



JPS Doctoral Internship in Health Services Psychology Training Manual 2025-2026



Generalist Clinical Psychology Internship Track

Match ID 246811

Integrated Primary Care Psychology Internship Track

Match ID 246812



Acknowledgment Page

Instructions: After you have read the below documents, please detach this page, fill it out, and return to the Training Director.

I certify that I have received and read this Doctoral Internship in Health Psychology Training Manual. I have had all my questions answered related to the content of this manual, and I understand the philosophy, aims, and expected competencies of the training program. Further, I understand the information contained in this manual regarding mandatory JPS policies and I agree to abide by the policies, protocols, and terms described herein.

As discussed in this manual, I understand that JPS will share information about my professional development with my home university graduate program over the course of my internship year and that JPS will request information on my graduation date, licensure status and future professional positions periodically after my internship training year is successfully completed.

I also acknowledge that I have been furnished with, read, and understand, the [APA Ethical Principles of Psychologists and Code of Conduct](#), the [Guidelines for Interns](#), and the [JPS Internship's Student Handbook](#).

Finally, I agree to maintain professional courtesy and decorum as a member of the JPS care team and to show respect for other JPS professionals. I agree to strive to provide excellent patient-centered care so that my conduct is consistent with the core values and principles of the JPS community.

Signature _____

Date _____

Printed Name _____

Employee Number _____

Welcome to JPS Health Network's Psychology Doctoral Internship Training Program. We look forward to working with you during this important and exciting milestone year. At JPS, we view the training of compassionate, well-trained clinicians as a critical way to that communities continue to be proved with high-quality psychological care the future. Drawing on the Psychology Division's dedication to clinical excellence, and on your previous doctoral training and experience, our aim is to provide you with the solid foundation you will need to launch a successful career as a practicing psychologist.

JPS is a safety-net hospital serving the uninsured and marginalized communities of Tarrant County (Fort Worth, Texas) as well as many insured populations who seek our specialized services. The patient population of JPS is among the most diverse found in any psychological training setting in the nation. We offer a twelve-month internship experience that capitalizes on this diversity to foster development of confident, skilled professionals capable of applying evidence-informed care within a broad range of clinical situations. Our program can be described as:

- **Foundational:** As a JPS doctoral-level intern, you will be trained using the practitioner-scholar model and exposed to state-of-the-science approaches to consultation, assessment, and intervention. Our goal is to help you develop high levels of skill in the use of these professional "tools," so that you can function in a scientifically sound and clinically attuned manner as you respond to the needs of those you serve.
- **Multidisciplinary:** JPS is a full-service healthcare environment where you will work collaboratively with practitioners from other biomedical disciplines, using approaches that emphasize integrative and individualized patient care. You will find yourself providing consultations to surgeons, internists, and nurses, as well as psychiatric teams and other psychologists.
- **Theoretically Diverse:** Our psychologists are skilled and knowledgeable in the theories and applications of a diverse set of approaches to understanding and resolving human distress. As such, you will be exposed to a broad range of conceptual frameworks, reflecting the major paradigms in use within our field.

Since launching its rating system in 2020, the Massachusetts-based Lown Institute Hospital Index has consistently ranked JPS Health Network among the most socially responsible healthcare systems in the nation based on system outcomes, overall value-of-care metrics, and health equity standards. This recognition is the result of countless hours of hard work, invested in promoting excellent clinical care across the entire JPS system, by thousands of members of the community. It is this same standard of excellence that we will apply to your clinical training in order to help you achieve the professional skill levels we ultimately expect of you.

Looking forward to a great year!

Cynthia A. Claassen, PhD

Psychology and Internship Training Director

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Assistant Internship Training Directors

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Training Plan

The 12-month internship training curriculum is designed to foster competent, technically skilled, and theoretically equipped clinicians who can adapt approach, communication style, and method in a scientifically appropriate manner to the needs and demands of a diverse – often underserved – patient population, including those with medically complex clinical presentations.

The internship training approach is based on the practitioner-scholar model, which places emphasis on evidenced-based and scholarly informed practice. Using this framework, our interns learn to integrate empirical data with clinical acumen to serve the unique concerns of the patients JPS cares for.

The curriculum is designed to be practical and adaptive, fostering the ability to advance learning rapidly from the conceptual to the real-world, while affording repeated opportunities to integrate science, theory, and ethics into practice.

The curriculum is sequential in nature, promoting professional competencies within a structured, developmental framework that ultimately facilitates independent functioning as a licensed professional psychologist. Training activities are graded in nature, from basic to advanced, and integrated over the course of the year to form an organized learning experience.

Further, given the sites in which our interns train, we strive to develop clinicians who are capable of delivering effective care in fast-paced, high-acuity, multidisciplinary clinical settings. Throughout the training year, our interns are introduced to clinical settings that require accurate diagnoses, actionable assessment results, and effective, impactful interventions. Each intern's growth is supported through intensive supervision, relevant didactics and "skills labs," and broad-based exposure to the practices inherent in treatment of mental conditions. Complex and challenging cases are not uncommon, and our interns are provided with the resources — empirical and methodological — needed to work effectively with these cases.

Finally, the curriculum is designed to be flexible — ensuring competence in the core foundational skills that every fully trained psychologist needs to possess, while facilitating deeper training in those skills and learning experiences that are most important to each intern's unique needs and longer-term goals.

Program Aims

The Doctoral Internship in Health Services Psychology aims to develop high levels of intern competence in the following areas:

- **Accurate assessments and insightful case formulations:** Our interns are exposed to the kinds of clinical situations that hone and sharpen a broad range of technical assessment skills – including effective interviewing, differential diagnosis, administration, scoring, and interpretation of a broad range of assessment tools. However, beyond these technical skills, the goal of this primary training experience is to support case formulations that represent a deep and meaningful understanding of those whom we serve.
- **Effective interventions:** Our interns are trained in a variety of brief and longer-term evidence-based interventions to address a broad range of psychological issues, such as mood, anxiety, trauma, personality, and somatoform disorders. They work with patients of varied ages, races, ethnicities, religions, gender identities, sexual orientations, and SES levels. Intervention outcomes are monitored via intensive individual and group supervision, patient feedback and other outcomes assessment measures and validated outcome tools.
- **Highly valued consultations:** Our interns are embedded directly in psychiatric and non-psychiatric care teams, working closely with physicians, nurses, social workers, and other healthcare professionals. They provide a variety of consultative services to these treatment teams in the form of focused, actionable feedback for interdisciplinary care planning efforts.
- **Practical, outcomes-based strategies to enhance delivery of care:** Our interns are trained in a variety of strategies that help them understand and analyze care delivery processes and protocols. They learn to identify inefficient processes and design and test improvements using quality improvement methodologies. Findings are almost always adopted into practice and are presented at a local research/quality symposium.

Core Competencies

The program provides training in all nine of the Profession Wide Competencies (PWCs) identified by the American Psychological Association (APA) as necessary for competent and ethical practice in psychology. By the end of the internship year, each intern is expected to demonstrate the professional competence levels expected of an entry-level, independent psychologist in all of the following areas:

1. Research
2. Ethical and legal standards
3. Individual and cultural diversity
4. Professional values, attitudes, and behaviors
5. Communication and interpersonal skills
6. Assessment
7. Intervention
8. Supervision
9. Consultation and interpersonal/interdisciplinary skills

More information regarding the APA's Implementing Regulations related to the Standards of Accreditation can be found at [apa.org/ed/accreditation/section-c-soa.pdf](https://www.apa.org/ed/accreditation/section-c-soa.pdf).

Navigating Multi-Cultural Differences: The patient population of JPS is broadly diverse and it is the expectation of the internship training program that interns will strive to develop the skills to work with those who are culturally, ethnically and/or ideologically different from themselves. The program has adopted the position that there are ways to hold one's personal and professional values and still work effectively when personal values do not overlap with those whom we serve; not that it is necessary to prioritize professional over personal values, but that competency in serving all who need our help is a major goal of graduate-level training.

Program Tracks

The JPS Doctoral Internship in Health Service Psychology has two training tracks:

- Generalist Clinical Psychology Track [Match ID 246811] (2 internship slots)
- Integrated Primary Care Psychology Track [Match ID 246812] (1 internship slot)

Each track has its own separate match ID (see recruitment section). Both internship tracks meet the Association of Psychology Postdoctoral and Internship Centers (APPIC) membership criteria as a psychology internship training program. At least 75 percent of intern time is devoted to training in direct clinical activities within these 2000-hour programs, of which at least 500 hours involve provision of direct, face-to-face services to our patients. "Direct clinical activities" include time on primary and secondary rotations as well as observational experiences in clinical settings and peer supervision. A typical weekly schedule for each track can be found in Appendix X and XI of this manual.

Generalist Clinical Psychology Track Description and Rotations

Interns in the General Psychology Track will train in three of four possible primary rotations (four months each) over the course of the 12-month training experience as described below. Interns are matched to rotations based on interests, training, and service needs.

Core Rotations

Assessment Rotations: (Neuropsychological and Personality)

Location: JPS Acute Care Inpatient Adult and Adolescent Psychiatric Units and Outpatient Behavioral Health Clinics

Inpatient Setting: JPS houses one of the larger inpatient psychiatric services in Texas, with a 100-bed acute psychiatric hospital and another 44-bed facility for patients who require longer-term inpatient psychiatric care. Within the acute care hospital, 84 beds are reserved for adult patients (ages 18 and older) while the other 16 beds are dedicated to inpatient treatment of adolescents (ages 13 - 17). All inpatient psychiatric units are designed to provide services to patients who require aggressive interventions to stabilize acute and potentially dangerous symptomatology. Psychology plays a consultative role in these settings, working collaboratively with multidisciplinary teams composed of psychiatric specialists, clinical pharmacists, social workers, and nurses. Psychological and neuropsychological assessment results support clinical decision-making by these care teams in a variety of ways, including providing diagnostic clarification, contributions to treatment planning, and measure-informed suicide and violence risk assessments.

Outpatient Setting: JPS provides care during approximately 1.1 million patient visits annually across a broad spectrum of services, including primary care and outpatient specialty services such as neurology, Orthopaedics, and psychiatry. From among JPS's outpatient populations, patients are referred for neuropsychological and psychological assessment services in order to establish or clarify diagnoses, assess level and quality of cognitive functioning, and to inform treatment decision-making.

Intern Role on the Assessment Service: Each assessment rotation is approximately four months long.

Inpatient assessment service: Interns hone their skills in patient interviewing, patient management, test administration/scoring/interpretation of results, and report writing.

Outpatient neuropsychology assessment service: The goal of the neuropsychology rotation is to increase competency and knowledge of neuropsychological assessments; increase knowledge base as it pertains to neuropsychology and neuroanatomy, including knowledge of various disorders (i.e., neurocognitive disorders, neurodevelopmental disorders, dementias, strokes, TBI, etc.); develop and strengthen clinical interview skills; practice developing appropriate test batteries; learn how to interpret test findings; learn case conceptualization skills; and expand familiarity of neurocognitive functioning with relevant and up-to-date neuropsychological literature.

Upon beginning the neuropsychology rotation, interns will need to demonstrate competency in test administration and scoring of all frequently used cognitive and psychological tests prior to working with patients. Once competency is established, interns will begin by observing evaluations completed by their respective supervisors. Depending on the level of experience and comfort, interns will then begin evaluating 1-2 patients per week, while under direct supervision. For each evaluation, they will be expected to complete a record review, thorough clinical interview, administer neuropsychological tests, score and interpret tests, effectively communicate findings in a written report, and complete a feedback session with the patient.

During both rotations, interns increase competency in psychological and neuropsychological assessment and effective communication of findings to consumers of these services.

The assessment competencies you will develop during internship are described in detail in the “JPS Internship Profession Wide Competencies Evaluation Form” found in Appendix IX. Briefly, competency in assessment includes the ability to:

- Apply current knowledge of diagnostic classification systems and functional/dysfunctional behavioral patterns and contextual factors to individual cases in order to accurately characterize client strengths and weaknesses.
- Collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment, as well as relevant diversity characteristics of the service recipient.
- Interpret assessment results accurately and communicate findings and their implications effectively in oral and written documents.

Psychotherapy Rotation

Location: JPS Outpatient Behavioral Health Clinics

Description: JPS patients are referred to the Outpatient Behavioral Health Psychotherapy Service from across the network to address a variety of psychological issues. Common referral questions include mood regulation, anger management, addressing psychological trauma, and relationship issues. Individual therapy is currently offered on both a face-to-face and virtual basis. In addition, interns co-lead groups within JPS's partial hospital and intensive outpatient programs. Both partial hospitalization and intensive outpatient programs are day-treatment programs available to patients requiring psychiatric stabilization and close monitoring (but not inpatient care). Patients attend these programs multiple times per week, six hours per day. Psychoeducational and process groups, family consultations, and case management services are among the other supportive offerings available to patients in these programs.

Intern Role on the Psychotherapy Service: The Psychotherapy rotation provides interns with opportunities to hone their skills in evidence-based, empirically supported psychotherapeutic interventions. During this rotation, interns are engaged in the following activities:

- Providing time-limited psychotherapy to patients using a CBT, ACT, and/or DBT approach.
- Co-leading psychoeducational groups for patients enrolled in partial hospitalization and intensive outpatient treatment programs.
- Observing and consulting with the outpatient case management team to understand the scope and functions of the case management role in the context of mental healthcare, and to learn about local resources available to JPS patients.

Longer-Term Psychotherapy Experience: In addition to the activities that are part of the four-month psychotherapy rotation, interns are expected to carry out two long-term psychotherapy cases over the course of the entire internship year. At least one of those cases will be a psychodynamic case. They receive one hour of intensive supervision per week for these longer-term cases, separately from the psychotherapy rotation supervision.

The intervention competencies you will develop during internship are described in detail in the "JPS Internship Profession Wide Competencies Evaluation Form" found in Appendix IX. Briefly, intervention competencies emphasized as part of this internship include the ability to:

- Conceptualize cases from one than one theoretical perspective and articulate clear rationale for matching model to patient.
- Develop, implement, and evaluate evidence-based intervention plans specific to setting and service delivery goals.
- Use the therapeutic relationship and manage countertransference effectively.
- Manage crisis situations or other patient risk situations effectively.

Consult (Health) Psychology Rotation

Location: JPS inpatient medical floors

Description: In addition to its inpatient psychiatric services, JPS Health Network includes a 582-bed inpatient facility for medically ill patients. The Psychology Consult Service provides health psychology consultations and other supportive services to the specialty care teams who treat patients on inpatient medical units, ICUs, and within the Emergency Department. As part of this work, the consult service provides daily support to JPS's Level I Trauma Center, where psychologists play an important role in addressing a host of issues encountered by patients who have recently sustained acute, serious traumatic injuries.

Intern Role on the Health Psychology Service: On this rotation, psychology interns learn to address consultation requests placed on behalf of medically ill patients. Typical referrals include requests for interventions addressing capacity for medical decision-making, and brief interventions for substance misuse, acute psychological stress, elevated risk of self-harm, and a wide variety of patient management concerns.

On the consult service, interns will develop specialized assessment and intervention skill sets. In addition, the consultative competencies interns will develop are described in detail in the "JPS Internship Profession Wide Competencies Evaluation Form" found in Appendix IX.

Briefly, those consultative competencies emphasized as part of this internship include the ability to:

- Understand the roles, values, and clinical perspectives/priorities of other healthcare disciplines.
- Apply consultation models and practices in direct interactions with healthcare professionals from other disciplines, individual patients and their families, interprofessional groups, and systems of care.

