

Doctoral Internship in Health Service Psychology

Internship Manual 2021-2022



***Columbia Valley Community Health (CVCH)
Wenatchee: Medical, Dental, and Behavioral***



***CVCH Chelan:
Medical, Dental, and Behavioral***



***CVCH East Wenatchee:
Medical and Express Care***



Introduction to Doctoral Internship Program in Health Service Psychology at Columbia Valley Community Health (CVCH) - Welcome

Dear Prospective Intern:

Welcome to the Internship Manual for the APA-accredited Doctoral Internship program in Health Service Psychology at **Columbia Valley Community Health (CVCH) in Wenatchee, WA**. Our program offers an in-depth training and applied clinical experience within an integrated primary care/ community health center setting in the beautiful North Central Washington state. With emphases on support and flexibility, our objective is to provide a stimulating learning environment in which interns hone their clinical and scholarly skills and acquire expertise that allows them to work in a variety of professional settings after graduation.

The overall goal of CVCH's Doctoral Internship is to provide broad-based, generalist training in nine different profession-wide competencies that are supportive of our model of integrated healthcare in a community health setting that provides a broad spectrum of mental health services that ranges from prevention, consultation, brief therapy, as well as long-term therapy, and assessment and psychological testing. The program highlights and areas of focus include the following:

- Biopsychosocial-spiritual clinical framework anchored in trauma-informed care;
- Consultation with medical providers and interdisciplinary functioning within the integrated primary care/community healthcare setting;
- Brief intervention as well as long-term therapy for individuals, couples, families, and groups of all ages and from diverse backgrounds (with special emphasis on populations that are rural, underserved, and frequently marginalized, with high incidence of trauma and PTSD, and/or facing complex health disparities);
- Many of our patients are monolingual Spanish-speaking (we provide interpretation services). For over 40 years, CVCH has served the low-income, uninsured, and migrant and seasonal farm worker populations of North Central Washington State as its target population.
- Acute and chronic illness management for a variety of frequently comorbid medical and behavioral health conditions, such as chronic pain, diabetes, trauma/PTSD, dual diagnoses, and many others;
- Special emphasis on crisis management skills, psychopharmacology, applied assessment, and cultural humility, and working with marginalized and underserved populations.

The internship begins in the last week of July each year and runs for 12 months/52 weeks. The current stipend is \$34,715. Interns receive **three weeks of paid time off** (PTO) and are eligible for benefits, such as dental insurance, medical insurance, and disability insurance. 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 at that Associate-level or above. 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:

[WA Department of Health Behavioral Health Professions](#)

[Frequently Asked Questions](#)



We know how anxiety-provoking the application and interview process is, and so we strive to make it as stress-free as possible. Do not hesitate to reach out to us with questions or comments. We look forward to hearing from you.

Best Wishes,

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IMPORTANT REMINDER:

Doctoral Internship in Health Service Psychology at Columbia Valley Community Health is accredited by the American Psychological Association (APA) Commission on Accreditation.

Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation

American Psychological Association

750 1st Street, NE, Washington, DC 20002

Phone: 202-336-5979

E-mail: apaaccred@apa.org

Website: www.apa.org/ed/accreditation



ABOUT US

WHO WE ARE

Columbia Valley Community Health (CVCH) is a non-profit Federally Qualified Health Center (FQHC) providing quality healthcare to families and individuals of all ages, regardless of ability to pay. We offer an array of comprehensive services, including primary care services for patients and families of all ages from prenatal care to geriatrics, behavioral health, outreach, dental, diabetes and nutrition, midwifery, pharmacy, WIC, lab and radiology, and walk-in/urgent care services at multiple sites in our two-county catchment area in North Central Washington State. In April 2012, CVCH was one of 18 organizations in the country, and the first in the Pacific Northwest, to achieve the Joint Commission's Primary Care Medical Home certification. The medical home is best described as a model or approach to primary care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety (as defined by the Agency for Healthcare Research and Quality (AHRQ)).

PATIENT POPULATION

For over 40 years, CVCH has served the low-income, uninsured, and migrant and seasonal farm worker populations of North Central Washington State as its target population.

MISSION STATEMENT

Partnering to achieve optimal health and wellness with compassion and respect for all.

VISION STATEMENT

CVCH is a valued and sustainable community partner providing high quality, integrated, innovative and barrier-free healthcare. We practice and model healthful living and provide an environment where patients and employees feel inspired, welcomed, supported and respected.

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 (CVCH), and services were expanded to include full-time providers and professional facilities. CVCH did not stop there, but it has continued to grow exponentially by adding multiple new locations over time. CVCH takes great pride in their beautiful and state-of-the-art facilities, which have been renovated a number of times. CVCH currently provides a wide spectrum of services at nine different locations, including medical, dental, behavioral health, midwifery, pharmacy, Women and Children (WIC), lab and radiology, walk-in/urgent care, and outreach services to all residents of Chelan and Douglas counties in North Central Washington. It also provides mobile primary care clinic services with the Mobile Connect Clinic. Columbia Valley Community Health continues to be one of the regional leaders in integrated primary care. Community health agencies from the Northwest often come to tour the beautiful facilities and share our providers to take back improvement in management strategies.

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.

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.

To learn more about Wenatchee, please visit <https://visitwenatchee.org/>



Saddle rock Trail in Wenatchee

DOCTORAL INTERNSHIP:

INTERN RECRUITMENT, ELIGIBILITY, and APPLICATION PROCESS

1. INTERN RECRUITMENT & SELECTION:

- a. **CVCH Doctoral Internship program upholds a strong commitment to recruitment of diverse interns. We welcome applicants from diverse personal and cultural backgrounds. Additional details are outlined in our Diversity Statement.**
- b. The program recognizes that integrated primary care is a rapidly growing and expanding area of practice for psychologists that attracts applicants from a variety of professional backgrounds. We welcome applicants with prior experience in integrated primary care, or another medical setting; however, we also accept applicants without such prior experience, if they express interest in acquiring knowledge, skills, and attitudes required for our setting.
- c. Interns who are considered the best fit for the program have prior clinical experience that would be best described as generalist in nature; and have prior experience and/or interest in integrated primary care and/or another medical setting. Additionally, we seek applicants who possess the right interpersonal skills and temperament that is optimal to support working with a wide range of diverse medical and psychiatric patients and collaborating with medical providers and non-mental health providers on the team. Many of our patients have been marginalized and have experienced significant trauma and health disparities. Thus, we prefer interns who exhibit emotional maturity and show appropriate respect and sensitivity to these issues. Finally, we select interns who are intellectually curious, value life-long learning, critical thinking, self-reflection, and who are committed to creating and applying scientific research and other professional and scholarly literature to inform their professional activities.

2. ELIGIBILITY AND REQUIREMENTS TO APPLY:

In addition to the criteria described above, the interns are expected to meet the following requirements to apply:

- a. Be enrolled in an APA-accredited doctoral degree program in professional psychology (i.e., clinical or counseling) and have completed at a minimum three years of graduate course work and study;
- b. Have earned a master's degree in psychology, mental health counseling, social work, marriage and family therapy, or another related field before the start of internship, and be eligible for master's level licensure in Washington State at that Associate-level or above. Our agency provides extensive support in obtaining the required licensure AFTER you match with us. Please visit the Department of Health, Mental Health Professions website for more details at www.doh.wa.gov;
- c. Have successfully passed comprehensive, or other qualifying examination and have their dissertation or doctoral research project proposal approved by the start of internship;
- d. Have completed at a minimum 450 combined Intervention and Assessment hours (i.e., a minimum of 400 Intervention and a minimum of 50 Assessment hours); and
- e. Have formal approval from the intern's academic program to go on internship and participate in the APPIC's match process.

3. APPLICATION PROCESS:

- a. As a member in good standing of APPIC, the program's recruitment and selection procedures follow APPIC guidelines. We participate in the National Match Service and follow the APPIC Match Policies. We use the standard APPIC Online Application for Psychology Internship (AAPI) that can be obtained at the following website: www.appic.org. As part of the complete standard APPIC application, we require a cover letter, CV, graduate transcripts, and three letters of recommendation. To be considered for internship, we must receive the application materials by the date listed on our website and APPIC directory. **The deadline to apply varies from year to year but is typically in the first week of December.**
- b. Eligible applications are reviewed by the Director of Clinical Training and one or more members of our supervisory team. A select group of applicants are invited for interview. Notification of invitation to interview is made by email by mid-December (please consult our website and APPIC directory for a specific date each year). Interviews are conducted preferably on-site but can also occur via a videoconferencing platform, and/or over the phone on multiple dates in the month of January. Occasionally, some interviews are also scheduled in late December and early February. Applicants are given several dates to choose from and are asked to rank order them in terms of preference. The site strives to be flexible to accommodate intern schedules given the reality of likely multiple interviews at other sites. Onsite interviews typically include interviews with supervisors, lunch with current trainees, supervisors, and staff, Q&A time with current trainees, and a tour of our clinic and community. Detailed instructions regarding the interview process, including all logistics, are communicated to applicants via email by the site's Teaching Program Coordinator and/or Director of Clinical Training.
- c. Following interviews, the internship selection committee ranks the interviewed candidates for submission in the APPIC match service. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use and ranking-related information from any intern applicant. Internship slot offers are made through the APPIC National Matching Program in compliance with the APPIC policy. Therefore, all applicants must be registered for the APIC Matching Program. Applicants can obtain a "Request for Application Agreement Package" from National Matching Services, Inc. The web address is www.natmatch.com/psychint. Internship applicants are informed of their selection through the APPIC notification process contracted through the National Matching Service.
- d. All matched applicants undergo a credentialing process with CVCH, which begins with applying for master's-level licensure in Washington and is followed by additional credentialing process, which allows interns to become billable providers under supervision of a licensed clinical psychologist. The interns are provided extensive support and step-by-step guidance from the Credentialing department and Teaching Program Coordinator at CVCH while undergoing this licensure and credentialing process. Interns are reimbursed by CVCH for all licensure-related expenses.

DIVERSITY STATEMENT:

INTERN AND STAFF DIVERSITY, PROGRAM PHILOSOPHY AND GOALS, AND TRAINING OPPORTUNITIES

Intern and Staff Diversity

Consistent with the mission of our sponsoring institution- **“Partnering to achieve optimal health and wellness with compassion and respect for all,”** Columbia Valley Community (CVCH) Doctoral Internship in Health Service Psychology upholds a strong commitment to maintain a diverse body of interns and residents, our clinical training faculty, and staff. Our training site welcomes students and staff from diverse personal and cultural backgrounds, and we strive to provide a safe and welcoming environment for all. We celebrate personal and cultural diversity in all its aspects as one important avenue in which people contribute to the richness of their environments, and ultimately our nation and the world. We believe that a diverse body of students, training clinical faculty, and staff greatly supports our own growth and flourishing as individuals, professionals, and members of our organization and community.

Program Philosophy and Goals

Our program’s overarching goal is to teach and mentor our trainees into culturally-sensitive future psychologists, who engage in all professional activities by practicing cultural competence but also cultural humility as a life-long learning goal. While the more traditional development of cultural competence typically involves increasing cultural awareness, knowledge, and skills (Sue, 2001), cultural humility goes further and has been defined as the “ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]” (Hook, Davis, Owen, Worthington, & Utsey, 2013, p. 354). Cultural humility involves both intrapersonal and interpersonal aspects (David, Worthington, & Hook, 2010), and our program emphasizes both. The former focuses on active self-reflection and self-critique, while the latter involves a humble willingness to remain open as one strives to understand the cultural backgrounds and identities of others (Watkins & Hook, 2016). Finally, cultural humility also includes a call to action that asks us to engage in advocacy and other efforts that address and work to correct relational, societal, and other systemic power imbalances (Tervalon & Murray-Garcia, 1998). The program itself embraces diversity education and training as a continual growth process for us, one that’s evolving and dynamic in nature, rather than an end-point or a specific time-limited goal.

Training Opportunities

As a training site, we are especially committed to serving the underserved populations, and we seek future interns who are not only diverse, but also who are interested in training and clinical work with marginalized, rural populations, who often face multiple health disparities and other barriers. We actively work to create opportunities for trainees to explore their own intersecting identities in relation to themselves and others. We strive to infuse diversity, including issues of marginalized populations, in all aspects of our trainings that seek to help interns develop increasingly more sophisticated knowledge, skills, and attitudes from the larger conceptual frameworks and cultural competency and cultural humility, among other theoretical frameworks. Although some training activities are specifically dedicated to individual and cultural diversity, it is our belief that issues of diversity should be proactively and routinely included in all professional activities. This includes direct clinical work with our patients, and all training activities, including formal and informal supervision, case consultations, formal didactic trainings, including our monthly Diversity Seminar, research and its application to clinical practice, professional and ethical functioning of the intern, and in daily interactions between the interns and their patients, peers, supervisors, other providers, colleagues, and staff. We welcome interns and staff, who are



interested in partnering with us as active learners and contributors, and who also directly influence the program's growth and change with their own personal and cultural diversity, and all feedback that's offered to the program on behalf of our diversity education and training.

References

- Davis, D. E., Worthington, E. L., Jr., & Hook, J. N. (2010). Humility: Review of measurement strategies and conceptualization as a personality judgment. *Journal of Positive Psychology, 5*, 243-252.
- Hook, J. N., Davis, D. E., Owen, J., Worthington Jr., E. L., & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology, 60*(3), 353-366.
- Sue, D.W. (2001). Multidimensional facets of cultural competence. *The Counseling Psychologist, 29*, 790-821.
- Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physical training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved, 9*, 117-125.
- Watkins, C.E., & Hook, J. (2016). On a culturally humble psychoanalytic supervision perspective: Creating the cultural third. *Psychoanalytic Psychology, 33*(3), 487-517.

Frequently Asked Questions (FAQ's)

How many positions are available?

There are three fully-funded doctoral internship slots. Additionally, there is one-two Psychology Postdoctoral Resident positions currently, with the initial preference for these positions that goes to our intern graduates. Many interns have found this to be an attractive opportunity to remain at the site for another year to acquire even advanced training with us post-internship. 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. For more information about Wenatchee, please visit <https://visitwenatchee.org/> and <http://wenatchee.org/relocation-guide>.

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 free 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. For more information about all benefits, please review the current **Summary of Benefits: Behavioral Medicine Intern** HR information sheet that's included later in this Manual.

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 highly supportive 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. Behavioral Medicine is a small department, so you can expect to get to know your peers, supervisors, and staff well throughout the training year. We enjoy learning from one another, and supervisors use both modeling and humor to help interns get comfortable and feel collegial with others. Self-reflection, self-care, and healthy boundaries between personal and professional lives are highly valued on the team. You can expect ample discussion in supervision and trainings about these topics.



