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# JPS Health Network Clinical Psychology Doctoral Internship Program Manual



The JPS Health Network is proud to introduce our Doctoral Clinical Psychology Internship Program (“Program”). As part of our commitment to providing high quality training in applied psychology, we are pleased to submit our application for membership in the Association of Psychology Postdoctoral and Internship Centers (APPIC). Psychiatry and Behavioral Health has a successful history of training Psychology practicum students, in partnership with DFW-area Universities, since 2007. We are looking forward to expanding our training offerings to psychology interns and continuing to provide excellent training in the Dallas-Fort Worth area.

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## CLINICAL PSYCHOLOGY DOCTORAL INTERNSHIP PROGRAM LEADERSHIP

Clinical Training Director/Director of Psychology      [Ed Miles, PhD](#)      817-702-3636

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

Assistant Training Director/ Asst. Director of Psychology      [Alan B. Frol, PhD](#)      817-702-1965

- Directs and organizes the training program and its resources.
- Assists Training Director with and evaluates the training Program's goals and activities.
- Reviews the training Program's annual goals and objectives and measures progress.
- Reviews Program evaluation data and makes recommendations on Program changes/ improvements.
- Creates intern training schedules.

JPS Psychiatry & Behavioral Health Chair      [Alan Podawiltz, DO](#)      817-702-6695  
Acclaim Psychiatry Service Line Chief

- Member of Education Executive Committee
- Responsible for Program Budget

Program Administrator      [Dena Palmer, MS](#)      817-702-1965

- Assists Training Program Director and Department Chair with Administrative Program functions including Program evaluation, updating policies and procedures and Intern onboarding and orientation.

1617 Hemphill St. Ft. Worth, TX 76104

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# CLINICAL PSYCHOLOGY DOCTORAL INTERNSHIP PROGRAM MANUAL

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## JPS HEALTH NETWORK: AN OVERVIEW



### 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 25 beds.

By 1938, the downtown location was not adequate to accommodate the demands of the region, and construction of the new hospital on the land donated by John Peter Smith began. 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.

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The 1970s and 1980s saw tremendous expansion as John Peter Smith Hospital continued to grow. By the 1990s, the need for growth into the community was apparent, and health centers were established across the county.

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

JPS Health Network has been named among Modern Healthcare’s Best Places to Work in Healthcare for two years in a row, placing JPS among the top 150 healthcare companies in the nation. Additionally, JPS was the only public entity in Texas included on the list of 2017 Best Places to Work, one of the most coveted honors in the industry. With a circulation of more than 70,000, Modern Healthcare is among the most respected sources of healthcare industry news in business, policy and research.

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 the 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.



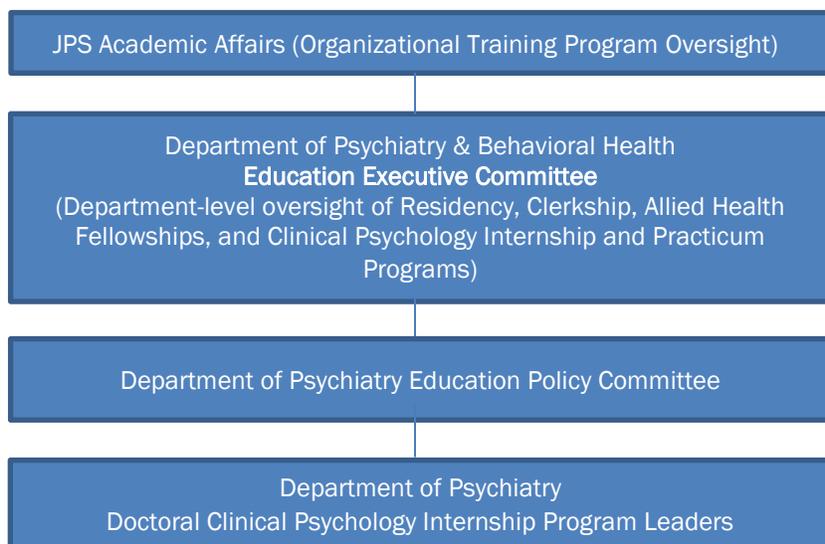
## JPS Health Network Services and Locations

Multispecialty services provided at the JPS Health Network include:

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

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## ORGANIZATIONAL STRUCTURE and LEADERSHIP



### OVERVIEW

Acclaim Physician Group, Inc. (“Acclaim”) is our provider employer group and was created in March 2015 as a multispecialty, non-profit medical practice group specifically organized to provide health care and medical services to the Tarrant County Hospital District. Acclaim is the largest multi-specialty group practice in Tarrant County and includes 430 plus Physicians, Nurses, Physician Assistants, Nurse Practitioners, Psychologists and other health practitioners. Many Acclaim providers are faculty at the University of North Texas Health Science Center and for more information, please visit their website: [HTTPS://WWW.UNTHSC.EDU/](https://www.unthsc.edu/)

Acclaim’s mission is to improve the health and quality of life for the people of Texas and beyond through excellence in education, research, clinical care and community engagement. Our values are trust, compassion, teamwork, integrity, innovation, and excellence in all our academic, research, and medical services activities.

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## JPS HEALTH NETWORK & INTERNSHIP LEADERSHIP

### **JPS HEALTH NETWORK LEADERSHIP**

### **POSITION HOLDER**

President & CEO.....	Robert H. Earley, MHA
Vice President, Academic Affairs .....	Tricia Elliott, MD
Education Policy Committee Chair .....	Cheryl Hurd, MD
Department of Psychiatry & Behavioral Health Chair .....	Alan Podawiltz, DO
Psychiatry Service Line Administrator .....	Dena Palmer, MS
Director of Psychology.....	R. Ed Miles, PhD
Assistant Director of Psychology.....	Alan B. Frol, PhD
Administrative Assistant .....	Mary Jane Allred

### **INTERNSHIP LEADERSHIP**

### **POSITION HOLDER**

Internship Training Director.....	R. Edwin Miles, PhD
Assistant Training Director .....	Alan B. Frol, PhD
Program Administrator .....	Dena Palmer, MS

### **ROTATION**

### **SUPERVISORS**

General Psychiatric Inpatient/Outpatient Assessment .....	Drs. Frol, Messina, Muñoz, & Miles
Outpatient Psychotherapy & Intervention .....	Drs. Buck, Frol, Messina, Miles, & Diaz-Albertini
Consult & Liaison Services- Primary Supervisor .....	Dr. Miles
Consult & Liaison Services- Secondary Supervisors .....	Drs. Frol, Messina, & Muñoz

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## ACADEMIC AFFAIRS

Currently, the institution sponsors programs that are accredited through the Accreditation Council for Graduate Medical Education (“ACGME”) and the Council on Podiatric Medical Education (“CPME”). JPS is a member of the Council of Teaching Hospitals and Health Systems (“COTH”), the Alliance of Independent Academic medical Centers (“AIAMC”), and the Association for Hospital Medical Education (“AHME”). JPS 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, and 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, and the institution's library and continuing medical education programs. Academic Affairs 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 17 clinical residency and fellowship programs.

1. Behavioral Medicine
2. Emergency Medicine
3. Family Medicine
4. General Surgery
5. Geriatric Medicine
6. Obstetrics and Gynecology
7. Oral and Maxillofacial Surgery (internship)
8. Oral and Maxillofacial Surgery (residency)
9. Ophthalmology
10. Orthopedics
11. Nursing
12. PGY1 Pharmacy
13. PGY2 Ambulatory Care Pharmacy
14. Podiatry
15. Psychiatry
16. Sports Medicine
17. Transitional Internship

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- Major Participating institution for several programs including Baylor General Surgery and University of Texas Southwestern for Ophthalmology and Oral and Maxillofacial Surgery
  - Fully Accredited Podiatry Residency Program by CPME
  - Oral and Maxillofacial Surgery (“OMFS”) Internship Program
  - Collaboration with UNTHSC Professional and Continuing Education program to offer Continuing Medical Education programs
  - Medical Student and Physician Assistant Clerkships
  - Clinical rotations for Non-JPS Residents offered in select residency departments and fellowship programs

### Academic Affairs Highlights

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

### EDUCATION POLICY COMMITTEE

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

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

### EDUCATION EXECUTIVE COMMITTEE

Department level oversight of all Psychiatry training programs including Residency, Clerkship, Allied Health Fellowships, Clinical Psychology Internships and Practicum programs.

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## THE DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL HEALTH

### Overall Department Mission

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

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

### Academic Mission

The Department of Psychiatry and Behavioral Health views education as one of the conceptual cornerstones of our care delivery model. Education is a dynamic process that supports the mission and vision of JPS. Learning 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 is 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 as we support their unique journeys to recovery and resiliency. In turn, as professionals, we ourselves are called to a lifelong process of learning through education as we seek to deliver innovative clinical care which meets the needs of a dynamic population within an ever-evolving environment of care.

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

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

### Clinical Services

JPS is dedicated to providing a full continuum of behavioral health services, including inpatient services at Trinity Springs Pavilion (98 bed facility), Trinity Springs North (36 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 has over 45 providers including Adult and Child/Adolescent Psychiatrists, Advanced Practice Providers, and Psychologists. The multidisciplinary treatment teams address the many facets of psychiatric illness, focusing on the

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patient's journey to mental health recovery using a range of services including pharmacotherapy, case management, group therapies, skill-building groups and crisis intervention. Treatment team members include:

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

Specific services include:

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

### **Psychiatry & Behavioral Health - by the Numbers – 2018**

- 20,000 Psychiatric Emergency Visits
- 35,000 Psychiatric Inpatient Days
- 2,000 Psychiatric Observation Days
- 6,200 Partial Hospitalization Days
- 31,000 Psychiatric Outpatient Visits

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## TRAINING RESOURCES

Facilities, Materials, & Support

### TRINITY SPRINGS PAVILION



#### Our Services

**Acute Inpatient Services:** Trinity Springs Pavilion (“TSP”) includes three Adult Inpatient units with a bed capacity of 82. All are short-term units designed to provide services to patients over the age of 18 who require comprehensive psychiatric evaluation and treatment to stabilize psychiatric symptoms. Crisis intervention and individualized, structured treatment are provided to patients in need of an intensive and safe setting. Our program is designed to both challenge patients and support them as they work toward recovery.

**Local Commitment Alternative:** Trinity Springs North is a 36-bed inpatient psychiatric facility for adults under court order to receive care that would otherwise be provided in a remote state psychiatric facility. The LCA allows patients to receive treatment while remaining close to home and family members, supporting reintegration into the community.

**Adolescent Inpatient Services:** The Adolescent Inpatient Unit is a 16-bed, short-term, acute crisis intervention unit located within Trinity Springs Pavilion providing treatment to those between 13 and 17 years of age. This co-ed unit contains eight semi-private rooms and two common areas for group activities. There are also a number of other secured indoor and outdoor areas used for therapeutic recreational activities. In addition, we collaborate with Fort Worth ISD to provide academic support for our patients.

