Doctoral Internship in Health Service Psychology

Internship Manual
2026-2027



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



CVCH Chelan:
Medical, Dental, and Behavioral



CVCH East Wenatchee:
Medical, Dental, and Behavioral

CVCH

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.
- Rotation in pediatrics and family medicine in both Wenatchee and East Wenatchee location
- 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 50 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 $21.15 per hour/ $43,992 hourly rate of pay, annualized as a 1.0 FTE. 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,

Misha Whitfield, Psy.D.
They/Them
Director of Training
Columbia Valley Community Health
Behavioral Medicine
600 Orondo Avenue
Wenatchee, WA 98801
509.664.3531
mwhitfield@cvch.org

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

CVCH

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 50 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 several 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 are. Community health agencies from the Northwest often come tours the beautiful facilities and shadows 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

CVCH

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 be 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 strong interpersonal skills who demonstrate the ability to collaborate effectively with interdisciplinary teams and provide care to diverse patient population. 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 to apply for a Washington State associate-level license in a Behavioral Health profession (LMHCA) prior to or at the beginning of internship, as required for service delivery in our setting. 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 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/or 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. 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 any 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 APPIC 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. CVCH is an Equal Opportunity Employer and training site. We do not discriminate on the basis of race, ethnicity, color, religion, sex (including pregnancy), gender identify or expression, sexual orientation, age, disability, veteran status, or any other protected status under applicable law.

Additionally, 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 responsiveness, 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 is 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 endpoint 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 areinterested 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 four fully-funded doctoral internship slots. Additionally, there are three 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 comparable to many mid-sized communities in the nation. 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 available 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 training 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, and well-appointed. CVCH's state-of-the-art health care clinic opened their doors in East Wenatchee August 29, 2023. CVCH Wenatchee has undergone extensive renovations in the past several years, which has led to significantly improved facilities. Interns have shared office space with dual monitor computer stations and telephones at both Wenatchee and East Wenatchee Clinics. The clinic provides email addresses and basic office supplies. Interns and Behavioral Medicine providers share access and use of full-time Behavioral Health Administrative Assistants. BHealth Assistants help schedule, perform clerical duties, and 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. Interns are not required to limit themselves to one or two specific orientations or approaches. Rather, they are encouraged to apply evidence-based practices in ways that work best for each individual patient and situation, including adapting their approach as the patient's needs evolve over time.

TRAINING PROGRAM PHILOSOPHY

Our overarching approach to intern training is based upon the tenets 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 are 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 interns 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 intensive instruction and monitoring are expected over time. This, in turn, promotes increased autonomy and confidence, allowing interns to continue acquiring increasingly advanced and 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 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 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 services that range from consultation, warm handoffs, 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 range from consultation, warm handoffs, 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 lifelong 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 range from prevention and consultation to brief therapy, long-term therapy, and assessment and psychological testing.

A detailed description of behavioral objectives associated with 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 critical evaluation, application, and dissemination of research in all aspects of clinical practice. The intern demonstrates intellectual curiosity, critical thinking skills, and proficiency in locating, evaluating, integrating, and disseminating research and other scholarly activities at the local, regional, and national levels.

ASSESSMENT

To increase knowledge and skills in the application of current diagnostic systems and in the development of interviewing and diagnostic competencies required for the program's setting, ranging from brief consultation-based assessments to comprehensive 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 both oral and written communications. This conceptualization considers functional strengths and adaptive behaviors, as well as dysfunctional behaviors and psychopathology. The intern gains increased proficiency in the selection, administration, interpretation, and communication of assessment findings through brief screenings, psychological testing, report writing, and feedback provided to a range of audiences.

INTERVENTION AND TREATMENT

To increase knowledge and skills in the effective application, modification, and adaptation of evidence-based interventions and treatment approaches for individuals, families, couples, and groups across the lifespan who present with a wide range of concerns along 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 develop knowledge and skills in the application of supervision models through direct or simulated practice with psychology trainees and other health professionals. The intern demonstrates the ability to effectively engage in and utilize supervision to enhance professional growth, integrate feedback, and achieve identified training and 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/East Wenatchee: Medical, Behavioral, Dental, and Express Care

CVCH has an ambulatory medical clinic that offers healthcare and screening services to anyone who needs medical services, including migrant or seasonal agricultural workers and low-income populations. Fees are charged on a sliding scale. Services include general family care, women's healthcare and obstetrics, walk-in medical services, dental care, Women, Infant, and Children (WIC), diabetes education, pharmacy, behavioral health, and behavioral medicine. The clinic employs 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.

