

Behavioral Medicine Doctoral Internship Manual 2017 – 2018



Columbia Valley Community Health
600 Orondo Avenue, Ste. 1
Wenatchee, WA 98801
(509) 662-6000 1-800-288-7649
www.cvch.org



CVCH - Chelan Clinic
PO Box 2920
317 East Johnson
Chelan, WA 98816
Phone: (509) 682-6000



CVCH Express Care East
900 Eastmont Ave.
East Wenatchee, WA 98802
(509) 884-9000

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Introduction to CVCH Internship Program - Welcome

MATCH NUMBER: 2125

Dear Intern Applicant,

Welcome to the CVCH website that describes the **APA-accredited** Doctoral Internship in Clinical Psychology, offered in the Department of Behavioral Medicine at Columbia Valley Community Health in Wenatchee. This doctoral internship program offers an in-depth training experience in clinical and health psychology services at an integrated primary care community health center. With emphases on support and flexibility, our objective is to refine interns' clinical and scholarly skills so that interns are prepared for work in a variety of settings.

The following information is designed to provide a comprehensive overview of the CVCH training program. We look forward to answering any specific questions you might have that are not included in this description so feel free to contact anyone involved in the program via phone or email.

Intern Selection: To apply, follow all instructions on the APPIC directory listing and submit materials via the AAPI electronic portal. The program relies upon data obtained from interns' AAPIs as well as supporting documents such as letters of reference from previous supervisors in order to determine whether practicum experiences have been sufficient preparation for the internship. Descriptions provided by interns themselves and from letters of reference offer insight into the type of training experiences the interns have had at leading up to internship.

In selecting applicants who have had the number and type of clinical experiences most consistent with the CVCH Behavioral Medicine Internship program, we ensure that candidates will be a good "fit" with our program. However, if you do not have experience in a medical setting, we still encourage you to apply. This type of training is helpful, but not necessary to succeed at our site. We are also looking for a diverse range of candidates and encourage everyone that qualifies to apply!

All candidates that will be considered must have a Master's degree in psychology, mental health counseling, social work, marriage and family therapy, or another related field and must be eligible for Master's level licensure in Washington State as a **Licensed Mental Health Counselor (LMHC)**, **Licensed Advanced Social Worker (LASW)**, **Licensed Independent Clinical Social Worker (LICSW)**, or **Licensed Marriage and Family Therapist (LMFT)**. This generally requires 3,000 hours of post-Master's degree supervised experience or 3 years of full-time work experience. In order to apply with us, you only need to be **license-eligible** by the time you match with our program. If you match with us, our agency will provide extensive support in obtaining the required licensure.

See the DOH Mental Health Professions website for more details:

<http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/MentalHealthProfessions>

<http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/MentalHealthProfessions/FrequentlyAskedQuestions>

The internship runs from **July 25, 2017 to July 27, 2018**, for 1 full year. The stipend is **\$29,120**, and currently there are no additional funds for travel to professional conferences in the budget, but this may change as the year progresses. Interns receive **three weeks of paid time off (PTO)** and are eligible for benefits, such as dental insurance, medical insurance, and disability insurance.

We know how tedious and anxiety-provoking the application and interview process is, so allow us to answer your questions or explain the program to you. Feel free to contact our current interns as they are happy to answer questions via phone or email. We will do our best to make this application and interview process as painless as possible. Thank you for your interest in our internship program. We look forward to hearing from you.

Dominika Breedlove, Psy.D.

Director of Training
Columbia Valley Community Health
Behavioral Medicine
600 Orondo Ave., Suite 1
Wenatchee, WA 98801
509-662-6000 Ext. 1073
dbreedlove@cvch.org

Note: If matched, incoming interns will be required to submit to a background check and participate in an employee health visit (ensuring current immunization status) prior to beginning work.

Please use the AAPI application portal to submit all materials.

Use the deadlines listed on the CVCH Behavioral Medicine APPIC web directory.

CVCH does not unlawfully discriminate or unlawfully make employment decisions on the basis of race, color, gender, religion, sexual orientation, disability, marital status, national origin, age, or any other characteristic protected by law. Diverse applicants are encouraged to apply!

Training Program Philosophy

In brief, the CVCH Behavioral Medicine (BMed) Internship is a clinical psychology training program in a medical setting. It is designed to train doctoral interns in the general skills required to function independently in entry level professional positions, following graduation and the requisite licensure or certification. It is best described as following a practitioner/scholar model, with mentoring, solid clinical training and the utilization of the scientific literature to inform and shape practice, teaching and scholarly work. In addition to the generalist training recommended at the internship level, we also offer an emphasis in clinical health psychology, consistent with our medical setting. We stress multidisciplinary functioning, multiple theoretical approaches, and cultural sensitivity. Also stressed are personal development and the crafting of one's professional identity. Through didactic lectures and seminars, intensive supervision, and ample direct patient contact, interns receive comprehensive experience in quality psychology training which engages them in psychological assessment, treatment, therapy, consultation, and community involvement.

Psychology interns are viewed as residents by the medical clinic and colleagues by staff psychologists. They are involved in constant daily clinical give and take. Interns often spend blocks of time with providers as they engage in professional activities. It is through these interactions that the majority of mutual assessments of ability take place. While individual differences in theoretical orientation are expected amongst clinicians and interns, we feel well-trained clinical psychologists must have a core of traditional clinical and research skills at their disposal. As a site we will work to broaden the interns' current level of exposure to research in practice.

Further, exposure to diversity in race, culture, lifestyle, socioeconomic status, physical status, etc. is an important training objective here. Washington is largely White and European, although Wenatchee has a significant population of Hispanic/Latino residents. Diversity is commonly discussed throughout the year and interns are encouraged to challenge their thinking as cases present they have never seen before. Interns will get comfortable working with interpreters in their sessions for the Hispanic/Latino patients as well as phone interpreters for other language barriers that may present over time. Diversity is discussed in clinical presentations and supervision, through didactics, during consultations, and in trainings throughout the year.

Objectives, Goals and Core Competencies

The primary setting for the internship program is a community health center. The mission of CVCH is "to provide access to improved health and wellness with compassion and respect for all." As such, the interns receive clinical experiences as well as formal training in a wide range of core clinical competencies consistent with a broad-based generalist training. There is also considerable emphasis on health psychology. The interns learn to focus on the patient from a whole perspective and to take into account any medical issues that may be exacerbating the presenting symptoms or contributing to the diagnostic picture. A typical intern caseload includes patients with a wide range of mental health problems as well medical issues. Supervisors have a diverse clinical background that includes generalist training as well as health psychology expertise.

The internship experience involves training which extends and integrates the intern's basic academic program. The internship is designed to offer a broad range of experiences to develop these core professional competencies. Interns have a shared responsibility in designing and planning the internship experience in collaboration with the Training Director. This process is intended to ensure that the intern's training plan is integrated with the intern's overall graduate or professional school training plan, and that the internship provides a coherent progression from the basic knowledge and practical clinical skill competencies achieved in the academic program to the core practice competencies that

are to be acquired in the internship. Interns will spend approximately 20 hours per week in face-to-face direct service delivery. Our internship training is directed towards developing five basic core goals that encompass multiple professional competencies expected of an entry level doctoral level psychologist in the areas of:

Assessment, Diagnosis and Consultation:

Competency in conducting clinical interview-based assessment and in administering and interpreting basic psychological tests in the areas of intellectual assessment, basic cognitive assessment, and personality assessment; familiarity with the prevailing diagnostic procedures, e.g., ability to assign appropriate diagnoses to individual patients; ability to communicate findings and recommendations orally and in writing in a clear and concise manner to medical providers, supervisors, other clinical staff, and patients. Each intern will complete a minimum of 6 comprehensive assessments throughout the year.

Intervention and Treatment:

Competency in conducting individual and group counseling/psychotherapy across a variety of problems and populations; familiarity with empirical findings concerning the efficacy of psychotherapy; an understanding and knowledge of empirically supported therapeutic approaches for specific mental disorders.

Professional and Ethical Behavior:

Demonstration of sound professional clinical judgment and behavior in the application of assessment and intervention procedures with individuals; familiarity with and understanding of professional and legal standards in professional psychology; a thorough working understanding of APA ethical standards.

Cultural Diversity:

Demonstration of understanding of and sensitivity to human diversity issues in the practice of psychology; familiarity with empirical findings pertaining to diversity issues in assessment and diagnosis, tests and measurement, psychopathology, interventions and treatment.

Scholarly Inquiry and Application of Scientific Knowledge:

Demonstration of understanding and knowledge of strategies of scholarly inquiry; awareness of current empirical studies in major professional practice journals; competency in reviewing and integrating relevant scholarly literature to assist in clinical problem solving.

The 12-month training year begins with an Orientation Week in which interns receive a thorough introduction to their training activities and schedules for the year. During the orientation period, supervisors begin to evaluate the intern's strengths and weaknesses with respect to psychological assessment and psychotherapy. The evaluation involves a review of previous clinical experience to determine which training activities to emphasize during the year. One of the outstanding features of this program is the flexibility that an intern and his or her supervisors have in developing an individualized training experience for the year.

Opportunities for the interns range from diagnostic evaluations and brief crisis-oriented therapy, to long-term (12 or more appointments), insight oriented psychotherapy. Training is available in a variety of therapeutic modalities, including individual, marital, family, and group. The program specializes in the brief solution focused treatment that seems to best serve our primary care setting and patient needs. However, the interns also carry some long-term therapy patients on their caseloads. Our program emphasizes empirically based psychotherapies. Assessment opportunities are also available.

Training Program Overview

This internship is an active member of APPIC and is APA-accredited.

This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, or accept for use any ranking-related information from any applicant. The APPIC Match Policies can be found at their website at: <http://www.appic.org/Match/About-The-APPIC-Match> . Our internship site maintains a strong commitment to psychology intern and staff diversity. Both CVCH and the Behavioral Medicine Department take a strong stance regarding policies on non-discrimination and accommodation for success in our internship.

The following is a brief overview of the program schedule.

Initial Training Period:

The first 4-6 weeks of internship, the interns are closely supported and monitored by supervisors. They primarily shadow supervisors on a variety of patient services as they become increasingly more familiar with the department and clinic, the structure and function of the internship program, and the integrated model of primary care. This time is replete with a variety of training activities in order to gradually enable the interns to increase their independence. During this initial training period the supervisors are tasked with identifying any apparent gaps in each intern's training or issues that they may be having with specific competencies. This allows individual supervision to address any concerns. In the past this has looked like clearing the intern to see patients, but not specific types of disorders or visit types they may not be ready to see. This can include pain evaluations, Suboxone evaluations, hospital consultation, and/or disruptive patient visits until the intern is confidently competent and the supervisor is comfortable with his/her level of skill.

Required Training Activities for Successful Completion of Internship

These experiences occur during the entire year. They combine to total 49 weeks with Paid Time Off (3 weeks) taken out of total:

1. Integrated Model of Primary Care
2. Integrated Primary Care Visits
3. Pain Management
4. Group Therapy
5. Assessment Service
6. Testing Meeting
7. Group Supervision
8. Case Consultation
9. Formal Presentations

1. INTEGRATED MODEL OF PRIMARY CARE

Wenatchee, Chelan, and East Wenatchee are busy Primary Care Clinics. The vast majority of work occurs at CVCH Wenatchee. The Integrated Model of Primary Care supports the physicians by assisting with patients that are distressed or struggling with a mental health or medical related issues.

Patients of all ages enter Behavioral Medicine (BMed) through referral and walk-in from Primary Care Providers. Doctoral interns function as BMed Consultants during this training activity and are considered part of the team. The integrated model of care is collaborative between PCP and BMed. Patients with all levels of need are seen on a daily basis. Therapy is generally focused on improved function and is brief in nature. Interns are required to carry a modest caseload. This allows for students and their supervisors to select cases, which are best suited to fill the intern's clinical experience gaps and be involved in other training experiences.

Most therapeutic modalities are encouraged in this setting, and interns are often consulted by other staff regarding advice in areas of the intern's particular interest and expertise. Conversely, interns are expected to explore new clinical techniques to ensure their time in the department is one of training and not merely service. Interns will work with children, adults, families and groups throughout their training. Further, many patients are monolingual Spanish speaking. If interns are unable to fluently speak Spanish, an interpreter will be provided. This allows for the opportunity to work with Hispanic patients dealing with a variety of issues such as acculturation, immigration & deportation, migrant work, seasonal work, etc. BMed providers involved with specific areas are available for supervision and guidance.

Requirement details: The interns learn and develop proficiency in the Integrated Model of Primary Care in a variety of training activities all year.

2. INTEGRATED PRIMARY CARE VISITS

Integrated visits refer to services performed by BMed providers in response to an urgent/emergent/preventative request from one of our primary care providers. If during the course of a routine primary care appointment the medical provider becomes aware that there is a behavioral concern or health related issue with the patient that he or she is unable to address adequately at that moment, the provider can request a BMed consultation, i.e., an integrated visit. The patient remains in the medical exam room and awaits the BMed provider, which is usually within 15 minutes of notification. Requests for integrated visits can vary widely in scope and purpose from simple "meet and greet" visits during which BMed provider introduces our services to the patient, to request for diagnostic assessment and treatment recommendations, to acute crisis management. The visits can vary in duration as well depending on the nature of the referral request. The average integrated visit is 15 minutes in duration and up to 30 minutes. During the course of the integrated visit, the medical provider and BMed provider work very closely together in order to provide the most wraparound care possible and to address the patient's needs at the time of need (rather than asking the patient to wait for behavioral services at a later time). This ensures that the services are truly "integrated." This is also part of the Medical Home Model of care. The interns begin the training year by shadowing supervisors completing integrated visits. As the interns gain proficiency, they are assigned one day a week completing only the integrated visits.

Requirement details: The interns learn and develop proficiency in the Integrated Primary Care Visits in a variety of training activities all year.

3. PAIN MANAGEMENT

Pain is becoming a specialty area that few providers are trained in, but there is a growing need. CVCH currently has a pain management program that requires patients with chronic pain to participate in a standard process. This begins with a narcotic contract, pain evaluation, and participation in pain management psycho-educational group. Interns are trained in pain management protocols and barriers to pain management. The interns are trained and perform Chronic Pain and Suboxone evaluations throughout the year.

Requirement details: The interns are trained to perform Chronic Pain and Substance Abuse Evaluations and complete those evaluations routinely throughout the year under supervision.

4. GROUP THERAPY

Currently Chronic Pain and DBT are two groups that are run intermittently throughout the year. These groups are part of the training experience and are facilitated by interns. Ample supervision and training are provided for interns who may have less prior experience with group therapy prior to internship. Interns are encouraged to develop and run other groups based on their interests and the needs of our patient population.

Requirement details: The interns are required to run at a minimum one group a year (two groups a year are encouraged).

5. ASSESSMENT SERVICE

In order to integrate psychological assessment with the other duties performed by a psychologist, and to expose the intern to a variety of approaches to psychological evaluation, the psychological assessment training activity will consist of a requirement to perform a minimum of 6 psychological assessments over the course of the year. Assessments are flexible and designed to reflect the interest of the intern, as well as address any deficits in skills. Factors included in the competency of the assessment process may include: researching relevant clinical issues, clarification of referral questions, patient interviewing techniques, test selection and interpretation, report writing and patient feedback. The intern may choose to evaluate any combination of adults or children, psychiatric or non-psychiatric medical patients, the chemically dependent, etc. Evaluations may include brief IQ testing, assessment of developmental disabilities or ADHD, Suboxone evaluations, dementia, traumatic brain injury, malingering, and/or personality testing. The intern will develop an individualized plan with the guidance of their supervisor based on their needs and interests.