**Psychiatric Emergency Center:** The Psychiatric Emergency Center (“PEC”) is located on the 10th floor of John Peter Smith Hospital’s main building, at 1500 S. Main St. A highly skilled team and support personnel provide 24 hour-a-day, 7 day-a-week services for people in mental health crisis, both voluntary and involuntary services. People can receive triage, evaluation, observation and admission services.

**Psychological Services.** The Psychology division provides Psychological and neuropsychological evaluations and individual/group psychotherapy services. Neuropsychological Evaluations:

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Assessment of functional integrity of brain and behavior, typically, with clinical interview and administration of neuropsychological measures. Neuropsychology provides services on all hospital units, including the Emergency Department and Intensive Care Unit to assist patients needing evaluation for neurocognitive deficits and PTSD. Psychologists and interns do not typically see patients in the PEC unless the patient in question is a psychotherapy patient already in the intern's/psychologist's care. Examples of the groups offered are DBT, Depression, and Domestic Violence.

## CENTRAL ASSESSMENT CENTER (HEMPHILL BEHAVIORAL HEALTH)



### Who We Are

The Central Assessment Center (“CAC”), or Hemphill Clinic (as we often call it), hosts a variety of outpatient services and holds many resources for students, including therapy rooms, an assessment library, a training room for students with desks and computers, and classrooms. Our assessment library not only includes a wide variety of diagnostic, neuropsychological, and personality assessment measures, but resources on test interpretation, report writing, and conceptualization as well. We also have biofeedback and virtual reality resources.

### Our Services

**Adult Outpatient Mental Health:** Our adult outpatient clinics strive to meet the individual needs of each patient with a variety of treatment options. Services include evaluation, diagnosis, medication management, psychological testing, individual psychotherapy, and group therapies.

**Child and Adolescent Outpatient Mental Health:** Our child and adolescent clinics provide services to those ages 6 through 17 with emotional and behavioral disorders including mood, anxiety, adjustment disorders and ADHD. Treatment options include comprehensive evaluation, diagnosis and medication management.

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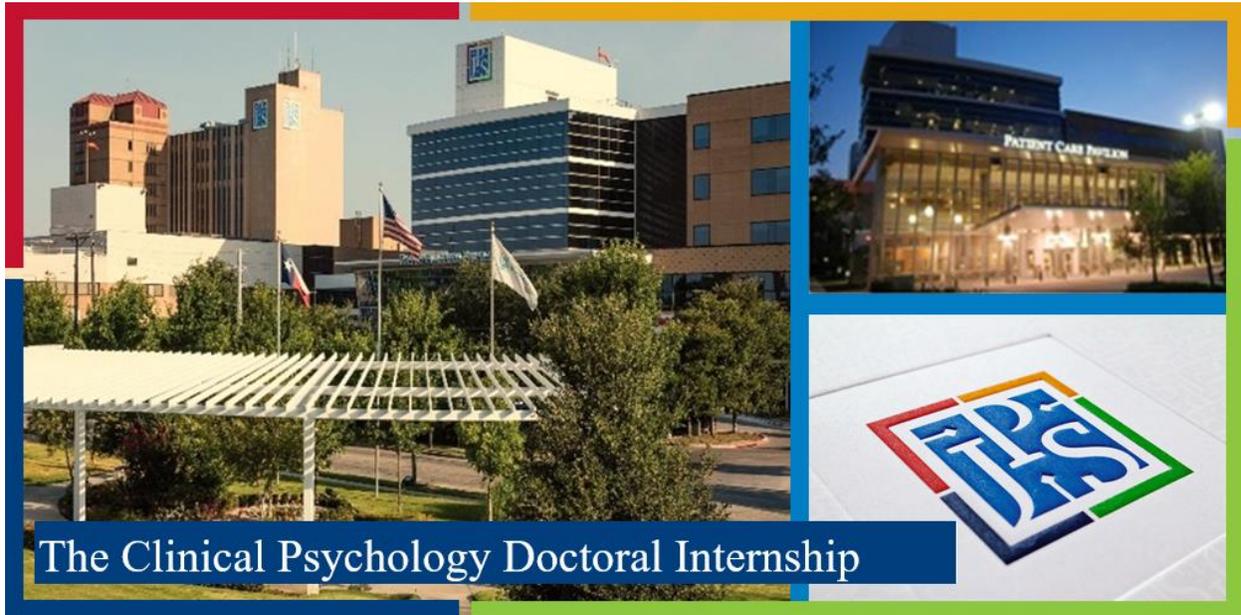
**Intensive Outpatient Program (“IOP”):** The “IOP” enables patients in recovery to continue their recovery therapies, on a part-time yet intensive schedule, designed to accommodate for work and family life. Our IOP offers treatment of all major psychiatric disorders as well as those suffering from co-occurring substance abuse disorders through coordinated efforts with Mental Health and Mental Retardation. The treatment involves a highly organized treatment team approach, involving both individual therapy and medication education and management. The JPS behavioral health department offers a comprehensive approach to mental illness in an intensive outpatient program aimed to address both the unique and broad mental health issues our patients face on a daily basis. The program may serve as a transition from the partial hospitalization program or can be the first level of care for patients who need more intensive therapy than is offered in a traditional outpatient clinic visit. This program is designed for adult patients in need of therapy more than once a week. Therapies are provided three hours per day, three days a week to develop and reinforce acquired skills.

**Partial Hospitalization Program (“PHP”):** Our Partial Hospitalization Program is a group-based service for adults age 18 and older. The partial hospitalization program is an all-day, short term, structured, intensive treatment program for patients 18 years of age or older. This outpatient program may be utilized as a step-down transition from acute inpatient care or as an alternative to inpatient treatment. The program is designed to treat patients whose psychiatric conditions are too severe to be managed in outpatient therapy alone, and who might otherwise require inpatient treatment. The primary goals of patient treatment are to increase coping skills and stabilize symptoms by addressing life management skills, and exploring cognitive and behavioral changes. Progress toward these goals helps in the development of independent and healthy lifestyles.

\* Interns participate in outpatient psychotherapy and assessment for individuals ages 8+. Although shadowing of IOP or PHP services may be arranged if desired, Psychology does not currently have a formal role in the provision of these services at JPS.

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## CLINICAL PSYCHOLOGY DOCTORAL INTERNSHIP



### PROGRAM OUTLINE

The clinical training at JPS provides an integrated generalist clinical/educational experience that follows a Scientist-Practitioner model and provides interns with a wide range of clinical experiences prior to post-doctoral specialization. Education is interwoven with experiential clinical training and supervision to provide students with a solid foundation of theoretical and practical knowledge.

Given our dedication to generalist training at the internship level, our interns train on three rotations over the course of the year. We believe this schedule gives students both a diversity of experience and ample time to grow their skills in each area over the course of 12 months. These rotations are as follows:

1. General Psychiatric Inpatient/Outpatient Assessment
2. Outpatient Psychotherapy & Intervention
3. Consult & Liaison Services—JPS Level I Trauma

There are other opportunities for training contingent upon student's interest (i.e., FAA Evaluations for Pilots). Although our internship is primarily clinical in nature, opportunities exist for interns to design and implement their own research projects. Our interns are expected to become knowledgeable consumers of clinical research. Our didactic training, educational opportunities, and supervision are structured in such a way to encourage interns to integrate science with clinical care.

The Internship is integrated into JPS Clinical Training through the Department of Psychiatry, and EPC. It should be noted that the internship is **full time (40 hours per week) for twelve (12) months (1840 hours)**. As a general guideline, when students are not attending their academic classes or involved in approved research time, they are expected to be engaged in their clinical rotations. Actual time

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may be more or less depending upon demand and can be discussed on an individual basis with the intern's rotation clinical supervisor.

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

## POSITIONS AND EMPLOYMENT

There will be four (4) positions available for doctoral interns at JPS. The budgetary funding for the positions will come from the Acclaim Physician Group, Inc. and the interns will be full-time (40 hours per week; 1840 hours total) salaried JPS employees.

## ELIGIBILITY

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

1. Completion of formal academic coursework at a degree-granting program in professional applied psychology (clinical, counseling, school).
2. Closely supervised experiential training in professional psychology skills conducted in non-classroom settings.

## APPLICATION PROCESS

Interested parties will follow the application and match process ("Match") outlined at [www.APPIC.org](http://www.APPIC.org).

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

APPIC provides the [APPIC Application for Psychology Internships](#) (AAPI), a standardized application for use by students who are applying to internship programs. In addition to the AAPI, we ask for the following supporting materials:

- A **cover letter** detailing your training goals and how the JPS internship Program will help you meet those goals.
- **Three (3) letters of recommendation**
- An up-to-date **curriculum vitae (CV)**
- **Graduate transcripts; and**
- **Verification of readiness from the Director of Clinical Training** (via the DCT Portal) at the applicant's school indicating readiness for internship training.

\*We do *not* require any supplemental materials to be included with your AAPI. All materials must be received by **November 1** to be considered for the following internship year.

This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

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## INTERVIEWS

Candidates who submit a complete set of application materials will be scheduled for an interview with Program leadership and faculty. Skype or Zoom web meeting technology may be utilized upon special occasions. Program leaders will rank candidates and coordinate match activities in accordance with APPIC policies and procedures.

## INTERN ORIENTATION

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

## PROGRAM EVALUATION

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

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

### Faculty and Program Leadership Evaluation Activities

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

Data on Intern performance will be collected from Program faculty and supervisors and reviewed by Program leadership on a quarterly basis. Faculty will meet as a group bi-monthly, a minimum of six times per year to discuss interns' progress.