Interns will experience rotations in family medicine and pediatrics at both locations. Interns will have shared offices along with workstations embedded with the medical providers. However, training and majority of meetings will occur at the Wenatchee site. Interns work closely with medical providers and support staff to better manage patient concerns. 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 concerns. 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 professionals. The Behavioral Medicine Internship Program at CVCH offers unique training opportunities in psychological assessment, treatment, therapy, consultation, and community involvement.

CVCH Chelan

Chelan, WA, is an agricultural and tourism-based town pushed into the eastern foothills of the Cascade Mountains, 180 miles east of Seattle and approximately 50 minutes north of Wenatchee. The year-round population is about 4,000 but it increases to 15,000-20,000 in the summer months as visitors enjoy the area's 55-mile-long glacier-fed lake. Chelan is rich in local culture and offers ample outdoor activities year-round. The Columbia Valley Community Health clinic in Chelan is a freestanding facility that includes full-spectrum family medicine through primary care, dental services, behavioral medicine, behavioral health, psychiatry services and WIC. The facility was constructed in 2017 and was designed with integrated care and graduate learner training in mind. The clinic features 24 total exam rooms, procedure rooms, behavioral health offices and group therapy spaces. Providers work in teams that include nurses, physicians, physician assistants, nurse practitioners, dietitians, a clinical pharmacist, and integrated behavioral medicine consultants. Lake Chelan Health hospital is located directly across the street from the clinic and provides opportunities for inpatient hospital consultations.

A robust commitment to teaching and training is prominent throughout our Chelan clinic. Post Doctoral Residents are integrated with medical residents in a building designed to facilitate the Primary Care Behavioral Health model. The emphasis is on high-quality, team-based care, and there are ample opportunities for bidirectional learning and collaborative projects. Psychologists in training at the postdoctoral level are supervised by licensed psychologists while at our site. Comprehensively, psychologists participate in a variety of training activities throughout the year and are considered part of the larger faculty team within the Behavioral Medicine Training Program.

Chelan is the only incorporated community in the Northern part of Chelan County and is located along the Southeast end of Lake Chelan.
https://www.lakechelan.com/area/chelan/
https://www.youtube.com/watch?v=roR93jyvfBk



Popular activities in Chelan include boating, golfing, hiking, water slides and more. If you're looking for summer fun on the water, Lake Chelan has got you covered. But the lake isn't the only way to make waves here!
If you enjoy movies, you can enjoy your popcorn and pop-culture with a side of history. More than just a cool, dark place to take a break from the summer heat, Chelan's Ruby Theatre is a Main Street America treasure. As the state's oldest continuously operating theater, the Ruby has been screening first-run films since 1914!
During the winter Lake Chelan is a snow-covered wonderland offering visitors a new list of seasonal recreation activities. Lake Chelan in winter dazzles visitors with its beauty, activities and feeling of "small town America." Imagine gliding along a well-groomed cross-country ski trail that soars high above the clouds.



Picture yourself drinking in the beauty of the Northern Cascade Mountains from a pair of snowshoes while perching on the top of a mountain ridge. Close your eyes and listen to the quiet sound of serenity. This dream-like experience can become a reality at Echo Ridge, a breathtaking Nordic ski area in the wondrous Lake Chelan Valley.
Sourced from: https://www.lakechelan.com/

The Chelan clinic hosts an annual immersive orientation to behavioral medicine consultation affectionately called BMed boot camp. Over 2 days the faculty introduces primary care behavioral health as it is practiced at CVCH, with an overnight in our beautiful valley. Psychology trainees travel to Chelan intermittently for focused opportunities in behavioral medicine consultation.

