We are pleased to make application to APPIC for a Pre-Doctoral Clinical Psychology Internship program. Psychiatry and Behavioral Health has a successful history of training Psychology interns and practicum students, in partnership with DFW-area Universities, since 2007.

John Peter Smith Health Network is an urban teaching hospital with a long history of training health care staff and physicians. Currently, the institution sponsors programs that are accredited through the Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA) and the Council on Podiatric Medical Education (CPME).

JPS sponsors 170 training positions in eleven programs. All residency programs are accredited, and several are dually accredited. JPS provides clinical medical education to the University of Texas Southwestern Medical School, Baylor Medical Center and the University of North Texas Health Science Center. JPS also enjoys academic affiliations with the University of Texas Southwestern Medical School and Texas A&M Health Science Center.

If application is approved, JPS/Acclaim will provide the financial resources necessary to support the program including any training materials needed, faculty teaching time and salaries and benefits for (2) intern positions.
**Pre-Doctoral Clinical Psychology Internship Program Leadership:**

Clinical Training Director/Director of Psychology  
**Ed Miles, PhD**  
817-702-3636

- Directs and organizes the training program and its resources.
- Is responsible for selection of interns.
- Monitors and evaluates the training program's goals and activities.
- Documents and maintains interns' training records

Academic/Research Director  
**Cynthia Claassen, PhD**  
817-702-3100

- Chairs the Education Executive and the Research Executive Committees
- Reviews training program's annual goals and objectives and measures progress
- Reviews program evaluation data and makes recommendations on program changes/improvements
- Coordinates trainees' research activities

Psychiatry & Behavioral Health Chair  
**Alan Podawiltz, DO**  
817-702-6695

- Member of Education Executive Committee
- Responsible for Program Budget

Program Administrator  
**Dena Palmer, MS**  
817-702-1965

- Assists Training Program Director and Department Chair with Administrative Program functions including program evaluation
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JPS Health Network – Our History

In October 1877, future Fort Worth mayor John Peter Smith deeded five acres of land at what is now 1500 South Main Street to provide a place where individuals from Fort Worth and Tarrant County "could have the best of medical care." It would be many years before his vision for a facility on that location would be realized, but not so long before the first public hospital for the community was established.

In 1906, a hospital affiliated with the Fort Worth Medical College was opened in Fort Worth free to all accident cases and any other cases which the authorities will accept, and the foundation for JPS Health Network was laid. Seven years later, county commissioners agreed to match city funds for the operation of a city and county hospital, which soon opened with 25 beds.

By 1938, the downtown location was well past adequate for the demands of the region, and construction of the new hospital, on the land donated by John Peter Smith, began. The 166-bed City-County Hospital rose to many challenges, including the polio epidemic, and served as the main trauma center for Tarrant County.

In 1954, the name of the hospital was officially changed to John Peter Smith Hospital, and in 1959 the Tarrant County Hospital District was created to give the organization a sound financial footing.
The 1970s and 1980s saw tremendous expansion as John Peter Smith Hospital continued to grow. By the 1990s, the need for growth into the community was apparent, and health centers were established across the county.

Today, JPS Health Network continues to serve the needs of the families in Tarrant County, working to improve health status and access to health care. The facilities on Main Street have grown to a hospital licensed for 573 beds that is attached to a Patient Care Pavilion – a five-story acute care facility, along with an outpatient care center and a dedicated facility for psychiatric services.

JPS Health Network has been named among Modern Healthcare’s Best Places to Work in Healthcare, placing JPS among the top 150 healthcare companies in the nation.

JPS is the only public entity in Texas included on the list of 2017 Best Places to Work, one of the most coveted honors in the industry. With a circulation of more than 70,000, Modern Healthcare is among the most respected sources of healthcare industry news in business, policy and research.

**JPS Health Network Services and Locations**

Multispecialty services provided at the John Peter Smith Health Network include:

- Behavioral Health
- Cancer
- Cardiology
- Dental
- Dermatology
- Endocrinology
- Family Medicine
- Gastroenterology
- Geriatrics
- Hepatology
- Infectious Diseases
- Neurology
- Orthopedics and Sports Medicine
- Pain Management
- Pediatrics
- Pharmacy
- Primary Care
- Pulmonary
- Radiology
- Renal
- Rheumatology
- Robotic Surgery
- School-Based Health Centers
- Sexual Assault Nurse Examiner Program
- Stroke / Neurosciences
- Surgical Services
- Trauma Services – Fully Accredited Level I Trauma Center
- Women's Services
- Wound Care
ORGANIZATIONAL STRUCTURE

Our educational programs revolve around a long-standing partnership between JPS Health Network and the University of North Texas Health Science Center.

Acclaim is our provider employer group and was created in March 2015 as a multispecialty, non-profit medical practice group specifically organized to provide health care and medical services to the Tarrant County Hospital District. Acclaim is the largest multi-specialty group practice in Tarrant County and includes about 400 DO and MD Physicians, Nurses, Physician Assistants, Nurse Practitioners, Psychologists and other health practitioners. Acclaim Faculty are faculty at the University of North Texas Health Science Center and for more information, please visit their website: HTTPS://WWW.UNTHSC.EDU/

Acclaim’s mission is to improve the health and quality of life for the people of Texas and beyond through excellence in education, research, clinical care and community engagement. Our values are trust, compassion, teamwork, integrity, innovation and excellence in all its academic, research and medical services activities.
Currently, the institution sponsors programs that are accredited through the Accreditation Council for Graduate Medical Education (ACGME) and the Council on Podiatric Medical Education (CPME). JPS is a member of the Council of Teaching Hospitals and Health Systems (COTH), the Alliance of Independent Academic medical Centers (AIAMC), and the Association for Hospital Medical Education (AHME). JPS Health Network is committed to improving the health of Tarrant County and providing a quality experience in the learning environment.

The Department of Academic Affairs is responsible for the advancement of medical education in JPS. This includes graduate medical education, clerkship training for undergraduate medical education, physician assistant training and clinical psychology internships and practicum training.

The department oversees faculty professional development, research and scholarly activities including research compliance, academic planning and program review, academic policy, academic services, budgets, governance, and the institution's library and continuing medical education programs. The Department of Academic Affairs oversees all operations of the Academic Divisions, providing administrative oversight and academic leadership. The Department is committed to developing high quality programs and pursuing innovative teaching models to advance medical education within Tarrant County.

**Academic Affairs Mission Statement**

The mission of the JPS Academic Affairs Department is to create an environment of higher level academics and a learning experience that leads to the development of excellent, patient-centered physicians and extraordinary healthcare leaders.

**Quick Facts**

JPS sponsors or participates in 18 clinical residency and fellowship programs.

1. Behavioral Medicine
2. Clinical Pastoral Education
3. Emergency Medicine
4. Family Medicine
5. General Surgery
6. Geriatric Medicine
7. Obstetrics and Gynecology
8. Oral and Maxillofacial Surgery (internship)
9. Oral and Maxillofacial Surgery (residency)
10. Ophthalmology
11. Orthopedics
12. Nursing
13. PGY1 Pharmacy
14. PGY2 Ambulatory Care Pharmacy
15. Podiatry
16. Psychiatry
17. Sports Medicine
18. Transitional Internship
• Major Participating institution for several programs including Baylor General Surgery and University of Texas Southwestern for Ophthalmology and Oral and Maxillofacial Surgery
• Fully Accredited Podiatry Residency Program by CPME
• Oral and Maxillofacial Surgery (OMFS) Internship Program
• Collaboration with UNTHSC Professional and Continuing Education program to offer Continuing Medical Education programs
• Medical Student and Physician Assistant Clerkships
• Clinical rotations for Non-JPS Residents offered in select residency departments and fellowship programs

Academic Affairs Highlights

• Strong residency programs committed to training doctors to care for Texas underserved and rural communities
• Strong Family Medicine Residency named #3 in the nation by US News in 2014 and remains in the top 10
• Family Medicine Faculty are leaders in developing Family Medicine Training Programs across the globe
• Graduated first Emergency Medicine Residents in 2013
• Globally recognized faculty who are committed to improving healthcare through teaching, mentoring and role modeling
• Largest teaching hospital in Tarrant County

Education Policy Committee

Chair: Cheryl Hurd, M.D., Residency Program Training Director

The Education Policy Committee (EPC) is comprised of both faculty, psychiatric residents and a pre-doctoral psychology intern. Ultimate responsibility for the Pre-Doctoral Psychology Training Program at Acclaim/JPS rests with the Director of Clinical Training who in turn works with the Education Policy Committee to manage the program and review rotations/curriculum. The main function of the Education Policy Committee is to periodically review aspects of the training program including individual rotations, lecture series, policies and the training program as a whole. Interns are reviewed with the rotation coordinator/didactic coordinator and the committee. The group discusses each area’s strengths, areas for improvement and recommendations for improvement are provided. The committee re-visits each area annually to assess implementation of improvement strategies and determine any new areas of concern.

The Education Policy Committee reports information up to the Department of Psychiatry Education Executive Committee, and to the Academic Affairs office.

Education Executive Committee

Chair: Cindy Claassen, Ph.D.
Department level oversight of all Psychiatry training programs including Residency, Clerkship, Allied Health Fellowships, Clinical Psychology Internships and Practicum programs.
The Department of Psychiatry and Behavioral Health
Chair, Alan Podawiltz, D.O.

Overall Department Mission:

Our mission is to support better and healthier lives. We have a vision to be the trusted healthcare leader for our community, advancing health through clinical care, innovation and education.

The Department of Psychiatry and Behavioral Health is dedicated to providing a full continuum of behavioral health services, including inpatient services at Trinity Springs Pavilion, Trinity Springs North, 24/7 emergency behavioral health services at our Psychiatric Emergency Center, and outpatient services at JPS Health Network outpatient clinics.

Academic Mission:

The Department of Psychiatry and Behavioral Health views education as one of the conceptual cornerstones of our care delivery model. Education is a dynamic process that supports the mission and vision of JPS Health Network. Learning is broadly defined as a change in behavior or perception in light of new information and education is the mechanism by which this learning process occurs.

We believe behavioral healthcare is scientifically based and artfully practiced. We value the transformational power of education for our patients and their families and our behavioral healthcare team.

As healthcare providers, we often seek to impart new information to our patients as we support their unique journeys to recovery and resiliency. In turn, as professionals, we ourselves are called to a lifelong process of learning through education as we seek to deliver innovative clinical care which meets the needs of a dynamic population within an ever-evolving environment of care.

JPS has a long tradition as a teaching hospital which prepares the next generation of providers for behavioral healthcare. The Department of Psychiatry and Behavioral Health partners with medical education as we sponsor a residency program for specialization in psychiatry as well as clinical rotations for medical students and internships for physician assistant and nurse practitioner students. Our department also partners with regional universities and community colleges to provide clinical experience for nursing, social work, and first responder students. Our deep connection to education and research defines our present and fuels our journey forward into the future.

We further value fostering innovation and the generation of new knowledge through active encouragement of clinical research and scholarly activities.
Psychiatry and Behavioral Health

Clinical Services:

JPS Health Network is dedicated to providing a full continuum of behavioral health services, including inpatient services at Trinity Springs Pavilion (# of beds), Trinity Springs North (36 bed facility), 24/7 emergency behavioral health services at our Psychiatric Emergency Center, and outpatient services at our JPS outpatient clinics.

The Department of Psychiatry and Behavioral Health has 40 providers including Adult and Child/Adolescent Psychiatrists, Advanced Practice Providers, and five Psychologists. The multidisciplinary treatment teams address the many facets of psychiatric illness, focusing on the patient’s journey to mental health recovery using a range of services including pharmacotherapy, case management, group therapies, skill-building groups and crisis intervention.

Treatment team members include:

- Board Certified Music Therapists
- Certified Therapeutic Recreational Specialists
- Chaplains
- Licensed Chemical Dependency Counselors
- Licensed Clinical Social Workers
- Licensed Professional Counselors
- Nurse Practitioners
- Peer Recovery Support Specialists
- Physician Assistants
- Psychiatric Technicians
- Psychiatrists
- Psychologists
- Registered Nurses

Specific services include:

- Acute Inpatient Services
- Adolescent Inpatient Services
- Integrated Healthcare
- Intensive Outpatient Program
- Local Commitment Alternative Services
- Outpatient Behavioral Health Services
- Partial Hospitalization Programs
- Peer and Family Services
- Patient Family Advisory Council
- Peer support
- Virtual Behavioral Health Support for Primary Care Providers
- Behavioral Health Discharge Management
- Tarrant County’s only 24/7 Psychiatric Emergency Center
Psychiatry & Behavioral Health - by the Numbers - 2016:

- 20,000 Psychiatric Emergency Visits
- 39,000 Psychiatric Inpatient Days
- 2,800 Psychiatric Observation Days
- 28,500 Outpatient Visits
- 80,000 Depression Screenings in Primary Care
Pre-Doctoral Clinical Psychology Internship

PROGRAM OUTLINE

The clinical training at JPS provides an integrated clinical/educational experience. Students will be exposed to a wide array of inpatient and outpatient psychiatric/psychological services. Further, students will gain experience with medical health care services in a medical/surgical hospital. **Training in the use of an electronic medical record system (epic) is also provided.** The Internship has three, weekly, distinct “rotations” which are embedded into the pre-doctoral internship experience: 1) Psychological/neuropsychological assessment; 2) outpatient psychotherapy & intervention, and; 3) consult & liaison Services – JPS level I trauma. **There are other opportunities contingent upon student’s interest (i.e. FAA Evaluations for Pilots).**

>This Internship is integrated into JPS Clinical Training through the Department of Psychiatry, Education Policy Committee (EPC).

It should be noted that the Internship is full time for twelve (12) months and that as a general guideline, when students are not attending their academic classes or involved in approved research time, they are expected to be engaged in their clinical rotations. Actual time may be more or less contingent upon demand and can be discussed on an individual basis with their respective rotation clinical supervisor.

This program will follow all policies and procedures as posted at [www.appic.org](http://www.appic.org).

Positions & Employment:

There will be two positions available for Pre-doctoral interns at JPS. The budgetary funding for the positions will come from the Acclaim Physician Group and the interns will be full-time (40 hours per week) salaried Acclaim employees ($30k per year) with full benefits. Interns will follow the JPS/Acclaim Human Resources policies and procedures including policies related to employment and time and attendance.

Eligibility:

Internship training is at post-clerkship, post-practicum, and post-externship level, and precedes the granting of the doctoral degree. Interns must have completed adequate and appropriate prerequisite training prior to the internship. This would include both:

a. Completion of formal academic coursework at a degree-granting program in professional psychology (clinical, counseling, school), and

b. Closely supervised experiential training in professional psychology skills conducted in non-classroom settings
**Application Process:**
Interested parties will follow the application and match process outlined at [www.APPIC.org](http://www.APPIC.org).

Students who are interested in participating in the APPIC Match for psychology internship programs may register for the Match at the National Matching Services web site. The APPIC Post Match Vacancy Service provides information on internship positions that are available at the conclusion of the Match.

APPIC provides the APPIC Application for Psychology Internships (AAPI), a standardized application for use by students who are applying to internship programs.

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.

**Interviews:**
Candidates who submit a complete set of application materials will be scheduled for an in person interview with program leadership and faculty via Skype or Zoom web meeting technology. Program leaders will rank candidates and coordinate match activities in accordance with APPIC policies and procedures.

**Trainee Orientation:**
Program leaders will conduct a structured orientation program including program leader and faculty introductions and contact information, discussions about program expectations, key program dates and any project deadlines, criteria by which interns' success is evaluated, opportunities and process for providing feedback, and the interns' schedules. Interns will be given a textbook reference guide as well as any suggestions on recent relevant publications in psychology.

**Program Evaluation:**
Program evaluation is recognized as a critical element to the success of our training programs. The evaluation process allows us the framework to evaluate the program's activities, characteristics, and outcomes by collecting and analyzing information from key stakeholders. Qualitative and quantitative data collected will be used to help make program improvements and to inform program leaders in their decision-making for future direction of the program. The Program Administrator will assist program faculty in the program evaluation activities.

Written program evaluation information is collected from interns and program leaders to identify opportunities for improvement and assess performance. Additionally, when interns come on board with the program, the Program Administrator will meet with the interns at their 30, 60, and 90 day anniversaries to gather just-in-time information allowing program leaders to identify any potential issues and make adjustments early on in program participation.
Faculty and Program Leadership Evaluation Activities

Program self-evaluation data will be collected from program leaders and Department of Psychiatry and Behavioral Health faculty involved in training activities, and reviewed annually. Self-evaluation activities will include a review of the program’s mission, goals and objectives and discussion and analysis of the program’s progress toward meeting training program objectives. Additionally, program leadership will review the program’s financial data and make any requests for the future academic year’s program in April of each year. Additionally, an annual report of program activities and performance will be submitted to the Education Policy Committee as well as applicable Acclaim and JPS leaders.

Data on trainee performance will be collected from program faculty and supervisors, and reviewed by program leadership, quarterly.

Areas to be evaluated by program leaders include:

- Informative orientation information and process
- Interns knowledge of program expectations
- Adequate opportunities and structure for providing feedback to interns
- Adequate program support for interns
- Quality and satisfactory quantity of academic rotations and activities
- Quality and satisfactory quantity of clinical training activities
- Satisfactory exposure to research and scholarly activities
- Exposure to cultural diversity (faculty and patients)
- Adequate resources and support for teaching faculty
- Adequate resources and support for program leaders
- Psychologically healthy work environment
- Satisfactory collaborative relationship with peers
- All requirements and criteria met (as outlined by APA accredited programs)
Trainee Evaluation Activities

Evaluation questionnaires are provided to all interns no later than July 1 with a return to the Program Administrator by July 15 (the Questionnaires will NOT be directly submitted to any faculty). This will provide program leaders the opportunity to review all responses and incorporate any changes or revisions in the Clinical Training Program. Questionnaires will use a 5-point Likert scale to measure interns’ satisfaction with their training experience and the program’s ability to meet their overall training needs (1=strongly disagree, 2=somewhat disagree, 3=neither agree or disagree, 4=somewhat agree, 5=strongly agree). Additionally, a section for candid feedback will be provided. The Program Administrator will collect, summarize, and report all feedback to program leadership.

Areas to be evaluated by interns include the program’s ability to offer:

- Informative orientation information and process
- Clarity of program expectations
- Satisfaction with opportunities and structure for providing program feedback
- Adequate organizational structure and support
- Variety of pathology available
- Quality and satisfactory quantity of academic rotations and activities
- Quality and satisfactory quantity of clinical training activities
- Adequately balanced clinical and academic schedule
- Satisfactory exposure to research and scholarly activities
- Exposure to cultural diversity (faculty and patients)
- Adequate faculty support and supervision including accessibility of the faculty for consultation, questions and/or concerns
- Adequate administrative resources and support
- Psychologically healthy work environment
- All requirements and criteria as outlined by APA accredited programs

### Annual Schedule of Evaluation Activities

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CORE COMPETENCIES

The following competencies will be used to measure understanding and are intended as broad, high-level summaries of the required objectives that demonstrate competence in clinical health psychology and clinical settings.

Psychotherapy

- Accurately diagnose psychopathology using the 5-Axis DSM IV system
- Identify salient predisposing, precipitating and perpetuating elements of patients’ problems
- Demonstrate basic proficiency in the techniques of:
  - Psychodynamic Psychotherapy
  - Short Term Counseling and Crisis Intervention
  - Combined Psychopharmacology and Psychotherapy
  - Cognitive/Behavioral Psychotherapy
  - Supportive Psychotherapy
- Understands the basic defensive structure, unconscious conflicts, and functional deficits of his/her patients
- Use supervision effectively to improve knowledge, skills and professional attitudes
- Work effectively with other professionals
- Present a case in a clear, well-organized, and appropriately detailed manner
- Maintain appropriate boundaries with patients over the course of the treatment. Recognize basic transference & countertransference phenomenon
- Provide adequate documentation
- Demonstrates considerate and sensitive behavior in dealing with patients, their families and other professionals
- Demonstrate awareness of social, medical, vocational and financial resources needed by patients
- Identifies and make appropriate referrals to other care providers and coordinate care shared by such providers
- Work effectively with a multi-disciplinary treatment team
- Each patient will be reviewed every week
- Demonstrate documentation of services provided

Psychological Assessment, Testing & Evaluation

- Will demonstrate basic proficiency with projective instruments (i.e. Rorschach)
- Will demonstrate basic proficiency with objective personality instruments (i.e. MMPI-2)
- Will demonstrate basic proficiency with intelligence tests (i.e. WAIS IV)
- Will demonstrate basic proficiency with neuropsychological tests (i.e. NAB)
- Will demonstrate the ability to choose, use and interpret a broad range of assessments methods appropriate to the client and service delivery system in which the assessment takes place; to the type of intervention which is likely to be required
- Conducting appropriate risk assessment and using this to guide practice
- Will demonstrate the ability to include formal procedures (use of standardized instruments); Systematic interviewing procedures; other structured methods of assessment (e.g. observation or gathering information from others)
- Demonstrate a basic understanding that any evaluation/assessment findings should include environmental suggestions and/or recommendations required for the patient to be safe & as successful as possible
- Demonstrate a basic understanding of geriatrics, family case conferences as well as the fundamentals in the assessment & evaluation of dementia
• Understand that the patient’s family and/or attending physician & other medical professionals are important sources of information & every effort should be made to consult them
• Understand that every patient shall be evaluated & assessed within the parameters of the patient’s abilities and/or injury(s)
• Understand the “audience” that will be utilizing the report & tailor the report in such a way as to make it concrete & functional
• Understand Key Elements in Formulating Written & Verbal Reports-Inpatient-Medical Facility or Hospital:
  o Keep it Brief & Concise. If further evaluation is necessary this should be indicated; however, a report must be made on what the evaluation has revealed thus far
  o In addition to reporting any functional, neuropsychological findings (i.e. status, problems, deficits, etc, the psychological functioning of each patient must be determined) (i.e. anxiety, depression, personality style, etc). This should be integrated & concisely reported.
  o The report must be integrated, concrete, useful & functional for the medical staff while the patient is in the hospital as well as any specific, post discharge recommendations.
  o What kind of behavior & interaction will the medical staff likely experience with the patient? The family? What might help the staff be more effective & beneficial to the patient? For example, if the patient is displaying item recognition difficulties, what “day to day” interactions not only should the patient’s staff know this, but what could the staff concretely do that might be helpful (i.e. help in recognition, reduce anxiety, etc). Is the patient or family difficult & how could the staff deal with them?
  o Is there anything that staff should be vigilant about (i.e. should be watchful for any increase in depressive indicators)?

**Transferable Skills**

• Deciding, using a broad evidence and knowledge base, how to assess, formulate and intervene psychologically, from a range of possible models and modes of intervention with clients, careers and service systems.
• Generalizing and synthesizing prior knowledge and experience in order to apply them in different settings and novel situations.
• Demonstrating self-awareness and working as a reflective practitioner.
• Ability to think critically, reflectively and evaluative.

**Psychological Formulation**

• Developing formulations of presenting problems or situations which integrate information from assessments within a coherent framework, that draws upon psychological theory and evidence and which incorporates interpersonal, societal cultural and biological factors.
• Using formulations with clients to facilitate their understanding of their experience.
• Using formulations to plan appropriate interventions that take the client’s perspective into account.
• Using formulations to assist multi-professional communication, and the understanding of clients and their care.
• Revising formulations in the light of ongoing intervention and when necessary re-formulating the problem.
Psychological Intervention

- On the basis of a formulation, implementing psychological therapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the client, and to do this in a collaborative manner with: individuals; couples, families or groups; services/organizations.
- Implementing interventions through and with other professions and/or with individuals who are formal (professional) careers for a client, or who care for a client by virtue of family or partnership arrangements.
- Recognizing when (further) intervention is inappropriate, or unlikely to be helpful, and communication this sensitively to clients and careers.

Evaluation

- Selecting and implementing appropriate methods to evaluate the effectiveness, acceptability and broader impact of interventions (both individual and organizational), and using this information to inform and shape practice. Where appropriate this will also involve devising innovative procedures.
- Auditing clinical effectiveness.