Areas to be evaluated by Program leaders include:

- Informative orientation information and process
- Interns' knowledge of Program expectations
- Adequate opportunities and structure for providing feedback to interns

- Adequate Pprogram support for interns
- Quality and satisfactory quantity of academic rotations and activities
- Quality and satisfactory quantity of clinical training activities
- Satisfactory exposure to research and scholarly activities
- Exposure to cultural diversity (faculty and patients)
- Adequate resources and support for teaching faculty
- Adequate resources and support for Program leaders
- Psychologically healthy work environment
- Satisfactory collaborative relationship with peers
- All requirements and criteria met (as outlined by APA accredited Programs)

### Intern Evaluation Activities

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

Areas to be evaluated by interns include the Program's ability to offer:

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

### Annual Schedule of Evaluation Activities

<b>Evaluation Activities</b>	<b>Aug-Sept</b>	<b>Oct-Nov</b>	<b>Dec-Jan</b>	<b>Apr-May</b>	<b>Jun-Jul</b>
Intern – Evaluation of Program	Collect New Trainee 30-Day Feedback	Collect New Trainee 60-Day	Collect New Trainee 90-Day		Annual Program Eval - Graduates
Program Leaders and Faculty			Jan-Provide & Review Mid-year Trainee Performance	May - Submit Annual evaluations of	Jul - Receive next year's budget

				student performance	
				Evaluation Budget	
Leadership & Teaching Faculty – Annual Self-Evaluation				Program Leadership & Teaching Faculty	
Program Leadership Meetings	Report on New Trainee 30-Day Feedback	Review New Trainee 60-Day Feedback	Review New Trainee 90-Day Feedback	Review faculty evaluations of student performance – assess trainee readiness for graduation	Review Graduate Evaluations  Review Leadership Self-Evaluation Data  Provide Annual Report to Acclaim and JPS Leadership Summarizing Academic Year

## CORE COMPETENCIES

Nine core Profession-Wide Competencies (“PWC’s”) have been identified by the American Psychological Association (“APA”) as necessary for the competent and ethical practice of psychology. These competencies are as follows: Research; Ethical and Legal Standards; Individual and Cultural Diversity; Professional Values, Attitudes, and Behaviors; Communications and Interpersonal Skills; Assessment; Intervention; Supervision; Consultation and Interprofessional/ Interdisciplinary Skills; and Reflective Practice. Please note that JPS has added to the requirements beyond that which the APA has set forth in order to foster growth in areas specifically relevant to working within a healthcare system or that reflect our value of providing an experiential learning experience. At the conclusion of the internship, interns will be able to:

### Research

- Critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local (including the host institution), regional, or national level.

### Ethical & Legal Standards

- Be knowledgeable of and act in accordance with each of the following:
  - the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
  - Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
  - Relevant professional standards and guidelines.
- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.

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## Individual & Cultural Diversity

- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- 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.
- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
- Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

## Professional Values, Attitudes, & Behaviors

- Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others
- Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

## Communications & Interpersonal Skills

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

### Communication and Teaching

- Communicate clinical and non-clinical information effectively from a psychological perspective in a style appropriate to a variety of different audiences (e.g., to professional colleagues, healthcare consumers, and care givers).
- Adapt one's style of communication to accommodate people with a wide range of levels of cognitive ability, sensory acuity, and modes of communication.
- Prepare and deliver teaching and training which takes into account the needs and goals of the participants (e.g., by appropriate adaptations to methods and content).
- Understand the supervision process for both supervisee and supervisor roles.

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## Assessment

- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

### Psychological Assessment, Testing, & Evaluation

- Demonstrate basic proficiency with performance-based personality instruments (e.g., Rorschach).
- Demonstrate basic proficiency with self-report personality instruments (e.g., MMPI-2).
- Demonstrate basic proficiency with intelligence tests (e.g., WAIS-IV).
- Demonstrate basic proficiency with neuropsychological tests (e.g., RBANS).
- Demonstrate the ability to choose, use, and interpret a broad range of assessments methods appropriate (1) to the patient and service delivery system in which the assessment takes place; and (2) to the type of intervention which is likely to be required.
- Conduct appropriate risk assessment and use this to guide practice.
- Demonstrate the ability to include formal procedures (use of standardized instruments); systematic interviewing procedures; and other unstructured methods of assessment (e.g. observation or gathering information from others).
- Demonstrate a basic understanding that any evaluation/assessment findings should include environmental suggestions and/or recommendations required for the patient to be safe & as successful as possible.
- Demonstrate a basic understanding of geriatrics, including the fundamentals in the assessment & evaluation of dementia. Demonstrate ability to conduct family case conferences and provide psychoeducation as needed.
- Understand that the patient's family and/or attending physician & other medical professionals are important sources of information, and every effort should be made to consult with them.
- Understand that every patient shall be evaluated/assessed within the parameters of the patient's abilities and/or injury(s).
- Understand the "audience" that will be utilizing the report, and tailor the report in such a way as to make it concrete and functional.
- *Understand Key Elements in Formulating Written & Verbal Reports for an Inpatient-Medical Facility or Hospital:*
  - Keep it **brief & concise**. If further evaluation is necessary, this should be indicated; however, a report must be made on what the evaluation has revealed thus far.
  - In addition to reporting any functional or neuropsychological findings (e.g., status, problems, deficits, etc.), **the psychological functioning of each patient must be determined** (e.g., anxiety, depression, personality style, etc.). This should be integrated and concisely reported.

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- The report must be integrated, concrete, useful, and functional for the medical staff while the patient is in the hospital. It must detail:
    - Specific post-discharge recommendations.
    - What kind of behavior & interaction will the medical staff likely experience with the patient?
    - What kind of behavior & interaction will the family likely experience with the patient?
    - What might help the staff be more effective & beneficial to the patient? For example, if the patient is displaying item recognition difficulties, what could the staff concretely do that might be helpful (i.e. help in recognition, reduce anxiety, etc.).
    - Is the patient or family difficult, and how could the staff deal with them?
    - Is there anything that staff should be vigilant about? (E.g., Should they be watchful for any increase in depressive indicators)?

## Intervention

- Establish and maintain effective relationships with the recipients of psychological services.
- Develop evidence-based intervention plans specific to the service delivery goals.
- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrate the ability to apply the relevant research literature to clinical decision making.
- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

### Psychological Formulation

- Develop formulations of presenting problems or situations which integrate information from assessments within a coherent framework. Formulations should draw upon psychological theory and evidence and incorporate interpersonal, societal, cultural, and biological factors.
- Use formulations with patients to facilitate their understanding of their experience.
- Use formulations to plan appropriate interventions that take the patient's perspective into account.
- Use formulations to assist multi-professional communication and the understanding of patients and their care.
- Revise formulations in the light of ongoing intervention and, when necessary, re-formulate the problem.

### Psychological Intervention

- On the basis of a formulation, implement psychotherapy or other interventions appropriate to the presenting problem and to the psychological and social circumstances of the patient. This should be done in a collaborative manner with: individuals; couples, families, or groups; services/organizations.
- Implement interventions through and with other professions and/or with individuals who care for a patient by virtue of family or partnership arrangements.
- Recognize when (further) intervention is inappropriate, or unlikely to be helpful, and communicate this sensitively to patients and professionals.

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## Psychotherapy

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

## Supervision

- Demonstrate knowledge of supervision models and practices.
- Apply this 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.

## Consultation & Interprofessional/Interdisciplinary Skills

- Demonstrate knowledge and respect for the roles and perspectives of other professions.
- Demonstrate knowledge of consultation models and practices.
- Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

## Evaluation of Systems

- Select and implement appropriate methods to evaluate the effectiveness, acceptability, and broader impact of interventions (both individual and organizational), and use this information

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to inform and shape practice. Where appropriate this will also involve devising innovative procedures.

- Audit clinical effectiveness.

### Service Delivery

- Adapt one's practice to a range of organizational contexts on the basis of an understanding of pertinent organizational and cultural issues.
- Understand consultant models and the contribution of consultancy to practice.
- Develop an awareness of the legislative/ national planning context of service delivery/clinical practice.
- Work with patients and care givers to facilitate their involvement in service planning and delivery.
- Work effectively in multi-disciplinary teams.
- Understand change processes in a service delivery system.

### Reflective Practice

- Demonstrate appropriate knowledge, skills, and attitudes in reflecting on, critically evaluating, and improving one's own professional performance.

### Transferable Skills

- Use a broad evidence and knowledge base to decide how to assess, formulate, and intervene psychologically from a range of possible models and modes of intervention with patients, professional personnel, and service systems.
- Generalize and synthesize prior knowledge and experience in order to apply them in different settings and novel situations.
- Demonstrate self-awareness and work as a reflective practitioner.
- Demonstrate the ability to think critically, reflectively, and in an evaluative manner.

### Personal and Professional Skills

- Understand ethical issues and apply these in complex clinical contexts, ensuring that informed consent underpins all contact with patients and research participants.
- Appreciate the inherent power imbalance between practitioners and patients and how abuse of this can be minimized.
- Understand the impact of difference and diversity on people's lives, and its implications for working practices.
- Work effectively at an appropriate level of autonomy, with awareness of the limits of one's own competence and accepting accountability to relevant professional and service managers.
- Manage one's own personal learning needs and develop strategies for meeting these needs.
- Use supervision to reflect on practice, and make appropriate use of feedback received.
- Develop strategies to handle the emotional and physical impact of one's own practice and seek appropriate support when necessary, with good awareness of boundary issues.
- Work collaboratively and constructively with fellow psychologists and other colleagues and users of services, respecting diverse viewpoints.

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## CLINICAL ROTATIONS

### General Psychiatric Inpatient/Outpatient Assessment Rotation

*LOCATION: TARRANT COUNTY HOSPITAL DISTRICT- FORT WORTH*

An important component of the General Psychiatric Inpatient/Outpatient Assessment Rotation includes performing psychological assessments and report writing for adolescent and adult clinical cases. Specific referral questions are generated by the attending psychiatrist and/or treatment team and may involve the utilization of “traditional” psychological tests (e.g., Wechsler, T.A.T., Rorschach, MMPI-2, etc.) or neuropsychological tests (e.g., RBANS, Trails A & B, RCFT, etc.). Psychological evaluations will typically include a verbal presentation to the respective treatment team/referring physician and may involve a conference with family and the ‘identified patient.’

#### **Rotation Objectives**

The primary activity of this rotation is psychological assessment in the inpatient and outpatient behavioral health service areas at JPS (Trinity Springs Pavilion (“TSP”), TSP North, and the Central Assessment Center). Secondly, brief interventions in a psychiatric inpatient and outpatient setting are included as part of the rotation. At the end of this rotation, interns will be able to:

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

#### **Rotation Description**

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

Given the short term stabilization mission of most Trinity Springs (TSP) inpatient units, it is essential that any doctoral intern possess a practical working knowledge of adult psychopathology. A working knowledge of DSM-5 and a basic familiarity with intake interviews and psychiatric mental status evaluation is also encouraged. Interns’ experience will hopefully provide ample and rich opportunities for integration of these skill sets into case formulations that become part of the diagnostic workups, treatment protocols, and dispositions of TSP patients.

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*Inpatient Assessment Training:* After two to three weeks of intensive orientation, students will observe inpatient interdisciplinary team synchrony before gradually starting to participate actively in each of the three adult treatment teams, with occasional work on the Adolescent Unit. They will encounter a wide range of severely debilitating psychopathology. As a publicly supported county hospital, JPS serves a diverse population of socio-economically disadvantaged patients as its primary mission. The student will thus have the opportunity to integrate theoretically grounded formal psycho-diagnostic information within this socioeconomic context.