The minimum expectation for each assessment is that both clinical interview and other measures are used in order to form a cohesive picture of the patient. Although brief, functional assessment is a component of the internship, this training program is not designed for candidates who are expecting a major focus on assessment.

Requirement details: The interns are required to complete 6 psychological evaluations during the training year.

6. TESTING MEETING

The Testing Meeting is designated to familiarize the interns with all psychological instruments and measures that are used in the Department. The interns are expected to present and teach the administration, scoring, and interpretation of assigned psychological tests. The interns alternate weeks during which they are responsible for presenting two new psychological instruments or tests. The schedule is managed by supervisors. The interns and supervisors also informally present their assessment cases during the Testing Meetings.

Requirement details: At the beginning of the training year, the supervisor will assign several psychological tests which the intern is responsible for learning and presenting to the rest of the team. There is considerable flexibility regarding which tests each intern covers for the duration of the year (based on familiarity, prior background, personal preference, etc.).

7. GROUP SUPERVISION

The group supervision is scheduled for two hours weekly and includes a combination of learning activities. The structure of group supervision typically alternates weeks of case consultation and a review of peer-reviewed journal articles. Case consultation involves discussion with peers and supervisors and role playing. The interns also alternate weeks during which they are responsible for a selection of a peer-reviewed journal article. The article is read by both interns and supervisors prior to group supervision and subsequently discussed during group supervision. The articles are expected to be relevant to the intern's clinical or scholarly work on internship. The purpose is to learn new information or skills that would augment the intern's experience and apply to clinical cases the intern is working with.

Requirement details: Interns present approximately one (1) peer-reviewed journal article a month. The schedule of presentations is managed by supervisors.

8. CASE CONSULTATION

Weekly one-hour case consultation meetings include all Behavioral Medicine staff. Interns will present cases of their own as well as engage in case consultation on cases of their supervisors and the psychiatric provider.

Requirement details: Weekly case consultation meeting is informal and designed for the interns and staff to communicate about shared patients in an informal and collegial manner. Typically, 5-7 cases are discussed in the course of the meeting. This meeting does not require any formal preparation for the intern.

9. FORMAL PRESENTATIONS

The interns are required to complete one (1) formal case presentation and two (2) didactic presentations within the course of the training year. One of the two required didactic presentations is on a topic of the intern's choosing while the other is expected to be on the topic within the realm of health psychology (* Specific health psychology topics will be assigned or suggested by supervisors, based on the intern's preference). The presentations will be scheduled ahead of time and ample direction will be provided regarding the format, content areas required, and other requirements.

Requirement details: The interns are required to complete one (1) formal case presentation and two (2) didactic presentations within the course of the training year.

Optional Experiences

These training experiences are of varying lengths, as arranged with supervisors and staff. These training experiences are concurrent within the Integrated Primary Care training activity as above, as arranged with supervisors and staff based on clinic needs and interns' interests. These additional training activities can be discussed during orientation and/or mid-year evaluations based on individual intern goals.

Psycho-educational Groups/Workshops -Depression, Anxiety, Trauma Focused, Suboxone, others.

Psychiatric Services – Opportunity to shadow our psychiatric provider/s while they are seeing their normal patients, while at the hospital, or during specialty consults.

Medical Services – Opportunity to shadow our medical providers both at the primary care clinic and while at the hospital. This provides an opportunity to see how health psychology blends into medical.

Independent Research – This can be a new research project or an extension of dissertation work. Our preference is for candidates to not be burdened by dissertation work during internship as it takes focus away from experiencing a new place and enjoying internship. However, we will work with candidates that find themselves in that position. All projects must be approved by the CVCH Executive Team.

Psycho-educational Group/s or Workshops:

Interns are encouraged to participate in this training activity. As mentioned above there are standard groups that are run throughout the year that the intern participates in. This section is for groups that may be requested by interns to run or there is a need that occurs throughout the training year. For example, running a Dialectical Behavioral Therapy group or a teen grief group is designed to fit the needs of the clinic patients that are presenting. Interns can design, advertise, and run a group in their area of interest. Groups are a great way to meet the needs of many patients in a short amount of time and will likely be a part of any practice after internship. An alternative to group work is creating a workshop or presentation on a topic designed for patient and/or medical provider audiences.

Medical Services:

This is a rare opportunity for interns to follow several different medical providers around to see how they problem solve, investigate medical issues, utilize labs, etc. during their day.

Independent Research:

If an intern has a particular research interest (dissertation or other) that would complement his/her training activities at CVCH, supervisors, the intern, and CVCH executives can create research goals and parameters for a project. All projects must be agreed upon by the Executive Team prior to the start of a project. If agreed upon, the intern can conduct his/her research as part of his/her individual training goals during the internship program. In the past, an intern has conducted research on adolescent parents and attachment to their infants.

It is preferred that dissertations are completed prior to the start of internship as the work required can take away from the internship experience and focus. Supervisors are supportive and if subjects need to be run at our site we will need to get that approved, but will do our best to help remove any barriers. Any and all research conducted on site goes through IRB approval at the interns' home institution and must be approved by the CVCH executive team as well.

Sites

CVCH Wenatchee:

CVCH Wenatchee has an ambulatory medical clinic that offers healthcare and screening to anyone who needs medical services, including migrant or seasonal agricultural workers and low-income groups. Fees are charged on a sliding scale. Services include general family care, women's healthcare and obstetrics, walk-in medical services, dental care, Women's Infant Children (WIC), diabetes education, pharmacy, behavioral health, and behavioral medicine. The Wenatchee clinic staffs physicians, family medicine advanced registered nurse practitioners (ARNPs), and physician assistants (PAs) and medical support staff. CVCH also has medical students, nursing students, nurse practitioner students, physician assistant students, dental students, and radiology students on rotation at any given time.




CVCH Wenatchee medical clinic is the main site that interns operate from. Their offices, trainings, and majority of meetings occur at this site. Interns work closely with medical providers and support staff to



better manage patient issues. They learn how to best support medical providers in their work with a patient towards compliance with medical treatment, which also serves their mental health issues. Due to the fast paced environment, interns learn to think quickly and adapt to the changing demands of the day. Interns are integrated quickly into this setting and are sought out as the internship progresses by medical providers on complex issues and complicated patients. Interns will feel valued and have a strong sense of themselves as a professional. The Behavioral Medicine Internship Program at CVCH Wenatchee offers unique training opportunities in psychological assessment, treatment, therapy, consultation, and community involvement.

CVCH Express Care, East Wenatchee:

This is our newest clinic, located across the Columbia River in Douglas County. The clinic was opened after CVCH received a federal grant to provide much-needed services in an especially underserved geographic area. CVCH Express Care focuses on providing sports physicals, basic procedures, and immunizations. BMed is occasionally consulted for services at Express Care East Wenatchee as the clinic continues to expand. Interns will generally do phone consultations with medical providers and if the need is great patients will drive from the East Wenatchee site to Wenatchee to meet the BMed provider as a walk-in patient. BMed providers, on occasion, will drive to East Wenatchee to see a patient if their schedule accommodates and the need is exceptional.

Supervisors and Staff

	Timothy Hoekstra Behavioral Health Services Director
	Dominika Breedlove, Psy.D. (Illinois School of Professional Psychology) Behavioral Medicine Consultant Director of Training
	Misha Whitfield, Psy.D. (Washington School of Professional Psychology) Behavioral Medicine Consultant Clinical Supervisor

	<p>AnnMarie Batdorf, Psy.D. Candidate, LMHC (Capella University) Behavioral Medicine Postdoctoral Fellow</p>
	<p>R. Alex Padilla DNP, APN, CARN-AP, CRNI (Rutgers, The State University of New Jersey) Psychiatric Nurse Practitioner</p>
	<p>Emelia Chavez-Monreal Program Assistant Lead</p>
	<p>Brenda Andrade Behavioral Medicine Assistant</p>
	<p>Juan Vasquez Behavioral Medicine Assistant</p>
	<p>Marcy Reyes Behavioral Medicine Assistant</p>

Supervision

Supervision is provided by psychologists in the Department of Behavioral Medicine. **Interns receive two hours of individual supervision and two hours of group supervision per week throughout the internship year.** They also receive two hours a month of informal supervision provided by the Psychology Postdoctoral Fellow. During the first quarter the interns are also heavily supervised during orientation to the various training activities. Finally, there are ample opportunities for more informal supervision and consultation on a daily basis with both supervisors. Typically the interns accumulate

significantly more hours of supervision by the end of the training year than would be expected with the formally scheduled four weekly hours of supervision.

Didactic Training

In addition to informal contacts, learning also takes place in a number of scheduled presentations and seminars. These seminars exist to assist interns in expanding their learning base on certain topics. Seminars are also open to other CVCH Behavioral Health therapists that wish to attend, which gives an added opportunity to interact with other clinicians.

All didactic seminars will occur from **9am-11am Tuesday** mornings in CVCH **Cider Room**. Relevant cases at CVCH are discussed as they relate to the didactic seminar topic. If a didactic seminar is a video/online presentation, the supervisor who will facilitate an interactive discussion following the didactic portion.

Behavioral Medicine Psychology Intern Seminars –2017-2018

(Schedule subject to change*)

***Interns will complete the following self-paced trainings during the orientation period:**

SBIRT Training

Self-paced 4 hour training to become an SBIRT-certified provider:

http://psattcelearn.org/courses/4hr_sbirt/

Diagnosis with DSM-V and ICD (APA Online Workshop)

This didactic training will provide an overview of the DSM-V, including its development process, changes to the organizational structure, major revisions to existing diagnoses, and the addition of new disorders.

July 31-August 1 Orientation (Breedlove & Whitfield)

This 4-hour didactic training includes review of the Intern Manual, discussion of CVCH policies, and orientation to the Behavioral Medicine Department policies, procedures, and daily operations. This didactic training is considered part of the overall orientation to the Behavioral Medicine Internship.

August 8 Ethics & Professional Development: Handling Issues (Breedlove)

This didactic training consists of review of the APA Ethics Code and discussion of how the Code specifically applies in the Behavioral Medicine Doctoral Internship Program. Case examples are provided and interns are encouraged to ask questions and/or make comments.

August 15 Integrated Primary Care Psychology & Health Psychology (Breedlove)

This didactic training focuses on a review of integrated healthcare with an emphasis on the primary care setting. Topics reviewed include models of integration in healthcare practice settings, consultation, and competencies for psychological practice in primary care. A broad overview of the field of health psychology will also be provided and how it applies in the primary care setting.

August 22 Pain Management, part 1 (Breedlove)

This didactic training consists of an overview of the biopsychosocial model of pain, especially in regards to chronic pain. At the conclusion of the training, interns are able to describe the biopsychosocial model of pain, can accurately discuss and teach patients the gate control theory of pain, and have a basic grasp of commonly used medications to manage chronic pain.

August 29 Pain Management, part 2 (Breedlove)

This didactic training consists of an overview of the biopsychosocial model of pain, especially in regards to chronic pain. At the conclusion of the training, interns are able to describe the biopsychosocial model of pain, can accurately discuss and teach patients the gate control theory of pain, and have a basic grasp of commonly used medications to manage chronic pain. ****This part of the training will also include an overview of Pain Evaluations and Suboxone Evaluations conducted in Behavioral Medicine.***

September 12 Working with the Hispanic/Latino Population at CVCH (Whitfield)

This didactic training consists of an overview of the demographics, cultural factors, and interventions related to working with CVCH's second largest patient population. Specific terminology and culture-bound syndromes specific to the Hispanic/Latino Population are also discussed. At the conclusion of the training, interns are able to describe general cultural factors and intervention issues related to working with this population.

September 19 Psychophysiology of Illness and Chronic Stress (Breedlove)

This didactic presentation explains and explores how prolonged stress causes or intensifies a range of physical and mental health problems. It also provides essential guidance to controlling our stress responses.

September 26 Psychopharmacology: Moods, Medications & Mental Health (Leslie Lundt, MD DVD, Part 1) (Breedlove)

This didactic training consists of viewing a 6 hour DVD (over the course of separate didactic seminars) available through the PESI company. The learning objectives are defined by PESI as:
Define the brain chemistry of psychiatric disorders and how they are affected by medication
State the types of psychiatric medications used and when their use is indicated
List the side effects of various medications and how to assist your clients in managing these effects
Assess the effectiveness of medications and offer recommendations for dosage changes or termination of use to the prescriber.

At the conclusion of the training, interns master the learning objectives as above and are feel more comfortable discussing psychotropic medications with CVCH medical providers.

October 3 Psychopharmacology: Moods, Medications & Mental Health (Leslie Lundt, MD DVD, part 2) (Breedlove)

October 10 Psychopharmacology: Moods, Medications & Mental Health (Leslie Lundt, MD DVD, part 3) (Breedlove)

October 17 What is Addiction: A Biopsychosocial Perspective by Dr. Gabor Maté, part 1 (DVD training/Breedlove)

A renowned physician and speaker, Dr. Gabor Maté specializes in the treatment and study of addiction. He is also highly recognized for his perspective on ADHD. His views on substance use disorders are highly integrative and reflect his belief in the connection between mind, body, and health.

October 24 What is Addiction: A Biopsychosocial Perspective by Dr. Gabor Maté, part 2 (DVD training/Breedlove)

October 31 The Dementias: Assessment and Treatment (Breedlove)

This didactic training consists of an overview of assessment and treatment of the different dementias. Topics reviewed include the following: Diagnostic criteria for dementia, most common etiologies and differential diagnoses, neuropsychological assessment of dementia, treatment approaches, and case vignettes.

November 7 Attachment, part 1: Theory and Video (Whitfield)

This didactic training consists of an overview of the attachment theory, its history, most influential theorists, and treatment applications. A 1969 documentary, *Young Children in Brief Separation: John* by Robertson will be shown as part of the didactic.

November 14 Attachment, part 2: Attachment-based Video therapy (Whitfield)

Research application of the attachment theory at CVCH: The impact of the mother-child attachment during the first years of life

November 21 Insomnia Across the Adult Lifespan, Part 1 (APA Online Workshop)
(Breedlove)

This introductory workshop surveys evidence-based insomnia treatments — sleep hygiene, stimulus control, sleep restriction/compression, relaxation and cognitive therapy — as applied to primary insomnia and special populations, including older adults, and comorbid insomnia. Pharmacotherapy for insomnia is briefly covered, and description of normal sleep, differential diagnosis of insomnia from other sleep disorders and the range of assessment strategies (e.g., interview, sleep diary) are presented.

November 28 Insomnia Across the Adult Lifespan, Part 2 (APA Online Workshop)
(Breedlove)

December 5 Amphetamines, part 1 (Padilla)

An overview of neurochemistry and treatment implications of amphetamines.

December 12 Amphetamines, part 2; Marijuana (Padilla)

An overview of neurochemistry and treatment implications of amphetamines and cannabis.

December 19 Psychotherapy for Cardiac Patients: Behavioral Cardiology in Practice, part 1
(APA online workshop/Breedlove)

This intermediate workshop teaches clinicians how to adapt psychotherapy interventions for cardiac patients. Negative emotions are associated with cardiac morbidity and mortality. Using videotaped segments of patient interviews, the workshop leader will illustrate differences in psychological adjustment issues between major cardiac subgroups, comparing patients diagnosed with atherosclerotic-based disease, arrhythmia, congestive heart failure and heart transplant.

January 2 Psychotherapy for Cardiac Patients: Behavioral Cardiology in Practice, part 2 (APA
online workshop/Breedlove)

January 9 Intern Didactic Presentation #1 (Daisy)

This didactic training consists of an intern presentation. Interns present twice yearly.

January 16 Intern Didactic Presentation #1 (Melissa)

This didactic training consists of an intern presentation. Interns present twice yearly.