Personal and Professional skills

- Understanding of ethical issues and applying these in complex clinical contexts, ensuring that informed consent underpins all contact with clients and research participants.
- Appreciating the inherent power imbalance between practitioners and clients and how abuse of this can be minimized.
- Understanding the impact of difference and diversity on people’s lives, and its implications for working practices.
- Working effectively at an appropriate level of autonomy, with awareness of the limits of own competence and accepting accountability to relevant professional and service managers.
- Managing own personal learning needs and developing strategies for meeting these.
- Using supervision to reflect on practice, and making appropriate use of feedback received.
- Developing strategies to handle the emotional and physical impact of own practice and seeking appropriate support when necessary, with good awareness of boundary issues.
- Working collaboratively and constructively with fellow psychologists and other colleagues and users of services, respecting diverse viewpoints.

Communication and Teaching

- Communicating effectively clinical and non-clinical information from a psychological perspective in a style appropriate to a variety of different audiences (e.g. to professional colleagues, and to users and their care givers).
- Adapting style of communication to people with a wide range of levels of cognitive ability, sensory acuity and modes of communication.
- Preparing and delivering teaching and training which takes into account the needs and goals of the participants (e.g. by appropriate adaptations to methods and content).
- Understanding of the supervision process for both supervisee and supervisor roles.

Service Delivery

- Adapting practice to a range of organizational contexts, on the basis of an understanding of pertinent organizational and cultural issues.
- Understanding of consultancy models and the contribution of consultancy to practice.
- Awareness of the legislative and national planning context of service delivery and clinical practice.
- Working with users and care givers to facilitate their involvement in service planning and delivery.
- Working effectively in multi-disciplinary teams.
- Understanding of change processes in service delivery system.
1. Psychological/Neuropsychological Assessment – General Psychiatric Inpatient/Outpatient

Location: Tarrant County Hospital District-Ft. Worth
Primary Supervisors: Cindy Claassen, PhD, Alan Frol, PhD, Alan Hopewell, PhD, TBA* and Ed Miles, Ph.D.

* TBA: As of submission, there are vacant FTE’s for Psychologists

An important component of the General Psychiatric Inpatient/Outpatient Rotation includes psychological testing, assessment and written reports on adolescents and adults. Specific referral questions are generated by the attending psychiatrist and/or treatment team and may involve the utilization of “traditional” psychological tests (i.e. Wechsler, T.A.T., Rorschach, MMPI-2, etc) or neuropsychological tests (i.e. Neuropsychological Assessment Battery, etc). Psychological evaluations will typically include a verbal presentation to the respective treatment team/referring physician and may involve a conference with family and the “identified patient.”

**Objectives:** The primary activity of the rotation is psychological assessment in the inpatient and outpatient behavioral health services at John Peter Smith Hospital. Secondarily, brief interventions in a psychiatric inpatient and outpatient setting are included as part of the rotation. At the end of this rotation, clinical psychology doctoral students will be able to:

1. Construct a defensible and appropriate differential diagnosis after clinical intake interview for any patients presenting for testing in a highly diverse mental health population.
2. Select appropriate assessment measures for testing based on referral question and differential diagnosis
3. Administer and score a broad range of personality and neuropsychological tests in a standardized manner
4. Interpret testing results appropriately and produce a clear and defensible formulation of the etiology patients’ problems using both personality and neuropsych instruments
5. Conduct high-quality clinical interviews and feedback sessions
6. Provide clear and meaningful consultation to multi-disciplinary treatment teams
7. Conduct brief interventions, informed by testing results, with both inpatient and outpatient populations.

**Rotation Description**

*Background Knowledge & Skill Sets:* Students will be provided with a set of background readings in psychological and neuropsychological assessment, non-pharmaceutical interventions, psychodynamic developmental and cognitive behavioral theory consistent with the overall biopsychosocial emphasis of the psychological assessment rotation within the JPS Health Network. The selected developmental readings will cover primarily adolescence through adulthood. Thus, the psychopathological continuity from the adolescent unit (AIU), the acute stabilization adult units (2NW, 2SW), the Long Term Care Alternative unit (LCA) and the outpatient services will be more easily understood and conceptualized.

Given the short term stabilization mission of most Trinity Springs inpatient units, it is essential that any doctoral student possess a practical working knowledge of adult psychopathology. A working knowledge of DSM-V and a basic familiarity with intake interviews and psychiatric mental status evaluation is also encouraged. Interns’ experience will hopefully provide ample and rich opportunities for integration of these skill sets into case formulations that become part of the diagnostic workups, treatment protocols and dispositions of TSP patients.
Inpatient Assessment Training: After two to three weeks of intensive orientation, students will observe inpatient interdisciplinary team synchrony before gradually starting to participate actively in each of the three adult treatment teams, with occasional work on the Adolescent Unit as well. They will encounter a wide range of severely debilitating psychopathology. As a publicly supported county hospital, JPS serves a diverse population of socio-economically disadvantaged patients as its primary mission. The student will thus have the opportunity to integrate theoretically grounded formal psycho-diagnostic information within this socioeconomic context.

An important component of the General Psychiatric Inpatient/Outpatient Assessment Training includes psychological assessment and report writing for adolescents and adults. Specific referral questions are generated by the attending and resident psychiatrists and/or other treatment team members and may involve the utilization of traditional personality (e.g., Wechsler, T.A.T., Rorschach, MMPI-2) and neuropsychological measures (e.g., Neuropsychological Assessment Battery, Trails A & B). Psychological work-ups will typically include a verbal presentation to the respective treatment team and may involve a conference with family and/or patient. Assessment supervision will emphasize the integration of standard assessment / diagnostic information with patient history and clinical presentation.

Students will also be exposed to court commitment procedures which can lead to referral to a state hospital facility for longer-term, intensive treatment and to provide input on discharge planning.

Outpatient Assessment Training: Students will gradually take on full testing batteries on the outpatient assessment service to supplement their inpatient learning. JPS is the Tarrant County source of public mental healthcare for individuals who do not qualify for MHMR services. An extremely broad spectrum of ambulatory psychopathology is present in the patients referred on an outpatient basis for psychological assessment. Typical referral questions include differential diagnosis, characterizing learning, attentional and memory problems and testing for ADHD and autism spectrum disorders in adults.

2. PSYCHOTHERAPY - JPS Outpatient Clinic

LOCATION: JPS Hemphill Outpatient Clinic

Primary Supervisors: Cindy Claassen, PhD, Alan Frol, PhD, Alan Hopewell, PhD, TBA* and Ed Miles, Ph.D.

To insure that students are grounded in fundamental clinical psychology, students will also provide clinical psychotherapy services at the JPS hemphill outpatient clinic. Students will provide outpatient clinical and health psychology psychotherapy services. A wide range of services are provided in the JPS Outpatient Clinic to adults, adolescents and families with an array of problems and diagnoses. Examples of the services that students will experience: assessment & evaluation, psychological intervention(s) and treatment of DSM-V Diagnoses and/or health related problems, consultation with other JPS/Acclaim Medical Departments and staff, treatment planning, documentation, etc. At a minimum, Interns will be expected to have an individual, weekly caseload of four (4) psychotherapy patients.

Students will be required to begin providing interventions based on physician referrals and/or assessment results. These interventions will be in at least two of the following domains: psychodynamic; supportive individual psychotherapy; group therapy; psychoeducational family consultations; skills building interventions.

The rotation will also train students in a brief biofeedback protocol emphasizing psychophysiological control and behavioral interventions for chronic pain, anxiety or other conditions where this treatment modality has demonstrated efficacy. Supervised exposure to therapeutic interventions associated with this treatment modality will be provided once students have been trained to criterion in use of these protocols.
Treatment goals be addressed during all following treatment sessions. For patients on medications which may affect treatment goals, progress notes should reflect the impact of medication upon treatment progress as well as adverse effects, if any. Treatment goals should be observable and measurable, and progress notes should reflect progress toward each goal during each session, or lack of progress. If progress has stalled, treatment should address this and documentation should reflect modifications to the overall treatment plan. Treatment plans should be reviewed on a quarterly basis for patients enrolled in long-term therapy. Evidence of this review and any modifications to the overall treatment plan must be documented.

Objectives for Outpatient Therapy Models include:

- Learning how to set therapeutic goals
- Learning how to execute a case formulation
- Learning how to execute a problem list or provisional diagnosis
- Learning how to execute a working hypothesis
- Transference and Countertransference
- Tailoring the therapy to the individual/situation
- Gain proficiency in models of stress, coping, anxiety, depression and fear models of treatment
- Demonstrate exposure to anger, rage, and PTSD models of treatment
- Demonstrate knowledge of Supportive, Psychodynamic, CBT Therapy
- Show an understanding of Medical issues/conditions as it relates to psychotherapy
- Demonstrate proficiency in the identification of risk and suicide factors

All interns will receive timely supervision on all cases by a designated licensed Clinical Psychologist.

"Timely Supervision" for the purpose of this rotation is defined as:

- Submission of case notes, raw psychometric data, consultative letters, etc., to the appropriate supervising Clinical Psychologist NLT 24 hours following contact with a patient.
- At least one hour of clinical supervision per week between licensed providers and intern(s).

Responsibility for the appropriate and ethical management of every case rests with the supervising Clinical Psychologist, who will ensure that an appropriate treatment plan is instituted and followed.

3. John Peter Smith Hospital- Level I Trauma - Consult and Liaison Services
Location: Tarrant County Hospital District-John Peter Smith Hospital
Level I Trauma - Ft. Worth
Primary Supervisor: Ed Miles, Ph.D.
Secondary Supervisor: A. Frol, PhD; A. Hopewell, PhD, TBA*

John Peter Smith Hospital (JPS) is accredited as a Level I Trauma Center. In order to be accredited as a Level I Trauma Center, Neuropsychological Evaluations are required to be available and performed; however, the JPS Trauma Center has requested that neuropsychological and/or psychological assessments (“Consults”) be performed on every patient that is admitted to Trauma. Thus, each trauma patient (and family if available) is evaluated by a psychologist and students will be performing these evaluations or “consults” (“Consults” are typically screenings or a shorter version of a full or comprehensive neurocognitive or psychological evaluation) and a written report must be in the patient’s hospital chart that same day. Students will verbally present findings in both, Trauma Rounds and Trauma Staffing to physicians, physician assistants, nurses and other medical personnel. At the end of this rotation, students will be able to determine whether a neurocognitive, psychological or combination assessment should be performed and will be comfortable in both, tailoring the written and verbal reports to the immediate hospital environment as well as providing discharge recommendations.
Students will receive knowledge and training in the applied science of brain behavior relationships, functional neuroanatomy, principles of neuroscience, brain development, neurological disorders and etiologies, neurodiagnostic tests/techniques (i.e. CT Imaging), normal and abnormal brain functioning, and neuropsychological and behavioral manifestations of neurological disorders.

The types of problems are extremely varied and include such conditions as dementia, vascular disorders, Parkinson's disease and other neurodegenerative disorders, traumatic brain injury, seizure disorders, learning disabilities, neuropsychiatric disorders, infectious disease affecting the CNS, neurodevelopmental disorders, metabolic disease and neurological effects of medical disorders or treatment.

The clinical training involves extensive clinical supervision in the neuropsychological evaluation of a wide range of patients at different age ranges. Students will learn appropriate record review, clinical interviewing, administration of neuropsychological tests, and report writing. They also receive training in providing feedback to the patient regarding their findings in a manner that is clinically sensitive and helpful to patients and their families.

**Trauma Services Objectives**

1. Conduct an independent evaluation to include directed medical and psychological histories adapting the scope and focus to the nature of the encounter or complaint.
2. Understanding results of basic medical tests (i.e. common biochemical, hematologic and urine analysis.
3. Demonstrate empathy in patient interactions and commitment to caring for all patients regardless of background.
4. Identify and prioritize problems with which a patient presents, appropriately synthesizing these into logical clinical findings.
5. Formulate a differential diagnosis based on the findings from the history, interview and testing demonstrating clinical reasoning.
6. Interpret the results of commonly used diagnostic tests based on diagnostic reasoning and scientific evidence of effectiveness.
7. Orally present a complete, well-organized summary of the patient’s medical history and psychological/neurocognitive findings modifying the presentation to fit the clinical situation. This includes demonstrating inter-professional communication skills including giving and receiving feedback and respect to all members of the healthcare team.
8. Discuss medical, psychological and neurocognitive information in terms understandable to patients and families while avoiding medical/psychological jargon and demonstrating appropriate skills to demonstrate empathy.
9. Recognize the physiologic mechanisms that explain key findings in the history and physical exams as they relate to psychological/neurocognitive functioning. This includes description of the etiologies, clinical features, differential diagnosis, and related diagnostic testing and management of common inpatient medical conditions.

*Given the nature of this service, training, education and supervision, will be frequent and each case is thoroughly discussed with the clinical supervisor.*
**Weekly Educational Activities**

*Location: JPS Trinity Springs Pavilion Auditoriums 1 & 2*

**JPS Psychiatry Grand Rounds**
1st and 3rd Fridays - 12-1 - Lunch Provided  
Participation Mandatory  
Content Varies  
CME Credit 1 Hour

**JPS Psychiatry Case Conference**
1st and 3rd Fridays - 12-1 - Lunch Provided  
Participation Mandatory  
Content Varies  
CME Credit 1 Hour

**JPS Psychiatry Journal Club**
2nd Fridays - 12-1 - Lunch Provided  
Participation Mandatory  
Content Varies  
CME Credit 1 Hour

**Professional Presentation Skills Development**
Interns will have the opportunity to develop professional presentation skills by co-presenting at a Psychiatry Grand Rounds or Case Presentation series one time during their training. The Training Program Director will work with the intern to identify a topic and find appropriate mentorship and co-presenter.

**Psychology Didactics**
Location: Hemphill Outpatient Conference Room  
Every Tuesday, 12-1  
Participation Mandatory  
Content Varies

**Psychiatric Residency Didactics**
Location: TSP/Hemphill Conferences Rooms  
To Be Assigned/Selected on an Individual Basis  
Once Assigned, Participation Mandatory  
Content Varies
Cynthia (Cindy) A. Claassen, Ph.D.
CURRICULUM VITAE

Name: Cynthia (Cindy) A. Claassen, Ph.D.

Citizenship: USA  Highest Federal Civilian Grade: GS-14

Education:
University of Nebraska-Lincoln
Lincoln, Nebraska 68588
BS, Secondary Education

University of Georgia
Athens, Georgia 30602
MEd, Educational Psychology

University of Texas Southwestern Medical School at Dallas
Dallas, Texas 75390
PhD, Clinical Psychology

RELEVANT WORK EXPERIENCE:

1996-07  Assistant Professor--Department of Psychiatry (School of Medicine); Division of Clinical Psychology (School of Biomedical Graduate Studies) and Department Rehabilitation Counseling (School of Allied Health); UT Southwestern. Taught graduate-level personality assessment; supervised PhD candidate psychotherapy and psychological assessment interns; served as Psychology Director, Southwest Adult Psychotherapy Referral Service; served on Clinical Training, Candidate Selection, Clinical Qualifying and Psychology Steering Committees; lectured in medical student and psychiatry resident courses; was Chair or committee member of 30 Thesis or Dissertation committees; other duties as assigned.

1995-2003  Supervising Psychologist (1995-2001) and Chief of Service (2001-2003), Psychology Division--Parkland Memorial Hospital, Dallas, Texas. Coordinated a cross-disciplinary hospital-based service in support of general medical, surgical, and psychiatric patient care as offered on an inpatient, outpatient, consult liaison and urgent care basis within Parkland Memorial Hospital; trained and mentored approximately 60 PhD candidates in this setting with multiple individual and group training sessions per week; developed and coordinated a professional development seminar series emphasizing behavioral health interventions; developed smoking cessation, behavior modification / contingency contracting and milieu therapy programs for inpatient psychiatry; trained students in motivational interviewing and other brief intervention formats for use with problems involving substance misuse, treatment adherence, pain control, complicated bereavement, and bad news interviews; consulted to services beyond those directly served; provided direct clinical care on inpatient, consult liaison and emergency
department services; performed all administrative duties related to personnel, budget, work flow, interdepartmental relations; private patient caseload of 5-10 pts/week.

1999-2003 Program Developer and Clinical Director, Multidisciplinary Chronic Pain Management Program, Parkland; Developed, implemented and managed this behavioral health program in conjunction with Departments of Anesthesiology, Psychiatry and Psychology. Provided direct clinical care in the form of Psychoeducational/psychotherapeutic group and individual psychotherapy; developed a clinical rotation on the service for doctoral and master's level students these individuals.

Hired and trained research staff; recruited sites; developed and implemented site-specific implementation protocols; monitored data collection; conducted weekly project management team and administrative/staff meetings; wrote and published manuscripts; consulted on other research projects and clinic activities; provided clinical oversight for multiple projects; worked with senior Clinic staff on personnel issues; other duties as assigned.

2007-2009 Clinical Director, Trauma Psychosocial Support Team—Parkland Memorial Hospital, Dallas, TX Developed this Level I Trauma Service’s drug & alcohol screening and brief intervention program (SBIRT), as well as an auxiliary program providing services to families, victims of violence, trauma recidivists, the newly bereaved and the newly disabled; supervised the team of clinicians on service; provided training and Grand Rounds on relevant topics to the Department of Surgery and at national conferences; served on various hospital committees - Trauma Executive Committee; Mid-Level Staff, and during ACS accreditation site visits. Also developed a pre-surgery evaluation protocol for use with cardiac and pre-bariatric surgery patients; private patient caseload of 5-10 pts/week in Psychiatry Dept Faculty Clinic

2007-2009 Associate Professor--Department of Psychiatry (School of Medicine); Division Clinical Psychology (School of Biomedical Graduate Studies) and Department Rehabilitation Counseling (School of Allied Health) UT Southwestern.
Increasing lecture duties in medical student and psychiatry resident courses; served on Candidate Selection, Clinical Qualifying Committees; lectured in medical student and psychiatry resident courses; private patient caseload of 5-10 pts/week in Psychiatry Dept Faculty Clinic; other duties as assigned.

2009-2010 Research Psychologist--VISN 2 Center of Excellence for Suicide Prevention, Canandaigua Veteran’s Administration Medical Center, Canandaigua, New York. Developing research projects with Clinical Interventions and Health Services Research Core; supervised Clinical Core research personnel; managed IRB work for all Clinical Core projects; Executive Committee
Member; presented research materials in a variety of settings, both internal to the CoE and nationally; liaison work with external investigators.

2009-2010 Associate Professor--Department of Psychiatry, University of Rochester Medical Center, Rochester, New York. (Adjunct Position only);

2010-present Associate Professor—Department of Psychiatry, University of North Texas Health Science Center; Develop and supervise an individual psychotherapy training program for JPS psychiatry residents; research appointment at UNTHSC; clinical practice at John Peter Smith Hospital

2010-2014 Associate Professor—Mental Sciences Institute, University of North Texas Health Science Center; Provide support to the Mental Sciences Institute; conduct suicide prevention and trauma research.

2014 -- Adjunct Associate Prof – Department of Clinical Psychology, UT Southwestern Medical Center

2014 – Professor --Department of Psychiatry, University of North Texas Health Science Center; Develop and supervise an individual psychotherapy training program for JPS psychiatry residents; research appointment at UNTHSC; clinical practice at John Peter Smith Hospital

2014 – Clinical Psychologist -- JPS Behavioral Health Psychological / Neuropsychological Assessment Service – Responsible for development of and practice in hospital-based psychological assessment service. Carry full clinical load providing personality and neurocognitive assessment / brief therapy services in a county-wide, public mental health system with a caseload of approximately 30,000 mentally ill individuals. The system averages 20,000 outpatient mental health visits per year; 5,000 psychiatric inpatient acute stabilization stays (average LOS 4-7 days); and approximately 20,000 psychiatric emergency service visits per year. Approximately 50% of psychological assessment referrals are for assessment of near-term suicide risk. Service mentors PhD candidates from two area clinical psychology doctoral training programs.

2015 -- 2016 Research Fellow and Clinical Investigator, JPS Research Institute, John Peter Smith Hospital; conduct suicide prevention and trauma research.

2016- Director, Mental Sciences Institute & JPS Behavioral Health Service Research Division – Responsible for setting up and managing a research service for a department of 515 employees at JPS; coordinating multi-side trials; conducting research on suicide risk assessment; interfacing with local, regional and national funding agencies; overseeing research support staff.

OTHER RELEVANT EXPERIENCE:

International / National / Regional / Local

2016: Recruited to serve on Steering Committee, Suicide Prevention Resource Center, which is the national online clearinghouse for information on suicide prevention.

2016: Invited reviewer, NIMH grant cycle RFA-MH 16-800, Zero Suicide

2014: Keynote Speaker: Florida State Association for Suicide Prevention Annual Research Day, Orlando, FL (Oct, 2014)

2013: Invited Grand Rounds speaker: UT Southwestern, Dept of Psychiatry

2013: Invited Keynote, Colorado state Fifth Annual Aaron Bailey Memorial Suicide Prevention Lecture (March, 2013)


2012: Appointed as a Virtual Mentor to early career suicide prevention research Scientists under the NIMH / University of Rochester collaboratory

2012: Invited Presenter, National Action Alliance for Suicide Prevention Research Prioritization Task Force Meetings, Washington, DC (March, July, October)

2012: Consultant, Texas State Department of Health, Project ASIST Roll-Out; Training of MHMR personnel across the state in suicide risk assessment

2012: Invited Workshop Presenter, National Center for Health Statistics Data Conference, Washington, DC

2011: Invited Plenary Speaker, International Association of Suicidology 26th World Congress, Beijing, China

2010: Named as Co-Chair, Death Certification Task Force, International Association for Suicide Prevention

2010: Named as Consultant to support development of the National Suicide Prevention Research Agenda by the National Institute of Mental Health working with the National Action Alliance for Suicide Prevention Research Task Force

2009: Invited Reviewer, Hong Kong Special Administrative Region Food and Health Bureau, Research Office solicitation for Mental Health grants, China

2009: Invited Reviewer, Department of Veterans Affairs Health Service Research and Development MERIT and Pilot Grant Review Programs

2009: Invited reviewer, US Army Medical Research and Materiel Command’s Suicide Prevention and Counseling Research Grant Review Program 2009 (SPCR09)

2007: Recruited to serve on the World Health Organization’s Global Burden of Disease project’s Injury Subcommittee, charged with revision of the suicide metric used to calculate global burden of suicide, funded through the University of Washington’s Institute of Health Metrics and Evaluation by the Bill and Melinda Gates Foundation.


2007: Appointee, International Working Group to Improve Accuracy of Suicide Statistics, International Association for Suicide Prevention (IASP), which serves as the international organization for suicide prevention-related research and advocacy.

2007: Level II Participant, Summer Research Institute in Suicide Prevention, University of Rochester, June, 2007


2005: Coordinator, UT Southwestern Psychology response to Hurricane Katrina Disaster Relief –Recognized by Red Cross & Dallas County Medical Reserve Corp (Post Katrina) for leadership role in Psychiatric Emergency Service, Dallas Convention Center.

2000: Peer-nominated independent case reviewer for disputed insurance claims, Medical Care Ombudsman Program (MCOP)

**GRANT HISTORY:**

A) Current

Agency: Timberlawn Research Foundation
Title: *Intergenerational Transmission of Suicidal and Other Violent Behaviors*
P.I.: Cindy Claassen, Ph.D
Role on Project: Principal Investigator

Agency: American Foundation for Suicide Prevention
Title: *Does the Nature of Post-Suicide Attempt Medical Treatment In the ER Impact the Risk of Repetition?*
P.I.: Cindy Claassen, Ph.D
Role on Project: Principal Investigator

B) Past

Agency: Timberlawn Research Foundation
Title: *When Do Family Relationships Fail To Protect Against Self-Harm During Suicidal Crises?*
P.I.: Cindy Claassen, Ph.D
Role on Project: Principal Investigator
Agency: NIMH  
I.D.#  R01 MH-164062-01A1  
Title:  **Computerized Decision Support System for Depression**  
P.I.:  Madhukar Trivedi, M.D.  
Role on Project: Co-Investigator and Project Administrator

Agency: Borderline Personality Disorder Research Foundation  
I.D#:  Young Investigator  
Title:  **"Stability of Dimensional Personality Trait Expression Found in Acutely Suicidal and Traumatic Injury Patients with BPD in the ER**  
P.I.:  Cindy Claassen, Ph.D.

Agency: Timberlawn Foundation  
I.D.# Pilot Project  
Title:  **"Interpersonal Functioning and Pain-Related Outcome"**  
P.I.:  Cindy Claassen, Ph.D.

