

_____

_____

ETHICAL AND LEGAL STANDARDS

The intern demonstrates good knowledge of ethical principles and state law. Interns are expected to respond ethically and professionally in increasingly complex situations with a greater degree of independence.

1. Intern actively participates in ethical & legal discussions during supervision, didactics, and seminars.	1	2	3	4	5	N/A
2. Intern identifies ethical dilemmas as they arise, applies ethical decision-making processes to resolve dilemmas, and seeks out supervision to discuss appropriate actions to resolve any issues.	1	2	3	4	5	N/A
3. Intern is knowledgeable of and acts in accordance with: (a) the current version of APA Ethical Principles of Psychologists and Code of Conduct; (b) relevant laws, regulations, rules, and policies governing health services psychology at the organizational, local, state, regional, and federal levels; and (c) relevant professional standards and guidelines.	1	2	3	4	5	N/A
4. Intern follows organizational clinic policy regarding documentation, informed consent, release of information, and issues of confidentiality.	1	2	3	4	5	N/A
5. Intern conducts self in an ethical manner in all professional activities.	1	2	3	4	5	N/A

Intern can assess, manage, and document all high-risk client situations (to include suicidality, homicidally, and other safety issues).

6. Intern conducts a risk assessment with all new clients and as necessary with follow-up clients.	1	2	3	4	5	N/A
7. Intern develops a safety plan for all patients reporting suicidality or homicidality.	1	2	3	4	5	N/A
8. Intern can assess level of care needed to maintain a client's safety and takes necessary actions to ensure client safety based on clinic policy.	1	2	3	4	5	N/A
9. Intern ensures supervisor is informed and involved in all emergency procedures to ensure client safety.	1	2	3	4	5	N/A
10. Intern documents all safety plans, safety precautions, and hospitalizations thoroughly in progress notes.	1	2	3	4	5	N/A
11. Intern appropriately considers relevant individual and cultural factors when assessing and managing high risk client situations.	1	2	3	4	5	N/A

Ethical Comments: _____

_____

_____

SUPERVISION

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

1. Intern meets regularly with supervisor to discuss cases.	1	2	3	4	5	N/A
2. Intern arrives organized and prepared for supervision with agenda items to discuss.	1	2	3	4	5	N/A
3. Intern follows through on supplemental readings/educational activities that supervisor suggests.	1	2	3	4	5	N/A
4. Intern discusses high risk issues or difficult cases with supervisor	1	2	3	4	5	N/A

	immediately.						
5.	Intern is open and non-defensive regarding feedback from supervisor.	1	2	3	4	5	N/A

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

6.	Intern actively participates in supervision seminars.	1	2	3	4	5	N/A
7.	Is knowledgeable about theories, models, and effective practices in supervision.	1	2	3	4	5	N/A
8.	Intern applies knowledge in direct or simulated practice with psychology trainees or other health professionals. Examples of direct or simulated practice examples include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.	1	2	3	4	5	N/A
9.	Intern applies the supervisory skills of observing in direct or simulated practice.	1	2	3	4	5	N/A
10.	Intern applies the supervisory skills of evaluating in direct or simulated practice.	1	2	3	4	5	N/A
11.	Intern applies the supervisory skills of giving guidance and feedback in direct or simulated practice.	1	2	3	4	5	N/A
12.	Intern considers relevant cultural factors when supervising psychology trainees or other health professionals, provided supervision vignettes, or while role-playing.	1	2	3	4	5	N/A

Supervision Comments:_____

_____

_____

COMMUNICATION AND INTERPERSONAL SKILLS

The intern utilizes appropriate interpersonal skills to communicate effectively with colleagues, supervisors, and clients. Interns are expected to respond professionally in increasingly complex situations with a greater degree of independence across the training year.

1.	Intern develops and maintains effective relationships with a wide range of diverse individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.	1	2	3	4	5	N/A
2.	Intern demonstrates a thorough grasp of professional language and concepts and can produce, comprehend, and engage in communications that are informative and well-integrated.	1	2	3	4	5	N/A
3.	Intern demonstrates effective interpersonal skills and the ability to manage difficult communication well.	1	2	3	4	5	N/A

Communication Comments:_____

_____

_____

OVERALL IMPRESSIONS

Areas of Strength: _____

_____

_____

_____

_____

Areas to Improve: _____

_____

_____

_____

_____

Goal for Internship Evaluations done prior to 12 months: All objectives will be rated at a level of competence of a "2" or higher. No objectives will be rated as a "1".
Goal for Internship Evaluations done at 12 months: All competency areas will be rated at a level of competence of **4 = Competent** or higher.

If any 1's on evaluation, please list specific areas of competence which must be addressed as part of a remediation plan:

1._____

2._____

3._____

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

Faculty Signature _____ **Date**_____

Comments: _____

_____

_____

_____

Intern Signature_____ **Date**___ _____

Comments: _____

_____

_____

_____

Case Conceptualization Template
Questions to Answer Before Case Conceptualization

What input am I looking for from the group?