January 23 Postdoc Case Presentation (Batdorf)

This didactic training consists of a two hour long in-depth formal case presentation conducted by a postdoctoral fellow.

January 30 Behavioral Interventions for Diabetes and Weight Management (Petersen-Ventura)

This didactic training will cover a review of the research on diabetes and obesity and discuss evidence-based behavioral strategies used to help manage these chronic conditions. Topics addressed will include physiological pathways of diabetes and obesity, psychological comorbidities, cultural considerations, and integrated behavioral interventions. Registered Dietician Shelley Wold will join as a guest speaker to provide background information on the physiology of diabetes and obesity, discuss her approach to treatment from a dietary perspective, and share how she views integrated behavioral care being a helpful part in managing these conditions. At the end of the training participants will be able to describe biopsychosocial factors that contribute to the development of diabetes and obesity, identify behavioral interventions for managing diabetes and obesity, and better understand how to help treat these conditions as part of a multidisciplinary team.

February 6 Evidence-Based Assessment and Treatment of Posttraumatic Stress Disorder (PTSD) (Breedlove)

This didactic includes an overview of assessment of trauma and PTSD, treatment for simple trauma, complex trauma and borderline personality disorder, and models for working with complex trauma.

February 13 Sensorimotor Psychotherapy (Breedlove)

This didactic is an introduction to sensorimotor psychotherapy, a cutting-edge work of Pat Ogden, and a method of body-based therapy that draws from neuroscience, attachment theory, and somatic and cognitive approaches to treatment of trauma and PTSD.

February 20 ADHD: Assessment and Treatment (Wineberg)

An overview of current concepts in the assessment and treatment of ADHD.

February 27 Parents' Self-Help Training for Improved Attention Deficit Hyperactivity Disorders (ADHD) Outcomes in Children and Adolescents (Padilla)

APNA's 29th annual conference podcast.

March 6 Intern Case Presentation (Melissa)

This didactic training consists of a two hour long in-depth formal case presentation conducted by an intern. The goal of the training is for the presenting intern to consolidate clinical information such that a relevant patient details and a case conceptualization can be shared easily with both mental health and medical provider colleagues. Interns are expected to include relevant research and discuss empirically-based intervention strategies within the case presentation. Additionally, the experience of presenting a case helps to improve confidence with public speaking and allows for peer and supervisor feedback related to the case.

March 13 Intern Case Presentations (Daisy)

This didactic training consists of a two hour long in-depth formal case presentation conducted by an intern. The goal of the training is for the presenting intern to consolidate clinical information such that a

relevant patient details and a case conceptualization can be shared easily with both mental health and medical provider colleagues. Interns are expected to include relevant research and discuss empirically-based intervention strategies within the case presentation. Additionally, the experience of presenting a case helps to improve confidence with public speaking and allows for peer and supervisor feedback related to the case.

March 20 Postdoc Didactic Presentation (Batdorf)

This didactic training consists of a Postdoc didactic presentation. Topic: TBD.

March 27 Diagnosis and Treatment of Bipolar Disorder in the Primary Care Setting (Breedlove)

This didactic training consists of an overview of current research in diagnosis and treatment of bipolar in the primary care setting. At the end of the training participants will be able to identify signs and associated symptoms of bipolar disorder, gain competency in diagnosing bipolar spectrum disorders according to DSM-V criteria, describe barriers to diagnosis of bipolar disorder in primary care, and implement evidence-based treatment plans for bipolar disorder utilizing a multidisciplinary approach in the primary care setting.

April 3 Motivational Interviewing (Breedlove)

This didactic training reviews the basic principles of motivational interviewing and how to apply this treatment modality in our clinical practice.

April 10 Health Behavior Change and Motivation Enhancement (Breedlove)

This didactic training involves an overview of research in the area of behavior change, such as tobacco cessation, weight loss, and exercise.

April 17 Bariatric Psychology (Breedlove)

This didactic contains an overview of the most common weight-loss surgeries in the context of treatment for morbid obesity. Current standard of care regarding pre-surgical psychological evaluations will be discussed.

April 24 Multicultural Issues (Breedlove)

This didactic training consists of an exploration of the most common diverse cultural groups seen at CVCH, including Hispanic/Latino. This didactic training is more general than the training on August 20, which focuses more specifically on the Hispanic/Latino population. Beliefs about health and illness across cultures, as well as family dynamics and intervention strategies, are described in this training. At the conclusion of the training, interns are able to better describe cultural norms of multicultural populations and can begin to implement some culturally competent interventions.

May 1 Intern Didactic Presentation #2 (Daisy)

This didactic training consists of an intern presentation. Interns present twice yearly.

May 8 Intern Didactic Presentation #2 (Melissa)

This didactic training consists of an intern presentation. Interns present twice yearly.

May 15 Women's Issues throughout the Lifespan (Wineberg)

A review of the female biology and psychology from menarche to menopause and beyond.

May 22 Ethics and Complex Boundary Challenges: What You Didn't Learn in Graduate School, part 2 (APA Online Workshop/Breedlove)

This didactic discusses applied ethical issues as they relate to transference and countertransference, and ways to inoculate our practice against it.

May 29 Ethics and Complex Boundary Challenges: What You Didn't Learn in Graduate School, part 2 (APA Online Workshop/Breedlove)

June 5 Clinical Hypnosis (Breedlove)

This didactic provides an overview of clinical hypnosis with an emphasis on clinical applications. A live demonstration will be provided.

June 12 Worry and Subtle Forms of OCD: When Rational Refutation and Coping Skills Are Counterproductive, part 1 (APA online workshop/Breedlove)

"Understanding the functional relationship between anxiety-producing and anxiety-reducing thoughts has led to treatment that bypasses apparently meaningful content of obsessional thinking in favor of directly addressing the processes that maintain and exacerbate anxiety. Obsessions with purely cognitive compulsions and many forms of intrusive worry can masquerade as important "issues" in need of "problem solving", analysis, rational disputation, or distraction. Paradoxical effort occurs with traditional CBT. Treatment at the meta-level involves a fundamental shift in the patient's relationship with his own thoughts, incorporating metaphor, disengagement and non-urgency."

June 19 Worry and Subtle Forms of OCD: When Rational Refutation and Coping Skills Are Counterproductive, part 2 (APA online workshop/Breedlove)

July 10 Burnout, Vicarious Traumatization, and Compassion Fatigue (APA online workshop/Breedlove)

This didactic training consists of a review of the concepts of burnout, vicarious traumatization, and compassion fatigue. Strategies to address these issues as well as case examples are provided. Interns are encouraged to create their own self-care plans, both for use currently and in the future. At the conclusion of the training, interns are able to describe the problems above and have a better understanding of how to prevent and treat such issues in their own professional careers.

July 17 Wrap-up & Special Topics (Breedlove/Whitfield)

Didactic Seminar Evaluation

Title of Didactic:

Date:

Presenter:

Instructions: (1=not at all, 2=somewhat, 3=neutral, 4=useful, 5=extremely useful).

The information presented in this didactic will be useful for my clinical work at CVCH.
(1=not at all, 2=somewhat, 3=neutral, 4=useful, 5=extremely useful).

1 2 3 4 5

The information presented in this didactic will be useful for my clinical work as a psychologist in the future. (1=not at all, 2=somewhat, 3=neutral, 4=useful, 5=extremely useful).

1 2 3 4 5

The information presented in this didactic incorporated useful information related to issues of cultural diversity and individual differences. (1=not at all, 2=somewhat, 3=neutral, 4=useful, 5=extremely useful).

1 2 3 4 5

General Comments (What did you like about this didactic? What did you dislike? Suggestions?):

Frequently Asked Questions

Why do you offer both required and optional training activities?

Supervisors feel that certain basic experiences and skill sets are vital to independent functioning, and we have to be sure these are mastered and demonstrated by trainees. We also believe by this stage of training, advanced graduate students can choose to fine tune their careers in directions of their choice, which is why we offer optional training activities. The end result is a structured flexibility in an ideal training environment, which allows for basic skill development but also the acquisition of experience with specialized populations.

How many positions are available?

There are two fully funded doctoral internship slots. There is one Psychology Postdoctoral Fellow position at this time. CVCH also trains medical students, dental students, graduate students and residents from several specialties, so frequently there are other students at the clinic with whom interns can interact.

What is it like to live in Wenatchee?

Wenatchee is clean, attractive and safe, with a diverse population. It is easy to get around Wenatchee with quick access to both Seattle and Spokane for weekend trips. The Columbia and Wenatchee Rivers provide for water activities, and the surrounding mountains, lakes and rivers make Washington State an ideal location for recreation. Pybus Market is located in the downtown area and includes a weekend farmers' market as well as local restaurants and shopping. It is a very easy city to "break into", with friendly people who are warm and accepting of newcomers.

How is the cost of living in Wenatchee?

Housing is about the national average. Housing is available year round, and we suggest interns start looking at rentals as soon as possible to get an idea of what is available. Rentals are also listed online at www.craigslist.com. Food and entertainment are of lower cost than elsewhere in the country, but gas prices are a bit higher than on the Western Coast of the state. Most places to live are within ten minutes of the CVCH Wenatchee Clinic, so little gas money is spent on commuting. Buses also run directly by the clinic and employees (interns) get discounts on bus passes. Bikes are always welcome!

How about insurance?

Excellent medical coverage is included for each intern beginning the first of the next full month. Family medical coverage and life insurance are also options in line with regular CVCH employee benefits. Malpractice insurance is provided at no cost to psychology interns.

What is the department like?

The CVCH Department of Behavioral Medicine is a learning-oriented, supportive environment. We take patient care seriously while also fostering a low-stress environment for Behavioral Medicine interns, providers, and staff. Interns bring a tremendous amount of knowledge and experience to the program, and that is noted and respected within the department and clinic.

How are the facilities?

The facilities are beautiful, modern, well appointed. CVCH Wenatchee has undergone extensive renovations in the past several years, which has led to significantly improved facilities. Interns each have their own office with dual monitor computer stations and telephones at the CVCH Wenatchee Clinic. CVCH Chelan, CVCH East Wenatchee, and Central Washington Hospital all have temporary office space available for interns, so they never feel they are living out of their briefcases or backpacks. The clinic provides email addresses and basic office supplies. Interns and staff Behavioral Medicine

providers share access and use of 2 full-time Behavioral Medicine Administrative Assistants and one part-time Assistant. BMed Assistants help schedule, translate, clerical duties, help patients with community resources, etc.

What is the theoretical orientation of the psychology faculty?

The theoretical orientation is best described as eclectic and integrative. We utilize brief, solution-focused therapy and acceptance, commitment therapy and are partial to empirically supported assessments and treatments. The needs of the patients we see vary immensely; some patients may need case management services and more close follow up, while others may be higher functioning and the focus can be on existential issues. Both faculty and interns use variable clinical techniques depending upon the patients' needs.

Do I have to do all the required training activities first, before I can do the optional ones?

No, the training activities are interwoven throughout the year. As long as all the required training activities are completed by the end of the training year, the requirements are met.

Can both interns participate in training activities at the same time?

Yes. The bulk of the work for each intern is similar and is based upon the goals, objectives, and competencies described above. All training is sequential, cumulative, and graded in complexity. Training is individually based depending upon interns' special interests, identified during orientation and needs of the clinic as changes occur related to patient care at the various sites. For example, one intern may conduct Pain Management psycho-educational groups while another conducts Anger Management psycho-educational groups. After a period of time, they switch roles.

CVCH Mission, Values and History

Mission Statement

It is the mission of Columbia Valley Community Health to provide access to improved health and wellness with compassion and respect for all.

Values

Respect, Trust, Compassion, Integrity, Quality

Vision Statement

The vision of CVCH is to be the regional leader in providing a high quality, sustainable Healthcare Home in a teaching, growing environment.

History of CVCH

On January 11, 1972, a group of twenty-four concerned citizens gathered in a local restaurant with the common desire to find a way to alleviate the poor health conditions of people living in the service area. They voted to create a nonprofit organization known as the North Central Washington Migrant Health Project to address these health care needs. That April, they received their first grant of \$125,000 to serve Grant, Okanogan, Chelan, and Douglas counties. Early services included screenings by nurses in outreach vans in the orchards and along the roads. Night clinics were held in borrowed churches and offices by contracting with local physicians.

In the ensuing years, Okanogan and Grant counties developed their own community health centers. The organization's name changed to Columbia Valley Community Health, and services were expanded to include full-time providers and professional facilities. In addition to the medical program, the organization added Dental, WIC, and comprehensive maternity support services.

In the summer of 1998, CVCH moved to 600 Orondo Avenue where additional space allowed for expansion of services to include on site Pharmacy, Radiology, and Chronic Disease Management. In the summer 2001, the Board of Directors voted to expand CVCH clinic services to the Chelan-Manson community which were initiated in October 2001 then moved to a new site at 317 East Johnson Avenue in August 2002.

In 2012 the CVCH Wenatchee site was renovated to fill a new 15,000 sq. ft. clinic addition with 12 new medical exam rooms and eight state-of-the-art, completely digital dental operatories. CVCH also opened a new Express Care Medical Clinic across the river in East Wenatchee to provide the residents of Douglas County access to affordable services. In 2013 we further expanded our access by opening a new Adult Behavioral Health Clinic in East Wenatchee.

Columbia Valley Community Health continues to be one of the regional leaders in the management of migrant and Community Health, Behavioral Medicine, Behavioral Health and Dental. Community Health agencies from the Northwest often come tours the beautiful facilities and shadows our providers to take back improvement in management strategies.

Patient Population

For 40 years, Columbia Valley Community Health (CVCH) has served the low-income, uninsured, and migrant and seasonal farm worker populations of North Central Washington State as its Target Population.

About Wenatchee

Wenatchee is located at the confluence of the Wenatchee and Columbia rivers near the eastern foothills of the Cascade Mountain range in the State of Washington. Wenatchee is located in the center of the state approximately 170 miles west of Spokane and 148 miles east of Seattle. Unlike Seattle, the weather is arid and dry most of the year with moderate temperatures all year long. The city was named for the nearby Wenatchi Indian tribe. The name is a Salish word that means "river which comes [or whose source is] from canyons" or "robe of the rainbow."

Wenatchee is known as the "Apple Capital of the World" for the valley's many orchards, which produce apples enjoyed around the world along with cherries, pears, peaches, plums, nectarines, and apricots. Every year from the last week of April through the end of the first week of May, Wenatchee hosts the Washington State Apple Blossom Festival, which probably brings in the largest number of people Wenatchee sees annually, with the exception of all the migrant workers coming in to pick the crop.



View of Columbia River and
City of Wenatchee from Saddle Rock

The Wenatchee Valley and the surrounding areas provide an abundance of sports and recreational activities for any season. There are several facilities including the tennis club, an Olympic size swimming pool, an ice arena, several 18-hole and 9-hole golf courses, a 9-hole disc golf course, and countless baseball diamonds and soccer fields. There are lots of places to hike, fish and hunt, both birds and larger game. Boating and water recreation are also quite common. Many kayak, windsurf and water-ski on the Columbia. Whitewater rafting and inner-tubing is frequent on the Wenatchee River. In the winter, the mountains near Wenatchee provide great snowmobiling, sledding at Squilchuck State Park, as well as skiing and snowboarding at Mission Ridge. The city also offers a large system of parks and paved trails known as the Apple Capital Recreational Loop Trail. The 10-mile (20 km) loop which runs both banks of the Columbia River is used by cyclists, walkers, joggers, and skaters. In the winter cross country skiers and snowshoers also use the trail.