What about CVCH culture?

CVCH is a highly growth-oriented and mission-driven organization that takes great pride in its commitment to providing high-quality services to underserved populations and outreach to the community. There is a strong dedication to pursuit of excellence within all levels of the organization, as well as growing as the teaching and training institution. Finally, CVCH is passionate about improving the health and wellness of our community, including CVCH employees. You can expect various community outreach events; opportunities to sit on CVCH committees and complete special projects and participate in employee wellness benefits offered to all employees. CVCH values include Teamwork, Integrity, Quality, Trust, Compassion, and Respect.

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. The clinic provides email addresses and basic office supplies. Interns and staff Behavioral Medicine providers share access and use of 4 full-time Behavioral Medicine Administrative Assistants. BMed Assistants help schedule, translate, clerical duties, help patients with community resources, etc. For more information about administrative and clerical support, please consult the appendix section of this Manual.

What is the theoretical orientation of the psychology faculty?

The theoretical orientation is best described as eclectic and integrative. The needs of the patients we see vary immensely and interns provide services to patients with a wide range of issues and levels of functioning. Some patients may need case management services and closer follow up, while others may be higher functioning and the focus can be on existential and other similar issues. Both faculty and interns use variable clinical techniques depending upon the patients' needs, resources, barriers to change, and readiness for change. Faculty generally utilize brief, solution-focused/problem-solving interventions, psychoeducation, motivational interviewing, and other approaches that have been shown to work best for consultation and brief therapy within the integrated primary care setting. Faculty also routinely utilize cognitive-behavioral, interpersonal/relational, multicultural, and contextual models and approaches that are often grounded in the trauma-informed framework. We also integrate mindfulness-based approaches and attachment-based frameworks in our work. The interns are not required to be limited to one or two specific orientations or approaches, but rather apply evidence-based practices in the way that works best for each individual patient and situation, including how the patient's needs might evolve over time.

TRAINING PROGRAM PHILOSOPHY

Our overarching approach to intern training is based upon the tenants of the developmental model. We view learning as an evolving, maturational process that takes place when trainees are exposed to appropriate training, support, supervision, and feedback that's directly matched to their level of professional functioning. We recognize that interns in the same cohort might have varying levels of knowledge and skill in different areas. The training is sequential and graded in complexity to allow the interns to master new knowledge and skills over the course of the training year. The training year starts with an initial orientation period that lasts at least four to six weeks and includes detailed information, instruction, direct observation and monitoring of tasks. To assist the intern in reaching the next stage of the development, we utilize the process of "scaffolding," which encourages the use of prior knowledge and skills to produce new learning. As the interns gain new knowledge and skills, less intense instruction and monitoring is expected over time. This in turn promotes increased autonomy and confidence that allows the interns to continue to acquire increasingly more advanced, sophisticated knowledge and skills as they work toward the completion of internship.

PROGRAM AIMS

The CVCH Doctoral Internship program is designed to train doctoral interns in the generalist skills required to function independently in entry-level professional positions, following graduation and the requisite licensure. It is best described as following a practitioner/scholar model, with strong supervision and mentoring, solid clinical training, and the utilization of the scientific literature to inform and shape practice, teaching and scholarly work. We stress interdisciplinary functioning, multiple theoretical approaches, and cultural humility. Also stressed are personal development, self-care, and the crafting of one's professional identity. Through didactic lectures and seminars, intensive supervision, and ample direct patient contact, interns receive broad-based, generalist in nine different profession-wide competencies that are supportive of our model of integrated healthcare in a community health setting that provides a broad spectrum of services that ranges from consultation, crisis management, brief therapy, as well as long-term therapy, and assessment and psychological testing, and community involvement.

The program goals and values are further summarized below:

1. To provide broad-based, generalist doctoral training in psychology in nine different profession-wide competencies that are supportive of our model of integrated healthcare in a community health setting that provides a broad spectrum of mental health services that ranges from consultation, crisis management, brief therapy, long-term therapy, assessment and psychological testing, and community outreach. The program aims to prepare interns to assume professional practice in health service psychology at entry level in a variety of settings after graduation.
2. To assist interns in developing knowledge and skills that address the needs of diverse populations, with special emphasis placed on working with rural, underserved, frequently marginalized populations by applying larger theoretical frameworks of cultural humility and trauma-informed care.
3. To train and mentor the next generation of psychologists, who embody the following values and skills:
 - a. Commitment to ethical professional practice that's grounded in scientific research and inquiry and most current evidence-based practices;
 - b. Ability to augment and expand existing knowledge and skills to move into new or evolving areas of professional practice in various settings; and
 - c. Fostering of life-long learning, self-awareness and self-reflection, and continuous professional development across the career lifespan.

DOCTORAL INTERNSHIP COMPETENCY GOALS

The overall goal of CVCH's Doctoral Internship is to provide broad-based, generalist training in nine (9) core competencies, which are supportive of our model of integrated healthcare in a community health setting that provides a broad spectrum of mental health services that ranges from prevention, consultation, brief therapy, as well as long-term therapy, and assessment and psychological testing.

A detailed description of behavioral objectives that fall under each competency is contained in the Intern Evaluation Rating Form. The nine (9) foundational competencies are briefly summarized below, along with Training and Evaluation Methods:

RESEARCH

To increase skills in the evaluation and application of research to all aspects of the clinical practice. The intern demonstrates intellectual curiosity, critical thinking skills, and increased proficiency in consulting, evaluating, and disseminating research or other scholarly activities at the local, regional, or national level.

ASSESSMENT

To increase knowledge and skills in the application of the current diagnostic systems and acquire a wide range of interviewing and diagnostic skills that are required for the program's setting and range in scope from brief assessments that are consultation-based to in-depth psychological evaluations. The intern demonstrates the ability to quickly and efficiently integrate information from multiple sources and formulate a well-rounded biopsychosocial-spiritual conceptualization in oral and written communications that considers functional behaviors and strengths, as well as dysfunctional behaviors and psychopathology. The intern gains increased proficiency in the selection, administration, and interpretation of both brief screenings and assigned psychological testing, report writing, and providing feedback to a range of audiences.

INTERVENTION AND TREATMENT

To increase knowledge and skills in effectively applying, modifying, and adapting evidence-based interventions and treatment approaches for individuals, families, couples, and groups of all ages, who present with a wide range of issues across the continuum of health and illness.

ETHICAL-LEGAL STANDARDS & CONDUCT

To increase knowledge and adherence to APA's Ethical Principles of Psychologists and Code of Conduct, and relevant national, state, and local laws, policies, professional standards, and guidelines that govern health service psychology. The intern demonstrates increased awareness of complex ethical dilemmas as they arise and applies ethical decision-making in order to resolve them.

PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

To demonstrate increased skills that reflect the values and attitudes of psychology, such as professionalism, integrity, boundary management, openness to feedback and lifelong learning, concern for the welfare of others, self-reflection and self-evaluation, self-care and stress management skills.

COMMUNICATION AND INTERPERSONAL SKILLS

To demonstrate the ability to establish, manage, and maintain appropriate working professional relationships with a wide range of individuals, including peers, supervisors, staff, other providers, communities, organizations, and those receiving professional services. To demonstrate increasingly more advanced skills in communication, including producing oral and written communications that are of the quality expected for a psychologist-in-training.

CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

To demonstrate knowledge and respect for the different roles and perspectives of other professions. The intern applies this knowledge in direct or simulated consultation with individuals and their families, other health care providers, interprofessional groups, or systems related to health and behavior.

INDIVIDUAL AND CULTURAL DIVERSITY

To demonstrate increased awareness and integration of issues of individual and cultural diversity in clinical practice. The intern acquires new knowledge and skills consistent with cultural competency and cultural humility, including self-reflection and increased understanding of oneself as a culturally-embedded individual. The intern shows appropriate awareness, sensitivity, and respect for issues of marginalized populations.

SUPERVISION

To apply knowledge of supervision models in direct or simulated practice with psychology trainees, or other health professionals. The intern is able to effectively engage and use supervision to advance his/her learning and to work toward identified professional goals.

TRAINING METHODS:

- ✓ Direct clinical experience
- ✓ Interdisciplinary consultation
- ✓ Supervision
- ✓ Participation in program's didactic trainings and other training seminars
- ✓ Specific assignments in didactic trainings and other training seminars
- ✓ Organizational trainings provided by the sponsoring institution
- ✓ Organizational milieu
- ✓ Modeling and mentorship

EVALUATION METHODS:

- ✓ In supervision
- ✓ Level of engagement and participation in required training activities
- ✓ Specific assignments in didactic trainings and other training seminars
- ✓ Direct observation and/or co-therapy
- ✓ Charting/documentation feedback
- ✓ Psychological assessment reports, including feedback to different audiences
- ✓ Feedback from interdisciplinary team members, peers, co-workers, and staff
- ✓ Data from patient satisfaction surveys and other organizational data



Sites

Columbia Valley Community Health is a Joint Commission certified Primary Care Medical Home that offers a wide array of integrated services for all age groups.

CVCH Wenatchee: Medical, Behavioral, Dental, and Express Care

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.

Other sites:

Although the interns are primarily assigned to CVCH's main location in Wenatchee, there may be additional opportunities to provide services at one or more of our other six locations, including East Wenatchee Medical, Chelan Medical and Dental, Columbia Pediatrics, and Wenatchee Valley College.

Initial Training Period:

The first 4-6 weeks of internship, the interns are closely supported and monitored by supervisors. There is an extensive orientation period that allows for a gradual immersion into the organization and the program. After organizational- and program-specific orientation is completed, the interns primarily shadow their 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 in our setting. The initial orientation and training period also involves ample opportunities to shadow our primary care medical providers and our psychiatric provider(s).

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. As the interns gain new knowledge and skills with appropriately matched training and supervision, less intense instruction and monitoring is expected over time. This in turn promotes increased autonomy and confidence as well as gain increasingly more advanced knowledge and skills as the year progresses.



Doctoral Internship: Requirements for Successful Internship Completion

The following is the list of program requirements psychology interns are expected to achieve for successful internship completion:

- 1) **Complete 1960 hours of supervised experience.** During the 52 weeks of internship, the intern is allowed to take up to 3 weeks of paid time off (PTO), resulting in 49 weeks of on-site internship training.
- 2) **Perform at a minimum 490 hours of direct clinical service.** Direct clinical services include all face-to-face patient hours that are accrued with a combination of integrated visits/warm hand-offs, brief therapy and long-term therapy with individuals, couples, and families of all ages, group therapy, and psychological assessment and testing.
- 3) **At a minimum, complete four (4) direct observations with licensed clinical psychologist supervisors** and one (1) direct observation with the postdoctoral resident peer supervisor.
- 4) **Participate in the following SUPERVISION ACTIVITIES:** Individual supervision (2 hours a week); Group supervision (2 hours a week); Case consultation (4 hours a month); Peer supervision with a Postdoctoral Resident (1 hour a month); and Clinical Supervision Intern Practice (2 hours a month).
- 5) **Participate in the following TRAINING ACTIVITIES:** Didactic Trainings (2.5 hours a week); Assessment Seminar (1.5 hours a month); Diversity Seminar (4 hours a month); and Administrative Internship Meeting (1 hour a month).
- 6) Complete special assignments in the above training seminars as follows:
 - a. **Group Supervision:** One (1) formal case presentation accompanied by an applicable peer-reviewed journal article; and informally present two (2) peer-reviewed journal articles on any topic that's applicable to health service psychology/internship setting;
 - b. **Diversity Seminar:** Informally present one (1) peer-reviewed journal article related to issues of individual/cultural diversity; and present a cultural genogram and a cycle of socialization on one chosen aspect of the intern's individual or cultural diversity.
 - c. **Didactic Trainings:** Prepare and deliver two formal didactic trainings.
- 7) **Complete at a minimum three (3) psychological assessment reports.**
- 8) **Facilitate or co-facilitate at least one (1) group therapy.**
- 9) **Complete all internship documentation,** including surveys, forms, and evaluations, as directed by Director of Clinical Training.
- 10) **Receive an average score of "3: Meets Expectations" at 6 months into the program and a minimum score "4: Proficient/Advanced" at the conclusion of the program/12 months.**

The interns are provided with a document- **REQUIREMENTS FOR COMPLETION CHECKLIST** to assist them in timely tracking and completion of various requirements (see Appendix A).



Additional details regarding training activities and opportunities and associated requirements for completion:

[DIRECT CLINICAL SERVICE](#)

The interns complete a minimum of 490 direct contact patient hours, which are accrued with a combination of the following training opportunities:

CONSULTATION AND INTERVENTION: The program offers a broad spectrum of intervention services and training opportunities that range from consultation with medical providers and other providers on the interdisciplinary team, to crisis management, brief intervention, and long-term therapy for individuals, families, couples, and groups of all ages. In their role as Behavioral Medicine Consultants (BMed Consultants), the interns collaborate closely and help to coordinate care for a wide range of patients that are managed by CVCH's medical and other providers. The integrated model of care is highly collaborative between medical providers and the interns and other BMed Consultants. The interns are considered part of the medical team; they participate in provider meetings and are frequently sought after for their expertise. Patients with all levels of need are seen daily and preferably at their time of need. The integrated visit consultation (which is also referred to as the "warm hand-off") is typically initiated by a medical provider in response to a wide range of patient issues. The referral questions range from requests to assist in diagnostic clarification, case conceptualization, crisis management, adjustment to new diagnosis, recommendations for ongoing care, including improved self-management for chronic health conditions, and implementing changes to better meet patient goals. In tandem, the interns assist the patient with compliance related to medical recommendations while also advising the referring provider regarding any barriers that might be preventing the patient from optimal engagement in their own care. The focus initially is on whatever the patient presents with that is impairing their function or their ability to be compliant with medical recommendations. This focus might change to other therapeutic goals following the initial consultation.

Interns frequently provide psychological intervention following the initial consultative service requested by the primary care provider (PCP). Patients are also seen by referral from PCP's. Intervention services vary in breadth, scope, and length of service depending on various factors, such as the patient's (and PCP's) goals for treatment, readiness for change, complexity of the patient presentations, and the interns' resources. Patients are seen by interns anywhere from one-time consultative visit, for crisis management services, to brief therapy (typically 2-6 follow-up visits), to regular ongoing, long-term therapy. Brief intervention and therapy are generally focused on improved function/symptom management, psychoeducation, solution-focused and problem-solving interventions, with emphasis on motivational interviewing/readiness for change, and other similar approaches that have been found to appropriate for integrated primary care setting. However, interns also see a number of patients for long-term therapy, especially patients who are more complex and/or have chronic and multiple comorbid medical and psychiatric issues. Long-term therapy is conducted by applying a number of evidence-based interventions from several theoretical orientations. It's important for interns to know that many of our patients are monolingual Spanish-speaking (we provide interpretive services), frequently have histories of significant psychological trauma, and face significant health disparities due in part to their marginalized status.

