

Central Valley Behavioral Health

Clinical Psychology Internship Program

Policy Manual

2023-2024

Practitioner-Scholar Model

Training Director

Jason Christopherson, PsyD, ABPP

Chief Executive Officer

Matthew Tatum, PsyD

Primary Clinical Supervisors

Sierra Meadows Behavioral Health: Annie Fujikawa, PhD

Ascend Behavioral Health: Vanessa Myers, PsyD

Additional Clinical Supervisors

Sierra Meadows Behavioral Health: Louisa Gee, LMFT

Ascend Behavioral Health: Tiffany Beltran, LMFT

Oasis Eating Disorder Recover: Stacy Ippolito, LMFT

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COMPANY INTRODUCTION

Central Valley Behavioral Health (CVBH) is a Professional Psychological Corporation in the State of California. Located in Fresno, the fifth largest city in the heart of California's agricultural center, the San Joaquin Valley, our organization is a leading provider of mental health services to patients from nine years old through adulthood. CVBH is one of several companies operating under the leadership and direction of the Chief Executive and Owner/Founder, Dr. Matthew Tatum. The umbrella company contains Sierra Meadows Behavioral Health, Ascend Behavioral Health, and Oasis Eating Disorder Recovery.

Sierra Meadows Behavioral Health (SMBH)

SMBH was the beginning of a vision to bring intensive mental health services for moderate to severe psychopathology to the Central San Joaquin Valley of California. At the time of its opening, SMBH was operated the only Intensive Outpatient Program (IOP) and subsequent Partial Hospitalization Program (PHP) for primary mental illness in the area. SMBH treats adults with a wide range of psychopathologies, diverse backgrounds, and unique personal experiences. SMBH's IOP/PHP Clinical Director, Louisa Gee, LMFT, is a highly experienced DBT practitioner who has worked extensively with severely impaired patients.

SMBH operates two Residential Treatment Centers (RTC) for adults with severe mental illness. The two houses are 6-bed co-ed facilities operating 24/7 in-patient programs. The SMBH RTC Clinical Director, Annie Fujikawa, PhD, brings a wealth of experience in clinical program administration and expertise in working with patients struggling with severe psychopathology.

Ascend Behavioral Health (ABH)

ABH operates mental health services to pediatric populations across the entire spectrum of care. It began with an adolescent IOP in 2019 and has grown to include an adolescent PHP, a Junior IOP, and an adolescent Residential Treatment Center. Patients range in age from nine to 17 years of age and include a wide range of diagnostic psychopathologies ranging from moderate to severe in intensity. ABH will be opening its first RTC program for adolescents aged 12-17 in the fall of 2022. ABH's Clinical Director, Jason Christopherson, PsyD, ABPP is the only practicing Board Certified Child/Adolescent Clinical Psychologist in the Central Valley. He has a wealth of expertise in the assessment, diagnosis, and treatment of psychopathology in children and adolescents. The IOP/PHP clinical supervisor, Tiffany Beltran, LMFT brings many years of expertise in working with children and teens in intensive outpatient environments.

Oasis Eating Disorder Recovery (Oasis)

Oasis is the fulfillment of a goal to bring eating disorder treatment to the Central Valley, and is the only operating intensive treatment program for eating disorders in nearly 200 miles. Oasis is set to open PHP and IOP programs in the fall of 2022.

INTERN RECRUITMENT & SELECTION

Recruitment materials outlining the program are available by request from the Training Director, and on the company's website. Application materials are due each year by December 5th. Applications submitted after December 10th will not be considered for interviews and applicants will be notified as such. Every application submitted appropriately and completely will be reviewed by the Training Director. Application requirements are outlined below, but applicants who are applying to a specific track (adult or pediatric) whose interests, research, coursework, and/or practicum experiences that are consistent with the track's patient population will be weighted with greater preference for the applied track. Nevertheless, it is not a requirement to have experience with any particular population in order to apply for a particular program track.

In addition to the standard APPIC application, applicants are required to submit either a redacted treatment summary or an evaluation report that includes test administration integrating at least two or more tests. These documents must be the intern's original supervised work performed during practicum and reflect work with an actual patient. Please note the documents **MUST** be redacted of all identifying patient information.

Applications will be reviewed, and some applicants will be invited to interview. Interview notifications will be made no later than December 20th. Interviews are conducted on the last two Fridays in January, and prospective interns will be invited attend on one of the interview dates. Attendance at one interview is required to continue with one's application for internship. Internship interviews are a structured, organized, partial day process where a group of applicants will attend from 8:30am to 3:00pm. During this process the applicant will experience a minimum of two individual interviews with members of the Internship Training Committee, two group didactics, and a company orientation. Breakfast and lunch will be provided and food restrictions must be communicated with the Training Director ahead of the scheduled interview date.

Once both interview dates have concluded, the Internship Training Committee will meet and discuss the applicants to determine rankings. Rank ordered results will be submitted in accordance with APPIC deadlines and policies. Our organization follows all rules and policies of the APPIC and NMS process.

Following the first round of the APPIC match, if there continue to be program openings, applicants will be invited to apply immediately following the results of the first-round match process. Given the limited time constraints for the second-round match, interviews will be conducted using virtual telecommunications technology and will not be in-person. Rankings will be submitted to APPIC consistent with required timelines.

During the post-match vacancy process, if there are any openings in our internship program, our organization will accept applications and conduct virtual interviews and provide direct acceptance offers until our program is full.

Under no circumstance will CVBH violate APPIC policies regarding statements related to the standing of any applicant directly.

COVID-19 SUPPLEMENTAL INFORMATION

CVBH recognizes that the pandemic due to the SARS-CoV-II virus which causes COVID-19 has dramatically impacted our society in many ways. COVID-19 has dramatically impacted clinical psychology training, clinical services, and the educational and healthcare systems overall. CVBH follows State and Federal requirements whenever put into effect. CVBH has every intention, each year, to conduct in-person interviews consistent with the policies located in the recruitment section of this manual unless State or Federal regulations prohibit us. The Training Director will make every effort to anticipate sudden changes to recruitment policies and communicate those changes to prospective interns and applicants. At present, all services at CVBH are provided in-person and facial masks are not required for employees, trainees, or patients.

PRIOR DOCTORAL EXPERIENCE

Our internship accepts students from APA- or CPA-accredited doctoral programs (both PhD and PsyD) in clinical or counseling psychology. We do not accept applicants from educational or school psychology programs at this time. Applicants from non-accredited programs will not be accepted. However, students whose academic institution is not fully accredited but anticipates being fully accredited by the time the intern graduates are encouraged to have the school's Director of Clinical Training contact the CVBH Training Director to notify him of the school's status and circumstances.

All applicants must have completed all coursework before the start of internship. Any intern who does not have passing grades from all courses prior to June 30th will be dismissed from the offer of internship. Students must also have passed their comprehensive exams and at minimum have an approved dissertation proposal.

TRAINING PROGRAM OUTLINE

The full-time, 12-month internship with CVBH is divided into two "Tracks." The Adult Intervention Track at Sierra Meadows Behavioral Health (SMBH Track) and the Pediatric Intervention Track at Ascend Behavioral Health (ABH Track). Each intern will be permanently placed into one of these two tracks. Within each track there are two departments, IOP/PHP and RTC. Each intern will spend some portion of his or her training in each department. The departments are described as follows:

PHP/IOP – This department involves placement in one of the PHP/IOP intervention programs. These programs provide intensive outpatient services to patients admitted to either a Partial Hospitalization Program (PHP) or Intensive Outpatient Program (IOP). The programs operate outpatient mental health services for moderate to severe psychopathology for adults within the SMBH Track, or children and adolescents in the ABH Track.

RTC – This department involves placement in one of the residential treatment facilities operated within each track. Residential treatment facilities are 6-bed inpatient, non-lockdown, facilities in

residential neighborhoods. Patients placed in this level of care are typically struggling with severe psychopathology resulting in significant decompensation in safety and/or functional adaptability.

Each department within the SMBH or ABH Tracks has a Clinical Supervisor who is either a Licensed Psychologist or Licensed Marriage Family Therapist. The Clinical Supervisors provide clinical management and program direction. Within each department there is also a Program Manager who provides administrative support for the programs. Clinical Supervisors and Program Managers complete intern evaluations at each evaluation period and provide those evaluations to the intern's primary clinical supervisor, who is a Licensed Psychologist. Primary Supervisors may also function as Clinical Supervisors in some cases.

The therapeutic programs at Sierra Meadows Behavioral Health and Ascend Behavioral Health primarily focus on group therapy, but every patient is also assigned an individual clinician who will provide individual therapy, conjoint/family therapy when necessary, and manage the patient's treatment plan. Interns will serve as assigned therapists and be provided a caseload of patients when prepared. Interns will also perform intake evaluations which involve comprehensive biopsychosocial assessments that culminate in a case formulation, diagnosis, and recommendation for care. Interns will also be trained to document according to Joint Commission and insurance regulatory standards. As assigned therapists, interns will manage all clinical documentation under the direction of the Clinical Supervisor, but all documentation will be counter-signed by the intern's Primary Supervisor.