Holiday Schedule

Holiday	Date Observed By CVCH
Employee Birthday**	All Year
Labor Day	Monday, September 4, 2017
Thanksgiving Day	Thursday, November 23, 2017
Day after Thanksgiving	Friday, November 24, 2017
Christmas Eve	Sunday, December 24, 2017
Christmas Day	Monday, December 25, 2017
New Year's Day	Monday, January 1, 2018
Martin Luther King Jr. Day**	Monday, January 15, 2018
Presidents Day**	Monday, February 19, 2018
Memorial Day	Monday, May 28, 2018
Independence Day	Wednesday, July 4, 2018

**** Floating Holidays are prorated according to FTE and start date during the year.**

BMed End of Day – Meet & Greet Consults Decision Tree

If an integrated visit or Meet & Greet occurs towards the end of the day when providers are expecting to leave:

If there is a real issue that can't wait and/or the provider has a need for BMed to assist them with treatment planning then we see the patient. This is why we exist.

If the patient is suicidal and the provider wants a consult, then we see the patient...unless the patient is already NOT agreeing to keep safe. This usually requires talking to PCP about what they already know and making a decision regarding next steps. If patient is unable to keep safe, have medical provider call Designated Mental Health Professional (DMHP). The PCP is in charge of managing the situation.

If it is a nonspecific, non-emergent issue that can be scheduled and is a true Meet & Greet then BMed Assistants do the Meet & Greet and introduce BMed services while getting the patient scheduled at a later date & time.

It is not uncommon for the Meet & Greet appointments to turn into something more when the provider steps into the room. Thus, it is preferable to have BMed Assistants do the scheduling for those appointments unless we already know the provider mislabeled the visit as a Meet & Greet when it should have been an integrated visit.

Suicidal Patients at the end of the day:

1. If you call the DMHP towards the end of the day it is likely going to take at least an hour ... give or take. Be prepared to have a medical provider take over once situation is being handled if they can be moved to medical area without issue.
2. If the patient is being seen in the medical area by the DMHP then the BMed provider can leave (go home) along with the BMed Assistant.
 - a. Ensure that you leave next appointment with patient or medical staff prior to leaving. Let staff know you are leaving.
 - b. Request DMHP tell someone (appoint someone to get the information) what the patient's plan is for the night (going home, going to living room, etc.), so you have a contact for the next day.
3. BMed provider/BMed Assistant needs to stay if patient is being seen in BMed department by DMHP. Need to get clarity from DMHP on what is the treatment plan for the patient and what is the Least Restrictive Alternative (Living Room, family, etc.).

Doctoral Internship Grievance and Due Process Policy

Policy Title: Doctoral Internship Grievance and Due Process		Date Initiated: 10/26/09 Date Reviewed: 12/17/2013	
Policy Number: D-BM-07	Department: Behavioral Medicine		
Departments Utilizing: Behavioral Medicine	Approved: <div style="text-align: right; margin-top: 20px;"> <hr style="width: 80%; margin: 0 auto;"/> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> HR Director Date </div> <hr style="width: 80%; margin: 10px auto;"/> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Behavioral Medicine Program Manager/Director of Internship Training Date </div> <hr style="width: 80%; margin: 10px auto;"/> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> CEO Date </div> </div>		

Policy Statement/Purpose:

It is the policy of Columbia Valley Community Health (CVCH) to have a system in place for handling problematic behaviors with predoctoral interns and complaints or concerns that a pre-doctoral intern may have regarding the training program, evaluation procedures, due process challenges, etc., according to the guidelines as set forth by the American Psychological Association (APA) and Association of Psychology Postdoctoral and Internship Centers (APPIC).

Procedure

I. DUE PROCESS:

- A. Due process ensures that decisions made by CVCH about interns are not arbitrary or personally based, requires that the Director of Internship Training identify specific evaluative procedures which are applied to all trainees, and have appropriate appeal procedures available to the intern so he/she may challenge the program's action.

II. GRIEVANCE PROCESS:

- A. Ensures that decisions made by CVCH regarding complaints from or about interns are not handled arbitrarily. This requires that the Director of Internship Training identify specific procedures which are applied to all complaints or challenges and have appropriate appeal procedures available to the intern or staff member so he/she may challenge the decision.

III. SPECIFIC PROCEDURAL GUIDELINES

- A. All evaluation procedures and action plans are outlined in detail in the "Due Process and Grievance Procedural Guidelines" found in the Pre-Doctoral Internship Manual and on the CVCH Intranet.
- B. Grievance Procedure is a process that is invoked when an intern or staff member has a complaint against the training program or the intern. The procedural guideline includes specific steps an intern or staff member takes in the complaint process.

Doctoral Internship in Professional Psychology

Due Process and Grievance Procedural Guidelines

This document sets forth Columbia Valley Community Health (CVCH) guidelines for evaluation of interns, grievance procedures, and the management of problematic performance of conduct. The guidelines are consistent with accreditation standards of the American Psychological Association. The guidelines emphasize due process and assure fairness in the program's decisions about interns, and **they provide avenues of appeal that allow interns to file grievances and dispute program decisions.**

THE EVALUATION PROCESS

The Psychology Internship Program continually assesses each intern's performance and conduct. At biannual intervals, supervisors and clinical staff provide written evaluations and meet with the intern to discuss the assessments and offer recommendations. Meetings may occur more frequently based on identified need. Differences between intern's and supervisor's appraisals are expected to surface in these meetings, and in most cases are resolved. After meeting, the supervisor and intern sign the written evaluation and forward it to the Training Director. The Training Director obtains additional evaluation data through consultation with supervisors, physicians, and staff by phone or in person and talks with other professional staff that have significant contact with interns.

The Training Director, supervisors, and/or clinical staff periodically review as a group the evaluation data for each intern. This group meeting is chaired by the Training Director. In collaboration with the group, the Training Director combines the evaluations and provides interns with a summary evaluation of their progress in the program. Based on the evaluations and recommendations from the group, the Training Director and the intern may modify the intern's Training Plan or the Program itself, to better meet the Interns' training needs.

COMMUNICATION WITH INTERNS' HOME GRADUATE PROGRAMS

The Training Director communicates with each intern's sponsoring graduate program about the intern's activities and progress. Early in the year, the home graduate program receives information about the intern's training activities. At the end of the internship year, the home program receives a brief summary evaluation indicating whether the intern has successfully completed the internship. At any time, if problems arise that cast doubt on an intern's ability to successfully complete the internship program; the Training Director will inform the sponsoring graduate program. The home program will be encouraged to provide input to assist in resolving the problems.

DEFINITION OF PROBLEM

For purposes of this document intern problem is defined broadly as an interference in professional functioning, which is reflected in one or more of the following ways:

1. An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior,
2. An inability to acquire professional skills in order to reach an acceptable level of competency, and/or
3. An inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.

While it is a professional judgment as to when an intern's behavior becomes more serious (i.e., problematic) rather than just of concern, for purposes of this document a concern refers to a trainees' behaviors, attitudes, or characteristics which, while of concern and which may require remediation, are perceived to be unexpected or excessive for professionals in training. Problems typically become identified as problems when they include one or more of the following characteristics:

1. The intern does not acknowledge, understand, or address the problem when it is identified,
2. The problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training,
3. The quality of services delivered by the intern is sufficiently negatively affected,

4. The problem is not restricted to one area of professional functioning,
5. A disproportionate amount of attention by training personnel is required,
6. The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time,
7. The problematic behavior has potential for ethical or legal ramifications if not addressed,
8. The intern's behavior negatively impacts the public view of the agency,
9. The problematic behavior negatively impacts the intern cohort.

Guidelines for Intern and Training Program Responsibilities

The Psychology Pre Doctoral Internship is designed as a General Internship and is seen as a component of the doctoral training process in Clinical/Counseling Psychology. Broadly, the Internship aims to provide the intern with the opportunity (in terms of setting, experience, and supervision) to begin assuming the professional role of a psychologist consistent with the practitioner-scholar model. This role entails the integration of previous training and a further development of the scientific, professional, and ethical bases involved in professional functioning.

I. Training Program's Expectation of Interns

The expectations of interns are divided into three areas:

- A. Knowledge of and conformity to relevant professional standards,
- B. Acquisition of appropriate professional skills, and
- C. Appropriate management of personal concerns and issues as they relate to professional functioning.

Each of these areas are described below:

A. Professional Standards

Interns are expected to:

1. Be cognizant of and abide by the guidelines as stated in the APA Ethical Principles of Psychologists and Code of Conduct, Standards for Providers of Psychological Services, Specialty Guidelines, and any other relevant, professional documents or standards which address psychologists' ethical, personal and/or legal responsibilities.
2. Be cognizant of and abide by the laws and regulations governing the practice of psychology as included in appropriate legal documents. Such documents include but are not necessarily limited to the Washington State Board of Examiners of Psychologists Law.

It is recognized by the training program that mere knowledge of and exposure to the above guidelines and standards are not sufficient. Interns need to demonstrate the ability to integrate relevant professional standards into their own repertoire of professional and personal behavior. Examples of such integration include a demonstrated awareness of ethical issues when they arise in work with clients, appropriate decision making in other ethical situations, and awareness of ethical considerations in their own and other's professional work.

B. Professional Competency

By the time the internship is complete, interns are expected to:

1. Demonstrate knowledge of psychopathology and of developmental, psychosocial and psychological problems.
2. Demonstrate knowledge of the special issues involved in working with a minority and disadvantaged population.
3. Demonstrate diagnostic skills and methods of diagnosis including psychological assessment, interview assessment, and consultation; with children, adolescents, and adults who are psychiatric patients or medical patients with stress related or psychiatric complications.

4. Demonstrate knowledge and skills in treatment, including psychotherapy (various modalities), case management, family therapy, group psychotherapy, crisis intervention, and medical consultation with children, adolescents, and adults.

The above competency expectations imply that interns will be making adequate progress in the above areas (as assessed by periodic evaluations) and that interns will achieve a level of competency by the completion of the internship which will enable them to successfully complete the internship and approaches the ability to function independently as a psychologist.

C. Personal Functioning

It is recognized by the training program that there is a relationship between level of personal functioning and effectiveness as a professional psychologist, most notably in one's role delivering direct services to clients. Physical, emotional and/or educational problems may interfere with the quality of an intern's professional work. Such problems include but are not limited to **a)** educational or academic deficiencies, **b)** psychological adjustment problems and/or inappropriate emotional responses, **c)** inappropriate management of personal stress, **d)** inadequate level of self-directed professional development, and **e)** inappropriate use of and/or response to supervision.

When such problems significantly interfere with an intern's professional functioning, such problems will be communicated in writing to the intern. The training program, in conjunction with the intern, will formulate strategies for ameliorating such problems and will implement such strategies and procedures. If such attempts do not restore the intern to an acceptable level of professional functioning within a reasonable period of time, discontinuation in the program may result. The specific procedures employed for the acknowledgment and amelioration of intern deficiencies will be described later in this document.

II. General Responsibilities of the Intern Program

A major focus of internship is to assist interns in integrating their personal values, attitudes and functioning as individuals with their professional functioning. The training program is committed to providing the type of learning environment in which an intern can meaningfully explore personal issues which relate to his/her professional functioning. In response to the above intern expectations, the training program assumes a number of general responsibilities. The responsibilities correspond to the three general expectation areas (Professional Standards, Professional Competency, Personal Functioning) and are described below:

A. The Training Program

1. The training program will provide interns with information regarding relevant professional standards and guidelines as well as providing appropriate forums to discuss the implementations of such standards.
2. The training program will provide interns with information regarding relevant legal regulations which govern the practice of psychology as well as providing appropriate forums to discuss the implementations of such guidelines.
3. The training program will provide written evaluations of the intern's progress with the timing and content of such evaluations designed to facilitate interns' change and growth as professionals. Evaluations will address the interns' knowledge of and adherence to professional standards, their professional skill competency, and their personal functioning as it relates to the delivery of professional services.

In accepting the above responsibilities, the internship program will maintain ongoing communications with the intern's graduate department regarding the trainee's progress during the internship year. The training program will provide appropriate mechanisms by which inappropriate intern behavior effecting professional functioning is brought to the attention of the intern. The training program will also maintain intern procedures, including grievance and due process guidelines, to address and remediate perceived

problems as they relate to professional standards, professional competency and/or professional functioning.

Intern Evaluation, Review, and Due Process Procedural Guidelines

I. The Evaluation Process

Interns are evaluated and given feedback throughout the year by their individual supervision in both formal and informal settings. Additionally, bi-annually, supervisors and clinical staff get together to discuss and evaluate interns' performance and makes recommendations for future needs in regards to training. Meetings may occur more often if they are deemed necessary based on an intern's performance in certain areas. The Intern Evaluation Form is completed by supervisors or clinical staff members prior to the bi-annual meeting on the intern's performance. The Training Director (TD), following each meeting, meets with the interns individually and gives them a full report of the evaluation of their performance and makes any recommendations and suggestions which are relevant.

Thus, the TD receives information from all supervisors, her own impressions and those of others who have had significant contact with the intern. This process is viewed as an opportunity for the TD to provide integrative feedback regarding the collective experience of others who have had significant interactions with the intern. Both parties discuss how the internship experience is progressing, and the intern is provided with the opportunity to give his/her reactions and critiques of supervisors and other aspects of the training experience. It may be in the context of this meeting or whenever during the rotation that a problem is identified that the TD and the intern may arrange for a modification of the intern's training program to address his/her training needs and/or the needs of the training program.

It is important that in the course of the internship the sponsoring university is kept apprised of the intern's training experience. The TD communicates with the sponsoring university twice a year regarding the intern's progress.

II. Initial Procedures for Responding to Inadequate Performance by an Intern (i.e. Intern Problem)

If an intern receives a rating of "5" (Not able to perform activity satisfactorily) in any area listed on the evaluation form from any of the evaluation sources, the following procedures will be initiated:

- A. The intern's supervisor will meet with the TD to discuss the rating and determine what action needs to be taken to address the issues reflected by the rating.
- B. The intern will be notified, in writing, that such a review is occurring and will have the opportunity to provide a statement related to his/her response to the rating.
- C. In discussing the inadequate rating and the intern's response, (if available) the TD may adopt any one or more of the following methods or may take any other appropriate action. She may issue a:
 1. **"Acknowledge Notice"** which formally acknowledges that:
 - a) The supervisor is aware of and concerned with the rating,
 - b) The rating has been brought to the attention of the intern,
 - c) The supervisor will work with the intern to specify the steps necessary to rectify the problem or skill deficits addressed by the rating, and
 - d) The behaviors associated with the rating are not significant enough to warrant serious action.
 2. **"Probation"** which defines a relationship such that the supervisors, clinical staff, and TD, actively and systematically monitor, for a specific length of time, the degree to which the intern addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The probation is a written statement to the intern and includes:
 - a) The actual behaviors associated with the inadequate rating,
 - b) The specific recommendations for rectifying the problem,

- c) The time frame for the probation during which the problem is expected to be ameliorated, and
- d) The procedures designed to ascertain whether the problem has been appropriately rectified, or

3. "Take no further action".

- D. The TD will then meet with the intern to review the action taken. If "Probation," the intern may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are presented in the **"Internship Grievance Procedural Guidelines"** section below.
- E. If either the "Acknowledgment Notice" or the "Probation" action occurs, the TD will inform the intern's sponsoring university, indicating the nature of the inadequate rating, the rationale for the action, and the action taken by the supervisors and/or clinical staff. The intern shall receive a copy of the letter to the sponsoring university.
- F. Once the "Acknowledgment Notice" or "Probation" is issued by the TD, it is expected that the status of the rating will be reviewed no later than the next formal evaluation period or, in the case of probation, no later than the time limits identified in the probation statement. If the rating has been rectified to the satisfaction of the supervisor/s, the intern, sponsoring university and other appropriate individuals will be informed and no further action will be taken.