Do I want the group to hold their questions to the end, or am I ok with interruptions?

Case Conceptualization Outline

Demographic/Background

- Age/gender/ethnicity
- Years of education
- Relationship status
- Acculturation issues, if any
- Job status, type of job
- Family history (raised by whom, siblings)
- Currently living with
- Social history (friends, etc)

Referral Question and Presenting Problems

- Referred by whom, where, attending voluntarily
- Reasons/problems for referral
- Presenting problems
- Number of sessions attended to date
- Additional psychological history (and treatment if received)
    - Trauma history
    - Substance use history
    - Depression/Mania

Current Symptoms (e.g., behaviors, cognitions, emotions, etc.)

- Cognitions
- Behaviors
- Emotions

Relevant Medical History

- Ongoing chronic illnesses
- Medications

Risk Assessment:

Assessment Measures Used and Scores (include whatever you have)

Diagnosis (e.g., primary**;** secondary, if applicable).

- How does the patient's psychosocial factors interact with their diagnosis/diagnoses?

Treatment/Intervention – Other Issues

- Goals
- Barriers to treatment
- Patient strengths
- Treatment plan and how it is informed by Dx
- What I'm doing well in treating this client
- What I need help with in treating this client
- Theoretical orientation

PSYCHOLOGY SITE EVALUATION

SITE:_____

DATE: _____

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

1. Patient load.

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

3. Amount and quality of supervision.

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

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

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

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

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

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

PSYCHOLOGY SITE EVALUATION- Page 2

d. learn triage and crisis intervention skills

e. learn aspects of milieu therapy

f. learn aspects of assessment (e.g., observational, diagnostic, treatment outcomes, report writing, personality, projective…)

g. learn about psychopharmacology

h. learn about delivery of services, selection of therapeutic modalities, and discharge planning

i. learn about ethnic and diversity issues

j. learn about ethics

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

PSYCHOLOGY INTERN'S EVALUATION OF SUPERVISOR

Updated March 2019

Supervisor_____**Date:** _____

Activities Supervised_____

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

GENERAL

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

Comments: _____
_____
_____
_____

STRUCTURE

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

Comments: _____
_____
_____
_____

PROCESS

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

Comments: _____

_____

_____

_____

_____

CONTENT

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

Professional Responsibility						
Explicitly addresses any potential or enacted boundary violations	1	2	3	4	5	N/A

Comments: _____

_____

_____

Overall rating key:

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

Overall Rating	0	1	2	3	4	5

Other comments: _____

_____

_____

_____

_____

Mentor Evaluation

Mentor:_____

Date:_____

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

0 = Outstanding
S = Satisfactory
N = Needs Attention
U = Unsatisfactory
N/A = Not Applicable

1. Knowledge	**0**	**S**	**N**	**U**	**N/A**
2. Coordination of training role	**0**	**S**	**N**	**U**	**N/A**
3. Supportive role	**0**	**S**	**N**	**U**	**N/A**
4. Conflict resolution role	**0**	**S**	**N**	**U**	**N/A**
5. Professional role model	**0**	**S**	**N**	**U**	**N/A**
6. Mentoring role	**0**	**S**	**N**	**U**	**N/A**
7. Demonstrates respect for intern	**0**	**S**	**N**	**U**	**N/A**
8. Demonstrates respect for diversity	**0**	**S**	**N**	**U**	**N/A**

Comments:

Seminar Evaluation

Seminar:

Course Director:

Dates:

Number of sessions:

Number of sessions attended:

General Evaluation

Relevance to training psychologists

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

Activity

Time allotted to seminar

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

Potency

Complexity of instruction relative to difficulty of topic

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

Distance Learning (If Distance Learning is utilized otherwise write N/A) _____

Effectiveness of Learning Platform

1. Not effective
2. Somewhat effective
3. Mostly effective
4. Very effective

Would this seminar/didactic have been more beneficial in-person (Yes/No):

Comments:

OMITTED SECTIONS

SECTION 5: UNIVERSITY POLICIES AND PROCEDURES

1. Handbook of Operating Policies Overview
2. UT San Antonio Institutional Compliance and Privacy Policies
3. Nondiscrimination Policy and Complaint Procedure
4. Sexual Misconduct Policy
5. Request for Accommodation Under the ADA and the ADA Amendment Act of 2008 (ADAA)
6. Progressive Disciplinary Action
7. Procedures for Dismissal of Employees
8. Grievance Policy and Procedures

SECTION 6: INFORMATION AND FORMS FOR THE ADVANCE CLINIC

1. Epic Cheat Sheet
2. Notice of Privacy Practices
3. Informed Consent
4. Informed Consents for Photography and Audio Recording
5. Release of Information Form
6. Psychologist/Therapist Initial Evaluation Template
7. Psychotherapy Progress Note Template
8. Termination/Transfer Summary Template
9. Service Termination Policy and Letters

SECTION 7: INTERN RESOURCES

1. Link to APA Ethical Principles of Psychologists and Code of Conduct
2. Link to Texas State Laws Pertaining to the Practice of Psychology