Interns will also perform at least two comprehensive psychodiagnostic evaluations during his or her internship. These evaluations may not necessarily involve a patient from the interns Track or Department. These assignments are made by the Training Director who will serve as the supervisor for all assessments.

Intern Training Committee (ITC)

The Intern Training Committee is composed of the Training Director, CEO, and Primary Clinical Supervisors. This committee meets monthly to review the internship training program, make administrative adjustments, maintain the organization of the program, and review feedback from administrative personnel. The ITC is also involved in formal disciplinary processes when necessary. The ITC works as a body to propose remediation plans when necessary.

INTERN EXPECTATIONS

Interns can expect to experience a high amount of direct patient interaction. Given the nature of the treatment programs, patients are on grounds for the entirety of an intern's working day. When not specifically facilitating group or providing individual therapy, interns can expect to provide milieu support, crisis intervention support, or be engaged in administrative or supervisory duties. The work environment is busy, and due to the nature of the severity of psychopathology, an intern can expect to work in high stress conditions. Additionally, interns will be provided a high degree of training and support while working with our company.

As the company is a fee for service environment, interns can be expected to carry themselves as competent professionals who have a particular degree of expertise and will be trained to interact with patients and the community with a professional, competent demeanor.

Interns should expect to be involved in the local San Joaquin Psychological Association (SJVPA) and will be provided free admission to any continuing education events put on by CVBH and SJVPA. CVBH is approved by the APA to sponsor continuing education to psychologists.

Interns should expect to receive a broad level of professional training in assessment, diagnostics, and intervention, but also in professional practice, advocacy for the profession, consultation, and supervision. Interns will have opportunities to act as supervisor/consultants to practicum students who are placed for training by their local clinical psychology doctoral program.

REQUIREMENTS FOR SUCCESSFUL COMPLETION

The goal of the internship training program is to prepare interns for post-doctoral residency, and to function as an entry level professional by providing a breadth of knowledge and training experiences. Interns will be trained from a generalist perspective within the tracks that they are placed (Adult or Pediatric). Intern performance will be evaluated in the following competency areas:

- Ethical and Legal Standards
- Psychological Assessment
- Intervention
- Individual & Cultural Diversity
- Communication & Professionalism
- Interpersonal Skills
- Supervision & Consultation

These competencies will be assessed and rated by clinical supervisors at four (4) distinct periods throughout the internship program. However, two of these evaluations will be more formal and communicated back to the intern's doctoral program. Those evaluations occur in December and May. Competencies may be evaluated in the following ways: formal demonstration of skill or knowledge, direct observation of work, recording review, participation in didactic classes, participation in individual/group supervision, progress notes, and feedback from ancillary administrative/supervisory staff.

Areas of competence are formally evaluated by using the Competency Evaluation Form located in Appendix A of this manual. The following is a description of each possible rating:

Competency Rating	Description
Deficient; Needs Remedial Work	Intern requires remedial training. Serious concerns about professional, ethical, or clinical behavior have been noted.
Emerging Competence	Higher than expected degree of supervision required. Performance is an area of weakness that should be focused on during the upcoming evaluation period. No serious concerns noted and performance is not cause for sufficient concern as to question intern’s capacity to function independently.
Demonstrates Competence	Routine supervision of each activity is needed. Generally, exercises good clinical and professional judgment and seeks supervision when needed.
Competence Above Expectation	Demonstrates Readiness Entry Level Practice as defined as: (a) the ability to independently function in a broad range of clinical and professional activities; (b) the ability to generalized skills and knowledge to new situations; and (c) the ability to self-assess when to seek additional training, supervision, or consultation
Not Applicable	Not evaluated during this period, or assessor has no experience with the intern with which to make a determination.

Minimal levels of achievement for successful completion of internship is a score in all competence areas of at least “Demonstrates Competence.” Any intern with a score of “Deficient, Needs Remedial Work,” in any area during any evaluation period will develop with his or her supervisor a Performance Improvement Plan. If an intern receives a score of “Deficient, Needs Remedial Work,” on his or her final evaluation, in May of the training year, the ITC will meet to discuss possible short-term intensive remediation interventions. Ultimately, a Deficient rating on a final evaluation could result in not passing the internship year.

INTERN PERFORMANCE EVALUATION

Each intern will have a Primary Supervisor who will work with the intern from the start of the internship throughout the program year. The primary supervisor will be responsible for organizing and providing feedback to the intern and developing remediation plans when necessary. Evaluations will be performed by Clinical Supervisors, Program Managers, and Primary Supervisors. In addition to quarterly evaluations, interns will be provided ongoing, informal feedback from all managerial and administrative staff. Interns should also expect to receive informal feedback from clinical staff who are not in positions of authority.

Intern Learning Plans

Intern Learning Plans are structured, organized plans for the intern's professional development and will be created with the primary supervisor at the beginning of internship. Interns are expected to provide input to the learning plan as well as goals to focus on.

Quarterly Evaluations

Formal evaluations of the intern are performed four (4) times per year by the intern's primary supervisor. The supervisor is expected to meet with the intern to review their evaluation. The format of this meeting rests with the supervisor but should include an open discussion of the ratings with the intern and corrective feedback where applicable. Evaluations by interns and supervisors should stress proposed corrective action. These evaluations should be written, discussed, with a copy given to the intern. Both intern and supervisor will make comments about the evaluation feedback session and sign the evaluation form. A copy will also be placed on file with the Training Director.

Evaluations are presented at subsequent meetings of the Intern Training Committee. When remediation plans are necessary, the ITC will discuss the situation and provide guidance and support to the primary supervisor.

Six-month evaluations are provided to the intern's doctoral program. Doctoral programs that require individualized evaluation forms must submit necessary forms at the start of the internship to the Training Director.

INTERN FEEDBACK

During quarterly evaluation periods, interns will also be invited to provide feedback to the ITC regarding their experiences in any of the multiple components of the training program. As part of these feedback periods, interns will complete an evaluation form for their Primary Clinical Supervisor. These feedback evaluation forms are provided to an administrative staff member who places them in sealed envelopes. The ITC reviews all intern feedback after the conclusion of the internship year.

DUE PROCESS POLICY

The internship program is designed with professional and personal growth and development in mind. We expect that interns will enter the program with skills that need further development and that interns will experience some challenges that create problems that need to be addressed, either through an informal or formal process.

It is a goal of the internship program to provide opportunities for interns to acknowledge and address areas of concern. In the majority of cases, areas of concern are restricted to developmental problems and can be resolved through means agreed upon in an informal setting. In some cases, a more formal process is needed to outline steps to be taken. Both options will be described in this document.

Since every aspect of the intern's work is supervised in some way, the particular supervisor for the activity in question is the person responsible for communicating a concern and developing a remediation plan if needed. If the concern or deficiency is not related to a specific activity, or the supervisory relationship, the Training Director is responsible for addressing the issue with the intern or for identifying the person best suited to do so.

We encourage informal conflict resolution whenever possible, when the issue of concern is one that does not warrant disciplinary action. In cases where state or federal laws have been violated, the dictates of the law precede the disciplinary/grievance process.

Definitions

As used in this section, the following terms are defined:

Verbal Warning: The intern is given verbal feedback from a supervisor and/or the Training Director to emphasize the need to discontinue the inappropriate behavior under discussion. No record of this action is kept.

Initial Written Warning: The intern is given written feedback outlining the concern(s) of his or her primary supervisor. This feedback provides information regarding the discrepancy between the intern's performance and the program's expectations. A remediation plan is outlined as specifically as possible (target behaviors, timeline, etc.) and the implications of failure to accomplish remediation are reviewed.

A copy of this letter will be kept in the intern's file. Removal of this letter at the end of the internship will be considered by the Training Director and the Intern Training Committee.

Performance Improvement Plan: Should the initial written warning fail to resolve the concern, in or whole or in part, or the problematic behavior is deemed more serious, a Performance Improvement Plan (PIP), approved by the Training Director, will provide the intern an organized, time-limited, remediation-oriented, closely supervised training period in written form. The purpose is to assess the ability of the intern to complete the internship and to return the intern to a more fully functioning state. Privileges may be revoked, and the intern may be terminated for unsuccessful completion of the outlined PIP. PIP's will include identification of the specific behaviors targeted for remediation, the process suggested for remediation, the means of re-evaluating behavior change, and the time frame expected for sufficient improvement. Information regarding PIP's remains in the intern's file along with written confirmation of the results following the PIP defined time period.

Limited Endorsement, Probation, or Termination: possible disciplinary interventions that may be used by the ITC if the intern does not successfully complete the PIP, in whole or part, may include the following:

- Placing the intern on probation with specific performance expectation to be successfully met within a predetermined time frame – unless which termination of contract will result; giving a limited endorsement.