Internship Grievance Procedural Guidelines

I. Situations in which Grievance Procedures are Initiated

There are three situations in which grievance procedures can be initiated:

- A. When the intern challenges the action taken by the supervisor (Intern Challenge),
- B. When the supervisor is not satisfied with the intern's action in response to the action (Continuation of the Inadequate Rating), or
- C. When a supervisor initiates action against an intern (Intern Violation).

Each of these situations, and the course of action accompanying them, is described below.

A. "Intern Challenge". If the intern challenges the action taken by the supervisor as described in II of the "Intern Evaluation Due Process Procedure Guidelines", he/she must, within 10 days of receipt of the decision, inform the TD, in writing, of such a challenge.

- 1. The TD will then convene a Review Panel consisting of the Human Resources Director and two supervisors, clinical staff, or primary care physicians selected by the TD and two supervisors, clinical staff, or primary care physicians selected by the intern. The intern retains the right to hear all facts with the opportunity to dispute or explain his or her behavior.
- 2. A review hearing will be conducted, chaired by the TD, in which the challenge is heard and the evidence presented. Within 15 days of the completion of the review hearing, the Review Panel submits a written report to the HR Director, including any recommendations for further action. Decisions made by the Review Panel will be made by majority vote. The intern is informed of the recommendations.
- 3. Within 5 days of receipt of the recommendations, the HR Director will either accept the Review Panel's action, reject the Review Panel's action and provide an alternative, or refer the matter back to the Review Panel for further deliberation. The Panel then reports back to the HR Director within 10 days of the receipt of the HR Directors request for further deliberation. The TD then makes a decision regarding what action is to be taken and that decision is final.
- 4. Once a decision has been made, the intern, sponsoring university and other appropriate individuals are informed in writing of the action taken.

- B. Continuation of Inadequate Rating.** If the supervisor or clinical staff determines that there has not been sufficient improvement in the intern's behavior to remove the inadequate rating under the conditions stipulated in the probation, then a formal Review Panel will be convened.
1. The TD will communicate, in writing, to the intern that the conditions for revoking the probation have not been met. The supervisor may then adopt any one of the following methods or take any other appropriate action. This may include a:
 - a) Continuation of the probation for a specific time period,
 - b) Suspension whereby the intern is not allowed to continue engaging in certain professional activities until there is evidence that the behavior in question has improved,
 - c) Communication which informs the intern the TD is recommending that the intern will not successfully complete the internship if the behavior does not change within a specified period of time, and/or
 - d) Communication which informs the intern that the TD is recommending that the intern be terminated immediately from the internship program.
 2. Within 5 working days of receipt of this determination, the intern may respond to the action by:
 - a) Accepting the action or
 - b) Challenging the action.
 3. If a challenge is made, the intern must provide the TD, within 10 days, with information as to why the intern believes the action is unwarranted. A lack of reasons by the intern will be interpreted as complying with the sanction.
 4. If the intern challenges the action, a Review Panel will be formed consisting of the HR Director, TD, two supervisors, clinical staff members or primary care physicians selected by the TD, and two supervisors, clinical staff members or primary care physicians selected by the intern.
 5. A Review Panel hearing will be conducted" chaired by the TD, in which the challenge is heard and the evidence presented. Within 10 days of the completion of the review hearing, the Review Panel shall communicate its recommendation to the intern and to the HR Director. Decisions by the Review Panel will be made by majority vote.
 6. Within 5 days of receipt of the recommendations, the HR Director will either accept the Review Panel's action, reject the Review Panel's action and provide alternative action, or refer the matter back to the Review Panel for further deliberation. The Panel then reports back to the HR Director within 10 days of the receipt of the HR Director's request for further deliberation. The TD then makes a decision regarding what action is to be taken and that decision is final.
 7. Once a decision has been made, the intern, sponsoring university and other appropriate individuals are informed in writing of the action taken.
- C. Intern Violation.** Any supervisor or clinical staff member may file, in writing, a grievance against an intern for any of the following reasons:
1. Unethical or legal violation of professional standards or laws,
 2. Professional incompetence, or
 3. Infringement on the rights, privileges or responsibilities of others.
 - a) The TD will review the grievance with the HR Director and determine if there is reason to proceed and/or if the behavior in question is in the process of being rectified.
 - b) If the TD and HR Director determine that the alleged behavior in the complaint, if proven, would not constitute a serious violation the TD shall inform the clinical staff member who may be allowed to renew the complaint if additional information is provided.
 - c) When a decision has been made by the TD and the HR Director that there is probable cause for deliberation by the Review Panel, the TD shall notify the supervisor or clinical staff member

- and request permission to inform the intern. The supervisor or clinical staff member shall have five days to respond to the request and shall be informed that failure to grant permission may preclude further action. If no response is received within 5 days or permission to inform the intern is denied, the TD and the HR Director shall decide whether to proceed with the matter.
- d) If the intern is informed, a Review Panel is convened consisting of the HR Director, TD, two supervisors, clinical staff, or primary care physicians selected by the clinical staff member, and two supervisors, clinical staff, or primary care physicians selected by the intern. The Review Panel receives any relevant information from both the intern and supervisor/clinical staff member as it bears on its deliberations.
 - e) A review hearing will be conducted, chaired by the TD in which the complaint is heard and the evidence presented. Within 10 days of the completion of the review hearing, the Review Panel shall communicate its recommendation to the intern and to the HR Director. Decisions by the Review Panel shall be made by majority vote.
 - f) Within 5 days of receipt of the recommendation, the HR Director will either accept the Review Panel's action, reject the Review Panel's recommendation and provide alternative action, or refer the matter back to the Review Panel for further deliberation. The Panel then reports back to the HR Director within 10 days of the receipt of the HR Director's request for further deliberation. The TD then makes a decision regarding what action is to be taken and that decision is final.
 - g) Once a decision has been made the intern, clinical staff member, sponsoring university, and other appropriate individuals are informed in writing of the action taken.

II. Situations where interns raise a formal complaint or grievance about a supervisor, staff member, trainee, or program.

There may be situations in which the intern has a complaint or grievance against a supervisor, staff member, other trainee, or the program itself and wishes to file a formal grievance. The intern should:

- A. Raise the issue with the supervisor, staff member, other trainee, or Training Director in an effort to resolve the problem.
- B. If the matter cannot be resolved, or it is inappropriate to raise with the other individual, the issue should be raised with the Training Director. If the Training Director is the object of the grievance, or unavailable, the issue should be raised with the HR Director.
- C. If the Training Director cannot resolve the matter, the Training Director will choose an agreeable supervisor or clinical staff member acceptable to the intern who will attempt to mediate the matter. Written material will be sought from both parties.
- D. If mediation fails, the Training Director will convene a review panel (except for complaints against supervisors or clinical staff members where the grievance procedures for that person's discipline will be followed) consisting of the Training Director, the HR Director and two supervisors, clinical staff, or primary care physicians of the interns choosing. The Review Panel will review all written materials (from the intern, other party, mediation) and have an opportunity at its discretion to interview the parties or other individuals with relevant information. The Review Panel has final discretion regarding outcome.
- E. Nothing here precludes attempted resolution of difficulties by adjudication at a school or university level. These guidelines are intended to provide the psychology intern with a means to resolve perceived conflicts that cannot be resolved by informal means. Interns who pursue grievances in good faith will not experience any adverse personal or professional consequences.

Remediation Considerations

It is important to have meaningful ways to address a problem once it has been identified. Several possible, and perhaps concurrent courses of action designed to remediate problems include but are not limited to:

1. Increasing supervision, either with the same or other supervisors,
2. Changes in the format, emphasis, and/or focus of supervision,
3. Recommending and/or requiring personal therapy in a way that all parties involved have clarified the manner in which therapy contacts will be used in the intern evaluation process.
4. Reducing the intern's clinical or other workload and/or requiring specific academic coursework, and/or
5. Recommending, when appropriate, a leave of absence and/or a second internship.

When a combination of the above interventions do not, after a reasonable time period, rectify the problem, or when the trainee seems unable or unwilling to alter his/her behavior, the training program may need to take more formal action, including such actions as:

1. Giving the intern a limited endorsement, including the specification of those settings in which he/she could function adequately,
2. Communicating to the intern and academic department/program that the intern has not successfully completed the internship, with the possibility of continuing the year as a practicum placement.
3. Recommending and assisting in implementing a career shift for the intern, and/or
4. Terminating the intern from the training program.

All the above steps need to be appropriately documented and implemented in ways that are consistent with due process procedures.

Due Process: General Guidelines

Due process ensures that decisions made by programs about interns are not arbitrary or personally based, requires that programs identify specific evaluative procedures which are applied to all trainees, and have appropriate appeal procedures available to the intern so he/she may challenge the program's action.

General due process guidelines include:

1. Presenting interns' in writing, with the program's expectations related to professional functioning,
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals,
3. Articulating the various procedures and actions involved in making decisions regarding a problem,
4. Communication, early and often, with graduate programs about any suspected difficulties with interns, seeking input from these academic programs about how to address such difficulties,
5. Instituting, with the input and knowledge of the graduate program, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies,
6. Providing a written procedure to the intern which describes how the intern may appeal the program's action,
7. Ensuring that interns have sufficient time to respond to any action taken by the program,
8. Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance, and
9. Documenting, in writing and to all relevant parties, the action taken by the program and its rationale.

Adapted from Emory University School of Medicine/Grady health system Predoctoral internship in clinical psychology; University of Medicine and Dentistry of New Jersey University Behavioral Healthcare – Newark the New Jersey Medical School Department of Psychiatry

Behavioral Medicine Intern Job Description

Title: Behavioral Medicine Intern

Effective Date 02/09/2012

Exempt/Non-Exempt Exempt

Pay Grade: N/C

Reports To: Director of Internship Training

Version Date: 1.0

ID: BMI - 01

Job Summary

The Behavioral Medicine Intern's primary job function is to provide primary care behavioral health support and consultation to Primary Care Providers (PCP) utilizing a brief intervention model. Makes referrals to Specialty Mental Health Facilities, as necessary. Makes recommendations to PCP's relative to psychological intervention strategies and conduct follow-up consultations to reinforce interventions. Practices under the scope of licensure of acting supervisor/licensed Psychologist.

Job Specific Competencies

Provides primary care behavioral health services to CVCH patients.

Consults and educates Providers and community advocates regarding mental health treatment, intervention, and strategies.

Coordinates Behavioral Medicine Treatment services and intervention strategies with referring providers at CVCH.

Provides brief-solution focused counseling, plus referrals to community Specialty Mental Health Providers, as necessary.

Participates in training activities, which will be divided between Chelan and Wenatchee sites, Children's Behavioral Health, and Hospital sites.

Completes required weekly supervision hours with supervisor to go over cases and discusses progress.

Attends weekly didactic training or other trainings as scheduled.

General Duties and Responsibilities

1. Performs other duties and tasks as assigned by training activity supervisor and Director of Internship Training.
2. Expected to meet attendance standards and work the hours necessary to perform the essential functions of the job.
3. Conforms to safety policies, general housekeeping practices.
4. Demonstrates sound work ethics, flexible, and shows dedication to the position and the community.
5. Demonstrates a positive attitude, is respectful, and possesses cultural awareness and sensitivity toward clients and co-workers.

6. Keeps customer service and the mission of the organization in mind when interacting with all clients, co-workers, and others.
7. Employees are expected to embrace, support and promote the core values of respect, integrity, trust, compassion and quality which align with the CVCH mission statement through their actions and interactions with all patients, staff, and others.
8. Conforms to CVCH policies and Joint Commission and HIPAA regulations.

Job Specifications:

1. Education: Preference given to candidates Licensed at the Master's level in social work, mental health counselor, or Marriage and Family Therapy. Must be a current doctoral-level student in a counseling or clinical psychology program in good standing. Must be certified by the academic program as being ready for an internship.
2. Certification/Licensure: Preference for candidates with the ability to get licensed in the State of Washington as a Mental Health Counselor, Marriage and Family Therapist, or Social Worker while completing doctoral internship. Must have a valid WA State Agency Affiliated Counselor Registration credential or be eligible to apply.
3. Experience: Experience as a treatment provider at the pre-doctoral level with the minimum number of required hours of practicum running groups and seeing individual patients with a variety of mental health issues.
4. Essential Technical/Motor Skills: Ability to do multi-tasking. Knowledge of computer applications and equipment related to work utilizing required computer programs. Must have basic computer and keyboarding skills and have the ability to enter data within company's computer system; must demonstrate manual dexterity. Bilingual English/Spanish preferred.
5. Interpersonal Skills: Strong interpersonal and communication skills and the ability to work effectively with other staff and management and with a wide range of consumers and constituencies and members of the public in a diverse community. Demonstrated skill in developing and maintaining productive work teams. Demonstrated skill in a work environment in developing and maintaining productive relationships with the mentally ill. Contact with the public is required.
6. Essential Physical Requirements: This job is performed mostly in a typical inside, office environment. The noise level in the work environment is usually moderate. Essential physical requirements of this job include: light physical effort; repetitive motions of wrists, hands, and/or fingers; standing, walking, lifting, reaching, kneeling, bending, stooping, pushing, and pulling; frequent sitting; lifting and/or moving items weighing 15-20 pounds; ability to read forms and computer screens and to read correspondence and other documents.
7. Essential Mental Abilities: Knowledge of the laws, regulations and ethics of professional discipline. Essential mental abilities include: knowledge, background and interest appropriate to providing sensitive, professional, direct support to mentally ill clients; ability to exercise sound independent judgment; ability to analyze problems and develop situation appropriate responses to consumer issues; ability to make decisions in line with state and federal regulations; ability to read, comprehend, and analyze documents, regulations, and policies; ability to prepare and submit complete and succinct documents necessary to the job. Must have attention to detail, manipulate/interpret numbers, calculations, explaining processes to clients.
8. Essential Sensory Requirements: Essential sensory requirements include the ability to: read computer keyboard, monitor, and documents; prepare and analyze documents; read extensively; see, recognize, and assess non-verbal behaviors of consumers as part of the intake process; hear, recognize, and assess verbal presentations of consumers; receive and convey detailed information orally, by telephone and in person; convey accurate and detailed instructions by speaking to others in person and by telephone. Ability to write and speak in a coherent manner.

9. Exposure to Hazards: Worker is subject to inside environmental conditions on a frequent basis with moderate noise. Worker has contact with consumers and other staff and may be exposed to medical conditions presented by them.

Blood/Fluid Exposure Risk N/A

Category II 0%

Usual tasks do not involve exposure to blood, body fluid, or tissues but job may require performing unplanned

Category I tasks.

Age Specific Competency N/A

Pediatric (1 year – 12 years) 0%

Pediatric (1 year – 12 years)

Adolescent (12 years – 18 years) 0%

Adolescent (12 years – 18 years)

Adult (18 years – 65 years) 0%

Adult (18 years – 65 years)

Geriatric (65 years – Death) 0%

Geriatric (65 years – Death)

Other

Employee Statement of Understanding

This description is intended to describe the essential job functions and the essential requirements for the performance of this job. It is not an exhaustive list of all duties, responsibilities and requirements of a person so classified. Other functions may be assigned and management may, with or without notice, add or change the duties at any time. Employees are employed “at will”.

CVCH Mission Statement

“It is the mission of Columbia Valley Community Health to provide access to improved health and wellness with compassion and respect for all.”