Integrated Primary Care (IPC) Psychology Track Description and Rotations

The setting for the IPC training track is the JPS Department of Family Medicine and is in collaboration with the JPS Family Medicine Residency Program. The Department of Family Medicine provides primary care services to a diverse patient population including urban underserved and international/refugee patients and their families throughout the lifespan. The primary goal of the internship track is to gain exposure to and build competencies in the context of a Primary Care Behavioral Health (PCBH) treatment model. Interns will conduct a majority of their clinical activities in Primary Care settings, with additional opportunities for minor rotations in other hospital and medical education settings based on intern interest and availability.

Interns complete a longitudinal major rotation for the duration of their 12-month internship, spending a majority of their time (three days per week), working as part of an interdisciplinary team in a primary care teaching clinic. Psychology interns will work side-by-side with Family Medicine residents and faculty. By maintaining a core IPC rotation throughout the 12-month internship, interns will have a longitudinal experience in delivery of integrated primary care services. This allows for the ability to maintain continuity by seeing patients across multiple points of care and to see the broadest possible range of concerns across the lifespan. This also affords interns the ability to develop an understanding of operations and each clinic site.

Integrated Primary Care (Core rotation)

Setting: This major rotation will occur across three clinical sites as described below. While the populations and settings vary slightly, the clinical training, service provision, supervision, and schedule remain consistent.

Locations:

Family Health Center/ International Health Center (FHC/IHC)

1500 S. Main Street
Fort Worth, TX

A primary care clinic based on the JPS Main Hospital campus. A high-volume clinic that serves mostly urban underserved patients. The clinic also serves as a clinical center for resettled refugee patients from a number of international sites.

Hours: 8 a.m. - noon, 1 - 5 p.m.

Stop Six-Walter B. Barbour Health Center

3301 Stalcup Road
Fort Worth, TX

Named for the historic community that developed along the Fort Worth-Dallas inter-urban train at the 6th rail stop (hence Stop Six). A community-based primary care clinic serving predominantly African American, Hispanic, or Latinx patients from the Stop Six community.

Hours: 8 a.m. - noon, 1 - 5 p.m.

Oncology & Infusion Center (ONC)

1450 8th Avenue
Fort Worth, TX

An outpatient psychology consultation service for cancer patients. We collaborate with patients at every level of the treatment process, which includes adjustment to diagnosis, pain management, lifestyle and behavior change, coping with treatment, remission/survivorship, and some palliative, end-of-life care.

Hours: 8 a.m. - noon, 1 - 5 p.m.

Description: Common referrals across the primary care clinic setting are made for patients with anxiety disorders (panic, GAD, phobia), depression, addiction, somatization, health anxiety, sleep disorders/primary insomnia, trauma, coping with medical conditions, lifestyle counseling/health behavior change, grief/adjustment, relationship and family issues, chronic pain, and smoking cessation. Work within these sites will heavily emphasize coordination of care as part of an interdisciplinary team. This includes collaboration with professionals from disciplines including Family Medicine, Pulmonology, Oncology, nursing, clinical pharmacy, social work/case management, and medical interpreters (Language Services).

Supervision: In addition to direct service provision, interns will participate in supervision within a vertical team structure. Therefore, interns will conduct supervision of psychology practicum students who are onsite from local universities and first year (PGY-1) Family Medicine medical residents. Interns will, in turn, be supervised by licensed psychology faculty and/or Post-Doctoral Fellows. Clinical training in this context requires a high degree of flexibility and adjustment to quick pace. Supervision is conducted via precepting model – where learners present cases to their attending psychologist immediately while seeing those patients. Feedback is on-the-spot and adjustments to treatment plans are made in real time. Attending psychologists are onsite and accessible during all clinical activities.

Intern Role on the Integrated Primary Care Rotations: Clinical service within these settings is highly dynamic and requires significant flexibility. Service delivery may include Scheduled visits (consults, follow-ups), same day consults during routine medical visits (“warm hand-off” format), and same day/walk-ins or crisis intervention encounters. Interns may also engage with treatment team members without seeing the patients, but provide consultation regarding care (i.e., “curbside consults”). Interns will see a diverse range of patients across the lifespan (including children and adolescents), and for a broad range of presenting concerns.

On this rotation, the intern will learn to:

- Provide brief (6-8 sessions) CBT services appropriate for the primary care setting, with additional experience in modalities such as motivational interviewing (MI), Behavioral Medicine interventions, Acceptance and Commitment Therapy (ACT), solution-focused therapy, and marriage and family therapy.
- Provide health behavior/lifestyle focused interventions (e.g., weight loss, smoking cessation, physical activity, medication adherence)
- Provide therapeutic services aimed at adjustment to medical diagnosis, management of chronic illness, and adjustment to disability.
- Consult and collaborate with the primary care medical team regarding psychological concerns
- Interface with the primary care medical team regarding diagnostic impressions, therapeutic progress, and referral needs
- Provide appropriate triage and coordination of referrals for patients needing higher levels of care
- Engage with systemic, legal, ethical, and health policy concerns as they relate to the provision of services in the primary care environment

Integrated Primary Care Track - Additional Learning Experiences

IPC Interns also select 2 minor rotations, spending one-half day (4 hours/week) on minor rotation activities. Minor rotations operate on a half-year (6 month) rotation structure, allowing interns to change minor rotation halfway during the 12-month internship term. Choices of minor rotations will usually include those listed below. However, availability of minor rotations may be subject to change based on clinic schedule and other internship duties. In addition to the minor rotations listed here, additional IPC Track minor rotation experiences will continue to be developed.

Pediatrics Clinic (*Minor rotation*)

Location: JPS Pediatrics Clinic, 1400 S. Main Street, Suite 400, Fort Worth, TX

Intern Role in Pediatrics: Interns assist with early identification and intervention for developmental, behavioral and emotional concerns. Services include individual and parent-based interventions for behavioral disorders, voiding/eliminating disorders, pediatric chronic disease, and lifestyle counseling, bullying, assessment for academic issues, ADHD, and coordination with other school and community-based services.

Geriatrics Clinic (*Minor rotation*)

Location: Magnolia Health Center, 1400 S. Main Street, Suite 403, Fort Worth, TX

Intern Role in Geriatrics: Interns provide services to geriatric patients and their families. Interns assist with screening for cognitive decline, health decline, geriatric depression, sleep disturbance, chronic pain and disability, adjustment to disability, family-centered interventions, caregiver stress, and includes some end-of-life care.

Graduate Medical Education (*Minor rotation*)

Location: Family Medicine, 1500 S. Main Street, 4th floor OPC, Fort Worth, TX

Intern Role in Graduate Medical Education: Interns will be actively involved in the development, implementation, and evaluation of curriculum to enhance mental health training in residency education. This minor rotation is intended to prepare psychology trainees with skills as a faculty member within a medical education/health training program. It includes activities such as clinical observation and feedback, bedside teaching, and supervision. Interns can also engage with and provide interdisciplinary team learning and training activities via residency didactics, grand rounds, medical team rounding, team huddles and intradepartmental conferences. Interns will also use this minor rotation for related scholarly activity, including educational and research projects within Family Medicine.

Practice Management and Operations (*Minor rotation*)

Location: Family Medicine, 1500 S. Main Street, 4th floor OPC, Fort Worth, TX

Intern Role in Practice Management and Operations: Interns will engage with learning centered on practice management in a primary care setting. This minor rotation is intended to prepare psychology trainees for professional and organizational skills related to the establishment and maintenance of psychology practice integrated within primary care settings. Interns will focus learning around issues that include clinical workflow, screening, and surveillance for mental health concerns in primary care, quality metrics, coordination and continuity of care, service delivery, billing and coding, budgetary and revenue cycle, ethics and compliance. Interns may also use this minor rotation for scholarly activity and quality improvement (QI) projects related to primary care psychology practice management.

Additional Learning Experiences - Both Tracks

Peer Mentorship (*Minor rotation*)

Location: Psychology Student Work Room; JPS Outpatient Behavioral Health Clinic

Description: Interns and practicum students participate in a peer mentorship program on a weekly basis, supervised by a PhD-level faculty member. As part of the peer mentorship program, interns must document “supervision” sessions and meet with a faculty supervisor to review these sessions.

Intern Role in the Peer Mentorship: On this rotation, interns learn to:

- Apply supervision models and skill sets to supervision of other trainees.
- Demonstrate effective observation, evaluation, and supervisory feedback to a peer-level supervisee.

Mental Illness Court (*Exposure*)

Location: JPS Acute Care Inpatient Psychiatric Hospital Court Room

Description: Mental Illness Court is held twice weekly onsite in a conference room adjacent to JPS’s inpatient psychiatric units. During court proceedings, county judges and court-appointed lawyers hear from involuntarily hospitalized patients who wish to be discharged against medical advice. JPS psychiatry attendings and residents testify in these proceedings, presenting the rationale for maintaining inpatient care, with cross examination provided in contested cases by legal representatives advocating for the patient and/or the patient’s family. Results of neuropsychological or personality assessment are frequently used to support the case for continued inpatient treatment.

Intern Role in the Mental Illness Court: Psychology interns are required to attend one or more court sessions as observers while on the inpatient assessment rotation.

After observing Mental Illness Court proceedings and attending related didactics, the intern is expected to be able to:

- Discuss ways in which assessment results should be structured to address their use during mental illness court forensic proceedings.

Street Medicine Program (*Optional exposure*)

Location: Fort Worth area

Description: The Street Medicine program provides medical outreach to people experiencing unsheltered homelessness in places like streets, parks, and homeless camps throughout Tarrant County. The Street Medicine team includes medical, behavioral health, and community health specialists with experience caring for patients who are homeless in Tarrant County. They provide primary care medical interventions and facilitation linkage with local health and social service agencies.

Intern Role in the Street Medicine Program: Psychology interns are invited to accompany the Street Medicine team on a scheduled outreach day during their training year as an observer.

After observing care provided by the Street Medicine team, the intern will be able to:

- List and describe specific challenges that the Tarrant County homeless population faces in accessing medical care, as well as the strategies that the Street Medicine team uses to overcome these challenges.

Psychiatric Emergency Center (*Minor rotation for General Clinical Track; optional exposure IPC*)

Location: The Psychiatric Emergency Center (PEC)

Description: The PEC is located within the Emergency Department and is one of the largest dedicated psychiatric emergency services in the country. The service averages more than 19,000 patient visits a year and treats individuals experiencing acute and severe mental health crises - often involving psychosis, mania, suicidal/homicidal concerns, or other significant psychopathology.

Intern Role in the PEC: Over the course of several PEC shifts, psychology interns work with a multidisciplinary PEC team to triage, evaluate, and intervene with patients in acute crisis.

On this rotation, interns learn to:

- Recognize the signs and symptoms of acute psychological crises, including mania, psychosis, suicidal behavior, and psychological trauma.
- Assess acuity during common psychological crisis presentations.
- Identify the most appropriate course of action for triaging patients experiencing common psychological crises based on acuity level, cultural factors, available resources, and treatment needs.
- Provide brief crisis intervention to patients experiencing acute psychological crises.

Hospital Ethics Committee (*Exposure*)

Location: JPS PI Meeting Room, Main Campus

Description: The Hospital Ethics Committee meets monthly to determine the course of patient care where an ethical decision has to be made. Examples of cases reviewed involve advanced directives for patients on life support, DNR hospital policy, ethics training, etc.

Intern Role in the Ethics Committee: Psychology interns are required to attend one or more monthly meetings of the Ethics Committee as an observer after completion of the Ethics didactics seminar series.

After observing a meeting of the Hospital Ethics Committee and attending related didactics, the intern will be able to:

- Discuss models and other applied systematic approaches to addressing ethical issues in clinical practice

Didactics, Seminars, and Group Training Experiences - Both Tracks

Interns from both Generalist Clinical and Integrated Primary Care Tracks participate in a structured series of lectures, seminars, and skill-building labs, designed to enhance performance on clinical rotations and deepen expertise in all nine profession-wide competencies. A minimum of three didactics sessions per week are offered throughout the training year.

Hospital Orientation Program: Orientation activities occur during the first three weeks of the internship year. Incoming interns are familiarized with the program and introduced to faculty, other interns, program administration, and support personnel from across the healthcare system. The first week includes orientations pertaining to: system wide JPS healthcare protocols and procedures, Department of Psychiatry and Behavioral Health protocols and procedures, Division of Psychology protocols and procedures, and a host of “onboarding” activities. Universally applied hospital-required clinical guidelines are reviewed in preparation for patient contact. Interns’ baseline skills are assessed, and each develops a set of individual training goals.

Clinical Interviewing: This seminar series covers the basic structure of the standard mental health clinical intake interview and mental status exam, rapport-building strategies, differential diagnosis, and cultural diversity considerations.

Advanced Assessment Practices (Weekly didactic): This seminar series is designed to provide advanced training and supervision in the application of a broad range of health psychology, neuropsychology, and personality assessment concepts. Topics covered include case conceptualization, domains of neuropsychological assessment and associated strategies (effort/orientation, attention/perception, memory, concept formation/reasoning, executive functioning, verbal/language skills, construction/motor performance), domains of psychological assessment and associated strategies (reality testing, reasoning, emotion regulation, underlying developmental disruptions/etiology of psychopathology), suicide/homicide risk assessment, test administration (neuropsychic, objective and projective psychological assessment), integrating disparate testing results, and report writing.

Applied Intervention Practices (Weekly didactic): This seminar series includes a structured review of the applications of major therapy “schools,” including those psychotherapeutic approaches used most commonly in individual, group, and health psychology settings (i.e., motivational interviewing, cognitive and behavioral approaches, psychodynamic approaches, couples and family therapy). Cultural and other contextual adaptations in the application of psychological interventions, applied ethics, and approaches to consultation and supervision are also topics covered in this didactics series. Evidence-based practice applications on topics such as psychological trauma, grief, moral injury, sleep, chronic pain, addiction, and other lifestyle changes are reviewed. Finally, strategies for specific kinds of “difficult conversations” such as the “bad news interview,” initial contacts with victims of human trafficking or rape, and family consultations for organ harvesting are presented.

Research: This seminar series includes instruction in conducting structured quality improvement (QI) projects. Topics include an overview of QI, and strategy/planning meetings as interns develop their own “real world” QI project addressing an operational need within JPS Behavioral Health Services. Instruction in analyzing and presenting results is also provided.

Other Didactics Series: Other series cover ethics and legal issues, cultural diversity, professionalism, communication, supervision, and interprofessional skills.

Behavioral Health Grand Rounds lectures (*Twice monthly*): These presentations cover a wide variety of mental health topics, presented by either nationally recognized speakers from across the nation or local presenters with special expertise in the area of discussion. Topics covered in past Grand Rounds include the following: “Overcoming Imposter Syndrome,” “Neurobiology of Fear Generalization,” “Difficult to Treat Depression: Clinical Value and Research Challenges,” “Mental Health Needs in a Homeless Population,” “Addressing Trauma and PTSD in the Post-Partum Period,” “Course and Consequences of Problematic Cannabis Use,” and “Clinical Applications of the Cultural Formulation Interview.”

Director’s Rounds: Scheduled meetings with the Training and Assistant Training Directors and other program administrative team members are a time to address those logistical challenges that can arise during the internship year, including issues encountered on rotations and more general concerns.

Training Opportunities Outside JPS (*Frequency varies*): There are multiple local- and state-level societies and associations in the Dallas-Fort Worth and Texas state area that offer specialized educational programs for psychologists. Interns are invited to take advantage of these learning experiences, but involvement in these outside experiences does not replace internship didactic requirements. A partial list of these educational opportunities is furnished to interns at the beginning of the year and information on relevant “one-off” trainings is provided throughout the year as information becomes available. Interns are also encouraged to attend local and national workshops and conferences to further enhance their professional knowledge and skills.