GROUP THERAPY: The interns are required to run at least one group therapy a year. The groups are typically co-facilitated with a supervisor, especially if the intern is still developing skills in this area. Ample supervision and training are provided for interns who may have less prior experience with group therapy prior to internship. The most frequently run groups include Chronic Pain Management Group and DBT. The interns are encouraged to develop and run other groups based on their interests and the needs of our patient population.



PSYCHOLOGICAL ASSESSMENT, TESTING, & REPORT WRITING: The interns are required to complete a *minimum* of 3 psychological assessment reports over the course of one year (additional assessments are encouraged but not required). Assessments are flexible and designed to reflect the interest of the intern, as well as address any growth areas 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. Referral questions most frequently involve diagnostic clarification, neurocognitive screenings, health psychology consultations, and personality and emotional functioning evaluations. 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 that answers the referral question and formulates appropriate recommendations and feedback.

FORMAL TRAINING ACTIVITIES

SUPERVISION: Please refer to Supervision Informed Consent Agreement document for detailed information regarding expectations, requirements, and structure for all supervision activities required for completion of internship (see page 23 of this Manual).

ASSESSMENT SEMINAR: Assessment seminar is designed to assist interns in meeting their behavioral objectives in the Assessment Competency. The seminar has the following learning objectives: 1) Gain increased abilities and skills in the selection, administration, interpretation, and application of findings of psychological tests in the integrated primary care setting; 2) Describe the most common primary care assessment referral questions and gain proficiency in communicating the results in a way that is relevant to medical providers or other referral sources; 3) Describe and familiarize interns with ethical considerations, as well as issues of individual and cultural diversity in conducting psychological assessment in primary care; and 4) Provide learning space and time for the interns to work toward completion of their four assessment reports for the year; this may include group discussions about testing cases that are in progress, including issues of diagnostic clarity and differential diagnosis, the ability to integrate information and data from multiple sources, and formulating recommendations for patients and referral sources.

DIDACTIC TRAININGS: All didactic seminars occur weekly for 2.5 hours. These weekly presentations and trainings span a wide range of topics that support the intern's learning in nine different profession-wide competencies. Didactic trainings are a combination of presentations by trainings faculty and other staff/contributors to the program, and video/online presentations. All didactic trainings include highly interactive discussions, which frequently occur throughout the presentation. The interns are expected to be active participants in the discussion by contributing questions, comments, offering applicable clinical examples, and example of other relevant practice, ethical, or cultural issues that are pertinent to the topic. The quality and sophistication of the interns' contributions to these discussions is expected to increase as the year progresses and the interns integrate and apply new learning. Each training year the program includes didactic trainings that are considered foundational for the setting, while also leaving room to add topics that may be of special interest or supportive of each intern cohort's specific learning needs. The details regarding content, learning objectives, and the schedule are included in the Internship Manual each year, and/or provided by the Director of Clinical Training at the beginning of each training year. Every year the program includes certain core didactic trainings, which are thought to be foundational for any incoming intern. In addition, the interns are also offered a list of other didactic topics, and they are asked to choose the topics that would be of most benefit to them specifically. Please see Appendix M of this Manual for the list of the most common, core didactic topics.

DIVERSITY SEMINAR: The Diversity Seminar is designed to assist interns in developing knowledge, skills, and attitudes in the competency of individual and cultural diversity. The seminar includes didactic content focused on the issues of diversity, while also including experiential, applied, and process-oriented learning activities. The seminar is grounded in the larger theoretical frameworks of cultural competency and cultural humility, and there is an emphasis on self-reflection and self-critique that allows interns to cultivate life-long learning in this area. The seminar includes didactic presentations and discussion on specific diversity-related issues, case conceptualization from a multicultural perspective, application of research to diversity issues in practice, ethical considerations, and specific assignments that directly engage interns in their learning. A specific curriculum is provided by the facilitators at the beginning of each year.

ADMINISTRATIVE INTERNSHIP MEETING: This meeting occurs monthly and is led by the Director of Clinical Training. All supervisors are present as well as the interns and Teaching Program Coordinator, who takes minutes. The purpose of this meeting is three-fold: 1) To provide a specifically designated time and space to help interns stay on track with their requirements for completion as they progress through the program by providing reminders about deadlines, answer questions about any requirements for completion, distributing required program forms, evaluations, and collecting the interns' monthly activity logs, etc.; 2) To provide space for the interns to identify and voice any new or emerging learning needs that the program then has the opportunity to work to address, as well as for the interns to identify how they are growing and developing professionally over the course of the year; and 3) To allow for the supervisory team to meet formally and discuss intern progress, as well as address any supervision or training issues that may need to be altered in any way.

INTERN PRESENTATIONS

Case Presentation: The interns are required to complete one formal case presentation, which typically occurs in group supervision or didactic trainings. The case presentation is expected to include background information about the case, including rationale for the case that was chosen and a description of the presenting problem; diagnostic impressions; a biopsychosocial-spiritual case conceptualization/case formulation based on one or more theoretical orientations; a review of relevant ethical issues, diversity issues, and interdisciplinary team issues; a description of intervention and treatment course; and a list of questions for group discussion. The interns are also required to include at least one peer-reviewed journal article that is relevant to the case.

Journal Articles: The interns are expected to informally present two peer-reviewed journal articles that are relevant to health service psychology/internship setting in group supervision. They are also required to informally present one peer-reviewed journal article that is specific to issues of individual and cultural diversity in the Diversity Seminar. Article presentations are limited to 45-60 minutes; they are expected to be an informal review of the content of the article and focused on application of research to clinical practice and generating an interactive discussion with the group. The interns are asked to share their articles with their peers and supervisors prior to each presentation. The schedule of article presentations is managed by each supervisor/facilitator.

Didactic Presentations: The interns are required to complete two (2) didactic presentations within the course of the training year, which the first presentation in the first 6 months of internship and the second one in the final 6 months. This requirement allows the interns to hone skills in multiple core competencies and sharpen their professional presentation skills. The interns are guided by supervisors to choose didactic topics that are applicable to health service psychology/internship setting. Prior years have included a wide range of didactic

topics based on interns' interest. The interns may choose a topic they already have some knowledge and skills in, in which case the presentation would be more advanced; or they may choose to research a topic of interest in which they have limited prior knowledge, in which case the presentation would be more basic or foundational in scope. The presentations are scheduled ahead of time and ample discussion with supervisors and direction is provided regarding the format, content areas required, and research process that is involved for the intern as they work to complete this requirement. All didactic presentations are expected to involve the following components: 1) a careful selection of the topic relevant to health service psychology/internship setting that enhances the intern's existing knowledge and skills (e.g., intern presents a clear rationale for why this topic was chosen and what she/he has learned); 2) a review of relevant scholarly research and other relevant and current professional literature and resources to inform the content covered; 3) an agenda or outline and/or a list of learning objectives; 4) consideration of relevant ethical issues and issues of personal and cultural diversity that pertain to the topic; 5) a list of questions for the participants to generate interactive group discussion of the content and to ensure application to health service psychology/internship setting and to illustrate what the intern has learned; and 6) a list of references/bibliography.

Cultural Genogram and Cycle of Socialization Presentation: This presentation is a culmination of didactic trainings and experiential exercises that occur in the Diversity Seminar throughout the year. It is scheduled toward the end of the year. This presentation is grounded in the principles of cultural humility and is expected to assist interns in gaining greater understanding of themselves as culturally-embedded beings, whose cultural values and beliefs may influence their professional functioning in various and specific ways. The interns are provided several different options on how to complete this assignment, which includes presentation of the interns' own cultural genogram, sharing of the interns' journal guided self-reflections and responses to certain questions regarding the interns' own cultural background, and an overview of a cycle of socialization of at least one aspect of the intern's individual or cultural diversity.

SUPERVISION INFORMED CONSENT AGREEMENT

Purpose & Scope

- ❖ The purpose of this document is to provide information and create a shared understanding between supervisors and supervisees about what clinical supervision entails. This form is specifically intended to define supervision, provide structure for experience of supervision, clarify roles and expectations, and ensure that interns and supervisors are well-informed regarding certain practical, legal, and ethical issues related to supervision. The ultimate aim is to enhance a positive supervisor-supervisee relationship during internship.
- ❖ This document is intended to be used in conjunction with the most up to date version of the Internship Manual. The content of the Internship Manual is reviewed in detail by supervisors and interns during the orientation period of the training year.
- ❖ This document does not duplicate the information already contained in the Internship Manual, such as the evaluation process, documentation procedures, formal due process and grievance procedures, among others.

Definition of Supervision

(adopted from Bernard, J. M. & Goodyear, R. K. (2014). Fundamentals of clinical supervision (5th ed.). Boston, MA: Pearson Education)

- ❖ Supervision is defined as “an intervention provided by a more senior member of a profession to a more junior colleague or colleagues who typically (but not always) are members of the same profession. This relationship is evaluative and hierarchical, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered ...; and serving as a gatekeeper for the particular profession the supervisee seeks to enter” (2014, p.9).

Basic Goals of Supervision

- ❖ Oversee and safeguard welfare and protection of the patients served by the supervisee.
- ❖ Facilitate development of supervisee's professional identity and competence.
- ❖ Provide ongoing feedback and participate in the formal evaluation process of the supervisee.
- ❖ The feedback is always development-oriented and provides a balance of strengths and areas of growth.
- ❖ Engage in the gatekeeping function for the profession.

Model of Supervision

(Thomas, J.T. (2010). Ethics of supervision and consultation: Practical guidance for mental health professionals. Washington, DC: American Psychological Association)

- ❖ Our overarching approach to supervision can be described as largely being consistent with the tenants of the developmental models of supervision.
- ❖ The developmental model proposes that the supervisee progresses from “novice” to “expert” and each stage of this growth is distinguished by discreet qualities and skills. The supervisory techniques should match the stage of development in which the supervisee currently operates while facilitating the progression to the next stage of development.
- ❖ To assist the supervisee in reaching the next stage of the development, the supervisor utilizes the process of “scaffolding,” the interactive process which encourages the use of prior knowledge and skills to produce new learning.

- ❖ Throughout the process of scaffolding, the supervisee is not only exposed to new information and skills but the interaction or the relationship between the supervisor and supervisee is also believed to foster the development of new, advanced skills.

Basic Information About Supervision Structure

- ❖ You will receive at a minimum five (5) hours of supervision a week conducted by licensed clinical psychologists. The hours are broken down as follows: 1) You will have two primary supervisors (one of whom is the Director of Clinical Training), and each will provide one hour a week of individual supervision; and 2) You will also receive three (3) hours a week of group supervision, which might be conducted by different supervisors, both primary and secondary ones.
- ❖ Both primary and secondary supervisors are always appropriately trained and credentialed licensed clinical psychologists. All supervisors, who provide supervision to you share responsibility for your training and provide feedback and participate in the evaluation process.
- ❖ In addition to formally scheduled supervision, you will also be expected to engage in informal supervision, which is sometimes called “curbside supervision.” This type of supervision occurs outside of regularly scheduled hours, and it typically happens at the time the interns needs immediate assistance with a patient or another clinical, ethical, or professional, issue, and also at times of more immediate need for debriefing. The interns are expected to reach out to supervisors outside of regularly scheduled hours throughout the year, although as the year progresses, the frequency, intensity, and focus of the “curbside supervision” often changes as interns gain more autonomy.
- ❖ You will also have a peer supervisor, who is Behavioral Medicine Postdoctoral Resident. You will meet with your peer supervisor for regularly scheduled supervision once a month for an hour.
- ❖ Case consultation occurs twice a month for 2 hours each time and is a form of group supervision that’s designed for the interns and other providers to communicate about shared patients in an informal and collegial manner. Typically, 5-7 cases are discussed during the meeting, which is focused on psychopharmacology (especially learning skills of psychopharmacology for non-prescribers) and care coordination between interns and other providers and the psychiatric provider.
- ❖ Finally, interns have multiple opportunities to practice their own developing supervision skills informally with each other, and formally in group supervision. The interns also participate in a monthly activity called **Supervision Seminar**, which is designated to be a safe, learning space for the interns to practice supervision with each other by discussing actual clinical cases or other professional issues. The interns take turns practicing roles of the supervisor and supervisee, while the actual clinical supervisors facilitating this learning exercise observes and helps to engage the interns in the discussion afterwards by providing feedback regarding supervision models, styles, theories, and any areas for further growth and development.
- ❖ Additional details are provided below in the section on “Who is most involved in your supervision and training?”

Supervisory Methods

- ❖ Supervision is a dynamic and complex professional activity, which requires a number of approaches and methods in order to meet your individual, unique learning needs. Clinical supervisors will provide learning by engaging in a number of different approaches, some of which may be subtler, such as modeling, raising insight, outlining options, providing constructive critique and correction as well as validation, promoting professional development, debriefing, addressing personal differences and values

- ❖ and addressing informal conflicts and relationship ruptures, providing explicit direction, and instilling general knowledge.
- ❖ Supervision most commonly involves the discussion of all aspects of your clinical work, including case conceptualization, assessment and treatment planning, transference and countertransference issues, legal and ethical issues, issues related to diversity and multicultural competency, stress management and self-care as it relates to your professional functioning, internship administrative tasks, the supervision process itself, as well as supervision models and theories, application of research and theory to clinical practice, development of consultation skills, communication, conflict resolution, and other professional interpersonal functioning and skills, and professional development issues, among other topics.
- ❖ Experiential methods, including role-plays, shadowing of supervisors and observing them engaging in direct clinical work, and live supervision and co-therapy will be part of your supervision throughout the year.
- ❖ Finally, your supervisors will provide frequent and ample feedback regarding your electronic medical record documentation and report writing, and relay feedback from other providers who comment on your consultation and clinical skills.
- ❖ Please be aware that your clinical supervisors may have different clinical styles and approaches to a variety of their professional activities. While supervisors should always remain in agreement on things such as expectations, the evaluation process, and basic tenants of your curriculum and learning, the supervisors will at times have different or even conflicting ideas about how to address clinical, ethical, and other professional issues. Supervisors may have different communication styles and ways of conducting supervision and delivering feedback. This is considered a normal part of learning from different individuals who may have unique professional backgrounds, strengths and weaknesses, and different approaches to learning and teaching. The interns are encouraged to discuss any concerns around supervisor differences with each supervisor directly.