Agency: NIMH  
I.D.#  1 R43 MH070977-01A1  
Title:  **“An Intelligent System for Clinical Trials”**  
P.I.:  Mansur R. Kabuka, Ph.D.  
Role in Project: Site Project Coordinator

Agency: Chairman’s Fund, UT Southwestern Dept. of Surgery  
I.D.# Pilot Study  
Title:  **“Feasibility of a Computerized Mental Health Screen in the Emergency Department”**  
P.I.:  Gregory L. Larkin, M.D.  
Role in Project: Co-Investigator and Project Coordinator

Agency: Chairman’s Fund, UT Southwestern Dept. of Surgery  
I.D.#  “Health Risk Behaviors among Traumatic Injury Patients”  
P.I.:  Grant O’Keefe, M.D., MPH  
Role in Project: Co-Investigator and Project Coordinator

**BIBLIOGRAPHY:**

**Peer Reviewed Manuscripts**


19) Wong JPS, Stewart SM, **Claassen CA**, Lee PWH, Rao U, Ho SY, Lam TH. Repeat Suicide Attempts in Hong Kong Community Adolescents. Social Science and Medicine, 66(2):232-41, 2008


21) **Claassen CA**, Carmody T, Bossarte RM, Trivedi MH, Elliott S, Currier GW. Do Geographic Regions with Higher Suicide Rates also have Higher Rates of Nonfatal Intentional Self Harm? Suicide and Life Threatening Behavior 38(6), 637-649, 2008


29) Bossarte, RM, Hua, H, **Claassen CA**, Knox, K, Tu, X. Development and Validation of a Six-Day Standard for Frequent Mental Distress. Social Psychiatry and Psychiatric Epidemiology, 46:403-411. DOI: 10.1007/s00127-010-0204-4


42) Rudd, MD, Schmitz, B, **Claassen, CA**. Development of a measure of suicide-specific hopelessness: The Suicide Cognitions Scale. In press, Assessment

43) **Claassen CA**, Collyer M, Campbell-Furtick M. Measuring success in national suicide prevention efforts: The Bellwether State projection model. In submission, Psychiatric Epidemiology

2. **Case Reports, Technical Notes, Letters**


4) Larkin GL, **Claassen CA**. Injury and Mental Health: Prevalence and Spectrum of Comorbid Psychopathology in a Cohort of Injured Emergency Department Patients. Acad Emerg Med Volume 11(5) 451, 2005


3. **Reviews, Chapters, Columns**


3) **Claassen CA**. Larkin GL. Medical help-seeking in the emergency department prior to suicide attempt: A case study. In: Emergency Medicine & Critical Care Review. Touch Briefings: London. 2006


6) Stewart, SM, **Claassen CA**. Ethnicity and suicide: Considerations for researchers, preventionists, and clinicians. [Book Review] PsychCritiques, 2009


**OTHER LECTURES PRESENTED AND COURSES TAUGHT:**
2016: American Association of Suicidology: “Measuring Outcomes in Suicide Prevention Research: The Bellwether Approach”


2016: Virtual Primary Care Network – NTACHC: “Suicide Risk Assessment. presented October, 2016, Fort Worth, TX

2016: National LOSS Conference Keynote Address: “Why now? What the research says about the timing of suicidal acts.” presented September, 2016, Fort Worth TX


2012: American Association of Suicidology: “Reducing Suicide through Strategic Research and Action” presented as a Workshop at the annual meeting of the American Assn of Suicidology - April 2012 Baltimore, MD

2012: American Association of Suicidology: “Reducing Suicides and Nonfatal Attempts by 20% in 5 Years: A Discussion about the National Suicide Prevention Research Agenda Aspirational Goals” presented April 2012 Baltimore, MD
2011: XXVI World Congress of the International Association for Suicide Prevention: “Global Burden of Suicide in ICD-11 and DSM-V” presented Sept, 2011 Beijing, China

2011: Substance Abuse and Mental Health Services Administration: “ED-based Interventions to Prevent Repeat Suicide Attempts: A Review of the Literature” presented, July 2011 Washington DC


2011: American Association of Suicidology: “Does the Nature of Post-Suicide Attempt Medical Care Impact the Risk of Repetition?” presented, April 2011 Portland Oregon


2008: UT Southwestern Clinical works in Progress: “Suicide Prevention Programs for At-Risk Populations: Study Design Issues”, Dallas

2007: International Association for Suicide Prevention: "Assessing suicide rate accuracy and the impact of sociodemographic risk factors: Perspectives from three continents," Killarney, Ireland

2006: 11th European Symposium on Suicide and Suicidal Behavior. “Relationship between impulsivity and aggression in imminent-risk suicidal states.” Portoroz, Slovenia


2006: Parkland Hospital Psychiatry Consult Liaison Service. “Principles of Suicide Risk Assessment.” Dallas, TX.

2005: University of Hong Kong Public Health Research Centre & Medical and Health Research Network: “Occult help-seeking in medical settings prior to suicide.” Hong Kong, China

2005: Presbyterian Hospital Psychiatry Grand Rounds. “Clinical Epidemiology of Suicide.” Dallas, Texas


1995-2003: Professional Development Series. Parkland Hospital Internship Training Series, Dallas, Texas


POSTER PRESENTATIONS


June, 2014 Bryant, N; Claassen CA; Hernandez AM; Silverman MM. Advancing Research in Suicide Prevention: A Review of Biological Models of the Etiology of Suicidal Behavior and Implications for Treatment. Presented at JPS Research Day, Fort Worth, TX.


Nov, 2007 Claassen, CA, Larkin, GL, Kashner, TM, Kashner, TK. Psychiatric emergency help-seeking following four high media impact mass casualty disasters in the US. Presented at the American Public Health Association Annual Meeting, Washington, DC.


April 2005 Hodges G, Claassen CA. Temporal Stability of Impulsivity and Impulsive Aggression
in a Cohort of Intentional Self-Injury Emergency Department Patients. Poster at the American Association of Suicidology Annual Meeting.


PROFESSIONAL SERVICE

Journal Service
1995-present  Reviewer for: Archives of General Psychiatry; British Journal of Psychiatry; Psychiatric Services; Journal of Clinical Psychiatry; Psychiatry Research; Journal of Affective Disorders; European Child and Adolescent Psychiatry; Depression and Anxiety; Social Science and Psychiatric Epidemiology; Social Science and Medicine; British Journal of Guidance and Counseling; Injury Prevention; Emergency Medicine; American Journal of Public Health; General Hospital Psychiatry

UT Southwestern Departmental Committees
2008-2009  Member, Institutional Review Board, UT Southwestern
2006-2007  Member, Search Committee for Medical Director, Psych ED, Parkland
2003-2004  Member, Dean’s Committee to develop Stress Management Curriculum
1995-2003  Service Committee, Psychiatry Department, UT Southwestern

Hospital Boards & Committees
2012 -  Member, UNTHSC Dept of Psychiatry Promotions & Tenure Committee
2007-2009  Member, Parkland Trauma Management & Executive Committees
2001-2003  Member, Pain Committee, Parkland
2001-2003  Member, Psychiatric Services Performance Improvement Committee, Parkland
Hospital Credentials:

2010-Present  John Peter Smith Hospital, Fort Worth, Texas
2009-2010  Canandaigua Veterans Administration Hospital, Canandaigua, New York
1995-2009  Parkland Memorial Hospital, Dallas, Texas
Zale Lipshy Hospital, Dallas, Texas; St. Paul Hospital, Dallas, Texas

LICENSURE:

Texas State Board of Examiners of Psychology, 1997-present
Alan B. Frol, Ph.D.

John Peter Smith Health Network
Acclaim Physician Group
Department of Psychiatry and Behavioral Health
University of North Texas Health Science Center
Mental Sciences Institute
Psychology/Neuropsychology Assessment Service
1617 Hemphill Street–Hemphill Behavioral Health Clinic
Fort Worth, TX 76104
Phone: 817.702.5344
Fax: 817.702.8438
AFrol@jpshealth.org / abfrol@gmail.com

Education and Licensure:

B.A. Psychology
University of California, Berkeley 08.1969 – 11.1972

Predoctoral Clinical Neuropsychology Practicum/Externship
Training University of Houston 08.1984 – 05.1986

Neuropsychology Practicum
Baylor College of Medicine: Department of Neurology
Houston, TX 1985
Supervisor: Francis J. Pirozzolo, Ph.D.

Neuropsychology Externship
Medical Center: Del Oro Hospital
Houston, TX 1986
Supervisor: Mary Ellen Hayden, Ph.D., ABPP-CN

Ph.D. Experimental Psychology
University of Minnesota 09.1973 – 12.1987
Advisor: Warren W. Roberts, Ph.D.

Licensed Psychologist
Texas license No. 2-3683 03.1989 – present

Internship Clinical Psychology Specialized Re-Training
UT Southwestern Medical Center
Supervisors: C. Munro Cullum, Ph.D., ABPP-CN / Robert Lovitt, Ph.D. 08.1994 – 08.1996

Postdoctoral Fellow Clinical Neuropsychology
UT Southwestern Medical Center
Neuropsychology Service
Supervisor: C. Munro Cullum, Ph.D., ABPP-CN 08.1994 – 08.1997
Professional Experience:

Neuropsychology Services: Inpatient / Outpatient
Pate Rehabilitation Endeavors, Inc.  12.1987 – 09.1993
Private practice affiliated with various Texas rehabilitation facilities

Neurocognitive Therapy: Outpatient
Project Re-Entry with Pate Rehabilitation  1987
Dallas, TX

Clinical Neuropsychology Services: Outpatient Clinic
Baylor Institute for Rehabilitation  1988 – 1989
Dallas, TX

Clinical Neuropsychology Supervisor: Inpatient
Greenery Rehabilitation Hospital  1990 – 1992
Dallas, TX

Clinical Director: Outpatient
Project Re-Entry with Pate Rehabilitation  1992 – 1993
Dallas, TX

Neuropsychology Services: Inpatient
RehabCare Center at Tomball Regional Medical Center  01.1994 – 05.1995
Tomball, TX

Neuropsychology Services: Outpatient Clinic / Day Neuro Rehabilitation Program  06.2002 – 10.2007
Department of Physical Medicine & Rehabilitation
Baylor Institute for Rehabilitation
Dallas, TX  75246

Clinical Assistant Professor of Psychiatry  08.1994 – 12.2013
Division of Clinical Science: Clinical Psychology
Department of Psychiatry: Division of Psychology: Neuropsychology Service
UT Southwestern School of Health Professions
UT Southwestern Medical Center
Dallas, TX  75390.8846

Assistance Counseling Psychology  08.2004 – 08.2013

Assistant Professor  01.2014 – present
John Peter Smith Health Network / Acclaim Physician Group
Department of Psychiatry
UNT Health Science Center: Affiliate Faculty
Mental Sciences Institute
Fort Worth, TX  76107 / 76104

Associate Professor of Psychiatry  05.2014 – present
Department of Psychiatry: Adjunct Faculty
UT Southwestern Medical Center
Dallas, TX  75390.8846
Teaching Experience:

Instructor: Department of Psychology  
Rice University Physiological Psychology  
1986

Lecturer I & II: Department of Psychology  
University of Texas at Dallas  
Neuropsychology  
Behavioral Neurosciences  
Neuropharmacology  
Health Psychology  
1995 – 2000

Clinical Assistant Professor: Division of Psychology  
UT Southwestern Medical Center  
Instructor: Neuropsychology: Clinical Psychology Graduate Program  
Guest Lecturer: Abnormal Psychology: Clinical Psychology Graduate Program  
Guest Lecturer: Neurology Clerkship Series  
Guest Lecturer: Introduction to Assessment: Rehabilitation Counseling Program  
Guest Lecturer: Personality Theory/Dynamics: Clinical Psychology Program  
Guest Moderator: Psychiatry Resident Journal Club  
Guest Attending: Psychiatry Outpatient Case Conference  
Site Sponsor: Neurology Internship: Weekly Neuropsychology Rotation  
1997 – 2001

UNT Health Science Center / John Peter Smith Health Network  
Guest Lecturer: Psychiatry 3rd & 4th residents: Didactics  
Lecturer: Psychiatry 1st & 2nd residents: Psychotherapy Didactics & Supervision  
Lecturer: Psychology Graduate Students: Special Topics  
2014 – present

Completed Research Support

<table>
<thead>
<tr>
<th>Role</th>
<th>Project</th>
<th>Principal Investigator</th>
<th>Start date</th>
<th>End date</th>
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<tr>
<td>Co-Investigator</td>
<td>Reversing corticosteroid-induced memory impairment</td>
<td>E. Sherwood Brown, M.D. Ph.D.</td>
<td>04.20.10</td>
<td>01.31.15</td>
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<td></td>
<td>Principal Investigator: E. Sherwood Brown, M.D. Ph.D.</td>
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<td>NIMH R01 MH082845-01A2</td>
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<td>Co-Investigator</td>
<td>Texas repository for AIDS neuropathogenesis research</td>
<td>Ben Gelman, M.D. Ph.D. (Texas)</td>
<td>06.01.98</td>
<td>05.31.03</td>
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<td></td>
<td>Principal Investigator: Ben Gelman, M.D. Ph.D. (Texas)</td>
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<td></td>
<td>Dennis Burns, M.D. (Dallas module)</td>
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<td>Co-Investigator</td>
<td>Hippocampal function during corticosteroid therapy</td>
<td>E. Sherwood Brown, M.D. Ph.D.</td>
<td>09.01.00</td>
<td>08.31.06</td>
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<td>Principal Investigator: E. Sherwood Brown, M.D. Ph.D.</td>
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<td>Co-Investigator</td>
<td>Neuroprotective effects of Phenytoin against corticosteroid-induced</td>
<td>E. Sherwood Brown, M.D. Ph.D.</td>
<td>02.01.02</td>
<td>01.31.03</td>
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<td>hippocampal dysfunction</td>
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<td>Principal Investigator: E. Sherwood Brown, M.D. Ph.D.</td>
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<td>Dreyfus Health Foundation</td>
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<tr>
<td>Contributor</td>
<td>Attenuation of Corticosteroid-Induced Hippocampal Changes</td>
<td>E. Sherwood Brown, M.D. Ph.D.</td>
<td>07.01.11</td>
<td>06.30.15</td>
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<td>Principal Investigator: E. Sherwood Brown, M.D. Ph.D.</td>
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### Completed Research Support (continued)

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<th>Role</th>
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<tr>
<td>Collaborator:</td>
<td>Clinical validation of the AACTG NeuroScreen Test</td>
<td>07.01.02</td>
<td>09.30.02</td>
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<td>Principal Investigator:</td>
<td>Daniel Skiest, M.D. NIAID AACTG NARC 007</td>
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<td>Collaborator:</td>
<td>North Texas Traumatic Brain Injury Model System</td>
<td>10.01.02</td>
<td>06.30.07</td>
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<tr>
<td>Principal Investigators:</td>
<td>Ramon Diaz-Arrastia, M.D. Ph.D. Mary C. Carlile, M.D.</td>
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<td>Collaborator:</td>
<td>Traumatic Brain Injury Clinical Trials Network</td>
<td>02.01.03</td>
<td>06.30.07</td>
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<td>Collaborator:</td>
<td>A Phase II, placebo-controlled, double-blind study of the Selegiline transdermal System in the treatment of HIV-associated cognitive impairment</td>
<td>06.01.03</td>
<td>08.30.04</td>
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<td>Principal Investigator:</td>
<td>Ramon Diaz-Arrastia, M.D. Ph.D. NIH NICHD/NCMRR 5 U01 HD042652</td>
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<td>Collaborator:</td>
<td>Traumatic Brain Injury Clinical Trials Network Anger Self-Management Training</td>
<td>09.01.05</td>
<td>03.31.06</td>
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<td>Principal Investigator:</td>
<td>Tessa Hart, Ph.D. NIH NICHD/NCMRR 5 U01 HD042823-04</td>
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<td>Examiner:</td>
<td>A 12-week prospective, double-blind, placebo-controlled multi-center study evaluating the efficacy and safety of Exelon 3 to 6 mg/day in patients with traumatic brain injury (TBI) with persistent cognitive deficits</td>
<td>09.01.03</td>
<td>04.30.04</td>
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<tr>
<td>Principal Investigator:</td>
<td>Ramon Diaz-Arrastia, M.D. Ph.D. Novartis Pharmaceuticals:</td>
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<td>Examiner:</td>
<td>A Phase II, placebo-controlled, double-blind, parallel-group multi-center study to evaluate the safety, tolerability, and effect of a single rising dose of AL-208 on mild cognitive impairment following Coronary Artery Bypass Graft Surgery</td>
<td>07.01.06</td>
<td>05.31.08</td>
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<tr>
<td>Principal Investigator:</td>
<td>Cara East, M.D. Therapeutics, Inc</td>
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### Academic Service and Committees:

Supervisor: Clinical Psychology Practicum / Internship / Postdoctoral Fellows UTSW 1995 - 2013
Member: Clinical Training Committee: Psychology UT Southwestern Med Center 1997 - 2004 2009 – 2013
Examiner: Clinical Psychology Graduate Students UTSW 1998 - 2013
Member: Dissertation Review Committee: Psychology UTSW 1999 - 2002
Coordinator: Neuropsychology Seminar: UTSW 1999 - 2002
Member: Clinical Placement Committee: Psychology UT Southwestern Med Center 2005 – 2007
Supervisor Clinical Psychology Practicum / Internship JPS / UNT HSC 2014 – present
Member: Ad Hoc Ethical Committee: John Peter Smith Health Network 2014 – present
Ad Hoc Education Policy Committee: John Peter Smith Health Network 2016 – 2017

Dissertations / Theses:

Smernoff, Eric N. Dissertation: UTSW Clinical Psychology Graduate Program 2000
Neurocognitive characteristics of adult offspring of Alzheimer’s disease patients

Shillinglaw, Tricia Thesis: UTSW Rehabilitation Counseling Psychology Graduate 2000
Cognitive functioning, mood, and quality of life in aneurysm patients with good outcomes

Hebert, Katina R. Thesis: UTSW Rehabilitation Counseling Psychology Graduate 2002
Decision making capacity regarding participation in research in patients with Alzheimer’s disease

Taylor, Katherine Thesis: UTSW Rehabilitation Counseling Psychology Graduate 2002
Gender differences in cognitive and emotional functioning in Multiple Sclerosis

Cabrera, Odette P. Thesis: UTSW Rehabilitation Counseling Psychology Graduate 2004
Relationship of apathy to functional decline in patients with Alzheimer’s disease

Supervision of Interns

<table>
<thead>
<tr>
<th>Name</th>
<th>Academic years</th>
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<tbody>
<tr>
<td>Knox, Michael</td>
<td>UTSW 2000 - 2001</td>
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<tr>
<td>Liff, Christine</td>
<td>UNT 2000 - 2001</td>
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<td>Chandler, Melanie</td>
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<td>Liff, Christine</td>
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<td>Nyberg, Tim</td>
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<td>Zaidel, Liam</td>
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<td>Chandler, Melanie</td>
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<td>Eisenman, Dan</td>
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<td>Merlock, Megan</td>
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<td>Talbott, Jody</td>
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<td>Whyte, Shannon</td>
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<td>Woolston, Dixie</td>
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<td>Knox, Michael</td>
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<td>Marquez de la Plata, Carlos</td>
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<td>McClintock, Shawn</td>
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<td>Rosvall, Traci</td>
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<td>Gonzalez, Paul</td>
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<td>Osuji, Julian</td>
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<td>Yeatts, William</td>
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<td>Doyle, Kimberly</td>
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<td>Fields, Julie</td>
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<td>Livingston, Angela</td>
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<td>Carter, Kirstine</td>
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<td>Huber, Elizabeth</td>
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<td>Pihlaskari, Andrea</td>
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<td>Price, Samantha</td>
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<td>Estevez, Rosemary</td>
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<td>Munoz-SantaMaria, Daniel</td>
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<td>Zullo, Lucas</td>
<td>Clinical Psychology</td>
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**Institutions:**
- **AUD** Argosy University / Dallas
- **FGU** Fielding Graduate University
- **TWU** Texas Woman’s University
- **UNT** University of North Texas
- **UTSW** University of Texas Southwestern Medical Center
**Professional Affiliations**

American Psychological Association  
Fort Worth Area Psychological Association  
International Neuropsychological Society  
National Academy of Neuropsychology  
Society for Personality Assessment

**Professional and Community Duties**

Dallas Psychological Association  
Trustee: 2007 - 2009  
Chair: Constitution and By-Laws Committee 2006 - 2008  
President Elect, President, Past President 2000 - 2003  
Treasurer 1998 - 2000

Northway Christian Church  
Blood Drive Coordinator 2000 - 2013  
Board Member, Congregational Care Chair, Deacon, Elder various years  
Member of Nominating Committee, Strategic Planning  
Stephen Minister / Leader 2000 - 2010  
Mission Service Member: Rancho el Paraiso, Olancho, Honduras 2011 - 2015  
Ordination (Christal Fisher & Casey Tanguay & Lisa Berry) 2011 & 2013  
Convener: Lay Training Committees (Casey Tanguay) 2012  
Executive Committee: Secretary 2003 & 2013

**Editorial Functions:**

Ad Hoc Reviewer: Archives of Neurology 1998 - 2011  
Brain Injury 2007 – 2011  
Journal of Epidemiology & Community Health 2014

**Publications:**


**Abstracts:**


Abstracts (continued)


**Presentations:**

**Cognition and Stroke**  
Texas Stroke Group  
Memorial Drive Methodist Church: Houston, Texas  
05.17.94

**The Stress of Stroke**  
Texas Stroke Group  
San Philip Presbyterian Church: Houston, Texas  
07.19.94

**Anesthesia and Dementia: A Study Proposal**  
Alzheimer’s disease Journal Club  
UT Southwestern Medical Center: Dallas, Texas  
12.09.98

**Mild Cognitive Impairment (MCI): U C what U want 2 C**  
Alzheimer’s disease Journal Club  
UT Southwestern Medical Center: Dallas, Texas  
12.08.99

**Executive Functions**  
Cognitive Neuroscience Seminar  
UT Southwestern Medical Center: Dallas, Texas  
01.18.00

**Neuropsychology Across the Life Span (Adult)**  
Dallas Psychological Association Workshop  
Scottish Rite Hospital: Dallas, Texas  
03.10.00

**Mentoring in Research and Academics**  
Dallas Psychological Association  
Pastoral Counseling and Education Center: Dallas, Texas  
04.25.00

**Cognition and Dementia**  
Dallas Psychological Association  
St. John Missionary Baptist Church: Dallas, Texas  
08.29.00
Presentations (continued)

Healthy Decisions: Motivation and Perseverance
Abundant Life Series
Northway Christian Church: Dallas, Texas 09.20.00

Alzheimer’s Disease: Process and Importance of Early Diagnosis
Senior Access Program
Methodist Hospital: Dallas, Texas 11.20.00

Aging and Naming: Alzheimer’s Disease and Mild Cognitive Impairment
Alzheimer’s Disease Journal Club
UT Southwestern Medical Center: Dallas, Texas 12.06.00

Dementia: Neuropsychology of Memory, Language, and Cognition
Honors Section: Introduction to Psychology
University of Texas at Dallas: Richardson, Texas 10.05.01

Recent Developments in the Neuropsychology of Dementia
Alzheimer’s Disease Journal Club
UT Southwestern Medical Center: Dallas, Texas 12.19.01

Mild Cognitive Impairment: A Continuing Saga
Alzheimer’s Disease Journal Club
UT Southwestern Medical Center: Dallas, Texas 12.18.02

What’s New in Epilepsy Treatment / Sexuality and Relationships
Epilepsy Foundation of Greater North Texas: 1st Annual Family Conference:
American Red Cross: Dallas, TX 04.12.03

Stroke and Mood
Dallas Brain Injury Association
Baylor Institute for Rehabilitation: Dallas, TX 05.28.03

Epilepsy and Cognition
Epilepsy Support Group
UT Southwestern Medical Center: Dallas, TX 06.17.03

Older Driver Issues: Discussant
Traffic Safety Summit III
American Red Cross: Dallas, TX 09.16.03

Research Endeavors: North Texas TBI Model Systems
Dallas Brain Injury Association
Baylor Tom Landry Fitness Center: Dallas, TX 10.19.03

Screening for Dementia
Physical Medicine and Rehabilitation: Residency Training
Baylor Institute for Rehabilitation: Dallas, TX 11.30.04

Applied Behavioral Management in Brain Injury Rehabilitation
Physical Medicine and Rehabilitation: Grand Rounds
UT Southwestern Medical Center: Dallas, TX 02.18.05
Presentations (continued)