Supervision and Mentoring - Both Tracks

Individual Supervision: Each rotation's primary supervisor is a licensed psychologist on faculty in JPS Psychiatry and Behavioral Health Services or Family Practice Services. These doctoral-level clinical psychologists are also clinicians providing care at JPS in one or more specific psychology service lines (i.e., neuropsychological/personality assessment; consultation liaison service; individual/group psychotherapy). These rotation supervisors assume ultimate responsibility for the clinical services provided by psychology interns. After orientation to a rotation, supervising psychologists assist interns in case formulation and in matching clinical services with intern skill level and patient needs. When assigning cases, they take into account patient diagnosis, acuity, culture/diversity/ethical concerns, and relevant empirical literature. Supervisors ensure that treatment adheres to modern clinical practice guidelines, and they assume final responsibility for clinical care and electronic medical record documentation and/or attestation of all medical record documentation.

Individual supervision structure and approach is aligned with the internship program's aims, intern skill level, and prior training experience. At least two hours of scheduled individual supervision per week are built into each clinical rotation with the intern's primary rotation supervisor, and one additional hour of individual supervision is provided by a "longer-term" psychodynamic psychotherapy supervisor. Direct evaluative feedback on the intern's clinical performance is provided on rotation and during these supervision sessions, and growth in clinical skills is tracked over the course of each rotation.

Interns are generally required to present their supervisors with a brief review of their assessment products or intervention approach for each patient they serve, reporting their diagnostic impressions, the patient's problem list, a case formulation, and proposed or delivered intervention strategies. Primary supervisors are to be informed immediately about situations involving risk, a patient's clinical deterioration, and/or treatment non-adherence. Supervisors should also be informed whenever significant changes in mental status or functioning occur to patients treated by interns. In addition to primary rotation supervisors, the Training Director (Cindy Claassen, PhD), Assistant Training Directors (Bryan Duncan, PhD), and Academic Psychiatry Vice Chair (Dustin DeMoss, DO) are available for consultation should clinical emergencies arise among patients being treated by interns. Other psychology rotation supervisors are also available to consult on any clinical emergency (Bryan Duncan, PhD; Kanisha Banks, PhD; Alicia Young, PsyD; Katherine Weber, PhD, Oksana Blankenship, Psy D; Garret Blankenship, Psy D; Katherine Bergs, PhD, LMFT).

Group Supervision - Generalist Clinical Track: A weekly group supervision session augments the individual supervision provided to each intern. Interns present cases they are currently working on and discuss case formulations and assessment/intervention strategies with a psychology supervisor. This is also a place where they can discuss personal experiences in the training program and address concerns/issues that arise related to program participation.

Group Supervision - Integrated Primary Care Track: Interns in the IPC track also attend a weekly IPC-specific group supervision session that is separate from that of the Generalist Clinical Track interns. This group supervision is conducted with all members of the IPC vertical practicum team, including psychology practicum students, post-doctoral fellows, and supervising psychologists. Weekly IPC Track supervision includes discussion of cases, coordination of services, addressing issues/concerns that arise, may also include discussion of special topics and brief guest lectures on topics related to primary care psychology.

Peer Supervision: Over the course of the year, interns will be responsible for providing peer supervision to the practicum students. They will be expected to meet on a weekly basis for one hour with their supervisees. The goal of peer supervision is to gain experience in providing supervision, learn to evaluate supervisees in terms of the core competencies, and to learn various supervision models. Interns' supervisory skills will be assessed over the course of the year.

Evaluation of Intern Performance - Both Tracks

Formal evaluation of intern progress occurs at the end of each clinical rotation (three times annually). Intern progress is reviewed and evaluated by each supervisor or mentor (e.g., rotation, peer supervision, psychotherapy, research) who has worked with them during that rotation time period using the Internship Profession Wide Competencies Evaluation Form (see Appendix IX). Completed evaluations are discussed individually with interns and supervisors, and intern feedback is invited both verbally and in written form on the evaluation form. Once evaluation forms have been completed, the supervisor or mentor (rotation supervisor, psychotherapy supervisor and/or research mentor) and intern sign the form and forward a copy to the Training Director for review and filing. Interns are required to achieve a rating of 3 out of 5 on each rating form competency element by the end of the second evaluation period and a rating of 4 out of 5 at the final (third) evaluation period (end of internship year).

After all review forms have been filed, intern progress is reviewed in a closed training faculty meeting. If necessary, after first or second evaluation, a performance improvement plan is initiated to address an identified deficiency as outlined in the program's Due Process, Appeals and Grievances Procedures (found in Appendices VI and VII). Interns also have the option of initiating a formal grievance process according to the program's Due Process, Appeals and Grievances Procedures at any time they feel that it is necessary or appropriate to do so.

At the end of each rotation period, a report describing the intern's training experiences and performance to date is sent to the intern's home university Director of Clinical Training. Additional reports may be sent if it becomes necessary to notify the home university about insufficient performance or problem behaviors that require remedial actions as described in Appendix VI of this manual.

Record Maintenance - Both Tracks

The full-time JPS internship training experience is offered over twelve (12) consecutive months and yields the equivalent of 2,000 hours of applied clinical experience. Interns are engaged in clinical rotations, supervision sessions, didactic seminars, and other approved activities on a full-time basis, with clinical activities constituting approximately 70 percent of their time. Actual clinical engagement time on any given rotation is somewhat contingent on demand for services and the nature of the rotation. Regardless of rotation or demand for services, interns will acquire a minimum of 500 hours of face-to-face patient time over the course of the internship year. The following records of internship activities are maintained as described:

Program Record Maintenance

The internship's Program Administrator creates and maintains a permanent "professional file" on each intern. The following information is included in an intern's "professional file:" a copy of all formal performance evaluations, a description of the specific training each intern goes through during training, performance reports sent to the intern's home university, and the intern's certificate of completion of training. Relevant post-internship records about licensure status, employment, professional memberships, professional affiliations, and other career-related information are added to each professional file as this information becomes available. These confidential records are stored electronically in secured individual folders on a secure network drive inside the firewall, which is backed up nightly. They are accessible only to training program administration. These professional files are maintained permanently.

The Training Director creates and maintains a "Training Progress" file for each intern. This file contains more detailed records pertaining to clinical skill development and attainment of professional competencies. Training progress files include work samples, performance evaluations, and other documentation of skill acquisition and professional behavior. Interns track their own clinical hours and report this information to the Training Director and/or Assistant Training Directors at the end of each rotation; this information also becomes part of the Training Director's files. As with Professional Files, these confidential Training Progress files are stored electronically in secure individual folders on a secure network drive inside the firewall, which is backed up nightly. These files are accessible only to training program administration and are also maintained permanently.

Documentation of any formal remediation plan and its outcome becomes part of both the training program's confidential Professional and Training files. While access to comprehensive documentation of these proceedings is restricted to program administration, information about the precipitating complaint, the remediation strategies, and the outcome of remediation plans is discussed with the intern's home university graduate program.

Intern Record Maintenance

Interns are required to track their clinical hours and their training experiences and to supply a copy of their clinical hours to the Training Director at the end of each rotation. This information is used as one data point when assessing overall intern competency and program fidelity over the course of the internship year.

Program Assessment Activities - Both Tracks

Throughout the internship year, interns provide feedback about the program. Any and all recommendations for enhancing the training program are taken very seriously. Based on this feedback, modifications in the content or methods of rotation experience, supervision and didactics have in the past and will in the future be made where appropriate in order to meet intern needs. There are four mechanisms by which interns provide this feedback every year; two are formal and two are informal.

1. The Training Director has an “open door” policy. Interns are encouraged to approach the Training Director whenever needed. The Training Director’s office is merely yards away from the intern workroom, and any problems are assessed and addressed in a collaborative fashion.
2. The Training Director also meets regularly with the interns as a group. During these meetings, announcements pertaining to hospital or program policies and procedures are made, and questions, concerns, or problems are addressed as appropriate.
3. Interns provide written feedback to clinical supervisors at the end of each rotation. This information is shared with program administration and the Training Director via review of the program’s written evaluation forms. When appropriate, it is also discussed with faculty, interns, and/or with the Education Policy Committee.
4. In addition to these end of rotation reviews of training experiences, interns complete a more comprehensive program review three months into the internship year and again near the end of the academic year. This review process solicits a description of the strengths and weaknesses of the training program and recommendations for how it might be enhanced. (See Program Evaluation Form, Appendix IX.) These program evaluation data are collected by the Program Administrator, who is not a supervisor or mentor in the program. The Program Administrator then shares the data in aggregate, anonymized form with faculty. Areas evaluated by interns include the program’s ability to provide:
 - a. Informative and sufficient orientation activities
 - b. Clarity in program expectations
 - c. Timely opportunities and structure for providing program feedback
 - d. Adequate organizational structure and support
 - e. Adequate exposure to psychopathology
 - f. Quality and quantity of didactics and academic experience
 - g. Quality and quantity of clinical experience
 - h. Reasonable balance between clinical and academic schedules
 - i. Appropriate exposure to research and scholarly activities
 - j. Sufficient exposure to culturally diverse training (faculty and patients)
 - k. Adequate faculty support and supervision, including accessible faculty for consultation, questions, and/or concerns
 - l. Adequate administrative resources and support
 - m. A psychologically healthy workplace environment
 - n. Adequate attention to all requirements and criteria required of APA-accredited training programs

(Program Tables)

Internship Structure - Both Tracks

At-Will Employment

Consistent with APPIC's philosophy on internships, this program is an organized training program (in contrast to supervised experience or on-the-job training) designed to provide the intern with planned, programmed, sequential training experiences. However, the program is structured so that an intern receives financial compensation from JPS as an at-will employee. An intern's at-will employment is for the finite term of the internship year unless the employment is terminated earlier by JPS or by the intern. Because the internship is for a finite term, interns should have no expectation of continued or future employment with JPS during or after the internship year. Furthermore, nothing in this manual or in JPS's policies and procedures constitutes an employment contract, or in any way alters the at-will nature of an intern's employment. When the internship terminates (whether at the end of the full internship year or sooner), at-will employment with JPS automatically terminates, and likewise when at-will employment terminates (whether at the end of the internship year or sooner), the internship automatically terminates. Upon termination, interns are not entitled to any payments, benefits, damages, awards, or compensation other than as agreed to in writing by JPS or as provided by applicable law and/or JPS policies and procedures.

Summary of Compensation and Other Benefits for Interns

Annual salary for full-time interns for a 40-hour work week, paid in accordance with JPS pay periods and applicable JPS policies and procedures: \$35,880 for academic year 2025-2026.

- Available medical insurance options:
 - Coverage of family member(s) is available.
 - Coverage of legally married partner is available.
 - Coverage of domestic partner is available.
 - Intern contribution to cost is required.
- Life insurance options are available.
- Disability insurance options are available.

- Hours of annual Paid Time Off (PTO): 23 total days, accrued over time at the rate of 7.25 hours each pay period, and this amount of PTO includes all of the following:
 - PTO must be used for all vacation, personal, and professional days taken over the course of the year. This includes dissertation defense, home university graduation, conferences, etc.
 - PTO must be used for all JPS-observed holidays if not worked, which currently include the following: New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.
 - PTO must be used for any sick days taken over the course of the year.
 - Other benefits in connection with the program: Library resources, computer/IT resources, and copy privileges.

Note: PTO amounts may be taken at any point in the year, including before the requested amount of PTO has been accrued for a given absence in the fall of the internship year, providing total PTO for the year does not exceed maximum annual provided.

The program is supportive of providing reasonable unpaid leave to interns in excess of PTO days, subject to JPS and program policies, procedures, and approval.

Financial and Other Benefit Support for Upcoming Training Year		
Annual Stipend/Salary for Full-time Interns	\$45,136	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes	
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	
Coverage of family member(s) available?	Yes	
Coverage of legally married partner available?	Yes	
Coverage of domestic partner available:	Yes	
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	192	
Hours of Annual Paid Sick Leave	Incl. in above	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	
Other Benefits (please describe): Optional dental/eye/life/disability insurance		

Program Administration and Faculty

Psychology Division Chair and Director, Academic Program

Cynthia A. Claassen, PhD Office: 817-702-5647

Assistant Directors, Academic Program

Bryan Duncan, PhD Office: 817-702-6348

Adam Guck, PhD, ABPP Office: 817-702-1204

Program Administrator

Dena Palmer, MS Office: 817-702-1965

Department Chair

JPS Psychiatry and Behavioral Health and Acclaim Psychiatry Service Line Chief

Nekesha Oliphant, DO Office: 817-702-8031

Faculty Profiles



Cynthia A. (Cindy) Claassen, PhD

Title Director of Psychology, Research and Education
Training Director, JPS Psychology Internship

Contact CClaasse@jpshealth.org

Education **1995** PhD in Clinical Psychology
UT Southwestern Medical Center, Dallas, TX
1977 MEd in Educational Psychology, Gifted Education Studies
University of Georgia, Athens, GA

Dr. Claassen has been with JPS since 2010, serving in multiple clinical, educational, and research roles. She became the Director of Research and Education in July of 2016 and the Director of Psychology in October of 2020. She has worked as a hospital-based clinical psychologist in Dallas-Fort Worth academic medical settings for several decades. At JPS, she supervises interns and residents in clinical and research settings. She holds adjunct faculty appointments at the University of North Texas Health Science Center, the University of Texas Southwestern Medical Center, and formerly at the University of Rochester. She also serves as co-Chair of the National Action Alliance for Suicide Prevention's Data and Surveillance Task Force. She is the recipient of numerous grants and has peer-reviewed publications. She has served as a grant reviewer for multiple suicide-related funding programs in the US, the UK, and the Hong Kong Special Administrative Region. She has been an ad hoc reviewer for papers published in *JAMA*, *Academic Medicine*, *The British Journal of Psychiatry*, *Psychiatric Services*, and several other national and international scientific journals.

Clinical/Research Interests

- Suicide prevention with emphasis on surveillance methodologies
- Suicide risk assessment in vulnerable populations
- Biopsychosocial aspects of severe mental illness and its implications



Bryan C. Duncan, PhD

Title	Assistant Director, JPS Psychology Internship	
Track/ Rotation	General Clinical, Consult Service, Psychotherapy Service	
Contact	BDuncan03@jpshealth.org	
Education	2019	Post-doctoral Fellow in Geropsychology VA North Texas Healthcare System, Dallas, TX PhD in Clinical Psychology Fielding Graduate University, Santa Barbara, CA
	2012	MA in Clinical Psychology Fielding Graduate University, Santa Barbara, CA
	2006	MS in Counseling Psychology Tarleton State University, Stephenville, TX

Dr. Duncan worked as a Licensed Professional Counselor in community mental health settings and private practice for several years before completing his Doctorate in Clinical Psychology, with concentrations in Clinical Health and Forensic Psychology. His internship was completed with the VA in the Rio Grande Valley region of Texas, with major rotations in Primary Care/Mental Health Integration and treatment of psychological trauma (emphasis in Prolonged Exposure Therapy) and minor rotations in Dialectical Behavior Therapy, Health Promotion/Disease Prevention, Neuropsychology, and Telehealth. His post-doctoral training is in geropsychology from the Dallas VA with emphasis in outpatient neuropsychology, Acceptance and Commitment Therapy, rehabilitation psychology, and delivery of mental healthcare in homeless populations (emphasizing geriatric homeless populations). Dr. Duncan's primary clinical specialty is in treatment of psychological trauma, as well as cognitive/behavioral models of psychotherapy. Dr. Duncan holds an academic appointment at UNT Health Sciences Center.