Practical Issues

- ❖ You will be expected to be an active participant in supervision, arrive on time, be prepared for each session with an agenda of things to discuss, and complete assigned work in a timely manner.
- ❖ If you miss your scheduled individual supervision due to absence from the office for any reason, it will be your responsibility to request a make-up session be scheduled with the help of Behavioral Medicine Program Assistants (BMED PA's) and Teaching Program Coordinator.
- ❖ If your supervisor is absent from the office on the day of your supervision, the supervisor will be responsible for rescheduling the missed session with BMED PA's and Teaching Program Coordinator.
- ❖ Group supervision and case consultation cannot be rescheduled if you miss it.
- ❖ Supervision within the integrated model of primary care involves a great deal of time spent in both formal and informal supervision. You will be expected to reach out to your clinical supervisors frequently for "curbside supervision."
- ❖ If you are unable to locate a supervisor for a face-to-face consultation, one or more supervisors are always accessible by phone, email, or EMR text messaging system.
- ❖ If you need to reach a supervisor for unscheduled supervision or consultation, please utilize one or more of the methods described above. This includes the times when supervisors may be physically away from the office, such as during lunch breaks, in meetings, or seeing our own patients.

- ❖ Most of the time at least one of your supervisors is present on site during business hours. If all primary and secondary supervisors are absent due to scheduled or unscheduled absence, another properly credentialed supervisor or supervisors will be available for consultation and supervision, including any of the following: another licensed clinical psychologist at CVCH, licensed mental health counselor with sufficient years of experience to provide secondary supervision to you, and/or a Postdoctoral Resident. The availability of these supervisors will be communicated to the interns directly at the soonest possible time in the event of such absence of primary and secondary supervisors.

Benefits and Risks of Supervision

- ❖ Supervision has both benefits and risks. The benefits include increased proficiency and skills in all aspects of your professional development as a psychologist-in-training. The risks include experiencing discomfort due to being challenged, learning new things, navigating new, complex interpersonal professional relationships, and experiencing anxiety, frustration, or confusion in the process. Thus, it's not uncommon for interns to experience some degree of uneasiness and vulnerability due to being evaluated. We strongly believe that discomfort is an expected part of the growth process as you transition from student to professional. You will be encouraged to share and process through any feelings of discomfort that may arise in the course of the training year as a normative experience of your professional development.
- ❖ **Please note that our site and our training model places a great deal of emphasis on creating an environment of safety and security in supervision. We acknowledge that it's common for the interns to feel anxious about their performance; however, we also work with interns to minimize anxiety and increase their comfort level as one important avenue that allows for optimal learning.** You can expect conversation and discussion about your supervisory relationship with close attention being paid to developing increasing levels of safety in supervision as time progresses. We address issues, such as power differential inherent in the relationship, and individual and cultural differences between interns and supervisors, among other relevant factors that affect the relationship, and ultimately the success of supervision.
- ❖ Supervision is not intended to provide personal counseling or therapy for the supervisee. Stress management and self-care are welcomed (and even expected) topics in supervision. If personal concerns you bring to supervision are judged to interfere with your functioning, or they simply appear to exceed the level of what's appropriate for supervision, we may suggest you seek therapy or counseling. A number of our intern and Resident graduates from past years have found individual supervision incredibly beneficial and supportive of their personal and professional growth. Please know that if we do recommend personal therapy for you, it is in the context of facilitating your professional and personal success.

Who is most involved in your supervision and training?

- ❖ **Clinical Supervisors**: These are licensed clinical psychologists, who are your primary and secondary supervisors and maintain full responsibility over your supervision and training, as described above.
- ❖ **Peer Supervisor- Postdoctoral Resident**: Throughout your training year you will receive formal supervision from a Postdoctoral Resident. The Resident is a psychology doctoral graduate, who is completing advanced training and accruing hours toward licensure as a psychologist. The Resident is a supervisor in training. The Resident functions under clinical supervision of the licensed clinical



- ❖ psychologist and receives supervision and training on all aspects of his or her clinical duties, including supervision of the interns.
- ❖ **Psychiatric Provider:** is an active contributor to your formal training. They participate and present in our weekly didactic trainings and case consultation. You will have ample opportunity to learn from and consult with our psychiatric provider throughout the year on a variety of topics related to your clinical work and practice with special emphasis on psychopharmacology.
- ❖ **Administrative Supervisor:** Behavioral Health (BH) Director is the administrative supervisor for all Behavioral Medicine's clinical supervisors. It's important to understand the difference between clinical and administrative supervisors. Administrators function under a business management model. They are involved in personnel duties, such hiring, firing, promotions, raises, scheduling, as well as program development at CVCH. The interns meet for regularly scheduled one-one-one meetings with BH Director several times a year, and he/she/they assists them in providing administrative oversight, sharing and discussing organizational-level initiatives, assuring that interns have resources and other equipment they might need, and generally ensuring that their training experience is of the highest quality possible.

Confidentiality

- ❖ The limits of confidentiality in supervision are subject to internship training and CVCH-wide policies, relevant ethical codes for our profession and the state, informed consent laws, licensing board laws, and other situations outlined in the Internship Manual, such as communicating with your graduate home training programs and follow our due process and grievance procedures.
- ❖ **Confidentiality with Clinical, Administrative, and Peer Supervisors:** In general, the information disclosed in supervision is considered confidential within the bounds of your entire **supervisory team** in order to ensure the best coordination and communication on the team. Please be aware of the following exceptions to this rule:
 - Personal disclosure made to any supervisor which does not in any way impact the intern's professional functioning will not be shared with other supervisors without your prior knowledge and verbal consent.
 - If the intern explicitly requests that specific information be kept confidential and the supervisor(s) agrees that it's an acceptable request, that information will not be shared with other supervisor(s) without your prior knowledge and verbal consent.
 - At times of informal conflict resolution as described in the Informal Conflict Resolution section below

Informal Conflict Resolution

- ❖ Conflict is an innate part of the supervision process, as is true of all human relationships. Conflicts in supervision can stem from a variety of sources, including miscommunication, unclear or differing expectations, different personality styles, anxiety around the evaluative process of supervision, the changing and potentially conflicting roles that supervisors and supervisees take on with one another, and others.
- ❖ We believe that productive working through conflict toward a positive resolution can be a tremendous asset in supervision. Conflict that reaches a resolution is more likely to result in a strengthened relationship, positive supervision outcomes, and professional growth for the supervisor and supervisee.






- ❖ In order to promote healthy conflict resolution, your supervisors will encourage open and appropriate direct communication and feedback as a means of addressing conflicts. You will be expected to be an active participant in this process and will be encouraged to voice your needs and preferences working through conflicts.
- ❖ If you have any concerns or are dissatisfied with any aspect of your supervision or training experience, please discuss them with each supervisor directly. If you are unable to resolve the issues with the supervisor, you may ask for another clinical supervisor to be involved.
- ❖ You can also reach out directly to Behavioral Health Director to voice issues or concerns around supervision or other aspects of the training at any time.
- ❖ **Please be aware of the following steps to aid you at times of INFORMAL conflict resolution in supervision:**
 - In an event that the intern raises a concern around an informal conflict or miscommunication with another supervisor, the intern will be provided guidance, and if appropriate, might be asked to bring up the concern with that individual no later than the next scheduled individual supervision, or within a week in the case of an administrative supervisor.
 - During that time, the information will not be shared with other supervisors, unless the intern request otherwise.
 - If no resolution is reached between intern and the supervisor within the specified time frame, the supervisor with whom the concern was shared might take more active steps toward resolution, which may include sharing of the information previously disclosed with other supervisors, and other steps toward the resolution of conflict, such as scheduling a meeting with all involved parties to further discuss and problem-solve the conflict, among other potential steps.
- ❖ Clinical supervisors and/or Training Director may be involved in helping the intern decide whether a particular conflict falls under the definition of formal vs. informal conflict, if this is not immediately clear. In the event that informal resolution is not possible, or the intern has attempted the steps outlined above and it was not successful, the intern is expected to follow formal grievance and due process procedures per internship and CVCH policies.

References

- American Psychological Association. Board of Educational Affairs. (2014) Guidelines for clinical supervision for health service psychologists. Retrieved from <http://www.apa.org/about/policy/guidelines-supervision.pdf>
- American Psychological Association (2015). Guidelines for clinical supervision in health service psychology. (2015). *American Psychologist*, 70(1), 33-46.
- Bernard, J. M., & Goodyear, R. K. (2014). *Fundamentals of clinical supervision* (5th ed.). Boston: Pearson.
- Campbell, J.M. (2006). *Essentials of clinical supervision*. Hoboken, NY: John Wiley & Sons.
- Falender, C.A. (2017). *Clinical supervision through new lens*. Retrieved from <https://apa.content.online/catalog/product.xhtml?eid=6739>
- Thomas, J.T. (2010). *Ethics of supervision and consultation: Practical guidance for mental health Professionals*. Washington, DC: American Psychological Association

Supervisors and Staff

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	<p>Megan Kappler Behavioral Health Clinic Administrator</p>
	<p>Misha Whitfield, Psy.D. Director of Clinical Training</p>
	<p>Nyssa Petersen Ventura, Ph.D., GMHS Clinical Supervisor</p>
	<p>Samantha Baker, Psy.D. Clinical Supervisor</p>

	<p>Abigail Shepherd, Ph.D. Clinical Supervisor</p>
	<p>Christine Wineberg, Psy.D. Training Program Contributor</p>
	<p>AnnMarie Batdorf, Psy.D. Training Program Contributor</p>
	<p>Karen Maqueda Teaching Program Coordinator</p>
	<p>Marge Chapa Senior Program Assistant</p>



Viri Cruz
Program Assistant

DOCTORAL INTERNSHIP EVALUATION OF PROGRESS POLICY

I. EVALUATION OF INTERNS:

A. The Evaluation Process:

Interns are given routine feedback regarding their performance throughout the year by their supervisors and/or the training director (TD) in supervision and other meetings or training activities. The intern's supervisors also meet monthly during the *Internship Meeting* to discuss the intern's progress informally as interns progress through their training and meet various requirements for

completion of internship. During the *Internship Meeting*, the interns are also asked to provide informal feedback regarding the program and any unmet training needs. Other informal meetings and communication of supervisors may occur based on need. The feedback to the intern is ongoing, so that the intern stays apprised of his/her/their progress throughout the year on a consistent basis. The program upholds a developmental perspective on intern progress and strives to maintain a balance of providing feedback on the intern's strengths as well as areas of growth.

Additionally, bi-annually (at 6 months/mid-year and at 12 months/completion of internship), the interns' supervisory team meets to discuss and evaluate the interns' performance formally. The supervisory team includes all supervisors (e.g., primary, secondary, tertiary) and TD. The supervisory team is led by the TD, who facilitates the discussion and collects feedback and ratings from all supervisors. Additionally, feedback and information from other sources may be included, such as comments or other data from patient satisfaction surveys, and informal feedback from other providers, peers, colleagues, and other staff, who have meaningful contact with the intern and can comment on his/her/their professional functioning. 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. The intern evaluation form is completed by the supervisory team prior to the bi-annual meeting on the intern's performance.

Subsequently to the supervisory team meeting together, the formal evaluation delivery includes the supervisory team as well as the intern. The intern is provided with a copy of their intern evaluation form, which includes an optional space for the intern to include written comments. During the evaluation delivery both sides discuss how the internship experience is progressing, and the intern is provided with the opportunity to give his/her/their reactions and critiques of supervisors and other aspects of the training experience. The evaluation delivery includes the supervisory team highlighting both the areas of strength and opportunities for growth for the intern. It may be in the context of this meeting that a problem is identified that the supervisory team and the intern may arrange for a modification of the intern's training program to address his/her/their training needs and/or the needs of the training program.

It is important that during the internship the sponsoring university is kept apprised of the intern's training experience. The TD communicates with the sponsoring university at a minimum twice a year (at 6 months and 12 months) regarding the intern's progress. This communication includes forwarding a copy of the program's completed intern evaluation form on behalf of the intern.

The evaluation process at 6 months and 12 months also includes the intern's evaluation of the program. The interns are asked to review 1) the program and 2) each of his/her/their supervisors at the same time that they are formally evaluated by the supervisory team. The program evaluations are reviewed by the supervisory team and used to make improvements to the program. The supervisor evaluations are collected by the TD and distributed to each supervisor for review. The program emphasizes the importance of the program- and supervisor- evaluations, so that interns can



feel confident their feedback is valued and is and utilized to make improvements with the program and in supervision.

B. Intern Evaluation Rating Form

As noted above, formal evaluations will be performed mid-year and at the end of the year, unless there are notable deficits that require accelerated remediation. 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.

The Intern Evaluation Rating Form utilizes a 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 on most core competencies. Interns will then be expected to reach Level (3) by their mid-year formal evaluation on most core competencies. Some variation in performance is expected depending upon the intern's previous experience. Thus, if an intern receives scores of (2 or 2.5) in some areas on their mid-year evaluation, this will simply be noted and communicated to the intern as an area of improvement with additional training. The intern's improvements in that regard would be documented in supervision notes or other informal communication and feedback. Upon completion of the CVCH Internship Program, the intern will be expected to reach an overall rating of Level (4) in all of the program's nine profession-wide competencies.

If the intern is not showing progress in advancing to an overall score of Level (4) for final evaluation, or is not receptive to improved performance training opportunities, then the intern's performance will be considered a deficit. 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. This situation constitutes an "Intern Problem" and requires the program to follow one or more of the steps outlined in the *"Internship Due Process and Grievance"* Procedure.

APPENDIX A:

Five-Point Likert Scale

(1) BELOW EXPECTATIONS



The intern is performing below expectations for his/her/their level of training. The intern's knowledge and skills are unsatisfactory, and a remediation plan is required (except for instances of immediate dismissal from internship).

(2): DEVELOPING

The intern demonstrates knowledge and skills that are expected for incoming interns at the beginning stage of internship. The intern requires ongoing observation, instruction, or other oversight to ensure that he/she/they are learning new tasks and performing them satisfactorily.

(3): MEETS EXPECTATIONS

The intern has gained new knowledge and skills and has shown consistent professional growth relative to his/her/their level of functioning. This rating is common for midyear interns on most core competencies.

(4): PROFICIENT/ADVANCED

The intern exhibits knowledge and skills that are more advanced in nature and has demonstrated ongoing professional growth relative to his/her/their level of functioning. This rating represents a minimum level of achievement (MLA) for successful completion of internship.

(5): OUTSTANDING PERFORMANCE/PROFESSIONAL GRADE

The intern demonstrates superior knowledge and skills and is functioning at a professional grade.