- Specifying areas of clinical work that the intern is competent to perform.
- Designing a remediation plan involving additional time to complete the internship.
- Terminating the internship contract and/or recommending a career shift
- Reporting unsuccessful completion of the internship to the academic program.

Dismissal from the internship results in permanent withdrawal of all internship responsibilities and privileges when other interventions have been exhausted or appear ineffective in rectifying the problem behavior(s) or concern(s). The Training Director and the Intern Training Committee will determine the possibility of termination of the intern's position. This action is considered the last available option and is taken seriously by the Training Director and ITC. Terminated interns will not receive a certificate of internship completion.

Informal Conflict Resolution

Anyone, intern, staff, or service recipients, can state a concern and has the right to have that concern addressed. Ideally, the person who has a concern will be able to resolve that in discussion with the individual about whom the concern is stated. In some cases, it may be either more appropriate or more effective to share the concern with a supervisor who can assist in resolving the conflict.

Some Examples:

- If there is a concern/complaint about the clinical work of an intern, the intern's clinical supervisor is the person most likely to address that with him/her. It is the responsibility of the supervisor to either articulate or put in writing for the intern the nature of the concern. They will then discuss methods for addressing the concern. This is the most typical route for finding workable solutions. If the problem addressed is of a more serious nature, the supervisor will consult with the Director of Training about possible further action.
- If a support staff has a complaint about an intern's interaction with him/her, the Training Director is responsible for addressing the issue with the intern. Ideally, there will be a resolution reached through discussion.
- If an intern is dissatisfied with the nature of his/her interaction with a staff member, this may be addressed directly with the particular individual or may be brought up in discussion with a supervisor or the Training Director.

Problematic Behavior

There are circumstances under which an intern's behavior may be considered problematic, rather than developmental. Problematic behavior refers to behavior which interferes with professional functioning in one or more of the following ways:

- The intern does not acknowledge, understand, or address the problem when identified;
- The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training;
- The quality of services delivered by the intern is consistently negatively affected;
- The problem is not restricted to one area of professional functioning;

- A disproportionate amount of attention by training personnel is required and/or;
- The intern's behavior does not change as a function of feedback, remediation efforts, and/or time.

In addition, an intern may demonstrate certain behavior, attitudes, or characteristics that go beyond the developmental areas of professional growth expected of a professional in training.

Examples may include:

- Inability and/or unwillingness to acquire and integrate professional standards to one's repertoire or professional behavior;
- Inability to acquire professional skills in order to reach an acceptable level of competency;
- Inability to control personal stress, psychological dysfunction and/or excessive reactions that interfere with professional functioning.

When a combination of interventions does not rectify the problem or when the intern seems unable or unwilling to halt his/her problematic behaviors, attitudes, or characteristics, the ITC may need to take more formal action.

Notification Process

Verbal and initial written warnings are provided to the intern immediately, without hearing or consultation from the ITC, from his or her primary clinical supervisor. The primary clinical supervisor may, at times, receive consultation and support regarding verbal or initial written warnings from the Training Director. However, there is no notification process as no hearing is held and outcomes do not involve formal discipline.

Should verbal and/or initial written warnings fail, in whole or in part, to resolve the concerns or problematic behavior(s), a more formal process will be initiated.

1. The intern will be notified of a pending meeting of the ITC. Notification will occur a minimum of 7 days before the ITC meets.
2. The intern will have an opportunity to either present information or make statements at the ITC hearing
3. The intern will be notified within 7 days of the hearing regarding the outcome of the hearing and the ITC's recommendation
4. The intern will have no more than 7 days to provide a formal response or appeal, if he or she chooses to do so, to the ITC's determination. This response must be submitted directly to the Training Director. The appeals process and timelines are outline below (see "Appeals Procedure").

Remediation Plan/Hearing Process

When an intern receives a “Deficient; Needs Remedial Work” rating at any time during a quarterly evaluation process, or when a formal disciplinary process is required, the following actions may be taken:

1. The Intern Training Committee meets to review the evaluation and discuss a course of action.
2. The intern is informed that the ITC is meeting and has the opportunity to provide information related to the rating. The notification process is outlined above.
3. The Committee makes a decision that is provided formally in written form to the intern. Possible decisions can include:
 - a. Informal remediation plan created by intern and primary supervisor
 - b. Performance Improvement Plan
 - c. Termination

Both the intern and the ITC are expected to provide relevant information in a timely manner.

The necessity for designing a remediation plan will involve multiple sources, including at least the Primary Supervisor and the Training Director. Possible steps for remediating problems may include (but are not limited to):

1. Increasing the amount of supervision time;
2. Involving an additional supervisor;
3. Shifting the focus of supervision or modifying the supervision format used;
4. Adjusting, reducing or limiting the intern’s workload (e.g., clinical, administrative);
5. Requiring additional academic or didactic training;
6. A recommendation/requirement of personal therapy and/or a leave of absence;

When a combination of remediation steps does not rectify the problem or the intern is unable or unwilling to rectify the problem, the Intern Training Committee may need to take a more formal action such as (but not limited to):

1. Placing the intern on probation with specific performance expectation to be successfully met within a predetermined time frame – unless which termination of contract will result
2. Giving a limited endorsement, specifying areas of clinical work that the intern is competent to perform;
3. Designing a remediation plan involving additional time to complete the internship;
4. Terminating the internship contract;
5. Recommending a career shift;
6. Reporting unsuccessful completion of the internship to the academic program

* Any of the above requires agreement of the Training Director

Addressing Serious Violations

There are behaviors that extend beyond “problematic behaviors,” and are regarded as more serious violations that may require the immediate filing of a grievance and activation of a formal review, whether these behaviors were committed by the inter, or the intern is reporting the behavior as occurring toward, or involving, him or her.

Such behaviors include, but are not limited to, the following:

- Sexual Harassment
- Insubordinate behavior
- Exploitative or abusive behavior
- Behaviors not listed elsewhere in this document but which represent an infringement on the rights, privileges and responsibilities of trainees, professional and supportive staff and/or other volunteers/employees or clients of CVBH
- Removal of a client or patient’s protected health information from the site
- Violation of the APA Code of Ethics
 - If an intern is charged with violating the APA Code of Ethics, s/he may be temporarily suspended from engaging in any and/or all clinical or direct services (e.g., supervision of master’s level practicum student). The Training Director makes this decision in consultation with the Inter Training Committee. The suspension is immediate upon verbal notification, with written notification (including reasons) received by the intern within one working day.
 - A formal Investigative Committee of at least three members, chaired by the Training Director or designee, will be established within three working days to monitor the situation and to establish a corrective or remedial plan.
 - If formal action is required, the intern is informed of such action in writing and then indicates whether s/he accepts or challenges the action.
 - If the intern accepts the decision, implementation occurs and the home institution is notified in writing.
 - If the intern challenges the decision, grievance procedures are initiated.

Again, please note that dictates of the law take precedence over any formal or informal processes

Appeals Procedure

If an intern does not agree with a written evaluation and discussion with the supervisor does not resolve the issue, or if an intern does not agree with the decision of the ITC, the intern may submit a letter of addendum or disagreement to the Training Director. In this letter, the intern may also request an appeal based on factors that may include, but are not limited to:

1. Denial of due process in the evaluation/grievance procedure (e.g., evaluation criteria not presented prior to evaluation, or opportunity to demonstrate proficiency not provided prior to evaluation); OR
2. Denial of opportunity to present data to refute criticisms in the evaluation/grievance process.

The request must be submitted no later than seven (7) days after the intern is notified of the decision or presented with the remediation plan, must identify the specific aspect of the evaluation with which the intern disagrees, and must suggest what form of modification is requested.

If an appeal is appropriately requested, the following steps will be taken:

1. An Appeals Committee, made up of three senior staff members, will be formed within ten working days of receipt of the appeal. The intern may designate one member of the Appeals Committee from the senior staff. A Program Director, or designee, will designate the other two, with recommendations from the Training Director, or designee. The Training Director and intern's primary supervisor are prohibited from serving on the Appeals Committee.
2. The Training Director, is responsible for convening the committee and presides. The committee review the appeal procedures and make sure that no committee member has a conflict of interest in the case presented.
 - a. The intern and the supervisor(s) involved will be notified 7 days prior to the hearing when the appeal meeting will be held.
 - b. The Appeals Committee may request the presence of a written statement from the individual(s) involved, as deemed appropriate.
 - c. The intern may submit to the committee any written statements deemed appropriate, may request a personal interview, or may request that the committee interview other individuals with relevant information. The involved supervisor also has these same privileges.
 - d. The committee will meet within 15 working days of the creation of the appeals committee and will present a written summary of the committee's findings and any recommendations.
3. The Training Director will take action with consideration of the Appeals Committee's findings. Examples of outcomes might include (but are not limited to):
 - a. Accept the original evaluation report and recommend a plan of remediation;
 - b. Request that the supervisor write a new report to include specific changes;
 - c. Rewrite the report him/herself or add an addendum to the original evaluation;
 - d. Recommend that probation or another remedial plan be implemented.