Clinical/Research Interests

- Cognitive behavioral approaches to psychotherapy
- Psychological impact of trauma and its treatment
- Health behaviors and adaptations to medical trauma and chronic illness



Adam J. Guck, PhD, ABPP

Title Assistant Director of Behavioral Science, JPS Family Medicine Residency
Assistant Director, JPS Psychology Internship

**Track/
Rotation** Integrated Primary Care, Supervisor

Contact AGuck01@jpshealth.org

Education

2018	Post-doctoral Fellowship, Behavioral Medicine JPS Health Network, Fort Worth, TX
2017	PhD in Clinical Health Psychology University of North Texas, Denton, TX
2016	Pre-Doctoral Internship, Clinical Psychology University of Nebraska Medical Center
2011	MS in Experimental Psychology University of Nebraska at Omaha

Dr. Guck has served as a Behavioral Medicine faculty member in the Family Medicine Residency Program since 2018. He provides Integrated Primary Care Psychology services within two resident teaching clinics at JPS for pediatric, adult, and geriatric patients, where he addresses a broad range of mental health conditions and health-related concerns. Dr. Guck serves as co-director for the recently developed Lifestyle Medicine Track, training Family Medicine residents and faculty in behavioral approaches to chronic disease management. Dr. Guck is on faculty in the TCU School of Medicine, providing longitudinal research training. Prior to coming to JPS, Dr. Guck worked with the Integrated Behavioral Pediatric and Family Therapy Services at the University of Nebraska Medical Center, with the inpatient rehabilitation and neuropsychology consult services at Reliant Rehabilitation Hospital of North Texas, and within the Department of Pain Management at the North Texas VA Medical Center. He has authored or co-authored multiple publications, primarily around burnout in healthcare, evidence-based practice in Family Medicine, and responses to the COVID-19 pandemic.

Clinical/Research Interests

- Chronic pain
- Insomnia
- Primary care psychology
- Interdisciplinary teams in healthcare
- Burnout in healthcare settings



Kanisha Simmons Banks, PhD

Track/

Rotation General Clinical, Neuropsychology

Contact KBanks03@jpshealth.org

Education

2022	Post-doctoral Fellow in Clinical Neuropsychology South Texas Veterans' Healthcare System, San Antonio, TX
2020	PhD in Clinical Psychology and Neuropsychology Howard University, Washington, DC
2016	MS in Clinical Psychology Howard University, Washington, DC

Dr. Banks is the Director of the Outpatient Neuropsychology assessment program. Her internship was completed with the Louis Stokes Veteran Affairs Medical Center with major rotations in neuropsychology and spinal cord injury/rehabilitation. Her post-doctoral training was completed at the South Texas Veteran's Healthcare System and included training in inpatient neuropsychological and capacity evaluations, full and brief outpatient traditional neuropsychological assessments, forensic/disability evaluations, outpatient epilepsy evaluations, and group treatments for neurocognitively challenged individuals. She has past research experience working on intramural research projects at the National Institute of Mental Health in Washington, DC. Dr. Banks holds an academic appointment at UNT Health Sciences Center.

Clinical/Research Interests

- Neuropsychological consequences of medical, psychiatric, and developmental disorders



Katherine S. Bergs, PhD, LMFT

Title Director of Behavioral Science, JPS Family Medicine Residency

**Track/
Rotation** Integrated Primary Care, Supervisor

Contact KBergs@jpshealth.org

Education

2015	Primary Care Psychology Fellowship University of Colorado, Denver, Colorado
2014	Clinical Psychology Internship University of Colorado, Denver, Colorado PhD in Clinical Health Psychology East Carolina University, Greenville, NC
2011	MA in Clinical Psychology East Carolina University, Greenville, NC
2007	MS in Marriage and Family Therapy East Carolina University, Greenville, NC

As Director of Behavioral Medicine within the Family Medicine Residency Program, Dr. Bergs is responsible for the behavioral science and mental health curriculum and related training of Family Medicine residents, as well as resident evaluations, didactics teaching, and other residency support. In addition, she is the co-director of the Street Medicine Track. She is also currently overseeing a grant-funded initiative for integration of SBIRT substance use programming in Primary Care. Her current faculty appointments include the TCU School of Medicine and Texas Wesleyan University Graduate Counseling Program. Dr. Bergs presents regularly at regional and national conferences on topics spanning behavioral health, medical and GME concerns. She is an active, widely published researcher.

Clinical/Research Interests

- Primary care mental health
- Substance use
- Street medicine/homeless outreach
- Sports medicine
- Sexuality and health
- Physician burn-out, resilience, and well-being



Garret Blankenship, PsyD

Track/

Rotation General Clinical, Inpatient Assessment

Contact GBlankensh@jpshealth.org

Education

2019–2020	Postdoctoral Fellowship Options in Psychology private practice affiliate of University of Northern Colorado
2018–2019	Clinical Psychology Internship Options in Psychology private practice affiliate of University of Northern Colorado
2019	PsyD in Clinical Psychology George Fox University, Newberg, OR

Dr. Garret Blankenship has served on a multidisciplinary team of health and human performance professionals embedded in squadrons of active-duty military members at Luke Air Force Base in Maricopa County, Arizona since finishing his post-doc. In this position, he has provided consultation to leadership, program development and implementation, training and education on performance-related topics, skills training, performance and executive coaching, research design, culture-based interventions, and policy change and development, as well as psychotherapeutic services. In addition, he provided neuropsychological and diagnostic assessment services in the mental health clinic on base specializing in the assessment of Airmen with complex and unusual cases. Dr. Blankenship holds a faculty appointment with the Air Force School of Medicine. He served as an elected board member and legislative chair for the Arizona state Psychological Association, where he monitored legislative initiatives and guided advocacy efforts pertaining to the practice of clinical psychology. Dr. Blankenship will hold an academic appointment at UNT Health Sciences Center. In his spare time, Garret enjoys carpentry, playing drums and guitar, martial arts, hiking, and movie nights with his wife.

Clinical/Research Interests

- Group dynamics and effective leadership training
- Systems consultation and program development
- Emotional intelligence
- Provider resilience and burnout
- Assessment of diagnostically complex patients
- Interprofessional consultation



Oksana Blankenship, PsyD

Track/

Rotation General Clinical; Neuropsychology

Contact OBlankensh@jpshealth.org

Education

2022	Postdoctoral Fellowship Desert Vista Neuropsychological Specialists, Phoenix, AZ
2021	Post Doctoral Fellowship Rehab Without Walls, Tucson, AZ
2020	PsyD in Clinical Psychology George Fox University, Newberg, OR
2017	MA in Clinical Psychology George Fox University, Newberg, OR

Dr. Oksana Blankenship's training and expertise is in forensic neuropsychology. She formerly served as a forensic neuropsychologist in the Arizona State Prison System where she was the director of the Residential Treatment Unit. She conducted neuropsychological evaluations for inmates with neurodevelopmental and neurocognitive disorders, as well as transgender and SMI evaluations. She also facilitated group and individual psychotherapy for inmates. During her post-doctoral training, she conducted forensic evaluations (i.e., competency to stand trial, guilty except for insanity, capital mitigation and post-conviction relief), provided restoration to competency treatment, conducted neuropsychological evaluations (i.e., independent medical, workers' compensation, spinal cord stimulator, fitness for duty), as well as evaluations for the NFL, MLB, and NCAA. She also has training and experience in conducting psychosexual, violence/risk, pre-surgical, and parenting capacity evaluations. She has training and experience in providing individual and group psychotherapy to children and adults. Dr. Blankenship holds an academic appointment at UNT Health Sciences Center."

Clinical/Research Interests

- Neurocognitive and neurodevelopmental disorders
- Importance of performance validity measures in evaluations
- Functional neurological disorders
- Personality disorders
- Adverse childhood experiences on attachment and mentalization
- Effectiveness of outpatient sex offender treatment
- Intimate partner violence



Katherine M. Weber, PhD

Title	Associate Director for Psychotherapy, Psychiatry Resident Internship	
Track/ Rotation	General Clinical/Consult Service, Psychotherapy	
Contact	KWeber@jpshealth.org	
Education	2019	PhD in Clinical Psychology University of North Texas, Denton, TX
	2018-19	Pre-doctoral internship Cambridge Health Alliance/Harvard Medical School, Cambridge, MA
	2012	MA in Cognitive and Developmental Psychology University of Albany, SUNY, Albany, NY

Dr. Weber joined the Division of Psychology at JPS in 2019 after graduating from the University of North Texas with a PhD in Clinical Psychology. She spent three years at JPS in a variety of positions during her graduate program at UNT. Dr. Weber completed her internship at Harvard Medical School/Cambridge Health Alliance, where she worked with children and adults across the lifespan. She has a special interest in psychodynamic psychotherapy and related assessment approaches, especially multi-method assessments using self-reporting and performance-based personality measures, including the Rorschach (R-PAS) and Thematic Apperception Test (TAT). Her clinical interests include complex trauma, substance abuse recovery, and pain management. Dr. Weber holds an academic appointment at UNT Health Sciences Center.

Clinical/Research Interests

- Psychodynamic/object relations approaches to assessment
- Psychodynamic and integrative psychotherapy of adolescents and adults
- Complex trauma
- Substance abuse recovery
- Pain management



Alicia Young, PsyD

Track/

Rotation General Clinical; Outpatient Assessment

Contact AYoung06@jpshealth.org

Education

2021	Post-doctoral Internship Atlanta Psychological Services, Atlanta, Georgia
2020	PsyD in Clinical Psychology Nova Southeastern University, Ft. Lauderdale, FL
2019-2020	Pre-doctoral internship RJ Donovan Correctional Facility, San Diego, California
2016	MS in Clinical Psychology Nova Southeastern University, Ft. Lauderdale, FL

Dr. Young joined the Division of Psychology faculty in November 2022. She previously served in a Clinical Forensic Psychologist Locum Tenens position in Milledgeville, GA, where she provided risk and competency evaluations, individual therapy, and collaborated with treatment teams in pre-release planning and monthly forensic reviews. She has previous experience conducting psychological evaluations for children, adolescents, and adults referred from Juvenile Justice and Family and Children's Services departments, as well as experience with adolescent drug treatment, PTSD, bereavement, other psychological disorders, the provision of services to victims of domestic violence, and neuropsychological assessment. Dr. Young holds an academic appointment at UNT Health Sciences Center.

Clinical/Research Interests

- Diversity, equity, and inclusion
- Underserved populations
- Resiliency
- Psychological assessment
- Forensic psychology
- Integrated care



Nelly C. Yuen, PhD

Track/

Rotation Integrated Primary Care, Supervisor

Contact NYuen@jpshealth.org

Education

2021	PhD in Clinical Psychology Fielding Graduate University, Santa Barbara, CA
2018	MA in Clinical Psychology Fielding Graduate University, Santa Barbara, CA
2010	MA in Counseling Dallas Theological Seminary, Dallas, TX

Dr. Yuen joined the Division of Psychology faculty in February 2024, coming to JPS from the University of Texas/ UT Tyler Health Science Center in Tyler, Texas. At UT Tyler, she served as an Assistant Professor of Practice, instructing graduate level classes in applied therapy skills, cultural diversity, lifespan development, and clinical practicum. She also served as a graduate research faculty member, conducting and providing supervision and support for thesis and dissertation research projects. Her clinical duties included serving as the mental health coordinator at the UT Tyler Cystic Fibrosis Clinic and as Co-Principal Investigator in clinical research projects aimed at underserved East Texas communities.

Clinical/Research Interests

- Treatment of severe mental illness
- Chronic medical illness
- Undertreated mental health conditions and underserved populations
- Treatment adherence
- Health care accessibility and utilization

Application Requirement and Procedures - Both Tracks

Internship applicants are considered for positions without regard to race, color, religion, sex, gender identity, national origin, sexual orientation, age, marital status, parenting status, disability, or any other legally protected status. JPS and the Division of Psychology are committed to providing a safe and welcoming training atmosphere to all.

As stated by APPIC, internship training is at the 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 as stipulated by their home university graduate program. The doctoral training program in which the intern is enrolled must be eligible for the match and/or post-match vacancy service of APPIC.

Applicants must be U.S. citizens pursuing a doctoral degree in psychology. Internship applicants must supply evidence of completion of formal academic coursework at a degree-granting program in professional applied psychology (clinical, counseling, clinical health/behavioral medicine). They must also supply evidence of previously completed, closely supervised experiential training in professional psychology activities conducted in non-classroom settings. Specific applicant requirements are as follow:

- The applicant is enrolled in an American or Canadian Clinical, Clinical Health, or Counseling Psychology doctoral program which is eligible for the Match and/or Post-Match Vacancy Services of APPIC.
- The applicant has completed at least three years of graduate academic coursework, including graduate-level coursework in personality theory, psychopathology/diagnosis, psychotherapy, psychological assessment, multicultural psychology, and professional ethics.
- The applicant has also completed closely supervised practica (experiential training) in both psychotherapy and psychological or neuropsychological assessment.
- The applicant's dissertation committee has approved a dissertation proposal prior to the start of internship. Please note that because internship is a busy year, there is no protected time during the internship for dissertation completion. Our recommendation is that our interns plan to have completed their proposal and, if at all possible, data collection and analyses prior to arrival for internship.
- The applicant must be fluent in reading, writing, and speaking the English language. Applicants who are earning their doctoral degree from a U.S. or foreign home university are assumed to have sufficient English language proficiency for training at JPS, if applicant's written and oral English language skills are fluent as observed in the application review/interview process. Applicants whose coursework were conducted in a primary language other than English or whose English fluency is questioned during the application review/interview process may be required to demonstrate English language proficiency on the Test of English as a Foreign Language (TOEFL). Successful applicants will have achieved an overall score of 87 or higher, with a minimum score of 25 on writing, 24 on speaking, 21 on reading, and 17 on listening.

The 2025-2026 training year application deadline for consideration as a JPS intern is Wednesday, December 4, 2024, at 11:59 pm CST.

JPS abides by the APPIC policy that no person at JPS will solicit, accept, or use any ranking-related information from any intern applicant prior to Match.

How To Apply

Applications: Applicants to the program will follow the application and match process outlined at [appic.org](https://www.appic.org). Per the APPIC website, any clinical psychology doctoral candidate who is interested in participating in the APPIC match for psychology internship placement may register for the match at the National Matching Services web site listed above. APPIC provides the APPIC Application for Psychology Internships (AAPI), a standardized application form for use by students who are applying to internship programs.

In order to be considered as a candidate to our program, all applicants must submit the following before the application deadline:

- AAPI Online Application, found at [appic.org](https://www.appic.org)
- A cover letter. **Please clearly indicate the training track (General Psychology or Integrated Primary Care Psychology) to which you are applying.** Please also describe your training goals and how you expect our program to help meet those goals.
- Three (3) letters of recommendation
- An up-to-date curriculum vitae (CV)
- Graduate transcripts
- Verification of readiness for internship from the Training Director (via the DCT Portal) at the applicant's home university graduate program.
- **For Generalist Clinical Psychology Track only:** The following supplemental materials:
 - One **full psychological/neuropsychological test report** on an adult patient (18 or older). Before submission, the applicant must redact the document to remove all patient-identifying information, as defined by HIPAA.
 - One **sample of other clinical work** in the form of a discharge summary or a case report from a psychotherapy case. Before submission, the applicant must redact the document to remove all patient-identifying information, as defined by HIPAA.

Interviews: For the 2025-2026 training year, invitations for interviews will be made on or before December 17, 2024. Only candidates who submit a complete set of application materials will be considered for an interview. Candidate interviews will be held on Tuesdays and Fridays in January 2025; specifically: January 14, 17, 21, and 24.

Interviews are offered virtually for the 2025-2026 internship year. Applicants may request an opportunity to visit the site in-person and tour the facility with current interns prior to their scheduled interview date. In certain cases, a "second look," in person visit may also be accommodated at the request of an interviewed intern after virtual interviews have been completed and before match rankings are submitted.

During the virtual interview, we will provide an overview of the program, formal interviews with various faculty members, time with current interns, and opportunities to ask questions. More information will be sent to candidates with the invitation to interview.