DOCTORAL INTERNSHIP DUE PROCESS AND GRIEVANCE PROCEDURE

The purpose of this document is to define problematic behavior and outline formal procedures for the appropriate management of such problems that may occur for the doctoral interns at CVCH. Specifically, this

policy outlines the procedures for filing of grievances and possible sanctions for different parties involved, and it discusses the steps of the due process for all parties. Due process ensures that decisions made by programs about interns are not subjective or personally-based, and there is clear guidelines for the different steps that might be taken. This includes appeal procedures that might be taken by an intern if he/she/they wishes to challenge any action taken by the program.

The Behavioral Medicine Doctoral Internship in Clinical/Counseling Psychology at CVCH: General Guidelines for Intern and Training Program Responsibilities

The Psychology Doctoral Internship is designed to be an important 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 knowledge, skills, and attitudes involved in professional functioning.

I. Training Program's Expectation of Interns

The expectations of interns are divided into three areas:

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

Each of these areas are described below:

A. Professional Standards

The interns are expected to be cognizant of and abide by the guideline in the APA's Ethical Principles of Psychologists and Code of Conduct, and any other relevant, professional documents or standards which address psychologists' ethical, personal and/or legal responsibilities. 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 others' professional work.

B. Professional Competency

The interns are expected to show consistent professional growth throughout the training year that's relative to their level of functioning at the beginning stages of internship. By the time the internship is complete, interns are expected to reach an overall rating of "4": Proficient/Advanced on the Intern Evaluation Rating Form. This rating signifies successful completion of the internship, as described in detail in the *"Doctoral Intern- Evaluation of Progress"* policy.

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. Personal stressors, physical, emotional and/or educational problems may interfere with the quality of an intern's professional work. The program places strong emphasis on self-care, and this includes cultivating increased self-awareness and ability to not only manage stress but also to purposefully engage in actions that promote healthy functioning and enhance well-being for the intern. The interns are expected to utilize supervision and other training activities to develop awareness and skills that allow for optimal personal functioning.

II. General Responsibilities of the Internship 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/their professional functioning. In response to the above intern expectations, the training program assumes several 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

- **Starting with the orientation period**, the training program will provide interns with information regarding relevant professional, ethical, and/or legal standards and guidelines, training and supervision, as well as providing appropriate forums to discuss the implementations of such standards.
- The training program will provide ongoing, informal feedback as well as written evaluations at meaningful interviews 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. The steps and plan for feedback, both formal and informal is reviewed by the TD with the interns during the orientation period, and thereafter as needed.
- 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 affecting 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.
- The interns are provided information regarding all of the program's policies and procedures during the orientation period and thereafter as needed.
- The training program will provide training and supervision, and any other support and resources that allow the interns to develop skills, knowledge, and attitudes that allow for optimal self-care.

DEFINITION OF AN INTERN 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:

- An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
- An inability and/or unwillingness to acquire professional skills to reach an acceptable level of competency, and/or
- An inability and/or unwillingness to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.
- **Intern problem, regardless of how it's defined signifies that the intern is performing "Below Expectations" (a rating of "1" on one or more areas of the Intern Evaluation Rating Form)**



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:

- The intern does not acknowledge, understand, or address the problem when it is identified;
- The problem is not merely a reflection of a skill deficit which can be rectified by training;
- The quality of services delivered by the intern is sufficiently negatively affected;
- The problem is not restricted to one area of professional functioning;
- A disproportionate amount of attention by training personnel is required;
- The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time;
- The problematic behavior has potential for ethical or legal ramifications if not addressed;
- The intern's behavior negatively impacts the public view of the agency; and/or
- The problematic behavior negatively impacts the intern cohort.

INTERN EVALUATION AND DUE PROCESS PROCEDURAL GUIDELINES

I. The Evaluation Process

The evaluation process for the interns is described in detail in the *“Doctoral Intern-Evaluation of Progress”* policy.

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

If an intern receives a rating of “1” (Below Expectations) in any area listed on the evaluation form from any of the evaluation sources, the following procedures will be initiated:

- A. Training Director (TD), along with the interns’ other supervisors, either clinical and/or administrative, if applicable (referred to henceforth collectively as the “supervisory team”) will meet 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, verbally and/or in writing, that such a review is occurring and will have the opportunity to provide a statement related to his/her/their response to the rating.
- C. **The intern may accept the actions recommended or may challenge them, as described below.**
- D. TD and/or any member of the clinical supervisory team retains the right and may have an obligation to discuss and consult regarding any aspects or circumstances surrounding any “intern problem” (i.e., whenever the intern performance is problematic and falls below expectations) with one or more of the following individuals: CVCH’s Behavioral Health Director, Behavioral Health Clinic Administrator, Human Resources Director or another Human Resources representative, and/or any other member of CVCH’s Executive Team, as needed.
- E. 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. He/she/they may issue one or more of the following (all of which may be accepted or challenged by the intern):

VERBAL WARNING, which clearly communicates the need to discontinue the inappropriate behavior that led to intern problem and performing below expectations. There is no documentation involved.

WRITTEN WARNING is a written statement to the intern, which indicates the need to discontinue the inappropriate behavior, which led to intern problem and the intern performing below expectations. The written statement that is issued includes a description of the intern's unsatisfactory performance; actions needed to be taken by the intern to correct the problem; the timeline for correcting the problem; the actions that will be taken if the problem is not corrected; and notification that the intern has the right to request a review of this action. Written Warning must be approved by the TD before it can be issued. A copy will be kept in the program's intern file, including the final disposition.

ACKNOWLEDGE NOTICE is a written statement that communicates the need to discontinue the inappropriate behavior, which led to intern problem and the intern performing below expectations. This written notice includes a description of the intern's unsatisfactory performance; actions needed to be taken by the intern to correct the problem; the timeline for correcting the problem; the actions that will be taken if the problem is not corrected; and notification that the intern has the right to request a review of this action. The Acknowledge Notice must be approved by the TD before it can be issued. **Acknowledge Notice will be shared with the intern's sponsoring university, unlike Verbal Warning or Written Warning.**

PROBATION is a written statement and plan that actively and systematically monitors, 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: The actual behaviors associated with the inadequate rating; specific recommendations for rectifying the problem; time frame for the probation during which the problem is expected to be ameliorated; the procedures designed to ascertain whether the problem has been appropriately rectified; and notification that the intern has the right to request a review of this action. The Probation statement must be approved by TD before it can be issued. A copy will be kept in the program's intern file, including the final disposition.

If the "Acknowledge Notice" or "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.

Once the "Acknowledge 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.

SCHEDULE MODIFICATION may be used on its own or as part of another corrective action issued by the TD. Schedule modification is an accommodation that would assist the intern by providing specific reductions or changes in training workload, and/or other changes in training activities or supervision (e.g., by allotting more time to complete a specific requirement for internship completion, and/or by increasing the frequency, mode, or intensity of supervision), for a specific period of time. This modification may be used to support the intern in rectifying inadequate rating, with the expectation that the intern would complete all internship requirements on schedule. Schedule modification (including its cessation) must be approved by the supervisory team, including the TD.

OTHER REMEDIATION CONSIDERATIONS may be used on their own or as part of another action, or set of actions issued by the TD. The examples include the following: a recommendation to engage in personal therapy; requiring or recommending additional didactic, academic, or experiential training to address gaps in knowledge or skills; recommending a leave of absence; and suggesting a career change, if warranted.

IMMEDIATE DISMISSAL FROM THE INTERNSHIP includes permanent and irreversible termination of the intern from the internship placement. Immediate dismissal might apply to situations in which there was a serious and substantiated violation of the APA Code of Ethics by the intern, or when intern was found to be unable or unwilling to satisfactorily address his/her/their previously identified area of professional incompetence or misconduct (such as significant failure to comply with the conditions of “Probation”); or when it was found that the intern caused or contributed to serious physical or psychological harm to the patient, supervisor, peer, or colleague, or when the intern is unable to complete the internship due to physical, mental or emotional illness. Immediate Dismissal must be approved by TD, Human Resources (HR) Director, and Behavioral Health (BH) Director before it can occur. **Administrative leave of absence might be an alternative option in case of an intern suffering from physical or mental illness that interferences with performance or completion of internship. Leave of absence must be approved by HR Director and BH Director.**

Internship Grievance Procedural Guidelines

I. **Situations in which Grievance Procedures are Initiated**

There are three main situations in which **FORMAL** grievance procedures that are described in this document that can be initiated:

- When the intern challenges the action taken by the supervisor (Intern Challenge);
- When the supervisor is not satisfied with the intern's action in response to the action (Continuation of the Inadequate Rating);
- When a supervisor initiates action against an intern (Intern Violation), or
- The intern makes a formal complaint about TD, another supervisor, staff member, or the program itself; and/or
- Whenever previously initiated attempts at resolution of informal conflicts and grievance have not been successful.
- **TD and/or any member of the clinical supervisory team retains the right and may have an obligation to discuss and consult regarding any aspects or circumstances surrounding any “intern problem” (i.e., whenever the intern performance is problematic and falls below expectations) with one or more of the following individuals: CVCH’s Behavioral Health Director, Behavioral Health Clinic Administrator, Human Resources Director or another Human Resources representative, and/or any other member of CVCH’s Executive Team, as needed.**

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 TD and/or other supervisor as described in II of the "Intern Evaluation and Due Process Procedural Guidelines", he/she/they must, within five (5) working days of receipt of the communication or action, inform the TD, in writing, of such a challenge. The intern's written statement is considered a challenge and an appeal.
- Within three (3) working days of receipt of the intern challenge, the TD will consult with BH Director, BH Clinic Administrator, and/or an HR representative to decide whether to implement a Review Panel or respond to the appeal without a panel being convened.
- If responding to the appeal fails after consultation as described above, the TD will then convene a Review Panel, as described in Section III of this document below.

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:
- The TD will communicate, in writing, to the intern that the conditions for revoking the probation have not been met. The TD may then adopt any one of the following methods or take any other appropriate action:
 - Continuation of the probation for a specific time;
 - 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;
 - 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
 - Communication which informs the intern that the TD is recommending that the intern be terminated immediately from the internship program.
- 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.
- If a challenge is made, the intern must provide the TD, within five (5) working days, with information as to why the intern believes the action is unwarranted. A lack of response by the intern will be interpreted as complying with the sanction.
- Within three (3) working days of receipt of the intern challenge, the TD will consult with BH Director, BH Clinic Administrator, and/or an HR representative to decide whether to implement a Review Panel or respond to the appeal without a panel being convened.
- If responding to the appeal fails after consultation as described above, the TD will then convene a Review Panel, as described in Section III of this document below.

C. Intern Violation

- Any staff member may file, in writing, a grievance against an intern for any of the following reasons: Unethical or legal violation of professional standards or laws; Professional incompetence, or Infringement on the rights, privileges or responsibilities of others.
- The TD will review the grievance with the BH Director and/or HR Director and determine if there is reason to proceed and/or if the behavior in question is in the process of being rectified and/or is more appropriate for informal mediation.
- If the TD and BH Director and/or 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. Informal mediation or another appropriate action will be presented to the staff member and the intern named in the complaint. If informal resolution or mediation are successful, the complaint shall be considered resolved with no further action.
- If informal resolution is not successful, does not appear appropriate, and/or the staff member renews the complaint,, the TD will then convene a Review Panel, as described in Section III of this document below.

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:
- Raise the issue with the supervisor, staff member, other trainee, or Training Director in an effort to resolve the problem.
- If the Training Director cannot resolve the matter (and the HR-level personal action is not warranted), 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 might be sought from both parties and/or the mediation might involve verbal conversation, which might be facilitated by TD or another staff member of intern's choosing.
- If the matter cannot be resolved, or it is inappropriate to raise with the other individual, and/or clearly does not fall under informal grievance, the issue should be raised with the Training Director and/or directly with BH Director.
 - If the Training Director is the object of the grievance, or unavailable, or is not the appropriate person to raise the issue with for other reasons, the issue should be raised directly with the BH Director and/or HR Director.
- The supervisor named in the formal grievance shall excuse himself/herself/themselves from serving on the supervisory team until the grievance is satisfactorily resolved due to ethical conflict of interest.
- Any findings by BH Director and/or HR Director that substantiate unethical, inappropriate, or unlawful staff behavior will be managed by BH Director and/or HR staff with appropriate personnel action.

- If mediation fails, the TD might choose to convene a Review Panel, which is described in section III below.

III. Review Panel and Process

- When needed, a Review Panel will be convened, which is chaired by the Human Resources Director (and/or BH Director) and three staff members selected by the intern and three staff members selected by the other party involved in the dispute (e.g., TD, supervisor, another staff member, depending on A), B), or C) in section I or section II above.
- The Review Panel shall be chaired by the HR Director (and/or BH Director). Within five (5) workdays, a hearing will be conducted in which the challenge/grievance is heard and relevant material presented.
- The intern has the right to hear all facts with the opportunity to dispute or explain the area of concern.
- Within seven (7) working days of the completion of the review hearing, the Review Panel submits a written report to the HR Director (and/or BH 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.
- Within five (5) days of receipt of the recommendations, the HR Director (and/or BH 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 (and/or BH Director) within ten (10) days of the receipt of the HR Director's (and/or BH Director's) request for further deliberation. The HR Director (and/or BH Director) then decides regarding what action is to be taken and that decision is Final.
- If the intern disputes the HR Director's (and/or BH Director's) final decision, the intern has the right to contact the CEO to discuss this situation.
- Once a decision has been made, TD/supervisory team, the intern, sponsoring university and other appropriate individuals are informed in writing of the action taken.



**2021 Summary of Benefits:
Behavioral Medicine Intern**

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

Benefit:	Coverage:	Effective:
Annual Stipend	\$34,715.20	Paid on a bi-weekly basis.
Medical Premera (Self-Insured) Preferred Provider	Employee covered – 100% Dependents covered – 50%	First of the month following first date of employment.
Dental Washington Dental	Employee covered – 100% Dependents covered – 50%	First of the month following first date 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. No payment will be made for unused PTO at the time of termination/resignation.
Holidays	88 hours related to: 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 are based on an 8-hour day and paid based on the calendar year (January 1 through December 31). Holiday hours will be prorated based on remaining holidays for an initial partial year; and "floating holidays" will be provided as outlined below: Start date January 2 – May 1 = 2 float days (16 hours) Start date May 2 – September 1 = 1 float day (8 hours) Start date September 2 – December 31 = 0 float days for the current Years with all 3 awarded January 1 for the following year.
403(b) Retirement Plan Lincoln Financial	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.
Employee Assistance Program KEPRO EAP	Free short-term counseling for employee and family	Immediately. Call 800-999-1077. Company Code: CVCH.
Long-term Disability Mutual of Omaha	Employee Only (variable)	First of the month following first date of employment.
Basic Term Life Mutual of Omaha	Employee Only (1x annual salary, up to \$200,000)	First of the month following first date of employment.