Other sites:

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

Initial Training Period:

During the first four to six weeks of the internship, interns are closely supported and monitored by supervisors. An extensive orientation period allows for a gradual immersion into both the organization and the internship program. After organizational and program-specific orientation is completed, interns primarily shadow their supervisors in a variety of patient care activities as they become increasingly familiar with the department and clinic, the structure and function of the internship program, and the integrated primary care model used in our setting.

The initial orientation and training period also includes ample opportunities to shadow primary care medical providers and psychiatric provider(s). This period includes a variety of training activities designed to gradually increase interns' independence.

During this initial training period, supervisors are tasked with identifying any apparent gaps in each intern's training or any difficulties they may be experiencing with specific competencies. This allows individual supervision to address these concerns directly. In the past, this has sometimes involved "clearing" interns to see patients while restricting specific disorder presentations or visit types for which they are not yet prepared.

As interns gain new knowledge and skills through appropriately matched training and supervision, less intensive instruction and monitoring are expected over time. This, in turn, promotes increased autonomy and confidence while allowing interns to acquire increasingly advanced and sophisticated knowledge and skills as the training year progresses.

CVCH

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 minimum 2000 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 500 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/ LMHC/LICSW 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 supervision seminar (2 hours a month).

5) Participate in the following TRAINING ACTIVITIES: Didactic Trainings (2 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 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.
    d. Supervision Seminar: Supervisor Pre/Post self-assessment.

7) Complete at a minimum four (4) 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: Competent" at 6 months into the program and a minimum score "4: 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 500 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 members of 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 promotes close collaboration among medical providers, 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 varying levels of need are seen daily, ideally at the time they present with concerns. 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. is impairing their functioning or their ability to adhere to 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 form PCPs. 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 several 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 several 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 cofacilitated 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 4 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 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).

SUPERVISION SEMINAR: Supervision seminar is designed to assist interns in applying knowledge of supervision models and practices in direct practice with peers and individual supervision with MA level specialty trainees. The seminar has the following learning objectives: 1) Gain increased abilities and skills in common issues and challenges in clinical supervision; 2) demonstrate growth and increased confidence in the interns' developing identity/role as a clinical supervisor; and 3) Demonstrate increased ability to utilize clinical supervision to advance the interns' own learning and work toward their training goals as the year progresses. identity/role as a clinical supervisor. Supervision will be discussed as a **Deliberate Practice** which involves rehearsal within a person's zone of proximal development, ongoing performance assessment, tailored goal-setting, and close mentoring with feedback. Topics covered are: The Teach Back method and Barriers to Health Literacy, Deliberate Practice in Supervision, Ethical and Trauma Informed Multicultural Supervision, an overview of the Critical Events Model with a focus on suicidal patients, an overview of Ethical Dilemmas with a focus on the APA Ethics Code and HIPAA, Trauma Informed Supervision with Evidence Based Strategies for the Development of Ethical and Competent Supervisees, Clinical Supervision Step by Step: A Complete Supervisory Plan for Developing Skilled, Ethical, and Compassionate Therapists and Supervision in Training the Next Generation of Culturally Responsive psychologists.

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 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 is 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 engagement with textual materials 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 two 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.

Cycle of Socialization Presentation: This presentation is a culmination of trainings and experiential exercises that occur in the Diversity Seminar. 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 at minimum includes presentation of the interns' cycle of socialization, discussion of pride and shame issues, and an opportunity for a creative project to demonstrate the intern's engagement with the theme they have chosen about at least one aspect of the intern's cultural situatedness.