Selection Process: All applications will be screened by the Training Director and Assistant Training Directors with the assistance of clinical faculty. Those applicants who are selected for interview will have been reviewed thoroughly by at least three clinical faculty members, taking into consideration past coursework, letters of recommendation and other paperwork, practicum preparation, areas of clinical interest, career plans, internship goals, and fit with our program. Once interviewed, the Training Director and Assistant Training Directors will utilize feedback from interviewing faculty and current interns in compiling final rankings for the match.

Post-Match Considerations for Interns Accepted to the Program: In accordance with JPS policies and procedures, all applicants who match with the internship program will be required to undergo a background check (conducted by JPS Human Resources) as well as a 10-panel drug screen (administered by JPS Occupational Health).

Any criminal activity, charges, or convictions discovered during the background check may affect the candidate's eligibility for internship. If the drug screen returns positive results for any of its components, candidates will not be allowed to start the internship. An offer of internship placement may be rescinded based on the results of either the background check or the drug screen. **Please note that marijuana is illegal in Texas**, so drug screening includes testing for marijuana and related substances. (Note also that CBD oils with trace amounts of marijuana have potential for returning positive results.) At this time, prescriptions for medical marijuana are not considered a "pass" on the drug screen. To help inform decisions about applying to the internship, applicants should consider the potential for their background check or drug screen results to cause JPS to rescind an internship offer. For those who do not match, the APPIC Post-Match Vacancy Service provides information on internship positions that are available at the conclusion of the formal match process.

Rights and Responsibilities

Program Responsibilities: The program is committed to providing the type of learning environment in which an intern can explore professional and personal issues related to his/her future profession. In response to intern expectations described above and below, the program assumes a number of general responsibilities:

1. Provide interns with information regarding relevant professional standards and guidelines, as well as appropriate forums where discussions about the implementation of such standards occur.
2. Provide interns with information regarding relevant laws and regulations which govern the practice of psychology, as well as appropriate forums where discussions about the implementation of such laws and regulations occur.
3. Provide written evaluations of intern progress, with the timing and content of such evaluations designed to chronicle and facilitate change and growth as a professional. Evaluations will address interns' knowledge and adherence to professional standards, clinical skill competencies, and personal functioning standards in the delivery of professional services.

In accepting the above responsibilities, the program will maintain ongoing communications with the intern's home university graduate program regarding progress during the internship year. The program will provide appropriate mechanisms by which inappropriate intern behavior that affects professional functioning is brought to the attention of the intern, and support and guide the remediation of any such behaviors. The program will also provide interns with information on the procedures, including grievance and due process guidelines, used to address and remediate any perceived problems related to professional standards, professional competency, and/or professional functioning.

Intern Responsibilities: Interns are expected to follow all JPS policies, procedures, and requirements as outlined in this training manual. Briefly, they are further expected to comply with expected program rules and responsibilities, and to demonstrate the Profession Wide Competency (PWC) elements listed below by the end of their internship year. (For a complete list of PWC elements that the intern is expected to master, please refer to the Internship Profession Wide Competencies Evaluation Form found in Appendix VIII of this manual.)

1. **Research:** Demonstrates critical understanding and appropriate application of relevant scientific literature, a solid understanding of research methodology, and capacity to conduct scholarly activity that generates new findings.
2. **Ethical and Legal Standards:** Demonstrate knowledge and behavior in accordance with APA's Code of Ethics, relevant rules and regulations, and other professional standards and guidelines; recognizes ethical dilemmas as they arise; conducts self in an ethical manner.
3. **Individual and Cultural Diversity:** Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity; the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles; and awareness of how personal/cultural history affects patient interactions.
4. **Professional Values, Attitudes, and Behaviors:** Demonstrates professionalism in deportment, accountability in clinical and training settings, as well as appropriate self-reflection about personal functioning.

5. **Communication and Interpersonal Skills:** Demonstrates capacity to develop and maintain effective relationships with supervisors, peers, and patients; communicates orally and in written communications in an effective, professional manner with diverse constituent groups.
6. **Assessment:** Demonstrates skills in differential diagnoses, assessment methods, case formulations, and communication of assessment results.
7. **Intervention:** Demonstrates skills in rapport-building, treatment planning, and delivery of evidence-based psychotherapeutic approaches adapted to patient needs and interests.
8. **Supervision:** Demonstrates knowledge of supervision models and related ethical and cultural/diversity related considerations; applies supervision knowledge in direct and/or simulated practice.
9. **Consultation and Interprofessional/Interdisciplinary Skills:** Demonstrates knowledge and respect for the roles and responsibilities of other professions and ability to interact effectively in multidisciplinary settings.

Personal Functioning: The program believes that there is a direct relationship between personal functioning and effectiveness as a professional psychologist, especially related to the intern's role in delivering care to patients. Physical, emotional, and/or educational problems may interfere with the quality of an intern's professional work. Such problems include, but are not limited to:

1. Educational or academic deficiencies
2. Psychological adjustment problems and/or inappropriate emotional responses in professional settings
3. Inappropriate management of personal stress
4. Inadequate level of self-directed professional development
5. Inappropriate use of and/or response to supervision

When such problems interfere significantly with an intern's professional functioning, they will be communicated in writing to the intern, as outlined in the program's Due Process, Appeals, and Grievance Procedures. The Training Director will work with the intern to formulate strategies for ameliorating these problems and will implement remediation strategies and procedures, as necessary. If these attempts do not restore the intern to an acceptable level of professional functioning within a reasonable period of time, adverse actions may be considered up to and including dismissal from the program.

Professional Performance: Patient care and protection 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 patients, peers, faculty, staff members, or others
3. Violation of hospital-wide, Psychiatry/Behavioral Health Service, or Psychology Division program policies, procedures, rules, codes of conduct, etc.
4. Time and attendance deficiencies
5. Breach of professional ethics or conduct

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 in meeting appropriate standards is taken into consideration during performance evaluation. Unmet expectations include, but are not limited to, deficiencies in:

1. The knowledge base required to demonstrate competence on rotation/training experience.
2. The application of knowledge and technical skills in practice/training settings.
3. Communication skills required for effective patient care, including ability to establish and maintain ethical, effective interpersonal relationships with patients, faculty, care teams, and others.
4. Appropriate use of system-based resources in patient care.
5. Receptivity to coaching/utilization of relevant empirical and theoretical resources during supervision sessions.

Time and Attendance: Interns in the program will abide by all JPS policies and procedures, including all Human Resources policies and procedures. (Access to the Policy Portal is provided to interns during orientation). Because of their clinical responsibilities for patient care and for timely completion of other training assignments, 100 percent attendance at all activities is required unless otherwise approved by the Training Director or Assistant Training Directors. For more information on attendance and punctuality requirements, interns should refer to the hospital-wide HR 3601 Attendance and Punctuality Procedure.

Due Process, Appeals, and Grievance Procedures: As noted above, the internship's formal Due Process, Appeals and Grievance Procedures are found in Appendices VI and VII, below.

APPIC Membership

As part of our commitment to providing high quality training in health services psychology, we maintain membership in the Association of Psychology Postdoctoral and Internship Centers (APPIC).

Accreditation

The internship is not currently APA-accredited.

An APA CoA site visit for accreditation has been scheduled for Winter 2025. This CoA site visit will assess accreditation readiness for both our General Clinical Track (match ID = 246811) and our Integrated Clinical Track (match ID = 246812). Please be advised that there is no assurance that we will be able to successfully achieve accreditation.

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

Office of Program Consultation and Accreditation American Psychological Association

750 1st Street, NE

Washington, DC 20002

Phone 832-336-5979

E-mail apaaccred@apa.org

Website apa.org/ed/accreditation

Appendix I: About JPS Health Network

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. This hospital was free to all accident cases and any other cases which the authorities would accept. Thus, 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 twenty-five beds.

By 1938, the downtown location was not adequate to accommodate the demands of the region, and construction of the new hospital was begun on the land donated by John Peter Smith. The resulting 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 healthcare. The facilities on Main Street have grown to a hospital licensed for 582 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 was named the Best Hospital for America by *Washington Monthly* magazine and the Lown Institute in 2020 and has maintained that distinction in every annual Lown Institute survey since that time.

In November 2018, Tarrant County voters approved the issuance of \$800 million in bonds to acquire, construct, improve, equip, or enlarge facilities of the Tarrant County Hospital District, operating as JPS Health Network. The bond allows for major expansions, including a new mental and behavioral health hospital, a new hospital tower, a new cancer center, four new regional health centers, and a new ambulatory surgical center.

Multispecialty services provided at JPS Health Network include:

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

Appendix II: JPS and Psychology Internship Leadership

JPS Health Network Leadership

	Position Holder
President and CEO	Karen Duncan, MD, MBA
Senior Vice President, Academic Affairs	Tricia Elliott, MD
Vice Chair, Education and Director, Psychiatry Residency Program	Dustin DeMoss, DO
Department of Psychiatry and Behavioral Health Chair	Nekesha Oliphant, MD
Psychiatry Service Line Administrator	Dena Palmer, MS
Director of Psychology, Research, and Education	Cindy Claassen, PhD
Director of Clinical Training, Psychology	Cindy Claassen, PhD
Senior Administrative Assistant	Mary Jane Allred

Internship Leadership

	Position Holder
Director of Clinical Training	Cynthia Claassen, PhD
Assistant Directors of Clinical Training of Psychology	Bryan Duncan, PhD Adam Guck, PhD, ABPP
Program Administrator	Dena Palmer, MS

Rotation Supervisors

Assessment Rotations	Drs. Claassen, Banks, and O. Blankenship Drs. G. Blankenship and Young
Psychotherapy Rotation	Drs. Weber and Duncan
Health Psychology Rotation	Drs. Weber and Duncan
All Integrated Primary Care Rotations	Drs. Bergs and Guck

Psychometrists

Outpatient	Simone Heinle, MS
Inpatient	Matthew Fontanese, MS

Appendix III: JPS Department of Academic Affairs

JPS sponsors training programs accredited through the Accreditation Council for Graduate Medical Education (ACGME), the Council on Podiatric Medical Education (CPME), and the Association of Psychology Postdoctoral and Internship Centers (APPIC). 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 is committed to improving the health of Tarrant County and providing a quality experience in the learning environment.

The Department of Academic Affairs (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, clinical psychology internships and practicum training.

Academic Affairs oversees faculty professional development, research, and scholarly activities, including research compliance, academic planning and program review, academic policy, academic services, budgets, governance, JPS's library, and continuing medical education programs. Academic Affairs also oversees all operations of the Academic Divisions, providing administrative oversight and academic leadership. Academic Affairs 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 Academic Affairs 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 twenty clinical residency and fellowship programs:

- | | |
|---|--|
| 1. Emergency Medicine | 12. PGY1 Pharmacy |
| 2. Family Medicine | 13. PGY2 Ambulatory Care Pharmacy |
| 3. General Surgery | 14. Podiatry |
| 4. Geriatric Medicine | 15. Psychiatry |
| 5. Hospice and Palliative Medicine | 16. Sports Medicine |
| 6. Obstetrics and Gynecology | 17. Transitional Internship |
| 7. Oral and Maxillofacial Surgery (<i>internship</i>) | 18. Psychology Internship |
| 8. Oral and Maxillofacial Surgery (<i>residency</i>) | 19. Child and Adolescent Psychiatry Fellowship |
| 9. Ophthalmology | 20. Advanced Practice Professional's Behavioral Health Certification Program |
| 10. Orthopaedics | |
| 11. Nursing | |

JPS is a major participating institution for several programs including Baylor University Medical Center General Surgery and The University of Texas Southwestern Medical Center for Ophthalmology and Oral and Maxillofacial Surgery. In addition, it has the following training roles and distinctions:

- 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 in select residency and fellowship programs
- Psychology Interns and Practicum Students
- 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 remaining in the top ten in the nation
- Family Medicine faculty are leaders in developing family medicine training programs across the globe
- Graduated first Emergency Medicine Resident class in 2013
- Globally recognized faculty who are committed to improving healthcare through teaching, mentoring, and role modeling
- Largest teaching hospital in Tarrant County

Appendix IV: JPS Psychiatry and Behavioral Health

Overall Psychiatry/Behavioral Health Department Mission: Our aim is to support better and healthier lives, and our vision is 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 outpatient clinics.

Academic Aims: The Department of Psychiatry and Behavioral Health views education as one of the cornerstones of our care delivery model. Education is a dynamic process that supports the aims and vision of JPS, and learning at all levels within our system is broadly defined as a change in behavior or perception in light of new information. Education is the mechanism by which this learning process occurs. We believe behavioral healthcare should be scientifically based and artfully practiced. We value the transformational power of education for our patients, their families, and our behavioral healthcare team.

As healthcare providers, we often seek to impart new information to our patients in support of their unique journeys to recovery and resiliency. This goal includes fostering beneficial changes in cognitive, psychological, and behavioral functioning. In turn, as professionals, we ourselves are called to a lifelong process of learning through education in order to deliver innovative clinical care that meets the needs of a dynamic population within an ever-evolving clinical and geographic environment. As such, we seek to embrace innovation and the generation of new knowledge, and to actively encourage clinical research and scholarly activities.

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 other medical education specialists to sponsor a psychiatry residency program as well as clinical rotations for medical students, internships for physician assistant and nurse practitioner students, a fellowship program in child and adolescent psychiatry, and internship and practicum training for graduate-level psychology students. Our department also partners with regional universities and community colleges to provide clinical experiences for nursing, social work, and first responder students. To summarize, our deep connection to education and research defines our present and propels us forward into the future.

Clinical Services: JPS is dedicated to providing a full continuum of behavioral health services, including inpatient services at Trinity Springs Pavilion (100 bed facility), Trinity Springs North (40 bed facility), 24/7 emergency behavioral health services at our Psychiatric Emergency Center, and outpatient services at JPS outpatient clinics.

The Department of Psychiatry and Behavioral Health employs over 65 psychiatric providers including adult and child/adolescent psychiatrists, Advanced Practice Providers, licensed PhD psychologists and psychometrists. In addition to these providers, other members of multi-specialty, multidisciplinary treatment teams address the many facets of care required by those recovering from psychiatric illness using a broad range of pharmacotherapeutic and case management approaches, crisis intervention services, psychological and neuropsychological assessment services, and individual/group psychotherapeutic interventions.

Inpatient and/or outpatient treatment team members include:

- 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
- Advanced Practice Providers
- Psychologists
- Psychometrists
- Registered Nurses

Specific mental health services available at JPS include:

- Psychiatric emergency services
- Acute inpatient psychiatric services
- Longer-term inpatient psychiatric services (Local Commitment Alternative Services)
- Adolescent inpatient services
- Inpatient psychiatric consultation services
- Partial hospitalization programs
- Intensive outpatient programs
- Outpatient behavioral health services
- Peer and family services
- Peer support services
- Virtual behavioral health support for primary care providers
- Behavioral health discharge management

Appendix V: JPS Internship Training Program Oversight Structure



The internship's Faculty Training Committee is responsible for monitoring intern development in areas related to clinical skills and professional competencies. This committee is composed of all PhD-level Psychology Division faculty who have any internship training responsibilities. The committee is also responsible for interviewing and rating internship applicants and discussing internship training program development/concerns/challenges/etc. If informal or formal remediation plans become necessary for specific interns, these are presented for discussion within Faculty Training Committee meetings. Finally, this committee is responsible for completion (as a group) of interns' Professional Competency Evaluations twice a year.