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

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

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

### **Outpatient Psychotherapy & Intervention Rotation**

***LOCATION: JPS HEMPHILL OUTPATIENT CLINIC, JPS OUTPATIENT FAMILY MEDICINE, JPS CANCER CENTER***

To ensure that students are grounded in fundamental clinical psychology, students will also provide clinical psychotherapy services at the JPS Hemphill outpatient clinic. Students will provide outpatient clinical and health psychology psychotherapy services. A wide range of services are provided in the JPS Outpatient Clinic to adults, adolescents, and families with an array of problems and diagnoses. Examples of the services that interns will perform: assessment & evaluation, psychological intervention(s), and treatment of DSM-5 diagnoses and/or health related problems, consultation with other JPS Medical Departments and staff, treatment planning, documentation, etc. ***At a minimum, Interns will be expected to have an individual, weekly caseload of four (4) psychotherapy patients.***

#### **Rotation Objectives**

The objectives for this rotation include:

1. Learning how to set therapeutic goals.
2. Learning how to execute a case formulation.
3. Learning how to execute a problem list or provisional diagnosis.
4. Learning how to execute a working hypothesis.
5. Recognizing and working with transference and countertransference.
6. Tailoring the therapy to the individual/situation.

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7. Gaining proficiency in models of stress, coping, anxiety, depression, and fear models of treatment.
  8. Demonstrating exposure to models of treatment addressing anger, rage, and PTSD.
  9. Demonstrating knowledge of Supportive, Psychodynamic, and CBT psychotherapies.
  10. Showing an understanding of medical issues/conditions, as they relate to psychotherapy.
  11. Demonstrating proficiency in the identification of risk and suicide factors.

### **Rotation Description**

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

*Documentation:* Treatment goals will be addressed during all following treatment sessions. For patients on medications which may affect treatment goals, progress notes should reflect the impact of medication upon treatment progress as well as adverse effects, if any. Treatment goals should be observable and measurable, and progress notes should reflect progress toward each goal during each session, or lack of progress. If progress has stalled, treatment should address this and documentation should reflect modifications to the overall treatment plan. Treatment plans should be reviewed on a quarterly basis for patients enrolled in long-term therapy. Evidence of this review and any modifications to the overall treatment plan must be documented.

*Biofeedback Training:* The rotation will also train students in a brief biofeedback protocol emphasizing psychophysiological control and behavioral interventions for chronic pain, anxiety or other conditions where this treatment modality has demonstrated efficacy. Supervised exposure to therapeutic interventions associated with this treatment modality will be provided once students have been trained on the criterion and in the use of these protocols.

*Supervision:* All interns will receive timely supervision on all cases by a designated licensed Clinical Psychologist. "Timely Supervision" for the purpose of this rotation is defined as:

- Submission of case notes, raw psychometric data, consultative letters, etc., to the appropriate supervising Clinical Psychologist no later than 24 hours following contact with a patient.
- At least one hour of clinical supervision per week between licensed providers and intern(s).

*Training in Supervision:* All interns will receive training in providing clinical supervision in didactics as well as individual clinical supervision. There will be opportunities for interns to gain additional training in providing clinical supervision with practicum students.

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

### **Consult & Liaison Services—JPS Level I Trauma Rotation**

***Location: Tarrant County Hospital District-JPS, Level 1 Trauma - Fort Worth***

JPS is accredited as a Level I Trauma Center. In order to be accredited as a Level I Trauma Center, neuropsychological evaluations are required to be available and performed; however, the JPS Trauma Center has requested that neuropsychological and/or psychological assessments ("consults") be performed on every patient that is admitted to our trauma services. Thus, each

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trauma patient (and family if available) is evaluated by a psychologist. Interns will be performing these evaluations or “consults” (“Consults” are typically screenings or a shorter version of a full or comprehensive neurocognitive or psychological evaluation), and a written report must be in the patient’s hospital chart that same day. Students will verbally present findings in both Trauma Rounds and Trauma Staffing to physicians, physician assistants, nurses, and other medical personnel. At the end of this rotation, students will be able to determine whether a neurocognitive, psychological, or combination assessment should be performed and will be comfortable in both (1) tailoring the written and verbal reports to the immediate hospital environment and (2) providing discharge recommendations.

### **Rotation Objectives**

By the conclusion of this rotation, interns will be able to:

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

### **Rotation Description**

Students will receive knowledge and training in the applied science of brain behavior relationships, functional neuroanatomy, principles of neuroscience, brain development, neurological disorders and etiologies, neurodiagnostic tests/techniques (e.g., CT imaging), normal and abnormal brain functioning, and neuropsychological and behavioral manifestations of neurological disorders.

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

The clinical training involves extensive clinical supervision in the neuropsychological evaluation of a wide range of patients at different age ranges. Interns will learn appropriate record review, clinical

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interviewing, administration of neuropsychological tests, and report writing. They also receive training in providing feedback to the patient regarding their findings in a manner that is clinically sensitive and helpful to patients and their families.

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

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**Appendix I:**  
**Educational Activities**

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**Department of Psychiatry and Behavioral Health**  
**Psychology Didactics Schedule**  
**August, 2018 – July, 2019**

*Psychology Didactics Occur Every Wednesday at the Hemphill Clinic Conference Room from 12pm – 1pm. All Acclaim and JPS Staff Are Invited - Bring Your Own Lunch*

<b>Date</b>	<b>Topic</b>
Thursdays 8am – 9am	Radiology Didactics – Head CT/MRI Diagnostics & Interpretation Correlated With Neurocognitive/Psychological Clinical Findings - Dr. Kaiser
Fridays 12pm-1pm	Psychiatry Grand Rounds – CME Credits Are Provided
08/08/18	Overview of Clinical Psychological Assessment @ JPS – Standardized Battery of Tests – Dr. Miles Overview of Neuropsychological Assessment/Screenings @ JPS Dr. Frol Psychological/Neuropsychological Scoring – Computerized Access @ JPS Dr. Muñoz
08/15/18	Introduction to Intakes, Individual & Group Psychotherapy @ JPS Drs. Diaz/Hopewell/Miles
08/22/18	Clinical Supervision Roundtable Didactic Discussion Drs. Buck/Diaz/Frol/Hopewell/Miles/Muñoz
08/29/18	Functional Neuroanatomy – Dr. Hopewell
09/05/18	Case Presentation of Neuropsychological Assessment Case Discussion – Dr. Frol
09/12/18	Introduction to R-PAS – Drs. Frol/Muñoz – Nelly to Assist
09/19/18	Primary Care Psychology – Dr. Buck, Family Medicine
09/26/18	Effective Adolescent Treatment – A Residential Model – Dr. Miles
10/03/18	Psychotropic Medications – Drs. Hurd or Haliburton
10/10/18	<b>****No Didactics – OU/TX Week****</b> <i>Please Note That Radiology/Grand Rounds Are Still Scheduled</i>
10/17/18	How to Evaluate the Cranial Nerves – Drs. Frol/Hopewell/Miles
10/24/18	Working With People Different Than You - Multicultural Competence In Clinical Settings – Part I – Drs. Diaz – Muñoz

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- 10/31/18 Working With People Different Than You - Multicultural Competence  
In Clinical Settings – Part II - Drs. Diaz – Muñoz
- 11/07/18 Criteria & JPS Procedures for Reporting to CPS and APS  
Andrew Santi, LCSW
- 11/14/18: Case Presentation & Discussion – Dr. Muñoz
- 11/21/18: **\*\*\*\*No Didactics – Thanksgiving\*\*\*\***
- 11/28/18: Advanced Documentation of Psychological Services in EMR  
Dr. Frol
- 12/05/18: Emergency Detention for Mental Health Without a Warrant/Apprehension  
and Transportation by Peace Officers – TCHD Officer Sykes
- 12/12/18: Family & Couple Dynamics – What Psychologists Need to Know  
Dr. Buck - Family Medicine
- \*\*\*\*\*Christmas/New Years Break\*\*\*\*\***  
*Please Note That Radiology Didactics Are Still Scheduled*
- 01/09/19: Sexual Assault Victim Services in Tarrant County – Katherine  
Collier-Esser, LPC
- 01/16/19: Clinical Assessment of Children – Dr. Messina
- 01/23/19: Clinical/Medical Lab Results Related to Cognition and Emotional  
Functioning – Dr. Hurd
- 01/30/19: Clinical Dynamics of Prostitution – SEX – Men & Women ARE  
Different – Dr. Miles
- 02/06/19: Clinical Supervision I  
Drs. Miles, Frol, Messina, Diaz, Messina
- 02/13/19: Clinical Supervision II  
Drs. Miles, Frol, Diaz, Messina
- 02/20/19: Defense Mechanisms – Drs. Messina/Muñoz
- 02/27/19: Ethical Issues in Psychological Services in a Public Hospital Setting  
Dr. Diaz
- 03/06/19: ADHD With Its Variety of Assessment – Part I - Dr. Frol  
(And a Little Antagonism by Dr. Miles)
- 03/13/19: ADHD With Its Variety of Assessment – Part II - Dr. Frol  
(And a Little Antagonism by Dr. Miles)
- 3/20/19: **\*\*\*\*No Didactics – Spring Break\*\*\*\***
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- 03/27/19: Clinical Delivery Systems: An Financial Introduction – “Let’s Talk Money”  
Dr. Miles
- 04/03/19: Integration of Psychology in Family Medicine – Dr. Buck, Family Med
- 04/10/19: Effective Treatment Teams/Roles - Dr. Messina
- 04/17/19: Latest on Nutrient Research & Psychiatry – Dr. DeMoss
- 04/24/19: Hospital/Community Based Peer Support – Jessica Reyes
- 05/01/19: Cluster A Disorders – Dr. Diaz
- 05/08/19: Latest Research on PTSD/Early Trauma – Dr. Podawiltz
- 05/15/19: Rorschach Interpretation I – Dr. Miles
- 05/22/19: Rorschach Interpretation II – Dr. Miles
- 5/23/18: Judges Perspective on Mental Health Expert Testimony; Guardianship \*  
Judge McGowan/Judge Kelly – Tarrant County Court 1/3  
Lunch Will Be Provided
- 05/29/19: **\*\*\*\*No Didactics \*\*\*\***
- 06/05/19: Childhood Disorders – Dr. Messina
- 06/12/19: Myths About Suicide – Screening for Suicide – Part I – Dr. Diaz
- 06/19/19: Myths About Suicide – Screening for Suicide – Part II – Dr. Diaz
- 06/26/19: Leadership – Difficult Conversations – Kyle Poland, Acclaim Administration
- 07/03/19: **\*\*\*\*No Didactics \*\*\*\***
- 07/10/19: Neuropsychological/Psychological Factors & Ethical Issues in Aircrew  
Assessments - Drs. Frol/Miles
- 07/17/19: Forensic Evaluations – Drs. Muñoz/Miles
- 07/24/19: Private/Group Practice Considerations – Drs. Messina/Miles
- 07/31/19: CPT Codes for 2019 – Dr. Frol

***Please Note That Every Thursday From 8am - 9am We Will Meet in Radiology With Dr. Kaiser,  
Chief of Radiology on Head CT/MRI Diagnostics & Interpretation - Correlated With Actual  
Neurocognitive/Psychological Clinical Findings***