The recommendation of the Training Director is to be communicated in writing to the intern in a timely manner.

4. If the intern is dissatisfied with the decision of the Training Director, she/he may request that a second and final review be made by another Program Director. The request must be submitted to the Training Director within 7 days after receiving the Training Director's written decision. This secondary review involves a separate Program Director meeting with the Training Director to consider the information presented them by the intern and

work with the Training Director to determine if alternative resolution plans are necessary and/or beneficial to consider.

5. All appeals and outcomes are reported by the Training Director to the home academic department and to all current supervisors.

INTERN GRIEVANCE PROCEDURES

Interns are strongly encouraged to attempt to resolve grievances informally by approaching the individual with whom they are aggrieved. This holds true for grievance related to program administration, concerns related to work demands, supervision issues, or interpersonal conflicts. It is our organizations belief that most conflicts and grievances can be resolved in an environment of understanding and supportive communication. Reasons for communicating a grievance are not only limited to interpersonal conflict. They may be due to concerns about program structure, intern work demands, performance evaluations, problems with a supervisor, scheduling problems, or a lack of responsiveness from the organization, to name a few.

When interns wish to express any concern or grievance, they are encouraged to discuss the issue informally with their primary clinical supervisor first. If the grievance is specifically related to a concern about the intern's primary supervisor, or they feel a meeting with their supervisor did not resolve the concern, they are encouraged to submit a formal grievance to the Training Director.

When a(n) intern wishes to submit a formal grievance, for any reason or aspect of the internship program or experience, it must be done so in writing and provided to the Training Director. This includes interpersonal conflicts, intrapersonal difficulties, performance demands, supervision concerns, program administration concerns, scheduling concerns, etc. The written submission must include both a description of the grievance and a proposed plan for resolution. The Training Director will review the grievance and submit to the intern, within 10 days of submission, a formal recommended resolution plan which may include one or more of the following:

- Mediated informal resolution
 - This involves the Training Director, or a Program Director if the grievance involves the Training Director, mediating a conflict resolution conversation between the intern and the subject of the grievance.
- Formal Decision-Resolution
 - This involves the Training Director making a formal decision to resolve the grievance and providing a written instructional response to all involved parties the decision and plan moving forward.
- Activation of the Formal Grievance Process
 - This involves the Training Director initiating a meeting of the Intern Training Committee to discuss the grievance and make a decision regarding the plan moving forward. The intern will be notified at least 5 days prior to the meeting and may be invited to provide comments in person to the ITC.

- The Training Director will inform all parties of the decision and plan to resolve the grievance moving forward.

SUPERVISION REQUIREMENTS & EVALUATIONS

Each intern is required to receive five hours of supervision each week. At least two hours will be individual supervision with a Licensed Clinical Psychologist. At least one hour of individual supervision will be with the intern's primary supervisor. Interns are expected to maintain a log of supervision and supervised professional experience. Interns are expected to provide the Primary Supervisor the log each week during supervision to be reviewed and signed. Interns will also receive a minimum of three hours of group supervision in the form of didactic training classes. However, case consultation groups are also organized by the Clinical Supervisor within each Department. Interns are expected to approach the Training Director if the minimum supervision hours are not being met weekly.

Relationship with Departmental Clinical Supervisors

Department Clinical Supervisors are administrative and managerial heads of therapeutic service programs within the company. These positions are filled by both doctoral level Psychologists and master's level Counselors or Therapists. These Clinical Supervisors will have managerial authority over the intern to the degree that the intern is working as a member of the clinical staff within the Clinical Supervisor's program. Clinical Supervisors assign patients to clinical staff, set policies, audit charts, maintain Joint Commission Accreditation standards of performance, and in nearly all ways supervise and direct clinical services to patients within his or her department. Some Department Clinical Supervisors may also be the Primary Supervisor for the intern, but this is not a guarantee. In situations where Clinical Supervisors are not doctoral level Licensed Psychologists, interns will have a Primary Supervisor who is a Licensed Psychologist in addition to the supervision of the Department Clinical Supervisor.

VIRTUAL SUPERVISION SUPPLEMENT

CVBH does not provide routine supervision through virtual modalities. However, virtual supervision is utilized on an as-needed basis and Primary Supervisors are expected to keep such use to a minimum. If interns feel the use of virtual supervision is inappropriately high, they are encouraged to follow the formal grievance process.

MAINTENANCE OF RECORDS

The program maintains a permanent record of interns' training experiences during their internship year. The contents of these records includes, but is not limited to, the following items: the intern's AAPI, the internship contract/welcome letter, quarterly evaluations, formal communication with the intern's doctoral program, remediation plans (as needed), and certificate of completion. The content of these records is considered confidential and are securely maintained. Access to these records is limited to internship leadership. However, individual

records may be reviewed by the training committee, university leadership, or representatives of the internship's accrediting body (i.e., APA COA).

Interns are strongly encouraged to maintain a record of their own, including keeping a copy of their Certificate of Completion for future use (e.g., licensure, credentialing). However, interns may request copies of the documents maintained in their permanent record through written request to the training directors. Requested documentation will be provided within two weeks of a written request.

NON-DISCRIMINATION POLICY

The program follows strict non-discrimination policies and operating conditions and avoids any actions that would restrict program access or completion on grounds that are irrelevant to success in graduate training or the profession.

The enrichment of our educational program through diversity embodies more than attracting and retaining faculty, staff and interns of differing ethnicity and race. Diversity includes, but is not limited to, culture, country of origin, sexual orientation, gender expression, gender identity, age, disability, educational setting, geographic location and language.

In order to optimize the richness of diversity, our goal is to provide the framework for developing an institutional culture that embraces diversity, encourages respect of all individuals and fosters an appreciation of individual differences.

Our program focuses on the contribution of cultural and individual diversity in the following areas: research, assessment, psychological intervention, consultation, professionalism, individual and cultural diversity, ethical and legal standards, supervision, and communication/interpersonal skills.

Research: Interns consider cultural and diversity factors when consuming or producing research and when considering the empirical basis for treatment and assessments.

Assessment Skills: The assessment procedures chosen should provide data that makes it possible to answer the referral questions that are appropriate for the client/patient (gender, ethnic background, etc.). Interns should be able to apply knowledge of psychopathology and client strengths to the assessment process with sensitivity to its content (including familial, social, and cultural factors). Interpretations and conclusions should take into account an individual's unique characteristics (gender, ethnic background, etc.) as well as the external situation.

Psychological Intervention: Interns should be able to identify and implement the most suitable psychological interventions for clients based upon current literature, assessment findings, diversity characteristics, contextual variables, and specific to service delivery goals.

Consultation: Interns should be able to consider relevant cultural factors during the consultation process.

Professionalism: Interns should interact with staff, supervisors, treatment teams, professionals, and peers in a culturally sensitive manner.

Individual and Cultural Diversity: Intern demonstrates sensitivity to the individual and cultural diversity (including, but is not limited to, age, race, disability, ethnicity, gender expression, gender identity, language, national origin, religion, culture, sexual orientation, and SES) of clients as well as an awareness of their own cultural and ethnic background during therapy.

Ethical and Legal Standards: Interns will take into account relevant individual and cultural factors when applying ethical and legal standards to include APA Ethical Principles, state law and when assessing and managing high risk client situations.

Supervision: Interns should consider relevant cultural factors when practicing supervision skills with psychology trainees or other health professionals, provided supervision vignettes, or while role-playing.

Communication and Interpersonal Skills: Interns will be able to develop and maintain effective relationships with a wide range of diverse individuals including colleagues, organizations, supervisors, supervisees, and patients while respecting individual and cultural differences.

Information copied from the Tatum Psychology Employment Group (TPEG) Employee Handbook

EQUAL EMPLOYMENT OPPORTUNITY AND DISCRIMINATION POLICY

TPEG is an equal opportunity employer and makes employment decisions on the basis of merit, qualifications, potential and competency. We want to have the best available persons in every job. Company policy prohibits unlawful discrimination based on race, religion, color, national origin, ancestry, sex, pregnancy, childbirth, breastfeeding or related medical conditions, gender identity and expression, sexual orientation, marital status, age, physical or mental disability, genetic information or medical condition, military or veteran status, or any other basis protected by federal, state or local law or ordinance or regulation. All such discrimination is unlawful. This policy applies to all aspects of employment, including recruitment, hiring, training, promotion, transfer, discipline, layoff, recall and termination. Employees who need an accommodation because of sincerely held religious beliefs should contact Human Resources.

If you believe you have been subjected to any form of unlawful discrimination, provide a written complaint to the Chief Operations Officer as soon as possible. If the complaint relates to the Chief Operations Officer, provide your complaint to the Chief Executive Officer. Your complaint should be specific and should include the names of the individuals involved and the names of any witnesses. TPEG will immediately undertake an effective, thorough and objective investigation and attempt to resolve the situation.