The Educational Policy Committee (EPC) oversees the internship program as one of the educational programs offered within the Psychiatry and Behavioral Health Service. This committee is composed of the psychology internship's Program Administrator and Training Director, the Department of Psychiatry and Behavioral Health's Vice Chair of Education, and representatives of other Psychiatry and Behavioral Health training programs (e.g., medical student clerkship, physician assistant and child and adolescent fellowships, etc.). Primary functions of the EPC in relation to the psychology internship are to periodically review aspects of the program including rotations, didactics series, policies, etc. The EPC is also involved in formal review processes if informal reviews have not resolved an intern performance issue or if informal review of the concern is not appropriate or feasible.

JPS Department of Academic Affairs (Academic Affairs) is responsible for the advancement of all medical education in JPS, including graduate medical education, clerkships, advanced physician assistant training programs, all residency training programs, and the clinical psychology internship and practicum training programs. As such, Academic Affairs provides final administrative and academic leadership to all medical and psychology training programs, including oversight of budgets, policies and procedures, and any trainee performance issues that arise while at JPS.

Appendix VI: Internship Training Program Due Process, Appeals, and Grievances Procedures

At JPS, our primary responsibility is to the welfare of our patients. Therefore, we maintain high standards of patient care and ethical and professional conduct. On rare occasions, intern performance is insufficient and/or intern problem behaviors can occur. Problem behaviors can take many forms (e.g., lacking sufficient academic preparation, lack of appropriate clinical experiences, personal difficulties that impact professional performance, significantly underdeveloped competencies, etc.). There are times when deviations from standard training practice may be a function of legitimate disability (e.g., ADA accommodations), and in those instances JPS complies with its obligations under the ADA. However, when this is not the case and such performance deficits and/or problem behaviors are identified, the training program assesses the nature of the deficit and/or problem and formulates a plan to support the intern in effective remediation. The intent of the remediation plan is to allow the intern to demonstrate the level of competency and professionalism necessary to successfully complete internship training.

This section describes potential insufficient performance criteria and/or problem behaviors, how due process is provided, how interns can appeal if they disagree with a final decision on a particular type of remedial plan, and how interns can file an informal grievance or a formal grievance and appeal the final decision on a formal grievance. An intern, staff member, patient, or other person may activate a formal review of an intern at any time based on insufficient intern performance and/or problem behaviors. Formal review may also be triggered by a supervisor's evaluation of intern performance.

In this section:

- Due process guidelines
 - Insufficient performance
 - Problem behaviors
 - Due process overview
 - Informal review and resolution
 - Formal review
 - Acknowledgement and No Further Action
 - Informal action plan
 - Formal remediation plan and termination
- Appeal procedures
- Informal grievance procedure
- Formal grievance procedure
- Lack of resolution: Academic Affairs

Due process guidelines

The following guidelines describe intern performance concerns and/or problem behaviors that would be cause for formal review, and which may result in an Acknowledgment and No Further Action, informal action plan, formal remediation plan, or termination of internship training and employment, if not corrected.

Due process procedures protect intern rights and are implemented in order to afford the intern with a reasonable opportunity to remediate performance deficits and/or problem behaviors and to receive support and assistance. Interns have the right to appeal a final decision on an Acknowledgment and No Further Action, informal action plan, formal remediation plan, or termination of internship training and employment. Interns may also file a grievance at any time during the internship and may appeal the final decision on a formal grievance.

JPS policies and procedures will also be applied to the process of identifying insufficient performance and/or problem behaviors during the due process, appeals, and grievance processes.

Insufficient performance

Performance problems that may be cause for formal review and a subsequent Acknowledgment and No Further Action, informal action plan, formal remediation plan, or termination from employment and internship training include skills deficits, failure to perform at the level of competency expected, and problems with ethical and/or professional conduct. Examples of insufficient performance include, but are not limited to, the following:

1. The intern does not acknowledge, understand, address, or correct a problem when it is identified.
 - a. An intern problem is defined as a **skill deficit** if it:
 1. Negatively impacts the intern's clinical work or the quality of other patient services.
 2. Reflects clinical skill levels below that which is expected at the particular point during the internship year where the intern is. This occurs when an intern obtains ratings below that which is expected on end-of-rotation evaluation forms (i.e., below an average rating of at least 3.0 across all individual Profession Wide Competency elements by the end of the second clinical rotation in the year).
 3. Requires remediation for correction (e.g., increased didactic, experiential training).
 4. Has not been corrected by didactic or experiential training.
 5. Has not changed as a function of feedback, remediation efforts, and/or additional experience.
 6. Negatively impacts the intern's clinical work or the quality of care provided to patients by other clinicians.
 - b. An intern problem is assessed as a **learning problem** if:
 1. The intern demonstrates an inability and/or unwillingness to learn and appropriately integrate professional ethical standards into all professional work.
 2. The intern demonstrates an inability to effectively manage personal stress, psychological distraction, and/or excessive emotional reactions that interfere with professional functioning.
 - c. An intern problem is assessed as a **problem functioning in a professional environment** if:
 1. The intern demonstrates an inability and/or unwillingness to learn and appropriately and consistently integrate professional standards into all professional work.

2. The intern demonstrates an inability to effectively manage personal stress, psychological distraction, and/or excessive emotional reactions that interfere with professional functioning.
3. The problematic behavior has potential for ethical or legal ramifications if not addressed.
4. The intern's behavior negatively impacts the public's view of JPS.
5. The problematic behavior negatively impacts the other interns.
6. The problem is not restricted to one area of professional functioning.
7. A disproportionate amount of attention by training personnel is required.

Problem behaviors

Problem behaviors subject to formal review and subsequent action, such as Acknowledgment and No Further Action, informal action plan, formal remediation plan, or termination from employment and internship training, include a number of situations. These situations may include, but are not limited to, intern engagement in any of the following behaviors:

1. Sexual harassment
2. Major violations of professional codes of conduct for ethical and professional practice, including the APA Ethical Principles of Psychologists and Code of Conduct and APA Professional Practice Guidelines
3. Insubordinate behavior
4. Exploitive or abusive behavior
5. Other behaviors not listed elsewhere in this document but that represent infringement on the rights, privileges, and responsibilities of interns, other psychology division faculty, volunteers/employees, other members of the community at large and/or patients, families and visitors
6. Egregious behaviors including illegal behavior, clearly amoral behavior, or other behaviors that indicate very poor judgment and reflect badly on the profession of psychology and/or JPS. Egregious behaviors may result in termination of the intern's employment and internship training and notification of the intern's home university graduate program.

Due process overview

Due process is integrated within the formal review and remediation process. The goal of due process is that interns are treated justly, given a reasonable opportunity to hear about, respond to, and remediate performance deficits and/or problem behaviors; receive support and assistance; and have the right to appeal and to file a grievance within the parameters set forth in this manual. The training program is structured to include due process, so that behavior and performance expectations are clear, and evaluation processes and procedures for remediation are effective, timely, and fair.

- **Program Expectations:** The training program will discuss expectations for professional functioning both orally and in writing at the beginning of the internship training year.
- **Procedures for Evaluation:** The training program will discuss expectations for professional functioning both orally and in writing at the beginning of the internship training year.
- **Procedures for Evaluation:** The training program will also inform interns about the program's procedures for evaluating intern performance, including when, how, and who will conduct these evaluations, at the beginning of the internship training year.
- **Procedures for Identification and Evaluation of Performance Deficits and Problem Behaviors:** Finally, the training program will inform interns when performance deficits and/or problem behaviors are identified and how they will be addressed at the beginning of the internship training year.
- **Data for Performance Evaluation:** The training program will use input from multiple professional sources as feasible when making decisions or recommendations regarding intern performance and behavior.
- **Informal Review and Resolution:** After sufficient data has been collected to clearly identify and define a performance deficit or problem behavior, the training program holds an informal discussion with the intern within two weeks to review the concern. At this stage, informal suggestions for remediation of the performance deficit or problem behavior are provided. The intern is given a defined period of time to remediate the problem behavior or performance deficit, based on the scope and nature of the performance deficit or problem behavior. The informal remediation time period is determined by the nature of the performance deficit or problem behavior, as well as program considerations or requirements for appropriate intern performance.
- **Remediation Plan and Termination:** The outcome of the informal discussion about a performance deficit or problem behavior may be Acknowledgement and No Further Action. However, if it is determined that some type of remediation plan is warranted (e.g., informal action plan, formal remediation plan) the training program's Training Director and/or Assistant Training Directors, in conjunction with selected faculty members, provides a plan to assist the intern in addressing performance deficits and/or problem behaviors, as well as a timeline by which to complete requirements for remediation and the outcome metrics by which improved performance will be assessed. It should be noted that implementation of a formal remediation plan means that an intern is automatically on probationary status within the internship program. Review of progress in meeting remediation plan benchmarks is done according to the nature of the performance deficit or problem behavior, but no less than once every month until the performance deficit or problem behavior is sufficiently resolved, as determined by outcome metrics contained within the plan. These progress reviews will include substantive written feedback to guide intern progress toward resolution of insufficient performance or problem behaviors. Once the performance deficit or problem behavior is resolved as determined by outcome metrics within the plan, the plan is exited. Consequences for failure to meet these requirements by the end of the timeline are determined in accordance with the nature of the performance deficit or problem behavior and will be described within the individual remediation plan, and may include termination of the intern's employment and internship training. The termination process is described below in this training manual.

- **Appeal:** The training program also provides interns with a written description of the appeals process and related procedures, should interns choose to exercise their right to an appeal. The appeals process is found below in this training manual, and is reviewed orally with interns at the beginning of the internship year.
- **Timely Process:** The training program will provide a sufficient amount of time for interns to respond to any actions taken by the program to address performance deficits and/or problem behaviors.
- **Documentation:** The training program will document in writing the actions to be taken if an intern has performance deficits and/or problem behaviors, along with the rationale for any actions taken and criteria for completing the remediation plan. The training program will provide this information to others as appropriate. Documentation will be kept in the intern's professional file in the case of a formal remediation plan and in the training program's files for all other due process, grievance, and appeal matters.
- **Communication with Home University Graduate Program:** If an intern has performance deficits and/or problem behaviors that result in a formal remediation plan, the training program will communicate early and often with the intern and with the intern's home university graduate program, when needed to address these issues.

Due Process: Detailed Steps

Informal review and resolution

When a person believes that an intern is demonstrating performance deficits and/or problem behaviors, the first step in addressing the issue should be to raise the issue with the intern directly, if feasible and appropriate, as is required by Section 1.04 of APA's *Ethical Principles of Psychologists and Code of Conduct* (APA Ethics Code). The person who raises the concern should raise the issue with the intern as soon as feasible in an attempt to informally resolve the issue. The same person should monitor the outcome. If the person who raises the concern is a person outside the training program, they should inform a training program supervisor or the Program Director and Assistant Director, who will take responsibility for addressing and monitoring the performance deficit and/or problem behaviors. As described above, notice to the intern that training program administration is involved, informal discussion with the intern, and an informal remediation program with outcome metrics and routine monitoring will be established and executed if warranted by the nature of the concern. Informal review and resolution processes and outcomes will be documented in writing and placed in the training program's files.

Formal review

Notice: When an intern, administrator, patient, or other person informs the Training Director and/or Assistant Director or Program Administrator, or if the Education Policy Committee decides, that intern performance is insufficient and/or a significant performance deficit and/or problem behavior has occurred, and informal review has not resolved the issue or is not appropriate or not feasible, a **formal review** of the intern's performance deficits and/or problem behaviors is activated. At that point, the intern will be notified in writing that a formal review hearing will be held. The written notice will provide the intern with at least ten (10) working days' notice of the hearing date, will state the date, time, and location of the hearing, and will invite the intern to attend the hearing. However, if the intern chooses not to attend, the hearing may still take place. Any time limits listed above may be extended at the discretion of the Education Policy Committee.

Hearing: The formal review hearing is conducted by the Education Policy Committee. The intern's supervisors may also be involved at any step of this process, and at least one supervisor will be involved if a formal remediation plan is implemented.

Outcomes: The outcome of the formal review hearing will be communicated to the intern in writing within five (5) working days after the hearing decision and will include one of the following:

- Acknowledgment and No Further Action
- Informal Action Plan
- Formal Remediation Plan
- Termination of internship training and employment

Any time limits listed above may be extended at the discretion of the Education Policy Committee. If new information is discovered after a formal review hearing has occurred, and even if the outcome of that hearing was that no further action is required, the formal review process may be restarted at the discretion of the Education Policy Committee, and a new outcome from any subsequent hearings may result.

Acknowledgement and No Further Action

Acknowledgment and No Further Action occurs when the Training Director and the Education Policy Committee decide by simple majority vote that:

- The psychology internship is aware of the problem,
- The problem has been brought to the attention of the intern,
- The problem is not significant enough to warrant an informal action plan, formal remediation plan, or termination,
- And either no further action is required to address the concern or problem or—if the problem needs to be rectified—the supervisor or other staff members will work with the intern to rectify the problem.

The Acknowledgment and No Further Action decision will be documented in writing and a copy of the document will be provided to the intern within five (5) working days after the document is completed. A copy will also be placed in the training program's files. An Acknowledgment and No Further Action may be modified, and/or additional Acknowledgment and No Further Action decisions may be implemented, as needed.

Informal action plan

An informal action plan is implemented when the Training Director, Assistant Training Directors, and the Education Policy Committee decide by simple majority vote that an intern's performance deficits and/or problem behaviors present a low risk to stakeholders, the situation is amenable to timely change, the performance deficits and/or problem behaviors are more significant than those appropriate for Acknowledgment and No Further Action, and that the performance deficits and/or problem behaviors could worsen without the informal action plan.

An informal action plan may include, in addition to other things, increased supervision, didactic training, and/or structured readings. It will also specify the timeframe during which the performance deficit or problem behavior must be resolved and the outcome metrics that will be used to determine whether or not this has happened. The informal action plan will be documented in writing and discussed with the Training Director and Education Policy Committee, but will not become part of the intern's permanent professional file; however, the informal action plan will be kept in the training program's files. A copy of the informal action plan will be provided to the intern within five (5) working days after the document is completed. The informal action plan will not be shared with the intern's home university graduate program unless requested by the intern or agreed upon by the intern and the Training Director. Progress reviews will be conducted as part of the informal action plan within a specified timeframe appropriate to the informal action plan. One or more progress reviews may be conducted. An informal action plan may be modified, and/or additional informal action plans may be implemented, as needed.

Formal remediation plan and termination

The key differences between an informal action plan and a formal remediation plan includes the following:

1. The formal remediation plan is kept in the training program's files and also becomes part of the intern's permanent professional file
2. The Director of Clinical Training from the intern's home university graduate program is informed when a formal remediation plan is enacted
3. A formal remediation plan automatically results in probationary status for the intern
4. Successful remediation as measured by the plan's outcome metrics is mandatory for the intern to successfully complete internship training

A formal remediation plan is implemented when an intern's performance deficits and/or problem behaviors present minimal risk to stakeholders, the situation is amenable to timely change, and the remediation is necessary for the intern to successfully complete internship training.

Development and content of a formal remediation plan

A formal remediation plan will include the following:

1. A clear description of the actual performance deficits and/or problem behaviors that need to be remediated
2. The specific actions to be taken to remediate the deficits and/or problems
3. The time frame during which the deficits and/or problems are expected to be remediated
4. A description of the measurable outcomes that will be used to determine whether performance deficits and/or problem behaviors improve under the plan
5. One or more specific time periods for progress review
6. The procedures for determining when the remediation plan has been successfully completed
7. Whether the intern is suspended from some internship activities including, but not limited to, suspension of clinical privileges
8. Consequences if the remediation plan is not successfully completed
9. Communication of the formal remediation plan to the intern's home university graduate program (as further discussed below)

If a simple majority of the Remediation Review Committee (as defined below) votes to implement a formal remediation plan, the Training Director, Assistant Training Directors, Education Policy Committee, and the intern's supervisor(s) will cooperatively develop the plan.