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 four (4) hours of supervision a week conducted by licensed clinical psychologists, LICSW, or LMHC. The hours are broken down as follows: 1) You will have one primary supervisor, and one secondary supervisor each will provide one hour a week of individual supervision; 2) You will also receive two (2) hours a week of group supervision, which might be conducted by different supervisors, both primary and secondary ones; and 3) you will have one hour a month with the Director of Training.
- Both primary and secondary supervisors are always appropriately trained and credentialed licensed clinical psychologists, LICSW (5 plus years), or LMHC (5 plus years). 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 in the course of the meeting, which is focused on psychopharmacology and care coordination between interns and other providers and the psychiatric provider (although a variety of other issues are also discussed). This meeting does not require any formal preparation for the intern.
- 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 Health Assistants (BHA'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 BHA'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 two supervisors is present at one 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 Residents. 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 fellow 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 one (of our two) Postdoctoral Residents. The Resident is a psychology doctoral graduate, who is completing advanced training and accruing hours toward licensure as a psychologist. The Resident is considered to be 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.
- The second Postdoctoral Resident is considered an ***informal*** peer supervisor, who does not participate in any formal evaluation process of the intern. You may reach out to both of your Resident peer supervisors at any time for peer supervision.
- **Psychiatric Provider:** is an active contributor to your formal training. They participate and present in our weekly didactic training 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:** CVCH's Executive Director of Behavioral Health is the administrative supervisor for all Associate Behavioral Health Directors. The Associate Behavioral Health Director for Wenatchee Behavioral Medicine sites is also the Behavioral Medicine Training Program Director and, as such, is the administrative supervisor for all the Behavioral Medicine Program clinical supervisors and faculty. 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 the Executive Director of Behavioral Health several times a year, and he/she/they supports them in providing additional 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 the Executive Director of Behavioral Health 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

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 while 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:

(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): COMPETENT
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): 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 and preparation for entry level independent practice in all essential profession-wide competencies.

(5): PROFESSIONAL/ AUTONOMOUS
The intern demonstrates superior knowledge and can perform tasks autonomously and be a role model.

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": 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 if 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. <u>The Evaluation Process</u>

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

II. <u>Initial Procedures for Responding to Inadequate Performance by an Intern (i.e., Intern Problem)</u>

If an intern receives a rating of "**1**" (<u>Below Expectations</u>) 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 Executive Director of Behavioral Health, 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 issues 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 REMIADIATION 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

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 grievances 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. <u>"Intern Challenge"</u>

- 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) workinging 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. <u>Continuation of Inadequate Rating</u>

- 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) workinging 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. <u>Intern Violation</u>

- 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. <u>Situations where interns raise a formal complaint or grievance about a supervisor, staff member, trainee, or program.</u>

- 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 Diretor and/or HR Director that substantiate unethnical, 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 dispuate (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 Diretor'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.

2026 Summary of Benefits

Behavioral Medicine Intern

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

Medical Premera (Self Insured) Preferred Provider	Employee covered – $50.00 per month Dependents covered – please refer to the Benefits guide 2025 for rates	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. If employee continues employment with CVCH after completion of Behavioral Medicine Intern position, they will be eligible to carry over unused PTO into their new role.
Holidays	88 hours related to: • • New Year's Day • • Memorial Day • • 4th of July • • Labor Day • • Thanksgiving Day • • Day after Thanksgiving • • Christmas Eve • • Christmas Day • • 3 Diversity Days	Holidays are based on an 8-hour day. Providers will receive a holiday pool of 88 hours as a 1.0 FTE at the beginning of each calendar year. Holiday pool hours must be used by December 31 of each calendar year; unused holiday pool hours will be forfeited. If an employee starts after the calendar year has begun, holiday hours will be prorated based on remaining holidays in the calendar year and diversity days will be prorated as outlined below: Jan 1- April 30: 3 diversity days (24 hours if 1.0 FTE) May 1 – August 31: 2 diversity days (16 hours if 1.0 FTE) Sept 1 – Dec 31: 1 diversity day (8 hours if 1.0 FTE)

		Please refer to the Paid Leave policy for additional details.
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 Mutual Of Omaha	Free short-term counseling for employee and family	Immediately. Call 800-316-2796
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.
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 first date of employment.
Voluntary AD&D Mutual of Omaha	Employee / Family	First of the month following first date of employment.
Health Reimbursement Arrangement RedQuote	Reimbursement for out of pocket expenses for services received at CVCH (medical, dental, and prescription) by employees and their dependents enrolled in our medical plan. Up to $750 per family per year.	First of the month following the first date of employment.
Flex Plan: Medical RedQuote	Flex Plan: Maximum $3,200 per year Direct Deposit available	First of the month following first date of employment.
Flex Plan: Dependent Care RedQuote	Flex Plan: Maximum $5,000 per year Direct Deposit available	First of the month following first date of employment.
Link Transit	Employee covered at 100%	Immediately.
Gym Membership	CVCH will reimburse staff up to $30 per month for a local gym membership OR CVCH will reimburse up to $150 per year for a subscription type workout program service (i.e.: Beachbody on Demand, Les Mills, etc.)	Immediately. Once employee has submitted invoice to HR/Payroll department.
Cell Phone Discounts	Discounted monthly access fees Discounted select accessories and special equipment	Available for personal cell phones, currently in place with AT&T & Verizon