***Please Note That Every Friday From 12pm – 1 pm Psychiatry Grand Rounds in TSP Auditorium.  
CME Credits Are Available & Lunch is Provided. Various Speakers.***

\* TSP Auditorium

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## WEEKLY EDUCATIONAL ACTIVITIES SUMMARY

Location: JPS Trinity Springs Pavilion Auditoriums 1 & 2

### **JPS Psychiatry Grand Rounds**

1<sup>st</sup>, 3<sup>rd</sup>, and 5<sup>th</sup> Fridays - 12-1 - Lunch Provided

Participation Mandatory

Content Varies

CME Credit 1 Hour

### **JPS Psychiatry Case Conference**

4<sup>th</sup> Fridays - 12-1 - Lunch Provided

Participation Mandatory

Content Varies

CME Credit 1 Hour

### **JPS Psychiatry Journal Club**

2<sup>nd</sup> Fridays - 12-1 - Lunch Provided

Participation Mandatory

Content Varies

CME Credit 1 Hour

### **Professional Presentation Skills Development**

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

### **Psychology Didactics**

Location: Hemphill Outpatient Conference Room

Once a week, 12-1

Participation Mandatory

Content Varies

### **Psychiatric Residency Didactics**

Location: TSP/Hemphill Conferences Rooms

To Be Assigned/Selected on an Individual Basis

Once Assigned, Participation Mandatory

Content Varies

### **Radiology/Neurocognitive/Psychological Didactics**

Location: Radiology – JPS Main Hospital

Once a week, Thursdays 8-9

Participation Mandatory

Content Varies



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## Appendix II: Intern Evaluation Form

# Psychology Intern Evaluation Form

Intern Name: \_\_\_\_\_

Evaluation Point:            3-month     6-month     9-month     12-month

Supervisor's Name: \_\_\_\_\_

\* Competency descriptions are provided in the Core Competencies section of the Internship Manual. Please use this form to rank interns/ trainees according to the following rating scale:

- 1 = Needs remedial work**  
Requires remedial work during internship.
- 2 = Entry level/Continued intensive supervision is needed**  
Routine, but intensive, supervision is needed.
- 3 = Intermediate/Should remain a focus of supervision**  
Common rating during internship. Routine supervision of each activity.
- 4 = High Intermediate/Occasional supervision needed.**  
A frequent rating at completion of internship. Competency attained in all but non-routine cases; supervisor provides overall management of trainee's activities; depth of supervision varies as clinical needs warrant.
- 5 = Advanced/Skills comparable to autonomous practice at the licensure level.**  
Rating expected at completion of postdoctoral training. Competency attained at full psychology staff privilege level, although supervision is required while in training status.

Area of Competency	Ratings					
	1	2	3	4	5	N/A
1. <b>Research</b>	<input type="checkbox"/>					
2. <b>Ethical &amp; Legal Standards</b>	<input type="checkbox"/>					
3. <b>Individual &amp; Cultural Identity</b>	<input type="checkbox"/>					
4. <b>Professional Values, Attitudes, &amp; Behaviors</b>	<input type="checkbox"/>					
5. <b>Communication &amp; Interpersonal Skills</b>	<input type="checkbox"/>					
6. <b>Communicating &amp; Teaching</b>	<input type="checkbox"/>					

Intern Evaluation Form Continued...

Area of Competency	Ratings					
	1	2	3	4	5	N/A
7. <b>Assessment-Overall</b>	<input type="checkbox"/>					
8. Psych. Assessment, Testing & Evaluation	<input type="checkbox"/>					
9. <b>Intervention- Overall</b>	<input type="checkbox"/>					
10. Psychological Formulation	<input type="checkbox"/>					
11. Psychological Intervention	<input type="checkbox"/>					
12. Psychotherapy	<input type="checkbox"/>					
13. <b>Supervision</b>	<input type="checkbox"/>					
14. <b>Consultation &amp; Interprofessional/ Interdisciplinary Skills- Overall</b>	<input type="checkbox"/>					
15. Evaluation of Systems	<input type="checkbox"/>					
16. Service Delivery	<input type="checkbox"/>					
17. <b>Reflective Practice- Overall</b>	<input type="checkbox"/>					
18. Transferable Skills	<input type="checkbox"/>					
19. Personal and Professional Skills	<input type="checkbox"/>					

**Standards for completion of internship training are as follows:**

1. Students will be evaluated every three months by faculty to review their progress, with respect to the competencies outlined by APA and the internship
2. By mid-year (6-month evaluation), all competency areas should be rated as Intermediate Level or Higher (a score of 3 or higher in each area).
3. By the end of internship (12-month eval.), 90% of competency areas will be rated as High Intermediate or above (scores 4 or 5 in each area; total score = 68+).
4. Students will receive additional written feedback should they earn scores of 1 or 2 during any evaluation, which will detail the reasons for the low score and a remediation.

**Overall Score:** \_\_\_\_\_ **% Scores at levels 4 & 5** \_\_\_\_\_

**Overall Performance Satisfactory**.....Yes  **No**

**Remediation Plan Needed**.....Yes  **No**



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**Appendix III:**  
**Faculty Biographies**

## FACULTY



### R. ED MILES, PHD

**Title:** Director of Psychology/ Director of Training

**Contact:** [emiles@ipshealth.org](mailto:emiles@ipshealth.org)

**Education:** 1986- PhD in Clinical Psychology  
California School of Professional Psychology, Fresno, CA

**Brief Bio:** Dr. Miles has been with JPS Health Network since 2007, when he became the UNTHSC Preceptorship Director for doctoral students in the University of North Texas Clinical Health Psychology program. Prior to this appointment, Dr. Miles has had extensive experience in mental health administration, leadership, and clinical delivery of services. He was the Director of Mental Health for the State of Florida (2003-2005), after revolutionizing the State of Oklahoma's treatment options for violent, adjudicated, and at-risk adolescents. As part of his work with adolescents, Dr. Miles ran several adolescent residential facilities in Oklahoma, which obtained national acclaim.

As Training Director and supervisor at JPS Health Network, Dr. Miles has a special interest in mentoring students and interns. He is especially adept at teaching his trainees how to recognize and utilize their strengths to impact patients and health systems in a positive manner.

#### **Favorite Psychology Authors:**

1. Sigmund Freud
2. David Rapaport
3. Otto Kernberg

### ALAN B. FROL, PHD

**Title:** Assistant Director of Psychology/ Assistant Director of Training

**Contact:** [afrol@ipshealth.org](mailto:afrol@ipshealth.org)

**Education:** 1987- PhD in Experimental Psychology  
University of Minnesota  
1996- Clinical Psychology Re-Specialization Training  
UT Southwestern Medical Center  
1997- Postdoctoral Fellow: Clinical Neuropsychology  
UT Southwestern Medical Center

**Brief Bio:** Dr. Frol has been with JPS Health Network since 2014 and became Assistant Director of Psychology in March of 2018. Dr. Frol has an extensive background in Clinical Neuropsychology, teaching, research, and mentoring. Dr. Frol's expertise in neuropsychology makes him highly sought after by interns and colleagues alike for his input on clinical cases and his opinion on the latest neuropsychological research. His attention to detail and close supervision style allows his students and interns to achieve greater knowledge, skills, and confidence in the areas of neuropsychological and psychological assessment. Dr. Frol is also active in the Therapeutic Assessment (TA) community (see Finn, 2007), and his TA influence can be felt in his collaborative work with patients, his supervision style, and the insights he provides during didactic training.

#### **Favorite Psychology Intern Books:**

1. [In Our Clients' Shoes: Theory and Techniques of Therapeutic Assessment](#) (Finn, 2007)
2. [A Concise Guide to Personality Disorders](#) (Paris, 2015)
3. [Clinical Neuropsychology: A Pocket Handbook for Assessment, 3<sup>rd</sup> Edition](#) (Parsons & Hammeke, 2014)





## DANIEL MUÑOZ-SANTAMARIA, PHD

**Title:** Licensed Psychologist

**Contact:** [dMuñozsant@jpshealth.org](mailto:dMuñozsant@jpshealth.org)

**Education:** 2017- PhD in Clinical Psychology  
Fielding Graduate University

**Brief Bio:** Dr. Muñoz-Santamaria is originally from Spain. He was born in Madrid and went to the University of Seville, where he obtained a Bachelor's and a Master's degree in psychology. After completing his graduate studies in Spain, he moved to the United States where he graduated from Fielding Graduate University (Santa Barbara, California) obtaining a PhD in Clinical Psychology with a concentration in Neuropsychology. Currently, he serves as an assistant professor of psychiatry at University of North Texas, Health Science Center. In addition, he is actively involved in providing care and doing consultative work at JPS Trinity Springs Pavilion as a clinical psychologist. He performs psychological evaluations, suicide-risk assessments, violence-risk assessments, and neuropsychological evaluations. He also provides services on an outpatient basis at JPS; namely, psychotherapy for Spanish-speaking patients and neuropsychological evaluations in Spanish. He is most passionate about brain-behavior relations, neuropsychological assessment, teaching, and working with underserved populations.

### **Favorite Psychology Books:**

1. [Higher Cortical Functions in Man](#) (by Alexander Luria)
2. [Escape from Freedom](#) (by Eric Fromm)

## MICHAEL C. MESSINA, PSYD

**Title:** Licensed Psychologist

**Contact:** [mmessina@jpshealth.org](mailto:mmessina@jpshealth.org)

**Education:** 2008 - PsyD in Psychology with emphasis in Marriage and Family Therapy

California School of Professional Psychology/Alliant International University, Irvine/San Diego, CA

**Brief Bio:** Dr. Messina is originally from California, growing up in a small port-town on the peninsula overlooking the Pacific Ocean, south of Los Angeles, and then moving to Orange County, walking distance from the sandy beaches of surf-city, Huntington Beach. After obtaining his Bachelor's Degree from California State University, Long Beach, he went on to obtain his Master and Doctorate degrees from the California School of Professional Psychology in Irvine and San Diego, CA. He is currently licensed to practice psychology in California and Texas, and is certified by the Behavior Analyst Certification Board as a Behavior Analyst, Doctoral (BCBA-D). He has extensive experience working with children and adolescents in assessment and psychotherapy, specifically, anxiety, depression, ADHD, OCD, behavior disorders, Autism Spectrum Disorder, and Intellectual Disability. He has treated a variety of clinical presentations from mild to severe, including severe self-injury, aggression, and suicidality. His clinical interests specifically include evidence-based practice in Cognitive Behavioral Therapy (CBT) and Exposure Response Prevention (ERP) for the treatment of Anxiety Disorders and Obsessive-Compulsive and Related Disorders. He currently provides assessment and psychotherapy at the JPS outpatient adult/adolescent clinic, and consultation and assessment at the JPS Adolescent In-Patient Unit.