Outcomes in Traumatic Brain Injury
Neurorehabilitation Unit: Staff Rounds
Minnesota Neurorehabilitation Hospital: Brainerd, MN 06.20.05

Cognitive Disorders in HIV
Psychiatry: Grand Rounds
Presbyterian Hospital of Dallas: Dallas, TX 08.02.05

Cognitive Rehabilitation: Current Status
Physical Medicine and Rehabilitation: Grand Rounds
UT Southwestern Medical Center: Dallas, TX 02.24.06

Neuropsychology and Traumatic Brain Injury
The School of Occupational Therapy
Texas Woman’s University: Dallas, TX 11.28.06

West Nile virus: Psychosocial Issues for the Individual and Family
West Nile virus Support Group
Medical City Dallas Hospital: Dallas, TX 01.08.07

Neuropsychology and Occupational Therapy
The School of Occupational Therapy
Texas Woman’s University: Dallas, TX 11.28.07

West Nile virus: Managing the Emotional Effects of WNV
West Nile virus Support Group
Medical City Dallas Hospital: Dallas, TX 01.08.09

Therapeutic Assessment: Collaboration with Clients, Therapists, & Physicians
Psychology Didactic Seminar
UT Southwestern Medical Center: Dallas, TX 11.04.11

Keeping Up with the Literature: Facilitator: Round Table Discussion
UTSW Department of Psychiatry Annual Faculty Retreat
Texas Health Resources University: Dallas, TX 10.11.13

Introduction to Collaborative / Therapeutic Assessment
Fort Worth Area Psychological Association
University of North Texas Health Science Center: Fort Worth, TX 07.11.14

Cognitive Profiles: Diagnostic & Outcome Implications
Psychiatry and Behavioral Health: Grand Rounds
John Peter Smith Hospital & UNT Health Science Center: Fort Worth, TX 08.22.14

Neuropsychology of Cognition and Aging: Interesting and Curious Findings
FINELINE: Mental Health/Mental Illness Educational Series
Fort Worth Museum of Science and History: Fort Worth, TX 04.20.15

Value and limits of cognitive, behavioral, and mood screens:
Administration, scoring, and interpretation: Pearls for the busy clinician
Fort Worth Area Psychological Association
University of North Texas Health Science Center: Fort Worth, TX 03.11.16
C. Alan Hopewell, Ph. D., MP, ABPP  
Fellow, American Psychological Association  
“Medicine Warrior”  
56th Medical Battalion  

Diplomate, American Board of Professional Psychology  
American Board of Clinical Neuropsychology  
Prescribing Medical Psychologist  
Major, Medical Service Corps, United States Army (RET)  

SUMMARY  

Fellow, American Psychological Association  

Holds four degrees and four foreign language certifications  
◆ Holds three degrees in Psychology - a Bachelor of Science and language minor from Texas A & M University and the Master's and Doctorate in Clinical Psychology from North Texas State University  
◆ Holds a second Master of Science Degree in Clinical Psychopharmacology from the California School of Professional Psychology/ Alliant University  
◆ Currently majoring in foreign languages  

Received formal Clinical Neuropsychological training in 1975-1976 during residency at the University of Texas Medical Branch in Galveston in the Division of Neurosurgery under Harvey Levin, Ph.D., ABPP  
◆ First Texan to be Board Certified by examination in Clinical Neuropsychology, ABPP #3639  
◆ Among first 20 civilian Medical Psychologists in the United States to be licensed to prescribe psychotropic medications  

Commissioned U. S. Army Medical Service Corps Officer upon graduation from the Texas A&M Corps of Cadets in 1971; Regular Army Commission as Major in the United States Army; active duty both in the U.S. as well as abroad  
◆ Vietnam Era, Cold War, and Operation Iraqi Freedom Surge Veteran  
◆ Senior Clinical Neuropsychologist on active duty in DOD until retirement after 27 years total military service  
◆ First Medical Psychologist Army Officer to enter active duty with a state license as a Prescribing Psychologist  
◆ First Army Officer Prescribing Psychologist to serve and to practice in a Combat Theater  
◆ Bronze Star Medal awarded for meritorious service, Operation Iraqi Freedom; Surge Campaign Star; MSM for Courage Above the Call of Duty during Ft. Hood Jihadist Terrorist attack and Oak Leaf Cluster  

President of the Texas Psychological Association for 2004;  
◆ Awarded the Texas Psychological Association Award as the Outstanding Clinical Neuropsychologist in Texas for 1990  

Formerly Manager, Department of Psychology and Clinical Assistant Professor of Psychiatric Medicine, University Medical Center, East Carolina University School of Medicine  
◆ Numerous Hospital Appointments and teaching assignments  

Holds Psychology Licenses in Louisiana in Clinical and Clinical Neuropsychology and as a Prescribing Medical Psychologist from the Louisiana State Board of Medical Examiners  
◆ Nevada  
◆ New Mexico as a Prescribing Medical Psychologist  
◆ and Texas as a Psychologist with HSP and as a Licensed Specialist in School Psychology  

Holds Psychology Licenses in Louisiana in Clinical and Clinical Neuropsychology and as a Prescribing Medical Psychologist from the Louisiana State Board of Medical Examiners  
◆ Nevada  
◆ New Mexico as a Prescribing Medical Psychologist  
◆ and Texas as a Psychologist with HSP and as a Licensed Specialist in School Psychology
Fluent in German and Spanish, with a major in foreign languages • Texas Latin honors in 1965 and National honors 1965 – 1966

Personal:
Married to Trena ne Davies; Children: Clay and Joseph

Other Professional and Family
National Merit Scholarship Commendation - 1967
Sons of the American Revolution
Professional Ski Instructors of America - Eastern Division - Level I; 1996 – 1999
Roger Williams Family Association • Our family, to include the Williams, Winsor, and Whipple families, founded Plymouth Colony with Joshua Winsor as Secretary, the Massachusetts Bay Colony, the colony of Rhode Island; and the First Baptist Church of America. Our family also served in the creation of the United States during the Revolution and its preservation during the War Between the States, with enlisted, company grade, field grade, and flag grade service in these conflicts which created and defined our nation. Family signed the Declaration of Independence, and Ft. Myer was originally named Ft. Whipple after cousin West Point graduate BG A. Whipple, who was killed at Chancellorsville.

Hobbies:
- Freeing enslaved nations
- Helping either to incarcerate terrorists or helping to liquidate them
- Skiing and professional ski instruction
- Publishing research
- Correcting propaganda myths of the Vietnam War through the Vietnam Veterans’ Legacy Foundation

Education:
Clinical Psychology

Ph. D. Clinical Psychology, North Texas State University
(Harriet Aronson, Ph.D., ABPP).
Denton, Texas; May, 1978.
Minor: Experimental. APA Accredited 1978
Summa Cum Laude
Language: French

Medical Health Science Degree

M. S. Master of Science in Clinical Psychopharmacology,
California School of Professional Psychology/ Alliant International University
Other Psychology Degrees and Pre-medical Training

M. A.  Clinical Psychology, North Texas State University  
Denton, Texas; August, 1973 Cum Laude

B. S.  Pre-Medicine Major, then Psychology B.S., Texas A&M University.  
College Station, Texas; August, 1971

Minor:  German  
Corps of Cadets 1st Lieutenant and Distinguished Student; Texas A&M University White Band; Contract Cadet Honorable Discharge 1971; Commissioned 2nd Lieutenant, United States Army Reserve December 1971

Languages

Current Major in Foreign languages, Central Texas College.

1967 National Merit Scholarship  Commendation upon graduation from Richardson High School, Richardson, Texas. Congressional Nomination to the United States Military Academy; Accepted at The Citadel and the Virginia Military Institute; Admitted Texas A&M University and Corps of Cadets, September, 1967.

Language:  Latin

Residency

1975 - 1976  University of Texas Medical Branch, Galveston, Texas.  
APA Accredited Residency

⇒  Rotations in Neuropsychology/Neurosurgery (Harvey Levin, Ph.D., ABPP), Child and Adolescent Psychiatry (Harry Goolishian, Ph.D.), Child Development and Pediatrics (Bill Caldwell, Ph.D., ABPP), and Community and Social

Psychopharmacology Preceptorship:

John Claude Krusz, Ph.D., M.D.  Dr. Krusz holds a Ph.D. in pharmacology as well as Board Certification in Neurology

Frank Minirth, M.D.  Dr. Minirth is Board Certified not only in Psychiatry, but is one of very few psychiatrists dually boarded by the Board of Psychiatry and Neurology as well as the American Society of Clinical Psychopharmacology

Board Certification:

Diplomate, American Board of Professional Psychology American Board of Clinical Neuropsychology; First examination class; ABPP # 3639.

Clinical Neuropsychological Training:

♦ Harvey Levin, Ph.D., ABPP:  Division of Neurosurgery, University of Texas Medical Branch, Galveston
Anne-Lise Christensen, Ph.D.: Centre for Himeskade, Universitet of Køpenhaven, Amager, Køpenhaven, Denmark.

Mugge Pinnar, Ph.D.: Centre for Himeskade, Universitet of Køpenhaven, Amager, Køpenhaven, Denmark; Dallas Neuropsychological Institute, P.C. Sabbatical

Military Commission:

1969 - 1971 Texas A&M Contract Cadet; Honorable Discharge
1971 - 1990 Major, Medical Service Corps, USAR
2006 - 2010 Major, Medical Service Corps, RA; United States Army Retired

Bronze Star Medal; Meritorious Service, Operation Iraqi Freedom
Meritorious Service Medal; courage and heroism beyond the call of duty for thwarting part of the jihadist terrorist attack of Isamist killer Nidal Hasan at Ft. Hood, Texas, and first responder actions; Oak Leaf Cluster
Army Achievement Medal
National Defense Service Medal with Oak Leaf Cluster
Iraq Campaign Medal; Surge Campaign Star
Global War on Terrorism Service Medal
Army Superior Unit Award, CRDAMC with Oak Leaf Cluster; multiple personal contributions to award
Army Service Ribbon
Overseas Service Ribbon (2)
Cold War Service Commendation
Cold War Veterans’ Association
Counter - Terrorism Training and Tehran Hostage Involvement (Operation Eagle Claw/ Desert One)
Vietnam Veterans for the Truth, LLC; Central Texas Coordinator
American Legion – Grenada Era Service
Vietnam Era Veteran
Graduate of Officer’s Basic, Alcohol and Substance Abuse; Civilian Supervision Course for Military Supervisors; Graduate of and Faculty of Combat Operational Stress Control; and Graduate Captains’ Career (Advanced) military courses

Current Clinical Practice:

Date: July 2014 - Present
Site: University of North Texas Health Science Center (July 2010 – September 2016) Acclaim Physician Group (September 2016 – Present)
Title: Assistant Professor of Psychiatry and Behavioral Health University of North Texas Health Science Center
Assigned: John Peter Smith Hospital / Trinity Springs Pavilion / Clinical Administrator, Hemphill Behavioral Health Center

Date: 2010 - 2014
Site: Carl R. Damall Army Medical Center; Ft. Hood, Texas
Title: Director, Neuropsychology and Behavioral Medicine, Traumatic Brain Injury Center, Carl R. Damall Army Medical Center – CRDAMC Ft. Hood.

Date: 2008 - 2010
As Officer-in-Charge (2006 – 2007), Resilience and Restoration Center, Carl R. Darnall Army Medical Center, oversaw the most active and demanding outpatient mental health service in the world. During tenure as OIC, outpatient visits were estimated to be well over 20,000 and daily visits often exceeded 300, with a catchment population of about 50,000. Assuming a TDA Lieutenant Colonel’s position, directed a staff of 40, this including active duty and reserve Army and Air Force staff, GS staff, and VA staff. Completed the Army Supervisor’s Course. Assignment also frequently demanded emergency services and coverage to an eight bed inpatient unit, an emergency room serving in excess of 250 patients a day, and administrative coordination with other III Corps assets. Outreach involved training of approximately 5000 1 CAV Division, III Corps and CRDAMC staff.

As OIC, conceived and initiated the Reset program, an intensive multidisciplinary PTSD rehabilitation program and helped write CPAN for this project. Also founded the program’s current Urgent Care Triage Unit. Expanding from a core of three borrowed VA Psychologists, one civilian psychiatrist, one Psychiatric Nurse, and some LPCs into a major, comprehensive R&R Center as well as complete and detached RESET Center, a complete and Detached Urgent Care Triage Center (UCTC), and a completed and Detached TBI Clinic complex of three separate buildings was a major accomplishment. Contributed significantly to the CRDAMC’s receipt of the Army Superior Unit Award.

As one of only two active duty Army Prescribing Psychologists, provides medication management with an unrestricted formulary to this patient population.

As Co-Chair of the Brain Injury team, provided concussion and PTSD screening of over 10,000 returning Operation Iraqi Freedom veterans, directly treating in excess of 400 patients. Helped secure funding of approximately $1.7 million for the CRDAMC Brain Injury team, which consisted of neurologists, speech pathologists, nurses, and social work staff. Helped secure CRDAMC as a supplemental site for the Defense Veterans' Brain Injury Center (DVDBC).

Secured three year accreditation through the Joint Commission on Accreditation of Hospitals with a perfect survey score for the Resilience and Restoration Center, Carl R. Darnall Army Medical Center. Awarded Army Achievement Medal for this accomplishment.

Upon return from deployment PROFIS assignment, Founded and Directs the CRDAMC Neuropsychological Evaluation Laboratory, the first ever at CRDAMC.

Date: September 2007 – May 2008
Site: PROFIS, 785th Medical Company Combat Stress Control, Camp Liberty, Iraq
Title: Major, Medical Service Corps. Support of Operation Iraqi Freedom. Medical Psychology and Neuropsychology for Victory Base Complex which included Camp Liberty, Camp Victory, Camp Stryker, Camp Cropper, Camp Slayer, Baghdad International Airport, Camp Riva Ridge

- Specifically ordered as 1 CAV 2BCT [Blackjack] Psychologist and the 4th ID Psychologist BCT for these overlapping Brigades, as the assigned Psychologist was medevac'd to CONUS and I was assigned these duties), and others, supporting an estimated 50,000 troops and personnel. First Army Prescribing Psychologist ever to serve in Combat Theater; credentialed at five separate pharmacies. Wrote 2000+ prescriptions under primitive and harsh conditions with NO ADRs for almost 800 Soldiers using a wide variety of medication classes.

- Assignment also frequently demanded emergency services and coverage to residential restoration unit.

- As one of only two Army active duty prescribing psychologists, provided medication management with an unrestricted formulary to this patient population.

- Per the Multi-National Division DCCS, Named Theater Consultant and Subject Matter Expert for Traumatic Brain Injury; Task Force 62nd Medical Company, 56th Medical Battalion, for which awarded the Bronze Star Medal for meritorious service.

PROFIS tasker to the 85th Medical Company support of Operation Iraqi Freedom. Trained with unit, but tasker to join the 85th CSC Summer 2007 was changed to PROFIS orders to the 785th Medical Company. MAJ Stacie Caswell, 85th Commanding: “You’ll always be part of the 85th!”

Civilian Practice

Date: 1999 - 2014
Site: Psychiatric Consultants of Ft. Worth
Title: Neuropsychologist. Provide a wide range of inpatient and outpatient private practice neuropsychological services.

Date: 1997 – 2000
Site: Deer Oaks Mental Health Associates; San Antonio, Texas
Title: Clinical Manager – Neuropsychologist. Overseaw South Texas and Ft. Worth offices with contracts with Texas Department of Regulatory Services. Overseaw staff of about ten in three offices for these regions.

Date: 1995 - 1997
Site: Rehabilitation Center; New Hampshire
Title: Clinical Director for all Clinical Services; 100 bed residential unit catastrophically impaired patients

- Director Neuropsychology and Behavioral Services. Clinical Director of all clinical services for a 100 bed, 750 acre residential brain injury program. Overseaw clinical staff of about 40, to include behavior specialists, speech pathologists, physical therapists, nurses, occupational therapists, and vocational therapists

- Secured three year accreditation through the Joint Commission on Accreditation of Hospitals with a perfect survey score.
- Secured three year accreditation through Commission on Accreditation of Rehabilitation Centers
  
  **Date:** 1993 - 1995  
  **Site:** Pitt County Memorial Hospital, Inc; a Constituent of University Medical Center, Eastern Carolina - Pitt County  
  **Title:** Manager, Department of Psychology  
  East Carolina School of Medicine  
  Clinical Assistant Professor of Psychiatric Medicine

- The Department of Psychology provided psychological services for a 700 bed regional hospital, and a regional rehabilitation program. Also directed the administrative functions of a 20 bed inpatient psychiatric unit. Supervised 12 psychologists, 20 nurses and technicians, and coordinated about six psychiatrists on the inpatient unit. Secured three year accreditation through the Joint Commission on Accreditation of Hospitals with a perfect survey score.

  **Date:** 1991 - 1992  
  **Site:** New Medico Rehabilitation Center of Texas  
  **Title:** Staff Psychologist.

  **Date:** 1990 - 1991  
  **Site:** Center for Rehabilitation Medicine; Dallas, Texas  
  **Title:** Staff Psychologist.

  **Date:** 1983 - Present  
  **Site:** Dallas Neuropsychological Institute/ Medical Support/ Psicología Clínica Hispana  
  **Title:** DBA

  **Date:** 1986 - 1990  
  **Site:** Dallas Rehabilitation Institute  
  **Title:** Director, Neuropsychological Services; Coordinator, Pain Management Program; Coordinator, Cognitive Remediation Program.

  **Date:** 1983-1986  
  **Site:** Baylor Institute for Rehabilitation.  
  **Title:** Director, Department of Psychology  
  Co-Director, Head Trauma Service (Founded). Founded first neuropsychological service center established in North Texas  

**First Commissioned Service**

  **Date:** 1981-1983  
  **Site:** Brooke Army Medical Center, Fort Sam Houston, Texas  
  **Title:** Chief, Psychology and Neuropsychology Service; Captain, Medical Service Corps

  **Date:** 1978 - 1981  
  **Site:** Second General Hospital, Landstuhl Army Regional Medical Center (LARMC), Landstuhl, Rheinland-Pfalz, Bundesrepublik Deutschland  
  **Title:** Chief, Psychology Service.  
  **Note:** Special Commendation by Hospital Commander Colonel Anton Hitzelberger, M.D.
⇒ Supervisor, Drug and Alcohol Program.
⇒ Acting Inpatient Ward Director, Department of Psychiatry; 1979.
⇒ Regional forensic appointment for criminal trial experience in the Supreme Court of Rheinland-Pfalz (Strafprozess).
⇒ Secured three year accreditation through the Joint Commission on Accreditation of Hospitals; the first ever for LARMC

Date: 1976 - 1978
Site: Moncrief Army Hospital. Fort Jackson, South Carolina.
Title: Chief, Psychology Service.
Note: Special Commendation by Hospital Commander Colonel Mims Aultman, M.D.

Date: 1974-1975
Site: Dallas Police Department. Dallas, Texas.
Title: Intern, Youth Services Program. LEAA juvenile treatment program within the Juvenile Division.

Date: 1966
Site: Richardson Memorial Hospital. Richardson, Texas.
Title: X – Ray technical aid. Department of Radiology.

**Teaching:**

Date: 2011 - 2014
Site: Texas A&M University, Central Texas
Appointment: Psychology Adjunct Professor

Date: 2005 - 2006
Site: Argosy University, Dallas
Appointment: Neuropsychology Adjunct Professor

Date: 1993 - 1996
Site: University Medical Center, East Carolina School of Medicine
Appointment: Clinical Assistant Professor of Psychiatric Medicine

Date: 1992 - 1993
Site: Instituto de Isaac Newton, Puerto La Cruz, Venezuela
Appointment: Invited Lecturer

Date: 1989 - 1993
Site: University of North Texas Department of Psychology
Appointment: Psychology Adjunct Professor.

Date: 1988 - 1993
Site: University of Texas Health Science Center, Dallas, and Southwestern Medical School Department of Psychiatry
Appointment: Invited Lecturer
Date:  1981 - 1983  
Site:  St. Mary's University, San Antonio, Texas.
Appointment: Adjunct, Psychology.

Date:  1979 - 1981  
Site:  University of Maryland, European Division.
Appointment: Assistant Professor.

Date:  1979 - 1981  
Site:  Ball State University, European Division.
Appointment: Instructor.

Date:  1975 - 1976  
Site:  Galveston College.
Appointment: Instructor.

Date:  1975 - 1976  
Site:  College of the Mainland, Texas City, Texas.
Appointment: Instructor.

Licenses:

♦ Louisiana Board of Medical Examiners; License #MP.828; Louisiana Department of Health and Hospitals Controlled Dangerous Substance license; Class 23; No: 32803. Approved for schedules 2N, 3, 3N, 4, 5

♦ Louisiana Board of Examiners of Psychologists; Clinical and Clinical Neuropsychology; License #828;

♦ New Mexico License # 0014; Prescribing Medical Psychologist; and 0869 Clinical and Clinical Neuropsychology;

♦ Nevada Board of Examiners of Psychology License PY0438 (Inactive Status)

♦ Texas License #2-1833. Health Service Provider; Licensed Specialist in School Psychology # 30391;

♦ Federal DEA Registration BH9823104 – Schedules 2N, 3, 3N, 4, 5

Languages - Polyglot with Language Major

Deutsch:  Fluent; Texas A&M University B.S. Minor. Worked in the Bundesrepublik for three years. Invited lecturer auf Deutsch an der Universität von Bielefeld. Major; Central Texas College

Español:  Instituto de Allende, San Miguel de Allende, Universidad de Guanajuato, México; University of Texas Pan American University, Edinburg, Texas; Nivel III (Highest Level); Eastfield College, Dallas, Texas. Founded first Spanish language
neuropsychological laboratory in Texas in 1986. Major; Central Texas College

Français: French language Ph.D. requirement North Texas State University and Advanced GRE Reading fluency

Latin: as Junior Classical League Vice President; State of Texas and National Latin History awards, 1966-1967.

Memberships:

Neurology:

♦ American Academy of Neurology; Associate Clinical Member, 1980 - 1990

Psychology:

♦ Fellow of the American Psychological Association (2007)
♦ The International Neuropsychological Society, 1976 - 2006
♦ National Academy of Neuropsychologists 1980 - 2006

Texas Psychological Association - President for 2004
Board Member 1999 - 2005
Honorary/Former

♦ Bund Deutscher Himbeschädigter
♦ Headway of Great Britain
♦ Headcircle of Denmark
♦ Pacto Interamericano para el Cambio/Somos International; Estado Anzoatequi, Venezuela
♦ Texas Head Injury Foundation (Board of Directors)

**Board and Consulting Appointments**


1984 - 1991 Texas Head Injury Foundation, Medical Advisory Board.

**Professional Standards Authorship:**

1991-1994 Wrote standards for Biopsychosocial Task Force as part of charge from the Joint Commission for the Accreditation of Hospitals for both the Accreditation Manual for Hospitals (AMH) and the Consolidated Standards Manual (CSM). Appointed as liaison to the Commission by the American Psychological Association.

**Professional Honors:**

2007

**Citation:** The American Psychological Association has named C. Alan Hopewell, Ph. D., MP, ABPP to Fellow Status. Election to APA Fellow is done by one’s peers, is one of the highest achievements awarded by the APA, and is based upon recognition of outstanding contribution to the field of psychology on a national level.

1992

Otorga El Presente Certificado de Reconocimiento como Visitante Distinguido; desarrollo e implementacion del curso de Cuidados Primarios Orientados Para La Comunidad - para la Alcaldia del Municipio Sotillo, Estado Anzoatequi, Venezuela, Alcadesa Idalba Guevara de Almeida

1990

Otorga El Presente Certificado de Reconocimiento por valiosa en el desarrollo e implementacion del curso de Cuidados Primarios Orientados Para La Comunidad - para Violeta Matos, Consul General de Venezuela
1990

Texas Neuropsychologist of the Year. Texas Psychological Association award conferred at the 1990 annual conference of the Texas Psychological Association.

1987

Driving after head injury: Therapy or threat? Paper selected by the Neuropsychological Division (40) for presentation as part of the Blue Ribbon Research Panel in Clinical Neuropsychology to the 95th Annual Meeting of the American Psychological Association.