Benefit:	Coverage:	Effective:
Group Accidental Death and Dismemberment (AD&D): Mutual of Omaha	Employee Only (1x annual salary, up to \$200,000)	First of the month following first date of employment.
Supplemental Term Life Mutual of Omaha	Employee / Spouse / Dependent(s)	First of the month following the first date of employment.
Voluntary AD&D Mutual of Omaha	Employee / Family	First of the month following the first date of employment.
Health Reimbursement Arrangement RedQuote	Reimbursement for medical, dental, mental health and prescription out of pockets costs incurred at CVCH, up to \$500 per family per year.	First of the month following the first date of employment.
Flex Plan: Medical RedQuote	Flex Plan: Maximum \$2,750 per year Direct Deposit available	First of the month following the first date of employment.
Flex Plan: Dependent Care RedQuote	Flex Plan: Maximum \$5,000 per year Direct Deposit available	First of the month following the first date of employment.
Link Transit	Employee covered at 100%	Immediately.
Worx Gym (Wenatchee & East Wenatchee)	Employee covered – 100% Dependent(s) eligible to enroll. Biweekly cost: <ul style="list-style-type: none"> • +1 Dependent \$13.55 • +2 Dependent \$8.13 • +3 Dependent \$8.13 	Immediately. Once employee has submitted enrollment form to Worx Gym
Cell Phone Discounts	Discounted monthly access fees Discounted select accessories and special equipment	Available for personal cell phones.

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 9/1/21

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

The overall goal of the Doctoral Internship program at Columbia Valley Community Health is to provide broad-based, generalist training in nine different profession-wide competencies, which are supportive of our model of integrated healthcare in a community health setting that provides a broad spectrum of mental health services that ranges from consultation, brief therapy, as well as long-term therapy, and assessment and psychological testing. Prior experience in integrated primary care, or another medical setting is desirable but not required. To apply, the applicants must be:

- Enrolled in an APA-accredited doctoral degree program in professional psychology (i.e., clinical or counseling) and have completed at a minimum three years of graduate course work and study;
- Have successfully passed comprehensive, or other qualifying examination and have their dissertation or doctoral research project proposal approved by the start of internship; and
- Have formal approval from the intern's academic program to go on internship and participate in the APPIC's match process.

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	YES		Amount: 400
Total Direct Contact Assessment Hours	YES		Amount: 50

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 at the Associate-level or above.

The Associate-level licensure generally only requires a Master's degree. 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 at www.doh.org.



Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$34,715	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes*	No
Coverage of legally married partner available?	Yes*	No
Coverage of domestic partner available?	Yes*	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	120	
Hours of Annual Paid Sick Leave	N/A (part of 120 above)	
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?	Yes	No
<p>Other Benefits (please describe):</p> <p>CVCH Covers the following benefits at 100% (employee only) Dental insurance, Vision (Part of Medical plan), Long Term Disability, Group Term Life, Basic Term Life, Group Accidental Death and Dismemberment (AD&D), Supplemental Term Life, Health Reimbursement Account (HRA), Gym membership, Link Transit, Licensing fees/renewal fee reimbursement.</p> <p>Voluntary Benefits: 403(b) Retirement Plan, Supplemental Life (Employee, Spouse, & Child), Voluntary AD&D, Flex Plan for Medical and Dependent Care, Cell Phone Discounts.</p> <p>* Dependents covered at 50%</p>		



Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2017-2020	
Total # of interns who were in the 3 cohorts	6**	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Community mental health center	0	0
Federally qualified health center	2	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	0	0
Military health center	0	0
Academic health center	1	0
Other medical center or hospital	1	0
Psychiatric hospital	0	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	0	0
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

**Two interns entered the program but did not complete it and were thus excluded from the data.

APPENDIX A: DOCTORAL INTERNSHIP ADMINISTRATIVE AND FINANCIAL SUPPORT

- The interns are awarded an annual stipend in the amount of **\$34,715.20** (for 2021-2022 training year). All of the interns' expenses related to becoming licensed at the master's level in WA are reimbursed by CVCH, along with other miscellaneous expenses, such as travel and approved training-related expenses. Additional information regarding benefits is included in the current **HR Summary of Benefits- Behavioral Medicine Interns**.

The internship program is provided with ample administrative, clerical, and technical support by its sponsoring institution at CVCH, which is briefly summarized as follows:

- **The Finance and Purchasing department** assist with the management of the internship budget including equipment, supplies, salary, and benefits throughout the year.
- **The Behavioral Health (BH) Director** provides leadership, strategic direction and management necessary to provide clinical, operational and administrative oversight for all Behavioral Health training programs, including the internship program. The interns meet for regularly scheduled one-one-one meetings with BH Director several times a year, and he/she assists them in providing administrative oversight, sharing and discussing organizational-level initiatives, assuring that they have been provided with resources and other equipment they might need, and generally ensuring that their training experience is of the highest quality possible.
- **The Clinic Administrator**, in conjunction with the Behavioral Health Director, also ensures that there is the appropriate amount of staffing and financial resources for the successful operation of the Behavioral Health department, including the internship program. The Clinic Administrator is responsible for optimizing work flow and business practices for their programs while maintaining the highest level of integration possible. The Clinic Administrator communicates and directs all providers, including interns, and is available to the interns to directly address any relevant operational needs and processes that may be impacting their training experience. The Clinic administrator also manages the budget related to the interns' training materials and equipment, in conjunction with the BH Director.
- **The Teaching Program Coordinator's** primary job function is to collaborate with the Director of Clinical Training in the planning, organization, and administration of the BMED teaching programs, including the internship program. In conjunction with the Director of Clinical Training, Teaching Program Coordinator assists interns with recruitment and onboarding, credentialing and scheduling, financial management, various administrative tasks, and program accreditation and compliance, and serves as a liaison between the training site and the community and regional and national associations.
- Interns share access to four full-time administrative **Behavioral Medicine Program Assistants (PA's)** who help with scheduling, answering phone calls, creating reports, and managing general office issues. The PA general duties are as follows: 1) Greeting and checking-in patients and visitors and performs general customer care duties in a courteous and prompt manner; 2) Coordinating and scheduling of



daily appointments; 3) Providing direct clerical, coordination, and interpretation services to Interns and other BH providers; and 4) Maintaining inventory.

- Lastly, Interns share access to the CVCH's **Information Technology (IT)** department and have easy access to IT specialists for all electronic, telephone, and computer-related issues.

APPENDIX B: DOCTORAL INTERNSHIP MAINTENANCE OF RECORDS

Student records, consisting of supervision documentation, evaluations, correspondence with graduate programs, and other relevant documents are maintained in a binder in a locked file drawer until the end of internship. Upon completion of the internship, the binders are scanned by the Teaching Program Coordinator into our electronic platform for student record retention, OnBase.

OnBase is a single enterprise information system designed to manage content. OnBase centralizes important scanned content into one secure location, and then stores and delivers that relevant material on demand. Capturing important data into one system allows easy enforcement of security policies, controls access and tracks activities. It also facilitates reporting and auditing of required and missing data; and protects and destroys targeted information. Access to OnBase is strictly controlled through the clinic's IT department utilizing a permission system which allows access to the platform. The program's Training Director, Behavioral Health Director, and Teaching Training Coordinator, and/or HR personnel are granted permissions to access this platform.

The program maintains a separate password protected electronic folder within the OnBase system for complaints/grievances that does not identify either the complainant or the part against whom the complaint was filed. Entries in the log would include the date the complaint/grievance was filed, the issues addressed, what, if any, actions were taken, and the governance level at which the complaint/grievance has been or will be adjudicated.

At the start of internship, the Interns receive the Internship Manual early on during the Orientation period, and it contains information regarding record retention policies. The interns are given the opportunity to ask questions and receive clarification if needed.

APPENDIX C: REQUIREMENTS FOR COMPLETION CHECKLIST

Requirement	Dates of Completion
Complete 1960 hours of supervised experience , including a minimum of 490 hours of direct clinical service/patient contact	
Participate in the following supervision training activities : <ul style="list-style-type: none"> • Individual supervision: 2 hours a week • Group supervision: 2 hours a week • Case consultation: 4 hour a month • Peer supervision with a Postdoctoral Resident: 1 hour a month • Supervision Seminar: 2 hours a month 	
Participate in the following training activities : <ul style="list-style-type: none"> • Didactic Trainings: 2.5 hours a week • Assessment Seminar: 1.5 hours a month • Diversity Seminar: 4 hours a month • Administrative Internship Meeting: 1 hour a month 	
At a minimum, complete four (4) direct observations with licensed clinical psychologist supervisors and one (1) direct observation with the peer supervisor	
Complete at a minimum three (3) psychological assessment reports	
Facilitate or co-facilitate at least one (1) group therapy	
Group Supervision Assignments: <ol style="list-style-type: none"> 1) Prepare and deliver one (1) formal case presentation accompanied by an applicable peer-reviewed journal article; and 2) Present two (2) peer-reviewed journal articles on any topic that's applicable to health service psychology/internship setting 	
Didactic Trainings Assignments: Prepare and deliver two (2) formal didactic presentations	
Diversity Seminar Assignments: <ol style="list-style-type: none"> 1) Present one (1) peer-reviewed journal article related to issues of individual/cultural diversity; 2) Present your cultural genogram and a cycle of socialization on one chosen aspect of your individual or cultural diversity 	



APPENDIX D: Intern Evaluation Rating Form

Intern Name: _____

Period

Covered: _____

Check One:

Initial

3 Months

6 Months

9 Months

Final

Supervisors:

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 below expectations for his/her/their level of training. The intern's knowledge and skills are unsatisfactory, and a remediation plan is required (except for instances of immediate dismissal from internship).

(2): DEVELOPING

The intern demonstrates knowledge and skills that are expected for incoming interns at the beginning stage of internship. The intern requires ongoing observation, instruction, or other oversight to ensure that he/she/they are learning new tasks and performing them satisfactorily.

(3): MEETS EXPECTATIONS

The intern has gained new knowledge and skills and has shown consistent professional growth relative to his/her/their level of functioning. This rating is common for midyear interns on most core competencies.

(4): PROFICIENT/ADVANCED

The intern exhibits knowledge and skills that are more advanced in nature and has demonstrated ongoing professional growth relative to his/her/their level of functioning. This rating represents a minimum level of achievement (MLA) for successful completion of internship.

(5): OUTSTANDING PERFORMANCE/PROFESSIONAL GRADE

The intern demonstrates superior knowledge and skills and is functioning at a professional grade.

RESEARCH	1	2	3	4	5	N/A
Demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.						
Apply scientific literature to clinical practice. Application is evident in conceptualization, treatment planning, and utilization of evidence-based interventions.						
Demonstrate the ability to quickly and efficiently consult research and other scientific literature to advance one’s knowledge, answer consultation questions, and/or to disseminate it to peers, other providers, and staff in an appropriate manner.						
Overall Research Rating	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>

ASSESSMENT	1	2	3	4	5	N/A
Demonstrate current knowledge of the diagnostic systems, such as the DSM/ICD, including differential diagnoses, functional behaviors and strengths, as well as dysfunctional behaviors and psychopathology.						
Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors and their context to the assessment or other diagnostic process.						
Understand how various biological, personal, family, social, cultural, and psychological factors influence health and illness, i.e., Demonstrates understanding of the human behavior within its context.						
Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the patient.						
Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.						
Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.						
Quickly and efficiently assess the presenting problem, degree of functional impairment, symptom severity, and readiness for change using focused interviewing and diagnostics skills required in integrated primary care setting.						
Able to integrate information from multiple available sources and formulate a succinct but well-rounded biopsychosocial-spiritual conceptualization in oral and written communications that includes some consideration of psychopharmacology for non-prescribers.						
Overall Assessment Rating	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>

INTERVENTION	1	2	3	4	5	N/A
Is able to develop rapport and form effective therapeutic alliance and relationship with patients.						
Collaboratively develop evidence-based treatment plans specific to the service delivery goals.						
Implement interventions that are informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.						
Demonstrate the ability to apply the relevant research literature to clinical decision-making.						
Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.						
Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.						
Treatment plans and interventions operationalize and specify goals for functional improvements tailored to each individual patient based on level of functioning, available resources, diagnostic complexity, and readiness for change (e.g., intern considers issues, such as sleep, activity level, adherence to medical recommendations, health literacy, etc.)						
Treatment plans and interventions demonstrate appropriate degree of theoretical flexibility, e.g., they show evidence of appropriate combination of skill-building, solution-focused, and behavioral targets for change, while also incorporating emotionally-focused, insight-oriented, and/or relational approaches, if indicated for each patient.						
Overall Intervention and Treatment Rating	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>

ETHICAL-LEGAL STANDARDS	1	2	3	4	5	N/A
Demonstrate comprehensive knowledge of and adherence to APA Ethical Principles of Psychologists and Code of Conduct, and relevant laws, regulations, rules, and policies governing health service psychology, and relevant professional standards and guidelines.						
Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.						
Conduct self in an ethical manner in all professional activities.						
Overall Ethical-Legal Standards & Conduct Rating	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>

PROFESSIONAL VALUES, ATTITUDES, & BEHAVIORS	1	2	3	4	5	N/A
Behave in ways that reflect the values and attitudes of psychology including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.						
Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.						
Actively seek and demonstrate openness and responsiveness to feedback and supervision.						
Complete commitments in a prompt and professional manner, e.g., Time management and organizational skills.						
Demonstrates appropriate self-care, and stress management skills. Able to maintain professionalism despite personal issues and stressors.						
Respond professionally in increasingly complex situations with a greater degree of independence as training progresses.						
Overall Professional Values, Attitudes, & Behaviors Rating	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>

COMMUNICATION & INTERPERSONAL SKILLS	1	2	3	4	5	N/A
Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.						
Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.						
Demonstrates effective conflict resolution skills and manages differences of opinion and other challenging interactions and communications; effectively repairs relationship ruptures when they occur.						
Overall Communication & Interpersonal Skills Rating	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>

CONSULTATION & INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS	1	2	3	4	5	N/A
Demonstrate knowledge and respect for the roles and perspectives of other professions.						
Apply this knowledge in direct of simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.						
Can effectively and confidently consult with different providers on the interdisciplinary team, including primary care providers and psychiatric providers.						
Effectively determine the situations that require different role functions and able to shift and adjust accordingly to meet the changing needs of the patient and team.						
Able to answer the referral question competently, thoroughly, and effectively, and offer appropriate recommendations to team members in oral and written communications. This includes some consideration of psychopharmacology for non-prescribers.						
Demonstrates understanding that patient care is the responsibility of a team of professionals, not a single clinician, including identifying and working to address barriers to integrated care.						
Engage in effective care coordination as needed, e.g., is able to appropriately engage providers on the team, other departments, and outside providers, agencies, and systems of care as needed.						
Able to recognize different needs and preferences of providers on the same interdisciplinary team. Able to effectively alter communication style and form of consultation offered based on the provider's needs, culture, and preference.						
Overall Consultation & Interprofessional/Interdisciplinary Skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>

INDIVIDUAL & CULTURAL DIVERSITY	1	2	3	4	5	N/A
Demonstrate an understanding of how his/her own personal/cultural history, attitudes, and biases may affect how he/she understands and interacts with people different from him/herself.						
Demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.						
Demonstrate ability to integrate awareness and knowledge of individual and cultural difference in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of his/her career. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with his/her own.						
Demonstrate the ability to independently apply his/her knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.						
Show awareness, sensitivity, and respect for issues of marginalized, rural, and/or underserved populations.						
Overall Individual & Cultural Diversity Rating	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>

SUPERVISION	1	2	3	4	5	N/A
Apply knowledge of supervision models in direct or simulated practice with psychology trainees, or other health professionals.						
Effectively use supervision to advance one's learning and work toward identified professional goals.						
Demonstrate openness and receptivity to feedback and respond positively to being challenged and critiqued as an opportunity for learning and growth.						
Ability to address conflicts, miscommunications, or other relationship ruptures that may occur in supervision with supervisor guidance).						
Overall Supervision Rating	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>



Summary Rating:

Please indicate by checking 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:

Areas of Growth:

Signatures and Date:

NAME
Director of Training

NAME
Supervisor

Intern’s Comments:

Intern’s Signature:

date:



APPENDIX E: INTERN OBSERVATION FEEDBACK FORM

Intern's Name:

Supervisor's Name:

Date of Observation:

Please check the activity/assignment observed:

**Intern
Didactic**

**Case
Presentation**

**Direct
Observation
(e.g., of patient,
peer supervision)**

**Diversity
Seminar
Presentation**

**Other (specify
below)**

In the space below provide a summary of the feedback provided to the intern verbally, e.g., what went well/areas of strength noted in the observation, as well as areas of growth/any corrective feedback. Consider the program's nine core competencies and program-specific competency, behavioral objectives, and the developmental stage of the intern's professional growth.