### **Favorite Psychology Books:**

1. [Cognitive Therapy of Depression](#) (Beck et al.)
2. [Cognitive Therapy with Children and Adolescents](#) (Reinecke et al.)
3. [Cognitive Behavior Therapy](#) (O'Donohue et al.)





## KATHERINE BUCK, PHD

**Title:** Director of Behavioral Medicine, JPS Family Medicine Residency

**Contact:** [kbuck@jpshealth.org](mailto:kbuck@jpshealth.org)

**Education:** PhD in Clinical Psychology in 2014  
East Carolina University

**Internship:** University of Colorado, Dept of Family Medicine

**Fellowship:** University of Colorado, Dept of Family Medicine

**Brief Bio:** Dr. Buck is originally from Eastern NC, and comes to Texas by way of Colorado. At the University of Colorado, her internship and fellowship provided specialty training in resident education and evaluation, communication skills in medicine, medical student communication education, and the provision of primary care psychology. In the family medicine department, she is responsible for the behavioral medicine education of family medicine residents, including education focused in health and behavior change, mental health in primary care, physician resiliency, and medical communication. She also has a special interest in physician mental health and burnout. She has clinical interests in health and behavior change interventions in primary care, sleep medicine, and couples therapy. She is an active researcher and has interests in physician burnout and health, medical education, and sports medicine.

### Primary Care Psychology Books:

1. Primary Care Psychology (Frank, McDaniel, Bray, & Heldring, 2004)
2. Integrated Behavioral Health In Primary Care (Hunter, Goodie, Oordt, & Dobbmeyer, 2009)
3. Overcoming Insomnia (Edinger & Carney, 2015)

## KRISTINE DIAZ-ALBERTINI, PSYD

**Title:** Postdoctoral Fellow

**Contact:** [kdiazalb@jpshealth.org](mailto:kdiazalb@jpshealth.org)

**Education:** 2017- PsyD in Clinical Psychology  
Nova Southeastern University, Fort Lauderdale, Florida

**Brief Bio:** Dr. Diaz-Albertini has experience spanning various clinical settings, including outpatient community mental health and inpatient residential treatment centers. She has provided individual therapy, group therapy, substance abuse treatment, and crisis intervention services. Her experience has focused on utilizing a cognitive-behavioral therapy treatment approach; however, she believes that one size does not fit all. As such, she has experience providing alternate empirically-supported treatment approaches, such as dialectical behavior therapy and interpersonal therapy. Her treatment approach is uniquely tailored to the individual's needs, valuing harmonizing treatment with personal strengths and treatment goals.

### Favorite Psychology Books:

1. Cognitive Therapy of Schizophrenia (by David G. Kingdon & Douglas Turkington)
2. Myths about Suicide (by Thomas Joiner)
3. ACT Made Simple (by Russ Harris & Steven C. Hayes)



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## Psychologist Office Location

**Katherine Buck, PhD:** JPS Hospital, Family Medicine, 2<sup>nd</sup> Floor

**Kristine Diaz-Albertini, PsyD:** JPS Hemphill Behavioral Health Main Outpatient Clinic

**Alan Frol, PhD:** JPS Hemphill Behavioral Health Main Outpatient Clinic

**Michael Messina, PsyD:** JPS Hemphill Behavioral Health Main Outpatient Clinic

**Ed Miles, PhD:** JPS Trinity Springs Pavilion, 1<sup>st</sup> Floor

**Daniel Muñoz-Santamaria, PhD:** JPS Hemphill Behavioral Health Main Outpatient Clinic

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**Appendix IV:**  
**APA Code of Ethics**

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## Appendix IV 2017 APA CODE OF ETHICS

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

### **Ethical Principles of Psychologists and Code of Conduct**

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

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

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

#### **General Principles**

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

#### **Principle A: Beneficence and Nonmaleficence**

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

#### **Principle B: Fidelity and Responsibility**

Psychologists establish relationships of trust with those with whom they work. They are aware of their

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

### **Principle C: Integrity**

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

### **Principle D: Justice**

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

### **Principle E: Respect for People's Rights and Dignity**

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

## **Section 1: Resolving Ethical Issues**

### **1.01 Misuse of Psychologists' Work**

If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

### **1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority**

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

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### **1.03 Conflicts Between Ethics and Organizational Demands**

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

### **1.04 Informal Resolution of Ethical Violations**

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

### **1.05 Reporting Ethical Violations**

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

### **1.06 Cooperating with Ethics Committees**

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

### **1.07 Improper Complaints**

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

### **1.08 Unfair Discrimination Against Complainants and Respondents**

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

## **Section 2: Competence**

### **2.01 Boundaries of Competence**

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

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

(c) Psychologists planning to provide services, teach or conduct research involving populations, areas, techniques or technologies new to them undertake relevant education, training, supervised experience, consultation or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation or study.

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

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

## **2.02 Providing Services in Emergencies**

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

## **2.03 Maintaining Competence**

Psychologists undertake ongoing efforts to develop and maintain their competence.

## **2.04 Bases for Scientific and Professional Judgments**

Psychologists' work is based upon established scientific and professional knowledge of the discipline. (See also Standards [2.01e, Boundaries of Competence](#), and [10.01b, Informed Consent to Therapy](#).)

## **2.05 Delegation of Work to Others**

Psychologists who delegate work to employees, supervisees or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards [2.02, Providing Services in Emergencies](#); [3.05, Multiple Relationships](#); [4.01, Maintaining Confidentiality](#); [9.01, Bases for Assessments](#); [9.02, Use of](#)

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Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

### **2.06 Personal Problems and Conflicts**

(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

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

## **Section 3: Human Relations**

### **3.01 Unfair Discrimination**

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

### **3.02 Sexual Harassment**

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

### **3.03 Other Harassment**

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

### **3.04 Avoiding Harm**

(a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04(a).

### **3.05 Multiple Relationships**

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

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professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

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

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

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

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

### **3.06 Conflict of Interest**

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

### **3.07 Third-Party Requests for Services**

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

### **3.08 Exploitative Relationships**

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

### **3.09 Cooperation with Other Professionals**

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

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### **3.10 Informed Consent**

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

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

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards [8.02, Informed Consent to Research](#); [9.03, Informed Consent in Assessments](#); and [10.01, Informed Consent to Therapy](#).)

### **3.11 Psychological Services Delivered to or Through Organizations**

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

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

### **3.12 Interruption of Psychological Services**

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

## **Section 4: Privacy and Confidentiality**

### **4.01 Maintaining Confidentiality**

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of

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confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard [2.05, Delegation of Work to Others.](#))

#### **4.02 Discussing the Limits of Confidentiality**

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard [3.10, Informed Consent.](#))

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

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

#### **4.03 Recording**

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

#### **4.04 Minimizing Intrusions on Privacy**

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

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

#### **4.05 Disclosures**

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

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

#### **4.06 Consultations**

When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard [4.01, Maintaining Confidentiality.](#))

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#### **4.07 Use of Confidential Information for Didactic or Other Purposes**

Psychologists do not disclose in their writings, lectures or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

### **Section 5: Advertising and Other Public Statements**

#### **5.01 Avoidance of False or Deceptive Statements**

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

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

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

#### **5.02 Statements by Others**

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

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

(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

#### **5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs**

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures or advertisements describing workshops, seminars or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters and the fees involved.

#### **5.04 Media Presentations**

When psychologists provide public advice or comment via print, Internet or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional

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relationship has been established with the recipient. (See also Standard [2.04, Bases for Scientific and Professional Judgments](#).)

### **5.05 Testimonials**

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

### **5.06 In-Person Solicitation**

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

## **Section 6: Record Keeping and Fees**

### **6.01 Documentation of Professional and Scientific Work and Maintenance of Records**

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

### **6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work**

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

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

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

### **6.03 Withholding Records for Nonpayment**

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

### **6.04 Fees and Financial Arrangements**

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

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

(c) Psychologists do not misrepresent their fees.

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

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

### **6.05 Barter with Clients/Patients**

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (See also Standards [3.05, Multiple Relationships](#), and [6.04, Fees and Financial Arrangements](#).)

### **6.06 Accuracy in Reports to Payors and Funding Sources**

In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges or payments, and where applicable, the identity of the provider, the findings and the diagnosis. (See also Standards [4.01, Maintaining Confidentiality](#); [4.04, Minimizing Intrusions on Privacy](#); and [4.05, Disclosures](#).)

### **6.07 Referrals and Fees**

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

## **Section 7: Education and Training**

### **7.01 Design of Education and Training Programs**

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

### **7.02 Descriptions of Education and Training Programs**

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

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### **7.03 Accuracy in Teaching**

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

(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard [2.03, Maintaining Competence.](#))

### **7.04 Student Disclosure of Personal Information**

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

### **7.05 Mandatory Individual or Group Therapy**

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

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

### **7.06 Assessing Student and Supervisee Performance**

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

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

### **7.07 Sexual Relationships with Students and Supervisees**

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

## **Section 8: Research and Publication**

### **8.01 Institutional Approval**

When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

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## **8.02 Informed Consent to Research**

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

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

## **8.03 Informed Consent for Recording Voices and Images in Research**

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

## **8.04 Client/Patient, Student, and Subordinate Research Participants**

(a) When psychologists conduct research with clients/patients, students or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

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

## **8.05 Dispensing with Informed Consent for Research**

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

## **8.06 Offering Inducements for Research Participation**

(a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or

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other inducements for research participation when such inducements are likely to coerce participation.

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

### **8.07 Deception in Research**

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

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

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

### **8.08 Debriefing**

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

(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

(c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

### **8.09 Humane Care and Use of Animals in Research**

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

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

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

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

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

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

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

### **8.10 Reporting Research Results**

(a) Psychologists do not fabricate data. (See also Standard [5.01a, Avoidance of False or Deceptive Statements.](#))

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

### **8.11 Plagiarism**

Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

### **8.12 Publication Credit**

(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard [8.12b, Publication Credit.](#))

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

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

### **8.13 Duplicate Publication of Data**

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

### **8.14 Sharing Research Data for Verification**

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

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

### **8.15 Reviewers**

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

## **Section 9: Assessment**

### **9.01 Bases for Assessments**

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

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

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

### **9.02 Use of Assessments**

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

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

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

### **9.03 Informed Consent in Assessments**

(a) Psychologists obtain informed consent for assessments, evaluations or diagnostic services, as described in Standard [3.10, Informed Consent](#), except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment,

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fees, involvement of third parties and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

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

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

#### **9.04 Release of Test Data**

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

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

#### **9.05 Test Construction**

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

#### **9.06 Interpreting Assessment Results**

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

#### **9.07 Assessment by Unqualified Persons**

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

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### **9.08 Obsolete Tests and Outdated Test Results**

(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

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

### **9.09 Test Scoring and Interpretation Services**

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

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

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

### **9.10 Explaining Assessment Results**

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

### **9.11 Maintaining Test Security**

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

## **Section 10: Therapy**

### **10.01 Informed Consent to Therapy**

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

(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available

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and the voluntary nature of their participation. (See also Standards [2.01e, Boundaries of Competence](#), and [3.10, Informed Consent](#).)