Highlighted Peer Reviewed Publications:


Special Contribution to the following from pre-deployment founding of CRDAMC TBI Clinic and deployment OIF contributions

VA/DoD CLINICAL PRACTICE GUIDELINE
FOR MANAGEMENT OF CONCUSSION/ MILD TRAUMATIC BRAIN INJURY
Department of Veterans Affairs/ Department of Defense
Prepared by: The Management of Concussion/mTBI Working Group
With support from: The Office of Quality and Performance, VA, Washington, DC & Quality Management Directorate, United States Army MEDCOM
Version 1.0 – 2009

Driving Following Traumatic Brain Injury: Clinical Recommendations

Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury
Driving Evaluations after Traumatic Brain Injury Conference
28 July 2009, Washington, DC

Working Group Members:
CDR James Blankenship, Dr. Joseph Bleiberg, LT Tara Cozzarelli, Ms. Elin Schold Davis, Mr. Glenn Digman, COL Mary Erickson, MAJ Allison Franklin, Ms. Allison Hastings, Ms. Katherine Helmick, MAJ C. Alan Hopewell, Dr. Henry Lew, Dr. Cate Miller, LTC Craig Myatt, Dr. Tom Novack, CDR Jerry O'Toole, CPT Tammy Phipps, Dr. Heather Powell, Dr. Joel Scholten, Dr. Maria Schultheis, Dr. Sonya Sconiers, Ms. Kimberly Singer, Dr. Carl Soderstrom, COL Barbara Springer, MAJ Matthew St. Laurent, Dr. Wendy Stav, Dr. Erica Stern, Mr. John Vaughter, Mr. William Wenninger, Col Christopher Williams


Other Published Professional Works:


Selected Presentations:


Invited Address at the Annual Convention of the Texas Psychological Association, San Antonio, Texas.


Hopewell, C. A. Neuropsychology's role in an objective interdisciplinary treatment model (1985, August). Symposium conducted at the 93rd annual meeting of the American Psychological Association, Los Angeles, California.


PROFESSIONAL EXPERIENCE/ACADEMIC APPOINTMENTS:

January 4, 2017 – present

Program Director, Psychiatry Residency
Department of Psychiatry and Behavioral Health
John Peter Smith Health Network

September 1, 2016 - January 4, 2017

Interim Program Director, Psychiatry Residency
Department of Psychiatry and Behavioral Health
John Peter Smith Health Network

July 1, 2011 – Present

Clerkship Director
Department of Psychiatry and Behavioral Health
University of North Texas Health Science Center

Texas College of Osteopathic Medicine
Fort Worth, TX

June 2014 - September 2016

Associate Program Director
Department of Psychiatry and Behavioral Health
John Peter Smith Health Network

August 2008 – Present

Assistant Professor
Department of Psychiatry and Behavioral Health
Texas College of Osteopathic Medicine
University of North Texas Health Science Center
Fort Worth, TX

May 2013 – Present

Assistant Professor
Department of Physician Assistant Studies
School of Health Professions
University of North Texas Health Science Center
Fort Worth, TX
May 2013 - Present
Vanderbilt School of Nursing
Clinical Preceptor

PROFESSIONAL EXPERIENCE/ACADEMIC APPOINTMENTS (Continued):

July 2014 - June 2017
Clinical Assistant Professor of Psychiatry
Heritage College of Osteopathic Medicine

December 2015 to December 2018
Clinical Assistant Professor
A.T. Still University, School of Osteopathic Medicine in Arizona

March 2010 – August 31, 2015

Medical Co-Director, Integrated Specialty Unit
John Peter Smith Hospital
Fort Worth, TX

August 18, 2008 – August 31, 2015

Medical Director, Psychiatry Consult Liaison Service
John Peter Smith Hospital
Fort Worth, TX

Medical Director
The Oakview Clinic, P.A.
Private Adult Psychiatric Practice
Brownwood, TX

July 2003 – September 2003

Locum Tenens Psychiatry Practice
Value Options of Arizona
Phoenix, AZ

August 2002 – September 2003
Locum Tenens Internal Medicine Practice
CIGNA Healthcare Urgent Care Clinics
Phoenix, AZ
EDUCATION:

June 1998 – June 1999
Post-Doctoral: Good Samaritan Regional Medical Center
1111 East McDowell Road
Phoenix, AZ 85006
Combined Internal Medicine & Psychiatry Internship

Doctoral: Texas A & M University – College of Medicine
2401 South 31st Street
Temple, TX 76501

Doctorate of Medicine:
Texas Tech University Health Science Center School of Medicine
3601 4th Street
Lubbock, TX 79413

January 1992 – December 1993
Post-Baccalaureate:
University of Houston
Houston, TX

August 1990 – August 1991
Graduate:
Southern Methodist University
Dallas, TX
Master of Arts – English Literature

August 1986 – May 1990
Undergraduate: Southern Methodist University
Dallas, TX
Bachelor of Arts – English Literature

HONORS, AWARDS & ACTIVITIES:

December 2016 to present
Acclaim Physician Board

March 2016 to present
Acclaim Compliance Committee
Chair
Acclaim Physician Group

October 2016 – Present
Academy of Psychosomatic Medicine
Residency Education Subcommittee

January 2016 – Present
Ethics Committee
John Peter Smith Health Network
September 1, 2015 – Present
Academy of Medical Educators
University of North Texas Health Science Center
Texas College of Osteopathic Medicine

September 1, 2015 – Present
Curriculum Modernization Committee
University of North Texas Health Science Center
Texas College of Osteopathic Medicine

February 2015 - Present
Delirium Protocol Development and Implementation Committee
John Peter Smith Hospital

February 2012 – January 2016
Practitioner Health Committee
Vice Chair
John Peter Smith Hospital

HONORS, AWARDS & ACTIVITIES (Continued):

July 2011 - Present
Clerkship Directors Committee
University of North Texas Health Science Center
Texas College of Osteopathic Medicine

July 2011 – Present
Education Policy Committee
Department of Psychiatry and Behavioral Health
John Peter Smith Health Network

March 2010 – Present
Vice Chair since January 2014
Credentialing Committee
John Peter Smith Hospital

January 2010 – Present
Practitioner Advisory Monitoring Subcommittee
John Peter Smith Hospital

January 2010 – Present
Practitioner Advisory Council
John Peter Smith Hospital

May 2010 – Present
Texas Society of Psychiatric Physicians
Academic Psychiatry Committee

November 2009 – May 2010
Texas Society of Psychiatric Physicians
Professional Practice Management Committee

November 2009 – May 2010
Texas Society of Psychiatric Physicians
Strategic Planning and Coordinating Committee

November 2009 – Present
Texas Society of Psychiatric Physicians
Government Affairs Committee

**May 2015 - Present**
Texas Society of Psychiatric Physicians
Ethics Committee

**January 2006 – July 2008**
Peer Review Committee
Brownwood Regional Medical Center

**January 2005 – July 2008**
Ethics Committee
Brownwood Regional Medical Center

**HONORS, AWARDS & ACTIVITIES (Continued):**

**May 2016**
Faculty Award for Outstanding Preceptor
Physician Assistant Studies
University of North Texas Health Science Center

**August 2015**
University of North Texas Health Science Center
Texas College of Osteopathic Medicine
Academic Incentive Award

**May 2014**
Texas Medical Association Award for Excellence in Academic Medicine—Silver Level

Fort Worth, Texas Magazine
2012 Top Doc List
2013 Top Doc List
2014 Top Doc List
2015 Top Doc List
2016 Top Doc List
2017 Top Doc List

360West Magazine-2017 Top Doctors

**June 7, 2014**
Excellence in Psychiatric Education Award
John Peter Smith Psychiatry Residency Program

**May 12, 2012**
President's Award for Educational Excellence
Clinical Educator 2012
University of North Texas Health Science Center

**June 2, 2012**
W.W. Goldman, Jr. Memorial Award for Outstanding Clinical Professor
John Peter Smith Graduate Medical Education
March 2011
Outstanding Preceptor
Physician Assistant Studies
University of North Texas Health Science Center

June 6, 2009
Excellence in Psychiatric Education Award
John Peter Smith Psychiatry Residency Program

2007
Consumer’s Research Council of America: America’s Top Psychiatrists 2007

2006
Global Directory of Who’s Who Lifetime Member With Honors Inducted 2006

November 2008 – Present
Tarrant County Medical Society

January 2016 – Present
Tarrant County Medical Society
Board of Managers

May 2013 – Present
Ex-Officio President
Tarrant County Chapter
Texas Society of Psychiatric Physicians

May 2012 – May 2013
President
Tarrant County Chapter
Texas Society of Psychiatric Physicians

May 2011 – May 2012
Vice President
Tarrant County Chapter
Texas Society of Psychiatric Physicians

March 2011-2014; March 2014-2017
Vice Chair May 2014 to present
Member of Physicians Health and Wellness Committee
Texas Medical Association

May 2013 - Present
Subcommittee Chair—Medical and Resident Section
Physicians Health and Wellness Committee
Texas Medical Association

May 2013 - Present
Member, Regional Education Teams
Texas Medical Association

Board Member
Caring Touch—Non-profit organization for indigent
Medical assistance in Central Texas

HONORS, AWARDS & ACTIVITIES (Continued):
January 2006 – December 2007
President--Central Texas County Medical Society

January 2006 – December 2006
Honorary Chairman
Texas Physicians’ Advisory Board to the National Republican Congressional Committee

December 2006
Leadership Award
National Republican Congressional Committee

January 2005 – December 2005
President Elect--Central Texas County Medical Society

Class of 1998
Graduation Planning Committee
Texas A & M College of Medicine

Class of 1998
Assistant Editor
Texas A & M College of Medicine Yearbook

1996 – 1998
Student Representative
Internal Medicine Education Curriculum Committee
Texas A & M College of Medicine

1995 – 1996
Treasurer
Medical Student Government Executive Council
Texas Tech University Health Science Center School of Medicine

1995 - 1996
Social Coordinator
Texas Tech University Health Science Center School of Medicine

1992 – 1993
Post-Baccalaureate:
Honor Roll
University of Houston

1990 – 1991
Undergraduate:
Financial Advisor
Epsilon Alpha Chapter of Phi Mu Women’s Fraternity
Southern Methodist University

1989 - 1990
Dallas Phi Mu Alumni Scholar
Southern Methodist University

1989 – 1990
Maxwell Endowed Scholarship
Southern Methodist University

1989 – 1990
Treasurer
Epsilon Alpha Chapter of Phi Mu Women’s Fraternity
Southern Methodist University

1987 – 1990
General University Scholarship
Southern Methodist University

1988 – 1989
Maimie Fulsom Wynne Scholar
Southern Methodist University

1988 – 1989
Sara Holand Scholar
Southern Methodist University

1988 – 1989
Secretary
Student Senate Elections Committee
Southern Methodist University

1986 – 1987
University Scholar
Southern Methodist University

PRESENTATIONS/PUBLICATIONS/CURRICULUM:

October 17, 18, and 19, 2016
“Demystifying Geriatric Delirium: Recognizing and Treating Hospital-Induced Delirium”
JPS Quality Fair Poster Presentation
Panel: Stephanie Spohr, MA; Geneva Mugi, RN; Carmen Goudeau, MS, RN; Heather Scroggins, BSN, RN; Lori Muhr, DNP; Justine McClelland, PharmD; Cheryl L. Hurd, MD, MA; Trudy Sanders, BSN, RN; Dustin DeMoss, DO, MS; Lesca Hadly, MD

August 12, 2016
“I Can See Clearly Now: One Hospital’s Work to Improve the Recognition and Treatment of Patient’s with Delirium”.
Texas Geriatric Society/Texas Medical Directors Association Annual State Conference: “Geriatric Round-UP”
Panel Presentation: Dustin DeMoss, D.O., MS
Carmen Goudeau, MS, RN, Lesca Hadley, M.D., FAAFP, AGSF
Cheryl L. Hurd, M.D., M.A., FAPA, Julie Idoine-Fries, MHA
Justine McClelland, PharmD, BCPP,
Lori Muhr, DNP, APRN-Rx, ACNS-BC, CCRN, Heather Scroggins, BSN, RN

Curriculum Development/Review for CME:
October 28, 2016
TMA PHW
Combination of PHW courses for Home/Internet Study
Hyatt Regency, San Antonio, Texas

July 28, 2016
“Communication Skills: Talking With Your Patients”
Texas General Hospital

Curriculum Development/Review for CME:
June 3, 2016
TMA PHW
“Psychiatric Illness in Physicians”
June 6, 2016
“Challenging Patient Encounters”
Lake Granbury Medical Center

PRESENTATIONS/PUBLICATIONS/CURRICULUM (Continued):

May 26, 2016
“Physician Collaboration and Communication”
Doctor’s Hospital at White Rock Lake

April 29, 2016
TexMed (Annual CME/Delegate Statewide Meeting)
“Addictive Behavioral Disorders”
Dallas, TX

March 29, 2016
“Professionalism in Medicine”
Plaza Medical Center of Fort Worth

March 7, 2016
“Ethics and Regulation of Pain Management”
Lake Granbury Medical Center

January 28, 2016
“Communication Skills: Talking With Your Patients”
Genesis Physicians Group

Curriculum Development/Review for CME:
December 11, 2015
TMA PHW
“Medical Marijuana: Potential Pitfalls and Benefits”

Curriculum Development/Review for CME:
December 12, 2015
TMA PHW
“Physician to Physician Interactions”

November 10, 2015
“Ethics and Regulation of Pain Management”
USMD Hospital at Arlington

November 12, 2015
“Professionalism in Medicine”
Texas Health Research & Education Institute

October 8, 2015
“Professionalism in Medicine”
Lake Pointe Medical Center

PRESENTATIONS/PUBLICATIONS/CURRICULUM (Continued):

October 17, 2015
Texas Medical Associations Physician Health and Wellness Committee Statewide Fall Conference,
"Physician Minefields: Boundaries, Behaviors and Time".
"Boundary, Behavior and Time Management Resources for Texas Physicians"
Omni Corpus Christi Hotel, Corpus Christi, TX.
September 22, 2015
“Communication Skills: Talking With Your Patients” North Hills Hospital

Curriculum Development/Review for CME:
August 29, 2015
TMA PHW
“Patient Safety and Peer Assistance”
Stockyards Hotel, Fort Worth, TX

Curriculum Development/Review for CME:
August 28, 2015
TMA PHW
“Medical Marijuana: Potential Pitfalls and Benefits”

Curriculum Development/Review for CME:
August 14, 2015
Psychiatry Case Conference
John Peter Smith Health Network
“Aggressive Behavior in Psychiatric Patients”
Co-Presented with Dr. Alex Andaluz

Curriculum Development/Review for CME:
August 1, 2015
TMA PHW
“Nonsubstance Related Addictions”

Curriculum Development/Review for CME:
July 17, 2015
TMA PHW
“How to Create and Maintain Life Balance”

Curriculum Development/Review for CME:
July 18, 2015
TMA PHW
“The Art and Science of Happiness”

June 5, 2015
John Peter Smith Hospital Research Day
Clinical Supervisor
“Seizures, Psychosis and Cognitive Impairment as Primary Presenting Symptoms of B12 Deficiency: A Case Study.”
Jamie B. Huff, D.O.

June 5, 2015
John Peter Smith Hospital Research Day
Clinical Supervisor
“Case Report of Over the Counter Weight Loss Supplement Causing Psychosis and Thyroid Dysfunction”
Jennifer Tonini, D.O.

PRESENTATIONS/PUBLICATIONS/CURRICULUM (Continued):
May 28, 2015
“Cultural Competence”
Doctor’s Hospital at White Rock Lake

May 27, 2015
“Patient Safety and Peer Assistance”
Centennial Medical Center
May 1, 2015
Psychiatry Case Conference
“Is that a Delusion?”
John Peter Smith Health Network
Co-Presented with Dr. David Do

Curriculum Development/Review for CME:
March 20, 2015
TMA PHW
“Medical Student Stress and Burnout”

March 13, 2015
Psychiatry Case Conference
John Peter Smith Health Network
“Thyroid Induced Psychosis”
Co-Presented with Dr. Karla Lopez

February 13, 2015
Psychiatry Case Conference
“Did I Get Enough Oxygen?”
John Peter Smith Health Network
Co-Presented with Dr. David Do

December 17, 2014
“Physician Stress and Burnout”
Plaza Medical Center of Fort Worth

December 2014
Psychiatry Grand Rounds
John Peter Smith Health Network
“Rainbow and Unicorns: Review of Rare Psychiatric Illness”
Co-presented with Dr. Kathryn Adams

December 2, 2014
“The Art and Science of Happiness”
USMD Hospital at Arlington

November 6, 2014
“Challenging Patient Encounters”
Texas Health Research & Education Institute

October 23, 2014
“Physician Stress and Burnout”
Medical Center of Arlington

October 14, 2014
"Evidence Based Medicine: What Really Works for Treatment Resistant Depression"

PRESENTATIONS/PUBLICATIONS/CURRICULUM (Continued):
Correctional Nursing Grand Rounds
John Peter Smith Health Network

September 23, 2014
“Physician Stress and Burnout”
North Hills Hospital

September 2014
Psychiatry Case Conference
John Peter Smith Health Network
“Lithium Toxicity”
Co-Presented with Dr. Khoa Nguyen

**August 29, 2014**
Psychiatry Grand Rounds
John Peter Smith Health Network
“Dietary Supplements and Natural Products as Psychotherapeutic Agents”
Co-Presented with Dr. Khoa Nguyen

**August 26, 2014**
JPS Family Medicine Conference
“Suicide Risk Assessment in Primary Care”

**July 11, 2014**
Psychiatry Case Conference
“Wilson’s Disease and Psychosis”
John Peter Smith Health Network
Co-Presented with Dr. Kathryn Adams

**June 6, 2014**
John Peter Smith Hospital Research Day
Clinical Supervisor
Charli Ellis, D.O.

**June 6, 2014**
John Peter Smith Hospital Research Day
Clinical Supervisor
Steven Koehl, D.O.: “Health Professionals’ Attitudes Towards the Homeless”

**May 28, 2014**
“Physician Retirement: Personal and Ethical Issues”
Doctor’s Hospital at White Rock Lake
Dallas, TX

**May 9, 2014**
Psychiatry Grand Rounds
John Peter Smith Health Network
“Evidence Based Medicine: What Really Works for Treatment Resistant Depression?”

**April 12, 2014**
JPS Family Medicine Alumni Foundation
Annual Spring Update
“Anxiety Disorders in Primary Care”

**PRESENTATIONS/PUBLICATIONS/CURRICULUM (Continued):**

**April 4, 2014**
Psychiatry Grand Rounds
John Peter Smith Health Network
“Neuropsychiatric Manifestations of Systemic Lupus Erythematosus”
Co-presented with Dr. Karla Lopez

**January 15, 2014**
Nursing Grand Rounds
John Peter Smith Health Network
“Managing the Psychiatric Patient in the Non-psychiatric Unit”
December 20, 2013
Psychiatry Case Conference
“Post-Partum Depression”
John Peter Smith Health Network
Co-presented with Dr. Jennifer Tonini

November 7, 2013
“The Art and Science of Happiness”
Centennial Medical Center
Stonebriar County Club

August 16, 2013
Psychiatry Case Conference
John Peter Smith Health Network
“From ‘Too Tired to Talk’ to Tormenting ‘Tatalicious’ in Twenty-four Hours”
Co-presented with Dr. Jamie Huff

June 7, 2013
“Black Cats and Stepping on Cracks: Superstition, Ritual or OCD?”
John Peter Smith Health Network
Psychiatry Grand Rounds

April 6, 2013
"Evidenced Based Medicine: What Really Works for Treatment Resistant Depression"
John Peter Smith Hospital Family Medicine Alumni Foundation
Family Medicine Spring Update/John Peter Smith Health Network

“A Case of Mistaken Identity: Alcohol Withdrawal, Schizophrenia, or Central Pontine Myelinolysis”
Neuropsychiatric Disease and Treatment, Dove Medical Press
2G, 5 Ceres Court, Mairangi Bay, Auckland, New Zealand.
PO Box 300-008, Albany, Auckland, New Zealand.
www.dovepress.com

January 15, 2013
“Managing the Psychiatric Patient in the Non-Psych Unit”
Nursing Grand Rounds
John Peter Smith Health Network

December 6, 2012
“Toto, We’re Not in Kansas Anymore: Delirium v. Psychosis in the hospital setting.”
John Peter Smith Health Network
Family Medicine Noon Conference

PRESENTATIONS/PUBLICATIONS/CURRICULUM (Continued):

May 4, 2012
Psychiatry Grand Rounds
John Peter Smith Health Network
“Mental Illness and the Criminal Justice System”
Co-presented with Dr. Holly Cannon

August 17, 2012
Psychiatry Grand Rounds
John Peter Smith Health Network
“Team Approach for New Onset Psychiatric Illness Involving Danger to Children”
Co-presented with Dr. Jamie Huff
October 2011
“Toto, We’re Not in Kansas Anymore: Delirium v. Psychosis in the hospital setting.”
John Peter Smith Hospital
Psychiatry Grand Rounds

June 4th, 2010
“A Case of Mistaken Identity: Chronic Alcohol Use, Schizophrenia, or Central Pontine Myelinolysis?”
John Peter Smith Research Day
Clinical Supervisor and Principle Investigator
Paul Schneider, D.O.

December 2010
“A Case of Mistaken Identity: Chronic Alcohol Use, Schizophrenia, or Central Pontine Myelinolysis?” Abstract
Published in Journal of Addiction Medicine December 2010

October 2010
“Chains of Love: Update of Family Caregiving in America”
John Peter Smith Hospital
Psychiatry Grand Rounds

July 2007
“Smoking Cessation as a Health and Life Style Choice”
Brownwood Regional Medical Center
Nursing Education Series

July 2007
“Depression and Bipolar Disorder in the Primary Care Setting”
Family Medical Center – Big Springs, TX
Forrest Lecture Series

February 2007
“Treating Patients with Severe Depression: A Case Based Approach”
San Angelo Mental Health and Mental Retardation Clinic
Forrest Lecture Series

January 2006
“Assessment and Treatment of the Mental Health Patient in the Hospital Setting”
Brownwood Regional Medical Center Nursing Education Series

PRESENTATIONS/PUBLICATIONS/CURRICULUM (Continued):

November 2005
“Applications of Ziprasidone in the Primary Care Setting”
Comanche/DeLeon Cooperative Hospital
Pfizer Lecture Series

November 2005
“Update and a Practical Approach to Bipolar Disorder”
Brownwood Bug Club
Monthly CME meeting

May 2005
“Depression in the Primary Care Setting”
Heart of Texas Family Medicine Clinic
Pfizer Lecture Series
April 2005
“Behavioral Disturbances in the Nursing Home Setting”
Nursing Home Directors Lunch Meeting
Pfizer Lecture Series

March 2005
“Indications and Usage of Geodon in the Primary Care Setting”
Heart of Texas Internal Medicine Associates
Pfizer Lecture Series

October 2004
“Delirium”
Brownwood Regional Medical Center
Internal Medicine Grand Rounds

April 2004
“Silent Pain – Mood Disturbances in Care Givers”
Brownwood Parkinson’s Disease Support Group
4th Annual Educational Symposium

May 2003
“Our Community and the Seriously Mentally Ill”
Good Samaritan Regional Medical Center
Psychiatry Grand Rounds

December 2001
“Chains of Love: Family Care Giving in America”
Good Samaritan Regional Medical Center
Psychiatry Grand Rounds

May 2001
“Black Cats and Stepping on Cracks: Superstition, Ritual or OCD?”
Good Samaritan Regional Medical Center
Psychiatry Grand Rounds

October 1999
“Assessment and Management of First Break Psychosis”
Good Samaritan Regional Medical Center
Psychiatry Grand Rounds

CERTIFICATIONS:
Diplomate of the American Board of Psychiatry & Neurology
Re-certification obtained through December 2024

Diplomate of the American Board of Internal Medicine
Expires December 2016, recertification scheduled November 2016

PROFESSIONAL ORGANIZATIONS:
Texas Medical Association
Tarrant County Medical Society and Alliance
Texas Society of Psychiatric Physicians
Academy of Psychosomatic Medicine
American Psychiatric Association

VOLUNTEER WORK:

October 1, 2016
Member, The Spirit of Giving Team
NAMI Walks
Fort Worth, TX

Spring 2014
Sponsor, Tee-Off F.O.R.E. TCOM
Golf Fundraiser for MSCA Above and Beyond Scholarship

October 25th, 2013
“Wear it Pink”
Breast Cancer Awareness Participant
John Peter Smith Health Network
“Wear it Pink”

October 26th, 2012
Breast Cancer Awareness Participant
John Peter Smith Health Network

October 2011 & October 2012
Financial Supporter, The Psychedelics
NAMI Walks

September 1991 – March 1994
Volunteer Counselor at Domestic Violence/Rape Center for Women of Brazoria County

March 1989 – August 1990
TLC Volunteer and PetNet Operator for SPCA of Texas

Ed Miles, PhD
Director of Psychology
Acclaim/JPS Health Network
1500 S. Main St.
Ft. Worth, Texas 76104
(214) 673-5284
Email: emiles@jpshealth.org

Education

1986     Ph.D.     California School of Professional Psychology - Fresno, CA
          Clinical Psychology
          Dissertation: A Personality Investigation of Anorexia Nervosa and Bulimia

1984     M.A.     California School of Professional Psychology - Fresno, CA
          Clinical Psychology
1983 MHR University of Oklahoma - Norman, OK Professional Psychology Specialization in Human Relations

1980 B.A. University of Oklahoma - Norman, OK Psychology

Licensure

- Licensed Clinical Psychologist in the State of Texas <Active Status>
- Licensed Clinical Psychologist in the State of Florida <Inactive Status>
- Licensed Clinical Psychologist in the State of Oklahoma <Inactive Status>
- FAA Neuropsychology Certification – October, 2014
- Licensed Private Pilot

Volunteer Services

- Active Member-McKinney Sunrise Rotary Club
- Former Board Member: Big Brothers & Sisters of Green Country, Tulsa Urban League Youth Ranch

Administration/Leadership/Clinical Delivery

- Director of Mental Health for the State of Florida which acts as the Florida Mental Health Authority with direct supervision of all fifteen (15) District Offices; two (2) forensic state hospitals; two (2) civil state hospitals; one (1) privatized, civil state hospital; one (1) privatized, adult sexual perpetrator residential treatment program & five thousand state employees. Responsibilities include, but are not limited to: program development, implementation, policy, performance, contractual authority, provider evaluation, & maintenance with direct fiscal & overall management of the Florida mental health delivery system.