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

APPENDIX A: DOCTORAL INTERNSHIP ADMINISTRATIVE AND FINANCIAL SUPPORT

- The interns are awarded an annual stipend in the amount of **$43,992.00** (for 2026-2027 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 Executive 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 workflow 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 full-time administrative **Behavioral Health Assistants (BHA's)** who help with scheduling, answering phone calls, creating reports, and managing general office issues. The BHA's 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, Executive 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

Hours Completion Tracker			
	Required	**Complete**	**Remaining**
Direct	500		490
Indirect	[redacted]		[redacted]
Total	2000		1792

Deliverable Completion Requirements			
Direct Observation	Supervisor	Date	Completed
Complete at least four direct observations and/or co-therapy with licensed clinical supervisors.			

Complete at least two direct observations and/or co-therapy with peer supervisor.			
Assessments	Patient ID	Date	Completed
Complete at minimum four psychological assessment reports			
Assessment Seminar	Assessment	Date	Completed
Present a psychological assessment of your choice			
Didactics	Title	Date	Completed
Prepare and deliver two (2) formal didactic presentations			
Group Therapy	Group	Date	Completed
Facilitate or co-facilitate at least one group therapy			
Group Supervision	Title	Date	Completed
Formal Case Presentation Present an intervention of your choice Present one peer-reviewed journal article			
Diversity Seminar		Date	Completed
Present one peer-reviewed journal article Present your cultural genogram			

Year Long Completion Requirements
Participate in the following **supervision training activities:** -Individual supervision: 2 hours a week -Group supervision: 2 hours a week -Case consultation: 2 hours biweekly -Peer supervision with a Postdoctoral Fellow: 2 hours a month -Clinical Supervision Intern Practice: 2 hours a month

Participate and/or co-lead the following **training activities:**

-Didactic Trainings: 2 hours a week

-Assessment Seminar: 2 hours a month

-Diversity Seminar: 2 hours biweekly

-Administrative Internship Meeting: 1 hour a month Administrative Internship Meeting: 1 hour a month

CVCH

APPENDIX D: 6/12 MONTH EVALUATIONS

Intern Name:

Period Covered:

Check One:

☐ Initial ☐ 3 Months ☐ 6 Months ☐ 9 Months ☐ Final

Supervisors:

Evaluation Methods: Participation in all required training activities, direct observation and/or co-therapy, charting/documentation/report writing feedback, written or verbal feedback from interdisciplinary team members, peers, co-workers, and staff, data from patient satisfaction surveys and other organizational performance data.

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): COMPETENT

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): 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 and preparation for entry level independent practice in all essential profession-wide competencies.

(5): PROFESSIONAL/ AUTONOMOUS

The intern demonstrates superior knowledge and can perform tasks autonomously and be a role model.

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 ☐	2 ☐	3 ☐	4 ☐	5 ☐	N/A ☐

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 assesses 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 ☐	2 ☐	3 ☐	4 ☐	5 ☐	N/A ☐

INTERVENTION & TREATMENT	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 ☐	2 ☐	3 ☐	4 ☐	5 ☐	N/A ☐

ETHICAL-LEGAL STANDARDS & CONDUCT	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 ☐	2 ☐	3 ☐	4 ☐	5 ☐	N/A ☐

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 ☐	2 ☐	3 ☐	4 ☐	5 ☐	N/A ☐

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 ☐	2 ☐	3 ☐	4 ☐	5 ☐	N/A ☐

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 ☐	2 ☐	3 ☐	4 ☐	5 ☐	N/A ☐

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 ☐	2 ☐	3 ☐	4 ☐	5 ☐	N/A ☐

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 ☐	2 ☐	3 ☐	4 ☐	5 ☐	N/A ☐

CVCH

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: Competent
☐ 4: Proficient
☐ 5: Professional/Autonomous

Strengths:

Areas of Growth:

Misha Whitfield, PsyD
Director of Training

Leah Spigelman, PsyD
Clinical Supervisor

Melissa Reilly, PsyD
Clinical Supervisor

Peer Supervisor

Intern's Comments:

Intern's Signature: date:

CVCH

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 ☐	2 ☐	3 ☐	4 ☐	5 ☐	N/A ☐
Is reasonably accessible and available for supervision consultation outside of regularly scheduled supervision/meetings	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	N/A ☐
Provides well-balanced supervision experience that allows for discussion of clinical work, appropriate personal and interpersonal issues at work, and my professional development	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	N/A ☐
Provides feedback about my strengths and successes	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	N/A ☐
Provides feedback about my mistakes and areas of growth	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	N/A ☐
Clearly informs me of relevant organizational policies, requirements, and resources	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	N/A ☐
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 ☐	2 ☐	3 ☐	4 ☐	5 ☐	N/A ☐
Assists in development of relevant treatment goals	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	N/A ☐
Assists in selection of appropriate assessments and provides helpful feedback for report writing	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	N/A ☐
Provides useful guidance and support in crisis intervention	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	N/A ☐
Clearly informs me of relevant legal and ethical issues	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	N/A ☐
Provides guidance in development of professional relationships	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	N/A ☐
Shows attention and sensitivity to issues of cultural diversity and individual differences in all professional activities	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	N/A ☐
Supervisor is a role model for a psychologist in an integrated primary care setting	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	N/A ☐

CVCH

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

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?

CVCH

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

CVCH

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 ☐

CVCH

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: SATISIFIED

   2: DISSATISIFIED

   1: VERY DISSATISIFIED

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.

CVCH

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 residents 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 Executive 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. As 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 ESTABLISEHD 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 CONSUTLATION 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.

CVCH

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.

CVCH

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.

CVCH

APPENDIX L: TRAINING SCHEDULE TEMPLATE 2026-2027

Mondays	Training Activity/Time	Participants	Start Date
Weekly	Post Doc in Chelan	Autumn	9/21

Tuesdays	Training Activity/Time	Participants	Start Date
Weekly	Post Doc in Chelan	Jac'lyn	9/22

Wednesdays	Training Activity	Participants	Start date
Weekly	Didactics 8:00am-10:00am CONFERENCE ROOM Blossom	Interns, Postdocs (new), Whitfield; -other faculty as assigned on specific dates only -when trainees present: Interns; invite primary and secondary supervisors for that intern only; Reilly, Whitfield, Spigelman, and Batdorf, Jones. -when Post Docs present; invite primary and secondary Postdoc supervisors; Whitfield, Kurlis, Arnold and Jones	8/6
5 times per year	Assessment Seminar 8:00am-10:00am CONFERENCE ROOM Blossom	Interns, Postdocs, Jones, Reilly	10/21
Weekly	Group Supervision 10:00am-12:00pm CONFERENCE ROOM Blossom	Interns, Reilly, Postdocs once every 4 weeks	8/12 for interns 9/23 for Postdocs
Every 4 weeks	Case Consult CONFERENCE ROOM Blossom and Mission Ridge 1:00pm – 3:00pm	Interns, Postdocs, Reilly, Batdorf, Whitfield, Edelman, Jones, Spigelman, and psychiatric provider 1st hour	8/19

Every 2 weeks	Diversity Seminar 1:00-3:00pm CONFERENCE ROOM Blossom	Interns, Postdocs, Spigelman, Jones	9/23
Every 4 weeks	Interns' Supervision Seminar 1:00-3:00pm CONFERENCE ROOM Blossom	Interns, Batdorf	9/30
Every 4 weeks	Postdocs' Supervision Seminar 1:00-3:00pm CONFERENCE ROOM Cider	Postdocs, Arnold	9/30