If TPEG determines that unlawful discrimination has occurred, effective remedial action will be taken, commensurate with the severity of the offense. TPEG strictly prohibits any

form of retaliation against any employee for filing a complaint under this policy or for assisting in a complaint investigation.

Lactation Accommodation:

TPEG recognizes lactating employees' rights to request lactation accommodation and accommodates lactating employees by providing a reasonable amount of break time and a suitable lactation location to any employee who desires to express breast milk for their infant child, subject to any exemption allowed under applicable law. If possible, the break time should run concurrently with your normally scheduled break time. Any break time to express breast milk that does not run concurrently with your normally scheduled break time is unpaid. The lactation location will be private (shielded from view and free from intrusion from co-workers and the public) and located close to your work area. The location will be safe, clean and free of toxic or hazardous materials; have a surface to place a breast pump and other personal items; have a place to sit; and have access to electricity or alternative devices (such as extension cords or charging stations) allowing you to operate an electric or battery-powered breast pump. Will also provide access to a sink with running water and a refrigerator suitable for storing milk in close proximity to your workspace. If a refrigerator cannot be provided, will provide another cooling device suitable for storing milk, such as an employer-provided cooler. The lactation location will not be a bathroom or restroom. The room or location may include an employee's private office if it otherwise meets the requirements of the lactation space. Multi-purpose rooms may be used as lactation space if they satisfy the requirements for space; however, use of the room for lactation takes priority over other uses for the time it is in use for lactation purposes. Employees who desire lactation accommodations should contact to request accommodations. An employee's request may be provided orally, by email, or in writing, and need not be submitted on a specific form. We will engage in an interactive process with you to determine when and where lactation breaks will occur. If we cannot provide break time or a location that complies with this policy, we will provide a written response to your request. Will not tolerate discrimination or retaliation against employees who exercise their rights to lactation accommodation, including those who request time to express milk at work and/or who lodge a complaint related to the right to lactation accommodation. If you believe you have been denied reasonable break time or adequate space to express milk, or have been otherwise been denied your rights related to lactation accommodation, you have the right to file a complaint with the Labor Commissioner.

PROFESSIONAL WORK RELATIONSHIPS

PRINCIPLE: Interns will be treated with courtesy and respect. Interactions among trainees, supervisors, and staff will be collegial and conducted in a manner reflecting the highest standards of the profession of psychology.

MECHANISMS: Interns will be provided a copy of “Ethical Principles of Psychologists and Code of Conduct” (2016, with the 2016 Amendment) which describes expectations regarding professional work relationships.

Interns will be provided a TPEG company handbook which includes, among other things, the company policies related to equal employment, non-discrimination in employment, sexual harassment, and disability accommodations.

Interns will be provided guidance and support to encourage successful completion of the training program. Interns will evaluate faculty, regarding their perception of the quality of faculty guidance and support. Faculty will receive reports of evaluations.

Interns will be given performance feedback, quarterly, in writing regarding the extent to which they are meeting performance expectations with specific recommendations for remediating deficiencies and enhancing professional growth.

FINANCIAL & OTHER BENEFITS

This 12-month, full-time, internship pays an annual stipend of \$32,000. Paychecks will be issued by the Tatum Psychology Employment Group every other Wednesday. The first pay day in 2023 will be July 5th, 2023. At this time, this position does not include health or dental benefits. Professional liability (malpractice) insurance will be provided for the intern for the duration of the internship. Professional development activities are entirely dependent on departmental funding but CVBH may provide for some reimbursement for professional development activities. All requests for such reimbursement must be made to the Training Director.

LEAVE POLICY

Each intern will receive a total of 13 days of paid leave. Of the 16 days of paid leave, 10 are Paid Time Off (PTO), and six are Floating Holidays. Paid Time Off is to be split evenly between the first and second half of the internship year and only five days of consecutive leave will be permitted without express approval by the Training Director in cases of special circumstances. Floating Holidays must also be split between the two training periods with no more than three per six months. Leave requests should be submitted at least 30 days in advance and must be submitted to the Clinical Supervisor and Program Manager of the Department in which the intern is working.

Sick leave is to be used for medical appointments, medical procedures, or illness of the intern or a dependent. Any intern who takes more than three consecutive days of sick leave will be required to provide medical documentation. If a pattern of sick leave emerges, disciplinary action may be taken consistent with the Due Process policy. Interns are expected to not schedule medical appointments during didactic classes or when scheduled to facilitate groups.

Successful completion of the internship requires a minimum of 2,000 hours with 12 months in residency. Exceeding the leave parameters may result in extension of internship beyond June 30th.

USE OF VACATION DAYS FOR PSYCHOLOGY INTERNS

Interns may not schedule leave during the first 60 days of the program to ensure all necessary training has been completed and so as not to interfere with the baseline training and education necessary for successful performance.

HOLIDAY, WEATHER, & COMPENSATORY POLICY

It is important to state that Residential Treatment Centers are inpatient facilities, and therefore, do not close for any day of the year, including any holidays such as: Thanksgiving, Christmas, and New Years Day, Memorial Day, Labor Day, or Independence Day. Interns should expect to work multiple of these holidays. Holiday leave is decided at the discretion of the Training Director who will evaluate requests using multiple factors. Leave for any time between November 15th and January 2nd must be submitted to the Training Director at least 30 days in advance.

EXTRA-SYSTEM (MOONLIGHTING) POLICY

The clinical psychology internship at CVBH involves comprehensive and demanding training. Training typically demands 40-50 hours per week in which interns explore a variety of rigorous training and service experiences. Our belief is that training is the primary focus of the year for all interns. Additionally, the clinical activities of an intern reflect upon the institution and supervisors for which the intern is affiliated. Clinical activities outside the purview of CVBH would have the potential for negative legal or other consequences. Therefore, extra-system (moonlighting) work is expressly prohibited. These policies do not apply to work outside the field of psychology.

REQUEST FOR DISABILITY ACCOMODATIONS

It is the policy of TPEG and CVBH to comply with the provisions of the Americans with Disabilities Act (ADA) and the ADA Amendments Act of 2008. The following is extracted from the TPEG Employee Manual:

ACCOMMODATION OF INDIVIDUALS WITH DISABILITIES

TPEG is committed to providing equal opportunities to qualified individuals with disabilities. Any applicant or employee who requires an accommodation in order to perform the essential functions of the job should contact the Human Resources Department and request such an accommodation. The individual with the disability should specify what accommodation he or she needs to perform the job. TPEG will then engage in a good faith interactive process with the employee or applicant to determine

what, if any, effective accommodations can be made for the employee or applicant. TPEG will conduct an inquiry to identify the barriers that make it difficult for the applicant or employee to have an equal opportunity to perform his or her job. TPEG will identify possible accommodations, if any, that will help eliminate the limitation. If the accommodation is reasonable and will not impose an undue hardship, TPEG will make the accommodation. Each accommodation request will be handled on a case by-case-basis.

Any intern who feels he or she requires reasonable accommodation due to disability should contact the Training Director who will help him or her navigate the process of completing necessary documentation to request reasonable accommodation.

APPENDIX A:
INTERN EVALUATION FORM

Central Valley Behavioral Health Internship Training Department

Intern Evaluation Form

Intern Name: _____

Evaluator's Name: _____

Evaluator's Position: _____

Evaluation Period:

_____ Quarter 1 (July – September)

_____ Quarter 2 – Mid-Term Evaluation (October – December)

_____ Quarter 3 (January – March)

_____ Quarter 4 – Final Evaluation (April – June)

Instructions

The intern evaluation form should be completed based on your assessment of the intern based on your personal experiences, interactions, and observations. In rare circumstance you may need to utilize discussions with other senior staff members to inform your evaluation, but this should be used in the minority of situations. You may rate “Not Applicable” if you do not feel confident in your ability to rate the intern in the stated area, or your interactions with the intern do not involve the area being evaluated.

For Primary Supervisors

Primary Supervisors should complete an evaluation of the intern after reviewing all evaluations provided by the other members of the Intern Training Committee and/or senior staff members in order to provide comprehensive aggregated evaluative information.

Please check any methodology used in this evaluation period to assist in your determination.