- Successfully expanded The Brown Schools of Oklahoma by 33%

- Was the sole owner of Therapeutic Interpretations (T.I.) which was a private corporation in the State of Oklahoma. When founded, T.I. had just been awarded one contract for a small adolescent residential, crisis intervention program. T.I. was successfully expanded as three years later, T.I. operated five (5) adolescent residential treatment programs located throughout the State of Oklahoma with a total of eighty-two (82) occupied beds with a waiting list. Further, T.I. had five outpatient clinics that provided mental health services for adults, adolescents, children & families. Contracts were negotiated with the Oklahoma Department of Human Services, Oklahoma Office of Juvenile Affairs, U.S. Department of Justice, Colorado Department of Human Services, Oklahoma Department of Probation & Parole, Youth Services of Tulsa & Laureate Psychiatric Hospital. Sold all assets of Therapeutic Interpretations to The Brown Schools of Oklahoma. At the time of the sale, T.I. was regarded as operating the best adolescent residential programs in Oklahoma & the residential, staff secure, delinquent, sexual offender program obtained national acclaim.

- When hired, Tulsa Regional Medical Center’s Behavioral Health only operated two adult inpatient programs and one acute, children & adolescent unit. Successfully designed, implemented & operated a thirty-five (35) bed, psychiatric, residential treatment program for
When hired, the L.E. Rader Center (at the time, the only secure treatment facility for
Adjudicated Delinquents in the State of Oklahoma) was in great turmoil with riots, assaults,
frequent utilization of solitary confinement, frequent AWOL’s from campus & had a significant
percentage of youth on psychotropic medication (26%). At the time of my resignation five
years later, the Rader Center had not experienced any major disturbances (riots, barricades,
etc.). In the last three years, the facility had not utilized solitary confinement, experienced any
assaults on staff or AWOL’s & only 8% of the youth were on psychotropic medication. Designed
& implemented the first adolescent, residential treatment program for sexual offenders in the
State of Oklahoma. Designed & implemented a residential substance abuse program that
included follow up outpatient treatment. A national audit by the American Correctional
Association not only found 100% compliance on all standards, but determined that the Rader
Center operated one of the best secure, residential treatment programs in the United States.
Initiated a recidivism study utilizing Federal, State & County data and it was determined that
60% of the youth treated at the Rader Center had no further contact with either the adult or
juvenile justice system.

Professional Experience

2016 – Present: Director of Psychology, Acclaim Physician Group/JPS Health Network
Responsible for all professional psychological/neuropsychological services for the JPS Health
Network including the JPS Hospital. Designed & implemented neuropsychological-psychological
evaluations/assessments for JPS Hospital Level I Trauma Center as well as outpatient services
through the JPS Health Network that included Program Design, Implementation and Data Driven
Based Outcomes. Individual, group and family psychotherapy for adults, children & adolescents.
Certified by the Federal Aviation Administration as an FAA designated psychological and
neuropsychological examiner for Class I “medicals.” Diagnostic & evaluation services for inpatient,
outpatient and Court referrals including Court Testimony. Provide Clinical Supervision and Didactic
Education for JPS Psychiatric Residents, Pre-Doctoral Psychology Interns and Psychology Practicum
Students. Serve as the Director of Clinical Training for all psychological clinical/academic training.
Provide assistance in budget development, implementation as well as outcome/financial
performance of the Division of Psychology. Business development and program development in
the expanding JPS Health Network.

2007 – 2016: Director of Psychology for the University of North Texas Health Science Center, Texas
College of Osteopathic Medicine & John Peter Smith Hospital in Ft. Worth, Texas
Director of the Division of Psychology in the Department of Psychiatry & Behavioral Health.
Responsible for all psychological services & activities at UNTHSC and the John Peter Smith Health
Network (JPS Hospital, HSC’s Teaching Hospital). Director for the UNT-Denton/UNTHSC Clinical
Health Psychology Preceptorship (Joint APA Accredited Program) as well as instruction and clinical
supervision of the accredited JPS, Psychiatric Residency Program. Designed & implemented
neuropsychological-psychological evaluations/assessments for JPS Hospital Level I Trauma Center
as well as outpatient services through the JPS Health Network that included Program Design,
Implementation and Data Driven Based Outcomes. Individual, group and family psychotherapy for
adults, children & adolescents. Diagnostic & evaluation services for private, public & Court referrals
including Court Testimony. Substance abuse and sexual offender evaluation and treatment
services were also performed. Provided budget assistance and financial performance of the
Division of Psychology.

2005 – 2007: Executive Director for the North Texas Behavioral Health Authority. Responsible for all
aspects of the Metropolitan Dallas Mental Health Authority & surrounding seven counties which includes administration; policy, program development; data analysis; coordination with providers, Behavioral Health Organization; Texas State Agencies; Jail Diversion and system oversight (including fiscal oversight/responsibility) in the delivery of public mental health services for a seven county area in and around Dallas, Texas. NTBHA provided direct supervision & oversight for the $140 million community mental health system.

2003 – 2005: Director of Mental Health for the State of Florida with the Department of Children & Families. Functioned as the Commissioner of Mental Health for Florida which includes direct supervision; administration; programs; policy; development; budget authority; legislative analysis & response; coordination with Federal & State agencies; contract authority, management & evaluation of contract, private provider services in their quality, scope, coordination & performance in the mental health delivery system of Florida in their local communities. Provide direct supervision of Adult Mental Health; Children’s Mental Health; state forensic hospitals; state & privatized civil hospitals; an adult, residential sexual perpetrator program; all fifteen (15) District Offices & all “300 plus” private contractors.

1987 - 2008: Part-time Private Practice in Clinical Psychology in Florida/Oklahoma/Texas. Individual, group and family psychotherapy for adults, children & adolescents. Diagnostic & evaluation services for private, public & Court referrals including Court Testimony to include substance abuse and significant others. Developed outpatient program for sexual perpetrators & the victims of sexual abuse. Consultative services to private & state agencies & programs.


1995 - 1998: Chief Executive Officer of Therapeutic Interpretations, Inc (T.I.) Responsible for all aspects of a personal, privately owned company that operated five, free standing, residential treatment programs for adolescents across the State of Oklahoma. Further, Therapeutic Interpretations operated five, free standing, outpatient facilities that provided rehabilitation, treatment & preventive programs for children, adolescents & adults. Negotiated contracts with the U.S. Department of Justice; Colorado Department of Human Services; Oklahoma Department of Corrections, Probation & Parole; Office of Juvenile Affairs (Oklahoma) & the Department of Human Services (Oklahoma). Sold T.I. to The Brown Schools of Oklahoma.

1995 - 1996: Consultant (30 hours per week) for the Oklahoma Office of Juvenile Affairs, L.E. Rader Center for administrative and clinical services. Re-designed and implemented entire residential, delinquent treatment program for a 150 bed, maximum & medium facility which included a 16 bed Diagnostic & Evaluation Program.

1992 - 1995: Director of Alternative Services at Tulsa Regional Medical Center. (Oklahoma) Administration, supervision, consultation and coordination of a wide range of behavioral services for children, adolescents and adults. Specifically, residential programs, inpatient psychiatric programs, day treatment services, psychiatric school based programs, E.A.P. programs, outpatient programs, prevention programs and residential treatment programs for delinquents. Program development, implementation, budget development & authorization, operations and other issues as they relate to the overall effective management of residential & outpatient programs.

1991 - 1992: Adjunct Professor to the University Center at Tulsa. (Oklahoma) Instruction of graduate students in mental and psychological diagnostic testing including the administration, scoring, interview, interpretation & write-up of the results and entire Psychological Evaluation.

1987 - 1992: Director of Programs at the L.E. Rader Center (Oklahoma). Responsible for the overall
management, supervision & administration of the treatment program located at the Oklahoma juvenile training school for Adjudicated Delinquents. At the time, the Rader Center was the only secure facility (86 bed co-ed residential program; 16 bed residential Diagnostic & Evaluation Program) for delinquents in the State of Oklahoma. Also supervised & performed state & federal referred psychological evaluations which included expert testimony for Courts. Designed, authored and implemented a comprehensive, delinquent treatment program and a residential, Diagnostic & Evaluation Program. Designed & implemented the first residential sexual offender treatment program for adolescents in the State of Oklahoma.

1989 - 1991: Adjunct Professor to The University Center at Tulsa. (Oklahoma) Instruction of Psychology graduate students in applied assessment, evaluation & diagnostics.

1987 - 1988: Adjunct Professor, Tulsa Junior College. (Oklahoma) Instruction of undergraduate courses in psychology.

1982 - 1983: Psychological Assistant at Lexington Assessment & Receiving Center and Lexington Correctional Center (Oklahoma Department of Corrections). Performed individual & group therapy; psychological testing & written reports for the purpose of the classification of all inmates admitted to the custody of the Department of Corrections. Designed & implemented adult offender program.

Internship/Practicum(s)

1985 - 1986 Pre-Doctoral Internship - United States Department of Justice - Bureau of Prisons (California): Individual & Group Therapy with maximum & minimum security inmates at the Federal Prison Camp (minimum security) & United States Penitentiary (Level 5, maximum security) in Lompoc, California. Performed psychological evaluations for Federal Court; Evaluations of disciplinary & administratively detained inmates; Crisis intervention; Individual & group psychotherapy; Conducted interviews & screening for individuals applying for employment positions with the U.S. Department of Justice, Bureau of Prisons; Conducted research on the effect of psychological interventions in the area of staff attrition.

1984 - 1985: Crisis intervention services at the Valley Medical Center Emergency Room (California). Performed diagnostics, evaluations & assessments of children, adolescents & adults in order to make appropriate recommendations & disposition for emergency mental health services.
Alan L. Podawiltz, D.O., M.S., FAPA
3423 Bridlegate Drive
Arlington, Texas 76016
Office-(817) 927-3642
E-Mail alan.podawiltz@unthsc.edu or apodawil@jpshealth.org

EDUCATION

Undergraduate
• University of Oregon, Eugene Oregon, Bachelor of Science in Political Science, Secondary Emphasis: Public Affairs, Community Development, and Community Services. August 1978
• Rose State College, Midwest City, Oklahoma, A.E.T., Electronic Technologies (Robotics). June 1987

Graduate

Medical
• Doctor of Osteopathy, Oklahoma State University, Tulsa, Oklahoma, College of Osteopathic Medicine, May 20, 1995

Residency
• Psychiatric Resident Internship, Portland, Oregon, Department of Psychiatry, Oregon Health Sciences University, July 1, 1995 - June 30, 1996.
• General Psychiatric Residency, Lubbock, Texas, Department of Neuropsychiatry and Behavioral Sciences, Texas Tech University Health Sciences Center, July 1, 1996 - June 30, 1999.

Post Graduate
• Clinical Research Fellow, Lubbock, Texas, Texas Tech University Health Sciences Center, January 2001 - December 2001.

Certification
• American Board of Psychiatry and Neurology, General Psychiatry, June 2004, MOC February 9, 2015-February 2025
• Texas State Board of Medical Examiners: K1900 (Active)
• Oregon State Board of Medical Examiners: 20027 (Inactive)
• Certificate of Completion from National Institutes of Health, Office of Human Subjects Research – Protection of Human Research Subjects. Serial No.: 986509413

PROFESSIONAL EXPERIENCE

August 2016 - Present
Chair Department of Psychiatry & Behavioral Health, Acclaim Physician Group, Fort Worth, Texas.

September 2012 - Present
Chair & Associate Professor, Psychiatry & Behavioral Health, University of North Texas Health Science Center at Fort Worth, Fort Worth, Texas.

October 2005 - Present
Chair, Department of Psychiatry, JPS Health Network, Fort Worth, Texas.

September 2015 - August 2016
Executive Director, Mental Sciences Institute, University of North Texas Health Science Center at Fort Worth, Fort Worth, Texas.

October 2005 - August 2012
Chair & Assistant Professor, Psychiatry & Behavioral Health, University of North Texas Health Science Center at Fort Worth, Fort Worth, Texas.
April 2009 – September 2009
Interim Vice President of Health Affairs, Texas College of Osteopathic Medicine, University of North Texas Health Science Center at Fort Worth, Fort Worth, Texas.

November 2008 – April 2009
Acting Dean, Texas College of Osteopathic Medicine, University of North Texas Health Science Center at Fort Worth, Fort Worth, Texas.

December 2004 - October 2005
Chair, Department of Psychiatry, North Texas Affiliated Medical Group, Fort Worth, Texas.

August 2003 - December 2004
Interim Chair, Department of Psychiatry, North Texas Affiliated Medical Group, Fort Worth, Texas.

August 2003 - October 2005
Interim Chair, Department of Psychiatry, University of North Texas Health Science Center, Texas College of Osteopathic Medicine, Fort Worth, Texas.

January 2002 - June 2003
Director of Residency Training, John Peter Smith Hospital Network, Department of Psychiatry, Fort Worth, Texas.

November 2001 - October 2005
Staff Psychiatrist, North Texas Affiliated Medical Group, Fort Worth, Texas.

July 1999 - December 2001
Director of Residency Training, Instructor, Department of Neuropsychiatry, Texas Tech University Health Sciences Center, Lubbock, Texas.

July 1999 - February 2002
Staff Psychiatrist, Assistant Instructor, Department of Neuropsychiatry, Texas Tech University Health Sciences Center, Lubbock, Texas.

July 1998 - June 1999
Psychiatric Chief Resident, Post Graduate Year Four, Department of Neuropsychiatry and Behavioral Sciences, Texas Tech University Health Sciences Center, Lubbock, Texas.

July 1996 - June 1999
Psychiatric Resident, Department of Neuropsychiatry and Behavioral Sciences, Texas Tech University Health Sciences Center, Lubbock, Texas.

July 1995 - June 1996
Psychiatric Resident, Post Graduate Year One, Department of Psychiatry, Oregon Health Sciences University, Portland, Oregon.

August 1991 - May 1995
Medical School, Oklahoma State University College of Osteopathic Medicine, Tulsa, Oklahoma.

January 1987 - August 1991
Training Specialist III, Oklahoma Department of Mental Health, Public Information, Prevention, and Human Resource Development Division, Oklahoma City, Oklahoma.

August 1984 - December 1986
Human Resource Development Education Coordinator, Oklahoma Department of Mental Health, Public Information, Prevention, and Human Resource Development Division, Oklahoma City, Oklahoma.

December 1978 - June 1981
Graduate Advisor, Wallace School of Community Service and Public Affairs, University of Oregon, Eugene, Oregon.
Division Head-Community Services, E.S.C.A.P.E Field Studies Program, University of Oregon, Eugene, Oregon.

August 1973 - August 1975
Graphic Illustrator, Headquarters United States Army Europe, Office of the Deputy Chief of Staff Operations, Executive Division, Heidelberg, Germany.

January 1973 - August 1973
Clerk Typist, Headquarters United States Army Europe, Office of the Deputy Chief Staff Operations, Plans Division, Heidelberg, Germany.

HONORS & AWARDS
- Top Docs, Psychiatry Category, Texas Monthly Magazine, April 2016
- Texas Super Doctors®, Psychiatry Category, Texas Monthly Magazine, December 2015
- Top Docs, Psychiatry Category, Texas Monthly Magazine, April 2015
- Texas Super Doctors®, Psychiatry Category, Texas Monthly Magazine, December 2014
- Top Docs, Psychiatry Category, Texas Monthly Magazine, April 2014
- Texas Super Doctors®, Psychiatry Category, Texas Monthly Magazine, December 2013
- Top Docs, Psychiatry Category, Texas Monthly Magazine, April 2013
- Texas Super Doctors®, Psychiatry Category, Texas Monthly Magazine, December 2012
- Top Docs, Psychiatry Category, Texas Monthly Magazine, April 2012
- Texas Super Doctors®, Psychiatry Category, Texas Monthly Magazine, December 2011
- Top Docs, Psychiatry Category, Fort Worth Magazine, April 2011
- Texas Super Doctors®, Psychiatry Category, Texas Monthly Magazine, December 2010
- Texas Higher Education Star Award presented to JAMP, THE Coordinating Board, November 2010
- Top Docs, Psychiatry Category, Fort Worth Magazine, April 2010
- Texas Super Doctors®, Psychiatry Category, Texas Monthly Magazine, December 2009
- Top Docs, Psychiatry Category, Fort Worth Magazine, April 2009
- Texas Super Doctors®, Psychiatry Category, Texas Magazine, December 2008
- Top Docs, Psychiatry Category, Fort Worth Magazine, April 2008
- Texas Super Doctors®, Psychiatry Category, Texas Magazine, December 2007
- Tops Docs, Psychiatry Category, Fort Worth Magazine, April 2007
- Texas Super Doctors®, Psychiatry Category, Texas Magazine, December 2006
- American Psychiatric Association Fellow, December 2006
- Tops Docs, Psychiatry Category, Fort Worth Magazine, April 2005
- Mentor of the Year, Department of Psychiatry, Psychiatric Residents, John Peter Smith Hospital, June 2004
- Certificate of Appreciation, Texas Medication Algorithm Project, April 1999
- Recipient of the Psychiatric Resident of the Year Award presented by Pfizer U.S., May 13, 1999
- Eli Lilly U.S. Psychiatric Congress Fellow, November 13, 1997
- Recipient of The Psychiatry and Behavioral Sciences Department Award, Oklahoma State University College of Osteopathic Medicine, May 19, 1995
- Dean’s Award for Academic Excellence, Oklahoma State University, College of Osteopathic Medicine, December 1993
- Class of 1995 Student Appreciation Award, Oklahoma State University College of Osteopathic Medicine, December 1991
- Alpha Eta Alpha Chapter of the Phi Theta Kappa Honor Society at Rose State College, Midwest City, Oklahoma
TEACHING EXPERIENCE

1. **UNTHSC-FW - Behavioral Science Content Coordinator 2002 - Present**
   A. **Lectures or courses - Medical**
      - University of North Texas Health Science Center, Texas College of Osteopathic Medicine, Second Year Medical Students, Behavioral Science Instructor. Academic Years 2002 – Present
      - University of North Texas Health Science Center, Texas College of Osteopathic Medicine, Third Year Medical Students, Psychiatry Rotations (Monthly Rotation Schedule)
   B. **Lectures or courses -- Physician Assistant**
      - University of North Texas Health Science Center, Texas College of Osteopathic Medicine, Second Year PA Students, Behavioral Health Course Instructor. Academic Years 2003 – 2005, 2013, 2014
   C. **Professional Presentations**
      - John Peter Smith Health Network Overview, MSII Orientation, July 2011
      - Realities of Medical School, MSII Orientation, July 2010
      - Difficult Patients “Ethical and Legal Considerations”, JPS Psychiatry Grand Rounds, December 2006
      - Realities of Being Married in Medical School, MSII Orientation, July 2005
      - Antidepressants and Female Sexual Dysfunction, JPS Psychiatry Grand Rounds, February 2002
   D. **Supervision**
      - **Student Rotations -- Medical and/or PA**
        2. Elizabeth Rourke, DO Student, (2011-2012) HOME Project
        4. Madeline Terillion, DO Student, (2010-2011) HOME Project
        5. Campbell Garland, DO Student, (2010-2011) HOME Project
      - **Graduate Students -- Major Professor and/or Committee Member**
        1. Doug Segars, MPH/DO Student, Committee Member (2006-2007)

2. **Texas Tech University Health Sciences Center - Lubbock**
   A. **Lectures or Courses -- Medical**
      - Texas Tech University Health Sciences Center First Year Medical Students. Introduction to Neuropsychiatric Disorders - (3hrs) 1999-2000, 2000-2001
      - Texas Tech University Health Sciences Center Sophomore interview Course. Academic
3. **Psychiatry Residency Training**

**A. John Peter Smith Hospital, Psychiatric Residency Program**
- John Peter Smith Hospital, Psychiatry Residency Program ACGME Residency Review Committee Site visit, August 2002
- John Peter Smith Hospital, Tarrant County Hospital District, Department of Psychiatry Residency Training, Intro to Addictive Psychiatry, Working with the Aggressive Patient, Introduction to Psychotherapy, 1 hour each didactic week, Depressive Disorders, Psychotic Disorders, ECT Training, Spring 2002 – Present
- John Peter Smith Hospital, Psychiatry Residency Program Resident Supervision and Clinical Preceptor 4 Residents, 2002-Present
- John Peter Smith Hospital, Psychiatry Residency Program Resident Didactic and Education Schedule, 2002 – present
- John Peter Smith Hospital, Psychiatry Residency Program Implemented Formal Mock Oral Program, May 2002 – Present
- John Peter Smith Hospital, Psychiatry Residency Program Evaluation Criteria Development, Resident Evaluations by faculty; Resident Evaluations of faculty, Resident Evaluations of Rotations January; Global 360 degree evaluation of Residents January 2002
- John Peter Smith Hospital, Psychiatry Residency Program Revised Resident Goals and Objectives, January 2002 – present

**B. Texas Tech University Health Sciences Center, Residency Training Program**
- Texas Tech University Health Sciences Center Psychiatry Residency Program ACGME Residency Review Committee Site visit, October 2001
- Texas Tech University Health Sciences Center Resident Supervision and Clinical Preceptor; 5 Residents 2000-2001; 4 Residents 1999-2000
- Designed and Implemented Formal Mock Oral Program, May 2000
- Mock Oral for Psychiatry Residents 2000 – 2001
- Revised Resident Goals and Objectives 1999 – 2001
- Neuropsychiatric Focused Didactic Schedule 1999 – 2001
- Preceptor for Masters Nursing Student, July 2000 - December 2000

**C. Resident Program Policy Development**
- Preceptor Program Policy
- Call Responsibility Policy
- Vacation Policy
- Moonlighting Policy
- Revised Resident Rotation Goals and Objectives
• Member of the Internal Medicine Internal Review Committee
• Developed the 2000 Neuropsychiatry Internal Review Report
• Developed the Program Information Form for the 2001 Review of TTUHSC, Department of Neuropsychiatry, Psychiatric Residency Program

SERVICE

1. UNTHSC Committee Memberships
• UNTHSC Institutes, Executive Committee, August 2015-Present
• TCOM Executive Committee formerly TCOM Chairs Committee, UNTHSC, August 2003-Present
• TCOM Academy of Medical Educators, August 2010-Present
• Chair, Budget and Finance Committee, UNThealth, September 2008-2012
• Director, Joint Admission Medical Program (JAMP), UNTHSC, TCOM, May 2003-Present
• TCOM Admissions Committee, UNTHSC, August 2002-Present
• Board of Directors, UNThealth, October 2005-Present
• Leadership Development Institute, UNTHSC, November 2008-Present
• President's Council for Strategic Clinical Affairs, UNTHSC, August 2006-2012
• Resource Optimization Committee, UNTHSC, September 2005-Present
• Executive Team, UNTHSC, November 2008-August 2009
• Vice President, UNThealth, November 2008-2009
• Council of Deans, UNTHSC, November 2008-2009