Stipend and Benefits Summary

Behavioral Medicine Intern

Coverage below based on a 1.0 FTE; Medical, Dental, Paid Leave, Holidays are prorated based on FTE

Benefit:		Coverage:	Effective:
Annual Stipend		\$29,129.00 per year	Paid on a bi-weekly basis.
Medical Self-Insured (administered by EBMS); Preferred Provider Network is First Choice Health		Employee covered – 100% Dependents covered – 50%	First of the month following 90 days of employment.
Dental Washington Dental		Employee covered – 100% Dependents covered – 50%	First of the month following 90 days of employment.
Paid Leave		3 weeks (120 hours)	PTO is available immediately following the date of hire. PTO requests must be approved by your supervisor. PTO will be pro-rated if you leave prior to completion of the full year of your internship.
Holidays	New Year's Day Martin Luther King (float) Presidents Day (float) Memorial Day 4 th of July	Labor Day Thanksgiving & Day After Christmas Eve Christmas Day Employee Birthday (float)	Holidays
403(b) Retirement Plan The Standard		150% CVCH match up to 3% of the employee's contribution	Immediately. Vesting schedule: 20% at 2 years, 50% at 3 years, 60% at 4 years, and 100% at 5 years.
Long-term Disability MetLife		Employee Only (variable)	First of the month following 90 days of employment.
Basic Term Life MetLife		Employee Only (1x annual salary, up to \$200,000)	First of the month following 90 days of employment.
Group Accidental Death and Dismemberment (AD&D) MetLife		Employee Only (1x annual salary, up to \$200,000)	First of the month following 90 days of employment.

Benefit:	Coverage:	Effective:
Supplemental Term Life MetLife	Employee / Spouse / Dependent(s)	First of the month following 90 days of employment.
Voluntary AD&D LifeWise Assurance	Employee / Family	First of the month following 90 days of employment.
Flex Plan: Medical Administered by Allegiance	Flex Plan: Maximum \$2,500 per year Direct Deposit available	First of the month following 90 days of employment.
Flex Plan: Dependent Care Administered by Allegiance	Flex Plan: Maximum \$5,000 per year Direct Deposit available	First of the month following 90 days of employment.
Fitness Memberships: Wenatchee Valley YMCA Wenatchee Racquet and Athletic Club (WRAC) Gold's Gym (Wen & E. Wen)	Corporate discounted memberships	One pay period after employment.
Cell Phone Discounts	Discounted monthly access fees Discounted select accessories and special equipment	Available for personal cell phones.
Cell Phone	Cell phone provided for work purposes only.	Immediately.

Any questions regarding benefit eligibility or coverage should be directed to the Human Resources Department.

CVCH benefits are subject to change at Management's discretion and upon approval of the CVCH Board of Directors.

Behavioral Medicine Internship Program Consultation Protocol

This protocol is designed to assist Behavioral Medicine Interns in determining the need for consultation with a supervisor or BMed Provider. Consultation should be viewed as a normal part of patient care and treatment planning.

It is important to seek out the assistance from supervisors during supervision or consultation when:

- There is an obvious transference or counter transference issue with the patient
- The patient is not making any progress towards treatment goals in the past 2-3 visits
- The patient has a diagnosis or presenting issue/s that the provider is not comfortable/competent treating
- The patient has unclear or unrealistic expectations of treatment
- You are seeing someone else in their immediate family as a patient
- Ethical issues (dual relationships, gift giving, etc.)
- Issues involving legal issues beyond normal care and requests (Dept. Of Corrections, Child Protective Services, court ordered treatment, etc.)

Need for immediate supervision or consultation:

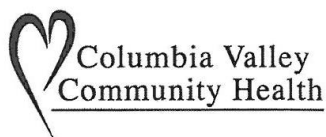
- If a patient has had an attempted suicide or suicidal gesture (not including superficial cutting) in the past month.
- If a patient was seen by the DMHP within the past week for suicidal ideation or unknown reasons AND continues to present with significant/concerning symptoms.
- If the patient was released from an inpatient stay within the past week AND continues to have thoughts about self-harm.
- If a patient denies suicidal thinking but you are not convinced you have all of the information AND that the patient will remain safe.
- If a patient scores 6 or higher on the Sad Person's Scale (next page).
- There are obvious legal issues that are presenting during the appointment (patient threatening to sue the clinic, patient requesting a supervisor, etc.).
- You feel threatened or unsafe with the patient.
- Threatening harm to a specific third party AND planning to act on (Homicidal ideation)
- Any other patient issues/concerns you may have that require immediate consultation

Sad Person's Scale
(Patterson, et al., 1983)

- _____ **SEX - Is patient male?**
- _____ **AGE – Is patient ≥ 70 years old or 15-24 years old?**
- _____ **DEPRESSION - Does the patient have a mood disorder diagnosis?**
- _____ **PREVIOUS ATTEMPT(S) – Has the patient attempted before?**
- _____ **ETHANOL ABUSE – Is the patient currently or recently abusing alcohol and/or drugs?**
- _____ **RATIONAL THINKING LOSS – Is the patient psychotic? (i.e. hallucinating, delusional)**
- _____ **SOCIAL SUPPORTS LACKING – Does the patient perceive him or herself as having adequate social support?**
- _____ **ORGANIZED PLAN – Does the patient have a specific plan? Does s/he tell you *how* s/he plans to commit suicide?**
- _____ **NO SPOUSE – Is the patient single, widowed, or divorced?**
- _____ **SICKNESS – Does the patient have chronic pain and/or a debilitating physical illness?**
- _____ **TOTAL (Add one point for each factor present)**

Risk Assessment Score:

0-4	Low
5-6	Medium
7-10	High



<input type="checkbox"/> Reviewed/current	Initials	Date
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Policy Title: Doctoral Intern- Evaluation of Progress		Date Initiated: 08/24/2012
		Date Revised: 2/24/2016
Policy Number: D-BM-08	Department: Behavioral Medicine	
Departments Utilizing: Behavioral Medicine	Approved: <div style="text-align: center;"> Signatures on File <hr/> <div style="display: flex; justify-content: space-between;"> Behavioral Health Director Date </div> <hr/> <div style="display: flex; justify-content: space-between;"> Director of Internship Training Date </div> <hr/> <div style="display: flex; justify-content: space-between;"> CEO Date </div> </div>	

POLICY STATEMENT/PURPOSE/OVERVIEW:

It is the policy of Columbia Valley Community Health (CVCH) to ensure the timely written evaluation of all interns' progress along with feedback from the Director of Internship Training.

The purpose of this policy is to ensure that services and procedures related to patient care are emphasized and maximized at all times. This policy provides interns with a structure for timely feedback and guidance in order to fully prepare their skill sets.

I. EVALUATION OF INTERNS:

- A. CVCH will utilize the Five-point Likert Scale as the primary evaluation tool (see Appendix A). This scale specifies that interns will be expected to meet a minimal benchmark of Level (2) when coming into the program. Interns will then be expected to reach Level (3) by their mid-year formal evaluation. Upon completion of the CVCH Internship Program, the intern will be expected to reach Level (4). This schedule represents a demonstrable and documented level of progression through the Internship Program. These evaluations will allow CVCH and the interns to monitor their growth and progress, and to make any needed corrections timely. This will also ensure maximum success for both CVCH and the interns.
- B. Evaluations of competency areas will normally occur twice during the internship year. Incoming interns will be expected to score a minimum of Level (2) on the Likert Scale to participate in the CVCH Program. It is expected that interns will receive a score of Level (3) (or higher) on the Likert Scale for competency areas on the Mid-Year Intern Evaluation. The Final Intern Evaluation is expected to be Level (4) (or higher) on most core competencies. Evaluations will be given mid-year and end of year, unless there are notable deficits that require accelerated remediation. This evaluation schedule is designed to show a positive progression of growth and ability for all interns during their tenure.
 1. Areas of Concern:
 - a. Any competency area(s) marked as a Level (2) on the Likert Scale for the intern's Mid-Year Evaluation is an area of concern. Level (2) is the expected minimum that a potential intern candidate should be scored at prior to beginning the Intern Program. A score of Level (3) will be expected at the mid-year point, although some variation in performance is

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expected depending upon the intern's previous experience. The intern's awareness of the concerns and the need for improvement should be noted if they score a Level(3) at midpoint of the training year. Improvements may be necessary sooner if documented in supervision notes. This area will be highlighted during supervision with the intern and a plan to assist the intern in remedying the score will be made and documented. If the intern is not making progress and is not receptive to improving performance, then that area will be considered a deficit.

- b. The intern will be expected to have progressed in development to Level (4) on the Likert Scale by the end of the internship year. Any progression necessary to meet this level will be highlighted during supervision with the intern. An improvement plan may assist the intern to modify their scores, these plans should be documented. If the intern is not showing progress in advancing to a score of Level (4) for final evaluation, or is not receptive to improved performance, then the intern's performance will be considered a deficit.
2. Deficits or Problematic Behaviors in Competency Areas:
 - a. Deficit or problematic behavior is defined as any score of Level (1) on the 5-point Likert Scale. This includes any areas of the initial assessment or at any time going forward, including the Mid-Year Intern Evaluation. Any identified deficit shall be documented on the Intern Evaluation Form. The form will be completed and feedback communicated to the intern and documented appropriately. Any areas of deficit will be brought to the intern's attention and documented at the soonest opportunity. If notable deficits still exist after the intern has received documented individual supervision, a "Written Acknowledgement" will be provided. The process outlined in the "Internship Grievance" Procedure will be followed, with an evaluation every 3 months on the specified area of deficit. In the event that the deficit is not corrected, the "Doctoral Internship Grievance and Due Process" Policy #D-BM-07 will be enacted.
 3. If no notable deficits are identified through supervision and shadowing by the sixth month of internship, interns will receive written evaluations on the typical schedule of mid and final evaluation.
- C. Formal communication will be provided as a 'Verbal Warning,' on any deficits or problematic behaviors identified (1 on the 5-point Likert Scale) on the Intern Evaluation during any meeting with the Director of Internship Training or designee.
 1. Any specific training needs that are identified to correct deficits or problem areas will be provided in writing to the intern and to the home doctoral program within one week of the meeting.
 - a) Steps to correct the area/s of concern will be clearly listed along with expected timelines.
 - b) A minimum of twice monthly meetings will occur to specifically address identified areas and review progress towards goals. This is in addition to regularly scheduled supervision.
 - (1) Meetings will cease when all areas have been successfully remedied.
 - (2) Meetings will be weekly if issues persist.
 - (3) Patient care will cease if patient safety is an area of concern.

D. Major Areas of Concern (including Patient Safety):

1. Issues not resolved by using the steps above, will then be addressed by the Doctoral Internship Grievance and Due Process Policy #D-BM-07. This policy clearly states the necessary process and can also be found in the Internship Manual.

II. **EVALUATION DATA**

- A. All proximal, distal and end of year evaluation data will be collected and used to track the training program progress.

APPENDIX A:

Five-Point Likert Scale

(1) **BELOW EXPECTATIONS**

The intern is performing significantly below expectations and a remediation plan is required.

(2): **DEVELOPING**

The intern requires some direct observation while engaged in a clinical task or requires some instruction and monitoring to ensure that the task is performed and documented satisfactorily. This rating is expected of incoming interns on most core competencies.

(3): **MEETS EXPECTATIONS**

The intern has mastered most basic skills and has shown consistent professional growth. Moderate supervision is provided with less need for instruction and monitoring. This rating is expected of mid- year interns on most core competencies.

(4): **PROFICIENT/ADVANCED**

The intern's skills are more advanced and supervision is mostly consultative in nature. This rating is expected at the final end-of-the- year evaluation on most core competencies.

(5): **OUTSTANDING PERFORMANCE/PROFESSIONAL GRADE**

The intern has superior skills and has the ability to perform the tasks autonomously. This rating is the goal of postdoctoral psychologists.

COLUMBIA VALLEY COMMUNITY HEALTH

Intern Evaluation Rating Form

Intern:

Check One:

☐ Initial ☐ 3 months ☐ 6 months ☐ 9 months ☐ Final

Period Covered:

Supervisors:

Methods of Observation: _____ Discussion _____ Meetings _____ Co-therapy _____ Group _____
Shadowing _____ Seminar _____ Case Material(s) _____ Other – Specify:

Evaluation is a collaborative process designed to facilitate and pinpoint areas of strength and areas to improve. It should serve as a vehicle for change in defining goals and evaluating performance. Please complete this evaluation form evaluating your intern's skill, competence, and performance using the following rating scale:

(1): BELOW EXPECTATIONS

The intern is performing significantly below expectations and a remediation plan is required.

(2): DEVELOPING

The intern requires some direct observation while engaged in a clinical task o requires some instruction and monitoring to ensure that the task is performed and documented satisfactorily. This rating is expected of incoming interns on most core competencies.

(3): MEETS EXPECTATIONS

The intern has mastered most basic skills and has shown consistent professional growth. Moderate supervision is provided with less need for instruction and monitoring. This rating is expected of mid-year interns on most core competencies.

(4): PROFICIENT/ADVANCED

The intern's skills are more advanced and supervision is mostly consultative in nature. This rating is expected at the final end-of-the- year evaluation on most core competencies.

(5): OUTSTANDING PERFORMANCE/PROFESSIONAL GRADE

The intern has superior skills and has the ability to perform the tasks autonomously. This rating is the goal of postdoctoral psychologists.

N/A: NOT APPLICABLE

Task is not applicable or there has been no opportunity to evaluate the task.

Assessment, Diagnosis and Consultation						
Accurately perceives, identifies, and clarifies nature of patient's presenting problem (e.g., makes appropriate diagnoses).	1	2	3	4	5	NA
Effectively conducts diagnostic and intake interviews.	1	2	3	4	5	NA
Is able to integrate information from multiple sources of information.	1	2	3	4	5	NA
Is able to demonstrate proficiency with regard to the administration, scoring, and interpretation of psychological test data.	1	2	3	4	5	NA
Communicates an in-depth understanding of the patient's situation both verbally and in written psychological reports.	1	2	3	4	5	NA
Integrates assessment results with therapy process	1	2	3	4	5	NA
Demonstrates proficiency in interpreting psychological assessment data to patient.	1	2	3	4	5	NA
Consults appropriately with supervisors on cases, treatment planning, or other issues.	1	2	3	4	5	NA
Consults appropriately with medical providers, medical staff and outside agencies on cases, treatment planning, or other issues.	1	2	3	4	5	NA
Able to describe common models of clinical supervision.	1	2	3	4	5	NA
Overall Assessment, Diagnosis, and Consultation Rating	1	2	3	4	5	NA
Intervention and Treatment						
Is able to develop and initiate a treatment plan.	1	2	3	4	5	NA
Assures that the treatment plan is carried out with fidelity.	1	2	3	4	5	NA
Is able to develop rapport and a therapeutic alliance with the patient.	1	2	3	4	5	NA
Is able to manage transference and counter-transference issues.	1	2	3	4	5	NA
Is able to work effectively with the patient toward the resolution of presenting problems / issues.	1	2	3	4	5	NA
Demonstrates an understanding and knowledge of empirically supported therapeutic approaches for specific mental disorders.	1	2	3	4	5	NA
Demonstrates familiarity with empirical findings concerning the efficacy of psychotherapy.	1	2	3	4	5	NA
Is resourceful and flexible in implementing intervention(s).	1	2	3	4	5	NA
Was able to serve as an effective group leader or co-leader.	1	2	3	4	5	NA
Was able to address practical concerns and issues that arose during the course of group therapy	1	2	3	4	5	NA
Overall Intervention and Treatment Rating	1	2	3	4	5	NA
Professional and Ethical Behavior						
Demonstrates a working knowledge of and adheres to APA ethical guidelines.	1	2	3	4	5	NA
Demonstrates a working knowledge of and adheres to WA State laws that pertain to psychologists / psychology interns.	1	2	3	4	5	NA
Demonstrates appropriate professional demeanor and behavior (i.e., professional boundaries).	1	2	3	4	5	NA
Is aware of professional limitations and the need for consultation.	1	2	3	4	5	NA
Completes commitments in a prompt and professional manner.	1	2	3	4	5	NA