Process for implementing a formal remediation plan

The process for implementing the formal remediation plan is as follows:

1. The Training Director, Assistant Training Directors, and/or a designated member of the Education Policy Committee verbally informs the intern that a formal remediation plan will be implemented and explains the reasons for this action. Using data collected about the performance deficit and problem behavior, the Training Director, Assistant Training Directors, and specific faculty members develop the remediation plan and identify metrics by which improvement will be measured, along with a description of the timeframe in which improvement is expected.
2. Within five (5) working days after the document is completed, the intern is notified that he/she has been placed on probation within the internship program and the formal remediation plan is reviewed with the intern. The program's appeals process is discussed as needed. A copy of the formal remediation plan document is then provided to the intern.
3. A copy of the formal remediation plan is also placed in the training program's files and in the intern's permanent professional file.
4. The Training Director will also provide and discuss the completed formal remediation plan with the parties who need to be involved with it, including the intern's primary clinical supervisor and the Director of Clinical Training at the home university graduate program, within five (5) working days after the document is provided to the intern. Any time limits listed above may be extended at the discretion of the Education Policy Committee.

Formal remediation plan progress reviews

Implementation of a formal remediation plan means that an intern is automatically on probationary status within the internship program. Progress reviews will be conducted as part of the intern's formal remediation plan within a specified timeframe as set forth in the remediation plan document, but no less often than on a monthly basis. One or more progress reviews may be conducted.

A formal evaluation of progress under the formal remediation plan will be conducted by a Remediation Review Committee consisting of the Training Director, members of the Education Policy Committee, and the intern's supervisor.

The Remediation Review Committee will jointly decide by simple majority whether to do any of the following:

1. Resolve the formal remediation plan upon its successful completion.
2. Extend the intern's probationary period and formal remediation plan timelines to be reviewed at a later formal remediation plan evaluation meeting, with progress reviews during the extension.
3. Terminate the intern's involvement in the internship and the intern's employment and notify the intern's home university graduate program and APPIC.

The formal remediation plan evaluation decision will be documented in writing and will be shared with the intern as soon as possible, but no later than ten (10) working days after the meeting. This documentation will become a part of the training program's file and the intern's professional file. The decision will be shared with the intern's home university graduate program. If the decision involves continuation in the training program, the Director of Training may assign a new clinical supervisor and meet with that supervisor to plan the monitoring of the conditions in the decision. If the Director of Training is the supervisor of the intern, the psychology internship program administrator will take up the role of the Director of Training, listed above. Any time limits listed above may be extended at the discretion of the Education Policy Committee.

Termination

When the focus of the formal remediation plan has included egregious behaviors (e.g., illegal behavior, severe ethical violations, persistent and pervasive competence problems, unsound clinical judgments that result in harm to patients, persistent inability to fulfill the requirements and expectations of the training program, pervasive inability or resistance to utilizing supervision and feedback to affect change and progress, etc.), the Remediation Review Committee may recommend that the intern be terminated from the internship training program and employment when there is a failure to correct serious problem behaviors or performance deficits in accordance with the formal remediation plan.

Termination occurs immediately after notification to the intern of the Remediation Review Committee's decision. At that point, the intern is required to return all keys, badges, and other JPS/Acclaim property. JPS Human Resources will be notified because JPS will also need to terminate the intern's employment. The intern will need to complete the normal procedures for ending internship and employment including completion of all patient documentation and such other tasks as JPS may require. Finally, the intern's home university graduate program is also notified within five (5) working days that the intern has not successfully completed the internship, and a brief description of the reasons for termination are provided to the home university graduate program's Training Director.

Appeals procedures

In the event that an intern wishes to appeal a final decision on an Acknowledgment and No Further Action, a final decision on an informal action plan, a final decision on a formal remediation plan, a final decision on termination of internship training and employment, or to appeal the final decision on a formal grievance, the following appeal procedures must be followed:

1. The intern must file a formal appeal in writing to the Training Director with all supporting documents that support the intern's grounds for the appeal. The intern must submit this written appeal within ten (10) working days after receiving notice of the final decision on an Acknowledgment and No Further Action, informal action plan, formal remediation plan, or termination of internship training and employment, or within ten (10) working days after receiving a final decision on a formal grievance. The intern may also request a personal interview with the Education Policy Committee during this ten-day period, but any such interview will be at the discretion of the Education Policy Committee and does not alter the deadline for the intern to file a written appeal.
2. The Training Director will then convene a formal review panel, consisting of the Training Director, the Assistant Training Directors, the internship program administrator, and at least two other members of the psychology faculty and/or Education Policy Committee within ten (10) working days after receipt of a formal written appeal from an intern. The intern may request one (1) specific member of the psychology faculty to serve on the formal review panel subject to the approval of the Education Policy Committee, but the unavailability or unwillingness of that specific member to serve shall not delay the convening of the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel will reach a decision based on a simple majority vote. In the event of a review panel member's inability or unwillingness at any time to serve on the review panel, or in the event of a review panel member's conflict of interest (as determined by the Education Policy Committee), the Education Policy Committee Chairman or the Internship Director may designate a substitute representative to serve on the review panel.
3. In the event that an intern is filing a second appeal to challenge a decision on the intern's first appeal that was made by the formal review panel, the second appeal will be reviewed by the Education Policy Committee. Within ten (10) working days after receiving the second appeal, the Education Policy Committee will determine whether a new formal review panel should be formed to decide the second appeal or whether the decision of the original review panel on the first appeal is upheld. All decisions by the Education Policy Committee (if it upholds the decision on the first appeal) or by the new review panel (if it decides the second appeal) are final and not subject to further review, grievance, or appeal by the intern.
4. Any time limits listed above may be extended at the discretion of the Education Policy Committee.

Appendix VII: Internship Training Program Grievances Procedures

Informal grievance procedure

“Grievance” is the formal term for a complaint. A grievance procedure is a process that is invoked when an intern has a complaint against any element of the training program. For instance, interns may initiate an informal or formal grievance about the conduct of another intern, supervisor, the Training Director, Psychology Division Director, the Education Policy Committee, or the program’s policies and procedures.

Grievances must be raised by interns and others in good faith consistent with APA Ethics Standard 1.07, which states that 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. Interns who pursue grievances in good faith will not experience any adverse professional consequences.

For situations in which an intern raises a grievance about a supervisor, staff member, other intern, or the internship program, the intern should first raise the issue, as soon as feasible and as appropriate, directly with the person or persons involved in an effort to resolve the problem informally as is consistent with APA Ethics Standard 1.04 on informal resolution. Informal grievances and their outcomes will be documented in writing and placed in the training program’s files.

Formal grievance procedure

If the matter that is the subject of a grievance cannot be satisfactorily resolved using informal means, the intern may submit a formal grievance in writing to the Training Director and Assistant Training Directors. If the Training Director or Assistant Training Directors is the subject of the grievance, the grievance should be submitted to the Chairperson of the Education Policy Committee. The individual being grieved (or Training Director, if the subject of the grievance is the program) will be asked to submit a response in writing within ten (10) working days.

The Training Director (or Education Policy Committee Chair, if appropriate) will then meet jointly with the intern and the individual being grieved within ten (10) working days after the written response is submitted. In some cases, the Training Director (or Education Policy Committee Chair, if appropriate) may first wish to meet separately with the intern and the individual being grieved. The goal of the joint meeting will be to develop a plan of action to resolve the matter. The plan of action will include a description of each of the following:

1. The behavior associated with the grievance
2. The specific steps to be taken to rectify the problem
3. The procedures designed to ascertain whether the problem has been appropriately rectified

The Training Director (or Education Policy Committee Chair, if appropriate) will document in writing the process and outcome of the joint meeting. A copy of the written document will be provided to the intern and the individual being grieved within five (5) working days after the document is complete. The intern and the individual being grieved will be asked to report back to the Training Director (or Education Policy Committee Chair, if appropriate) in writing within ten (10) working days after receiving the written document, regarding whether the issue has been adequately resolved. The intern may appeal the final decision on a formal grievance in accordance with the Appeal procedures above.

Documentation of formal grievance procedures are kept in a separate training program file from other documentation of an intern's activities. Any time limits listed above may be extended at the discretion of the Education Policy Committee.

Lack of resolution: Academic Affairs and/or Human Resources

If the formal review panel internship Training Director or Education Policy Committee Chair determines that an appeal or formal grievance cannot be resolved internally or is not appropriate to be resolved internally, the issue will be turned over to JPS's Academic Affairs Department for further consideration and final decision-making. All Academic Affairs decisions are considered final.

Appendix VIII: Policy on Use of Telesupervision

Rationale for use of telesupervision

The Internship in Health Services Psychology trains interns within a multispecialty hospital where patient care demands reliable and responsive psychological services. While internship supervisors generally conduct supervision sessions face-to-face, clinical realities involved in the dependable provision of high-quality patient care are such that telesupervision must be used on occasion in lieu of in-person supervision. Examples of such occasions include:

- Times when a patient being treated by an intern is in crisis and supervisory guidance cannot wait until a regularly scheduled supervision hour.
- Times on inpatient settings when requests for psychological services need to be responded to by interns immediately (i.e., on a “stat” basis).
- Times when regular supervision hours have to be cancelled due to sickness, inclement weather, conflicting professional duties/personal emergencies, etc., but care must still be provided to hospitalized patients.
- Other times where delayed face-to-face supervision is not in the best interests of patient care.

This policy outlines the program’s guidelines and limits related to the use of telesupervision in the internship program.

- Except in uncommon cases such as those listed above, it is expected that intern supervision with all trainees will be conducted in person. However, when telesupervision is necessary, the trainee’s clinical supervisor will provide the trainee with information about how and when virtual supervision will take place. Any intern or other trainee may be supervised virtually at the discretion of that trainee’s supervisor.
- Telesupervision should be an infrequent occurrence. It should never account for more than one hour (50%) of the two weekly hours of individual supervision provided on each clinical rotation and no more than two hours (50%) of the minimum four total weekly hours of supervision provided to each intern.
- All telesupervision sessions will be conducted using the hospital’s HIPAA-compliant Microsoft Teams meeting platform. This platform ensures privacy and confidentiality of both trainees and patients. The use of this software platform is covered during orientation.
- Supervision over and above the minimum number of required hours noted above may utilize telesupervision or other appropriate, HIPAA-compliant modalities.
- Relationships between supervisors and trainees need to be established at the onset of the supervisory experience via face-to-face supervisory experience. Therefore, telesupervision should never be used during the first four supervision hours with a new supervisor.

- Regardless of how supervision is conducted, the trainee's supervisor maintains full professional responsibility for all clinical cases where trainees provide service by attestation of clinical care provided by trainees in the hospital's electronic medical record.
- As noted in the program's Student Handbook, trainees are provided with all program supervisors' cell phone numbers during orientation. Supervisors and back-up supervisors are continuously available via phone/text. In cases where non-scheduled consultation and crisis coverage is needed, it is mandatory that trainees contact either their direct supervisor or a back-up supervisor for guidance.

Appendix IX: Evaluation Forms

1. Self-Assessment of Training Needs
2. Individual Training Plan
3. Internship Profession Wide Competencies Evaluation Form
4. Program Evaluation Form

Self-Assessment of Training Needs: Clinical Experience

Please evaluate your relative strengths and weaknesses in the following competency areas. Refer to the descriptions of JPS internship clinical rotations and learning objectives in this Training Manual (pgs. 8 – 19, above) for information on the categories listed here.

Name _____ Date _____

Assessment	Strength	Weakness
Clinical Interview		
Problem List		
Differential Diagnosis		
Test Administration (Self-report)		
Test Administration (Neuropsych, clinician-administered)		
Test Administration (Personality, clinician-administered)		
Test Interpretation		
Assessment Report Writing		

Psychotherapy	Strength	Weakness
Intake Interview		
Case Formulation (CBT approach)		
Case Formulation (Psychodynamic approach)		
Case Formulation (Health Psychology)		
Defining Treatment Goals		
Interventions (CBT)		
Interventions (Psychodynamic)		
Interventions (Health Psychology)		

Health Psychology	Strength	Weakness
Medical Test Review and Case Formulation		
Intake Interview		
Multidisciplinary Team Case Consultation		
Test Assessment (Health Psychology)		

Individual Training Plan

Now that you have evaluated your current strengths and weaknesses, please fill out the top part of this individual training plan. You will complete the bottom portion with your training team.

Name _____ Date _____

Goal Statements

I. Career Goal _____

II. Training Objectives (please do not list more than 3-4 broad objectives in each category)

Developmental Objectives (i.e., skill sets you already have some strength in that you wish to develop further)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Remediation Objectives (i.e., areas of major weakness that you know you will need to address)

- 1. _____
- 2. _____
- 3. _____

Training Activities to Address Objectives

Developmental Objectives - Training Activities	Hours/Week	Supervisor/Mentor
1.		
2.		
3.		
4.		

Remediation Objectives - Training Activities	Hours/Week	Supervisor/Mentor
1.		
2.		
3.		
4.		

Other notes and comments

Signatures

Intern _____ Date _____

Training Director _____ Date _____

Assistant Training Directors _____ Date _____

Program Administrator _____ Date _____

Supervisor/Mentor _____ Date _____

Supervisor/Mentor _____ Date _____

Supervisor/Mentor _____ Date _____



JPS Internship Profession-Wide Competencies Evaluation Form

This evaluation form is filled out at the end of each JPS training rotation. It is intended to help assess each intern's progress, as well as to highlight areas of relative strength and weakness in a constructive manner. Moreover, it serves as a vehicle to generate or reformulate training goals, if needed.

Intern's first name _____

Intern's last name _____

Date of evaluation _____

Rotations/Modules covered by this evaluation _____

Supervisor's first name _____

Supervisor's last name _____

Supervisor's email _____

Was there at least one instance of direct observation before this evaluation was completed?
(Direct observation can be in person or an audio or video recording.)

Yes No

Total clinical hours on this rotation _____

Total face-to-face hours on this rotation _____

Reviewed by Clinical Training Director

Signature _____

Date _____

Directions for Faculty Member Completing Evaluation

Ratings should be based on observations of interns' performance in each competency area to date. Mark the rating that best reflects the intern's competency on each individual element using the descriptions below. Rate each element independently.

When giving a rating of 2 (Minimal Satisfaction) or 1 (Unsatisfactory), raters must provide behavioral descriptors which might be useful to the intern in identifying areas for improvement.

Regardless of ratings, please do provide specific comments in the comment box titled "Opportunities for Improvement" at the end of the evaluation.

Description of Ratings:

- 5** Outstanding; exceeds usual level of performance for an intern at trainee's experience level.
- 4** Capable of entry-level independent practice on this element
Required Rating by end of internship year
- 3** Reasonable skill level, but still requires supervision and guidance to be effective clinically
Required level by end of second internship rotation; progressing appropriately
End of year: Rating at this level does not qualify intern for successful completion of internship on this element
- 2** Needs Improvement
End of second rotation: Some improvement needed to remain in good standing;
End of year: Does not qualify for successful completion of internship on this element
- 1** Unsatisfactory, needs significant improvement to remain in good standing
End of second rotation: Unsatisfactory, needs significant improvement to remain in good standing
End of year: Does not qualify for successful completion of internship on this element

Once all the individual elements in a competency have been rated, the overall competency score should be calculated as the average of all element ratings within the competency.

Interns are required to achieve a rating of 3 out of 5 by second evaluation period on each competency element, and a rating of 4 out of 5 at final (third) evaluation period on each competency element (end of internship year).