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

### **10.02 Therapy Involving Couples or Families**

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

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

### **10.03 Group Therapy**

When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

### **10.04 Providing Therapy to Those Served by Others**

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

### **10.05 Sexual Intimacies with Current Therapy Clients/Patients**

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

### **10.06 Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients**

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

### **10.07 Therapy with Former Sexual Partners**

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

### **10.08 Sexual Intimacies with Former Therapy Clients/Patients**

(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

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

### **10.09 Interruption of Therapy**

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

### **10.10 Terminating Therapy**

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

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

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

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

The APA has previously published its Ethics Code as follows:

American Psychological Association. (1953). *Ethical standards of psychologists*. Washington, DC: Author.

American Psychological Association. (1959). Ethical standards of psychologists. *American Psychologist*, *14*, 279-282.

American Psychological Association. (1963). Ethical standards of psychologists. *American Psychologist*, *18*, 56-60.

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American Psychological Association. (1968). Ethical standards of psychologists. *American Psychologist*, 23, 357-361.

American Psychological Association. (1977, March). Ethical standards of psychologists. *APA Monitor*, 22-23.

American Psychological Association. (1979). *Ethical standards of psychologists*. Washington, DC: Author.

American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist*, 36, 633-638.

American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). *American Psychologist*, 45, 390-395.

American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597-1611.

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

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**Appendix V:**  
**Intern Sample Schedule**

**Appendix V**  
**INTERN SAMPLE SCHEDULE**

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

Time		Monday	Tuesday	Wednesday	Thursday	Friday
7:00-8:00 AM	AM	Level I Trauma ROUNDS	CLINICAL SUPERVISION	Level I Trauma ROUNDS		Level I Trauma ROUNDS
8:00-9:00 AM	AM	Level I Trauma	INPT/OUTPT PSYCH	Level I Trauma	INPT/OUTPT PSYCH	Level I Trauma
9:00-10:00 AM	AM	Level I Trauma	INPT/OUTPT PSYCH	Level I Trauma	INPT/OUTPT PSYCH	Level I Trauma
10:00-11:00 AM	AM	Level I Trauma	INPT/OUTPT PSYCH	Level I Trauma 8-10: With Chief of Radiology	INPT/OUTPT PSYCH	Level I Trauma
11:00-12:00 PM	AM PM	CLINICAL SUPERVISION	INPT/OUTPT PSYCH	Level I Trauma	INPT/OUTPT PSYCH	Level I Trauma
12:00-1:00 PM	PM	LUNCH	GROUP SUPERVISION	PSYCH DIDACTICS Working Lunch	INTERN LUNCH	GRAND ROUNDS
1:00-2:00 PM	PM	PSYCHIATRY RESIDENT DIDACTICS	OUTPT THERAPY	INPT/OUTPT PSYCH	CLINICAL SUPERVISION	RESEARCH
3:00-4:00 PM	PM	OUTPT THERAPY	OUTPT THERAPY	INPT/OUTPT PSYCH	INPT/OUTPT PSYCH	RESEARCH
4:00-5:00PM	PM	OUTPT THERAPY	OUTPT THERAPY	INPT/OUTPT PSYCH	INPT/OUTPT PSYCH	RESEARCH

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**Appendix VI:**  
**Grievances, Rights, and Responsibilities**

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## Appendix VI: GRIEVANCES RIGHTS AND RESPONSIBILITIES

### **I. Training Program Responsibilities**

The Program is committed to providing the type of learning environment where an Intern can explore personal issues which relate to his/her professional functioning. In response to the above intern expectations, the training program assumes a number of general responsibilities.

The Training Program will:

- A. Provide interns with information regarding relevant professional standards and guidelines as well as provide appropriate forums to discuss the implementations of such standards.
- B. Provide interns and information regarding relevant legal regulations which govern the practice of psychology as well as provide appropriate forums to discuss the implementations of such guidelines.
- C. Provide written evaluations of the interns' progress with the timing and content of such evaluations designed to facilitate interns' change and growth as professionals. Evaluations will address the interns' knowledge of and adherence to professional standards, their professional skill competency, and their personal functioning as it relates to the delivery of professional services.

In accepting the above responsibilities, the internship Program will maintain ongoing communications with the interns' graduate department regarding progress during the internship year. The training Program will provide appropriate mechanisms by which inappropriate intern behavior affecting professional functioning is brought to the attention of the intern. The training Program will also maintain intern procedures, including grievance and due process guidelines, to address and remediate perceived problems as they relate to professional standards, professional competency, and/or professional functioning.

### **II. Intern Responsibilities**

Interns are expected to follow policies and procedures outlined in the training manual, and to understand their roles and responsibilities in the Program including demonstrating:

- A. Competence in theories and methods of effective, empirically supported psychotherapeutic intervention.
- B. Competency in psychological assessment
- C. Ability to understand and appreciate the importance of scholarly inquiry in the profession of psychology.
- D. Competence in professional conduct, professional ethics, and an understanding of relevant mental health law through continued professional development and appropriate use of supervision.
- E. Competence in individual and cultural diversity as they relate to practice in a diverse society.
- F. Adherence to time and attendance policies.
- G. Appropriate level of participation in didactic and clinical assignments.
- H. Appropriate level of personal functioning.

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### **III. Personal Functioning**

The Program recognizes a direct relationship between personal functioning and effectiveness as a psychologist, especially related to one's role 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:

- A. educational or academic deficiencies;
- B. psychological adjustment problems and/or inappropriate emotional responses;
- C. inappropriate management of personal stress;
- D. inadequate level of self-directed professional development; and
- E. inappropriate use of and/or response to supervision.

When such problems significantly interfere with an intern's professional functioning, they will be communicated in writing to the intern. The Training Program Director will work with the Intern to formulate strategies for ameliorating such problems and will implement such strategies and procedures. If such attempts do not restore the intern to an acceptable level of professional functioning within a reasonable period of time, adverse actions may be considered.

### **I. 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:

- A. Commission of an unlawful act;
- B. Endangerment of a patient, peer, faculty, or staff member;
- C. Violation of institutional or departmental codes of conduct; and
- D. Time and Attendance Deficiencies
- E. Breach of professional ethics or conduct.

### **II. Academic Performance:**

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

- A. Technical skills required to complete each rotation
- B. The knowledge base required to demonstrate competence per rotation
- C. The application of skills and knowledge in practice settings
- D. The knowledge and application of communication skills required for patient care and interpersonal relationships with patients, faculty, and care teams
- E. Deficiencies in knowledge of the application of system-based resources in the care of patients.
- F. Ability to receive coaching and utilization of fund of knowledge in supervision

### **III. Time and Attendance:**

Interns in the Program will abide by JPS Human Resources Policies (access to Policy portal provided to interns during orientation) and applicable Acclaim policies. Because of the responsibility for patient care as well as the expectations of clinical assignments, 100% attendance at all Activities is required unless otherwise approved by the Training Program Director. **TITLE:** Attendance and Punctuality Policy - HR#3601

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### **Event of Absence**

An event of absence is when an Intern does not report for a scheduled work shift. An event of absence is a continuous period of absence. For example: An intern who is out three consecutive days will have one event of absence. An intern who is out one day, returns for one day, and is out the following day will have two events of absence. If an intern does not complete 75% of a scheduled work shift it is considered an absence.

If an intern misses work for the following, it is not considered an event of absence: Paid time off (PTO) approved in advance, bereavement leave, work-related injuries or illness, jury duty, attendance at approved meetings, low census time, disability under the ADA (Americans with Disability Act), and approved leaves of absence including the Family Medical Leave Act (FMLA). Infectious diseases are counted as an event of absence (unless FMLA or ADA qualified).

### **Pattern of Absence**

A pattern of absence is a series of three (3) or more absences in a noticeable pattern. If an intern does not report to work and does not notify the Program of his/her absence, it is considered “absent without notice”.

### **Tardiness**

Tardiness is when an intern is not in the work area/ready to begin work at the starting time of the work shift or when reporting back to work from a meal period or work break. Each event of tardiness is counted separately, even if multiple events happen on the same day.

### **Leave Early**

When an intern leaves work before the end of the scheduled shift, it is considered a leave early. If an Intern does not complete at least 75% of the scheduled work day it is considered an absence.

### **GENERAL GUIDELINES:**

Reliable attendance and timeliness is important and expected of all employees. Interns are expected to be at work when scheduled. Interns who miss work too much (events of absence), are late to work, or show patterns of absence may receive counseling, up to and including the dismissal from the internship.

The monitoring of absences and tardiness is not a statement by JPS or leadership that any intern was not truly ill or that time off was not necessary. The goal is to focus the absence or tardiness, not the reason for it. In order to keep a fair and reasonable work environment, it is necessary that the attendance and punctuality policy be applied equally to all interns.

If an intern does not report to work and does not inform the Program in advance of their absence, it is considered “absent without notice”. This will apply except in the rare case where an intern could not have given notice (emergencies where the employee is incapacitated or otherwise unable to give notice).

An intern who misses work for more than 15 cumulative/consecutive calendar days that is not covered by paid time off (PTO), has not requested or been approved for a leave of absence, has

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not provided required information to complete the leave application, or is not on administrative leave of absence, may receive counseling, up to and including the end of the Internship.

Any counseling for events of absence or patterns of absence will be consistent with the requirements of the ADA (American Disabilities Act) and/or Family Medical Leave Act (FMLA) where applicable.

Interns absent for an illness may need to provide a medical doctor's statement. This may be at the request of Occupational Health, Human Resources, or the Training Program Director.

If an intern is going to be or is absent more than three (3) consecutive days due to a serious medical condition, a release from a medical doctor may be required.

Interns are expected to remain aware of their attendance and punctuality status and to address any concerns with the Training Director.

#### **IV. ADVERSE ACTIONS**

If an intern's conduct, attendance, professional and clinical performance and/or progress in the Program is not satisfactory, the Education Policy Committee may consider actions of a corrective, adverse or disciplinary nature. These actions may include performance improvement plans, probation, suspension, and dismissal.

When the Education Policy Committee believes corrective action is necessary to address any difficulties or deficient areas in intern performance noted during the training, the Training Program Director may take any one or more of the following actions in addressing the difficulty or deficiency:

##### **1. PERFORMANCE IMPROVEMENT PLAN:**

Performance Improvement Plan (PIP") will be developed with exact goals and objectives and timelines in which those goals must be met in order to complete the PIP. The Performance Improvement Plan is a focused strategy of intervention and is written in terms of learning/performance objectives with reasonable deadlines. It is designed to assist the Intern in adequately addressing areas of concern. At a minimum, the plan will state:

- A. The specific unmet expectations
- B. The specific objectives of the plan
- C. The expectations, conduct, or competencies that must be met or demonstrated to complete the plan successfully,
- D. The time frame required for completion of the plan with a fixed end date, and
- E. The consequences of failing to meet the expectations of the plan.