Able to maintain professionalism despite personal issues.	1	2	3	4	5	NA
Overall Professional and Ethnical Behavior Rating	1	2	3	4	5	NA
Cultural Diversity						
Demonstrates awareness and respect for differences in under-represented populations (i.e., ethnic minorities, gender issues, age, disability, sexual orientation, low-SES, etc.).	1	2	3	4	5	NA
Understands how these differences impact the patient's view of counseling / therapy and adjusts interventions accordingly.	1	2	3	4	5	NA
Demonstrates familiarity with empirical findings pertaining to diversity issues in assessment and diagnosis.	1	2	3	4	5	NA
Demonstrates familiarity with empirical findings pertaining to diversity issues in interventions and treatment.	1	2	3	4	5	NA
Demonstrates cultural sensitivity in case presentations.	1	2	3	4	5	NA
Overall Cultural Diversity Rating	1	2	3	4	5	NA
Scholarly Inquiry and Application of Scientific Knowledge						
Demonstrates interest in the consumption and assimilation of research findings relevant to the practice of psychology.	1	2	3	4	5	NA
Demonstrates awareness of current empirical studies in major professional practice journals.	1	2	3	4	5	NA
Demonstrates competency in critical review of relevant scholarly literature.	1	2	3	4	5	NA
Demonstrates understanding of PDSA model and how it applies to the training site.	1	2	3	4	5	NA
Overall Scholarly Inquiry and Application of Scientific Knowledge Rating	1	2	3	4	5	NA

SUMMARY RATING:

Please indicate by circling the corresponding number, which statement best represents this intern's overall rating based on your competency indicator ratings above:

1: BELOW EXPECTATIONS

2: DEVELOPING

3: MEETS EXPECTATIONS

4: PROFICIENT/ADVANCED

5: OUTSTANDING PERFORMANCE/PROFESSIONAL GRADE

Strengths:

Growth Opportunities:

Recommendations:

Dominika Breedlove, Psy.D.
Behavioral Medicine Consultant
Director of Training

Misha L. Whitfield, Psy.D.
Behavioral Medicine Consultant
Clinical Supervisor

<u>INTERN'S COMMENTS:</u>

Intern's Signature & Date: _____

Supervisor Evaluation

Supervisor's Name: _____ **Primary** _____ **Secondary** _____

Intern Name: _____ **Date:** _____

Please complete questionnaire evaluating supervisor's skill and performance using the following rating scale: (1) Poor (2) Fair, (3) Average, (4) Very Good, (5) Outstanding, (NA) Not Applicable.

	Poor	Fair	Average	Very Good	Outstanding	NA
Procedure, Format, Effort						
Used supervision time productively	1	2	3	4	5	NA
Knowledge of internship policies, procedures and requirements	1	2	3	4	5	NA
Kept regular appointments	1	2	3	4	5	NA
Maintained accessibility for questions and discussions	1	2	3	4	5	NA
Kept informed on case presentations	1	2	3	4	5	NA
Set clear supervision objectives and intern responsibilities	1	2	3	4	5	NA
Used effective aids in supervision	1	2	3	4	5	NA
Provided feedback on professional performance and development	1	2	3	4	5	NA
Maintained reasonable expectations for intern's development throughout the program	1	2	3	4	5	NA
Assessment/Treatment Skills						
Assisted in conceptualization and clarification of client issues	1	2	3	4	5	NA
Assisted in development of concrete short/long range goals	1	2	3	4	5	NA
Assisted in selection of appropriate assessment/intervention strategies	1	2	3	4	5	NA
Recommended alternative clinical perspectives	1	2	3	4	5	NA
Recommended appropriate readings and other resources	1	2	3	4	5	NA
Provided guidance in development of professional relationships	1	2	3	4	5	NA
Provided guidance in development of adequate skills to generate meaningful reports and case notes	1	2	3	4	5	NA
Provided guidance in development of adequate skills to evaluate treatment outcomes	1	2	3	4	5	NA
Provided assistance in learning referral and termination procedures	1	2	3	4	5	N/A

	Poor	Fair	Average	Very Good	Outstanding	NA
Supervisory Relationship						
Created environment offering freedom to make mistakes	1	2	3	4	5	NA
Provided ongoing feedback	1	2	3	4	5	NA
Provided easily acceptable feedback	1	2	3	4	5	NA
Challenged intern to expand counseling/therapy skills	1	2	3	4	5	NA
Respected intern as an emerging professional	1	2	3	4	5	NA
Exhibited commitment to intern's training	1	2	3	4	5	NA
Exhibited characteristics of an excellent role model	1	2	3	4	5	NA
Accurately conceptualized intern's strengths and developmental needs as an emerging psychologist	1	2	3	4	5	NA
Communicated evaluation of intern's skills in a direct manner	1	2	3	4	5	NA

General Comments

1. What did you most enjoy about the supervision you received?

2. What did you least enjoy about the supervision you received?

3. What suggestions do you have for further improving supervision on this training activity?

CVCH Behavioral Medicine Department
Psychology Internship Follow-Up Survey

CONTACT INFORMATION

Name:

Date:

Mailing Address:

Email Address:

TELEPHONE (Work): (Home)
:

EDUCATION

Highest Degree Earned:

Date Conferred:

Institution Awarding Degree:

Current Education Status (Check One):

☐

Program completed

☐

Currently enrolled in graduate program

☐

Left graduate program without completing terminal degree

☐

Other (specify):

EMPLOYMENT HISTORY

What was your first post-internship employment setting? (please use employment codes on page 4 - for example, "6 – general hospital")

What was your first job title?

Are you currently employed in the field of psychology? Yes ☐ no ☐

If yes, what is your current employment setting? (please use employment setting codes on page 4, e.g., "6- general hospital"):

Title of present position:

If not employed in the field of psychology, please describe how you are devoting your time:

LICENSURE STATUS

Are you currently licensed? Yes ☐ No ☐

If yes: When did you receive your license?

Which state(s) are you licensed in?

Have you had any complaints to the licensing board? Yes ☐ No ☐

If yes, please explain and provide the outcome:

If not licensed, what is your plan regarding licensure?

PROFESSIONAL CHARACTERISTICS/QUALITIES

Did you complete a postdoctoral fellowship?

Yes ☐ No ☐

Do you hold a membership in a professional psychological organization (e.g., APA)?

Yes ☐ No ☐

Please list any professional achievements (e.g., fellow status, diplomat, leadership position, etc.).

Have you presented at a professional conference since you finished internship?

Yes ☐ No ☐

Have you authored or co-authored a journal article, book chapter since you finished internship?

Yes ☐ No ☐

Do you currently provide clinical supervision?

Yes ☐ No ☐

Do you use evidence-based practice in your work setting?

Yes ☐ No ☐

INTERNSHIP EVALUATION

Please rank your overall satisfaction with your internship at the CVCH Behavioral Medicine Department by marking one of the categories below:

- | | |
|-----------------------|--------------------------|
| Very satisfied | <input type="checkbox"/> |
| Somewhat satisfied | <input type="checkbox"/> |
| Neutral/Unsure | <input type="checkbox"/> |
| Somewhat dissatisfied | <input type="checkbox"/> |
| Very dissatisfied | <input type="checkbox"/> |

The internship has identified twenty competency areas for interns during the internship. The program would like your input to determine how successful it was in each of these competency areas and also how important these areas are in your work as a psychologist.

Rating key:

- | | |
|------------------------|---------------------------------------|
| 5: Highly Successful | 5: Highly Important |
| 4: Mildly Successful | 4: Mildly Important |
| 3: Neutral | 3: Neutral |
| 2: Mildly Unsuccessful | 2: Mildly Unimportant |
| 1: Highly Unsuccessful | 1: Useless to the field of Psychology |

	Program Met Goal	Importance of Goal for Psychologists
GOAL 1: Assessment, Diagnosis, and Consultation Competencies		
Knowledge and skills in clinical interviewing which includes safety assessment and contingency planning.		
Knowledge and skills in test selection and administration.		
Knowledge and skills in clinical interpretation of interview and test data.		
Ability to formulate accurate diagnoses.		
Ability to communicate assessment findings and recommendations in a written format.		
GOAL 2: Competency in Intervention, Treatment, and Therapy		
Ability to appropriately conceptualize cases and develop intervention plans specific to patient needs.		
Ability to develop good rapport with a variety of patients, collaboratively plan treatment goals, and address safety issues.		
Ability to effectively apply a variety of interventions that are effective and consistent with empirically supported treatments.		
Ability to evaluate treatment progress and terminate therapeutic interventions when appropriate.		
Ability to appropriately facilitate group therapy interventions.		
GOALS 3 & 4: Foundational Ethical & Multicultural Competencies		
Adherence to professional values and a concern for the welfare of others.		
Knowledge and application of ethical principles.		
Professional and appropriate interaction with treatment teams, peers and supervisors.		
Responsible performance of key patient care tasks which includes producing timely and high quality work.		

Management of personal and professional stressors such that professional functioning is maintained.		
Maintains awareness and sensitivity to diversity issues and individual differences.		
GOAL 5: Specialty Skill & Scholarly Practice		
Is able to critically analyze research and apply it appropriately to clinical practice.		
Knowledge and skills of consultation.		
Knowledge and skills of program evaluation.		
Knowledge and skills of providing supervision.		
OTHER FEEDBACK		
Areas of Strength of Training Program:		
Areas of Weakness/Recommendations for the Training Program:		
Areas of Weakness/Recommendations for the Training Program:		

Thank you for taking the time to complete this survey!

Employment Setting Codes

- | | |
|------------------------------------|--|
| 1. Community Mental Health Center | 13. Academic Teaching Position |
| 2. Health Maintenance Organization | 13a. Doctoral program |
| 3. Medical Center | 13b. Master's program |
| 4. Military Medical Center | 13c. 4-year College |
| 5. Private General Hospital | 13d. Community/2 yr. College |
| 6. General Hospital | 13e. Adjunct professor |
| 7. Veterans Affairs Medical Center | 14. Independent Practice |
| 8. Private Psychiatric Hospital | 15. Academic Non-Teaching Position |
| 9. State/County Hospital | 16. Medical School |
| 10. Correctional Facility | 33. Other (e.g., consulting), please specify |
| 11. School District/System | 44. Student |
| 12. University Counseling Center | 99. Not currently employed |

CVCH Internship Activity Log

Columbia Valley Community Health (CVCH)				Pre-Doctoral Internship Activity Log						
Intern's Name:				Week of: _____ Week #1						
Location of Work/Supervision: BMed Wenatchee, Chelan, CWH				Semester/Year:						
Primary Supervisor: Dominika Breedlove, Psy.D. (License #: PY60489515)				Secondary Supervisor: Misha Whitfield, Psy.D. (License #: PY60323429)						
Internship Weekly Log										
For each activity listed, enter total number of hours engaged in that activity each day. For special activities (i.e. seminars, workshops), list the title as well as the hours spent.										
PROFESSIONAL SERVICES PERFORMED		MON	TUE	WED	THUR	FRI	SAT	SUN	WEEKLY TOTAL	CUMULATIVE TOTAL
Face-to-Face	Date									
	Individual Therapy								0	0
	Couples Therapy								0	0
	Family Therapy								0	0
	Group Therapy								0	0
	Intakes								0	0
	Integrated Visits								0	0
	Evaluations (e.g., Pain Evaluations)								0	0
	Bio feedback								0	0
	Psychological Testing								0	0
	Hospital Consultations								0	0
	Other:								0	0
	CUMULATIVE FACE-TO-FACE HOURS		0	0	0	0	0	0	0	0
Supervision	Date									
	Individual Supervision (Primary)								0	0
	Individual Supervision (Secondary)								0	0
	Group Supervision								0	0
	Other:								0	0
CUMULATIVE SUPERVISION HOURS		0	0	0	0	0	0	0	0	0
Training	Date									
	Didactic Seminars								0	0
	Other:								0	0
CUMULATIVE TRAINING HOURS		0	0	0	0	0	0	0	0	0
Support Activities	Date									
	Staff Meetings								0	0
	Administrative Duties (e.g., charting)								0	0
	Consultation with Providers								0	0
	Peer Supervision								0	0
	Preparing for Presentations								0	0
	Scoring Tests and Report Writing								0	0
	Research								0	0
	Other:								0	0
	CUMULATIVE SUPPORT HOURS		0	0	0	0	0	0	0	0
DAILY/WEEKLY TOTALS OF ALL HOURS		0	0	0	0	0	0	0	0	0
Primary Supervisor's Signature		Date	Secondary Supervisor's Signature			Date	Intern's Signature		Date	

REGULARLY SCHEDULED TRAINING ACTIVITIES

Time	Monday	Tuesday	Wednesday	Thursday	Friday
7:00			Provider Meeting		
7:30			(Every other week)		
8:00					
8:30				Secondary Individual Supervision	Individual Supervision w/Dr. Whitfield (Intern #2)
9:00	Group Supervision	Didactics	BMed Staff Meeting (Once a month) or	w/Postdoctoral Fellow (Interns alternate weeks)	
9:30			Internship Meeting		
10:00			(Once a month)		
10:30					
11:00		Individual Supervision w/Dr. Breedlove (Intern #1)	Testing Meeting		
11:30					
12:00					
12:30					
1:00					Individual Supervision w/Dr. Whitfield (Intern #1)
1:30					
2:00		BMed Case Consultation			
2:30					
3:00		Individual Supervision w/Dr. Breedlove (Intern #2)			
3:30					
4:00					

INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

Internship Program Admissions

Columbia Valley Community Health pre-doctoral internship program offers an in-depth training experience in clinical psychology and health psychology services at a community medical center, a Patient-Centered Medical Home which utilizes the Integrated Primary Care Model. Prior academic and/or clinical experience in health psychology or a medical setting is desirable but is *not* required to apply to our program. We welcome applications from candidates who are interested in training opportunities and professional practice in the following areas: Integrated healthcare, health psychology, multidisciplinary consultation, chronic illness management, cultural diversity and work with underserved populations, and trauma-informed care. To apply, please follow the APPIC guidelines of submitting information via the APPIC Portal for our training site.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If yes, indicate how many

Total Direct Contact Intervention Hours ☒ **No** ☐ **Yes** **Amount:**

Total Direct Contact Assessment Hours ☒ **No** ☐ **Yes** **Amount:**

Describe any other required minimum criteria used to screen applicants:

All candidates that will be considered must have a Master's degree in psychology, mental health counseling, social work, marriage and family therapy, or another related field and must be eligible for Master's level licensure in Washington State as a **Licensed Mental Health Counselor (LMHC)**, **Licensed Advanced Social Worker (LASW)**, **Licensed Independent Clinical Social Worker (LICSW)**, or **Licensed Marriage and Family Therapist (LMFT)**. This generally requires 3,000 hours of post-Master's degree supervised experience or 3 years of full-time work experience. In order to apply with us, you only need to be **license-eligible** by the time you match with our program. If you match with us, our agency will provide extensive support in obtaining the required licensure.