Research (Evaluate after second and third rotation only)

Overall Rating for Competency _____

- | | | | | | | |
|---|----------|----------|----------|----------|----------|-----|
| 1. Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications). | 1 | 2 | 3 | 4 | 5 | N/A |
| 2. Disseminate research or other scholarly activities (e.g., case conference, presentation, publications at the local (including the host institution), regional, or national level). | 1 | 2 | 3 | 4 | 5 | N/A |
| 3. Demonstrates ability to apply evidence-based knowledge to clinical care and to evaluating outcomes. | 1 | 2 | 3 | 4 | 5 | N/A |

Ethical and Legal Standards

Overall Rating for Competency _____

- | | | | | | | |
|--|----------|----------|----------|----------|----------|-----|
| 4. Is knowledgeable of and acts in accordance with each of the following:
a. The current version of the APA Ethical Principles of Psychologists and Code of Conduct;
b. Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, and federal levels;
c. Relevant professional standards and guidelines. | 1 | 2 | 3 | 4 | 5 | N/A |
| 5. Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas. | 1 | 2 | 3 | 4 | 5 | N/A |
| 6. Conducts self in an ethical manner in all professional activities. | 1 | 2 | 3 | 4 | 5 | N/A |

Individual and Cultural Diversity

Overall Rating for Competency _____

- | | | | | | | |
|--|----------|----------|----------|----------|----------|-----|
| 7. Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. | 1 | 2 | 3 | 4 | 5 | N/A |
| 8. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service. | 1 | 2 | 3 | 4 | 5 | N/A |

9.	Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.	1	2	3	4	5	N/A
10.	Demonstrates the ability to apply a framework for working effectively with areas of individual and cultural diversity.	1	2	3	4	5	N/A
11.	Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.	1	2	3	4	5	N/A

Professional Values, Attitudes, and Behaviors

Overall Rating for Competency _____

12.	Behaves in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.	1	2	3	4	5	N/A
13.	Engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness.	1	2	3	4	5	N/A
14.	Actively seeks and demonstrates openness and responsiveness to feedback and supervision.	1	2	3	4	5	N/A
15.	Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.	1	2	3	4	5	N/A
16.	Manages time and multiple tasks in an organized manner so that deadlines are consistently met, details are attended to, and work products are completed at or above expectation level without reminders.	1	2	3	4	5	N/A
17.	Advances objectives of didactics and other meetings through consistent on-time attendance, maintaining focus without getting distracted, and providing meaningful contributions that support the goal of the activity.	1	2	3	4	5	N/A

Communication and Interpersonal Skills

Overall Rating for Competency _____

18.	Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.	1	2	3	4	5	N/A
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19. Demonstrates a thorough grasp of professional language and concepts; produces, comprehends, and engages in communications that are informative and well-integrated.	1	2	3	4	5	N/A
20. Demonstrates effective interpersonal skills and the ability to manage difficult communication well.	1	2	3	4	5	N/A
21. Produces oral and written communications that are informative and well-integrated.	1	2	3	4	5	N/A

Assessment (For assessment/consult rotations only)

Overall Rating for Competency _____

22. Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.	1	2	3	4	5	N/A
23. Demonstrates understanding of human behavior within its context (e.g., family, social, societal, and cultural).	1	2	3	4	5	N/A
24. Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors, including context to the assessment and/or diagnostic process.	1	2	3	4	5	N/A
25. Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.	1	2	3	4	5	N/A
26. Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.	1	2	3	4	5	N/A
27. Communicates the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.	1	2	3	4	5	N/A

Intervention (For therapy/consult rotations only)**Overall Rating for Competency** _____

28. Establishes and maintains effective relationships with the recipients of psychological services.	1	2	3	4	5	N/A
29. Develops evidence-based intervention plans specific to the service delivery goals.	1	2	3	4	5	N/A
30. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.	1	2	3	4	5	N/A
31. Demonstrates the ability to apply the relevant research literature to clinical decision making.	1	2	3	4	5	N/A
32. Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.	1	2	3	4	5	N/A
33. Evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation.	1	2	3	4	5	N/A
34. Uses therapeutic relationship to facilitate positive outcomes and is well aware of own contribution/role in the relationship.	1	2	3	4	5	N/A
35. Alerts supervisor immediately in a crisis situation. Effectively evaluates, manages, and documents patient risk and makes an appropriate short-term safety plan when necessary.	1	2	3	4	5	N/A

Supervision**Overall Rating for Competency** _____

36. Applies supervision knowledge in direct or simulated practice with psychology trainees or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others and peer supervision with other trainees.	1	2	3	4	5	N/A
37. Applies the supervisory skill of observing in direct or simulated practice.	1	2	3	4	5	N/A
38. Applies the supervisory skill of evaluating in direct or simulated practice.	1	2	3	4	5	N/A
39. Applies the supervisory skills of giving guidance and feedback in direct or simulated practice.	1	2	3	4	5	N/A

Consultation and Interprofessional/Interdisciplinary Skills

Overall Rating for Competency _____

40. Demonstrates knowledge of, and respect for, the roles and perspectives of other professions.

1 2 3 4 5 N/A

41. Applies knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

1 2 3 4 5 N/A

Please list intern's strengths at this point in training

Opportunities for improvement

Other comments

Supervisor's signature _____ Date _____

Intern's comments/response

Intern's signature _____ Date _____

**Please send a signed PDF copy of this form to Dr. Claassen and Dena Palmer by the last day of each rotation.
Thank you!**



Program Evaluation Form: First Quarter and Final Evaluation

Your feedback is part of our ongoing program evaluation, and it is valuable to us as we try to achieve program excellence.

Please consider your experience with the internship program and rate your overall satisfaction with the program components listed below. Indicate your agreement with the following statements using the scale below:

1 = Strongly disagree **2** = Somewhat disagree **3** = Neither agree nor disagree
4 = Somewhat agree **5** = Strongly agree

- | | | | | | |
|--|----------|----------|----------|----------|----------|
| 1. The program orientation was informative and relevant. | 1 | 2 | 3 | 4 | 5 |
| 2. Program expectations were clearly communicated. | 1 | 2 | 3 | 4 | 5 |
| 3. I am satisfied (so far) with opportunities and structure for providing program feedback. | 1 | 2 | 3 | 4 | 5 |
| 4. Faculty seek out my feedback and is open to it. | 1 | 2 | 3 | 4 | 5 |
| 5. The program organizational structure and support meet my needs. | 1 | 2 | 3 | 4 | 5 |
| 6. I am satisfied with the variety of patients' presenting concerns. | 1 | 2 | 3 | 4 | 5 |
| 7. I am satisfied with the quality of teaching. | 1 | 2 | 3 | 4 | 5 |
| 8. I am satisfied with the quantity of didactic curriculum and topics covered. | 1 | 2 | 3 | 4 | 5 |
| 9. I am satisfied with the quality of clinical training activities. | 1 | 2 | 3 | 4 | 5 |
| 10. I am satisfied with the quantity of clinical rotations. | 1 | 2 | 3 | 4 | 5 |
| 11. Clinical and academic schedules are adequately balanced. | 1 | 2 | 3 | 4 | 5 |
| 12. I am satisfied with the level of exposure to research and scholarly activities. | 1 | 2 | 3 | 4 | 5 |

13.	My rotation supervisor(s) assign progressive responsibilities for patient care and management.	1	2	3	4	5
14.	Faculty is adjusting my training to account for my increasing mastery of skill and developing independence.	1	2	3	4	5
15.	The program is culturally diverse.	1	2	3	4	5
16.	The program devotes sufficient time to fulfill educational and teaching responsibilities.	1	2	3	4	5
17.	There is adequate support from program faculty including accessibility to the faculty for consultation, questions, and/or concerns.	1	2	3	4	5
18.	The program models ethical, clinical, and professional practice.	1	2	3	4	5
19.	This program helps increase my awareness of possible ethical dilemmas and how to engage in ethical decision-making.	1	2	3	4	5
20.	This program integrates values of multiculturalism, diversity, and respect for individual differences in patient care, training, and supervision.	1	2	3	4	5
21.	I feel respected in this program.	1	2	3	4	5
22.	Program faculty models professional behavior with patients.	1	2	3	4	5
23.	Faculty models self-reflection, self-compassion, and psychological flexibility.	1	2	3	4	5
24.	I am satisfied with the opportunities offered to work with members of different health professions.	1	2	3	4	5
25.	This program is enhancing my ability to communicate clinical information in a clear manner and to adapt my communication as necessary.	1	2	3	4	5

26. Program faculty models excellent interpersonal skills, even when handling challenging situations.	1	2	3	4	5
27. I am satisfied with the quality of my assessment supervision (including direct instruction, live supervision, corrective feedback, etc).	1	2	3	4	5
28. I am satisfied with the training opportunities to administer and score tests.	1	2	3	4	5
29. I am being taught to independently select measures to answer referral questions (as developmentally appropriate).	1	2	3	4	5
30. I am satisfied with the test interpretation training offered.	1	2	3	4	5
31. I am learning how to independently interpret tests and conceptualize patients (e.g., I'm not being "spoon-fed").	1	2	3	4	5
32. I am satisfied with the training offered in the integration and communication of assessment results.	1	2	3	4	5
33. I am satisfied with the training offered in report writing.	1	2	3	4	5
34. I am being trained to be an assessment psychologist, not a merely a psychometrist.	1	2	3	4	5
35. I have received effective intervention (therapy) training.	1	2	3	4	5
36. The program supports/stresses the importance of establishing and maintaining effective therapeutic relationships.	1	2	3	4	5
37. I feel confident in my therapy/intervention skills.	1	2	3	4	5
38. The program effectively teaches how to provide treatment informed by current scientific literature, assessment findings, multicultural awareness, and contextual variables.	1	2	3	4	5
39. The program effectively teaches current models of supervision that I can apply.	1	2	3	4	5

What are some of the program strengths? Please comment on ratings of 4 or higher. What is going well during your internship? What would you like to see continue?

Please tell us about the support you received from the department faculty and staff throughout this quarter, including anyone you would like to recognize.

Do you have any constructive feedback for us? Anything you wish were different? Any serious concerns, including safety concerns?

Appendix X: Generalist Clinical Track Typical Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday		
8 a.m.	Rotation, including individual supervision	Rotation, including individual supervision	Rotation, including individual supervision	Rotation, including individual supervision	Documentation; academic/research; other non-clinical		
9 a.m.							
10 a.m.							
11 a.m.						Group supervision	
12 p.m.						Grand Rounds/journal club/case conference	
1 p.m.				Longer-term psychotherapy supervision*	Longer-term psychotherapy*	Didactics	Documentation; academic/research work; other nonclinical or PEC rotation - approx. 1/month (runs from 1 p.m. – 7 p.m.)
2 p.m.						Peer supervision	
3 p.m.						Didactics	
4 p.m.			Didactics				

* Long-term psychotherapy/supervision hours are shown on Tuesday afternoon for purposes of illustration of overall weekly activities only; they are scheduled at times that work with rotation duties and in accordance with patient and supervisor availability.

Appendix XI: Integrated Primary Care Typical Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
8 a.m.	FHC/IHC Major rotation, including individual supervision	Administrative Charting, documentation, coordination of care	SSC Major rotation, including individual supervision	Supervision (includes individual and group supervision)	FHC/IHC Major rotation, including individual supervision
9 a.m.					
10 a.m.					
11 a.m.					
12 p.m.					Psychiatry Grand Rounds/ Journal Club/ Case conference
1 p.m.	ONC Major rotation, including individual supervision	Minor rotation	SSC Major rotation, including individual supervision	Didactics	FHC/IHC Major rotation, including individual supervision
2 p.m.				Peer supervision	
3 p.m.				Didactics	
4 p.m.				Didactics	

Appendix XII

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: Annually — last update on 08.20.2024.

Program Disclosures

<p>Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?</p>	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>If yes, provide website link (or content from brochure) where this specific information is presented:</p>	
<p>N/A</p>	

Internship Program Admissions

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

Applicants must be U.S. citizens pursuing a doctoral degree in psychology. Internship applicants must supply evidence of completion of formal academic coursework at a degree-granting program in professional applied psychology (clinical, counseling, clinical health/behavioral medicine). They must also supply evidence of previously completed, closely supervised experiential training in professional psychology activities conducted in non-classroom settings. Specific applicant requirements are as follow:

- The applicant is enrolled in an American or Canadian Clinical, Clinical Health, or Counseling Psychology doctoral program which is eligible for the Match and/or Post-Match Vacancy Services of APPIC.
- The applicant has completed at least three years of graduate academic coursework, including graduate-level coursework in personality theory, psychopathology/diagnosis, psychotherapy, psychological assessment, multicultural psychology, and professional ethics.
- The applicant has also completed closely supervised practica (experiential training) in both psychotherapy and psychological or neuropsychological assessment.
- The applicant's dissertation committee has approved a dissertation proposal prior to the start of internship in August of 2022. Please note that because internship is a busy year, there is no protected time during the internship for dissertation completion. Our recommendation is that our interns plan to have completed their proposal and, if at all possible, data collection and analyses prior to arrival for internship.
- The applicant must be fluent in reading, writing, and speaking the English language. Applicants who are earning their doctoral degree from a U.S. or foreign home university are assumed to have sufficient English language proficiency for training at JPS, if applicant's written and oral English language skills are fluent as observed in the application review/interview process. Applicants whose coursework were conducted in a primary language other than English or whose English fluency is questioned during the application review/interview process may be required to demonstrate English language proficiency on the Test of English as a Foreign Language (TOEFL). Successful applicants will have achieved an overall score of 87 or higher, with a minimum score of 25 on writing, 24 on speaking, 21 on reading, and 17 on listening.
- Further information about the JPS internship can be found in the program's Training Manual and on its website, both available at:
<https://jpshealthnet.org/medicalprofessionals/residency-programs/psychology>

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

Total Direct Contact Intervention Hours	N/A		Amount:
Total Direct Contact Assessment Hours	N/A		Amount:

Describe any other required minimum criteria used to screen applicants:

Applicants may apply to either the [Generalist Clinical Track \(Match ID 246811\)](#) or the [Integrated Primary Care Track \(Match ID 246812\)](#) or both.

In order to be considered as a candidate to our program, all applicants must submit the following before the application deadline:

- AAPI Online Application, found at appic.org
- A cover letter – In your letter, please clearly indicate the training track (General Psychology or Integrated Primary Care Psychology) to which you are applying. Please also describe your training goals and how you expect our program to help meet those goals.
- Three (3) letters of recommendation
- An up-to-date curriculum vitae (CV)
- Graduate transcripts
- Verification of readiness for internship from the Training Director (via the DCT Portal) at the applicant's home university graduate program.

FOR GENERALIST CLINICAL PSYCHOLOGY TRACK ONLY: The following supplemental materials:

- One full psychological/neuropsychological test report on an adult patient (18 or older). Before submission, the applicant must redact the document to remove all patient-identifying information, as defined by HIPAA.
- One sample of other clinical work in the form of a discharge summary or a case report from a psychotherapy case. Before submission, the applicant must redact the document to remove all patient-identifying information, as defined by HIPAA.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$45,136	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If access to medical insurance is provided:		
Trainee contribution to cost required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of family member(s) available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of legally married partner available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of domestic partner available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	192	
Hours of Annual Paid Sick Leave	Incl. in above	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Other Benefits (please describe): Optional dental / eye / life / disability insurance		

* Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2020-2023	
Total # of interns who were in the 3 cohorts	6	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree		
	PD	EP
Academic teaching	PD =	EP = 1
Community mental health center	PD =	EP =
Consortium	PD =	EP =
University Counseling Center	PD =	EP =
Hospital/Medical Center	PD = 2	EP =
Veterans Affairs Health Care System	PD =	EP =
Psychiatric facility	PD =	EP =
Correctional facility	PD =	EP =
Health maintenance organization	PD =	EP =
School district/system	PD =	EP =
Independent practice setting	PD = 3	EP =
Other	PD =	EP =

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