In addition to professional, attendance, academic and/or clinical goals and objectives, the **performance improvement plan** may include, without limitation, the requirement of counseling and/or psychological support.

The Training Program Director, or his designee, will meet with the student weekly to evaluate progress toward meeting the remediation goals. Feedback will be provided to the Education Policy Committee and the sponsoring institution on an ongoing basis until either the intern has successfully completed the PIP, or alternative adverse action is recommended by the EPC.

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## 2. PROBATION:

If probation is recommended by the EPC, the intern will be notified in writing of the terms of the probation including length of probation, remediation goals, timeframes for re-evaluation, and how to successfully complete probation. A Probationary Plan form is prepared by the Training Director, during or within 24 hours of notification to the Intern of Probation and will include:

- A. Time and date of the plan
- B. Specific unmet expectations and/or violations
- C. Identification of any witnesses or other parties involved, if any
- D. Specific objectives of the probationary plan
- E. The nature of supervision required for patient safety
- F. The timeline for meeting specific objectives
- G. A statement of consequences if objectives are unmet

Reasons for probation include, but are not limited to:

- A. Intern's progress in the Program or professional or academic development is poor and continuation in the Program poses risk to patient care
- B. Time and attendance
- C. A clinical supervisor requests probation be initiated when the Intern fails to meet expectations on clinical rotations, or fails to meet components of a performance improvement plan

The sponsoring institution will be made aware of any probationary terms. The Training Program Director will meet with the intern according to the timeframes for evaluation to review progress.

## 3. SUSPENSION:

Suspension of an intern member can result from any situation where a serious charge is brought against the Intern or there is concern that the Intern's performance of his/her duties is seriously compromised or may constitute a danger to patients, others or self. Suspension may occur prior to the initiation of or during the implementation of a Performance Improvement Plan or Probationary Plan as an official disciplinary action. During the suspension, a formal investigation of the actions and circumstances are undertaken to determine a final resolution. The intern will be provided with immediate written notice of the suspension. The suspension begins immediately upon receipt of a notice of summary and interns are relieved of all patient care obligations until the conclusion of the investigation.

Investigations are initiated within seven (7) calendar days, with the goal for disposition to be determined within thirty (30) days to allow the department time to investigate the matter. Suspensions may be lifted when the investigation is completed, and action, if any, follows unless it is necessary to extend a suspension beyond the thirty (30) days to complete the investigation.

Interns are notified of suspensions via certified mail, return receipt requested. The Program reports the suspension, and later the outcome, to the sponsoring University. Interns cannot appeal a suspension with pay, however, suspensions without pay are subject to appeal.

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#### 4. DISMISSAL:

Dismissal of an intern can occur for unsatisfactory academic performance or unsatisfactory professional conduct. Such actions occur upon recommendation of the EPC. Reasons for dismissal may include, but are not limited to:

- A. Performance that presents a serious compromise to acceptable standards of patient care or jeopardizes patient welfare;
- B. Failure to progress satisfactorily in fund of knowledge, skill acquisition and/or professional development;
- C. Unethical conduct;
- D. Excessive tardiness and/or absenteeism;
- E. Illegal conduct;
- F. Unprofessional conduct;
- G. Job abandonment.

Interns are notified of dismissal via certified mail, return receipt requested. The Program reports the dismissal to the sponsoring University.

#### V. GRIEVANCE and DUE PROCESS

Doctoral Interns who become dissatisfied with aspects of the training experience are entitled to clear and easily accessible mechanisms to address these issues and will be educated about these mechanisms during the Internship Program Orientation at the beginning of the training year. Interns may use the procedures outlined without fear of reprisal or prejudice. If an intern feels that he/she has been retaliated against as a result of raising a concern or pursuing a grievance, a separate claim of retaliation may be pursued through this process.

##### 1. Informal Feedback

Interns are encouraged to express concerns verbally or by email soon after the dissatisfaction arises so that members of the faculty can work proactively with the Intern to review, and if indicated address the issue. Informal feedback about program concerns should be provided within 10 days of the awareness of the issue. Concerns may be discussed informally with the clinical supervisor with whom the Intern is rotating, the Training Program Director, or the Program Administrator.

If an intern does not feel the issues of concerns have been appropriately addressed, the intern may file a grievance.

##### 2. Filing A Grievance

Whether informal feedback about concerns have been expressed or not, an Intern may, at any time, file a formal grievance. A grievance is considered a written statement of complaint and request for redress.

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a. Elements of a Written Grievance

- Addressed to the Training Program Director (unless the grievance concerns the Training Program Director, then address to the EPC)
- Includes date of submission
- Clear statement that the communication is a grievance
- Clear statement of the complaint
- Clear statement of the remedy/actions requested
- Statements about any previous actions taken to address the complaint
- Signature of the intern

b. Processing of a Grievance

The Training Program Director's responsibilities (or Chair of the EPC in the event the grievance is related to the Training Program Director) are to:

- Acknowledge to the intern receipt of the grievance within three working days;
- Take immediate action if there are allegations of abuse, harassment or other urgent issues;
- Meet with the intern within a minimum of five working days to gather information about the dissatisfactions;
- Provide intern with a written response to the grievance within 15 working days of its receipt, with copies to the EPC

3. Appeal of a Grievance

If the intern is dissatisfied with the response provided by the Training Program Director, the intern may, within 10 days of receipt of the response from the Training Program Director, file a written appeal with the EPC clearly stating the reason for the requested appeal and the requested redress/actions. The responsibilities of the EPC are to:

- Acknowledge to the Intern receipt of the request for appeal within three working days;
- Meet with the intern within 10 working days to gather information about the appeal;
- Provide the intern with written responses within 15 working days of the meeting; and
- Provide copies of the written responses to the Vice President of Academic Affairs

If the intern is dissatisfied with the response by the EPC, the intern may submit a request, in writing, to the Vice President of Academic Affairs, a request for an ad hoc Grievance Committee, to be appointed by the Vice President of Academic Affairs. The responsibilities of the Grievance Committee are to:

- 
- Acknowledge to the intern, within three (3) working days, the receipt of the request for Appeal;
  - Designation of a minimum of three individuals not involved in the Internship and uninvolved in matters related to the grievance;
  - Inform Intern of the individuals appointed;
  - Convening of the Committee within 15 working days of the receipt of the request for appeal and arranging for the intern to meet with the Committee;
  - Issuance by the Committee of its report and decision within 30 working days of receipt of the request for appeal, with copies to the intern, Training Program Director, and EPC.
  - Should the intern object to the membership of the Grievance Committee, he or she must file with the VP of Academic Affairs within 3 working days of the notification of the membership.

Decisions made by supervisors regarding professional assessments and judgments, such as performance evaluations, are not subject to review under this procedure by the Grievance Committee unless it is alleged that the professional assessment or judgment resulted from unlawful discrimination.



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**Appendix VIII:**  
**Faculty Evaluation Form**

## Faculty Evaluation Form

Evaluation Point:            3-month     6-month     9-month     12-month

Supervisor Being Evaluated: \_\_\_\_\_

Please consider your experience with your faculty supervisor, and use this form to evaluate your supervisor's performance according to the following scale:

1 = Poor            2 = Fair            3 = Good/ Satisfactory    4 = Very Good    5 = Excellent

### Area of Competency

### Ratings

1            2            3            4            5            N/A

#### Performs Supervisory Functions

1. Provides ongoing positive and corrective feedback.	<input type="checkbox"/>					
2. Makes expectations known.	<input type="checkbox"/>					
3. Is tactful and considerate.	<input type="checkbox"/>					
4. Promotes good working relationships.	<input type="checkbox"/>					
5. Recognizes and addresses concerns in a timely manner.	<input type="checkbox"/>					
6. Delegates authority appropriately.	<input type="checkbox"/>					
7. Provides adequate training, as needed.	<input type="checkbox"/>					
8. Adjusts supervision to the needs of the individual intern.	<input type="checkbox"/>					
9. Communicates openly and honestly with interns.	<input type="checkbox"/>					
10. Facilitates intern's development of insight and awareness of intern's own character.	<input type="checkbox"/>					
11. Facilitates understanding of transference and counter-transference in assessment and therapy.	<input type="checkbox"/>					
12. Supervisor is aware of his/her own character and its impact on the supervisory relationship.	<input type="checkbox"/>					

Area of Competency	Ratings					
--------------------	---------	--	--	--	--	--

	1	2	3	4	5	N/A
--	---	---	---	---	---	-----

- |  |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 13. Supervisor welcomes discussion of supervisory relationship.  | <input type="checkbox"/> |
| 14. Is upfront about his/her limitations in expertise and models effective peer & resource consultation. | <input type="checkbox"/> |
| 15. Makes efforts to minimize shame in supervision.  | <input type="checkbox"/> |

**Receptivity**

- |  |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 16. Is receptive to new ideas.                   | <input type="checkbox"/> |
| 17. Is receptive to questions.                   | <input type="checkbox"/> |
| 18. Encourages creativity and critical thinking. | <input type="checkbox"/> |
| 19. Is receptive to intern feedback.             | <input type="checkbox"/> |

**Maintains Positive Work Environment**

- |   |                          |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 20. Recognizes the contributions of others.           | <input type="checkbox"/> |
| 21. Motivates Interns.                                | <input type="checkbox"/> |
| 22. Provides a relaxed yet efficient work atmosphere. | <input type="checkbox"/> |
| 23. Encourages intern development.                    | <input type="checkbox"/> |
| 24. Respects intern's boundaries and belongings.      | <input type="checkbox"/> |

**Knows the Operations of the Department**

- |   |                          |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 25. Understands intern workload.  | <input type="checkbox"/> |
| 26. Is alert to potential problems.   | <input type="checkbox"/> |
| 27. Understands how to effectively navigate the JPS system to meet the needs of interns and patients. | <input type="checkbox"/> |
| 28. Understands a psychologist's role on a multi-disciplinary team and models teamwork.               | <input type="checkbox"/> |

**Work Habits**

- |  |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 29. Acknowledges own limitations and mistakes.     | <input type="checkbox"/> |
| 30. Maintains a positive work attitude.            | <input type="checkbox"/> |
| 31. Models using time efficiently and effectively. | <input type="checkbox"/> |
| 32. Demonstrates a good work ethic.                | <input type="checkbox"/> |

<p><b>Overall, are you satisfied with this supervision experience?</b>      Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p><b>Do you feel better prepared to enter professional psychology?</b>      Yes <input type="checkbox"/>    No <input type="checkbox"/></p>
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