2. Professional Service -- Local, State, National, and International
• Chair Acclaim President Search Committee, Fort Worth Texas, January 2016
• Board of Directors, JAMP, State of Texas, August 2012-Present
• Chair, Board of Directors, JAMP, State of Texas, August 2009-August 2012
• Chairs Committee, John Peter Smith Hospital Network, August 2003-Present
• Board of Directors, JAMP, State of Texas, May 2003-Present
• Medical Practice Committee, John Peter Smith Hospital Network, August 2003-Present
• Medical Executive Committee, John Peter Smith Hospital Network, August 2003-Present
• FREW Advisory Council, November 2008-April 2011
• Mental Health Association of Tarrant County, Board Member 2003-2010
• Vice Chair, Board of Directors, JAMP, State of Texas, August 2007-August 2009
• Mental Health Connections, 2005-2009
• Peer Review Committee, North Texas Affiliated Medical Group, August 2003-October 2005
• Chairs Committee, North Texas Affiliated Medical Group, August 2003-October 2005
• Medical Education Committee, Member, John Peter Smith Hospital Network, January 2002-Present
• Graduate Medical Education Task Force, Liaison Committee on Medical Education (LCME), Texas Tech University Health Sciences Center, October 1999-December 2001
• GME Committee, Texas Tech University Health Sciences Center, July 1999-December 2001
• Physician Rehabilitation Committee, Texas Medical Association, September 1997-July 2000
• President, Medical Staff at Sunrise Canyon Hospital, September 2000-February 2001
• Sunrise Canyon Risk Management Committee, July 1998-February 2001
• Texas Medication Algorithm, Schizophrenic Research Project, December 1997-June 2000
• Residency Training Committee, Oregon Health Sciences Center, School of Medicine, Department of Psychiatry, August 1995-June 1996
• Curriculum and Revision Task Force, Oklahoma State University, College of Osteopathic Medicine (COM), July 1992-June 1993
• Class President, Class of 1995, Oklahoma State University, COM, July 1992-June 1993
• Student Senate, Undergraduate American Academy of Osteopathy, July 1992-June 1993
• President, Student's Osteopathic Surgery Association, Oklahoma State University, COM, December 1992-June 1993
• Administrator, Wilkinson Trust for the Oklahoma Department of Mental Health and Substance Abuse Services, June 1990-August 1991
• Trainer of the Trainers, Oklahoma AIDS Research and Education, September 1988-August 1991
• Arbitrator, Oklahoma City Branch of the Better Business Bureau, October 1987-December 1990
• Vice President, Alpha Eta Alpha Chapter of the Phi Theta Kappa Honor Society at Rose State College, Midwest City, Oklahoma, July 1985-June 1986

SCOLARLY ACTIVITY

1. Research Support

Claassen (PI) 2008-2010
Timberlawn Psychiatric Research Foundation
When do Family Relationships Fail to Protect against Self-Harm during Suicidal Crisis?
Role: Site PI

Cruser (PI) 2007-2009
Analysis of Emergency and Inpatient Psychiatric Services Utilization within the JPS Health Network
Role: Co-Investigator

Podawiltz (PI) 2012-2013
Texas Medical Research Collaborative
Treatment Alternatives for Depression: Determining the Prevalence of TRD (Treatment Resistant Depression) in a Sample Population.
Role: Site PI

Cruser (PI) 2006-2010
The Role of Residual Effects of Trauma in Serious Mental Illness
Role: Co-Investigator

Jones (PI) 2006-2010
UNTHSC Psychiatry and Behavioral Health Department Animal Behavior under Chronic Stress Conditions
Role: Co-Principal Investigator

Lykens (PI) 2007-2010
Individual Factors of an Incarceration History Contributing to Frequent Psychiatric Emergency Service Utilization
Role: Co-Principal Investigator

Podawiltz (PI) 2007-2009
UNTHSC Obstetrics and Gynecology Department
Depressive Symptoms and Correlates among Perinatal Women
Role: Co-Principal Investigator

Podawiltz (PI) 2007-2009
Pfizer; A Six Week Double Blind Multicenter Placebo Controlled Study Evaluating the Efficacy and Safety of Flexible Doses of Oral Ziprasidone as add-on, adjunctive therapy with Lithium, Valproate or Lamotrigine in Bipolar 1 depression

Prater (PI) 2007-2010
UNTHSC Psychiatry and Behavioral Health Department
Depressive Symptoms and Correlates among Perinatal Women
Role: Co-Principal Investigator

Lykens (PI) 2007-2010
UNTHSC Obstetrics and Gynecology Department
Depressive Symptoms and Correlates among Perinatal Women
Role: Co-Principal Investigator

Podawiltz (PI) 2007-2009
Pfizer; A Six Week Double Blind Multicenter Placebo Controlled Study Evaluating the Efficacy and Safety of Flexible Doses of Oral Ziprasidone as add-on, adjunctive therapy with Lithium, Valproate or Lamotrigine in Bipolar 1 depression

Podawiltz (PI) 2007-2009
Pfizer; A Six Week Double Blind Multicenter Placebo Controlled Study Evaluating the Efficacy and Safety of Flexible Doses of Oral Ziprasidone as add-on, adjunctive therapy with Lithium, Valproate or Lamotrigine in Bipolar 1 depression
Role: Principal Investigator

Podawiltz (PI) 2006-2008
Factors Affecting Length of Stay at the JPS Trinity Springs Pavilion Psychiatric Inpatient Unit Role: Principal Investigator

Podawiltz (PI) 2001-2002
Texas Technical University Health Sciences Center
Determining Treatment Needs and Outcomes for Forensic Psychiatry Outpatients Role: Principal Investigator

Cruser (PI) 2001-2002
Hogg Foundation for Mental Health Services

Major goal of this study: Stress and Coping in Female Parolees with Mental Illness in Austin, TX Role: Co-Investigator

Podawiltz (PI) 2001-2002
The 5HT7 Receptor: Site of Action of Antidepressant Drugs

Podawiltz (PI) 2001-2002
Religion and Depression and their relationship to Suicide

Podawiltz (PI) 2001-2002
Factors Associated with Missed First Appointments to a Psychiatric Clinic

FID-MC-HGGU Weddige (PI) 1999-2001
Olanzapine versus Risperidone and Placebo in the Treatment of Psychosis and Associated Behavioral, Disturbances in Patients with Dementia
Role: Investigator

Rush, John (PI) 1997-1999
Texas Medical Algorithm Project (TMAP) Phase III, Schizophrenia Arm Role: Site Co-Investigator

Podawiltz (PI) 1999
Gabapentin: It’s Role in Treating Mood and Anxiety States in Persons Addictive Diseases

Podawiltz (Co-PI) 2007
UNTHSC Health Disparities Grant – Intramural Award Program
Health Access Disparities for Low-Income, Minority Perinatal Women at Risk for Depression Role: Co-Principal Investigator

2. Invited Seminars
   A. Local and State
      1. Camp Neuro
      2. Train Your Brain
      4. Integrating Behavioral Health, DSRIP, Learning Conference, Dallas, Texas, June 2015
      5. Depression, Fort Worth Chapter of American Academy of Professional Coders, 5th Annual Cowtown Coding Conference, June 20, 2015
      8. Depression, Fine Line Guest Speaker, Fort Worth Museum of Sciences, Fort Worth,
Texas, Memorial Day May 25, 2015

9. American Board of Family Medicine Self-Assessment Module on Depression, Primary Care Summit, Fort Worth, May 1, 2015


11. Adult Attention Deficit Disorder, 32nd Annual Dr. Stanley Weiss Primary Care Update, South Padre Island, Texas, June 29, 2013

12. Suicide, TOMA/TxACOFP 6th Joint Annual Convention, Frisco, Texas, June 15, 2013


14. Update on Depression Diagnosis and Management in Primary Care, 27th Annual North Texas Family Medicine Update, UNTHSC, Fort Worth, Texas, April 19, 2013


16. Addiction Medicine and Trauma, JPS Trauma Surgery Grand Rounds, JPS, Fort Worth, Texas, October, 17, 2011


18. Interventions for Aggressive Behavior, (Grand Rounds-Via satellite feed), Presented to the Department of Internal Medicine, Texas Tech University Health Sciences Center, Lubbock, Amarillo, El Paso, Midland-Odessa, Texas, January 20, 2000.

B. National

1. Integrating Behavioral Health, VITAL 2015, America’s Essential Hospitals, San Diego, California, June 25, 2015


C. International


3. Publications
   A. Full-Length Papers
   4. A motor vehicle collision involving a veteran: a teaching case from the joining forces teaching curriculum for medical students, 2012, Maryland Medicine.


B. Chapters and Books
   3. Case Management Certification Program, Psychopharmacology Chapter, 30 pages, Oklahoma Department of Mental Health and Substance Abuse Services, Contributor, December 1990.
   5. The Law and Mental Health in Oklahoma, 240 pages, Oklahoma Department of Mental Health and Substance Abuse Services, Contributor, March 1988.
   6. Mental Health Worker I, 360 pages, Oklahoma Department of Mental Health and Substance Abuse Services, Editor, November 1987.

4. Poster Presentations

5. Presentations at Professional and/or Scientific Meetings

- Depression: A review for Primary Care, JPS Primary Care Meeting, October 12, 2015
- Prescribing and Tapering Benzodiazepines, JPS Community Medicine, Fort Worth, September 16, 2015
- Anxiety Disorders (an overview for Primary Care Providers), JPS Community Medicine, Fort Worth, Texas, February 20, 2014
- Depression: Appropriate Drugs for Great Results, JPS Community Medicine, Fort Worth, Texas, November 19, 2013
- Depression - Appropriate Drugs for Great Results, 32nd Annual Dr. Stanley Weiss Primary Care Update, South Padre Island, Texas, June 29, 2013
- Adult Attention Deficit Disorder, 32nd Annual Dr. Stanley Weiss Primary Care Update, South Padre Island, Texas, June 29, 2013
- Suicide, TOMA/TxACOFP 6th Joint Annual Convention, Frisco, Texas, June 15, 2013
- Update on Depression Diagnosis and Management in Primary Care, 27th Annual North Texas Family Medicine Update, UNTHSC, Fort Worth, Texas, April 19, 2013
- Diagnosing Bipolar Disorder: Signs and Symptoms (Psychlopedia Activity), Webinar Presentation, The Journal of Clinical Psychiatry, CME Institute, October 2011
- Diagnosing and Treating Bipolar Disorder (Psychlopedia Activity), Webinar Presentation, The Journal of Clinical Psychiatry, CME Institute, October 2011
- Psychosocial Aspects of Diabetes, Annual Dr. Stanley Weiss Conference, PACE, August 2011
- Bipolar Disorder: Lessons for Rural Physicians – Adjunctive Interventions for Maintaining Remission, PACE, August 2011
- When You Have to Be the Psychiatrist, Combat Related Mental Health Issues, Ask the Psychiatrists – Open Discussion on Psychiatric Issues in Primary Care, 28th Annual Dr. Stanley Weiss Practical Topics in Primary Care, Sheraton South Padre Island Beach Hotel, June 25, 2008.
- Depression in Women at Midlife and Beyond, American College of Osteopathic Family Physicians, Denver Fort Worth, Texas, March 15, 2008.
- Preventing Delirium in the Hospital, A. Podawiltz, 3rd Annual Hospital Medicine Update, Copper Mountain, Colorado, January 12, 2008.
- Psychiatric Emergencies in the Hospital, A. Podawiltz, 3rd Annual Hospital Medicine Update, Copper Mountain, Colorado, January 13, 2008.
• Depression in Women at Midlife and Beyond, Texas Society of the American College of Osteopathic Family Physicians, 50th Annual Clinical Seminar, Hilton Ft Worth, Fort Worth, Texas, July 28, 2007.
• Depression in Women at Midlife and Beyond, 27th Annual Dr. Stanley Weiss Practical Topics in Primary Care, Padre, Texas, June 28, 2007.
• Depression in Women at Midlife and Beyond, Arizona Biltmore, Phoenix, Arizona, June 1, 2007.
• Traumatic Life Experiences in Psychiatric Outpatients: Implications for Clinical Practice Wednesday, Grand Rounds, University of North Texas Health Science Center, May 16, 2007.
• Psychological Aspects of Diabetes, TOMA 51st Mid-Winter Conference Legislative Symposium, Dallas, Texas, February 9, 2007.
• 2nd Annual Hospital Medicine Update, Psychiatric Emergencies in the Hospital, Copper Mountain, Colorado, January 10, 2007.
• Serious mental illness and exposure to traumatic experiences. Cruser, D. A., Podawiltz, A. L., & Cipher, D. J.. Poster presented at the 14th annual University of North Texas Health Science Center Research Appreciation Day, Denton, TX, April, 2006.
• Interventions for Aggressive Behavior, (Grand Rounds), Podawiltz, Alan, L., D.O., Presented to the Department of Neuropsychiatry, Texas Tech University Health Sciences Center, Lubbock, Texas, January 18, 2000.
• Occurrence of Symptoms of Dissociative Disorders in Female County Jail Inmates (1995). Stone, MA, Podawiltz, AL, & Cruser, dA. Poster presentation at the American Academy of Forensic Sciences, Seattle, WA.

National:
American Osteopathic Association, 1991 - Present
American Medical Association, 1996 - Present
American Psychiatric Association, 1996 - Present

State:
Texas Medical Association

Local:
Tarrant County Medical Society
Tarrant Society of Psychiatric Physicians
OFFICES HELD

**November 2008-September 2009**
Tarrant County Medical Society, Board of Directors, Ex-Officio

**October 2003 – Present**
Physician Rehabilitation Committee, Member, Tarrant County Chapter, Texas Medical Association

**July 2005 - June 2006**
Tarrant County, Texas Society of Psychiatric Physicians. Vice President

**January 2004 - June 2005**
Tarrant County, Texas Society of Psychiatric Physicians. Communications Secretary
Appendix II
Faculty Evaluation of Trainee Performance

Formal evaluations of students’ participation and performance in the program will be collected from program faculty every three months utilizing the attached format. Of note, qualitative feedback from both faculty and interns will occur in an ongoing basis in a variety of other settings.
Pre-Doctoral Clinical Training Program
Feedback Session with Trainee and Faculty

Evaluation of __________________________ for __________________________
(Student name)   (Month, Year)

Site:______________________________ Rotation:_____________________________

1. What type of activities did the trainee engage in under your supervision?

1. Did the student successfully demonstrate the identified key competencies in this rotation? Give positive examples and feedback for improvement.

3. What are the trainee’s main strengths or skills?

4. What areas do you suggest for improvement or further training?

Trainee Comments:

We have reviewed and discussed the contents of this evaluation form.
Faculty Supervisor’s signature __________________________ Date:_________________
Students’ signature __________________________ Date:_________________
Faculty Evaluation – For Program Leadership Review

Using scale below, how would trainee’s overall performance on this rotation be best categorized?

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Marginal</th>
<th>Satisfactory</th>
<th>Very Good</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsibility/dependability</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Response to supervision</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Professional relationships and standards</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Work output and interest</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Maturity, confidence and assertiveness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>General overall performance</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

If student’s duties involve clinical work, please rate the following:

- Report writing, charting
  - 1 not acceptable
  - 2 minimally acceptable
  - 3 good – in line with expectations for level of training
  - 4 very good – somewhat exceeded typical performance for level of training
  - 5 outstanding far exceeded typical performance for level of training
Appendix III
2017 APA CODE OF ETHICS

It should be noted that the APA Code of Ethics will be discussed in clinical supervision, didactic presentation and in how they pertain and are integrated into clinical practice at JPS.
Ethical Principles of Psychologists and Code of Conduct

Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostian, therapist, supervisor, consultant, administrator, social interventionist and expert witness. This Ethics Code provides a common set of principles and standards upon which psychologists build their professional and scientific work.

This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees and colleagues; and to consult with others concerning ethical problems.

General Principles

This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

Principle A: Beneficence and Nonmaleficence

Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible
effect of their own physical and mental health on their ability to help those with whom they work.

**Principle B: Fidelity and Responsibility**
Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

**Principle C: Integrity**
Psychologists seek to promote accuracy, honesty and truthfulness in the science, teaching and practice of psychology. In these activities psychologists do not steal, cheat or engage in fraud, subterfuge or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

**Principle D: Justice**
Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence and the limitations of their expertise do not lead to or condone unjust practices.

**Principle E: Respect for People's Rights and Dignity**
Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language and socioeconomic status and consider these factors when working with members of such groups. Psychologists try
Section 1: Resolving Ethical Issues

1.01 Misuse of Psychologists’ Work
If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority
If psychologists’ ethical responsibilities conflict with law, regulations or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.03 Conflicts Between Ethics and Organizational Demands
If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.04 Informal Resolution of Ethical Violations
When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts between Ethics and Organizational Demands.)

1.05 Reporting Ethical Violations
If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose
professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

1.06 Cooperating with Ethics Committees
Psychologists cooperate in ethics investigations, proceedings and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

1.07 Improper Complaints
Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 Unfair Discrimination Against Complainants and Respondents
Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

Section 2: Competence

2.01 Boundaries of Competence
(a) Psychologists provide services, teach and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain in the training, experience, consultation or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

(c) Psychologists planning to provide services, teach or conduct research involving populations, areas, techniques or technologies new to them undertake relevant education, training, supervised experience, consultation or study.
(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients and others from harm.

(f) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

2.02 Providing Services in Emergencies
In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

2.03 Maintaining Competence
Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments
Psychologists' work is based upon established scientific and professional knowledge of the discipline. (See also Standards 2.01e, Boundaries of Competence, and 10.01b, Informed Consent to Therapy.)

2.05 Delegation of Work to Others
Psychologists who delegate work to employees, supervisees or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Emergencies; 3.05, Multiple Relationships; 4.01, Maintaining Confidentiality; 9.01, Bases
2.06 Personal Problems and Conflicts
(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance and determine whether they should limit, suspend or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy.)

Section 3: Human Relations

3.01 Unfair Discrimination
In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status or any basis proscribed by law.

3.02 Sexual Harassment
Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist’s activities or roles as a psychologist and that either (1) is unwelcome, is offensive or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

3.03 Other Harassment
Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons’ age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language or socioeconomic status.

3.04 Avoiding Harm
(a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.
(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04(a).

### 3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

### 3.06 Conflict of Interest

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

### 3.07 Third-Party Requests for Services

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g.,
therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple relationships, and 4.02, Discussing the Limits of Confidentiality.)

3.08 Exploitative Relationships
Psychologists do not exploit persons over whom they have supervisory, evaluative or other authority such as clients/patients, students, supervisees, research participants and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter with Clients/Patients; 7.07, Sexual Relationships with Students and Supervisees; 10.05, Sexual Intimacies with Current Therapy Clients/Patients; 10.06, Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy with Former Sexual Partners; and 10.08, Sexual Intimacies with Former Therapy Clients/Patients.)

3.09 Cooperation with Other Professionals
When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)

3.10 Informed Consent
(a) When psychologists conduct research or provide assessment, therapy, counseling or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual’s assent, (3) consider such persons’ preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual’s rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.
(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

3.11 Psychological Services Delivered to or Through Organizations
(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 Interruption of Psychological Services
Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation or retirement or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

Section 4: Privacy and Confidentiality

4.01 Maintaining Confidentiality
Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others.)

4.02 Discussing the Limits of Confidentiality
(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)
(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

**4.03 Recording**
Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing with Informed Consent for Research; and 8.07, Deception in Research.)

**4.04 Minimizing Intrusions on Privacy**
(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

**4.05 Disclosures**
(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient or another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

**4.06 Consultations**
When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)
4.07 Use of Confidential Information for Didactic or Other Purposes
Psychologists do not disclose in their writings, lectures or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

Section 5: Advertising and Other Public Statements

5.01 Avoidance of False or Deceptive Statements
(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations and published materials. Psychologists do not knowingly make public statements that are false, deceptive or fraudulent concerning their research, practice or other work activities or those of persons or organizations with which they are affiliated.

(b) Psychologists do not make false, deceptive or fraudulent statements concerning (1) their training, experience or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others
(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists' Work.)

(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.
5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs
To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures or advertisements describing workshops, seminars or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters and the fees involved.

5.04 Media Presentations
When psychologists provide public advice or comment via print, Internet or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

5.05 Testimonials
Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 In-Person Solicitation
Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

Section 6: Record Keeping and Fees

6.01 Documentation of Professional and Scientific Work and Maintenance of Records
Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work
(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring and disposing of records under their control, whether these are written, automated or in any other
medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

6.03 Withholding Records for Nonpayment
Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

6.04 Fees and Financial Arrangements
(a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

(b) Psychologists' fee practices are consistent with law.

(c) Psychologists do not misrepresent their fees.

(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)

(e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

6.05 Barter with Clients/Patients
Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)
6.06 Accuracy in Reports to Payors and Funding Sources
In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges or payments, and where applicable, the identity of the provider, the findings and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)

6.07 Referrals and Fees
When psychologists pay, receive payment from or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation with Other Professionals.)

Section 7: Education and Training

7.01 Design of Education and Training Programs
Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

7.02 Descriptions of Education and Training Programs
Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects or community service), training goals and objectives, stipends and benefits and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

7.03 Accuracy in Teaching
(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)

(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)
7.04 Student Disclosure of Personal Information
Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment and relationships with parents, peers and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy
(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)

(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

7.06 Assessing Student and Supervisee Performance
(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships with Students and Supervisees
Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

Section 8: Research and Publication

8.01 Institutional Approval
When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.
8.02 Informed Consent to Research
(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expected duration and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing with Informed Consent for Research; and 8.07, Deception in Research.)

(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)

8.03 Informed Consent for Recording Voices and Images in Research
Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

8.04 Client/Patient, Student, and Subordinate Research Participants
(a) When psychologists conduct research with clients/patients, students or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing with Informed Consent for Research
Psychologists may dispense with informed consent only (1) where research would not reasonably
be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

8.06 Offering Inducements for Research Participation
(a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

(b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations and limitations. (See also Standard 6.05, Barter with Clients/Patients.)

8.07 Deception in Research
(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational or applied value and that effective nondeceptive alternative procedures are not feasible.

(b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

8.08 Debriefing
(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.
(c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Humane Care and Use of Animals in Research
(a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state and local laws and regulations, and with professional standards.

(b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health and humane treatment.

(c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others.)

(d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness and pain of animal subjects.

(e) Psychologists use a procedure subjecting animals to pain, stress or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational or applied value.

(f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

(g) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results
(a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)

(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum or other appropriate publication means.

8.11 Plagiarism
Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.
8.12 Publication Credit
(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student’s doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

8.13 Duplicate Publication of Data
Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification
(a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

(b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

8.15 Reviewers
Psychologists who review material submitted for presentation, publication, grant or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.
Section 9: Assessment

9.01 Bases for Assessments
(a) Psychologists base the opinions contained in their recommendations, reports and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

(b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 Use of Assessments
(a) Psychologists administer, adapt, score, interpret or use assessment techniques, interviews, tests or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent in Assessments
(a) Psychologists obtain informed consent for assessments, evaluations or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of
the assessment, fees, involvement of third parties and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.06, Interpreting Assessment Results; and 9.07, Assessment by Unqualified Persons.)

9.04 Release of Test Data
(a) The term test data refers to raw and scaled scores, client/patient responses to test questions or stimuli and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of test data. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, Maintaining Test Security.)

(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

9.05 Test Construction
Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias and recommendations for use.

9.06 Interpreting Assessment Results
When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities and other characteristics of the person being assessed, such as situational, personal, linguistic and cultural differences, that might affect psychologists' judgments or reduce the accuracy of
their interpretations. They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)

9.07 Assessment by Unqualified Persons
Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others.)

9.08 Obsolete Tests and Outdated Test Results
(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services
(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability and applications of the procedures and any special qualifications applicable to their use.

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)

(c) Psychologists retain responsibility for the appropriate application, interpretation and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results
Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

9.11 Maintaining Test Security
The term test materials refers to manuals, instruments, protocols and test questions or stimuli and does not include test data as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment
techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.