THURSDAYS	Training Activity/Time	Participants	**Start Date**
Every 4 weeks	Supervisor Meeting 8:15-9:00am CONFERENCE ROOM Apple and Mission Ridge	Whitfield, Reilly, Batdorf, Edelman, Jones, Spigelman, Kurlis, Arnold	9/3
Every 4 weeks	Postdoc Meeting 9:00-9:45am CONFERENCE ROOM Apple and Mission Ridge	Whitfield, Reilly, Batdorf, Edelman, Jones, Spigelman, Kurlis, Arnold, Postdocs	9/3
Every 4 weeks	Intern Meeting 9:45-10:00am CONFERENCE ROOM Apple and Mission Ridge	Whitfield, Reilly, Batdorf, Edelman, Jones, Spigelman, Postdocs, Interns	9/3
Every 2 weeks	BMED Teaching Program Coordinator Meeting 8:00am-9:00am CONFERENCE ROOM Harvest	Whitfield, Reilly, Dawni	8/4
Every 4 weeks	BMed Huddle meetings 11:00-11:30am CONFERENCE ROOM Blossom and Mission Ridge	Whitfield, Reilly, Batdorf, Edelman, Jones, Spigelman, Kurlis, Arnold, Schmitten, interns, Postdocs, BHAs, Heather,	8/13

		Sonia, Emelia	
Every 8 weeks	BMed Provider meetings 11:30-12:00pm CONFERENCE ROOM Blossom and Mission Ridge	Whitfield, Reilly, Edelman, Spigelman, Batdorf, Jones, Kurlis, Arnold, Schmitten, Interns, Postdocs, Psych ARNPs	8/13

Fridays	**Training Activity/Time**	**Participants**	**Start Date**
Weekly	Post Doc in Chelan	Kary	9/25

Quarterly Rounding's	**Training Activity**	**Participants**	**Start date**
Quarterly	Check in Dr. Caverly 600 Orondo.	Interns / Dr. Cavery	8/1
Quarterly	Check in Dr. Caverly 600 Orondo	Post Doc / Dr. Caverly	10/14

Events- Semi and Yearly	Training Activity/Time/Location	Participants	**Start date**
July and August	Trainee Bootcamp: 2 days in East Wenatchee	Interns, Batdorf, Edelman, Jones, Spigelman, Reilly, Whitfield	7/29 and 8/5
May	BMed retreat Reserve Chelan large community room for full day	All BMed faculty	5/6/27 (tentative)
Second to Last Tuesday of July	Intern graduation Room Colockum	All faculty and trainees, executive team, Emelia, Heather, Sonia, Psych ARNPs, BMed assistants	7/20/27
2nd Tuesday of September	Postdoc graduation dinner offsite	All faculty and Post doc	9/21/27
Evaluation prep and delivery	**Interns: 6 Month** **Prep**- 1 hour; 1 week prior(Friday) to delivery which will be during a monthly meeting. **Delivery**- 30 minutes each intern during intern monthly	**Supervisors listed below** **Invite**: Primary & secondary supervisors, postdocs, Training director **Invite**: Primary & secondary supervisors, Training director, and only the	**2026/27 academic year supervisors:** **Interns** primary: Reilly and Spigelman **Interns** secondary: Batdorf, Spigelman, Reilly, Jones, Training

	meeting; adjust other meetings' times to add extra sufficient delivery time. **<u>Postdoc: 6 Month</u>** **Prep**- 1 hour; 1 week prior (Friday) to delivery which will be during a monthly meeting **Delivery**- 30 minutes each during monthly meeting **<u>Intern: 12 Month</u>** **Prep**- 1 hour; 1 week prior (Friday) to delivery which will be morning of graduation in July **Delivery**- 30 minutes each morning of graduation in July **<u>Postdoc: 12 Month</u>** **Prep**- 1 hour; 1 week prior (Friday)to delivery which will be morning of graduation in September **Delivery**- 30 minutes each morning of graduation in September	postdoc who supervises the intern and the interns at their particular 30-minute session **Invite**: Primary & secondary supervisors, Training director **Invite**: Primary & secondary supervisors, Training director, postdocs to their session **Invite**: Primary & secondary supervisors, postdocs, Training director **Invite**: Primary & secondary supervisors, Training director, and only the postdoc who supervises the intern and the interns at their particular 30-minute session I**nvite**: Primary & secondary supervisors, Training director **Invite**: Primary & secondary supervisors, Training director, postdocs to their session	Director **Postdocs** primary: Jones **Postdocs** secondary: Kurlis and Arnold

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