_____ Direct Observation / Interaction

_____ Video / Audio Recording

_____ Case Presentation

_____ Review of Written Work

_____ Discussion of Clinical Interaction

_____ Comments from Other Staff

COMPETENCY RATING DESCRIPTIONS

- 3 Competence Above Expectation**
 Demonstrates Readiness Entry Level Practice as defined as: (a) the ability to independently function in a broad range of clinical and professional activities; (b) the ability to generalized skills and knowledge to new situations; and (c) the ability to self-assess when to seek additional training, supervision, or consultation.
- 2 Demonstrates Competence**
 Routine supervision of each activity is needed. Generally, exercises good clinical and professional judgment and seeks supervision when needed. Intern meets expectation of performance at the level expected of a doctoral intern.
- 1 Emerging Competence**
 Higher than expected degree of supervision required. Performance is an area of weakness that should be focused on during the upcoming evaluation period. No serious concerns noted and performance is not cause for sufficient concern as to question intern’s capacity to function independently.
- 0 Deficient; Needs Remedial Work**
 Intern requires remedial training. Serious concerns about professional, ethical, or clinical behavior have been noted.
- NA Not applicable; Unable to determine due to limited experience in the content area or the content area is outside the scope of the evaluator’s relationship with the intern**

Area Evaluated	Score				
Domain 1: PROFESSIONAL CONDUCT, ETHICS, AND LEGAL MATTERS					
Professional and appropriate interactions with treatment teams, peers and supervisors.	N/A	0	1	2	3
Seeks support as needed through consultation or supervision and uses it productively.	N/A	0	1	2	3
Demonstrates positive coping strategies with personal and professional stressors and challenges. Maintains professional functioning and quality patient care.	N/A	0	1	2	3
Responsible for key patient care tasks (e.g. phone calls, letters, case management), completes tasks promptly. All patient contacts, including scheduled and unscheduled appointments, and phone contacts are well documented. Records include crucial information.	N/A	0	1	2	3
Efficient and effective time management. Keeps scheduled appointments and meetings on time. Keeps supervisors aware of whereabouts as needed. Minimizes unplanned leave, whenever possible.	N/A	0	1	2	3
Demonstrates good knowledge of ethical principles and state law. Consistently applies these appropriately, seeking consultation as needed.	N/A	0	1	2	3

Domain 1: PROFESSIONAL CONDUCT, ETHICS, AND LEGAL MATTERS (CONT.)					
Demonstrates a growing ability to accomplish administrative tasks. Prioritizes appropriately. Shows a growing autonomy in management of larger administrative, research or clinical projects.	N/A	0	1	2	3
Domain 2: INDIVIDUAL AND CULTURAL DIVERSITY					
Shows awareness of self as shaped by individual and cultural diversity and the impact or potential impacts as it relates to patient and supervisory interactions.	N/A	0	1	2	3
Demonstrates awareness of cultural and individual diversity of patients and the impacts of those variables on the patient-therapist relationship.	N/A	0	1	2	3
Demonstrates the integration of diversity and culture in the application of interventions or in the interpretation of assessment data.	N/A	0	1	2	3
Domain 3: ASSESSMENT & DIAGNOSTIC SKILLS					
Demonstrates a thorough working knowledge of psychiatric diagnostic nomenclature and DSM classification.	N/A	0	1	2	3
Utilizes historical interview and psychometric data to diagnose accurately.	N/A	0	1	2	3
Demonstrates competence in differential diagnostics.	N/A	0	1	2	3
Appropriately selects tests to be administered when necessary.	N/A	0	1	2	3
Demonstrates competence in administering psychological tests.	N/A	0	1	2	3
Interprets the results of psychological tests used in his/her area of practice.	N/A	0	1	2	3
Writes a well-organized psychological report. Answers the referral question clearly and provides the referral source with specific recommendations.	N/A	0	1	2	3
Plans and carries out a feedback interview. Explains the test results in terms the patient and/or caregiver can understand, provides suitable recommendations and responds to issues raised by patient or caregiver.	N/A	0	1	2	3
Domain 4: PSYCHOTHERAPEUTIC INTERVENTION SKILLS					
Effectively evaluates, manages and documents patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues. Collaborates with patients in crisis to make appropriate short-term safety plans, and intensify treatment as needed.	N/A	0	1	2	3
Discusses all applicable confidentiality issues openly with patients. Demonstrates proficiency with the "Informed Consent" process	N/A	0	1	2	3
Consistently achieves a good rapport with patients.	N/A	0	1	2	3

Domain 4: PSYCHOTHERAPEUTIC INTERVENTION SKILLS (CONT.)					
Formulates a useful case conceptualization that draws on theoretical and research knowledge. Collaborates with patient(s) to form appropriate treatment goals.	N/A	0	1	2	3
Interventions are well-timed, effective and consistent with empirically supported treatments.	N/A	0	1	2	3
Understands and uses own emotional reactions to the patient productively in the treatment.	N/A	0	1	2	3
Intervenes in group skillfully, attends to member participation, completion of therapeutic assignments, group communication, safety and confidentiality.	N/A	0	1	2	3
Domain 5: SCHOLARLY INQUIRY AND APPLICATION OF SCIENTIFIC KNOWLEDGE					
Displays necessary self-direction in gathering clinical and research information practice independently and competently. Seeks out current scientific knowledge as needed to enhance knowledge about clinical practice and other relevant areas.	N/A	0	1	2	3
Demonstrates competence in analyzing scientific research publications and integrating information into practice.	N/A	0	1	2	3
Displays willingness to engage in scholarly study of psychological theories and applications that are both historical and recent. Demonstrates competence of integrating historical psychological theories and developments into understanding of assessment and intervention	N/A	0	1	2	3
Domain 6: CONSULTATION & SUPERVISION SKILLS					
Demonstrates competence in presenting cases during grand rounds. Knowledgeable of pertinent information about the patient, answers questions from peers and colleagues in a professional and competent manner, discusses future directions for care, and seeks feedback from peers, colleagues, and supervisors.	N/A	0	1	2	3
Asks pertinent questions when colleagues are presenting on cases during grand rounds. Carries himself/herself in a professional manner when engaging in consultation and/or supervision situations.	N/A	0	1	2	3
Gives the appropriate level of guidance when providing consultation to other health care professionals, taking into account their level of knowledge about psychological theories, methods and principles.	N/A	0	1	2	3
Demonstrates good knowledge of supervision techniques and employs these skills in a consistent and effective manner, seeking consultation as needed. Builds good rapport with supervisee.	N/A	0	1	2	3

APPENDIX B:
INTERN FEEDBACK & PROGRAM EVALUATION FORM

Central Valley Behavioral Health Internship Training Department

Intern Feedback Evaluation Form

Intern Name: _____

Evaluator's Name: _____

Internship Year: _____

Please rate how well your internship training prepared you for independent practice in regards to each of the following training goals. For ratings of 3 or less, please suggest ways in which the internship could have prepared you better. Feel free to provide any additional comments. Please also send a copy of your CV.

1. Ability to provide assessment, diagnosis, empirically-supported intervention, and consultation for individuals with a variety of presenting problems

0	1	2	3	4
Not At All	Minimally	Adequately	Well	Very Well

2. Ability to engage in evidence-based practice

0	1	2	3	4
Not At All	Minimally	Adequately	Well	Very Well

3. Ability to participate in and/or independently conduct research

0	1	2	3	4
Not At All	Minimally	Adequately	Well	Very Well

4. Ability to apply understanding of cultural and individual diversity to all aspects of professional activities

0	1	2	3	4
Not At All	Minimally	Adequately	Well	Very Well

5. Ability to understand and adhere to ethical standards in all aspects of professional activities

0	1	2	3	4
Not At All	Minimally	Adequately	Well	Very Well

6. Ability to train and supervise others in clinical practice and/or research

0	1	2	3	4
Not At All	Minimally	Adequately	Well	Very Well

7. Ability to show appropriate professional growth and professional identity

0	1	2	3	4
Not At All	Minimally	Adequately	Well	Very Well

8. Overall, how well did your internship training prepare you for the next stage in your career?

0	1	2	3	4
Not At All	Minimally	Adequately	Well	Very Well

9. The time demands of the internship program were difficult to manage

0	1	2	3	4
Not At All	Minimally	Adequately	Well	Very Well

10. Please provide any additional feedback you have about the internship program

Evaluation of Supervision

Please provide a general description of your experiences with this supervisor and note any recommendations for changes or improvements.

1 = very true

2 = somewhat true

3 = not true at all

SS = special strength (double-coded with "1")

NA = not applicable/insufficient information

_____ Keeps supervision appointments

_____ Available for impromptu supervision

_____ Models desired clinical skills

_____ Provides helpful readings/references

_____ Provides constructive feedback on written reports

_____ Provides constructive feedback on intern's clinical skills and knowledge

_____ Uses supervision time effectively

_____ Encourages active participation in case conceptualization and treatment planning

_____ Provides opportunities for co-assessment and co-therapy

_____ Models desirable professional interactions

_____ Provides feedback and guidance on professional development

_____ Demonstrates sensitivity to issues of individual and cultural diversity

APPENDIX C:
2023-2024 DIDACTIC TRAINING SCHEDULE

Central Valley Behavioral Health

Psychology Internship Program 2023-2024 Training Schedule

Internship training is a progressive process that assists in the development of the professional transition from student to practitioner. The philosophy of this training program follows a Practitioner-Scholar model in which professional clinical practice is the driving goal and trainees are taught to incorporate scientific research, historical theories and developments within the profession, and philosophical concepts into his or her professional practice as a psychologist. The internship has, as a major driving objective, the goal of ensuring students are prepared to work full-time at the post-doctoral level of ability when the training year is concluded.