SUPERVISOR'S FEEDBACK:



APPENDIX F: SUPERVISOR EVALUATION FORM

Please complete questionnaire evaluation supervisor's skill and performance using the following rating scale:
 (1) Strongly Disagree, (2) Disagree, (3) Neutral, (4) Agree, (5) Strongly Agree, (N/A) Not Applicable

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
Procedure, Format, Effort	1	2	3	4	5	N/A
My personal time demands are respected, i.e., Supervisor uses scheduled supervision/ meeting time productively	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
Is reasonably accessible and available for supervision consultation outside of regularly scheduled supervision/meetings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
Provides well-balanced supervision experience that allows for discussion of clinical work, appropriate personal and interpersonal issues at work, and my professional development	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
Provides feedback about my strengths and successes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
Provides feedback about my mistakes and areas of growth	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
Clearly informs me of relevant organizational policies, requirements, and resources	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
Clinical Skills	1	2	3	4	5	N/A
Assists in conceptualization and clarification of patient issues, e.g., Case conceptualization and diagnostic clarification	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
Assists in development of relevant treatment goals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
Assists in selection of appropriate assessments and provides helpful feedback for report writing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
Provides useful guidance and support in crisis intervention	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
Clearly informs me of relevant legal and ethical issues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
Provides guidance in development of professional relationships	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
Shows attention and sensitivity to issues of cultural diversity and individual differences in all professional activities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
Supervisor is a role model for a psychologist in an integrated primary care setting	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
Supervisory Relationship	1	2	3	4	5	N/A
Exhibits commitment to my training and professional development	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
Maintains reasonable expectations for my professional development	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
Shows genuine interest in me as a trainee	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
Shows empathy, respect, and concern for me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
Demonstrates investment in my goals and objectives and how to meet them	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
My supervisor is sensitive, listens well, and provides guidance and support at times of stress or conflict	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
I feel safe to state my opinions and thoughts, even if they are different from his/her own	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
Serves as a mentor and role model for professional behavior	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>
Supports my growth and autonomy as an emerging psychologist	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A <input type="checkbox"/>

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 the supervisor to improve the quality of his/her supervision to better meet your needs going forward?



APPENDIX G: PROGRAM ALUMNI 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 one of the employment setting choices below)

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 one of the employment setting choices below):

Title of present position:

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

****Employment Settings: Academic- Teaching; Community Mental Health Center; Consortium; Health Maintenance Organization; Hospital/Medical Center; Independent Practice; Psychiatric Facility; School District or System; University Counseling Center: Other***

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 residency?

Yes No

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

Yes No

Please list any professional achievements (e.g., resident 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

APPENDIX H: DOCTORAL INTERNSHIP PROGRAM EVALUATION

1. **SATISFACTION:** Please indicate your overall level of satisfaction with the Doctoral Internship Program at Columbia Valley Community Health by marking one of the descriptors below:

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

2. **COMPETENCY DEVELOPMENT:** Please indicate the degree to which you feel the program was successful in providing training toward achievement of its nine competencies by assigning one of the following ratings:

5: HIGHLY SUCCESSFUL

4: MILDLY SUCCESSFUL

3: NEUTRAL/SATISFACTORY

2: MILDLY UNSUCCESSFUL

1: HIGHLY UNSUCCESSFUL

COMPETENCY	NUMERICAL RATING
Research	
Assessment	
Intervention & Treatment	
Ethical-Legal Standards & Conduct	
Professional Values, Attitudes, & Behaviors	
Communication & Interpersonal Skills	

Consultation & Interprofessional/Interdisciplinary Skills

Individual & Cultural Diversity

Supervision

1. PROGRAM COMPONENTS FEEDBACK: Please provide a rating for the items below using the rating scale below:

4: EXTREMELY SATISFIED

3: SATISFIED

2: DISSATISFIED

1: VERY DISSATISFIED

PROGRAM COMPONENT	NUMERICAL RATING
Didactic Trainings	
Assessment Seminar	
Diversity Seminar	
Case Consultation	
Individual Supervision received	
Group Supervision received	

PROGRAM COMPONENT	NUMERICAL RATING
Rounding with Behavioral Health Director	
Applied clinical experience with patients	
Opportunities for consultation with providers	
Psychological testing completed	
Group Therapy provided	
Special training opportunities (if applicable)	
Organizational support from CVCH	
Office space facilities, & equipment	
Support staff in Behavioral Medicine	
Work environment in Behavioral Medicine	
Challenging yet supportive training program	
The program cares about the interns as individuals and promotes a balance of learning and self-care	
The program values and promotes diversity among interns and staff	



Please indicate what you perceive as the program's greatest strengths:

Please indicate what you perceive as the program's limitations, weaknesses, or areas of growth:

Thank you for completing this evaluation! We appreciate your feedback.

APPENDIX I: PSYCHOLOGY TRAINEE TELESUPERVISION and TELE/DISTANCE EDUCATION POLICY

1. **PURPOSE:** This document establishes a formal policy that addresses 1) the utilization of telesupervision as an alternative supervision modality for doctoral interns and post-doctoral residents; and 2) tele/distance education that may be applied within the psychology training programs at CVCH. It aims to address the relevant requirements and guidelines set forth in the Implementing Regulations (IRs) related to the Standards of Accreditation for Health Service Psychology (SoA) for Internship Program and Postdoctoral Programs. This document follows a review of the best practices for the provision of telesupervision and tele/distance education.
2. **DEFINITIONS:** The following definitions serve to clarify the terms used throughout this document:
 - a. **TELESUPERVISION:** According to IRs related to the SoA, telesupervision “is supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical location as the trainee” (C-15 I/P).
 - b. **TELE/DISTANCE EDUCATION:** Refers to any training activities (excluding supervision) that are required for the completion of psychology training programs at CVCH, including doctoral internship and post-doctoral residency programs. Examples of such training activities include didactic trainings, testing/psychological assessment meeting, diversity seminar, case consultation, and others.
 - c. **TELEPSYCHOLOGY** is defined as “the provision of psychological services using telecommunication technologies... (which) include but are not limited to telephone, mobile devices, interactive videoconferencing, e-mail, chat, text, and Internet” (Joint Task Force for the Development of Telepsychology Guidelines for Psychologists, 2013, p.792). **Telepsychology’s psychological services include telesupervision and tele/distance education, among other psychological services.**
 - d. **PSYCHOLOGY TRAINEE:** Refers to doctoral interns, post-doctoral residents, and psychology practicum students.
3. **RATIONALE FOR THE USE OF TELESUPERVISION and TELE/DISTANCE EDUCATION:** Although in-person supervision and training activities remain the preferred modality of training for psychology trainees at CVCH, the rationale for the supplemental and/or concurrent use of telepsychology for these purposes is two-fold:
 - a. The advances in telecommunication and the expansion of clinical practice (i.e., telepsychology) have led to increased support and utilization of computer-based technologies. The expansion of telecommunication technologies offers novel and useful opportunities for the provision of psychological services, including supervision and training. The continued development of new

technologies makes it increasingly more likely that psychology trainees will need to gain some knowledge of the best practices as well as some familiarity and comfort with the utilization of different aspects of telepsychology.

- b. As CVCH is growing and expanding as a teaching and training institution, telesupervision and tele/distance education opportunities offer viable access to a greater number of qualified clinical supervisors and other contributors to the training programs who are located in more distant or rural locations. These technologies offer novel opportunities for increased communication and collaboration among supervisors and trainees located at different training sites that would otherwise have more limited such opportunities due to constraints of travel, time, and other resources required for in-person contacts.

4. HOW TELESUPERVISION IS CONSISTENT WITH OVERALL AIMS AND TRAINING OUTCOMES:

Telesupervision is consistent with overall aims and training outcomes because the content and process of this modality of supervision directly mirrors in-person supervision. Specifically, the supervisors and trainees are expected to follow the requirements and guidelines set forth by the training programs' *Informed Consent for Supervision*, which trainees and supervisors review and sign at the beginning of the year, in addition to other training-wide policies and requirements for completion.

5. HOW AND WHEN TELESUPERVISION AND TELE/DISTANCE EDUCATION ARE UTILIZED IN CLINICAL TRAINING & WHICH TRAINEES CAN PARTICIPATE: The CVCH psychology training programs allow for the use of telesupervision and tele/distance education as follows:

- a. At times of certain major crises and/or community, regional, and/or national emergencies, which would make in-person supervision an explicit risk to the health and safety of psychology trainees and/or their supervisors. As such times telesupervision is considered an acceptable substitute for in-person supervision as it maintains the health and safety of all trainees and/or supervisors. At the conclusion of the crisis or emergency, the trainees and supervisors are expected to resume in-person supervision.
 - i. At times of unprecedented crises or emergencies, the use of telesupervision might be extended and/or may exceed the percentage of telesupervision that is normally allowed by the SoA (i.e., no more than one hour (50%) of the minimum required two weekly hours of individual supervision, and two hours (50%) of the minimum required four total weekly hours of supervision for doctoral interns; and no more than one hour (50%) of the minimum required two weekly hours of face-to-face supervision for the postdoctoral residents).
 - ii. **Such increased or extended use of telesupervision must occur with the explicit consent of the Director of Clinical Training and Behavioral Health Services Director.**
 - iii. There are no explicit hourly or percentage limitations for tele/distance learning under these circumstances. **Each trainee who participates in tele/distance learning is positively identified due to the utilization of interactive videoconferencing platform for all training activities.**

iv. All impacted trainees would be deemed appropriate to participate in telesupervision and tele/distance learning under these circumstances.

b. Telesupervision and tele/distance learning are also permissible under non-emergency circumstances for supervisors and trainees where clinical practice and training sites are more than 10 miles apart. An example might include a supervisor who practices at CVCH Chelan delivering a didactic training via interactive videoconferencing platform to trainees in Wenatchee.

i. Telesupervision under this option must be limited to what's normally allowed by the SoA (e.g., no more than one hour (50%) of the minimum required two weekly hours of individual supervision, and two hours (50%) of the minimum required four total weekly hours of supervision for the doctoral interns; and no more than one hour (50%) of the minimum required two weekly hours of face-to-face supervision for the postdoctoral residents).

ii. There are no explicit hourly or percentage limitations for tele/distance learning under these circumstances. **Each trainee who participates in tele/distance learning is positively identified due to the utilization of interactive videoconferencing platform for all training activities.**

iii. This option is primarily extended to postdoctoral residents, who are placed at two or more CVCH training sites during their training year. The supervisor might at times supplement in-person supervision with telesupervision for the postdoctoral resident, for example.

6. HOW THE PROGRAM ENSURES THAT RELATIONSHIPS BETWEEN SUPERVISORS AND TRAINEES ARE ESTABLISHED AT THE ONSET OF THE SUPERVISORY EXPERIENCE: Except for situations of unprecedented emergencies (see Section 5:a), the relationships between supervisors and trainees are established in the same manner as occurs in all non-technology based training activities, including supervision. In other words, except for situations of grave emergencies, the trainee and supervisor relationships are established via in-person contacts.

7. HOW AN OFF-SITE SUPERVISOR MAINTAINS FULL PROFESSIONAL RESPONSIBILITY FOR CLINICAL CASES: The off-site supervisor continues to maintain full professional responsibility for clinical cases, including explicit information regarding such professional responsibility as is stipulated in written informed consent forms and verbal information provided to patients; reviewing and signing-off on all documentation and correspondence related to all patients; live supervision and observation, and continued, uninterrupted access the trainee has to the supervisors at the time of direct service delivery, in-person or telesupervision, or at any other time during unscheduled supervision.

8. HOW NON-SCHEDULED CONSULTATION AND CRISIS COVERAGE ARE MANAGED: Non-scheduled consultation and crisis coverage are managed very similarly to in-person supervision and consultation. Specifically, all trainees are required to contact one or more available supervisors via one or more of



the following methods: phone, email, and/or instant messaging system in the electronic medical record for all urgent supervision and consultation needs.

9. HOW PRIVACY AND CONFIDENTIALITY OF THE CLIENT AND TRAINEES ARE ASSURED:

10. THE TECHNOLOGY AND QUALITY REQUIREMENTS AND ANY EDUCATION IN THE USE OF THIS TECHNOLOGY THAT IS REQUIRED BY EITHER TRAINEE OR SUPERVISOR:

REFERENCES

- American Psychological Association. (2015). Guidelines for clinical supervision in health service psychology. *The American Psychologist, 70*(1), 33–46.
- Inman, A. G., Soheilian, S. S., & Luu, L. P. (2019). Telesupervision: building bridges in a digital era. *Journal of Clinical Psychology, 75*(2), 292–301.
- Joint Task Force for the Development of Telepsychology Guidelines for Psychologists. (2013). Guidelines for the practice of telepsychology. *The American Psychologist, 68*(9), 791–800.
- Martin, P., Lizarondo, L., & Kumar, S. (2018). A systematic review of the factors that influence the quality and effectiveness of telesupervision for health professionals. *Journal of Telemedicine and Telecare, 24*(4), 271–281.
- Martin, P., Kumar, S., & Lizarondo, L. (2017). Effective use of technology in clinical supervision. *Internet Interventions, 8*, 35–39.