**Section 10: Therapy**

**10.01 Informed Consent to Therapy**

(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)

(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)

(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

**10.02 Therapy Involving Couples or Families**

(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist’s role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

**10.03 Group Therapy**

When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.
10.04 Providing Therapy to Those Served by Others
In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

10.05 Sexual Intimacies with Current Therapy Clients/Patients
Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients
Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy with Former Sexual Partners
Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies with Former Therapy Clients/Patients
(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)

10.09 Interruption of Therapy
When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration
given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services.)

**10.10 Terminating Therapy**

(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

The American Psychological Association’s Council of Representatives adopted this version of the APA Ethics Code during its meeting on Aug. 21, 2002. The Code became effective on June 1, 2003. The Council of Representatives amended this version of the Ethics Code on Feb. 20, 2010, effective June 1, 2010, and on Aug. 3, 2016, effective Jan. 1, 2017. Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First St. NE, Washington, DC 20002-4242. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code as follows:


Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First St. NE, Washington, DC 20002-4242, or phone (202) 336-5510.
Appendix IV
INTERN SAMPLE SCHEDULE

This is a sample schedule and the actual Pre-Doctoral Interns’ schedule may be different than the one below.

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
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<tbody>
<tr>
<td>7:00-8:00 AM AM</td>
<td>Level I Trauma ROUNDS</td>
<td>Level I Trauma ROUNDS</td>
<td>Level I Trauma ROUNDS</td>
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<td>Level I Trauma ROUNDS</td>
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<td>Level I Trauma INPT/OUTPT PSYCH</td>
<td>Level I Trauma INPT/OUTPT PSYCH</td>
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<td>Level I Trauma INPT/OUTPT PSYCH</td>
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<tr>
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<td>Level I Trauma INPT/OUTPT PSYCH</td>
</tr>
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<td>PSYCH DIDACTICS Working Lunch</td>
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<td>LUNCH</td>
<td>GRAND ROUNDS</td>
</tr>
<tr>
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<td>OUTPT THERAPY</td>
<td>INPT/OUTPT PSYCH</td>
<td>CLINICAL SUPERVISION</td>
<td>RESEARCH</td>
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<tr>
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<td>OUTPT THERAPY</td>
<td>INPT/OUTPT PSYCH</td>
<td>INPT/OUTPT PSYCH</td>
<td>RESEARCH</td>
</tr>
<tr>
<td>4:00-5:00 PM PM</td>
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<td>OUTPT THERAPY</td>
<td>INPT/OUTPT PSYCH</td>
<td>INPT/OUTPT PSYCH</td>
<td>RESEARCH</td>
</tr>
</tbody>
</table>
Appendix V:
GRIEVANCES
RIGHTS AND RESPONSIBILITIES

Internship programs have documented due process procedures that describe separately how programs deal with (1) concerns about intern performance, and (2) interns' concerns about training. These procedures include the steps of notice, hearing, and appeal, and are given to the interns at the beginning of the training period.

Clarification: Due process procedures describe how an agency deals with intern deficiencies and how the interns handle grievances with the training program. The documentation would include:

a. Description of formal evaluation and complaint procedures.
b. The program's and intern's responsibilities and rights in the process.
c. The appeal process.
d. Description of procedures if interns have grievances about their training or supervision.

Programs need two written policies: (1) Due Process and (2) Grievance Process. The procedures must be specific to the internship training program; reliance on a more general HR policy is insufficient. Both procedures should be provided to interns at the commencement of training. Due Process is a written procedure that comes into use when an intern's behavior is problematic. (The use of the term "impaired" is discouraged because if one identifies an intern by that term, legal issues having to do with the Americans with Disabilities Act [ADA] could be invoked.) Due process must include three elements: Notice (i.e. the intern must be notified that problematic behavior has been identified and that the internship is addressing the problem); Hearing (i.e. the program must have a formal process by which the identified problematic intern has an opportunity to hear concerns and to respond to the concerns); and Appeal (i.e. the intern must have an opportunity to appeal the actions taken by the program in regards to the identified problematic behavior. The appeal should extend at least one step beyond the Training Director). Grievance Procedure is a process that is invoked when an intern has a complaint against the training program. The procedure should include specific steps an intern takes in the complaint process and be broad enough to cover any and all complaints that may arise for interns (e.g. complaints about evaluations, supervision, stipends/salary, harassment, etc.). The APPIC Board has provided some additional "elements of due process and grievance" that is available for your review by downloading this PDF file.


DUE PROCESS

I. PERFORMANCE EVALUATIONS

A. Satisfactory progression in professional development requires that interns be provided timely and productive evaluation and feedback.

1. The Program Director, with participation of members of the teaching staff, will evaluate the knowledge, skills and professional growth of the interns every three months. The written evaluation is to describe the strengths and areas for improvement related to the intern's performance, as well as objectives for future
2. Interns will be notified of any deficiencies at the earliest possible date, and plans for improvement is to be noted, implemented and monitored.

3. Evaluation forms for all interns will be collected and stored by the Program Administrator for each rotation.

4. The evaluation process, and any action taken, regarding an intern's status in the program including, but not limited to, probation, suspension and termination is performed by the Education Policy Committee.

5. The Program Director will provide evaluation data to the interns' sponsoring institution, as appropriate.

II. ADVERSE ACTIONS

INFORMAL – at Department Level:

If an intern's conduct, performance and/or progress in the program is not satisfactory, according to evaluation data, and as deemed by the Education Policy Committee, actions of an adverse or disciplinary nature may be taken. Those actions may include a performance improvement plans (PIP), probation, suspension and dismissal. Interns will be notified by the Training Program Director in an on-on-one meeting during which the exact nature of the performance issue is discussed including the unmet expectations. The Training Program Director will provide objectives for improvement and a timeline of one week to one month whereby the Training Program Director will meet weekly with the intern to review progress.

PERFORMANCE IMPROVEMENT PLAN:

If satisfactory progress is not reached, the Training Program Director will address the issue with the Education Policy Committee and a formal Performance Improvement Plan will be developed with exact goals and objectives and timelines in which those goals must be met in order to complete the PIP. The Performance Improvement Plan is a focused strategy of intervention and is written in terms of learning/performance objectives with reasonable deadlines.

Components of the performance improvement plan may include the following:

Interns may be required to seek counseling and/or psychological support.

Require the Intern to seek assistance of an committee, or similar committee.

Required to spend additional time at their present level in the JPS program.

Required to take leave of absence without pay.

The PIP process involves Human Resources and the intern's sponsoring institution will receive a copy of the PIP. The Training Program Director, or his designee, will meet with the student weekly to evaluate progress toward meeting the remediation goals. Feedback will be provided to the Education Policy Committee, HR, and the sponsoring institution on an ongoing basis until either the intern has successfully completed the PIP, or alternative adverse action is recommended by the EPC.
PROBATION:

If probation is recommended by the EPC, the intern will be notified in writing of the terms of the probation including length of probation, remediation goals, timeframes for re-evaluation, and how to successfully complete probation. The sponsoring institution will be made aware of any probationary terms.

TERMINATION:

If terms of a probation are not satisfactorily met, termination may be recommended by the Education Policy Committee. Interns may receive partial program credit for work satisfactorily completed. Unsatisfactory academic performance or unsatisfactory professional conduct. Such action occurs upon recommendation of the Training Program Director and approval by the Education Policy Committee (EPC). Other indications for termination include, but are not limited to:

1. Performance that presents a serious compromise to acceptable standards of patient care or jeopardizes patient welfare;
2. Failure to progress satisfactorily in fund of knowledge, skill acquisition and/or professional development;
3. Unethical conduct;
4. Excessive tardiness and/or absenteeism;
5. Illegal conduct;
6. Unprofessional conduct;
7. Job abandonment.

Any actions at this level must involve the sponsoring institution.

Actionable, adverse events include, but are not limited to:

A. **Clinical and Professional Performance:**
Patient care is the primary concern in reviewing any issues related to professional competence and conduct. The intern’s level of skill and accountability is also taken into consideration. Unmet expectations relating to professional performance include, but are not limited to:

1. Commission of an unlawful act;
2. Endangerment of a patient, peer, faculty, or staff member;
3. Violation of institutional or departmental codes of conduct; and
4. Time and Attendance Deficiencies
5. Breach of professional ethics or conduct.

B. **Academic Performance:**
Expectations for academic performance are considered unmet if an intern demonstrates deficiencies in academic or clinical performance. The level of accountability and skill required are taken into consideration. Unmet expectations include, but are not limited to, deficiencies in:

1. Technical skills required to complete each rotation
2. The knowledge base required to demonstrate competence per rotation
3. The application of skills and knowledge in practice settings
4. The knowledge and application of communication skills required for patient care and interpersonal relationships with patients, faculty, and care teams
5. Ability to receive coaching and utilization of fund of knowledge in supervision
FORMAL GRIEVANCE PROCEDURE

Students are encouraged, but not required, to first attempt to resolve grievances with the faculty or staff member(s) most directly concerned. If a student attempts informal conciliation, he/she must initiate this process within one month of the incident by requesting one of the following persons to conciliate the grievance: Training Program Director or the Program Administrator.

If discussion with the faculty or staff member(s) concerned, facilitated by the director or program administrator, does not resolve the grievance, the student may request the Department Chair’s assistance in an informal resolution. Once written grievances are received, the EPC will meet with the student to determine next steps which may include initiation of a hearing process.

As Interns are employees of Acclaim Physicians Group, the training program will utilize the JPS/Acclaim HR Policy #1701 Resolution Policy and Procedures:

**TITLE:** Resolution Procedures

**Definitions**

1. **Non-Leadership Employee**
   Non-leaders are employees who are not in a position responsible for:
   - Independently managing and evaluating an employee; and
   - Controlling and managing a department budget.

2. **Resolution Panelist**
   A panelist is an employee nominated by leadership or volunteering to serve on the resolution panel. In order to be a resolution panelist, the employee must have completed resolution panel education. To be a panelist, the employee may not:
   - Be involved directly or indirectly in the complaint;
   - Be an employee in the unit or department involved in the complaint;
   - Have a personal interest in the outcome of the complaint;
   - Be a member of the immediate family of anyone directly involved in the complaint (employee or leader);
   - Have a close relationship with anyone directly involved in the complaint (employee or leader); or
   - Have a written counseling within 18 months of the panel selection.

**General Guidelines**

Employees are encouraged to first attempt to solve disagreements with their direct unit or department leader. The resolution policy may be used by employees who believe that they have been treated unfairly in a policy situation and the issue cannot be solved directly through discussion with their leader.

Employees are encouraged to use this policy. No employee will be retaliated against, reprimanded, or harassed by anyone as a result of using this policy for assisting a fellow employee, or serving on the resolution panel.

The resolution policy is available and encouraged for use in counseling situations and end of employment relationships. Other employment issues are usually resolved better through discussions with leadership, and sometimes with the objective involvement of Human Resources. Employees are encouraged to come to Human Resources for help with any issue or to request information regarding the next steps in the process. If an employee has sought help from Human Resources about an issue and still views the situation as unfair, the resolution policy is available for that issue as well. The resolution policy is not available for use with any issue related to harassment or discrimination.
Employees are encouraged to contact the Human Resources Department for advice and assistance any
time during this process. Human Resources will be neutral, assisting both the employee and leader as
needed in the preparation of their positions in this process. Additionally, the employee may choose one
co-worker (leader, employee, or Human Resources representative) to assist in preparation and
presentation of his/her problem. No outside representation, additional co-workers, friends, or family
members are allowed in any stage of the resolution process. Additional co-workers may be asked to meet
with the panel and speak about the situation if they have direct knowledge.

It is in the best interest of JPS, the involved leader, and the employee to resolve a disagreement quickly.
Therefore, time limits to start the process and move through the process have been set at each level. If
the employee does not meet a deadline, this stops the resolution policy process. If JPS or the leader does
not meet the deadline, the process automatically moves to the next step. Deadlines may be extended
only by mutual agreement (scheduled time off, leaves of absence, and other such situations).

The resolution policy consists of three (3) steps. An employee issue may be resolved at any step. In end
of employment situations, the resolution procedure proceeds immediately to Step Three.

Step One – Employee & Unit or Department Leader with Human Resources Involvement

• An employee who has a complaint is to first discuss the matter with his/her unit or
department leader. The discussion is to include the nature of the problem and a
recommended solution. This is to be done within 10 (ten) calendar days of the event or notice
of the event. The employee may request Human Resources to be present.

• The unit or department leader is to respond to the complaint within five (5) calendar days of
receipt. The response is to be documented and kept in the employee’s file.

Step Two – Employee & Next Level Leadership with Human Resources Involvement

• If the complaint is not resolved to the employee’s satisfaction, or if step one is skipped, the
employee may continue the resolution policy. This is done by completing a Resolution Request
Form. It is to be turned into Human Resources within five (5) calendar days of the unit or
department leader’s response (or from the event or notice of the event if Step One is skipped).
Human Resources will inform the employee’s next level leader(s).

• The next level leader(s) has five (5) calendar days to set up a meeting to review and discuss the
employee’s concern. This is to take place through a face-to-face meeting or other contact as
appropriate for the situation. Human Resources may be in this meeting, and will definitely attend
at the employee’s request.

• The next level leader(s) is to respond in writing to the employee within five (5) calendar days of
meeting with the employee. This response is to be done with the assistance of Human
Resources.

Step Three – Top Leadership Review or Resolution Hearing

• If the complaint is not resolved to the employee’s satisfaction at step two, the employee may
continue the resolution process. At this step, the employee has the option of requesting either (a)
a review by senior leadership (vice president or above), or (b) a hearing in front of the resolution
panel. The employee is to complete a request and send it to Human Resources. This must be
done within five (5) calendar days of receiving the next level leader’s written response in step
two. The employee is to attach a copy of the written response from the next level leader to the
request.
**Senior Leadership Review** – A leader on the vice president level or above, within the employee’s chain of command, will review the complaint. Senior leadership, within the chain of command, will decide which leader will hear the review. A time will be set up to meet with the employee. The senior leader will provide the employee with his/her written answer, with the assistance of Human Resources, within five (5) calendar days after the meeting.

-OR-

**Resolution Panel** – A hearing will be held in front of the resolution panel. The panel is composed of five (5) members. The panel will meet to hear the employee’s presentation of the complaint and decide the complaint. The resolution panel shall consist of:

- Three JPS non-leadership employees from a list of resolution panelists. This is explained in the definitions part of the policy. Two are chosen by the employee filing the complaint. One is chosen by JPS.
- Two (2) members of the leadership team. One (1) is chosen by the employee filing the complaint. The other is chosen by JPS. Leaders within the chain of command of the employee filing the complaint are not eligible.
- The Human Resources representative shall serve as the facilitator and a non-voting member of the panel.
- The vice president (or higher leader in the chain of command) may attend the meeting as a non-voting member of the panel.
- The employee and leadership may request employee witnesses be available to come into the hearing. These witnesses may be questioned by the panel or asked to present their observations. At the end of presentations, the panel will review any documents and consider all discussion. The panel will make a recommendation using secret ballot vote. Decisions will be made by majority vote. Once the vote is announced, the panel may further discuss any actions that may need to happen.
- Decisions of the resolution panel may not be in conflict with or change any policy, rule, or regulation of JPS. Decisions are limited to whether a decision, counseling, or the end of employment was right in that it followed policy in this instance. Decisions of the panel are to be in writing. A leader of vice president level or above within the chain of command and Human Resources will review all panel findings and approve or modify. The panel will be notified within five (5) calendar days. The panel will communicate the final decision to the employee.
- All information reviewed by the resolution panel is considered confidential. Members of the panel will be held responsible for keeping that confidentiality. Breaches in confidentiality will be subject to employee counseling, administrative leave, future panel ineligibility, and/or the end of employment at JPS.

As mentioned earlier in the policy, it is in the best interest of JPS, the involved leader, and the employee to resolve a disagreement quickly. Therefore, time limits to start the process and move along in the process have been set at each level. If JPS or the leader does not meet a deadline, the policy automatically moves to the next step. Deadlines may be extended only by mutual agreement or for scheduled time off by the employee and/or leadership.

If an employee does not show up for the scheduled time for the hearing, it will be treated as a withdrawal of a hearing request. An employee may reschedule a hearing one time with at least 24 hours advance notice.
Leader Responsibilities

Employees are encouraged to try to resolve any complaint or disagreement with their direct unit or department leader. Leaders are to make every attempt to resolve an informal complaint within 48 working hours.

Leaders are to encourage the use of the resolution policy. This is to be done during all counseling and end of employment meetings. This is to be done regardless of the leader’s impression of how the employee is receiving the counseling (agreeable or not).

As mentioned earlier in the policy, it is in the best interest of JPS, the involved leader, and the employee to resolve a disagreement quickly. Therefore, time limits to start the process and move along in the process have been set at each level. If JPS or the leader does not meet a deadline, the policy automatically moves to the next step. Deadlines may be extended only by mutual agreement or for scheduled time off by the employee and/or leadership.

Please note that it is necessary to have the involvement of Human Resources in the response to the employee at all levels.

A Human Resources representative is responsible for contacting all members of the resolution panel, if used, to arrange meeting times and places.
Appendix VI:  
Attendance Policy

ACCLAIM/JPS  
Department of Psychiatry and Behavioral Health  
Clinical Psychology Pre-Doctoral Intern  
Attendance Policy

Interns in the program will abide by Acclaim/JPS Human Resources Policies (access to Policy portal provided to interns during orientation).

Because of the responsibility for patient care as well as the expectations of clinical assignments, 100% attendance at all Activities is required unless otherwise approved by the Training Program Director.

**TITLE:** Attendance and Punctuality Policy – HR#3601  
**DEFINITIONS:**

**Event of Absence**  
An event of absence is when an employee does not report for a scheduled work shift. An event of absence is a continuous period of absence. For example: An employee who is out three consecutive days will have one event of absence. An employee who is out one day, returns for one day, and is out the following day will have two events of absence.

If an employee does not complete 75% of a scheduled work shift it is considered an absence.

If an employee misses work for the following, it is not considered an event of absence: Paid time off (PTO) approved in advance, bereavement leave, work-related injuries or illness, jury duty, attendance at approved meetings, low census time, disability under the ADA (Americans with Disability Act), and approved leaves of absence including the Family Medical Leave Act (FMLA). Infectious diseases are counted as an event of absence (unless FMLA or ADA qualified).

**Pattern of Absence**

A pattern of absence is a series of three (3) or more absences in a noticeable pattern. Examples of a pattern of absence include, without limitation, any one or combination of the following:

- Absences happening right before and/or after scheduled days off.
- Absences on weekends or holidays.
- Absences the day after pay day.
• Coming in to work late and/or and leaving prior to the end of the shift.
• Repeated written or final counseling’s. For example, earning an additional event of absence around the same time another event of absence has dropped off.
• Combinations of events, including tardiness, that show an undesirable overall attendance. For example, after a written counseling for absence the employee begins to leave early.

If an employee does not report to work and does not notify the unit or department leader of his/her absence, it is considered “absent without notice”. Each work shift in which this occurs is counted as a separate absence without notice. Each absence without notice is an absence event and is also separately subject to employee counseling, up to and including the end of employment.

**Tardiness**

Tardiness is when an employee is not in the work area/ready to begin work at the starting time of the work shift or when reporting back to work from a meal period or work break. Each event of tardiness is counted separately, even if multiple events happen on the same day.

**Leave Early**

When an employee leaves work before the end of the scheduled shift it is considered a leave early. If an employee does not complete at least 75% of the scheduled work day it is considered an absence.

**GENERAL GUIDELINES:**

► Reliable attendance and timeliness is important and expected of all employees. Employees are expected to be at work when scheduled. Employees who miss work too much (events of absence), are late to work, or show patterns of absence may receive counseling, up to and including the end of employment at JPS.

► The monitoring of absences and tardiness is not a statement by JPS or leadership that any employee was not truly ill or that time off was not necessary. The goal is to focus the absence or tardiness, not the reason for it. In order to keep a fair and reasonable work environment, it is necessary that the attendance and punctuality policy be applied equally to all employees.

► Attendance and tardiness are generally looked at on a rolling yearly basis (26 pay periods). Events older than one year will not be considered in any new counseling action, unless they indicate a pattern of absences. If no events have happened in the year after the last counseling, all absence and tardiness
counseling is cleared and the employee has a fresh start, unless they indicate a pattern of absences.

- If an employee does not report to work and does not tell the unit or department leader in advance of their absence, it is considered “absent without notice”. This will apply except in the rare case where an employee could not have given notice (emergencies where the employee is incapacitated or otherwise unable to give notice). While JPS, in its sole discretion, has the right to take any action, up to and including the end of employment, for any absence without notice, the following are general guidelines:

  - One absence without notice results in an employee receiving a written counseling.

  - Two absences without notice results in the end of the employment relationship between JPS and the employee.

  - Employee counseling for attendance/tardiness violations are generally separate from progressive counseling for other policy violations; however, at leadership’s discretion, multiple written attendance and/or tardiness counseling may be considered in combination with other policy violations in order to advance an employee to the next developmental counseling step, up to and including, the end of employment.

  - New employees (those who have been with JPS for 90 days or less) who are determined to have an attendance and/or tardiness problem may not be retained after the orientation period. An attendance and/or tardiness problem will be solely defined and determined by Human Resources and the unit or department leader jointly.

  - JPS considers the totality of the circumstances in making decisions for counseling. JPS may advance and/or skip any steps in the progression based on its sole discretion.

  - An employee who misses work for more than 15 cumulative/consecutive calendar days that is not covered by paid time off (PTO), has not requested or been approved for a leave of absence, has not provided required information to complete the leave application, or is not on administrative leave of absence, may receive counseling, up to and including the end of employment. This is regardless of any step in the absence counseling process.

  - Any counseling for events of absence or patterns of absence will be consistent with the requirements of the ADA (American Disabilities Act) and/or Family Medical Leave Act (FMLA) where applicable.
Reliable attendance is important and expected of employees. If an employee must miss work it is important that the employee inform leadership in advance. Unplanned employee absence is a serious event. If an employee misses work, the employee is to contact his/her unit or department leader daily. Employees are to inform their unit or department leader of the date they will likely be returning to work.

Employees absent for an illness may need to provide a medical doctor’s statement. This may be at the request of Occupational Health, Human Resources, or the unit or department leader.

If an employee is going to be or is absent more than three (3) consecutive days due to a serious medical condition, the employee is to contact Human Resources.

Employees are expected to remain aware of their attendance and punctuality status and to address any concerns with their unit or department leader.

**Leader Responsibilities**

Leaders are to make sure that all employees in their work areas are educated and clearly understand guidelines for events of absence, late notice absences, patterns of absence, and tardiness.

If an employee has an absence without notice, the leader is to meet with the employee and give them a written counseling.

If an employee has two consecutive work days of “absent without notice”, the leader is to contact Human Resources immediately in order to end the employment relationship. A notice will be sent or given at the end of the shift/day of the second day of absence advising the employee that they have abandoned their job. This is considered a voluntary resignation.

Leaders are responsible for monitoring employee absence patterns. Leaders are to determine if there have been at least three (3) absences constituting a pattern, as necessary on the chart provided. If there is a pattern of absence and the employee is not currently on an FMLA, an intermittent FMLA leave, or due to a disability subject to the ADA, the leader is expected to start counseling with the employee. If there is an identified pattern and the employee is on an FMLA, intermittent FMLA leave, or a disability subject to the ADA, this is to be reported to Human Resources and the leader will be advised of any action to be taken.
Leaders are responsible for keeping timely, accurate and complete attendance records on all employees. Leaders are to counsel in a timely and progressive manner using this policy. The employee does not benefit from multiple counseling’s done at the same time.

If a new employee is absent for two weeks or longer during the orientation period, this normally results in the end of employment.

Leaders are encouraged to recommend the services of the Employee Assistance Program (EAP) to employees. EAP may be helpful to those employees experiencing a high number of absences or patterns of absence.

Leaders are encouraged to review employee counseling with their Human Resources representative to make sure counseling is equal across departments in facilities.

If an employee is going to be or is absent more than three (3) consecutive days due to a serious medical condition, the leader is to provide the employee with leave of absence information and make sure the employee contacts Human Resources. If a leave of absence is approved, the original employee absence is not counted as an event.

If an employee is absent due to a disability under the ADA, the leader is to make sure the employee contacts Human Resources to determine what, if any, accommodations are appropriate.

I have reviewed the Acclaim/JPS attendance/leave policy.

____________________________                        _______________________
Pre-Doctoral Intern                            Date

____________________________                        _______________________
Director of Psychology                 Date