Besides supervised practical experience in assessment and intervention, formal training is an integral component of the internship training program. Formal training includes formal class instruction, didactic training, and case presentation. This schedule outlines the formal training components of the internship year.

Except as indicated, each course meeting will be 1 hour in length. At the start of the program, longer courses are necessary to orient interns to the expectations and requirements of the treatment environment. These demands are driven by insurance requirements, Joint Commission compliance requirements, and State/Federal regulatory requirements.

Training involves three (3) main scheduled courses directed by the Clinical and Training Director, Jason Christopherson, PsyD, ABPP. The first course, Advanced Assessment, deals with advanced concepts in psychological assessment and formal testing. The first half of the internship year focuses on creating a standard of competence across all interns with regard to their ability to administer, score, and interpret psychological test measures. The second half of the internship year deals with integrating and presenting findings in a written report as well as the capability to present findings in a didactic fashion.

The second course, Advanced Psychotherapy, focuses on advanced concepts related to intervention, treatment, and patient case management. Topics involve special populations, circumstances, and issues of ethical ambiguity. These courses are designed to ensure that once interns are finished with their training, they have the skills necessary to practice with a post-graduate level of knowledge and ability.

The third and final course, Didactics/Grand Rounds, involves case presentations with the treatment teams and is designed to train interns on how to interact and consult with various clinical professionals. These courses include psychiatric prescribers, supervising clinicians, licensed and unlicensed clinical treatment teams, interns, and practicum students. Initially, cases are presented by supervisors and advanced clinical providers in order to model how to present and discuss a case within a team “case conference.”

Week 1
July 03, 2023

Advanced Assessment: (2 Hour Course)	Advanced Diagnostic Assessment/Intake Process Taught by Dr. Christopherson
Advanced Psychotherapy: (2 Hour Course)	Crisis Assessment & Intervention Taught by Dr. Christopherson
Didactics/Grand Rounds:	Case Presentation by Dr. Jason Christopherson

Week 2
July 10, 2023

Advanced Assessment: (2 Hour Course)	Mental Health Levels of Care: Intensive Outpatient Taught by Dr. Christopherson
Advanced Psychotherapy: (2 Hour Course)	Clinical Documentation & Treatment Planning Taught by Dr. Christopherson
Didactics/Grand Rounds:	Case Presentation by Dr. Jason Christopherson

Week 3
July 17, 2023

Advanced Assessment:	Medical Necessity and Levels of Care Taught by Dr. Christopherson
Advanced Psychotherapy:	History of Psychotherapy Concepts Taught by Dr. Christopherson
Didactics/Grand Rounds:	Case Presentation by Dr. Jason Christopherson

Week 4
July 24, 2023

Advanced Assessment:	Differential Diagnostics Taught by Dr. Christopherson
Advanced Psychotherapy:	Neurobiology of Psychotherapy Taught by Dr. Christopherson
Didactics/Grand Rounds:	Case Presentation by Dr. Annie Fujikawa

Week 5
July 31, 2023

- Advanced Assessment: Differential Diagnostics
Taught by Dr. Christopherson
- Advanced Psychotherapy: Neurobiology of Psychotherapy
Taught by Dr. Christopherson
- Didactics/Grand Rounds: Case Presentation by Dr. Matthew Tatum

Week 6
August 07, 2023

- Advanced Assessment: Neurocognitive Assessment
Taught by Dr. Christopherson
- Advanced Psychotherapy: Group Psychotherapy
Taught by Dr. Christopherson
- Didactics/Grand Rounds: Case Presentation by Dr. Vanessa Myers

Week 7
August 14, 2023

- Advanced Assessment: Neurocognitive Assessment
Taught by Dr. Christopherson
- Advanced Psychotherapy: Group Psychotherapy
Taught by Dr. Christopherson
- Didactics/Grand Rounds: Case Presentation by Stephanie Patrick-Calvillo, PNP

Week 8
August 21, 2023

- Advanced Assessment: Adaptive & Behavioral Assessment Measures
Taught by Dr. Christopherson
- Advanced Psychotherapy: Family/Conjoint Intervention
Taught by Dr. Christopherson
- Didactics/Grand Rounds: Case Presentation by Hanny El-Sabban, PNP

Week 9
August 28, 2023

- Advanced Assessment: Projective Drawing Assessment & Interpretation
Taught by Dr. Christopherson
- Advanced Psychotherapy: Family/Conjoint Intervention
Taught by Dr. Christopherson
- Didactics/Grand Rounds: Case Presentation by Tiffany Beltran, LMFT

Week 10
September 04, 2023

- Advanced Assessment: Projective Drawing Assessment & Interpretation
Taught by Dr. Christopherson
- Advanced Psychotherapy: Family/Conjoint Intervention
Taught by Dr. Christopherson
- Didactics/Grand Rounds: Case Presentation by Intern

Week 11
September 11, 2023

- Advanced Assessment: Projective Storytelling Measures & Interpretation
Taught by Dr. Christopherson
- Advanced Psychotherapy: Special Situations – High Conflict Divorce
Taught by Dr. Christopherson
- Didactics/Grand Rounds: Case Presentation by Intern

Week 12
September 18, 2023

- Advanced Assessment: Projective Storytelling Measures & Interpretation
Taught by Dr. Christopherson
- Advanced Psychotherapy: Special Situations – Gender & Sexual Diversity
Taught by Dr. Christopherson
- Didactics/Grand Rounds: Case Presentation by Intern

Week 13
September 25, 2023

- Advanced Assessment: Rorschach Administration & Interpretation
Taught by Dr. Christopherson
- Advanced Psychotherapy: Special Situations – Racial & Ethnic Diversity
Taught by Dr. Christopherson
- Didactics/Grand Rounds: Case Presentation by Intern

Week 14
October 09, 2023

- Advanced Assessment: Rorschach Administration & Interpretation
Taught by Dr. Christopherson
- Advanced Psychotherapy: Special Situations – Diversity Concepts
Taught by Dr. Christopherson
- Didactics/Grand Rounds: Case Presentation by Intern

Week 15
October 16, 2023

- Advanced Assessment: Rorschach Administration & Interpretation
Taught by Dr. Christopherson
- Advanced Psychotherapy: Special Situations – Ethics & Decision Making
Taught by Dr. Christopherson
- Didactics/Grand Rounds: Case Presentation by Intern

Week 16
October 23, 2023

- Advanced Assessment: Rorschach Administration & Interpretation
Taught by Dr. Christopherson
- Advanced Psychotherapy: Special Situations – Ethics & Decision Making
Taught by Dr. Christopherson
- Didactics/Grand Rounds: Case Presentation by Intern

Week 17
October 30, 2023

Advanced Assessment: Rorschach Administration & Interpretation
Taught by Dr. Christopherson

Advanced Psychotherapy: Special Situations – Forensics
Taught by Dr. Christopherson

Didactics/Grand Rounds: Case Presentation by Intern

Week 18
November 06, 2023

Advanced Assessment: Integrating Assessment Data
Taught by Dr. Christopherson

Advanced Psychotherapy: Special Situations – Forensics
Taught by Dr. Christopherson

Didactics/Grand Rounds: Case Presentation by Intern

Week 19
November 13, 2023

Advanced Assessment: Integrating Assessment Data
Taught by Dr. Christopherson

Advanced Psychotherapy: Special Situations – Releasing Patient Information
Taught by Dr. Christopherson

Didactics/Grand Rounds: Case Presentation by Intern

Week 20
November 20, 2023

Advanced Assessment: HOLIDAY WEEK
Advanced Psychotherapy: HOLIDAY WEEK
Didactics/Grand Rounds: HOLIDAY WEEK

Week 21
November 27, 2023

- Advanced Assessment: Providing Feedback – Pediatric Populations
By Dr. Christopherson
- Advanced Psychotherapy: Managing Difficult Cases – Psychosis
Taught by Dr. Christopherson
- Didactics/Grand Rounds: Case Presentation by Intern

Week 22
December 04, 2023

- Advanced Assessment: Providing Feedback – Pediatric Populations
By Dr. Christopherson
- Advanced Psychotherapy: Managing Difficult Cases – Psychosis
Taught by Dr. Christopherson
- Didactics/Grand Rounds: Case Presentation by Intern

Week 23
December 11, 2023

- Advanced Assessment: Providing Feedback – Adult Populations
By Dr. Christopherson
- Advanced Psychotherapy: Managing Difficult Cases – Psychosis
Taught by Dr. Christopherson
- Didactics/Grand Rounds: Case Presentation by Intern

Week 24
December 18, 2023

- Advanced Assessment: Providing Feedback – Adult Populations
By Dr. Christopherson
- Advanced Psychotherapy: Managing Difficult Cases – Psychosis
Taught by Dr. Christopherson
- Didactics/Grand Rounds: Case Presentation by Intern

Week 25
December 25, 2023

Advanced Assessment: HOLIDAY WEEK
Advanced Psychotherapy: HOLIDAY WEEK
Didactics/Grand Rounds: HOLIDAY WEEK