APPENDIX J: CVCH'S EQUAL OPPORTUNITY, WORKING CONDITIONS, AND ENVIRONMENT POLICY

POLICY STATEMENT/PURPOSE:

It is the policy of Columbia Valley Community Health (CVCH) to establish guidelines for equal opportunity and working conditions.

PROCESS:

I. EMPLOYMENT PRACTICES

- A. 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.
- B. This policy also applies to qualified disabled veterans, persons with physical or mental handicaps, and veterans of the Vietnam era.
- C. Participation in organization-administered training, staff training, and tuition reimbursement, social and recreational programs will be offered on the same basis of equal opportunity to all employees.
- D. Safe and healthy working conditions will be provided to employees at all locations.
- E. There will be compliance with all applicable federal, state and local regulations on matters relating to the protection of the environment.

II. CIVIL RIGHTS COMPLIANCE

- A. The Human Resources Manager has been designated to oversee Civil Rights compliance to ensure equality of opportunity in all aspects of employment.
 - B. S/he will maintain a log and copies of all correspondence regarding complaints filed with Federal, state and/or local agencies responsible for ensuring nondiscrimination in government programs.
 - C. S/he will track the status of all unresolved complaints or investigations and actions taken on resolved complaints and completed investigations.
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APPENDIX K: CVCH'S NON HARRASSMENT POLICY

POLICY STATEMENT/PURPOSE:

It is the policy of Columbia Valley Community Health to provide its employees with an environment that is free from all forms of unlawful discrimination, strictly prohibits sexual or any other form of unlawful harassment, and fully supports federal and state laws prohibiting sexual harassment and any other form of unlawful harassment. Such harassment may include, but not be limited to, unlawful harassment because of race, religion, color, national origin, ancestry, physical handicap, medical condition, sexual orientation, and age, as well as sexual harassment. This prohibition applies to all employees and extends not only to sexual favors as a condition of employment or promotion, but to any unlawful behavior tending to create a hostile working environment for employees of either gender.

I. EXAMPLES OF UNLAWFUL BEHAVIOR INCLUDE:

- A. Unwelcome sexual advances;
- B. Physical conduct of a sexual nature;
- C. Request for sexual acts or favors;
- D. Abusing the dignity of an employee through insulting or degrading remarks, jokes, or conduct;
- E. Creating an intimidating, hostile, or offensive working environment through offensive sexual comments or conduct;
- F. Displaying "pinup" calendars or sexually demeaning pictures;
- G. Threats, demands, or suggestions that an employee's work status is contingent, either explicitly or implicitly, upon his or her toleration of or acquiescence to sexual advances; or
- H. Retaliation against employees for complaining about or refusing to tolerate such behavior;
- I. A patient making sexual advances to an employee through inappropriate verbal or written comments.

II. REMEDY

If you are the target of unwanted sexual attention or behavior, follow the three R's:

1. Respond – make your feelings absolutely clear and ask that the behavior stop.
2. Record – note the time, place, and specifics of each incident, including any witnesses.
3. Report – continuing harassment should be reported to the Human Resources department or an Executive Team Member of CVCH. Executive Team Members and HR can be reached at (509) 662-6000. All complaints of unlawful harassment will be promptly investigated.

Appropriate corrective action will be taken to remedy all violations of this policy. The complaining employee will not be subjected to retaliation for registering a complaint in good faith.

APPENDIX L: TRAINING SCHEDULE TEMPLATE 2020-2021

TIME	MONDAY *Once a month	MONDAY WK 2	TUESDAY WK 1 & 3	TUESDAY WK 2 & 4	WEDNESDAY	THURSDAY WK 1	THURSDAY WK 4
7:00AM					Provider		
7:30AM					Meeting		
8:00AM					*WK 2		
8:30AM	Postdoc Peer	Supervision	Didactic	Didactic			
9:00AM	Supervision	Seminar	Trainings	Trainings	Group		
9:30AM					Supervision		
10:00AM						Assessment	
10:30AM						Seminar	
11:00AM			Individual Supervision				Internship
11:30AM			Leah/Dr. W. *WK 1-5				Meeting
12:00PM							
12:30PM							
1:00PM			Case	Diversity		Individual Supervision	
1:30PM			Consult	Seminar		Catherine/ Dr.W. *WK 1-5	
2:00PM					Individual Supervision		
2:30PM					Anna/Dr.B. *WK 1-5		
3:00PM			Individual Supervision	Individual Supervision		Individual Supervision	
3:30PM			Anna/Dr. W. *WK 1-5	Catherine/Dr. B. *WK 1-5		Leah/Dr. B. *WK 1-5	
4:00PM							

APPENDIX M: COMMON DIDACTIC TRAININGS

Integrated Primary Care Psychology: Skills & Competencies
Consultation Skills in Integrated Primary Care
Evidence-Based Assessments & Treatments in Integrated Primary Care Across the Developmental Spectrum
Crisis Management and Working with High-Risk Populations
Suicide Risk Assessment & Treatment/Interventions
Duty to Warn/Duty to Protect
Domestic Violence
Mindful Self- Compassion and Other Mindfulness-Based Interventions
Ethical Multicultural Practice
Working with Hispanic and Latinx Populations in Primary Care
Ethical Issues & Professional Development
Clinical Supervision: Models and Applications
Clinical Psychopharmacology for Non-prescribers
Chronic Illness Management (e.g., chronic pain, diabetes, and others)
Health Behavior Change
Health Disparities
Vicarious Trauma and Compassion Fatigue
Trauma-Informed Care
Trauma, PTSD, and Dissociative-Spectrum Disorders: Assessment and Treatment

Assessment and Treatment of Mood-, Anxiety-, OCD-, and Eating-, Disorders
Assessment and Treatment of Substance Use Disorders and Co-occurring disorders
Assessment and Treatment of Neurocognitive & Neurodevelopmental Disorders
Attachment-Based Assessment and Interventions
Sleep-Wake Disorders and CBT-I
Women's Health
Psychological Growth in Adulthood
Self-Care for Psychologists

APPENDIX N: COMMENTS FROM PAST INTERNS



Bahar Ehfad

Ph.D. Clinical Psychology- Alliant International University, California School of Professional Psychology

Doctoral Intern: 2020-2021

My year as a Behavioral Medicine Doctoral intern at CVCH was incredibly valuable. Finishing this program has given me the confidence to continue my Post-Doctoral training in the field of health service within an integrated model of care. I am incredibly thankful to have worked with the population served at CVCH, a population with so much gratitude and appreciation for mental health services. During my training I had the opportunity to work with patients of all ages and was given the space to focus some of my training on working with children and adolescents, a population I am greatly aligned with. Having the opportunity to connect with the youth of Wenatchee has been an immense joy and they have taught me skills as a clinician I will utilize for the rest of my career. The staff and supervisors have been supportive and willing to listen, understand, and make changes to support the needs of their interns. I am incredibly lucky to have had to opportunity to train in a small town and I am excited to take the skills I have learned during a difficult pandemic year and continuing sharing them with my patients.



Annika Johnson Campbell

Psy.D. Clinical Psychology- George Fox University, Graduate School of Clinical Psychology

Doctoral Intern: 2019-2020

CVCH has stretched me in many profound ways throughout my internship year. While the learning curve has felt steep at times, I have always been able to access the support needed to face its challenges. The broad range of clinical services provided here at CVCH has left me feeling prepared to head into the vast world of psychology. I feel confident the skills I have developed will translate well into any of the future treatment settings I find myself in. Even more valuable is the encouragement I received from supervisors to pursue my own unique passions. At CVCH, I was able to challenge myself to grow in areas of discomfort and flourish in my strengths. I am grateful for a supervision experience that has positively reinforced self-care and allowed me to make space for my authentic self within the therapeutic setting.

The training program at CVCH offers wonderful training in community mental health and integrated care. The population served is diverse in cultural background, religion, socioeconomic status, age, and gender/sexuality. Patients presenting concerns span the entire DSM-5, and there is flexibility within the model to meet patient needs. CVCH is a training environment ripe for personal and professional growth.



Alexa Barcena

Ph.D. Clinical Psychology- Alliant International University, California School of Professional Psychology

Doctoral Intern: 2019-2020

I have always been passionate about health psychology, so completing my Internship at Columbia Valley Community Health (CVCH) has been a privilege. I have learned so much throughout this year, both about patient care and about myself. One thing my previous training in health psychology settings lacked was a focus on the importance of the therapeutic relationship and attachment styles. This training has improved my ability work with a larger variety of presenting problems. I have also been able to increase my comfort in working with trauma, which is quite common in this area. This site provides a generalist experience, while still managing to focus on integrated care and health psychology.

As for what I have learned about myself, I have my supervisors (Drs. Breedlove and Whitfield) to thank for my growth. They have encouraged me to challenge myself and always seek out any opportunity that interests me. They are fantastic supervisors who truly want us to succeed and grow. They consistently emphasize self-care and will help you to make sure your own needs are met, not just those of your patients. I have learned how to be much more assertive this year, in both my professional and personal lives, and I do not think I would have come so far if not for my experiences here.



Abigail Shepherd

Ph.D. Clinical Psychology – Fuller School of Psychology

Doctoral Intern: 2018-2019

I'm incredibly grateful to have capped my graduate training as a Behavioral Medicine Pre-Doctoral Intern at Columbia Valley Community Health. My training with Drs. Breedlove and Whitfield has prepared me for a career as a health service psychologist in an integrated care model. I have a passion for working with underserved children and adults in a health psychology setting, and CVCH provided the generalist training I needed to feel confident as I pursue this endeavor. CVCH is a cutting-edge clinic that patients feel proud to receive their care from. I have loved working with providers who are invested in their work and value giving back to the community. I am humbled to work with such caring and passionate individuals who value a whole-person care approach to treatment.

I have always viewed supervision as one of the most important aspects of training, and beyond what the clinic can offer, I know it is the quality of supervision I received that sets apart CVCH as a superior clinical training site. Each of my supervisors created a supportive and appropriately challenging environment that allowed me to grow in multiple domains, including my identity as a psychologist-in-training. They were intentional to tailor my training experience to fit my expertise and challenge the areas where I needed to grow. I have nothing but gratitude and respect for the Behavior Medicine team at CVCH and I am confident in the skills I have developed throughout the last year.



Daisy Rivera

Psy.D. – William James College

Doctoral Intern: 2017-2018

My year as a Behavioral Medicine Pre-Doctoral intern was a challenging but rewarding time that helped me to grow both personally and professionally. I chose to come to Columbia Valley Community Health because of the diverse population and integrated model of care. I have a passion for working with the Latino population and having worked in integrated models in the past, my experience was that it provided more opportunity to increase access, provided increased cohesive and collaborative whole-person care, and prevented patients from falling through the cracks. I was immediately impressed with the relationships between the medical providers and the behavioral medicine providers at CVCH, as I had never seen medical providers extend such level of respect and receptiveness to the opinions of behavioral medicine consultants, and likewise had never seen behavioral medicine consultants feel so comfortable in their consultation without the fear of “stepping on toes”. The integrated working environment was absolutely fast-paced and definitely brought about very challenging cases, but the supportive environment and the strong working relationships between providers across disciplines made the challenging cases easier to handle.

The training at CVCH was very diverse and helped me to develop more confidence as a provider than I have ever had. I learned so much more about the intersection of medical and psychological problems. I also had the amazing opportunity to learn more about psychopharmacology and obtained enough knowledge and understanding about it to feel comfortable making medication recommendations to PCP’s. Furthermore, I became much more confident in my psychological assessment/testing report writing.

A major contributor to my professional and personal growth throughout the year was the wonderful supervision I received. Supervision was very different with each supervisor, but they each created a safe space and learning environment, allowed for repairing of past negative supervisory experiences, and supported our individual interests. CVCH definitely met and exceeded my expectations for my internship year and provided me with tools that I will carry with me throughout my career.



Melissa Reilly

Psy.D. – Antioch University, Santa Barbara

Doctoral Intern: 2017-2018

I chose Columbia Valley Community Health for the integrated model of care and fast paced environment. I felt as though this type of setting would challenge and improve upon my clinical skills. I am able to say I have gained a greater understanding in treating the individual as a “whole.” CVCH has given me the opportunity to work collaboratively with other professionals, in their chosen field, to meet the needs of each individual patient and the demand of a growing population. Each patient is different with a vast array of issues ranging from complex chronic pain management to substance use issues, crisis stabilization, and ongoing therapy. The days vary greatly and there’s always opportunity to challenge yourself or step out of your comfort zone.

I am also appreciative of the greater learning opportunities presented here. For instance, I presented three didactics, a complex case presentation, and sat on different committees and coalitions during my time here. There’s plenty of opportunity for these types of activities but squeezing in the time can be a difficult balance.

Lastly, the quality of training and supervision I have received from Dr. Breedlove, Dr. Whitfield, and AnnMarie Batdorf, have been beyond any expectations. These supervisors have challenged and pushed me to both clinical and personal excellence while offering a supportive and caring environment. They have always taken the time to ensure the appropriate training needs are met and have specifically tailored aspects of the internship to meet personal growth goals throughout the year. CVCH has exceeded my expectations for internship and has prepared me well for the challenges that face me in this career.



AnnMarie Batdorf

Psy.D. – Capelle University

Doctoral Intern: 2016-2017

My experience as a pre-doctoral intern at CVCH was incredible in that I gained a greater understanding of the bio-psychosocial model as well as, I fell in love with the integrated model of patient care. Coming from a long term private practice my time as an intern was an eye opening experience due to the exposure to such a wide variety of patients and their various issues and needs. Working alongside medical providers greatly improves the patients confidence in their care and they appreciate the team approach to getting their needs met. Learning to work with whole patient care including medical issues, psychopharmacology and mental health issues truly does provide the best care possible. It is a fast paced and exciting environment. The high quality of supervision I received consistently along with an amazing support staff made the more difficult days go as smoothly as possible. It is a wonderful learning environment and creates an opportunity for personal and professional growth.



Joshua Ventura

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

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. – 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

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.



Adriana Marti

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.



Jared Cozen

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.



Mussarat Khan

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-Fisher

Northeastern University

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 resident 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

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

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

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

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.