See the DOH Mental Health Professions website for more details:

<http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/MentalHealthProfessions>

<http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/MentalHealthProfessions/FrequentlyAskedQuestions>

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	\$29,120	
Annual Stipend/Salary for Part-time Interns	n/a	
Program provides access to medical insurance for interns?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
If access to medical insurance is provided:		
Trainee contribution to cost required?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Coverage of family member(s) available?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Coverage of legally married partner available?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Coverage of domestic partner available?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	120	
Hours of Annual Paid Sick Leave	0 (included in PTO)	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes

Other Benefits (please describe):

CVCH Covers the following benefits at 100% (employee only):

Dental insurance
Vision (Part of Medical plan)
Long Term Disability
Group Term Life
Accidental Death and Dismemberment (AD&D)
Health Reimbursement Account (HRA)
Gym membership

Voluntary Benefits:

403(b) Retirement Plan
Supplemental Life (Employee, Spouse, & Child)
Voluntary AD&D,
Flex Plan for Medical and Dependent Care
Cell Phone Discounts
Licensing fees/renewal fee reimbursement

Initial Post-Internship Positions

(previous 3 cohorts)

2013-2016

Total number of interns who were in the 3 cohorts	6		
Total number of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1		
Community mental health center	PD:	EP:	1
Federally qualified health center	PD:	2	EP: 1
Independent primary care facility/clinic	PD:	EP:	
University counseling center	PD:	EP:	
Veterans Affairs medical center	PD:	EP:	
Military health center	PD:	EP:	
Academic health center	PD:	EP:	
Other medical center or hospital	PD:	1	EP:
Psychiatric hospital	PD:	EP:	
Academic university/department	PD:	EP:	
Community college or other teaching setting	PD:	EP:	
Independent research institution	PD:	EP:	
Correctional facility	PD:	EP:	
School district/system	PD:	EP:	
Independent practice setting	PD:	EP:	
Not currently employed	PD:	EP:	
Changed to another field	PD:	EP:	
Other	PD:	EP:	
Unknown	PD:	EP:	

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position.

Comments from Past Interns



Joshua Ventura, LMHC

Ph.D. – Biola University, La Mirada, CA

Doctoral Intern: 2015 -2016

After having completed a one-year pre-doctoral internship with CVCH, I am able to say that I have gained perspective and appreciation for aspects of my patients' experience that I previously left untouched. The integrated model has helped me to fill in my understanding of the biopsychosocial approach to treatment and apply interventions that focus on a wide breadth of needs. Several of the highlights of the program include its emphasis on understanding the impact of medical comorbidities on psychological health, psychopharmacology, and a brief model of care alongside primary care physicians in a primary care setting.

I am deeply appreciative to have had this experience and much more appreciative for the support that I received from Dr. Breedlove and Dr. Whitfield. Their passion, humor, and mentorship will not be forgotten; neither will the "tinga" provided by support staff.



Christine Wineberg, LMHC

Psy.D. – Immaculata University

Doctoral Intern: 2015-2016

My year as a pre-doctoral intern at CVCH was an incredible opportunity to internalize the integrated behavioral medicine model and develop my skills as a consultant in a primary care setting. I fell in love with the diverse opportunities presented in a family practice clinic which serves patients across the lifespan and found working alongside providers with so many areas of expertise invigorating. The integrated model is well established here and there is a robust commitment to training. This commitment is communicated and practiced by the administration, providers and all staff and created a supportive environment that remained steady throughout the year.

This year was also a tremendous personal growth opportunity. I was challenged to develop my personal therapeutic style, research and teach about my areas of interest, and integrate aspects of diversity theory and cultural competency in practical ways. I set a personal goal to fine tune my assessment and report writing skills and to integrate assessment into treatment.

Moving from an urban, east coast environment I was initially unsure about making Wenatchee my home for the year, but I quickly found the community to be very welcoming and the beautiful surroundings beyond comparison.



Nyssa Petersen-Ventura, Ph.D., LMHC

Ph.D. – Biola University, La Mirada, CA

Doctoral Intern: 2014 -2015

My year as a Behavioral Medicine intern was a valuable time of professional and personal growth. I enjoyed being immersed in the primary care setting and experiencing what it was like to work in a multidisciplinary team to provide patients with holistic, integrated mind-body approach care. In this setting I had the opportunity to work with a variety of age groups and presenting problems including ADHD, binge-eating, bipolar, cultural adjustment, dementia, PTSD, schizophrenia, somatic symptom, substance abuse, and many more. I also enjoyed getting more exposure to the Hispanic population and learning how to do therapy with a translator.

Dr. Breedlove and Dr. Whitfield are very supportive supervisors and make themselves available at any time needed. They provide excellent training in integrated behavioral care and show you from their examples that there is not just one way to do the integrated model. They help you to develop a personal style that works for you within the integrated model. For me, the biggest adjustment at first was learning to fit a traditional 45-minute therapy session into 30-minutes, but it turned out to be very do-able and more rewarding than I originally thought it would be. I was surprised that the integrated model included long-term patients that I was able to see for the whole year along with patients that I did more brief therapy with.

The internship was an excellent experience learning to work alongside the medical and specialty providers and learn from their training as well. There are opportunities to pursue areas of personal interest in the clinic. I enjoyed getting involved in a children's weight management group with the Diabetes and Nutrition department and participate in research. Overall, I feel that the experience I have gained through the CVCH doctoral internship program has provided me with a strong foundation to work in any setting I choose in the future.



Tiffany Washa, LMHC

Psy.D. – Saybrook University

Doctoral Intern: 2014 -2015

Completing the pre-doctoral internship program with the Behavioral Medicine (BMed) department at CVCH was everything I had hoped for in applying for an internship in an integrated health setting. Coming into the internship, I had a growing interest in holistic models of health and I arrived eager to learn more about the connection between mind and body in shaping health and functioning. Over the course of the internship year, I gained invaluable knowledge in a range of areas as diverse as the clinical population with which I worked. I particularly enjoyed the didactic trainings, which covered an array of interesting topics that are chosen in accordance with the interns' input and interests. I also enjoyed the dynamic environment of BMed; a typical day as a BMed intern is comprised of a variety of activities, ranging from crisis management and integrated visits with medical professionals, to scheduled and walk-in therapy sessions, to running

a pain management or DBT group, from administering standardized psychological assessments to participating in didactic training sessions or group supervision. The opportunities for learning are virtually limitless as a BMed intern.

Clinically, the internship program affords the opportunity to work with a diverse population of clients presenting with a wide range of complex medical and mental health issues in a fast-paced setting. The level and quality of supervision I received as a BMed intern allowed me to navigate these challenges while helping others and growing professionally along the way. The diversity of the experiences afforded within this integrated health setting, the supportive environment of multidisciplinary professionals who are consistently available for consultation, and the high quality of supervision provided to BMed interns converge to provide a clinical training opportunity like no other.



Jared Cozen, LMFT

Psy.D. - James Madison University, Harrisonburg, VA

Doctoral Intern: 2013-2014

The doctoral psychology internship at Columbia Valley Community Health was a great opportunity to work with an extraordinarily wide range of presenting issues including psychosis, substance abuse, conversion disorder, trauma, OCD, chronic pain, anxiety, grief, depression in addition to co-occurring disorders such as cancer, traumatic brain injury, and renal disease. My patients included both middle class professionals and migrant farm workers across the life span from 8 years of age to people coping with end of life issues. There is also a strong social justice component to the work as I learned to more effectively advocate for my patients' basic rights and needs.

As my first exposure to Behavioral Medicine, my greatest challenge was learning how to squeeze my previous 50 minute hour into 20 minute sessions in which I had to simultaneously provide crisis intervention, safety assessments, diagnostic evaluations, treatment plans, and recommendations to both patients and their medical providers. However, the supervision was superb. My director and secondary supervisor were available for guidance and consultation at any time of the day. I was welcomed into both the Behavioral Medicine Department and the different medical teams as a colleague whose recommendations were sought and respected. If you're a flexible, adventurous, team oriented person who likes a fast paced environment and is interested in the Integrated Behavioral Health Care Model I highly recommend this training program.



Adriana Marti, LMHC

PsyD - Carlos Albizu University, Miami, FL

Doctoral Intern: 2013-2014

Completing my internship at Columbia Valley Community Health (CVCH) has been a remarkable journey. I remember that back when I was applying to internships, my professors would emphasize that I needed to apply to a site that was going to be a “good fit” for me. I did not know what they meant until I got to CVCH. From the moment I stepped into the clinic I felt welcomed by providers, staff and management. From the medical assistants, to janitorial, to PA’s, to MD’s and to the CEO everyone greeted me with a genuine smile on their faces which made me feel right at home. I was even more surprised when both of my supervisors, Dr. Rickard and Dr. Rea, were not only approachable but treated me as a provider while mentoring me all the way through my transition. Moreover, I have to say that one of the things that I enjoyed the most about this site was the population. This was my first time working with the migrant workers and I have to admit that it has been extremely rewarding. After completing my year at CVCH I can truly say that I know now the definition of having a “good fit”. My internship was everything I wished for and even more and for that I will be forever thankful.



Mussarat Khan, PsyD

CA School of Professional Psychology, Alliant International University, Sacramento, CA

Doctoral Intern: 2012-2013

The integrated model of behavioral medicine has allowed me to serve a highly underserved population within a multidisciplinary team. Working within a framework where primary care providers are easily accessible for continuity of care has been a great experience. Dr. Rickard and Dr. Rea have provided invaluable guidance in both clinical practice and psycho-pharmacological approaches. I have learned more about evaluation and assessment than any prior years of practice. Health psychology has always been an interest of mine and this model is a great example to how psychologist could contribute to an individual’s wellbeing.



Laurie Dickstein-Fischer, PhD

Northeastern University, Boston, MA

Doctoral Intern: 2012-2013

I've grown both personally and professionally during my internship year in the Behavioral Medicine Department at CVCH. I've been privileged to work with a wonderful group of medical professional and assistants within a primary care setting. From the beginning, I felt that everyone was warm and welcomed me with open arms.

The training year has provided me with insight into health psychology and working within the complexities of an integrated primary care setting. I have appreciated being part of a multidisciplinary team and using brief modalities to address a wide range of diagnosis and presenting problems. Working at CVCH has also allowed me to gain valuable multicultural competencies within the Hispanic and migrant population. A huge benefit of the internship experience is the opportunity to participate in biweekly medical provider meetings. The meetings provide a systems and ecological perspective to health care and innovations in medicine which is crucial to patient care and psychological indices of well-being. The meeting also allow for a true integration of care between medical providers and psychologists.

My training year would not have been complete without the support of my remarkable supervisors. Both Dr. Rickard and Dr. Rea are supportive of my personal and professional growth and provided a nurturing environment to transition into an early career psychologist. Their doors were always open for an impromptu consultation or just to touch base. My supervisors have also treated me as a professional and allow me to be fairly autonomous and have provided mentorship and guidance. I have truly looked up to my supervisors and see them as role models for this wonderful profession.

My year at CVCH has provided me with a unique learning experience filled with challenges and wonderful rewards. Some days can feel challenging, but I have also felt supported from the marvelous support staff, colleagues, and fellow intern. I have met the most incredible people this year from all walks of life and I consider my year at CVCH an incredible gift! CVCH have exceeded my expectations and I will be forever grateful.



Anna Charbonneau, LMHC, PhD

Seattle Pacific University, WA

Doctoral Intern: 2011-2012

Completing my internship at Columbia Valley Community Health within the Behavioral Medicine Department has been both extremely challenging and rewarding. The fast pace of our work in primary care as well as the broad range of presenting issues is one of the most challenging aspects of being an intern at this site. This is a tremendous opportunity for clinical training. Having completed my internship here has allowed me to develop competency working with a very wide range of clients of all ages, ethnicities, and clinical presentations. For example, a typical day as interns at this site includes working with a Hispanic family struggling with child behavior issues, completing an adult's substance use evaluation, handling a patient coming in with a crisis, teaching an anxious patient relaxation skill, consulting with primary care physicians, and teaching a pain management group.

These tremendous challenges are more than balanced by the quality of the training provided here. The training, support, and supervision have been excellent. Dr. Rickard and Dr. Rea are available at all times for consultation and training.

Didactics and supervision are always on schedule, and extra time for consultation is consistently available. The supervisors at this site have pushed me consistently to develop clinical excellence, and have given me guidance and encouragement each step of the way.

There are two other important benefits to internship here that may not be immediately apparent. First, this site pays for you to obtain licensure at the Master's level and will also do the work of credentialing you with many insurance companies. This alone makes you highly qualified for many post-doctoral positions. In Washington State, a post-doctoral position is not required, so having licensure at the Master's level provides you with the opportunity to start your career immediately if you choose to do so.

Second, Columbia Valley Community Health is a leader in the Medical Home Model. It was the first institution in this region to receive Joint Commission accreditation as a Certified Medical Home. Dr. Rickard, along with several other physicians at this site, is often invited as guest speakers and trainers to help coach others in developing this model. This clinic is a leader in the Medical Home Model, and will prepare you well for a career in the medical home.

The work is demanding, challenging, and at times exhausting, but also extremely rewarding. Having completed my internship here I can say with confidence that I am well prepared to handle most challenges as I begin my doctoral career.



Paula Sigafus, LMHC, PhD

California School of Professional Psychology

Doctoral Intern: 2011 - 2012

My internship year at CVCH challenged my clinical skills and provided training in the integrated model of Behavioral Medicine. It is an intense environment that requires you to see many patients in a short period of time, as the brief model of psychotherapy is the most frequently utilized intervention. Along with a fluctuating therapy caseload, consultations with providers happen frequently throughout the day.

Patients range from young children to seniors with a variety of psychological issues. This variety extends from patients with complex clinical issues to those who have never had any sort of psychological treatment. The intern's role can range from completing pain evaluations and pain management groups, to substance abuse evaluations and case management activities to maintaining continuity of care.

I observed the variety of ways organic etiology, medications and a variety of psychosocial issues can combine to affect clinical presentations. As an intern, you will work closely with a variety of providers in the medical home environment to address the wide range biopsychosocial issues. Supervisors are always available for consultation and the staff and other providers are supportive and encouraging. The internship year challenged me personally and clinically and above all is a good learning opportunity in Behavioral Medicine.



Misha Whitfield, LMHC, PsyD

Argosy-Washington School of Professional Psychology, WA

Doctoral Intern: 2010-2011

I chose to come to Columbia Valley Community Health because of the extensive biopsychosocial training provided. As a clinician, I was trained to see individuals through this lens; however I never really knew what it meant to see the "whole" person until this internship site. CVCH's integrative model has given me the opportunity to work collaboratively with physicians, psychiatric nurse practitioners, and psychologists thus giving patients the comprehensive care they need and desire. I am gaining an understanding of the different organic issues that may be contributing to psychiatric symptoms, lab results, and how medications could exacerbate psychiatric symptoms. In the short amount of time at CVCH, I have already learned more than I could have ever imagined. Yet, there is still so much more to learn. Every day here is fast paced and full of ambiguity. I never know what my day will consist of and it is never boring. One of the most important aspects of an internship site for me includes supportive staff members and continual learning experiences. There is an open door policy here thus whenever I feel "stuck" I always have someone to consult with. I am consistently challenged and have grown both professionally and personally during my time here. CVCH has exceeded my expectations and for the first time in my clinical and educational endeavors, I have finally found my niche in this field.



Laura Sisson, MA, PhD

Forest Institute-School of Professional Psychology, MO

Doctoral Intern: 2010-2011

I came to Columbia Valley Community Health because I wanted intensive training in a working integrated model; I want to work where physicians and psychologists collaborate to provide comprehensive care for patients. I was prepared for a fast-paced environment with a wide range of responsibilities, and that's exactly what I got: from children to geriatrics, individual therapy and groups, conceptualizing with physicians and explaining diagnoses to patients. I never know what my day is going to look like when I get to the office in the morning. It's challenging, that's for sure, and the learning curve is steep, but it drives me to grow clinically and professionally. Many patients I see in the clinic have never sought psychological treatment before, so cases can be complex and convoluted. Not only that, I serve as an ambassador for my profession and help assuage any stigma related to seeking treatment for future referrals. Taking on so many responsibilities can be a complicated undertaking that requires delicate balance. Fortunately, I have a network of support. I work with nurses, assistants, and supervisors who are invested in the training process. Someone is almost always available for friendly support and encouragement. I find myself surrounded by people of integrity who challenge me to expand, but never cross, my professional competency. Out of all my experiences at CVCH, that's what I value most of all.