Week 26
January 01, 2024

Advanced Assessment: Advanced Report Writing Skills
Taught by Dr. Christopherson
Advanced Psychotherapy: Managing Difficult Cases – Bipolar Disorder
Taught by Dr. Christopherson
Didactics/Grand Rounds: Case Presentation by Intern

Week 27
January 08, 2024

Advanced Assessment: Advanced Report Writing Skills
Taught by Dr. Christopherson
Advanced Psychotherapy: Managing Difficult Cases – Bipolar Disorder
Taught by Dr. Christopherson
Didactics/Grand Rounds: Case Presentation by Intern

Week 28
January 15, 2024

Advanced Assessment: Advanced Report Writing Skills
Taught by Dr. Christopherson
Advanced Psychotherapy: Managing Difficult Cases – Bipolar Disorder
Taught by Dr. Christopherson
Didactics/Grand Rounds: Case Presentation by Intern

Week 29
January 22, 2024

Advanced Assessment: Treatment Monitoring Assessment
By Dr. Christopherson

Advanced Psychotherapy: Treatment Monitoring
Taught by Dr. Christopherson

Didactics/Grand Rounds: Case Presentation by Intern

Week 30
January 29, 2024

Advanced Assessment: Forensic Assessments
Taught by Dr. Christopherson

Advanced Psychotherapy: Treatment Monitoring
Taught by Dr. Christopherson

Didactics/Grand Rounds: Case Presentation by Intern

Week 31
February 05, 2024

Advanced Assessment: Assessment Case Presentation
By Dr. Christopherson

Advanced Psychotherapy: Consultation & Referring Out
Taught by Dr. Christopherson

Didactics/Grand Rounds: Case Presentation by Intern

Week 32
February 12, 2024

Advanced Assessment: Independent Educational Evaluations
Taught by Dr. Christopherson

Advanced Psychotherapy: Inpatient & Outpatient Care
Taught by Dr. Christopherson

Didactics/Grand Rounds: Case Presentation by Intern

Week 33
February 19, 2024

Advanced Assessment: Neuropsychological Testing
Taught by Dr. Christopherson

Advanced Psychotherapy: Inpatient & Outpatient Care
Taught by Dr. Christopherson

Didactics/Grand Rounds: Case Presentation by Intern

Week 34
February 26, 2024

Advanced Assessment: Assessment Case Presentation
By Dr. Christopherson

Advanced Psychotherapy: Inpatient & Outpatient Care
Taught by Dr. Christopherson

Didactics/Grand Rounds: Case Presentation by Intern

Week 35
March 04, 2024

Advanced Assessment: Neuropsychological Testing
Taught by Dr. Christopherson

Advanced Psychotherapy: Therapy Interfering Behavior
Taught by Dr. Christopherson

Didactics/Grand Rounds: Case Presentation by Intern

Week 36
March 11, 2024

Advanced Assessment: Assessment Case Presentation
By Dr. Christopherson

Advanced Psychotherapy: Therapy Interfering Behavior
Taught by Dr. Christopherson

Didactics/Grand Rounds: Case Presentation by Intern

Week 37
March 18, 2024

Advanced Assessment: Assessment Case Presentation
By Dr. Christopherson

Advanced Psychotherapy: Therapy Interfering Behavior
Taught by Dr. Christopherson

Didactics/Grand Rounds: Case Presentation by Intern

Week 38
March 25, 2024

Advanced Assessment: Assessment Case Presentation - By Assignment

Advanced Psychotherapy: Therapy Interfering Behavior
Taught by Dr. Christopherson

Didactics/Grand Rounds: Case Presentation by Intern

Week 39
April 01, 2024

Advanced Assessment: Program Evaluation Assessment
Taught by Dr. Christopherson

Advanced Psychotherapy: Borderline Pathology
Taught by Dr. Christopherson

Didactics/Grand Rounds: Case Presentation by Intern

Week 40
April 08, 2024

Advanced Assessment: Assessment Case Presentation - By Assignment

Advanced Psychotherapy: Borderline Pathology
Taught by Dr. Christopherson

Didactics/Grand Rounds: Case Presentation by Intern

Week 41
April 15, 2024

Advanced Assessment: Risk Assessment
Taught by Dr. Christopherson

Advanced Psychotherapy: Borderline Pathology
Taught by Dr. Christopherson

Didactics/Grand Rounds: Case Presentation by Intern

Week 42
April 22, 2024

Advanced Assessment: Assessment Case Presentation - By Assignment

Advanced Psychotherapy: Borderline Pathology
Taught by Dr. Christopherson

Didactics/Grand Rounds: Case Presentation by Intern

Week 43
April 29, 2024

Advanced Assessment: Risk Assessment
Taught by Dr. Christopherson

Advanced Psychotherapy: Borderline Pathology
Taught by Dr. Christopherson

Didactics/Grand Rounds: Case Presentation by Intern

Week 44
May 06, 2024

Advanced Assessment: Assessment Case Presentation - By Assignment

Advanced Psychotherapy: Involvement in the Profession
Taught by Dr. Christopherson

Didactics/Grand Rounds: Case Presentation by Intern

Week 45
May 13, 2024

Advanced Assessment: Danger to Self/Others
Taught by Dr. Christopherson

Advanced Psychotherapy: Involvement in the Profession
Taught by Dr. Christopherson

Didactics/Grand Rounds: Case Presentation by Intern

Week 46
May 20, 2024

Advanced Assessment: Assessment Case Presentation - By Assignment

Advanced Psychotherapy: Professional Advocacy
Taught by Dr. Christopherson

Didactics/Grand Rounds: Case Presentation by Intern

Week 47
May 27, 2024

Advanced Assessment: Danger to Self/Others
Taught by Dr. Christopherson

Advanced Psychotherapy: Professional Advocacy
Taught by Dr. Christopherson

Didactics/Grand Rounds: Case Presentation by Intern

Week 48
June 03, 2024

Advanced Assessment: Assessment Case Presentation - By Assignment

Advanced Psychotherapy: Clinical Supervision
Taught by Dr. Christopherson

Didactics/Grand Rounds: Case Presentation by Intern

Week 49
June 10, 2024

Advanced Assessment: Assessment Case Presentation - By Assignment
Advanced Psychotherapy: Clinical Supervision
Taught by Dr. Christopherson
Didactics/Grand Rounds: Case Presentation by Intern

Week 50
June 17, 2024

Advanced Assessment: Assessment Case Presentation - By Assignment
Advanced Psychotherapy: Clinical Supervision
Taught by Dr. Christopherson
Didactics/Grand Rounds: Case Presentation by Intern

Week 51
June 17, 2024

Advanced Assessment: Assessment Case Presentation - By Assignment
Advanced Psychotherapy: Managing a Private Practice
Taught by Dr. Christopherson
Didactics/Grand Rounds: Case Presentation by Intern

Week 52
June 24, 2024

Advanced Assessment: Assessment Case Presentation - By Assignment
Advanced Psychotherapy: Managing a Private Practice
Taught by Dr. Christopherson
Didactics/Grand Rounds: Case Presentation by Intern

APPENDIX D:
SAMPLE WEEKLY SCHEDULES
INTENSIVE OUTPATIENT DEPARTMENT
RESIDENTIAL TREATMENT DEPARTMENT

Central Valley Behavioral Health
Internship Program
Sample Intensive Outpatient Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
0900					Facilitating PHP Group 1230-1530
1000	Didactics: Advanced Assessment Seminar	Didactics: Advanced Intervention Seminar	Department Staff Meeting	Group Supervision	
1100	Individual Supervision	Didactics: Grand Rounds		Individual Supervision	
1200	Individual Sessions & Milieu Support	Facilitating PHP Group 1230-1530	Individual Sessions & Milieu Support	Assessment: Administration, Scoring, Report Writing	PHP Support & Outing, Individual Sessions, Documentation
1300			Facilitating Junior IOP Group 1430-1730		
1400		Individual Sessions & Milieu Support		Facilitating IOP Group 1530-1830	
1500			Facilitating IOP Group 1530-1830		
1600	Individual Sessions & Milieu Support	Facilitating IOP Group 1530-1830			
1700				Individual Sessions & Milieu Support	
1800					
1900					

Central Valley Behavioral Health
Internship Program
Sample Residential Treatment Center Weekly Schedule

	Sunday	Monday	Tuesday	Wednesday
0800	Behavioral Activation Time	Behavioral Activation Time	Behavioral Activation Time	Behavioral Activation Time
0900	RTC Outing Activity	Academic & Administrative Support, Individual/Conjoint Sessions	Academic & Administrative Support, Individual/Conjoint Sessions	Academic & Administrative Support, Individual/Conjoint Sessions
1000				
1100		Group	Group	Group
1200				
1300		Individual/Conjoint Sessions	Individual/Conjoint Sessions	Individual/Conjoint Sessions
1400		Group	Group	Group
1500				
1600		Dinner Support & Group	Dinner Support & Group	Dinner Support & Group
1700				
1800				